

III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

Click on box to enter Board name.

BOARD NAME: Mental Health and Recovery Board (serving Belmont, Harrison and Monroe Counties)

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.

MISSION STATEMENT

The mission of the Mental Health and Recovery Board is to manage public resources to ensure the availability of comprehensive, quality, and cost-effective mental health and substance abuse treatment and prevention services to the citizens of Belmont, Harrison and Monroe Counties.

VISION STATEMENT

The Mental Health and Recovery Board is committed to assuring that residents of our community live healthier lives through access to quality mental health, alcohol and drug prevention, treatment and support services.

VALUES

- The Board believes services should be responsive to, and based upon the strengths and changing needs of, the consumers.
- The Board believes that local communities are best able to identify their unique needs and to plan and administer services.
- The Board believes in promoting high levels of professional competency and standards.
- The Board believes its decisions and operations must be in compliance with government regulations.
- The Board believes in fiscal stewardship and strives to act in the best interests of taxpayers and consumers.
- The Board believes consumers, family members, and professional staff must be treated with respect at all times.
- The Board believes in innovative approaches in meeting identified service needs while maximizing resources and promoting collaborative ventures.

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 MACSIS business rules in Appendix E need revised. We are in the process of eliminating a sliding fee charge for: Crisis Intervention, Community Support, Partial Hospitalization and Residential Services.

We were functioning under the belief we had exempted these early on in the MACSIS process, however, currently the exemptions are not in place. In FY07, we calculated the totals for these sliding fee charges and made reimbursement to our contract agencies. As a system, we do not differentiate between Medicaid and Non-Medicaid in service delivery. One agency, Community Mental Health Services, is not accepting new Non-Medicaid clients, but they are being accepted elsewhere in our system. We anticipate that contractually we will mandate that all agencies accept new Non-Medicaid clients who have been discharged from a state hospital or local psychiatric inpatient units. This mandate will not affect our MACSIS business rules.

Several years ago, our Board delineated the following priority populations:

- Crisis Adult/Youth
- Recent releases from hospital care
- SMD/SED
- Court Order Adult
- Court Order Youth
- Victims of Domestic Violence
- Older Adults
- Dually Diagnosed MI/SA
- Dually Diagnosed MI/MR
- Currently Incarcerated
- Recent Release Adult Corrections
- Recent Release Youth Corrections

We designated these priority populations in the event that significant decreases to agency allocations became unavoidable. Due to numerous factors, our system has been able to maintain level allocations to our service providers. While as a system we deficit budgeted in numerous years, it was not until FY07 that we experienced an actual deficit for the year. Our deficit in FY07 was \$327,818 and was due largely to our increased hospital utilization. We level funded providers in FY08, and are hopeful we will be able to maintain that funding to agencies in FY09. We will not be able to determine this until later in the fiscal year.

Currently we are closely monitoring our monthly cash balance to determine the minimum level at which our fund balance can be maintained in order not to jeopardize the entire system’s cash flow. This will be a significant factor in deciding the necessity for funding reduction to service providers.

Our Board understands it could face no alternative but to reduce funding to providers which reduces services to consumers. The task of eliminating services to consumers we have traditionally served would be extremely difficult.

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.

Our system as a whole has not progressed to a Recovery approach to service delivery. We do, however, have significant achievements in some areas of service delivery.

In conjunction with the Muskingum Board, we operated a supported living facility, Liberty Manor; and in conjunction with the Muskingum and Jefferson Boards, we operated a supported living facility, Country Garden Manor. Both facilities are operated by the Community Support Network (CSN) through ODMH. Dialectical Behavioral Therapy (DBT) training has been initiated and is moving forward to prepare staff to work with the challenging individuals who struggle with Borderline Personality Disorder (BPD). This involves not only the development of skills, but also a completely different (and more client friendly) way of looking at individuals struggling with BPD. DBT training was completed on all shifts of both facilities. The training was an overview of DBT skills with an expectation that the staff can assist clients to practice skills so that the skills can be generalized to environments outside of the DBT Skills Group. The staff of both group homes were trained in the Integrated Dual Diagnosis Treatment (IDDT) Model during the fall of 2007. Several clients of the group homes receive IDDT services. The goal of the training was to give the group home staff an overview so that the approach taken by the group home staff is consistent with IDDT. In January, 2008, the leaders of the group homes attended a training to help teams move forward with IDDT service delivery and stay true to the model. The overall goal is to involve group home staff more in supporting the clients as they move forward in their recovery.

Support employment services are also available to residents of the CSN supported living facilities and several of our consumers participate in the programming.

The Muskingum Board operates a consumer drop-in center, The In Place, which is available and utilized on a regular basis by residents of the CSN facilities.

Both CSN facilities support health and physical fitness activities. Exercise equipment is on site at one CSN, but can be utilized by residents of both facilities. The same is true for musical equipment.

In our local Board system, our consumers' most notable achievement is that two consumer groups continue to strive for viability. One has achieved 501(c) (3) status: the other is still pursuing it.

Our Board assists with organizational expenses and training opportunities. Both groups provided input to this Community Plan. Both designate transportation as a major obstacle to overcome in the development of their groups. Their unanimous desire is for a local drop-in center with peer advocacy available.

Our Board has a Network of Care website for individual and families seeking information about behavioral health services and issues. We have done press releases to inform the public about the availability of our Network of Care website.

Southeast, Inc., a Franklin County based community mental health agency, is in the process of acquiring our largest community mental health agency, Community Mental Health Services. We expect more emphasis on Best Practice and recovery model services as a result of this acquisition. It will be a balancing act of what the organization can provide and what the system can afford.

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	2.1.a
-----	--------------

b. If yes, do you have wait lists for **supported housing**?

Click on gray box to select answer.

No	2.1.b
----	--------------

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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.

0 Consumers Waiting	2.1.d
---------------------	--------------

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	2.1.e
----	--------------

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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.

0 Consumers Waiting	2.1.g
---------------------	--------------

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.

10 Consumers Waiting	2.1.i
----------------------	--------------

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.)

j. 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.

The reported data is accurate.

j.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 type="checkbox"/>	Continuum of Care	2.1.ja
<input type="checkbox"/>	PATH	
<input type="checkbox"/>	BH Mod (Behavioral Health Module)	
<input type="checkbox"/>	HMIS (Homeless Management Information System)	
<input type="checkbox"/>	Other, please specify:	

j.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.

Homeless persons with SMI	2.1.jb
---------------------------	---------------

j.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.

Housing strategies and service delivery to the SMI will be reviewed thoroughly in connection with the upcoming acquisition of Community Mental Health Services by Southeast, Inc. The Board anticipates enhancements to services presently available in our community, the specifics of which are not currently known.

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.

The reported data is accurate.

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.

N/A	2.2.aa
-----	---------------

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.

Employed persons with SMI	2.2.ab
---------------------------	---------------

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.

Referrals are made to the Rehabilitation Services Commission. Service planning and coordination occurs through CPST to assist consumers in overcoming mental health symptoms to achieve 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.

Early Childhood Services that address screening, education and referral needs of children 1-5 years old and their families have been initiated. The Devereaux Early Childhood Assessment (DECA) screening system is the evidence-based program being used. Consultation and training services for pre-school providers are also provided. A collaborative working relationship with Help-Me-Grow who provides services to children birth to 3 has been established. Also comprehensive Student Assistance Programs existed in four school districts and a Career Center which provides mental health prevention, education, intervention and referral services to students K-12 and support services for their families. Wrap-around services which include but are not limited to parenting, respite care, and mentoring are provided to at-risk children and adolescents through FAST funding.
--

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.

The report data is accurate.

- 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.

We do not believe the data in Outcomes accurately captures suspensions and expulsions among children/adolescents with SED. Also, we have nine separate school districts with different standards of approach to this issue so aggregate data would have variability. In the future we will work with our child serving agencies to attempt to accurately capture the intent for this information.	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.

0	3.1.ab
---	---------------

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	4.a
State Hospitals	2445	3343	103	106	
Private Psychiatric Hospitals: Adults	0	0	0	0	
Private Psychiatric Hospitals: C&A	0	0	0	0	

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>We do not have an agreement to purchase inpatient care from a local private psychiatric hospital. A contract agency of the Board is currently contracted with the local inpatient hospital to serve as Medical Director for its ER and inpatient unit. Some inpatient services are currently being billed to Community Medicaid, and all parties understand this cannot continue. ODMH is providing consultation to resolve this issue to the benefit of the community.</p>	<p>4.ba</p>
--	--------------------

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

Click on gray box to select answer

No	4.bb
----	-------------

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.

16 C&A Consumers in SFY 2007	5.a
------------------------------	------------

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.

9 C&A Consumers place out of county in SFY 07	5.b
---	------------

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	5.c
--	------------

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.

Historically residential treatment utilization has not followed a predictable trend line. The best we can say is that in the majority of cases the Board is at the table participating in the decision making and sharing the costs of per diem and Medicaid Match.	5.e
---	------------

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"/>	
Adult Consumers		
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 checked="" 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 checked="" type="checkbox"/>	
Other (Please Specify):	<input type="checkbox"/>	
Child & Adolescent Consumers		
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 type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input type="checkbox"/>	
Other (Please Specify):		

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	0	0	

Children & Adolescents	0	0	
------------------------	---	---	--

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.

Our system has a formalized plan and signed agreement for crisis care. The crisis phone number of one agency is publicized for central access and coordination with other providers is initiated as appropriate to consumers need.

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.

Community Mental Health Services, the system's pre-screening agency, has developed a good working relationship with the County Sheriff Departments and other local law enforcement. Crisis staff provide crisis services in the community jails. In addition, law enforcement transports community residents to the local community hospital where services can be provided in a secure environment. In addition, the Sheriff Departments transport residents to the state hospital. Crisis Intervention Training (CIT) is being planned for FY09.

2. Disaster Preparedness

Click on gray box to enter text.

Our Board has a disaster response plan and coordinates our response efforts in conjunction with the Emergency Management Agencies in our three county area. We contact our system's contract agencies to evaluate their staffing capabilities to provide needed services when a disaster occurs. Initially on-site emergency crisis services and consultation services to community leaders and emergency responders is made available. Provider agencies contact consumers who may be impacted by the disaster to assess and provide needed services. Future actions of our system are then determined by the nature and severity of the disaster.

The Board has sponsored two All-Hazards Curriculum training workshops that covered a broad array of potential disasters. These trainings were provided to prepare behavioral health professionals to meet basic behavioral health needs of individuals who have experienced severe crisis and traumatic events. Disasters in our area have been the result of floods, several of which were extremely severe.

What are your estimates of staff for the following areas?

Click on gray box to enter number.

	Local Disaster Response	Statewide Disaster Response	6.c.2
Trained	10		
Currently Available	10		

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

Click on gray box to enter text.

- Experienced staff have been trained in crisis activities and have had experience providing school-wide services as well as helping to coordinate community services around crisis initiatives.
- Student Services, a school-based prevention agency, co-sponsored Pandemic Flu training for the community in conjunction with the Health Department.
- Agency staff are available for consultation and education services around crisis issues.
- School resource packets are available and have been distributed to school districts.

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 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. 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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.

Our system monitors access to Outpatient Therapy and Pharmacological Management on a monthly basis. Our target goal for Outpatient Therapy in fifteen working days. We are achieving that goal in two of three contract agencies. An initial appointment for Pharmacological Management services is averaging approximately one month.

We have had initial discussions with Southeast, Inc., who is in the process of acquiring our largest mental health agency, concerning Intensive CPST, Intensive Pharmacological Management and expedited access to Partial Hospitalization. We expect improvement in these service areas.

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 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.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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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.

See a.2.

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 below 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 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.1
Diagnostic Assessment -- 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 checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/>	<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"/>	<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 checked="" 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"/>	
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 checked="" type="checkbox"/> <input type="checkbox"/>	<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"/>	<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 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"/>	

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.

Our Board’s focus the last few fiscal years has been on maintaining a consistent level of service availability throughout the Board area. As mentioned, our target for routine outpatient is fifteen working days which we are achieving with the exception of one agency who has extremely long wait lists. The exception is due to a lack of resources.

We are a rural three county Board and our contract agencies have been able to maintain offices in all three counties. We have also been able to continue to provide a wide array of services to our Medicaid and Non-Medicaid consumers. All of our contract agencies obtained national certification and acquired deemed status through ODMH. All contract agencies are consistently transmitting outcome data. Agencies appear to be utilizing the outcome data to varying degrees in treatment planning.

Given the precarious economic environment, the struggle will be to maintain our current levels of access and capacity across service populations.

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 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 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 checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/> <input type="checkbox"/>	<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 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"/>
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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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"/> <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 checked="" 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"/>

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.

See Sec. b.2.

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.

As referenced in section 2.0, Best Clinical Practices are utilized by the ODMH's Community Support Network which operates our two supported living facilities, Country Garden Manor and Liberty Manor. The CSN utilizes Dialectical Behavioral Therapy (DBT) and Integrated Dual Diagnosis Treatment (IDDT).

It is expected that Southeast, Inc. will establish Best Clinical Practices in our community outpatient systems as budgeting constraints allow.

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:*	4.50	8.a
CPST FTEs:	16.50	
Counselor/Therapist FTEs:	10.40	

*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:*	1.40	8.b
CPST FTEs:	7.00	
Counselor/Therapist FTEs:	8.00	

*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.

The Board has assisted in retaining qualified staff by assisting providers in the provision of affordable accessible continuing education opportunities. The major challenge for providers is the ability to attract new employees from outside the Board area. It is difficult to provide a salary and fringe package attractive enough to motivate individuals' relocation to this rural area. There is a consensus among contract agencies that credentialed/qualified staff are increasingly more scarce. Obviously, workforce retention and development are going to become more challenging with decreasing resources.

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.

Our contract agencies have established good working relationships with the adult court systems as confirmed by numerous referrals for assessment and treatment. Our system has an open door policy with the courts to resolve problems.

Our domestic violence agency provides the Domestic Abusive Intervention Program in conjunction with the adult courts in all three counties. The agency also has court advocates in attendance at court hearings.

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

Click on gray box to enter text.

Several years ago in Belmont County, the Juvenile Court Judge, the Director of Job & Family Services and the MHR Board Director agreed to "manage" residential placements to reduce recidivism, divert from DYS incarceration, and contain residential costs. Representatives from the three entities work in unison through the community cluster process to keep placement costs within a pre-determined allocation. The Juvenile Court does not make direct placement outside of this

arrangement, and the per diem placement costs and Medicaid match are shared equally by Jobs and Family Services and the MHR Board. Belmont County is by far our largest county and this managed care approach to residential treatment has allowed us to contain costs. Monroe County has accepted this model and Harrison County is in the process of implementing it.

Our contract treatment agencies have cultivated the development of effective working relationships with the Juvenile Court system in all three counties. Youth are referred on a regular basis for assessment and treatment. Coordination between the treatment agency and court personnel is maintained to enhance outcomes of youth.

One of our agencies has a contract with our local detention center. Services are provided in the juvenile detention center on a weekly basis and students are monitored in school upon their return from detention with the goal of preventing return to the system. The agency also provides diversion services for school systems in an attempt to keep students out of the juvenile court system. 92% of students avoided any contact with juvenile court. 59% of students involved with juvenile court avoided any further involvement during FY2007.

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.

In FY07 admissions from the Belmont County Jail was a significant factor in our system's increased hospital utilization. We provided Crisis Intervention services at the jail and inmates were transported to the local agency for additional services.

To assist in managing this population better, we have had preliminary discussions to broaden the array of services delivered at the jail, including the utilization of Central Pharmacy medications since we are underspending our FY08 allocation and arrange for Crisis Intervention Training for jail staff and other law enforcement personnel in the Board area.

The Belmont County Sheriff has been extremely cooperative in transporting inmates to the state hospital. They do not charge our system for the service. The increased distance from Cambridge to Athens could have a detrimental effect on both access to transportation and cost of such.

2. Detention Centers

Click on gray box to enter text.

Non-focus, although several contract agencies deliver services in our local detention center. Also see Sec. 9.2

2. Homeless, Runaway & Domestic Violence shelters

Click on gray box to enter text.

Our Board has a long tenured history of supporting domestic violence programming in our area. We have participated in funding for shelter victims since the late 70's. The specializing in domestic violence services has been Medicaid certified since 1989.

Our focus, therefore, is long tenured and stable. This will continue as long as finances allow.

3. Nursing Homes

Click on gray box to enter text.

Non-focus

4. Prison Reentry

Click on gray box to enter text.

This is not a focus in our Board area. The number of individuals re-entering is not large. One of our contract agencies has agreed to take the lead in serving this population and the corrections system is providing the Board’s forensic monitor with release information which is then forwarded to the agency.

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

Click on gray box to enter text.

Not a focus

7. Other.

N/A

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.

a. Suicide Prevention

Student Services, our school-based prevention agency, provides crisis intervention and consultation services in the area of suicide prevention. In 2007, a protocol for handling suicide threats by students was developed and adopted by four school districts. The Red Flags program is utilized at the secondary school level and addresses depression and suicide among adolescents. The prevention agency and school personnel believe several possible suicides have been diverted because of students and their friends identifying the warning signs and requesting help.

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

The only mental health prevention service being delivered in our system is a broad array of school based prevention services.

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.

Contract agencies provide annual cultural competency training to all clinical and non-clinical staff. Cultural competency is integrated into clinical supervision. Consumer and family members are asked to provide culturally relevant background information to assist in the assessment and treatment process.

Cultural competence issues have not surfaced as an issue in our comprehensive and long tenured Eastern Alliance Client Satisfaction Surveys.

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.

Our Board has completed this planning document to the best of our ability. We have three extremely significant factors which currently affect our true ability to plan. One of these factors is statewide and is obviously Medicaid; the other two local factors are: our long tenured and largest community agency, Community Mental Health Services, is in the process of being acquired by Southeast, Inc. and increased state hospital utilization.

Medicaid affects our local Board from both a planning and fiscal perspective which is mentioned numerous times in this document. Not even taking into account the lack of utilization review, local and out of Board Medicaid costs are not predictable but are our responsibility. The current structure of Medicaid/Non-Medicaid makes it difficult and complex to manage service delivery when many consumers' eligibility changes from Medicaid to Non-Medicaid and only Non-Medicaid management is really possible. To date, our Board does not differentiate between the Medicaid and Non-Medicaid population in terms of service delivery.

Our local system is anticipating some expansion and changes to our wide array of care, especially for the SMD populations in connection with the pending acquisition of CMHS by Southeast, Inc. Our Board anticipates the expertise that Southeast, Inc. will bring to our community will benefit services to our consumers. We expect to know specific details about the acquisition's structure and timing in the not too distant future. The ability of our Board system to benefit from new services available through Southeast, Inc. will have to be balanced against what our system can afford in this dire economic environment of pending state funding cuts.

Our system's state hospital utilization was 50% higher in FY07 than it had been in any one of the previous 4 years. The over utilization cost to our system was \$501,683.00 – the worst in the state. State Hospital personnel have been a major ally in pursuing information about this escalated utilization. We have implemented closer review measures working with Board staff, state hospital staff and local agency staff. We currently have reduced utilization for FY08, and are hopeful that this will be maintained through the fiscal year. Repeating FY07 utilization rates would very quickly put our Board in jeopardy of being able to meet our Medicaid match requirements. We now have the additional problem of the Governor's plan to close the Cambridge Campus of Appalachian Behavioral Healthcare. Our Board would utilize the Athens Campus which will significantly affect transporting of consumers to the hospital, discharge planning, and family involvement. At this point we cannot determine the effect on admissions, length of stays, and related increased costs for transporting.

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.

Our system uses many different sources to determine the needs and desires for services in our Board Area. The process of obtaining information from our community partners is ongoing, pragmatic and problem solving focused. We are at many community tables and solicit input. In all three counties, there is a sense of cooperation and familiarity with many of the same people at different meetings focused on varying community problems and/or projects. Local needs arise and are recognized on an ongoing basis through the numerous community forums mentioned below.

Community organizations involved in our Board's planning efforts include, but are not limited to: Departments of Job and Family Services, Childrens' Services Departments, Juvenile Courts, Adult Court systems, Family and Children First Councils, Provider staff and their governing Boards, MRDD systems, state hospital staff and school personnel.

We held a focus group with representatives from both our consumer organizations to review the community plan and seek input concerning desired services. Both consumer groups were represented and vocal. They unanimously agreed that lack of transportation is the single most important obstacle for them in accessing needed community services and in being able to securely establish and increase their group membership. Their ultimate desire is a drop-in center with peer advocacy available. Our Board is going to continue these focus groups on a regular basis and determine together how we can address these needs.

The planning process does not start with a blank page each year, but is affected by system requirements, community desires for services and financial realities. A few years ago in the response to stagnant revenues and increasing expenses, especially Medicaid Match requirements associated with new providers, our Board was forced to discontinue prevention services except for school-based services. Our Board is currently functioning in a deficit position in our projected FY08 budget and FY07 closed in a deficit position. In spite of this, our Board maintains a fairly complete wide array of treatment, support and school-based prevention services. Our Board monitors service delivery against budget expectations and service access on a monthly basis. Access is becoming a problem for one provider where demand is exceeding budget. Services being delivered in the Board system are tracking close to expectation.

Obviously finances will be a driving force in determining our Board's ability to meet new and increased service needs. A couple of years ago our Board analyzed allocations to contract agencies to determine the extent to which discretionary funding options existed for the system. The analysis revealed there was very little the Board would desire to change unless finances so dictated. The position was based on the desire to serve Medicaid and Non-Medicaid in a consistent manner. Also, other "discretionary" allocations were in housing services and domestic violence services neither of which the Board desired to decrease. In view of stagnant revenues, increasing Medicaid Match requirements and increasing expenses, our Board understands difficult decisions loom, however, we will do our best to maintain allocations to provider agencies at current levels and determine what if any new programming can be developed within current budgetary constraints.

D. Community Plan for SFY 2009. (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.

Our Board's priority will be to maintain service delivery at current rates. We expect to make level allocations to contract agencies for FY09. We will make every effort to address the transportation needs expressed by our consumer groups.

The goals delineated in the Community Plan were reviewed, selected and rank ordered by consumers representing our two consumer groups. The goals were then reviewed and finalized by the Board's Budget and Planning Committee. The recommendations were provided to the full Board membership at its March 18, 2008 meeting and received approval

See Sec. C "Needs Assessment"

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: High

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

Increase the number of mental health consumers who are employed.

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

Increase referrals of mental health consumers to Bureau of Vocational Rehabilitation

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

The number of mental health consumers who are employed at the beginning of treatment and one year later.

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

Collaborate with Bureau of Vocational Rehabilitation.

2.b. WELLNESS MANAGEMENT & RECOVERY*

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.*

2.c. HOUSING

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 name Recovery Support area and indicate priority level.

2.d. 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.

2.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.*

Click on gray box to enter text.

2.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.*

2.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:

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

Maintain prevention and early intervention services in five school districts in Belmont County and possibly expand services to Harrison County.

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

Continue collaboration for joint funding with Belmont County school districts.
Initiate collaborative discussions in Harrison County with Juvenile Court, school districts, Department of Job and Family Services and provider agencies.

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

Monitor number of students served in Belmont County.
Quantify services initiated in Harrison County.

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

Maintain collaborative relationships in Belmont County.
As an outgrowth of the Ohio Summit for Children, initiate collaborative discussions in Harrison County.

3.b. EARLY CHILDHOOD CARE

Priority:

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

Increase number of children served through the Early Childhood Initiative.

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

Maintain employment of an Early Childhood Specialist for the entire fiscal year.

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

Monitor number of children served.

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

Collaborate with Help Me Grow, Head Start and Family and Children First Council.

3.c. TRANSITION AGE CARE

Priority:

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

N/A

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:

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.

3.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.*

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.

N/A

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	1825	75
Private Psychiatric Hospitals: Adults	0	0
Private Hospitals: Children & Adolescents	0	0

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: High

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

Reduce the utilization of psychiatric inpatient beds.

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

Implement a Wellness Management Recovery Program for mental health consumers.

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

The utilization rate of inpatient psychiatric beds for FY09 compared to previous years.

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

Collaboration between Board staff, provider agency staff, state hospital staff, and local inpatient unit.

4.b. CONTINUITY OF CARE

Priority:

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

N/A

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.*

N/A

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.

N/A

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.*

Decrease the number of child and adolescent placements in residential treatment facilities.

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

Early screening, assessment, referral, outpatient treatment and wrap-around services in an effort to prevent the need for more restrictive levels of care.

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

Track the number of child and adolescent residential bed day utilization for FY09 as compared to previous years.

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

Collaborate with Departments of Job & Family Services, Juvenile Courts and child-serving organizations in our three counties.

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.

N/A

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: Other

Priority: High

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

Increase the effectiveness of 24/7 crisis response in an effort to decrease hospital utilization.

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

Improve the crisis response capability of our system and enhance access to intensive services

(CPST, partial hospitalization.).

Measurable Objectives

Reduction in the number of hospital admissions in FY09 as compared to previous years.

Discussions and/or Collaborations

Southeast Inc., a Franklin County based Community Mental Health agency, is in the process of acquiring our largest mental health agency. We anticipate services and support in this area will be enhanced.

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

Priority:

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

N/A

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. Area of Adult Crisis Care:

Priority:

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

N/A

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.

N/A

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: High

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

Increase knowledge of symptoms of depression and warning signs of suicide.

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

Encourage participation in Reg Flags program.

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

The number of students exposed to the Red Flags program in FY09 as compared to FY08.

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

Collaboration with school districts' personnel, and school-based prevention agency.

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

Priority:

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

N/A

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.

N/A

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	0	0
Children & Adolescents	0	0

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:

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

Initiate CIT training for system wide law enforcement personnel who interface with mental health consumers.

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

Provide CIT training for law enforcement personnel.

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

Number of law enforcement personnel in our system who are trained in CIT.

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

Southeast, Inc., a Franklin County based mental health agency, is in the process of acquiring our largest mental health agency. We anticipate their assistance with this initiative.

6.d.2. DISASTER PREPAREDNESS*

Priority:

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

Enhance the Board's capacity to respond to disasters in a coordinated/collaborative manner.

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

Review Board and agencies' disaster plans to ensure crisis intervention mental health services are delivered in a timely, efficient manner.

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

Key personnel of Board and agencies will meet following a disaster response to review the system's response as a whole and make changes to such as needed.

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

Collaborate with local Emergency Management Agencies in disaster relief efforts.

6.d.3. COLLEGES & UNIVERSITIES*

Priority:

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

Provide crisis intervention mental health services following a crisis at the local university.

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

Participate in university sponsored events to enhance general knowledge of crisis intervention services and resources.

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

Increase in referrals to appropriate services following a crisis response.

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

Work cooperatively with university personnel to increase knowledge on how and when to access crisis services.

6.d.4 PRIMARY & SECONDARY SCHOOLS

Priority:

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

N/A

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.

N/A

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:

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

N/A

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.a.2. Area of Adult 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.a.3. Area of Adult 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.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:

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.2 Area of C&A Services:

Priority:

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

N/A

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.3. Area of C&A Services:

Priority:

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

N/A

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.

N/A

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.

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

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:

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.a.2 ADULT RECIDIVISM

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.a.3. ADULT DIVERSION

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.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:

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

N/A

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.2. ADOLESCENT RECIDIVISM

Priority:

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

N/A

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.*

N/A

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.

N/A

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: High

Goals: Click on gray box to enter text.

Initiate CIT training system wide for law enforcement personnel who interface with mental health consumers.

Strategies: Click on gray box to enter text.

Provide CIT training for law enforcement personnel.

Measurable Objectives: Click on gray box to enter text.

Number of law enforcement personnel in our system who are trained in CIT.

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

Southeast, Inc., a Franklin County based mental health agency, is in the process of acquiring our largest mental health agency. We anticipate their assistance with this initiative.

9.c.2. DETENTION CENTERS

Priority:

Goals: Click on gray box to enter text.

N/A

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:

Goals: Click on gray box to enter text.

N/A

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.4. NURSING HOMES

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.5. PRISON RE-ENTRY

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.6. PHYSICAL & MENTAL HEALTH INTEGRATION

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 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.

N/A

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 help seeking behaviors by students for themselves and/or their peers

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

Educate students about depression and suicidal indicators.

Empower students in their ability to seek help

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

Monitor number of students seeking help for depression and/or suicidal ideation.

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

Collaborate with school officials, teachers and provider agencies.

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 2009 to 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:

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:

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:

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.d. ADDRESSING DISPARITIES IN ACCESS AND OUTCOMES

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.

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.

N/A

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.

N/A

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). **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.

Please see Sec.1.0

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 Board employs the following to evaluate services pursuant to ORC340.30:</p> <ul style="list-style-type: none"> • Annual Client Satisfaction Survey conducted in cooperation with the Eastern Alliance. • Monthly access reports from contract agencies for regular outpatient and Pharmacological Management services. • Quarterly referral source reports from all contract agencies except Community Mental Health Services. • Annual Report of Major Unusual Incident • Annual Report of Consumer Grievance • Monthly financial comparison report of budget vs. actual expenditures by contract agencies • Central Pharmacy utilization reports from contract agencies • Contractual requirement for contract agencies to notify Board of programming changes at main and/or satellite office 	E.1
---	-----

<ul style="list-style-type: none"> • Annual Board Report • Contract with a private audit firm to conduct annual fiscal audits of contract agencies. 	
---	--

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.

<p>Our Board recognizes the need for evaluating effectiveness and efficiencies of service delivery, however to date, most of our activities have emphasized process evaluations and fiscal efficiency comparisons. Our system’s data in BH Mod and Outcomes is developed to the point that the Board and agencies working together could and should determine priorities for evaluation purposes and parameters of analysis. Services in our system are delivered without regard to payer source, and the evaluation activities would include both Medicaid and Non-Medicaid. If, in the future, the Board is forced to decrease services to Non-Medicaid populations, the evaluation information could be important in the decision making process. Medicaid service evaluations would be informational only from a system’s perspective.</p> <p>The Board also plans to increase analysis of the Board Association’s Care Management Indicators to determine whether we are an outlier from state norms on any of the indicators.</p>	E.2
---	-----

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.

<p>See Sec. E.2. The Board system would appreciate technical assistance relating to compliance with ORC 340.03 especially as it relates to the interface of Medicaid and Non-Medicaid funded service.</p>	E.3
---	-----

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:

Name	Street Address	City	Zip	Phone Number	Email
Maura Mappin-Dubus	99 North Sugar Street	St. Clairsville	43950	740-695-9998	maurad@mhrs.org

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

Name	Street Address	City	Zip	Phone Number	Email
Maura Mappin-Dubus	99 N. Sugar Street	St. Clairsville	43950	740-695-9998	maurad@mhrs.org

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

Name	Street Address	City	Zip	Phone Number	Email
Maura Mappin-Dubus	99 North Sugar Street	St. Clairsville	43950	740-695-9998	maurad@mhrs.org

Form 3

Planned State Inpatient Bed Days

BOARD NAME Mental Health and Recovery Board (serving Belmont-Harrison and Monroe Counties)

2009 Planned Use of State Inpatient Days

Appalachian-Athens	1825
Appalachian-Athens	
Appalachian-Athens	
Appalachian-Athens	
Total Inpatient Days	

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 Mental Health and Recovery Board (serving Belmont-Harrison and Monroe Counties) (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:

Linda B. Pickenpaugh (Name)
Executive Director
Mental Health and Recovery Board (serving Belmont-Harrison and Monroe
Counties (Board)

Date: 04/15/08