

### III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

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*Click on box to enter Board name.*

**BOARD NAME:** Athens-Hocking-Vinton

**A. Mission, Vision and Values Statements.** Please provide the Board’s mission, vision and values statements (see Appendix C for planning terms):

*Click on gray box to enter text.*

All customers of behavioral healthcare services in Athens, Hocking and Vinton Counties are healthy, contributing members of their communities.

1. Behavioral healthcare services increase the number of customers who are healthy, contributing members of the community.
2. Community members understand that being mentally healthy and addiction-free are essential to overall health.
3. Behavioral healthcare is customer, family and community driven.
4. Board and all providers are using outcome management practices to increase performance, generate results and improve quality.
5. Technology is used to enhance efficiency and to increase access to behavioral healthcare information for all stakeholders in the system.
6. Education and other human service systems will encourage, promote and support recovery.

**B. Description of Current State.** Provide a brief narrative that describes relevant information about the Board area in response to the items below:

**1.0 Population priorities.** Please review information in Appendix E about the Board’s existing MACSIS business rules for covered benefits to service populations. To what extent are the existing business rules aligned with current population and service priorities for non-Medicaid expenditures by the Board?

*Click on gray box to enter text.*

Our current business rules reflect a joint effort with our local Non-Medicaid service providers to configure MACSIS as a claims payment system reflecting the services offered and the sliding fee schedules adopted by the local providers. Long before MACSIS was developed, the Board and the local service providers developed collaborations that allow the providers to manage their Non-Medicaid allocations with the flexibility to serve those persons most in need of service at clinically appropriate scope, duration and amount within the overall monetary limits of the Non-Medicaid contracts. We do not consider the business rules at this time to define a “benefit plan” or “population priorities” but a means to facilitate payment for services.

**2.0 Recovery supports.** What are some notable achievements and trends for the Board in the area of Recovery supports?

**Recovery supports** are strategies and services designed to foster empowerment and quality of life for persons with severe mental illness. Best practices include culturally competent services, supported housing, supported employment, consumer operated services, and self help/peer services. Examples of programs include Wellness Management and Recovery, WRAP, Bridges, NAMI Family to Family, Clubhouse. Prevention, consultation, and education (P,C&E) programs that *target persons with severe mental illness* might also be included under the Recovery supports umbrella. An example of a P,C&E program of this nature is the Network of Care web site. P,C&E programs for the general public, however, should be discussed under that section of the outline.

**Best Practices in Recovery:** Funding source is often a difference between best practices in Recovery support and best clinical practices, with Recovery supports primarily funded as non-Medicaid-reimbursable services.

*Click on gray box to enter text.*

This Board has supported the Recovery philosophy and "Emerging Best Practices Model in Mental Health Recovery" since its inception in Ohio in 1999. A staff member was on the committee that developed the Emerging Best Practices curriculum and then trained 110 professionals, consumers, students and administrators over the next few years using that curriculum. Over the past eight years this Board has used the 9 component areas of that model as the focus of attention for program supports.

#1. "Treatment" is provided through contract providers.

#2. "Peer support" is provided through programming through the Gathering Place and their satellite programs in Hocking and Vinton counties. Invested in the training of two consumers to become WRAP trainers; one class held in 2007.

#3. "Family support" is provided through programming and support of NAMI. They offer Family-to-Family classes twice/year every year, Hand-to-Hand classes and monthly support and educational groups.

#4. "Work and meaningful activity" through - Eli Lilly project (see Employment section) and the highly successful Athens Photographic Project.

#5 and #6 and #7. "Power & Control" and "Stigma" busting and "Community Involvement"- through support of empowerment activities such as NAMI Athens community presentations, Recovery Conference (every other year), Annual Walk the Walk fundraisers, Support for Consumer and Family members to attend local, state and national trainings, Dual Recovery Anonymous, Advance directives, encouraging hiring consumers, encouraging a Culture of Recovery among consumers, Levy Campaigning, marching in parades etc.

#8, "Access to Resources": encourage use of COVA for benefits counseling, networking with other community agencies to provide coordinated services. Including courts, JFS, housing, dual recovery housing project, etc. The Southern Consortium for Children (SCC) has implemented the Communities of Care web page for SE Ohio counties which recently transitioned to Ohio Network of Care.

#9. "Education" - coordinate with JFS and work station and other resources to expand educational opportunities for consumers such as GED classes, community classes through Photographic project, community recreational center (through the Gathering Place).

## 2.1 Recovery Supports: Housing

**Supported Housing** is a specific program model in which a consumer lives in a house or apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance, but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities. Criteria identified for supported housing include: housing choice, functional separation of housing from service provision, affordability, integration with persons who do not have mental illness, right to tenure, service choice, service individualization, and service availability. The Mental Health Housing Leadership Institute operated by NAMI Ohio provides consultation and training.

a. Do you offer **supported housing** service?

*Click on gray box to select answer.*

Yes	<b>2.1.a</b>
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b. If yes, do you have wait lists for **supported housing**?

*Click on gray box to select answer.*

No	<b>2.1.b</b>
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c. With regard to **supported housing**, which of the following categories comes closest to the average wait time for most consumers? *Please select only one response category.*

*Click on gray box to indicate "Yes" with an "X."*

10 working days or less	Up to 1 month	1-3 mos.	4-6 mos.	7-9 mos.	10-12 mos.	More than One Year	Don't Know /NA	2.1.c
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

d. Of all consumers for whom supported housing would be an appropriate service, how many are currently waiting for **supported housing**?

*Click on gray box to enter number.*

5 Consumers Waiting	<b>2.1.d</b>
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The **Housing Assistance Program** (HAP) provides temporary rental subsidies and no-interest loans to assist persons with severe mental illness and their families with obtaining permanent, safe, decent and affordable rental housing until a permanent subsidy can be obtained (Section 8 voucher), or until a person's income increases sufficiently so that a rental subsidy is not needed, or until person owns their own home.

e. Do you have wait lists for HAP?

Click on gray box to select answer.

No	<b>2.1.e</b>
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f. For most consumers waiting for access to HAP in your area, which of the following categories comes closest to the average wait time? *Please select only one response category.*

Click on gray box to indicate "Yes" with an "X".

10 working days or less	Up to 1 month	1-3 mos.	4-6 mos.	7-9 mos.	10-12 mos.	More than One Year	Don't Know /NA	2.1.f
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

g. Of all consumers for whom HAP is appropriate, how many are currently waiting for access?

Click on gray box to enter number.

3 Consumers Waiting	<b>2.1.g</b>
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**Public Housing** is defined as housing subsidized by the federal government, such as but not limited to Section 8. People on HAP are likely to be on public housing wait lists, but HAP is not public housing.

h. For most consumers waiting for public housing in your area, which of the following categories comes closest to the average wait access time? *Please select only one response category.*

Click on gray box to indicate "Yes" with an "X".

Up to 1 year	1-2 yrs.	3-4 yrs.	5-6 yrs.	7-8 yrs.	9 yrs. or more	Don't Know /NA	2.1.h
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

i. Of all consumers for whom public housing is appropriate, how many are currently waiting for a place to live?

Click on gray box to enter number.

t Consumers Waiting	<b>2.1.i</b>
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The **Homeless Housing Status National Outcome Measure (NOM)** reported to SAMHSA by ODMH refers to adults, aged 18+ with severe mental illness (SMI), who have identified themselves as homeless on an administration of the Adult Consumer Survey in the Ohio Outcomes System. For SFY 2007, Ohio reported a Homeless Housing Status NOM to SAMSHA of **2,879** persons with SMI. Board level data for Ohio's SFY 2007 Homeless Housing Status NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

k. To what extent are the Board level data reported in Appendix B for homeless adults with SMI an accurate reflection of the number of such individuals served by the Board in SFY 2007?

Click on gray box to enter text.

40 in AHV in FY 2007: Unable to determine accuracy; seems appropriate when compared with peers; may undercount as outcomes submissions are not at 100%.

**k.a.** If the Board does not use Outcomes data to estimate number of homeless persons with SMI, what data source does the Board use to plan for services to this population?

Click on gray box to indicate "Yes" with an "X.". Indicate all that apply.

<input checked="" type="checkbox"/>	Continuum of Care	<b>2.1.ka</b>
<input type="checkbox"/>	PATH	
<input type="checkbox"/>	BH Mod (Behavioral Health Module)	
<input type="checkbox"/>	HMIS (Homeless Management Information System)	
<input checked="" type="checkbox"/>	Other, please specify: HAP & S+C referrals	

**k.b.** If the information in Appendix B is inaccurate, what was the number of homeless persons with SMI served by the Board in SFY 2007?

Click on gray box to enter number.

No other valid number available: Homeless persons with SMI	<b>2.1.kb</b>
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**k.c.** Is there anything else important to know about the current state of housing strategies and services in your Board area?

Click on gray box to enter text.

Please note that while we report that we don't have waiting lists for permanent supportive housing and HAP at this time, because these programs are "tenant-based", it still takes several months for participants to find housing that meets Housing Quality Standards and is accessible to amenities.

The availability of sufficient housing stock, rental subsidies and supportive services for housing is an on-going, priority concern. While the Board, in conjunction with housing partners, offers scattered-site, permanent supportive housing, there is insufficient money for the "supportive services" part of this program. The absence of waiting lists for HAP and S+C programs does not mean housing needs are all met. When a housing voucher is not available, consumers often do not apply to go onto a waiting list, leading to a mis-representation of actual need.

There are great collaborative efforts around housing in Athens and Hocking Counties. Over 2 million dollars in new state and federal funding has been awarded to community agencies through the Continuum of Care.

## 2.2 Recovery supports: Employment

The **Employment Status NOM** reported to SAMSHA by ODMH refers to adults, aged 18+ with severe mental illness, who have identified themselves as employed full-time or part-time through an administration of the Adult Consumer Survey in the Ohio Outcomes System. For SFY 2007, Ohio reported an Employment Status NOM to SAMSHA of **24,068** persons with SMI. Board level data for Ohio's SFY 2007 Employment Status NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

a. To what extent are Board level data reported in Appendix B for employed adults with SMI an accurate reflection of the number of such individuals served by the Board in SFY 2007?

*Click on gray box to enter text.*

Appendix B Data: AHV 357 consumers employed in FY 2007.  
  
This data is much higher than what has been counted through the Eli Lilly Initiative, however, this data may be more accurate as it counts all SMI consumers--in all three counties and no matter the type of service (see below).

a.a. If the Board does not use Outcomes data to estimate the number of employed persons with SMI, what data source does the Board use to plan for services?

*Click on gray box to enter text.*

Eli Lilly Initiative is counting the number of employed SMI consumers, but has only been looking at those consumers who receive CPST services. Approximately 7% of the 300 SMI consumers with a CPST worker (21 people) are employed.	<b>2.2.aa</b>
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a.b. If the information in Appendix B is inaccurate, what was the number of full-time and part-time employed persons with SMI served by the Board in SFY 2007?

*Click on gray box to enter number.*

th Employed persons with SMI	<b>2.2.ab</b>
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b. Please describe existing activities related to helping consumers identify, determine, or achieve their employment goals. The continuum of activities may include referral to the Rehabilitation Services Commission (RSC), service planning and coordination through CPST, vocational counseling service, supported employment programs, agency employment of peer support specialists, or any other Board strategies aimed at helping consumers achieve employment goals.

*Click on gray box to enter text.*

The Eli Lilly Employment Initiative is an inter-agency collaborative that has been meeting since 2005 to promote system transformation towards a culture of work. Employment has become embedded into the culture of CPST work with SMI adults. All consumers are asked about their interest in working and CPST workers provide information on incentives and avenues for exploring work goals. Employment and mental health staff have each made a commitment to increase collaboration using existing resources. BVR service staff are on-site weekly at Tri-County Mental Health & Counseling Services and every other week at The Gathering Place. Data from these pilot efforts confirms that consumers are receiving more timely access to BVR services. A consumer member of this collaborative has initiated a "job club" called the Consumer Empowerment Committee. A solid foundation of collaboration has been formed and it is clear that if additional funding is available, more consumers can achieve their employment goals.

**3.0 Resilience supports.** What are some notable achievements and trends for the Board in the area of resilience supports?

**Resilience supports** include strategies for school success, early childhood intervention, transitional living, system of care coordination, wraparound, mentoring, family support and education, and family advocacy.

Examples of programs and activities in these areas include Network for School Success, ABC, FAST, Incredible Years, Big Brothers/Big Sisters, Triple P, Family Advocates, NAMI Hand to Hand. Funding source is the major difference between best practices in Resilience support and best clinical practices, with the Resilience support primarily funded as non-Medicaid reimbursable services.

*There is overlap between Resilience Supports and Prevention, Consultation, and Education (P,C&E). Boards can discuss programs such as BB/BS, Triple P, Family Advocates, Early Childhood Screening, etc., as a Resilience Support or under the narrative for Section 10: P,C&E.*

*Click on gray box to enter text.*

Much of the prevention programming in Athens, Hocking and Vinton Counties is funded through ODADAS and is AOD focused; however, many of these evidence-based curriculums also address mental health/wellness issues. All Stars, Creating Lasting Family Connections and Life Skills are all model programs provided in our area that promote positive decision making skills, increased communication within families and resiliency building in youth.

The Southern Consortium for Children (SCC) promotes resiliency through its on-going trainings series offered each year. Topics change from year to year and always include topics related to resiliency and assets/strengths perspectives.

The SCC's Early Childhood Mental Health Initiative is a collaborative between four different mental health agencies and seven different Head Start programs in the SCC region. In FY 07, in the region, 1724 children and 554 families benefited from this initiative, with 62 parents and 139 early childhood staff receiving specialized training. In the AHV counties, 492 children and 482 families benefited from this initiative, with 28 each childhood staff receiving specialized training.

NAMI Athens has volunteers trained to teach the Hand to Hand course, and has 13 families enrolled in its first class which is currently being held.

Athens County recently formed a local Fetal Alcohol Spectrum Disorder (FASD) Awareness Coalition. This group meets quarterly to address issues of education, local service needs, and provide networking to agencies working with FASD persons and their families. Based on the Statewide FASD Initiative, the local group provides educational materials to agencies and individuals. This group is also evaluating current procedures to assess and diagnose FASD which includes a consultation to provide training to a core group of professionals to improve local diagnosing efforts.

Bridgebuilders in Trimble Township is structured around the Bridgebuilders program formed by the University of Cincinnati. This program empowers a community to address drug and alcohol norms within their community. The Trimble Township community has been working to change the community norms and improve communication between the school, parents, law enforcement and social service agencies.

There is a significant amount of activity in all three county FCFC's related to child/youth well-being.

Vinton County is using FAST and ABC funding to place a counselor in the middle and high schools to support children who are already getting services at the community mental health center. This counselor is doing brief interventions at the school, family education and liaison and making referrals for wraparound services as needs are identified.

In all three Counties there is a significant collaborative effort encouraged and supported by the 317 Board through the FCFC Cluster group for early childhood interventions, family education and support, Help me Grow programming and support for strong family Advocates. This Board support and collaborative efforts has resulted in the development of close working relationships between providers, families and organizations (schools, DYS, children services, treatment providers, parents, Board, courts, FCFC).

Hocking County has been the site for the Y.E.S.S. (Youth Experiencing Success in Schools) program for the past few years which provides student and faculty support from Ohio University to Hocking County Schools for early Childhood support for moderating emotional and behavioral problems in order to enhance academic success. Ohio University sponsors and funds this program.

TCMHCS has grant funding to provide Sexual Assault prevention programming and an Advocate program that provides Emergency room accompaniment and court advocacy to adults and kids who are victims of sexual abuse.

**3.1 Resilience supports: School Suspension and Expulsion NOM**

The **School Suspension and Expulsion NOM** reported to SAMSHA by ODMH refers to children and adolescents, aged 18 or less, with serious emotional disturbance (SED), who have been identified as having been suspended or expelled from school through administration of a survey in the Ohio Outcomes System. For SFY 2007, Ohio reported a School Suspension and Expulsion NOM to SAMSHA of **8,187** persons with SED. Board level data for Ohio’s SFY 2007 School Suspension and Expulsion NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

- a. To what extent Board-level data reported in Appendix B for school attendance an accurate reflection of the number of such individuals served by the Board in SFY 2007?

*Click on gray box to enter text.*

Appendix B Data: AHV 69 School Suspensions for FY 2007.

We are unable to determine the accuracy of this number; it is likely an undercount, due to less than 100% submission of outcomes data.

- a.a. If the Board does not use Outcomes data to estimate school suspensions and expulsions among children and adolescents with SED served in your area, what data source does the Board use to plan for services that support school success?

*Click on gray box to enter text.*

Treatment goals include emphasis on school success and attendance and worked upon and tracked by the individual client. This data is not rolled up and collected at a program level.

**3.1.aa**

- a.b. If the information in Appendix B is inaccurate, what was the number of persons with SED served by the Board in SFY 2007 who were suspended or expelled?

Click on gray box to enter number.

	<b>3.1.ab</b>
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#### 4. Inpatient Care

Please complete the table below for the past two fiscal years. See Appendix F for past Board purchased state hospital bed days and admissions. These data are included to help complete the public portion of this table.

##### a. Inpatient Care

Click on gray boxes to enter numbers.

Board Purchased Inpatient Care	FY 06 Bed Days	FY 07 Bed Days	FY 06 Admissions	FY 07 Admissions	<b>4.a</b>
State Hospitals	3899	3569	237	248	
Private Psychiatric Hospitals: Adults	0	0	0	0	
Private Psychiatric Hospitals: C&A	188	133	25	21	

**b.a.** Please describe how the provision of Board purchased inpatient care occurs in your Board area. What is the nature of the relationship between the Board and private hospitals?

Click on gray box to enter text.

<p>The AHV Board relies almost exclusively on Appalachian Behavioral HealthCare-Athens Campus for its adult inpatient care. There is a long history of positive collaboration with ABH and the Board highly values the excellent care it provides to our community. There is one private hospital providing geriatric inpatient behavioral healthcare--Hocking Valley Community Hospital in Logan. The Board does not purchase care from this facility, but does refer geriatric patients to this facility when appropriate. The Board is very satisfied with its working relationship with Appalachian Behavioral HealthCare and the community benefits from the high quality of care that is provided at this facility.</p> <p>Since 1988, with the closure of a children's state operated psychiatric hospital, the SCC has been arranging for and managing a network of inpatient psychiatric care for children in ten counties in SE Ohio. In FY 2007, the SCC had negotiated a provider panel of four hospitals and eight hospital based child psychiatrists to meet the region's indigent (including Medicaid eligible) youth population. The system ensured a "no reject/no eject" policy for placement and worked very well for families and mental health providers. In SFY 2007, there were a total of 60 admissions for the region, using 493 bed days with an average length of stay of approximately 7.6 days per admission. Athens-Hocking-Vinton residents had 21 admissions for a total of 133 days. Unfortunately, this is the last year we can provide statistics about what is happening with kids in our region, as local control and care has been transferred to multiple, distant managed care organizations and psychiatric hospitals with no relationships to the local system of care.</p>	<b>4.ba</b>
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In SFY 2008, with the implementation of Medicaid managed care, this efficient, compassionate system of care was largely dismantled as 90% or more of the kids in our region are on Medicaid. Inpatient child psychiatric care must now be pre-authorized by one of nine Managed Care Organizations, by a person who may be employed far outside the region (state?) and who has no familiarity or relationships with local systems of care. There have been problems with accessing someone to do a prior authorization after hours and on weekends. While the SCC had to go outside the ten county region for hospital care, the hospitals were all strategically located at all ends of the region to better facilitate and reduce travel for placement. Under the Medicaid managed care system, care has been authorized across the state (Toledo) and outside of the state (Lexington, KY), placing extensive travel burdens on providers and families--not to mention continuity of care concerns.

With the transfer of authority to large, distant Medicaid managed care organizations, and movement away from local control and coordination of care, we wonder who is monitoring these important access and quality concerns?

**b.b.** Do you have a continuity of care agreement with your designated state hospital?

*Click on gray box to select answer*

No	<b>4.bb</b>
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**5. Residential Treatment Centers (RTCs).**

**a.** During SFY 2007, how many children and adolescents (C&A) from the Board area were funded for mental health services while living in a residential treatment facility?

*Click on gray box to enter number.*

27 C&A Consumers in SFY 2007	<b>5.a</b>
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**b.** How many children and adolescents from the Board area were placed in RTCs located outside of your service area in a 12-month period?

*Click on gray box to enter number.*

27C&A Consumers place out of county in SFY 07	<b>5.b</b>
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**c.** How many of the C&A consumers identified above involved Board participation in the placement decision?

*Click on gray box to enter number.*

12 Out of county placements involved the Board	<b>5.c</b>
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**d.** For SFY 2007, how would you describe the local trend in placements at Residential Treatment Centers? *Please select only one answer.*

*Click on gray box to indicate "Yes" with an "X".*

Use is increasing	Use is about the same	Use is decreasing	5.d
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

e. How does the Board understand the trend in RTC placements indicated above?

*Click on gray box to enter text.*

<p>The Board is involved in the residential placement decisions of those C&amp;A who are in the FCFC Cluster group. This equates to 12 of the 27 individuals for the SFY through 2007.</p> <p>The local trend is that the use of Residential Treatment Centers is "about the same" projected out to the end of SFY07. There has been significant effort to reduce the residential treatment placements by educating FCFC participants of the fact that local funding is being sent to residential centers outside our catchment area. The result of this out of area placement is less funding for local services and supports. The FCFC participants have responded with a significant effort to limit the number of residential placements and to provide wraparound services to maintain C&amp;A in their local communities. It is anticipated that this year we will see a reduction in the number of residential placements of our C&amp;A populations.</p>	<p><b>5.e</b></p>
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**6. Crisis/Emergency Care.**

**a. 1. Access & Capacity.** For each of the following emergency services that are available in the Board area, please indicate "Yes" with an "X."

*Click on gray box to indicate "Yes" with an "X."*

Service Area	Service Available?	6.a.1
24/7 Hotline	<input checked="" type="checkbox"/>	
Warm Line	<input type="checkbox"/>	
<b>Adult Consumers</b>		
24/7 On-Call Staffing by Psychiatrists	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input checked="" type="checkbox"/>	
Crisis Care Facility	<input checked="" type="checkbox"/>	
Hospital Emergency Department with Psychiatric Staff	<input type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	<input type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input type="checkbox"/>	
Other (Please Specify):	<input type="checkbox"/>	
<b>Child &amp; Adolescent Consumers</b>		
24/7 On-Call Staffing by Psychiatrists	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input checked="" type="checkbox"/>	
Crisis Care Facility	<input type="checkbox"/>	
Hospital Emergency Department with Psychiatric Staff	<input type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	<input checked="" type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input type="checkbox"/>	
Other (Please Specify):Transport for adults and youth available sometimes		

**a.2. Crisis Bed Days.** If the Board contracts for crisis beds, please indicate utilization for Adults and Children & Adolescents in SFY 2006 and SFY 2007:

*Click on gray box to enter number.*

	SFY 06 Crisis Bed Days	SFY 07 Crisis Bed Days	6.a.2
Adults	1776	1614	
Children & Adolescents	695	775	

**b. Discuss achievements and trends** in crisis care services that have been areas of focus for the Board.

*Click on gray box to enter text.*

These are priority safety net services that must be provided and that rely on non-Medicaid funding. Adult crisis bed days are funded with the Board's non-Medicaid funding; Children and adolescent crisis bed days are provided by the Southern Consortium for Children and is funded through a federal grant.

**c. Crisis and Emergency Initiatives.** Briefly describe achievements and trends in the following areas:

**1. Police Coordination/CIT**

*Click on gray box to enter text.*

This has been a priority area for the AHV Board. The Board, working with community partners, facilitates an inter-agency Jail Diversion Advisory Board that consistently meets at least every other month to plan an annual CIT training and to improve relations between mental health and criminal justice. There is a well established CIT program that has trained over 100 officers since 2003. Eighteen local police/security departments send officers to training; Ohio University has trained 16 officers; Hocking College has trained 6 officers. In FY 2008, advanced training was held for CIT officers and Pete Earley was the keynote speaker at this event. There is active family and consumer involvement and leadership in this process.

**2. Disaster Preparedness**

*Click on gray box to enter text.*

There has been significant preparation and collaboration in the area of disaster preparedness by this Board staff. We participated in the University Linkages Committee which developed the statewide curriculum "Helping People Find Strength Following Disaster". We hosted the 2005 "Effective Responses to Trauma" two day Symposium which featured internationally known experts on trauma informed care in times of disaster. The Directors for the Ohio Department of Mental Health, Ohio Department of Alcohol Drug Addiction Services, President of Ohio University, Provost of Hocking College, local representative Jimmy Stewart, then Congressman Ted Strickland's office representative were all in attendance and provided comments and support for the education and behavioral health preparedness for crisis events. We are actively involved with local school districts and have presented information to superintendants, principals, teachers, civic groups, medical professionals, local University staff and students and presented at statewide professional conferences. This Board supports the local CISM team through in-kind supports of staff time as well as meeting location, administrative supports and other supports as needed. This Board is following the direction of ODMH and ODADAS through the All Hazards initiative and is actively involved in local, regional and statewide activities.

Local trainings using the statewide curriculum have been conducted and there are three trainers of this curriculum within this Board area.

What are your estimates of staff for the following areas?

*Click on gray box to enter number.*

	Local Disaster Response	Statewide Disaster Response	<b>6.c.2</b>
Trained	55	55	
Currently Available	22	22	

3. School Response, including prevention, consultation and education:
  - a. Universities & Colleges
  - b. Secondary and Primary Schools

*Click on gray box to enter text.*

Staff is involved in the "Task Force on Ohio College Campus Safety and Security" - and has coordinated local efforts with Hocking College and Ohio University to collaboratively develop local response to disaster trainings, and services. This same coordinative effort is happening with local school districts and with the local CISM team which has responded to local school disasters.

**7. Outpatient Services.**

**a. Intensive Care.** For each of the following services that are available in the Board area, please mark (X) under the column indicating approximately how many working days(wd) adult consumers wait for admission. The forms below allow you to report wait times for up to three providers of a service or program.

*Please use the “Snap Shot in Time” Methodology for determining Wait Times. During the month of January, ask providers to answer the following question: “Assuming the individual is not in crisis, how many days from today can you schedule an appointment for the following service?”*

**a.1. Adult Intensive Care**

*Click on gray box to indicate “Yes” with an “X.” Additional rows of wait time allow you to report known wait lengths for up to three providers of a service or program.*

Service Area	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.a.1
ACT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive Pharm. Mgt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**a.2.** Which intensive outpatient services for adults have been area(s) of focus for the Board? *If an agency uses a triage system to schedule services, please discuss the Board’s oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that are a current area of focus.

Click on gray box to enter text.

Intensive CPST is available in Athens County, but not in Hocking or Vinton county.

Although SMD customers who do not have Medicaid are currently being served in this program if they need intensive services, it is not clear that Tri-County Mental Health & Counseling Services, Inc. will be able to continue to do this in FY 2009.

The Board provides support and training on outcomes usage and encourages all providers to collect and use outcome data. However, as this is a Medicaid only service, the Board does not have the authority to monitor quality of care.

**a.3. Child & Adolescent Intensive Care**

Click on gray box to indicate “Yes” with an “X.” Additional rows of wait time allow you to report known wait lengths for up to three providers of a service or program.

Service Area	Service Avail-able?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.a.3
IHBT / MST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type I (Time limited)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Prgm. Type II (School-based)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Prgm. Type III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Therapeutic Pre-School (PH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive Pharm. Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Functional Family Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**a.4. Which intensive outpatient services for children and adolescents have been area(s) of focus in the Board’s current planning? *If an agency uses a triage system to schedule services, please discuss the Board’s oversight role in planning and delivery of triaged services.*** Discuss access, capacity, and quality improvement achievements and trends in service areas that are a current are of focus.

Click on gray box to enter text.

TCMHCS has received a grant to implement IHBT in Athens County; TCMHCS provides a Partial Hospitalization Program in Athens County that serves residents of all three counties; Intensive CPST is available through Integrated Service Systems (ISS) in Vinton County only.

Fortunately, most SED kids have Medicaid, so they can access the services.

The Board provides support and training on outcomes useage and encourages all providers to collect and use outcome data. However, as this is a Medicaid only service, the Board does not have the authority to monitor quality of care.

**b. Routine Outpatient Care.** For each of the following services that are available in the Board area, please mark (X) under the column indicating approximately how many working days adult consumers wait for admission. The forms blow allow you to report wait times for up to four providers of a service or program.

*Please use the “Snap Shot in Time” Methodology for determining Wait Times. During the month of January, ask providers to answer the following question: “Assuming the individual is not in crisis, how many days from today can you schedule an appointment for the following service?”*

**b.1. Adult Routine Outpatient Care**

*Click on gray box to indicate “Yes” with an “X.” Additional rows of wait time allow you to report known wait lengths for up to four providers of a service or program.*

Service	Service Avail-able?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.b.1
Diagnostic Assessment -- Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Diagnostic Assessment – Non-Physician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pharm. Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Counseling/ Psychotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**b.2.** Which routine outpatient services for adults have been area(s) of focus for the Board? *If an agency uses a triage system to schedule services, please discuss the Board’s oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that have been an area of focus.

*Click on gray box to enter text.*

Pharmacological management is scheduled as needed.

These services are no longer available to non-SMD customers who are not on Medicaid or another insurance program. Although SMD customers who do not have Medicaid are currently able to access psychiatric care, it is not clear that Tri-County Mental Health & Counseling Services, Inc. will be able to continue to do this in FY 2009. Access to counseling/psychotherapy is limited to those with Medicaid or other private insurance.

The Board provides support and training on outcomes useage and encourages all providers to collect and use outcome data. However, as this is a Medicaid only service, the Board does not have the authority to monitor quality of care.

### **b.3. Child & Adolescent Routine Outpatient Care**

*Click on gray box to indicate "Yes" with an "X." Additional rows of wait time allow you to report known wait lengths for up to four providers of a service or program.*

Click on gray box to enter text.

Service	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.b.3
Diagnostic Assessment -- Physician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Diagnostic Assessment – Non-Physician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pharm. Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Counseling/Psychotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**b.4.** Which routine outpatient services for children have been area(s) of focus for the Board? *If an agency uses a triage system to schedule services, please discuss the Board's oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that have been an area of focus.

Click on gray box to enter text.

Pharm. management is scheduled as needed.

Fortunately, most SED kids have Medicaid, so they can access the services.

The Board provides support and training on outcomes useage and encourages all providers to collect and use outcome data. However, as this is a Medicaid only service, the Board does not have the authority to monitor quality of care.

**c. Best Clinical Practices.** (See Appendix C for definition and examples.) What, if any, Best Clinical Practices for Adults and/or Children and Adolescents have been area(s) of focus for the Board? Briefly discuss achievements and trends in these areas.

Click on gray box to enter text.

The AHV Board and SCC promote the adoption of best clinical practices, providing training and working in conjunction with University partners. Unfortunately, best clinical practices are expensive and require non-Medicaid funding and economies of scale that can be difficult to achieve in small rural communities.

In the past, the Boards of SE Ohio had a Federal grant to implement IDDT. The Board retains an interest in this model, but lacks the resources to implement. TCMHCS has received a federal BJA grant to implement a SAMI Court; sustainability is in question.

TCMHCS offers intensive CPST programming--close to that of an ACT Team, but not meeting full fidelity to the model. Again, lack of non-Medicaid resources prevent full implementation in Athens County; not to mention implementation in Hocking and Vinton counties.

TCMHCS has applied for and received a grant to implement Intensive Home Based Therapy for youth in Athens County beginning in FY 2008.

**8. Staff Capacity & Workforce Development.**

**a.** How many of the following staff positions for adults were budgeted (047) in the Board area during SFY 2007?

*Click on gray boxes to enter number of FTEs.*

Pharm. Management Practitioner FTEs:*	3.50	<b>8.a</b>
CPST FTEs:	25.50	
Counselor/Therapist FTEs:	14.20	

\*Includes Advanced Nurse Practitioners with prescriptive authority.

**b.** How many of the following positions for child and adolescent consumers were budgeted (047) in the Board area during SFY 2007?

*Click on gray boxes to enter number of FTEs.*

Pharm. Management Practitioner FTEs:*	2.50	<b>8.b</b>
CPST FTEs:	11.50	
Counselor/Therapist FTEs:	19.50	

\*Includes Advanced Nurse Practitioners with prescriptive authority.

**c.** Please describe any areas of focus for the Board regarding **workforce development**. For help with framing a response on this topic, Boards are encouraged to review Appendix G: *An Action Plan for Behavior Health Workforce Development* from the Annapolis Coalition.

*Click on gray box to enter text.*

Tri-County Mental Health & Counseling Services, Inc. uses federal loan payback incentives (National Health Services Corp) to recruit psychiatrists and has been successful in filling all psychiatric vacancies; however child psychiatrists are very limited and difficult to find and recruit. Telepsychiatry is helping to address this urgent need.

The 317 Board and agencies collaborate with Ohio University's Department of Social Work on its ODMH Best Practices grant to increase clinical skill levels;

The SCC has a priority on workforce development and has several different initiatives:

The Children's Community Support Program is a three hour didactic series of presentations held monthly on a variety of child and family issue and childhood disorders. The training series is

offered through their videoconference network, which has connectivity to all regional contract mental health agencies and their satellite offices (15 points of connectivity throughout the ten counties). Between September 2006 and August 2007, the SCC offered 13 trainings, with approximately 700 participants earning 1,600 hours of continuing education credit. Participation is approximately equal across the region.

Children's Behavioral Health Education was developed to meet the training needs of professionals who serve children, adolescents and their families by utilizing state-of-the-art streamed video presentations (www.cbhed.com). The website offers nineteen video presentations, which are free to view and has generated over 200 hours of continuing education credit at a rate of \$10.00 per credit hour. The Annapolis Coalition on Behavioral Workforce Education has selected the Children's Behavioral Health Education Network as one of the Innovative Educational Practices to be highlighted in an article to appear in a special issue of Administration and Policy in Mental Health, a peer-reviewed journal that aims to improve the effectiveness of behavioral health programs. A description of the program is also included on the Annapolis Coalition Website.

The SCC has developed the capacity for Telepsychiatry. This service is in beginning stages, as rules were just passed in FY 2007. In FY 2007, a total of 158 unduplicated clients were served in the region, and as of the writing of this plan, there have been over 1200 encounters. For AHV Board, there have been 104 episodes of telepsychiatry with adults and 179 with youth/adolescents.

The SCC, in conjunction with Ohio University's College of Osteopathic Medicine, has established a regional telehealth program through state-of-the-art interactive videoconferencing technology. In addition to the distance learning and direct service described above, the telecommunications system is used for management purposes, group meetings, clinical supervision and retrospective case reviews, as well as many other uses that meet a specific need on a given day. The conferencing technology is especially important to workforce development of staff who work in satellite clinics.

## 9. Inter-system Collaboration

a. Discuss achievements and trends in the following areas.

1. Adult Justice/Court Coordination, Recidivism and Diversion.

*Click on gray box to enter text.*

There is a strong commitment to collaborative work with the criminal justice system. Tri-County Mental Health & Counseling Services, Inc., in partnership with Athens Municipal Court operates a SAMI Court program with Medicaid and Federal Bureau of Justice Assistance funding; a mental health court was started in Hocking County with a federal grant and still operates (on a smaller scale) post-grant funding; TCMHC continues to operate a CIT/pre-court jail diversion program--post ODMH forensic grant funding.

2. Juvenile Justice/Court Coordination, Recidivism and Diversion.

*Click on gray box to enter text.*

Treatment Alternatives to Street Crime of Southeast Ohio (TASC) has a Department of Youth Services grant to work with youth who are re-entering community after placement at a DYS facility; TCMHCS and ISS work closely with local courts to provide services to youth involved with the criminal justice system.

b. Have any of the following areas been a focus for the Board? Discuss achievements and trends in those areas, if applicable.

### 1. Jails

*Click on gray box to enter text.*

The Southeast Ohio Regional Jail contracts with TCMHCS for limited mental health assessment services; TCMHCS provides emergency pre-screening at the jail as necessary; Jail Diversion Advisory Board members have helped with NAMI Ohio jail training program; Southeast Ohio Regional Jail has sent 24 officers to CIT training.

### 2. Detention Centers

*Click on gray box to enter text.*

### 2. Homeless, Runaway & Domestic Violence shelters

*Click on gray box to enter text.*

The AHV Board collaborates with the Timothy House homeless shelter through its Continua of Care in Athens and Hocking Counties; The Continua have brought in over 2 million in new dollars for homelessness prevention and permanent supportive housing since 2003.

The AHV Board invests both Medicaid and non-Medicaid funding in My Sister's Place--the local domestic violence shelter. 2007 Outcomes: 47 of the 58 women (84%) served had their safety needs met by linkage to services external to the shelter that the women indicated needing; 227 of the 291 women (80%) served in the Outreach program had their safety needs met by linkage to services external to the shelter that the women indicated needing.

The SCC operates the Time Out Host Home Network (with a federal grant), providing short term placement for youth who are runaways, potential runaways or youth who are experiencing domestic crisis. Approximately 500 youth from the ten counties will use approximately 1,600 bed days/year for the ten county SCC region; 258 AHV youth were served with 775 days of care. The annual family reunification rate is approximately 90%, one of the highest reunification rates of any like programs in the nation.

### 3. Nursing Homes

*Click on gray box to enter text.*

TCMHCS has a geriatric team and provides CPST services in local nursing homes in all three counties.

### 4. Prison Reentry

*Click on gray box to enter text.*

TCMHCS works with the Department of Rehabilitation and Corrections on re-entry for inmates with serious mental illness who are returning to the community.

### 6. Physical/Mental Health Integration (Specify whether adult and/or child & adolescent.)

*Click on gray box to enter text.*

TCMHCS collaborates with Ohio University College of Medicine, providing behavioral healthcare services in three doctors' offices in Athens and Vinton counties two times/week. On the adult side, a much more limited collaboration is beginning between Tri-County Mental Health & Counseling Services, Inc. and Ohio University through the University's "free clinic". There will be on-site mental health staff scheduled for one morning, every three months to address the mental health needs of those without insurance.

**10. Prevention, Education & Consultation (P,C&E).** *Discuss achievements and trends in the following areas:*

- a. Suicide Prevention
- b. Any local or state P,C&E services of relevance to the Board.

*Click on gray box to enter text.*

Suicide Prevention: Hocking County established a Suicide Coalition in FY 2007; Athens established one in FY 2008. Hocking has carried out a number of public awareness and provider/gatekeeper trainings; Athens is in the planning process.

Local P,C&E: In addition to the efforts described in the Recovery and Resiliency sections, the Board produces an annual report and monthly ads in community newspapers that are aimed at increasing understanding and reducing stigma.

Each year in October, there is an annual "Walk the Walk" community event and fund-raiser to promote understanding of mental illness and reduce stigma. This community event was initiated by local consumer advocate, Pete Wusher and is now a collaborative, multi-agency event.

NAMI Athens is an active, vital presence in the Athens community that promotes awareness, education, support and dispels stigma: NAMI offers several different monthly family and consumer support groups and educational groups; board members regularly present information to community groups and local agencies; NAMI's cemetery restoration project is a grand collaborative project that reduces stigma; NAMI Athens Board member, Tom Walker produces a radio program, "Conversations from Studio B" on mental health topics that airs twice a month and is available for listening at the NAMI web page at: <http://www.namiathensohio.org/woub.html>

**11. Cultural Competency:** *Discuss achievements and trends in any of the following areas:*

- a. Consumer satisfaction with services and staff
- b. Staff recruitment
- c. Staff training.
- d. Addressing disparities for cultural groups in access and outcomes
- e. Other

*Click on gray box to enter text.*

The SCC offers annual trainings on culturally competent practice in Appalachian counties. SCC also offers 5 trainings available through web-cast (at provider's convenience) on working with 5 different populations--Asian, African Americans, Latino, Gay/Lesbian/Bisexual/Transgender and Appalachian.

**12. Other:** Please use this area to discuss achievements and trends and other current state issues of concern to the Board.

*Click on gray box to enter text.*

The Board passed a replacement levy in FY 2008.

The Board is concerned about the trend of non-Medicaid funding being diverted to Medicaid match. Unfortunately, the result of this transfer is that the Board has diminishing funding for vital recovery and resiliency supports and evidence-based best practices. This is a policy problem must be addressed through a joint State/Board level response.

### C. Needs Assessment.

Describe the processes the board used to determine its current needs in crisis care, clinical services, recovery, resilience, prevention, consultation and education services. Include any data sources and types, methodology, time frames, stakeholders, collaborative partners and methods of prioritizing. Examples of needs assessment processes include, but are not limited to: surveys, focus groups, expert panels, key informants, penetration rates, demographic and social indicators. The board must employ at least **one** of the above approaches and at least **one** approach that involves consumer participation.

*Click on gray box to enter text.*

The AHV Board uses both broad-based, comprehensive needs assessment/planning processes and smaller, issue-specific needs assessment/planning processes. The needs assessment and planning processes are intertwined and overlap.

The Board undertook two large scale planning processes in FY 2004-05 (see below) and continues to work these plans—implementing planned changes and monitoring progress on planned changes. Because of the expense (financial and time) associated with large scale planning, the Board is not undertaking a new comprehensive planning process in FY 2008 or FY 2009. However, the Board continues to engage in needs assessment and planning targeted around specific areas of interest or opportunity. Most of these needs assessment processes rely heavily on secondary data, penetration rates, demographic and social indicators and key informants. Nearly 100% of these needs assessment/planning processes involve consumer and family participation.

Examples of recent Comprehensive and Targeted needs assessment include:

Comprehensive Planning:

- Strategic Mapping:

- o Broad-based, collaborative planning process began in FY 2005 focused on all Board investments;
- o Data: survey of Board members, key community stakeholders including family members, consumers and agency representatives

- Prevention Planning:

- o Communities That Care and Partnerships for Success (funded by and focused on AOD prevention, but also identified mental health prevention needs).
- o Broad-based, collaborative planning process in Athens, Hocking and Vinton Counties that began in FY 2004
- o Data: key informants, survey of all students in 6th, 8th, 10th and 12th grades in all school districts in the three counties.

Targeted Planning:

- Eli Lilly Employment Initiative:

- o Collaborative inter-agency needs assessment and planning process began in FY 2006 and continues.
- o Athens Area Stakeholders: Mental Health state, board and providers, Bureau of Vocational Rehabilitation state, local, providers, NAMI family member, Consumer Drop In Center, Consumer member, Eli Lilly staff.
- o Data: key informants, penetration rates, comparison of outcomes data (baseline, comparables, progress).

- Jail Diversion Advisory Board:

- o Collaborative inter-agency needs assessment and planning process began in FY 2001 and continues.

- o Athens Area Stakeholders: Mental health board, provider, NAMI family member, Consumer member, Municipal Court Judge, ODMH, Ohio University Counseling Dept and Police Dept, Athens City Police Department, Forensic Monitor.

- o Data: Secondary data and Key Informants

- Suicide Coalition:

- o Collaborative inter-agency coalitions in Athens and Hocking counties; Hocking began in FY 2007 and continues; Athens County beginning in FY 2008.

- o Stakeholders:

- o Data: Secondary data, demographic and social indicators, and key informants

- Housing Coalitions:

- o Collaborative inter-agency coalitions in Athens and Hocking Counties. Completed a homeless needs assessment in FY 2007 with funding from the Osteopathic Heritage Foundation; In process with completing a mental health and housing needs assessment using the Voinovich School of Public Policy at Ohio University funded through NAMI's Ohio Housing Leadership Institute.

- o Stakeholders: social service and housing providers, government officials, consumers.

- o Data: secondary outcomes and demographic data, key informant interviews, focus groups, interviews with 40 adult SMD and young adults with behavioral healthcare needs aging out of foster care.

- Family and Children First Councils:

- o Collaborative inter-agency Councils active in each county. Family members are members of each county's FCFC.

- o Data: program data, key informants.

- All Hazards/Disaster Preparedness:

- o AHV staff participate does not lead, but participates in other community planning around disaster preparedness and making sure there is planning for behavioral health needs.

- o Collaboration with a large number of agencies, including: Local Red Cross, Clinical services providers (Tri-County, Private practitioners, HRS, Wellsprings, ABH Hospital, Ohio University Hudson Health Center, Ohio University Psychology and Social Worker Clinic, Ohio University Counseling Clinic), Ohio University President, Ohio University ROTC, Ohio University Dean of Students, Critical Incident Stress Management Team, First Responder groups (Police, sheriff, fire, EMS, State Highway Patrol), Hocking College Provost, Hocking College Police Department, Hocking College Dean of students, City and County School superintendents, Emergency Management Agency, Health Department, Public Information Officers Network, County Commissioners (through the EMA directors), Job and Family Services, County Health Departments, Local Hospitals, Regional Medical Response System, local government officials, consumer support groups (NAMI) other public school officials (teachers, principals, employees) and liaison with Ohio National Guard, other Boards as well as the ODMH and ODADAS, Ohio Department of public safety and OACBHA

- o Data: secondary data, key informants, demographic and social indicators

- Safety Net--Don't Turn Your Back Ohio Coalition:

- o Collaborative Athens-Hocking-Vinton combined inter-agency needs assessment and planning process begun in FY 08.

- o Collaboration among 317 Board, County Children Services Departments and County Departments of Job and Family Services
- o Data: secondary data, key informants, demographic and social indicators, budget trends.

**D. Community Plan for SFY 2008.** (Desired State)

Please refer to “Planning Terms” in Appendix C.

**1. Planning Processes.** Describe the process utilized by the Board to determine its priorities for SFY 2009. How did the Board decide the most important areas in which to invest their resources?

*Click on gray box to enter text.*

The AHV Board initiated a multi-year “Strategic Mapping” process in FY 2005 to set Investor Targets for system improvement. The Board is at the mid-point of this planning process, continuing to implement changes and monitor progress. Because of the erosion of non-Medicaid funding in the system of care, the plan is focused on trying to maintain investments in current safety net and recovery & resiliency services, and at the same time, working to improve documentation of results achieved with these current investments and the continuing quality improvement of these investments.

Targeted planning also occurs around specific initiatives as described above in the needs assessment section. Each group determines its priorities based upon data and resource availability.

**2. Recovery Supports.** Using the format below, please describe goals, strategies, and measurable objectives for SFY 2009 for housing, employment, including supported employment, and other recovery supports of relevance to the Board, such as Wellness Management and Recovery, WRAP, Bridges, Networks of Care, Peer Support Services, etc. (See Appendix C for definition of recovery supports and examples of strategies and programs.) Based on identified needs, rank priorities as high, medium or low. What systems/entities/providers/consumer groups will the board collaborate with or have discussions, and what benefits/results are expected?

Items with an asterisk (\*) must be addressed, even if this is a low priority area and planning is minimal.

*Click on gray box to indicate priority level.*

**2.a. EMPLOYMENT\***

Priority:

Goals: *Click on gray box to enter text.*

Increase the number of mental health consumers who are employed or have meaningful activity

Strategies: *Click on gray box to enter text.*

Eli Lilly Employment Initiative in Athens County (Co-location of VR services at TCMHCS & TGP, Culture of Work, Consumer Empowerment Committee); Vinton Co Hybrid Program

Measurable Objectives: *Click on gray box to enter text.*

1. Increase the number of SMD customers who are employed to \_\_\_\_ (# to be determined; quarterly tracking at TCMHCS & TGP);
2. Increase in the number of SMD customers who report meaningful activity to \_\_\_\_ (# to be determined Quarterly tracking at TGP);
3. Increase funding for this initiative (Board tracking of increased investments)
4. Of the 60 customers in Integrated Service System’s Hybrid Employment program, 10 will secure

public income and 6 will become employed.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Broad involvement of stakeholders through Eli Lilly Initiative

**2.b. WELLNESS MANAGEMENT & RECOVERY\***

Priority: **Low**

Goals: *Click on gray box to enter text.*

No measurable objectives at this time.

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**2.c. HOUSING**

Priority: **High**

Goals: *Click on gray box to enter text.*

Increase the number of mental health consumers who report housing stability and housing satisfaction

Strategies: *Click on gray box to enter text.*

Continuum of Care work in Athens, Hocking and Vinton Counties to increase housing resources; HAP; Shelter Plus Care, Permanent Supportive Housing

Measurable Objectives: *Click on gray box to enter text.*

1. Annual increase in the mean scores of housing stability, housing and neighborhood satisfaction from ODMH outcomes;
2. 37 of 46 Shelter Plus Care participants will maintain housing at least 7 months;
3. 10/12 HAP participants will move to permanent housing;
4. Increase in annual housing funding into the system of care.
5. 8/10 Transition age young adults will secure and maintain permanent housing post discharge

Discussions and/or Collaborations: *Click on gray box to enter text.*

Athens & Hocking County Housing Coalitions, Osteopathic Heritage Foundation, ODMH, Ohio Housing Trust Fund, NAMI Ohio Housing Leadership Collaborative, Metropolitan Housing Authorities, Corporation for Supportive Housing

*Click on gray boxes to name Recovery Support area and indicate priority level.*

**2.d. OTHER: Athens Photographic Project**

Priority: **High**

Goals: *Click on gray box to enter text.*

Increase customers quality of life and personal empowerment

Strategies: *Click on gray box to enter text.*

Athens Photographic Project Beginning and Advanced Classes

Measurable Objectives: *Click on gray box to enter text.*

- 1. 50 Customers will enroll in classes;
- 2. 40 will report increased empowerment
- 3. 12 will interact with others, make exceptional photographs and express interest in continuing to photograph and be a model for others in the class

Discussions and/or Collaborations: *Click on gray box to enter text.*

*Click on gray box to enter text.*

2.e. OTHER: Clubhouse

Priority: High

Goals: *Click on gray box to enter text.*

Increase empowerment and social connectedness

Strategies: *Click on gray box to enter text.*

The Gathering Place  
Home Away From Home  
The Friendship House

Measurable Objectives: *Click on gray box to enter text.*

Of the \_\_ members who participate in drop in center activities, \_\_ will report increased empowerment and social connectedness (currently assessing baseline and will make projections at later date)

Discussions and/or Collaborations: *Click on gray box to enter text.*

*Click on gray box to enter text.*

2.f. OTHER: Family to Family

Priority: High

Goals: *Click on gray box to enter text.*

Increase family members knowledge and skills in helping a family member with mental illness

Strategies: *Click on gray box to enter text.*

NAMI Athens Family to Family Course—two classes each fiscal year.

Measurable Objectives: *Click on gray box to enter text.*

24 Customers will attend and increase knowledge; 18 will demonstrate new skills in class;  
14 Customers will apply new skills with their family member and sustain this success for three months

Discussions and/or Collaborations: *Click on gray box to enter text.*

**3.g. Other.** If you need additional space for discussion of Recovery Supports planning:

*Click on gray box to enter text.*

**3. Resilience Supports.** Using the format below, please describe goals, strategies, and measurable objectives for SFY 2009 for school success, ABC, and any other Resilience supports of relevance to the Board, such as Transition Age Programs, Parent Advocacy, etc. (See Appendix C for definition of resilience supports and examples of strategies and programs.) Based on identified needs, rank priorities as high, medium or low. What systems/entities/providers/consumer groups will the board collaborate with or have discussions, and what benefits/results are expected?

*There is overlap between Resilience Supports and Prevention, Consultation, and Education (P,C&E). Boards can discuss programs such as BB/BS, Triple P, Family Advocates, Early Childhood Screening, etc., as a Resilience Support or under the narrative for Section 10: P,C&E.*

*Click on gray box to indicate priority level.*

**3.a. SCHOOL SUCCESS**

Priority: Medium

Goals: *Click on gray box to enter text.*

There is activity in this area, however it may be through Medicaid or private contracts. The Board does not track outcomes in this area.

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**3.b. EARLY CHILDHOOD CARE**

Priority: High

Goals: *Click on gray box to enter text.*

Improve early childhood care

Strategies: *Click on gray box to enter text.*

Increase specialized training for early childhood staff and provide educational programming for families enrolled in Head Start & other early childhood programs

Measurable Objectives: *Click on gray box to enter text.*

Work with 7 programs in 29 classrooms, with 28 teachers; Impacting 492 children, 482 families; provide individualized consultation on 80 children

Discussions and/or Collaborations: *Click on gray box to enter text.*

Southern Consortium for Children lead

**3.c. TRANSITION AGE CARE**

Priority: **High**

Goals: *Click on gray box to enter text.*

See Housing

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

*Click on gray boxes to name Recovery Support area and indicate priority level.*

**3.d. OTHER:** See Workforce Development

Priority: **High**

Goals: *Click on gray box to enter text.*

Strategies *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

*Click on gray box to enter text.*

**3.e. OTHER:** Family Support

Priority: **High**

Goals: *Click on gray box to enter text.*

Increase family understanding of and parenting skills on youth/adolescent mental health

Strategies: *Click on gray box to enter text.*

Hand-to-Hand

Measurable Objectives: *Click on gray box to enter text.*

Classes offered at least annually; numbers yet to be determined

Discussions and/or Collaborations: *Click on gray box to enter text.*

NAMI Athens lead

*Click on gray box to enter text.*

3.f. OTHER:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

3.g. Other. If you need additional space for discussion of Resilience Supports planning:

*Click on gray box to enter text.*

4. **Inpatient Care.** Please complete the table below to estimate planned utilization for the next year, as best you can, even though final plan for SFY 2009 use of state hospital days is not due until May 1. Note that the state hospital per diem will be fixed for SFY 2009 at \$481. (Please note Appendix F for additional state bed day utilization data.)

*Click on gray box to enter number.*

Board Purchased Inpatient Care	SFY 2009 Bed Days	SFY 09 Admissions
State Hospitals	3650	250
Private Psychiatric Hospitals: Adults	0	0
Private Hospitals: Children & Adolescents	8	1

Using the format below, please discuss goals and strategies regarding **inpatient care** in your Board area and identify anticipated discussions or initiatives with inpatient providers. Also, please describe any future goals and strategies to assess and improve **continuity of care** between inpatient and community mental health providers. Finally, please discuss any planning for patients discharged from inpatient care with serious **somatic health care** needs.

Address as many of the following questions as possible in your discussion of inpatient care, continuity of care, and somatic health care planning:

i. Are you developing new or modified community based services which are expected to reduce your current inpatient bed day utilization?

ii. If you do not have a continuity of care agreement (see Appendix J) with your local state hospital, will you be addressing this issue with them in the next year?

iii. Are you planning future activities to improve linkage and follow up of discharged patients from inpatient care with serious somatic health care needs to general health care services?

#### 4.a. INPATIENT CARE

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

#### 4.b. CONTINUITY OF CARE

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

#### 4.c. SOMATIC HEALTH CARE

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**4.d. Other.** If you need additional space to discuss planning in the area of inpatient care, continuity of care, or somatic health care:

*Click on gray box to enter text.*

Please note the 95% decrease in youth psychiatric days and the lack of information we will now have on the needs of youth needing inpatient psychiatric care.

**5. Residential Treatment Centers.** Using the format below, please discuss the Board’s goals and strategies to *reduce* Residential Treatment Center placements of children and adolescents in SFY 2009. Has the Board set any targets for evaluating the effectiveness of those strategies in reducing RTC placements?

**5.a. Residential Treatment Centers**

Priority: High

Goals: *Click on gray box to enter text.*

To improve family stability of youth/adolescents who are involved in multiple systems and who are at high risk for out of home placement.

Strategies: *Click on gray box to enter text.*

Work with FCFC to prevent unnecessary out of home placement and provide limited funding to Athens, Hocking and Vinton county FCFC’s for the few kids that need short term placement

Measurable Objectives or Targets: *Click on gray box to enter text.*

Will be developed this spring with FCFC staff and members

Discussions and/or Collaborations: *Click on gray box to enter text.*

FCFC staff and members

**5.b. Other.** If you need additional space to discuss planning in the area of residential treatment for children and adolescents:

*Click on gray box to enter text.*

**6. Crisis Care.** Using the format below, please discuss the Board’s plan in SFY 2009 for areas of relevance in crisis care, e.g., hotline, warm line, 24/7 staffing, mobile response, crisis facility, contract for observation beds, respite/emergency beds, transportation service, or other. *It is not necessary to discuss all listed programs and services. This is primarily a place to discuss planned expansion or contraction of*

capacity in crisis care services and programs. Please discuss only those areas that are a focus of current planning.

### 6.a. Adult Consumers

Click on gray boxes to select area of crisis care and priority level.

6.a.1. Area of Adult Crisis Care:  Crisis Facility

Priority:  High

Goals: Click on gray box to enter text.

Stabilization of psychiatric symptoms in the appropriate level of care

Strategies: Click on gray box to enter text.

Tri-County Mental Health & Counseling Services, Inc. Respite Crisis Stabilization Unit.

Measurable Objectives

385 of 430 (90%) Customers will have Psychiatric Symptoms stabilized and 2 of 3: accept referral to outside support; engage in TCMHCS treatment; safe housing

Discussions and/or Collaborations

6.a.2. Area of Adult Crisis Care:  Other

Priority:  High

Goals: Click on gray box to enter text.

Stabilization of psychiatric symptoms in the appropriate level of care

Strategies: Click on gray box to enter text.

Tri-County Mental Health & Counseling Services, Inc. 24 hour crisis services

Measurable Objectives: Click on gray box to enter text.

2400 customers who contact TCMHCS with a psychiatric emergency will have safety needs met through either inpatient hospitalization, stay at crisis respite or a community safety plan

Discussions and/or Collaborations: Click on gray box to enter text.

6.a.3. Area of Adult Crisis Care:

Priority:

Goals: Click on gray box to enter text.

Strategies: Click on gray box to enter text.

Measurable Objectives: Click on gray box to enter text.

Discussions and/or Collaborations: *Click on gray box to enter text.*

**6.a.3. Other.** If you need additional space to discuss planning in the area of adult crisis care:

*Click on gray box to enter text.*

## **6.b. Child & Adolescent Consumers**

*Click on gray boxes to select area of crisis care and priority level.*

**6.b.1** Area of C&A Crisis Care:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**6.b.2.** Area of C&A Crisis Care:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**6.b.3. Other.** If you need additional space to discuss planning in the area of C&A crisis care:

*Click on gray box to enter text.*

**6.c. Planned Crisis Bed Days.** If the Board contracts for crisis beds, please indicate projected utilization for Adults and Children & Adolescents in SFY 2008 and SFY 2009:

*Click on gray box to enter number.*

	SFY 2008 Crisis Bed Days	SFY 2009 Crisis Bed Days
Adults	1700	1700
Children & Adolescents	735	735

**6.d. Crisis Response.** Using the format below, please discuss the Board’s plan for SFY 2009 in the following areas. Items with an asterisk (\*) must be addressed, even if this is a low priority area and planning is minimal.

**6.d.1. CIT/POLICE COORDINATION\***

*Click on gray box to select priority level.*

Priority: High

Goals: *Click on gray box to enter text.*

Increased consumer, officer, community safety.

Increased collaboration between mental health and criminal justice

Increased appropriate jail diversions

Increased understanding of mental illness as a biological brain disorder that can be treated

Strategies: *Click on gray box to enter text.*

Annual CIT training for 20+ officers

Measurable Objectives: *Click on gray box to enter text.*

Increase from 107 to 127 CIT-trained officers within Athens, Hocking, Vinton Counties.

Increase CIT officers at Hocking College and Ohio University from 22 to 25

Discussions and/or Collaborations: *Click on gray box to enter text.*

Bi-monthly Jail Diversion Advisory Board

**6.d.2. DISASTER PREPAREDNESS\***

Priority: High

Goals: *Click on gray box to enter text.*

Maintain All Hazards Level of Preparedness

Strategies: *Click on gray box to enter text.*

Remain active with OACBHA All Hazards initiative  
Support local All Hazards initiatives by collaborating with service providers

Measurable Objectives: *Click on gray box to enter text.*

1. Attend OACBHA All Hazards meetings and/or review minutes of those meetings
2. Attend local CISM meetings and provide CIT training

Discussions and/or Collaborations: *Click on gray box to enter text.*

AHV has established high level of collaboration as described in "Current State" section.

### 6.d.3. COLLEGES & UNIVERSITIES\*

Priority: **High**

Goals: *Click on gray box to enter text.*

Continue collaborative efforts with local Colleges and Universities

Strategies: *Click on gray box to enter text.*

Maintain collaborative relationships with local College and University

Measurable Objectives: *Click on gray box to enter text.*

1. Have regular contact with local campus CIT officers.
2. Attend local planning meetings and participate in local exercises with college and university officials.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Also see CIT above; OU mental health staff are members of Jail Diversion

### 6.d.4 PRIMARY & SECONDARY SCHOOLS

Priority: **Medium**

Goals: *Click on gray box to enter text.*

There is activity in this area, however it may be through Medicaid or private contracts. The Board does not track outcomes in this area.

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

### 6.3.5. Other. If you need additional space to discuss Crisis Response planning:

*Click on gray box to enter text.*

**7. Outpatient Services.** Using the format below, please discuss the Board’s plan for relevant outpatient “services as usual,” e.g., Diagnostic Interview-Physician, Diagnostic Assessment, Pharmacological Management, CPST, Counseling, Partial Hospitalization. *It is not necessary to discuss all listed services. This is primarily a place to discuss planned expansion or contraction of capacity in routine outpatient services. Please discuss only those areas that are a focus of current planning.*

**7.a. Adult Services.**

*Click on gray boxes to select service area and priority level.*

**7.a.1.** Area of Adult Services:

Priority: High

Goals: *Click on gray box to enter text.*

Decrease mental illness symptomology

Strategies: *Click on gray box to enter text.*

Tri-County Mental Health & Counseling Services, Inc. Outpatient services

Measurable Objectives: *Click on gray box to enter text.*

800 of 1300 (62%) Adult Outpatient Customers will show a 5 pt. decrease in the group’s mean symptom distress score between initial and most recent outcomes administration

Discussions and/or Collaborations: *Click on gray box to enter text.*

Multiple areas of Adult Services--depending on what the individual needs

**7.a.2.** Area of Adult Services: Counseling

Priority: High

Goals: *Click on gray box to enter text.*

Decreased criminal justice involvement

Strategies: *Click on gray box to enter text.*

Edna Brooks Foundation Domestic Violence Intervention Program

Measurable Objectives: *Click on gray box to enter text.*

Of the 39 offenders who participate in the program, 37 (95%) will not have any repeat offenses of violent crimes against women for six months post class

Discussions and/or Collaborations: *Click on gray box to enter text.*

**7.a.3.** Area of Adult Services:

Priority: High

Goals: *Click on gray box to enter text.*

Increase quality of life

Strategies: *Click on gray box to enter text.*

Tri-County Mental Health & Counseling Services, Inc. Representative Payee program

Measurable Objectives: *Click on gray box to enter text.*

Of the 50 customers who receive Rep Payee supports, \_\_\_ will maintain functioning and \_\_\_ will increase financial skills and no longer need rep payee supports (numbers to be determined).

Discussions and/or Collaborations: *Click on gray box to enter text.*

**7.a.4. Other.** If you need additional space to discuss planning in the area of adult “services as usual”:

*Click on gray box to enter text.*

### 7.b. Child & Adolescent Services.

*Click on gray boxes to select service area and priority level.*

7.b.1 Area of C&A Services:

Priority:  High

Goals: *Click on gray box to enter text.*

Reduce problem severity

Strategies: *Click on gray box to enter text.*

Tri-County Mental Health & Counseling Services, Inc. Outpatient services

Measurable Objectives: *Click on gray box to enter text.*

600 of 800 (75%) Youth Outpatient Customers will show a 5 pt. decrease in the group’s mean problem severity score between initial and most recent outcomes administration

Discussions and/or Collaborations: *Click on gray box to enter text.*

Multiple areas of C&A services--depending on individual's needs.

7.b.2 Area of C&A Services:

Priority:  High

Goals: *Click on gray box to enter text.*

Decrease problem severity/increase functioning

Strategies *Click on gray box to enter text.*

Health Recovery Services, Inc.—Eager I & II programs

Measurable Objectives: *Click on gray box to enter text.*

25 of 90 youth will meet the criteria for successful discharge

Discussions and/or Collaborations: *Click on gray box to enter text.*

Multiple areas of C&A services--depending on individual's needs.

**7.b.3.** Area of C&A Services:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**7.b.4. Other.** If you need additional space to discuss planning in the area of child & adolescent “services as usual”:

*Click on gray box to enter text.*

**7.c. Best Clinical Practices for Adults, Children & Adolescents.** What are the Board’s plans for SFY 2009 regarding Best Clinical Practices? The term “best practices” includes both promising and evidence-based practices. Examples of Best Practices include, but are not limited to: Assertive Community Treatment, Intensive Home Based Treatment, Intensive Dual Disorder Treatment (IDDT), Early Childhood Assessment, Functional Family Therapy, Treatment Foster Care, Physical/Mental Health Services Integration, Trauma-focused Community Based Treatment (TF-CBT), Dialectical Behavior Therapy (DBT), Trauma Screening and Assessment, Telemedicine, Tobacco Dependence Treatment, Older Adult care, Integrated Care for persons with MR/MI. (See definitions in Appendix C.)

Items with an asterisk (\*) must be addressed, even if this is a low priority area and planning is minimal.

**7.c.1. INTEGRATED DUAL DIAGNOSIS TREATMENT (IDDT)\***

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

*Click on gray box to enter name of practice:*

**7.c.2. PRACTICE:**

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

*Click on gray box to enter name of practice:*

**7.c.3. PRACTICE:**

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

*Click on gray box to enter name of practice:*

**7.c.4. PRACTICE:**

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

*Click on gray box to enter name of practice:*

**7.c.5. PRACTICE:**

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**7.c.6. Other.** If you need additional space for planning in the area of Best Clinical Practices:

*Click on gray box to enter text.*

**8. Staff Capacity and Workforce Development.** Using the format below, please describe the Board's plan for workforce development in SFY 2009. For help with identification of goals, see Appendix G: **An Action Plan for Behavioral Health Workforce Development.**

*Click on gray boxes to enter workforce development area and priority level.*

**8.a.1.** Area of Workforce Development:

Priority:

Goals: *Click on gray box to enter text.*

Strategies *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

*Click on gray boxes to enter workforce development area and priority level.*

**8.a.2.** Area of Workforce Development:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

125 adult sessions and 200 adolescent sessions provided

Discussions and/or Collaborations: *Click on gray box to enter text.*

Southern Consortium for Children lead

**8.a.3. Other.** If you need additional space to discuss planning in the area of workforce development:

*Click on gray box to enter text.*

**9. Inter-system Collaboration.** Using the format below, please describe the Board's plan for SFY 2009 in the following areas.

**9.a. Adults**

**9.a.1. ADULT JUSTICE/COURT COORDINATION**

*Click on gray box to indicate priority level.*

Priority: **High**

Goals: *Click on gray box to enter text.*

See CIT/Police Coordination Goal

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**9.a.2 ADULT RECIDIVISM**

Priority: **High**

Goals: *Click on gray box to enter text.*

See CIT/Police Coordination Goal

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**9.a.3. ADULT DIVERSION**

Priority: **High**

Goals: *Click on gray box to enter text.*

See CIT/Police Coordination Goal

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**9.a.4. Other.** If you need additional space to discuss planning in the area of Justice/Court Coordination, Recidivism or Diversion:

*Click on gray box to enter text.*

**9.b. Adolescents**

**9.b.1. ADOLESCENT JUSTICE/COURT COORDINATION**

*Click on gray box to indicate priority level.*

Priority: **High**

Goals: *Click on gray box to enter text.*

Improve functioning of youth re-entering from DYS facilities

Strategies: *Click on gray box to enter text.*

DYS Grant-funded Re-entry supports, case management.

Measurable Objectives: *Click on gray box to enter text.*

Of the 12 DYS offenders who are referred to the program, 8 will stay engaged with the program and 3 will sustain abstinence and avoid

Discussions and/or Collaborations: *Click on gray box to enter text.*

TASC of Southeast Ohio lead.

**9.b.2. ADOLESCENT RECIDIVISM**

Priority: **Medium**

Goals: *Click on gray box to enter text.*

There is activity in this area, however it may be through Medicaid or private contracts. The Board does not track outcomes in this area.

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

### 9.b.3. ADOLESCENT DIVERSION

Priority:

Goals: *Click on gray box to enter text.*

There is activity in this area, however it may be through Medicaid or private contracts. The Board does not track outcomes in this area.

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**9.b.4. Other.** If you need additional space to discuss planning in the area of adolescent Justice/Court Coordination, Recidivism or Diversion:

*Click on gray box to enter text.*

**9.c. Other Inter-System Collaboration.** What, if any, are the Board's plans for SFY 2009 in the following areas?

#### 9.c.1. JAILS

*Click on gray box to indicate priority level.*

Priority:

Goals: *Click on gray box to enter text.*

There is activity in this area, however it may be through Medicaid or private contracts. The Board does not track outcomes in this area.

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**9.c.2. DETENTION CENTERS**

Priority: **Medium**

Goals: *Click on gray box to enter text.*

There is activity in this area, however it may be through Medicaid or private contracts. The Board does not track outcomes in this area.

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**9.c.3. SHELTERS (Includes Homeless, Runaway, Domestic Violence)**

Priority: **High**

Goals: *Click on gray box to enter text.*

Increased safety and empowerment

Strategies: *Click on gray box to enter text.*

Increased safety and empowerment My Sister’s Place Domestic Abuse Shelter & Outreach services

Runaway—see adolescent crisis care

Measurable Objectives: *Click on gray box to enter text.*

125 of 245 Clients will enact safety measures specific to her situation if further violence occurs

Discussions and/or Collaborations: *Click on gray box to enter text.*

**9.c.4. NURSING HOMES**

Priority: **Medium**

Goals: *Click on gray box to enter text.*

There is activity in this area, however it may be through Medicaid or private contracts. The Board does not track outcomes in this area.

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**9.c.5. PRISON RE-ENTRY**

Priority:

Goals: *Click on gray box to enter text.*

There is activity in this area, however it may be through Medicaid or private contracts. The Board does not track outcomes in this area.

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**9.c.6. PHYSICAL & MENTAL HEALTH INTEGRATION**

Priority:

Goals: *Click on gray box to enter text.*

There is activity in this area, however it may be through Medicaid or private contracts. The Board does not track outcomes in this area.

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

*Click on gray box to area of cross-system collaboration:*

**9.c.7. OTHER:**

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

*Click on gray box to enter text.*

**9.c.8. OTHER:**

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

*Click on gray box to enter text.*

**9.c.9. OTHER:**

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**9.c.10. Other.** If you need additional space to discuss plans involving significant inter-system collaboration:

*Click on gray box to enter text.*

**10. Prevention, Consultation and Education (P,C&E).** What are the Board’s plans for SFY 2009 in the following areas? It is not necessary to discuss all prevention programs funded by the Board. Please discuss P,C&E planning of most salience or strategic importance to your system.

**10.a. SUICIDE PREVENTION**

*Click on gray box to enter priority level.*

Priority:

Goals: *Click on gray box to enter text.*

Increase community awareness that suicide is a preventable public health problem; Increase awareness that depression is the primary cause of suicide; Change public perception about the

stigma of mental illness, especially about depression and suicide; Increase the ability of the public to recognize and intervene when someone they know is suicidal

Strategies: *Click on gray box to enter text.*

Athens & Hocking Suicide Coalitions

Measurable Objectives: *Click on gray box to enter text.*

- 1. The number of suicide prevention activities provided
- 2. The number of persons trained within the communities.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Suicide Coalitions composed of mental health providers, family members, consumers, medical/health professionals, school representatives, senior services representatives, Ohio University staff and others.

*Click on gray box to enter name of P,C&E activity:*

**10.b. OTHER:**

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**10.c. OTHER:**

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**10.d. Other.** If you need additional space to discuss planning for prevention, consultation and education:

*Click on gray box to enter text.*

**11. Cultural Competency:** What are the Board’s plans for SFY 2009to increase cultural competence? Please discuss the areas of most salience or strategic importance to your system.

**11.a. CONSUMER SATISFACTION WITH SERVICES AND STAFF**

Priority: **Medium**

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**11.b. STAFF RECRUITMENT**

Priority: **Medium**

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**11.c. STAFF TRAINING**

Priority: **High**

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

training seminars

Measurable Objectives: *Click on gray box to enter text.*

Report on the number of participants in FY 2009

Discussions and/or Collaborations: *Click on gray box to enter text.*

Southern Consortium for Children lead.

**11.d. ADDRESSING DISPARITIES IN ACCESS AND OUTCOMES**

Priority:

Goals: *Click on gray box to enter text.*

Increase funding for services for non-Medicaid behavioral health customers

Strategies: *Click on gray box to enter text.*

Educate local, state and national leaders about the seriousness of the problem; Cap on Medicaid match requirements freeing up local funding to address access for the working poor and those who do not have Medicaid.

Measurable Objectives: *Click on gray box to enter text.*

Increased board budget for non-Medicaid supports.

Discussions and/or Collaborations: *Click on gray box to enter text.*

OACHBA

*Click on gray box to enter text.*

**11.e. OTHER:**

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

**11.f. Other.** If you need additional space to discuss planning in cultural competency:

*Click on gray box to enter text.*

**12. ANYTHING ELSE?** Are there are other Board plans for SFY 2009 not covered by the outline? Is there any other information pertinent to the Community Plan that the Board would like to share?

*Click on gray box and enter text.*

**13. Projected Budget.** *Please refer to the following link:*

<http://www.mh.state.oh.us/cmtypolicy/planning/guidelines/2009/budget-template.xls>

Using the Board’s submitted SFY 2007 FIS-040 report as a baseline and for comparison purposes, please complete the Community Plan Budget excel spreadsheet for SFY 2009 (if desired, your SFY 2007 FIS-040 may be obtained from Holly Jones at [joneshm@mh.state.oh.us](mailto:joneshm@mh.state.oh.us)). **The Excel spreadsheet must be included with the Word form template, when submitting your Community Plan electronically.**

Please indicate how the Board plans to purchase services by fund source.

**14. Business Rules.** Identify any changes in the Board’s business rules (See Appendix E. Business Rules for MACSIS) that will be necessary to accomplish the Board’s Plan for non-Medicaid reimbursable services and services to consumers that are ineligible for Medicaid.

*Click on gray box and enter text.*

We do not anticipate a need for any changes in the Board’s MACSIS business rules at this time. However, if it is the intent of the Department that MACSIS is used to define population priorities and benefits, significant revisions would be necessary which our MACSIS plan code configuration would support.

**E. Evaluation of Plan Implementation.**

**E.1.** How does the Board plan to evaluate services, pursuant to ORC 340.03?

<http://codes.ohio.gov/orc/340.03>

*Click on gray box and enter text.*

<p>The AHV 317 Board has an ambitious evaluation plan that came out of its Strategic Mapping planning process and is largely centered on the consumer outcomes in SAMSHA’s National Outcomes Measures. The Board is committed to an evaluation approach that focuses on documenting the results that are achieved through the investment of public tax dollars and using data to learn and continually improve upon these results. The Board has contracted with The Rensselaerville Institute (TRI) to help the Board manage and track Board and provider agency outcomes. Through a planned, multi-year process, the Board is working to track outcomes for all of its investments. This process began in FY 2006 and all investments will be included by FY 2009. Board staff review agency and Board outcomes quarterly. The review of outcomes leads naturally to other evaluation criteria—some examples:</p> <ul style="list-style-type: none"> <li>• Which consumer cohorts seem to be achieving outcomes and which ones are not? What seems to be the reason for this?</li> <li>• How much money was needed to achieve these results?</li> <li>• How do these results compare to those achieved by evidenced-based models?</li> <li>• How can services be modified to achieve greater results?</li> </ul> <p>The AHV 317 Board also does annual Medicaid audits of the three Medicaid-certified providers. These audits provide a baseline evaluation of the medical necessity of services</p>	<p>E.1</p>
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provided. The Board would welcome the opportunity to do a more extensive review that focuses on quality and results; however, it is limited by state rules.	
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**E.2.** How does the Board plan to develop and use various databases, (e.g, MACSIS, Outcomes, Behavioral Health Module) to evaluate the effectiveness and efficiency of services?

*Click on gray box and enter text.*

The Board uses MACSIS, PCS and Outcomes data marts to evaluate efficiency and effectiveness. The Board does not use BH Mod at this time. The Outcomes data mart is being used to identify system baselines and comparisons to state averages. The Board has not yet invested staff time to use outcomes extracts to do more sensitive data analysis because of concerns that data is not complete and up-to-date at the agency level and because we are not authorized under law to use the data to make funding decisions. Through partnership with Ohio University, the Board can often use graduate level social work students to assist agencies with program evaluation using ODMH outcomes data. This year, students are assisting three providers to assess results from the empowerment data set.	E.2
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**E.3.** To what extent does the Board need technical assistance concerning compliance with ORC 340.03? (Guidelines for ORC 340.03 appear in Appendix D.)

*Click on gray box and enter text.*

The Board would welcome on site technical assistance with our providers to increase capacity to use ODMH outcomes data for program evaluation and quality improvement. We would also appreciate clarification of how ORC 340.03 relates to Medicaid services and how ODJFS, ODMH and Boards can partner to ensure that quality issues are monitored and addressed in the Medicaid-funded behavioral healthcare services that are provided to our community members.	E.3
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**Form 1**  
**Board Appointment Data Sheet**

**Form 2**  
**Community Board Resources**

a. Please provide the name, address, phone number, and email of the Board's Forensic Monitor:

<b>Name</b>	<b>Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone Number</b>	<b>Email</b>
William Reed	344 Muskingum Drive	Marietta	45750	740-374-6990	bill reed@wcmhar.org

b. Please provide the name, address, phone number, and email of the Board's Community Linkage Contact:

<b>Name</b>	<b>Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone Number</b>	<b>Email</b>
Terry Hayes, PhD	90 Hospital Drive	Athens	45701	740-594-5045	thayes@tcmhcs.org

c. Please provide the name, address, phone number, and email of the Board's Client Rights Officer:

<b>Name</b>	<b>Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone Number</b>	<b>Email</b>
Roger Buck, PhD	7990 Dairy Lane	Athens	45701	740-593-3177	roger@ahv317.co.athens.oh.us

Form 3

Planned State Inpatient Bed Days

<b>BOARD NAME Athens-Hocking-Vinton</b>	
<b>2009 Planned Use of State Inpatient Days</b>	
<b>Appalachian-Athens</b>	3650
<b>Appalachian-Athens</b>	
<b>Appalachian-Athens</b>	
<b>Appalachian-Athens</b>	
<b>Total Inpatient Days</b>	3650

Signed \_\_\_\_\_  
Board Executive Director

I anticipate contracts for CSN services to some degree.

- Yes
- No

Form 4

Notification of Election of Distribution – SFY 2009

The Athens-Hocking-Vinton 317 Board (Board) has passed a resolution making the following:

- The Board plans to elect distribution of 408 funds.
- The Board plans not to elect distribution of 408 funds

Signed:

\_\_\_\_\_  
Earl L. Cecil (Name)  
Executive Director  
Athens-Hocking-Vinton 317 Board (Board)

Date: