

III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

Click on box to enter Board name.

BOARD NAME: Butler County Mental Health Board

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.

The Butler County Mental Health Board’s Mission, Vision, and Values Statements are as follows:

Mission - The mission of the Butler County Mental Health Board is to ensure a comprehensive system of mental healthcare that is effective and unified as charged under Ohio Law to improve the quality of life of its citizens.

Vision - Our vision is to provide innovative, publicly funded behavioral healthcare services that have a significant impact and make a measurable difference for the mentally ill in our community.

Values - The value statement was developed in conjunction with the Butler County Mental Health Board’s Strategic Plan (See Appendix A). The strategic plan is based on information derived from a number of sources such as mental health consumers, family members, providers and other professional organizations. It is also based on the knowledge and framework that the Board does not exist in isolation as it goes about attempting to accomplish the goals and action steps (objectives) identified in the plan. Collaboration and partnering are essential to the accomplishment of many of the action steps and finally accomplishing the state goals. Collaboration or partnering may also imply the joint funding and management of the identified service or activity.

The strategic plan, as it relates to services, is based on the assumption that those most in need are always the primary target population. This is consistent with the requirements of Chapter 340.011 of the Ohio Revised Code and includes “... the development of comprehensive community mental health services, based on local need, especially for severely mentally disabled children, adolescents and adults”.

In many service areas collaboration, joint planning and funding are required to successfully plan and implement the identified service or program.

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.

The information regarding the Butler County Mental Health Board’s existing MACSIS business rules for covered benefits to service populations located in Appendix E (SFY 2009 Community

Plan Guidelines) is no longer current. At this time there are no restrictions on services due to the recent passage of a mental health levy. The Butler County Mental Health Board still charges a co-pay when it applies. Board funded mental health services are available for all populations at designated contract agencies.

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.

The following are notable achievements and trends for the Butler County Mental Health Board in the area of Recovery Supports. The best practices include:

1. Workplace Associates
 - Pre-employment assessment and training
 - Job skill evaluations
 - Club/community based crews
 - Supportive employment
 - Retention supports/referrals
2. Supported Housing
3. Wellness Management and Recovery
 - Provision of mental health services in a local community health care clinic
 - Staff of the same community health clinic having hours at Harbor House, our local “Clubhouse”
4. “Network of Care” website is an online information resource that provides critical information, communication and advocacy tools with a single point of entry for individuals, families and agencies concerned with mental and emotional wellness.

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

Click on gray box to select answer.

Yes	2.1.b
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c. With regard to **supported housing**, which of the following categories comes closest to the average wait time for most consumers? *Please select only one response category.*

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

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

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

Click on gray box to enter number.

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

e. Do you have wait lists for HAP?

Click on gray box to select answer.

Yes	2.1.e
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f. For most consumers waiting for access to HAP in your area, which of the following categories comes closest to the average wait time? *Please select only one response category.*

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

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

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

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

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

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

100 Consumers Waiting	2.1.i
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The **Homeless Housing Status National Outcome Measure (NOM)** reported to SAMHSA by ODMH refers to adults, aged 18+ with severe mental illness (SMI), who have identified themselves as homeless on an administration of the Adult Consumer Survey in the Ohio Outcomes System. For SFY 2007, Ohio reported a Homeless Housing Status NOM to SAMSHA of **2,879** persons with SMI. Board level data for Ohio's SFY 2007 Homeless Housing Status NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

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 data reported in Appendix B (SFY 2009 Community Plan Guidelines) for homeless adults with SMI is not an accurate reflection of the number of such individuals served by the Board in SFY 2007. See "j.a." on this page for the data source used by the Butler County Mental Health Board.

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 checked="" 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.

248 Homeless persons with SMI	2.1.jb
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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.

The Butler County Mental Health Board recently contracted with another agency, Community Behavioral Health Inc., to provide housing services to a portion of the county’s SMI population. These consumers are this system’s “high risk” population with high recidivism rates both to local and state hospitals. This service is administered in cooperation with this agency’s ACT team. The Board is also re-evaluating the provision of housing services by other providers in conjunction with this Board’s strategic plan. This is to maximize the availability of funding for new and existing housing for this population.

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 information reported in Appendix B (SFY 2009 Community Plan Guidelines) seems accurate
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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
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a.b. If the information in Appendix B is inaccurate, what was the number of full-time and part-time employed persons with SMI served by the Board in SFY 2007?

Click on gray box to enter number.

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

Click on gray box to enter text.

One of the Butler County Mental Health Board’s contract agencies, Butler Behavioral Health Services, operates a program called WorkPlace Associates. This program assists individuals with psychiatric, MR/DD, substance abuse, and other mental health barriers to secure “real work for real money”. This is a progressive program that takes the client through various steps of vocational skills training that ultimately leads to collaboration with BVR to become employed in the work force.

The staff of this program coordinate with the consumer’s CPST service provider and together they navigate the consumer through a step wise progression including:

- Classroom work on learning what it takes to go to work
- Exploration of personal strengths
- Work readiness with school age transitions
- Community based work assessments
- Part time employed workers at the local social club
- Community based work crews
- Supported employment
- Retention supports

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.

Transitional Living- Butler County Mental Health Board has developed a Transitional Youth Committee to assist SED youth in becoming successful and productive adults. The Board is collaborating with Butler County Children Services to provide independent living skills to some of our youth 16 years of age and older. In addition, the Board is an active partner with the Butler County Children's Services Youth Emancipation Initiative which support youth who are transitioning out of foster care.

School Success- Currently mental health services are being provided in 44.9% of the schools in

Butler County. The Butler County Mental Health Board with the assistance from Miami University and the Family Children’s First Council will continue to work with the local school districts to increase the presence of mental health services to meet the needs of our student populations.

Incredible Years/Early Childhood Intervention- Both the Incredible Years Program and Early Childhood Mental Health Treatment are successfully being implemented in Butler County by Catholic Social Services. To continue the work of these resilience support programs, Butler County Mental Health Board submitted RFP’s to ODMH for the Incredible Years Program and the Early Childhood Mental Health Treatment Grants. Butler County is one of the recipients of the Incredible Years Program Grants.

Wrap Around - The Butler County Mental Board is an active partner with the county’s Family & Children First Council community wraparound process.

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 Board feels that the data reported in Appendix B (SFY 2009 Community Plan Guidelines) for school attendance 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.

n/a	3.1.aa
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- 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.

n/a	3.1.ab
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4. Inpatient Care

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

a. Inpatient Care

Click on gray boxes to enter numbers.

Board Purchased Inpatient Care	FY 06 Bed Days	FY 07 Bed Days	FY 06 Admissions	FY 07 Admissions	4.a
State Hospitals	4970	5064	37	20	
Private Psychiatric Hospitals: Adults	n/a	n/a	n/a	n/a	
Private Psychiatric Hospitals: C&A	n/a	n/a	n/a	n/a	

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>Currently there is one private hospital (Fort Hamilton Hospital) in Butler County that has a psychiatric unit for adults. The Butler County Mental Health Board has contracted with this hospital for inpatient services designated as the Extended Stay Program (ESP). This program is administered by hospital staff and the program social worker located on the unit. The design of the program is to extend the stay of patients (at Fort Hamilton Hospital) who have been already admitted and probated (if needed). When the treating physician feels a few more days at the hospital would eliminate the need to have the client transferred to the state hospital, ESP covers the cost of these extra days at this hospital as well as the CPST services in an effort to keep the patient’s mental health treatment localized. The latter is the program's ultimate goal.</p> <p>Another in county hospital, Middletown Regional Hospital, recently relocated to a new facility in Warren County, Ohio. Called the Atrium, this facility is in the process of establishing its new psychiatric unit. At this time, the Butler County Mental Health Board has been meeting with administrators of this new psychiatric unit and the corporation (Diamond Healthcare) that manages it. The goal of these meetings is to develop treatment protocols and linkages that will help support Butler County adult psychiatric patients in the future. Due to this hospital's close proximity to Butler County, it is expected that many (especially northern) Butler County residents will be admitted to this hospital for psychiatric care in the future.</p>	4.ba
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b.b. Do you have a continuity of care agreement with your designated state hospital?

Click on gray box to select answer

Yes	4.bb
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5. Residential Treatment Centers (RTCs).

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

Click on gray box to enter number.

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

Click on gray box to enter number.

14C&A Consumers place out of county in SFY 07	5.b
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c. How many of the C&A consumers identified above involved Board participation in the placement decision?

Click on gray box to enter number.

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

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

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

The Board's understanding of the trend in RTC placements highlight the complexities of how various etiological factors combine to effect family dynamics and thus influence the problems that families face.	5.e
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6. Crisis/Emergency Care.

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

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

Service Area	Service Available?	6.a.1
24/7 Hotline	<input checked="" type="checkbox"/>	
Warm Line	<input type="checkbox"/>	
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 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):		

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	n/a	n/a	
Children & Adolescents	n/a	n/a	

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.

The Butler County Mental Health Board at the beginning of the current fiscal year transferred the crisis intervention/care program from Forensic and Mental Health Services to Butler Behavioral Health Services' Consultation and Crisis Center (BBHSCCC). One of the major reasons for this change was the Boards desire to improve the "crisis outreach" to the community. Recent statistics provided from our new crisis care provider (evaluated by this

Board since 7/1/07) reflect an increase in crisis contacts/evaluations done by both their mobile crisis team and center staff (to address “walk-in” consumers seeking crisis services). These statistics include services provided to all age groups, children through geriatric clients.

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.

The Butler County Mental Health Board works closely with the Butler County Sheriff’s Department and other local law enforcement agencies. The Board contracts with the Butler County Sheriff’s Office to have a deputy assigned full-time to the mobile crisis team at Butler Behavioral Health Services, Inc. (the Butler County Consultation and Crisis Center), the agency contracted to provide crisis services in the county. This agency conducts regular trainings with local police departments and also sponsors a monthly advisory committee meeting that includes key members of the law enforcement community. Butler county's present mobile crisis team was adapted from a crisis program model implemented by the Memphis Police Department in the 1990's. As part of our commitment to implement an effective crisis program, the Butler County Mental Health Board also produced a training video in the past that is still in use today for training purposes by the Toledo Police Department.

2. Disaster Preparedness

Click on gray box to enter text.

Over the past fiscal year, the Butler County Mental Health Board supported two of its staff members in the acquisition of training in disaster preparedness techniques. They participated in on-line programs titled “The Introduction to the Incident Command System”, and “The National Incident Management System”. Both were sponsored by FEMA, and the U.S. Department of Homeland Security. The Butler County Mental Health Board also works with contract agencies such as the Community Counseling and Crisis Center to educate the public regarding disaster awareness.

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	0	2	
Currently Available	0	2	

3. School Response, including prevention, consultation and education:

- a. Universities & Colleges
- b. Secondary and Primary Schools

Click on gray box to enter text.

Suicide Prevention Education – Butler Behavioral Health Services' Consultation & Crisis Center (BBHSCCC) has focused on Mental Health education that emphasizes depression & suicide targeting Middle & High Schools in the county, senior groups, and local mental health associations (e.g., NAMI).

- Butler Behavioral Health Services Consultation and Crisis Center (BBHSCCC) provided 16 consultation incidents and 6 prevention & education service incidents in the last quarter of 2007

- Trends: Butler County schools desire in-house crisis response protocols

Also see page 33 - 6.d.3 & 6.d.4

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type I	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive Pharm. Mgt	<input 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 checked="" type="checkbox"/>	
Intensive CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input 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"/>	

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.

The development of an ACT team has been the focus of the Butler County Mental Health

Board. Community Behavior Health, Inc. developed the first ACT team consistent with ODMH guidelines in Butler County. The ACT team was implemented on 7/1/07 with a mission to work primarily with consumers who are at risk of frequent hospitalizations at the state or local hospitals. Most of these high risk cases are probated. The ACT team has a capacity of 52 consumers with most new cases opened during their hospitalization as part of their discharge planning process. Community Behavioral Health, Inc. manages the admissions to the ACT program. This ACT team has been instrumental in lowering the number of “bed days” for Butler County residents at Summit Behavioral Healthcare during this current fiscal year.

In addition, The Butler County Mental Health Board contracts with two other agencies, Forensic and Mental Health Services, Inc. and Transitional Living, Inc., to provide intensive CPST services. However, Transitional Living, Inc. recently had a psychiatrist resign increasing wait list times as reflected in the waiting list grid above (7.a.1. Adult Intensive Services). As of 3/04/08, there has been no change in this situation.

Currently, there are no contract agencies that employ a triage system to schedule services.

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 type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Prgm. Type III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Therapeutic Pre-School (PH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	
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.

Part of the Board's Strategic Plan (Appendix A) addresses the development of intensive, home-based services and additional services for youth in the juvenile court system. The goal is to expand access and the quality of services to our SED population in the county. For instance, Butler County was one of the recipients of ODMH County Specific Intensive Home-Based Treatment (IBHT) Grants. Other evidenced-based practices such as Functional Family Therapy (FFT) and Multisystemic Therapy (MST) services are also available to Butler County youth who are actively involved with the Juvenile Court. The Board will review the outcome reports of these grant funded programs to determine to what extent these programs help the Board meet its goals. Furthermore, the Board has provided subsidy funding for non-Medicaid clients for the PH Program Type II. It is important to note the Board has also recently added a new staff position, Associate Executive Director of Evaluation and Quality Assurance, to assist in the evaluation of the effectiveness of all board supported programs (such as the implementation of these new grant financed programs) and assess the level of fidelity to the board's strategic plan.

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

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

b.1. Adult Routine Outpatient Care

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

Service	Service 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 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 checked="" 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"/>	
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 checked="" type="checkbox"/> <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"/>	
Pharm. Management	<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 checked="" 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"/>	
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 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 checked="" type="checkbox"/> <input type="checkbox"/>	
CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" 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.

In recent years, the Butler County Mental Health Board has had to restrict outpatient services for indigent consumers to those with the most severe diagnoses due to the limited availability of funds. With the passage of a mental health levy in 2006, the Board, in accordance with its Strategic Plan (Appendix A), has renewed services for all consumers seeking outpatient treatment. Butler Behavioral Health Services, Inc. has expanded their Middletown, Ohio office, as of 7/1/07, in order to offer services to this community that was hardest hit by past funding restrictions. Access to Pharm Management services should also improve in the Middletown area as well as the rest of Butler County. We are currently aggressively recruiting psychiatrists to improve services and reduce wait times for all Butler County consumers which is an ongoing mission for not only our local agencies but also the Butler County Mental Health Board. We expect to see a substantial drop in all outpatient waiting times in FY 2009. At this time there is no contract agency using a triage system to schedule outpatient services.

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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Diagnostic Assessment – Non-Physician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input 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"/>	
Pharm. Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input 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"/>	
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 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"/>	
CPST	<input checked="" 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"/> <input type="checkbox"/>	<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.

Part of the Board's Strategic Plan (Appendix A) is to improve access to mental health services for northern Butler County residents. Recognizing that the city of Middletown, Ohio has been historically underserved due to past budgetary constraints, a substantial amount of county funds were allocated to this community to expand its capacity to provide routine outpatient services.

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

Click on gray box to enter text.

The Board recognizes and embraces the trend in the mental health field that emphasizes treatment approaches which are the most researched and validated through multiple empirical studies and/or meta-analyses. With this in mind, a number of Evidenced Based Clinical Practices (EBCP) have been implemented in Butler County over the last couple years up until the present most supported via grant funding provided by organizations such as the Great Cincinnati Health Foundation and ODMH. The Board has supported the following county agencies who have applied for and/or implemented their EBCPs: LifeSpan, Inc. - Functional Family Therapy (FFT), Community Behavioral Health, Inc. - Assertive Community Treatment (ACT), Butler Behavioral Health Services - Intensive-Home-Based Treatment (IBHT), St. Aloysius Orphanage - Multisystemic

Therapy (MST), Catholic Social Services - Incredible Years, and Family and Children's First Council - Trauma Focused/Cognitive Behavioral Therapy . Although many of these programs are new and lack sufficient outcome data to substantiate their effectiveness, many of key indicators are positive such as significant reductions in state hospital beds or some decreases in juvenile offender recidivism rates for youth in Butler County. The Board intends to monitor these programs and evaluate pertinent outcome data in order to make informed funding decisions in the future as to whether these program warrant continuation especially as grant funding phases out.

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:*	17.90	8.a
CPST FTEs:	51.50	
Counselor/Therapist FTEs:	43.90	

*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:*	6.29	8.b
CPST FTEs:	19.40	
Counselor/Therapist FTEs:	35.3	

*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 focus of the Butler County Mental Health board in regards to “workforce development” originates in the Board’s recently completed Strategic Plan (Appendix A). One way to maximize the existing workforce is found in the Leadership section of the Strategic Plan. This high priority is to align, consolidate, or eliminate poor performing programs or provider agencies based on performance, and community needs and priorities. Also found in the Service Delivery System section of the Strategic Plan is another high priority action step. It is to identify service delivery system priorities and initiatives consistent with state and local planning needs.

The Butler County Mental Health Board recently expanded its professional staff to include a person (added a Associate Executive Director of Evaluation & Quality Assurance position) who will be doing quality improvement assessments, program evaluations, and service delivery planning. In regards to the Action Plan from the Annapolis Coalition, Butler County Mental Health Board would be in the beginning stages of implementing a research and evaluation agenda on behavioral health workforce development. A starting point for this Board may be to increase the quantity and quality of formal evaluations of workforce development practices by providing technical assistance to the

field.

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.

The Butler County Mental Health Board supports and funds a SAMI Court program located at the Butler County Common Pleas Court. The Butler County Mental Health Board supports and funds two TAC Court programs. These are located at the Fairfield Municipal Court, and the Hamilton Municipal Court.

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

Click on gray box to enter text.

The Butler County Mental Health Board is currently studying the feasibility of a Functional Family Therapy (FFT) pilot program in conjunction with one of its contract agencies, LifeSpan, Inc. Funding for this pilot program is through grants provided by the Greater Cincinnati Health Foundation. The Functional Family Therapy (FFT) program works very closely (e.g. program introductions, case coordination/evaluations, progress reports) with the juvenile court system in Butler County who is the only referral source at present. Other key benefits from this program are:

- FFT recidivism rates have been very low. For example, the present re-offense rate for clients who have participated in the program is less than 25%.
- For Diversion clients, FFT was expanded to address this population in the middle of FY 2007 and outcome data is not presently available.
- FFT's work with adolescents in Juvenile Detention centers has reduced court system costs for adolescents in this population by approximately \$5500 per child over a 3 month period. This is a projected savings of over \$20,000 for the year for each client.

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

1. Jails

Click on gray box to enter text.

The Butler County Mental Health Board has contracted with Community Behavioral Health, Inc. to provide two social workers and psychiatric services to inmates needing mental health treatment at the Butler County Jail. Another service provided to our jail population, the mobile crisis response team, located at Butler Behavioral Health Services, Inc. (Butler County Consultation and Crisis Center), also responds and provides crisis intervention services to consumers in our jail system.

2. Detention Centers

Click on gray box to enter text.

The Butler County Mental Health Board contracts with Butler Behavioral Health Services Inc. (Butler County Consultation and Crisis Center) to provide mobile crisis response services to the Butler County Juvenile Detention Center.

2. Homeless, Runaway & Domestic Violence shelters

Click on gray box to enter text.

The Butler County Mental Health Board supports the provision and coordination of mental health services through its contract agencies to assist consumers in our local homeless shelters. Staffs of these shelters are actively involved on the Community Advisory Committee at Butler Behavioral

Health Services, Inc. The Board provides funds in support of the SMI housing program that is part of the YWCA. The YWCA also operates the domestic violence shelter at an undisclosed location.

3. Nursing Homes

Click on gray box to enter text.

LifeSpan, Inc. launched the In-Home Behavioral Health Care Pilot for senior citizens in the county in 2007:

- Some preliminary work was done to begin to understand the needs of the mentally ill in nursing homes which is a small portion of their caseload.
- Program although limited in scope (currently only a portion of the county, & focusing on short term nursing home clients) in the county, is expected to be expanded in 2008 to the entire county. Currently, the pilot is effecting approximately a quarter of the qualifying population in Butler county.

4. Prison Reentry

Click on gray box to enter text.

The Butler County Mental Health Board has designated Forensic and Mental Health Services Inc. as the Community Linkage Agency. This agency works with the Ohio Department of Mental Health and the Ohio Department of Corrections in the administration and provision of this program. The Board meets periodically with staff from these departments regarding service coordination.

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

Click on gray box to enter text.

The Butler County Mental Health Board provides funding to Butler Behavioral Health Services, Inc. so mental health services (social workers) can be integrated at a local community health clinic in Hamilton, Ohio. Additional Board funding is used to support this clinic's medical staff to deliver service at this agency's mental health "Clubhouse" which serves the SMI population.

7. Other.

n/a

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

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

Click on gray box to enter text.

Suicide Prevention Education – Butler Behavioral Health Services' Consultation & Crisis Center (BBHSCCC) has focused on Mental Health education that emphasizes depression & suicide targeting Middle & High Schools in the county, senior groups, and local mental health associations (e.g., NAMI).

- Butler Behavioral Health Services Consultation and Crisis Center (BBHSCCC) provided 16 consultation incidents and 6 prevention & education services in the last quarter of 2007
- Trends: Butler County schools desire in-house crisis response protocols

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

- Consumer satisfaction with services and staff

- b. Staff recruitment
- c. Staff training.
- d. Addressing disparities for cultural groups in access and outcomes
- e. Other

Click on gray box to enter text.

The Board is committed to providing a system of care that is culturally sensitive and responsive to the values and beliefs of all the people we serve. In order to try to address this issue, the Board has implemented the following: (1) printed literature in Spanish that is available to providers, consumers and other community organizations, (2) partnered with non-traditional entities, such as local faith based organizations, to provide outreach to populations that traditional mental health organizations have not appropriately treated in the past, and (3) sought membership in the Multiethnic Advocates for Cultural Competence (MAACC) group to enlist their expertise to help the Board build a culturally sensitive mental health system of care. Furthermore, the Board will provide technical assistance and training as needed to assist our contract agencies in providing culturally competent services to our community. Finally, the Board through its new Associate Director of Evaluations and Quality Assurance position will develop consumer satisfaction surveys in collaboration with county mental health providers to assess our services and staff. The Board intends to analyze this data and take a leadership role in addressing disparities in multicultural access and outcomes.

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.

Achievements:

- Butler County Mental Health Board changed and expanded our crisis intervention system compared to years past
- Passed a Mental Health Levy in 2006 to expand services to the county supportin our strategic plan.

Concerns/Trends:

- Medicaid's regulations limit the ability of the Board to perform appropriate utilization reviews
- Limitations for clients in need of transportation services (12 sessions only) per Medicaid Managed Care requirements
- Problems with over reliance on pharmaceutical company's generosity in providing prescription drug samples for clients

C. Needs Assessment.

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

Click on gray box to enter text.

The Butler County Mental Health Board uses these processes to determine its current needs in crisis care, clinical services, recovery, resilience, prevention, consultation and educational services. This process was completed in conjunction with our consultant, Brown Consulting, LTD, to develop the

board's Strategic Plan. The following are other sources of needs assessment information:

- Crisis Care - The Butler County Mental Health Board, as part of the contract with Butler Behavioral Health Services (BBHS), Inc., requires this agency to conduct monthly, Advisory Committee meetings which are facilitated by BBHS's Consultation and Crisis Center's program staff. This meeting assesses the committees concerns and needs for crisis care. Key informants are gathered from the community including consumers, hospital staff, law enforcement personnel, and members of the general public. Needs are prioritized in these meetings, and action plans are developed.

- Clinical Services - The Butler County Mental Health Board's contracting agencies periodically do client satisfaction surveys, using consumer and family input to explore ways to improve service delivery. Also, the board is also considering the use of consumer participation information (such as data obtained from the use of the SOQIC charting format) as a method to assess service needs.

- Recovery Services - As mentioned earlier in this plan, the Butler County Mental Health Board contracts with Butler Behavioral Health Services to provide the supported employment program, WorkPlace Associates. This program uses private employers and consumers themselves as key informants as a means of the assessment process. Consumer placement success rates are monitored as the consumers navigate a continuum of services.

- Resilience - The Butler County Mental Health Board is an active member of the Family and Children's First Council weekly community Wraparound meeting. The other partners include Butler County Children Services, Butler County MRDD staff, and staff from the Butler County Juvenile Court. Consumers and consumer's parents/guardians voice their needs acting as key informants in the use of FAST funds.

- Prevention - The Butler County Mental Health Board provides funds to Butler Behavioral Health Services, Inc. to provide education and suicide prevention services to local schools. During the past two years, the county has suffered several successful student suicides. Key informants include students, teachers, parents, and other school personnel who are involved in developing and assessing the need for suicide prevention services.

- Consultation and Education - Staff from the Butler County Mental Health Board attend the local, monthly NAMI meetings. Board staff meets with consumers, consumer's families, and various services providers (key informants). The Board staff often participates on expert panels in various discussions regarding the county mental health system. Board staff often present materials and resources to the attendees pertaining to how to access and utilize the local mental health system. Relevant topics and associated handouts for these presentations are often developed from the suggestions of NAMI members.

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.

See Butler County Mental Health Board's Strategic Plan in Appendix A

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: Medium

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

Increase the number of consumers with mental illness who are employed or enrolled in school

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

Assist mental health consumers with job training/placement and school support services

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

Increase the number of mental health consumers who are employed or enrolled in school after treatment as compared to baseline/pretreatment levels

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

Board will work collaboratively in support of organizations such as Workplace Associates (Division of Butler Behavioral Health Services, Inc.) to provide job development, coaching and retention services. The Board will also encourage county case management service providers to identify academic supports (e.g., coaching, tutoring, career advising, & funding sources) for the SMD consumers who wish to further their education.

2.b. WELLNESS MANAGEMENT & RECOVERY*

Priority: Medium

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

Review and evaluate current clinical practices of those agencies implementing Wellness Management & Recovery Programs in Bulter county

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

- Research current evidence based and preferred treatment models
- Identify current providers using these models in Butler county
- Develop treatment protocols and outcome measures for the best fit model

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

- Outcomes will indicate increased client participation in treatment
- Reduced hospitalizations
- Enhanced social support
- Measure improvement via symptom reduction
- Decrease the need for intensive mental health services

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

Form an evaluation and planning group with key stakeholders in the community. Stakeholders may include consumers, consumers' families, agency mental health providers and NAMI.

2.c. HOUSING

Priority:

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

Increase the number of Butler County mental health consumers who report stable housing

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

Review and evaluate existing supportive housing initiatives for Butler County mental health consumers
Research new sources and national initiatives for providing housing for the SMI population

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

- Increase the number of Butler County residents who have access to supportive housing by 50%
- Increase levels of available housing for these clients by 50%
- Monitor condition and usage of existing properties via structured review schedule

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

The Board will collaborate with contract agencies such as Transitional Living, Inc. and Community Behavioral Health, Inc. as well as other community providers of housing services to track the number of mental health consumers who have access to supportive housing. In addition, the Board will also collaborate with HUD and other state & federal housing agencies

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.*

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

- Provide evidenced based practice interventions in targeted schools
- Educate key school personnel on how to access local mental health services
- Evaluate the effectiveness of current school mental health services

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

The number of school suspensions & expulsions will significantly decrease.

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

The Board staff will continue to collaborate with Miami University, local school districts, and the Family and Children First Council to develop strategies to assess the mental health needs of the students and the implementation of best practices

3.b. EARLY CHILDHOOD CARE

Priority: **High**

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

To promote healthy social and emotional development of young children in Butler County

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

Implementation of the Incredible Years Program

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

- Improved school readiness
- Reduction in behavioral problems at school and at home

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

The Board works along with both the Family & Children's First Council & Catholic Social Services. Catholic Social Services is Butler County's Early Childhood Administrator who is designated as the outcomes monitor for the early childhood treatment programs.

3.c. TRANSITION AGE CARE

Priority: **High**

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

To help transition-age youth successfully negotiate the challenge of reaching adulthood

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

- Board staff will work with contract agencies to assist them in developing/implementing services that are age and developmentally appropriate
- Create a transitional youth committee

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

- Increase the number of transition-age youth who are competitively employed and/or enrolled in school.
- Decreased the number of transition-age youth involved with criminal justice system.
- Decrease the number of transition-age youth who abuse substances
- Decrease the number of transition-age youth who are homeless

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

Board will take a leadership role in working with local providers to assist them in developing and/or enhancing their ability to work effectively with this population. The Board will partner with Butler County Children Services and other key community stakeholders in initiatives such as the “The Children Services Youth Emancipation Initiative”.

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	4380	28
Private Psychiatric Hospitals: Adults	n/a	n/a
Private Hospitals: Children & Adolescents	n/a	n/a

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.*

This board will provide funding for extended stays at a local hospital's inpatient unit to reduce over reliance on state hospital, keeping the patient's continuity of care localized.

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

- Establish the program (ESP - Extended Stay Program)
- Implement regular meetings with hospital staff, local community mental health providers, and Butler County Mental Health Board staff to facilitate this program and establish protocols

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

Reduce admissions to the state hospital from this program

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

- Bi-weekly meetings with hospital administration, community mental health providers & Board staff
- Bi-annual meeting between hospital administration and Board staff

4.b. CONTINUITY OF CARE

Priority: **High**

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

This Board will establish strong linkages between the inpatient care and community agency providers

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

- Establish a regular scheduled System Unification Meeting (SUM) with hospital personnel, CMH center providers and Board staff to discuss discharge planning for cases
- Encourage the relationship between local and state hospitals and our Assertive Community Treatment (ACT) team

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

- Track client outcomes and re-admissions after discharge
- Increase consumer Satisfaction Survey responses

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

All agencies and organizations involved in the SUM meeting

4.c. SOMATIC HEALTH CARE

Priority: **High**

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

- This board will establish a link with a local community health clinic and local agency providers
- Have a case manager from same agency establish a schedule at the local health clinic to provide mental health assessments for the clinic's patients

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

Have medical staff from the local health clinic establish scheduled visits at a local mental health agency

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

- Track all referrals and related dispositions
- Track and identify medical issues with agency clients

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

Monthly meetings with health clinic, pertinent agencies and mental health Board staff

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.*

To reduce the number of youth who are placed in residential care

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

- Increase the provision of intensive In-Home services
- Develop and implement a therapeutic mentoring program for youth who are at risk of out of home placement

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

Decrease number of youth in residential placement

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

Board staff will continue to actively participate in the Community Wraparound process for youth needing residential placement. The Board will develop and provide a QI workgroup to assist in the development of a system to monitor client outcomes and satisfactions

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: **Hotline/Warmline**

Priority: **High**

Goals: Click on gray box to enter text.

- Quickly respond to the needs of all Butler County callers
- Increase community awareness of the Hotline services in Butler County

Strategies: Click on gray box to enter text.

- Monitor the provision of Hotline services
- Develop and distribute promotional materials
- Facilitate interagency communications with the Hotline
- Provide 24/7 Hotline services

Measurable Objectives

- Response times/log review
- Increase consumer satisfaction survey responses
- Increase usage of the hotline service
- Increase the number of information presentation regarding the Hotline

Discussions and/or Collaborations

Board will encourage interagency meeting between the key stakeholders including Butler Behavioral Health Services and the Community Crisis Counseling Center.

6.a.2. Area of Adult Crisis Care: **Mobile Response**

Priority: **High**

Goals: Click on gray box to enter text.

- Provide culturally competent mobile response/crisis intervention mental health services according to ODMH standards for all residents of Butler County

Strategies: Click on gray box to enter text.

- Provide crisis intervention mental health services 24/7 in a mobile response and office based format
- Provide a Butler County deputy sheriff to facilitate the speed of responses
- Mandate that all providers of crisis intervention mental health services be certified by ODMH

Measurable Objectives: Click on gray box to enter text.

- Decrease response times
- Develop two key performance measures related to enhanced disposition of crisis calls
- Increase client satisfaction with services

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

Board will work with Butler Behavioral Health Services Consulting and Crisis Center's Advisory

Committee and other key stakeholder's in the county

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

Goals: *Click on gray box to enter text.*
No other priorities for this service at this time

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

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

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

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: Hotline/Warmline
Priority: High

Goals: *Click on gray box to enter text.*
Increase community awareness and usage of the Hotline Service

Strategies: *Click on gray box to enter text.*
- Develop and distribute promotional information
- Provide 24/7 culturally competent hotline services
- Quickly respond to the needs of all callers

Measurable Objectives: *Click on gray box to enter text.*
- Increase usage of the Hotline Service
- Evaluate response times/institute log review
- Increase consumer satisfaction

Discussions and/or Collaborations: *Click on gray box to enter text.*
Board will collaborate with NAMI and provide consultation to the community Crisis Advisory Committee

6.b.2. Area of C&A Crisis Care: Mobile Response
Priority: High

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

Provide culturally competent crisis intervention mental health services according to ODMH standards

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

- Provide a deputy sheriff to accelerate speed of response
- Provide culturally competent crisis intervention mental health services 24/7 in a mobile response and office based format
- Mandate that all providers of crisis intervention mental health services be certified by ODMH

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

- Increase consumer satisfaction
- Improve response time for crisis call-ins

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

Board to collaborate with NAMI and provide consultation to the community Crisis Advisory Committee

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	n/a	n/a
Children & Adolescents	n/a	n/a

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

6.d.1. CIT/POLICE COORDINATION*

Click on gray box to select priority level.

Priority: **High**

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

The Board will encourage local police departments to set a standard of excellence for their officers with respect to treatment of individuals with mental illness.

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

- CIT training provided to local police departments
- Informational trainings to be provided to local police departments regarding county crisis intervention providers and their protocols

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

- CIT trainings completed/CIT certification accomplished
- Trainings seminars scheduled yearly with each department
- Increase consumer satisfaction survey results

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

The Board will encourage local police departments' participation on the county Crisis Advisory Committee. The Board will also support the creation of bi-annual meeting with local police department chiefs/superior sheriffs

6.d.2. DISASTER PREPAREDNESS*

Priority: **High**

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

The Board will increase public awareness about the importance of preparing for emergencies and to encourage the community to take action

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

- Board to designate key parties to complete FEMA sponsored trainings
- Board to identify key personnel who will be designated as "first responders" in disaster situations
- Board to take a leadership role in coordinating preparedness and implementation efforts

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

- Key personnel certified by FEMA
- Key personnel designated as part of local disaster relief
- Increase consumer Satisfaction Survey results

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

- The Board will collaborate with local/state/federal organizations with disaster relief efforts

6.d.3. COLLEGES & UNIVERSITIES*

Priority: **High**

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

Board will encourage local college and university efforts to offer counseling, guidance and support services to students, their families and academic based caregivers

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

- Provide education and resources for various mental health issues
- Provide training to university personnel on how & when to access the community mobile crisis team
- Participate in university sponsored events to enhance general knowledge of crisis intervention

services & resources

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

- Reduce crisis reponse times
- Increase Client Satisfaction responses
- Develop two key performance measures related to enhanced dispostion of crisis responses

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

Participate and work cooperatively with campus police & university counselors

6.d.4 PRIMARY & SECONDARY SCHOOLS

Priority: **High**

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

Board will encourage local school district efforts to offer counseling, guidance and support services to students, their families and school based caregivers

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

- Provide educational and resources on mental health issues
- Provide training to school personnel on how & when to access the community mobile crisis response team
- Provice training on crisis interventions

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

- Monitor response times
- Increase Client Satisfaction Survey responses
- Monitor follow up services
- Track disposition of cases

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

Consult with school staff as needed

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: **Pharmacological Management**

Priority: **High**

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

- Increase access to Pharmacological Services for Butler County residents

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

- Allocate new funding from passage of new levy to contract agencies for this service
- Recruit more psychiatrists
- Increase use of alternatives such as APRN staffing

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

- Increase available appointment slots for services
- Decrease length of waiting list
- End any restrictions based on diagnosis

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

Board will collaborate with contract agencies in their expansion process by conducting transition planning meetings and help develop alternative paths to access new services

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

Priority: High

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

Increase access to Counseling/Psychotherapy Services for all consumers in Butler County

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

- Allocate new funding from passage of new levy to contract agencies in Butler County
- Recruit licensed staff

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

- Increase available appointment slots
- Decrease length of waiting list
- End any restrictions based on diagnosis

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

Board will collaborate with contract agencies in their expansion process by conducting transition planning meetings

7.a.3. Area of Adult Services:

Priority:

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

No further priorities at this time

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

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

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

--

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.

n/a

7.b. Child & Adolescent Services.

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

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

Priority: **High**

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

Increase access to outpatient mental health services for non-Medicaid youth

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

Increase funding for mental health services for non-Medicaid youth
--

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

Increase access to outpatient mental health services for non Medicaid youth

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

Board staff will continue to monitor the accessibility of services for non-Medicaid youth

7.b.2 Area of C&A Services: **Partial Hospitalization**

Priority: **High**

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

Develop and implement a plan for increasing school-based services

Strategies *Click on gray box to enter text.*

Provide subsidy funding for Partial Hospitalization services for non-Medicaid youth

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

Increase enrollment of non-Medicaid youth in Partial Hospitalization Program
--

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

Collaboration with local school districts and St. Aloysius Orphanage (provider of partial hospitalization services)

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

Priority: **High**

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

Increase access to CPST services for non-Medicaid youth

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

Increase subsidy funding for non-Medicaid youth

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

Increase assess for CPST services for non-Medicaid youth

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

Board staff will continue to monitor the accessibility of CPST services for non-Medicaid youth

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

Click on gray box to enter text.

Title: Pharmacological Management for Children & Adolescents
Priority: High

Goals:
- Increase access to Pharmacological Services for SED consumers

Strategies:
- Allocate new funding from passage of new levy to contract agencies for this service
- Recruit more psychiatrists
- Increase use of alternatives such as APRN staffing

Measureable Objectives:
- Increase available appointment slots for services
- Decrease length of waiting list
- End any restrictions based on diagnosis

Discussions/Collaborations:
Board will collaborate with contract agencies in their expansion process by conducting transition planning meetings and help develop alternative paths to access new services

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: **Medium**

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

Board will research the development and assess the feasibility of implementing an IDDT program in

the county

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

- Identify possible agency providers for these services
- Clarification for funding for these services

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

- Identify the number of consumers who will benefit from an IDDT team

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

Board to collaborate with key consultants such as the Center for Excellence at Case Western University

Click on gray box to enter name of practice:

7.c.2. PRACTICE: Intensive Home Based Therapy (IHBT)

Priority: High

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

To plan and develop intensive home based services

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

Review outcome data of the grant funded IHBT program to assess effectiveness

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

Reduce out of home placements

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

Board will meet with local IHBT grant recipient to evaluate program effectiveness. Board staff will also attend conferences/trainings supported by ODMH in regards to the implementation of IHBT.

Click on gray box to enter name of practice:

7.c.3. PRACTICE: Trauma Focused Community Based Treatment (TF-CBT)

Priority: High

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

Develop plan and programs for services targeting Juvenile Court Cases

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

The Board will participate in the development and implementation of the Behavioral Health and Juvenile Justice grant for TF-CBT

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

- Reduce the number of youth who reenter the juvenile court system
- Reduce the number of incarcerated youth

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

The Board will collaborate with the local Juvenile Court, Miami University and Family & Children’s First Council, Catholic Social Services and other key stakeholders in the implementation and development of this treatment approach.

Click on gray box to enter name of practice:

7.c.4. PRACTICE: Functional Family Therapy (FFT)

Priority: Medium

Goals: Click on gray box to enter text.

To reduce the delinquency rate of SED youth in the community in support of the Board's Strategic Plan (Appendix A)

Strategies: Click on gray box to enter text.

- Prove program effectiveness and increase access for at risk children/families in the community
- Review staffing issues and target appropriate treatment population size to perform an appropriate statistical analysis

Measurable Objectives Click on gray box to enter text.

- Fully staff program to reduce waiting list
- Decrease the number of program consumers who re-offend in the first year after treatment
- Identify what percentage of consumers show a positive change in functioning from baseline levels
- Evaluate consumer family member's perceptions of decrease in family conflict (e.g., fights, arguments, rule violations, & etc.)

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

The board to work in collaboration with Lifespan, Inc. and the Butler County Juvenile Court system to increase program capacity and gather necessary outcome data

Click on gray box to enter name of practice:

7.c.5. PRACTICE: Early Childhood Mental Health Treatment

Priority: High

Goals: Click on gray box to enter text.

Promote healthy social and emotional development for young children from birth to age six.

Strategies: Click on gray box to enter text.

- Provide clinical consultation and training to early childhood programs, including classroom observations, coaching and mentoring activities
- Work with families/care givers to enhance their ability to provide nurturing environments for young children
- Implementation of the Incredible Years program

Measurable Objectives: Click on gray box to enter text.

- Improve school readiness
- Improve overall mental health functioning
- Improve parent-child relationships

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

Board to work closely with Catholic Social Services- Butler County Mental Health Board's Early Childhood Mental Health Administrator

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.

n/a

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.*

Expand the role and capacity of communities to effectively identify their mental health and career needs and promote behavioral health and awareness.

Strategies *Click on gray box to enter text.*

- Expand the effort to build five core competencies in communities, related to assessment, capacity building, planning, implementation, and evaluation
- Develop competencies within the behavioral health workforce related to community development and community collaboration.
- Behavioral health organizations reassess their current connections to local groups, organizations, coalitions, and implement a plan to increase, strengthen, and diversify these ties

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

- Implement a high level of quality assurance and evaluations of Board subsidized mental health services in order to monitor the capacity of services and the overall effectiveness of these services.
- Establish reassessment and evaluation protocols. Planning for these services would be ongoing after reassessment and evaluation.
- Establish “advisory committees” with regularly scheduled inter-service collaboration meetings and direct linkages to community organizations.
- Develop a community network in which the Board becomes an integral part.

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

Board will collaborate with NAMI, Fort Hamilton Hospital, county mental health agencies, housing providers, MRDD, local court system, Butler County Children’s Services, local colleges and universities, and local civic organizations.

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.

n/a

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

9.a. Adults

9.a.1. ADULT JUSTICE/COURT COORDINATION

Click on gray box to indicate priority level.

Priority: High

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

To decrease the recidivism rates for adults with a severe and persistent mental illness (SMI clients included) who are involved with the criminal justice system

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

- Increase the number of law enforcement officers who have a working knowledge of CIT.
- While in hospitals for court evaluations, mental health staff will become active in discharge planning with hospital and court staffs

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

- Reduce number of adults with a severe and persistent mental illness who are incarcerated
- Reduce number adults with a severe and persistent mental illness who are converted from criminal to civil commitment.

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

Board will collaborate with County law enforcement personnel, court personnel, and local/state hospital personnel

9.a.2 ADULT RECIDIVISM

Priority: High

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

- To continue Mental Health Court activities in Butler County Common Pleas Court
- To continue Mental Health Court activities in Fairfield Municipal Court
- To start a Mental Health Court in Hamilton Municipal Court

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

Maintain mental health dockets with these courts

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

- Increase the number of referrals
- Establishment of docket
- Decrease the number of adults with a severe and persistent mental illness who reenter the criminal justice system

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

Board will collaborate with all mental health courts and their related provider agencies

9.a.3. ADULT DIVERSION

Priority: **High**

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

Utilize Mental Health Courts as pre-adjudication diversion for persons with severe and persistent mental illness

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

Designate personnel to serve as diversion liaisons based on established criteria and procedures

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

- Procedures and criteria established
- Personnel assigned
- Number of appropriate consumers in the program

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

Board will discuss appropriate “models” of program procedures with mental health agency staff and court personnel

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.

No other priorities for the Board at this time

9.b. Adolescents

9.b.1. ADOLESCENT JUSTICE/COURT COORDINATION

Click on gray box to indicate priority level.

Priority: **Low**

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

Not a priority for the Board at this time

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

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

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

9.b.2. ADOLESCENT RECIDIVISM

Priority: **Medium**

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

Reduce the number of youth who reenter the juvenile justice system

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

- Develop and implement a therapeutic mentoring program for at risk youth
- Provide evidenced based interventions to serve this population
- Evaluate the effectiveness of existing services

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

Decrease adolescent recidivism rate

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

Board will partner with Butler County Juvenile Court to provide effective evidenced based practices to serve this population.

9.b.3. ADOLESCENT DIVERSION

Priority: **Medium**

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

Reduce the number of adolescents who are involved with the juvenile justice system

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

- Develop and implement a therapeutic mentoring program for at risk youth
- Provide and expand intensive in-home services

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

Decrease the number of youth who become involved in the juvenile justice system

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

Board will partner with Butler County Juvenile Court and Family & Children's First Council to develop and/or enhance current services.

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.

Not a priority for the Board at this time

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.*

Maintain and monitor mental health program at the Butler County Jail

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

Maintain procedures and funding for in-jail mental health assessments and treatment

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

- Evaluate the cost effectiveness of the program by tracking number of referrals to this program and the number of successful engagements into treatment

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

Board will work with local jail providers, jail administrators, county Sheriff, criminal justice coordinator

9.c.2. DETENTION CENTERS

Priority: **High**

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

To decrease the incarceration rates of youths with a mental illness

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

- Work with Butler County Juvenile Detention Center staff in the identification of youths with mental illness
- Assist the staff at the Butler County Juvenile Detention Center in accessing current mental health services
- Explore ways to increase funding sources to increase mental health services at the Butler County Juvenile Detention Center

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

- Reduce the number of youths with a mental illness who are incarcerated
- Improve discharge outcomes of these youths
- Reduction in recidivism rates

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

The Butler Mental Health Board will collaborate with the Juvenile Court, Juvenile Detention Center, Butler County Children's Services, & related mental health agencies.

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

Priority: **High**

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

To increase access to care for those who need mental health services

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

- Implement regularly scheduled review of county PATH services
- Help local homeless shelter operators coordinate services with local mental health providers
- Help local homeless shelter operators coordinate services with Butler County and local jails

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

- Monitor number of admissions from the community and the jails to local shelters of all homeless persons with an identified mental illness
- Decrease waiting times to access mental health services

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

The Butler County Mental Health Board will collaborate with local shelter operators, jails & contract mental health agencies.

9.c.4. NURSING HOMES

Priority: **Low**

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

This is currently not a Board priority

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: **High**

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

Successful integration in to major life domains including employment, housing, treatment/aftercare

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

Establish standardized protocol for regular discharge reporting from prisons throughout the state at least 3 months in advance of discharge

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

- Increase the number of prisoners successfully engaged in community treatment
- Increase the number of prisoners who become employed
- Increase the number of prisoners who secure appropriate housing
- Decrease the number of prisoners who recidivate

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

Collaboration with DRC, ODMH, mental health providers, local hospitals, local law enforcement

9.c.6. PHYSICAL & MENTAL HEALTH INTEGRATION

Priority:

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

Provide direct links for consumers between mental providers and a local community health clinic in Hamilton, OH. to promote integration of overall care

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

- Establish a linkage to mental health services to patients at the local community health clinic
- Establish a linkage to health care services by having staff at the community health clinic have contacts with mental health consumers at the social club operated by Butler Behavioral Health Services

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

- Track the number of patients at the community health clinic who see mental health professionals stationed at this site
- Track the number of consumers who make appointments at the Butler Behavioral Health Services' Clubhouse to see medical staff from the community health center

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

Board will collaborate with mental health agencies (such as Butler Behavioral Health Services, Inc.) and county Health Care Centers

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

9.c.7. OTHER:

Priority:

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

Enhance access to and expand availability of mental health services for senior citizens in the county

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

Monitor the implementation and review outcomes related to this pilot program

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

- Increase the number of consumers served in this program
- Identify program capacity
- Reduction of consumer symptomology scores
- Increase levels of consumers' community functioning levels
- Development of a plan for post-pilot (program) servicing of senior's with mental illness

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

Board will attend bi-monthly meetings with Lifespan, Inc. (manages Senior Citizen's Pilot Program), Council on Aging of SW Ohio, Adult Protective Services, and Miami University - Scripps Program.

Click on gray box to enter text.

9.c.8. OTHER:

Priority:

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

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

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

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

Click on gray box to enter text.

9.c.9. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

10.a. SUICIDE PREVENTION

Click on gray box to enter priority level.

Priority:

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

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

- Continue and expand the activities of the Butler Behavioral Health Services Consultation & Crisis Center (BBHSCCC)
- Work with key stakeholder to reduce the stigma of mental illness
- Distribute suicidal prevention materials
- Improve community awareness of crisis hotline services

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

- Decrease the number of suicide attempts and successes in Butler County
- Increase the number of suicide prevention and training activities
- Develop and monitor comprehensive crisis response protocols for our area schools

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

Board will oversee the work of Butler Behavioral Health Services Consultation & Crisis Center (BBHSCCC) with areas schools, agencies and other organizations for adults and children

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

10.b. OTHER:

Priority:

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

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

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

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

10.c. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

11.a. CONSUMER SATISFACTION WITH SERVICES AND STAFF

Priority: **High**

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

To implement a comprehensive Quality Improvement (QI) program inclusive of a multicultural perspective

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

Develop and assess all mental health stakeholders' satisfaction ratings inclusive of consumer cultural backgrounds

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

Develop and assess results from satisfaction surveys recognizing diversity issues (e.g. consumer, providers, consumer families)

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

Board staff will collaborate with county agencies, consumers and consumer families

11.b. STAFF RECRUITMENT

Priority: **Medium**

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

Review Board Strategic Plan (See Appendix A) and expand staffing requirements to address high priority needs

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

- Assess the organizational structure & composition to determine the appropriate future structure of the Board staff. In FY 2008, Board expanded staff to include Associate Executive Director of Evaluations and Quality Assurance and Director of Senior Services positions.

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

- Monitor staff activities to determine to what extend high priority items on our Strategic Plan are being addressed
- Determine what overall level of adherence to the strategic plan is acceptable
- Assess Board diversity and compare it to cultural breakdown of Butler county's most recent population census
- Increase the number of multicultural trainings to enhance board staff's cultural competence

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

Board members and Board staff

11.c. STAFF TRAINING

Priority: **High**

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

All staff and board members will respect and value the cultural diversity of the citizens of Butler County

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

- Provide cultural diversity training
- Develop a tool to assess cultural competence

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

Number of cultural diversity trainings provided

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

Seek technical assistance from MACC & ODMH as needed

11.d. ADDRESSING DISPARITIES IN ACCESS AND OUTCOMES

Priority:

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

To ensure a comprehensive system of mental health care that is effective, unified, and cultural appropriate

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

- Identify service delivery system priorities (strategic plan) and develop plans to address targeted populations in a culturally competent fashion
- Develop and implement CQI program plan

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

- Increase overall system indigent care capacity (percentage)
- Increase system capacity to treat dually diagnosed consumers (percentage)
- Increase services to our youth population (e.g., transitional youth, school-based services)
- Increase behavioral health capacity in services to seniors (percentage)
- Increase access and services to consumers of culture
- Establish quality review process for provider performance
- Monitor client outcomes on an annual basis to result in effective, efficient treatment

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

Board to collaborate with mental health stakeholders in the community including NAMI, county mental health agencies, local court system, housing providers, consumers, and family members of consumers.

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.*

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

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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.

<p>The Butler County Mental Health Board has these plans for SFY 2009. Some have already been discussed earlier in this plan.</p> <ul style="list-style-type: none">- Two grants have been received from ODMH and one from the ODYS to fund various new children/adolescent treatment initiatives- Funds have been received from ODMH to increase the available housing for SMI consumers- The Butler County Mental Health Board is looking to increase group home availability for the SMI population. This includes developing a step-down/respite facility within Butler County that will enable mental health services to be provided to our consumers in a more efficient fashion- The Butler County Mental Health Board and the Butler County Board of MRDD are applying to the Greater Cincinnati Health Foundation to receive a planning grant to study the development of Assertive Community Treatment (ACT) program to enhance treatment for the MH/MR dual diagnosis population- The Butler County Mental Health Board and the regional Council on Aging are looking to expand an in-home pilot program currently providing services to senior consumers. The Board in support of its Strategic Plan (See Appendix A) has recently expanded its staff to collaborate more effectively with stakeholders in this pilot program, explore other evidenced-based practices targeting seniors, and increase the overall behavioral health service capacity to this population.- In addition, the Butler County Mental Health Board supported its Strategic Plan (See Appendix A) by adding two staff positions, the Associate Executive Director of Evaluations and Quality Assurance and the Director Senior Services.

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.

As mentioned in section B., 1.0, the information regarding the Butler County Mental Board’s existing business rules for covered benefits to services populations located in Appendix E. is no longer current. With the passage of a new mental health levy in November of 2006, restrictions of the Board’s non-Medicaid reimbursable services and services to consumers that are ineligible for Medicaid have been lifted. The Board has designated Butler Behavioral Health Services Inc., Community Behavioral Health Inc., and Forensic and Mental Health Services Inc. to provide non-Medicaid services to all county residents. Re-establishing non-Medicaid services in Middletown, Ohio has been a focus of this Board, as this community has been hardest hit by bad economic problems. Butler Behavioral Health Inc. has greatly expanded non-Medicaid mental health services here.

In Appendix E, the rule for Butler County stipulating “Deny adult education, consumer operated, and peer support” has been terminated. The section stating “Coinsurance on all non-Medicaid with out-of-pocket maximum per day of \$25-\$115 in \$5 increments” remains. The expansion of non-Medicaid services will continue per the Board’s Strategic Plan (Appendix A), and prevailing federal, state, and local economic factors.

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>Ohio Revised Code 340.03(A.4) states that Boards are required by law to "review and evaluate the quality, effectiveness, and efficiency of services provided through its community mental health plan and submit its findings and recommendations to the department of mental health". Recognizing the task entrusted to the Butler County Mental Health Board, we have outlined six steps to adequately respond to the above mandate. First, the Butler County Mental Health Board plans to utilize data gathered through MACSIS to look at agency and consumer information to perform relevant data analyses. For example, consumer demographic information can be evaluated to look at how well we are addressing our community mental health needs in regards to service access for all ages, races, genders, socioeconomic status, diagnoses, and etcetera as compared to projections derived from the number of the county's mental ill especially as it relates to SMI consumers and those consumers who are in crisis. Second, part of our new Quality Assurance initiative will be to track and monitor our mental health providers unit analysis reports to better assess agency treatment efficiencies as part of Board's total quality plan. Included in this process will be a more enhanced monthly Medicaid billing analysis and Board subsidy fund analysis for all relevant agencies in the county. Third, the Board plans to better utilize ODMH missing data reports (Ohio Scales) to evaluate the quality of our local agencies and meet with county providers who have been issued state notification regarding their lack of data. We also feel it is important to work with ODMH and county providers to review the administration scheduling of all outcome measures to help enhance the reliability and the validity of the data as well as the quality of the statistical analyses that are derived from it. Fourth, the Board plans to expand its use of the MACSIS database to review client activity and service usage levels as part of our quality improvement process. Beside this point, the measurement and analyses of the cost-effectiveness and cost-efficiency of county mental health services would be monitored through the following four areas: (a) cost of service issues would be addressed by reviewing our cost per unit indicators for all our providers as well as</p>	<p>E.1</p>
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<p>monitoring case outcomes (e.g., avoidance of hospitalizations), (b) effectiveness/benefits of service issues would be addressed by creating reports identifying those who are high utilizers of mental health services which would prompt utilization reviews by Board staff and providers, (c) measures of practice adherence would be assessed by reviewing the results of our clinical paperwork audits (e.g., Medicaid, & etc.), consumer recidivism rates, and clinical program fidelity reports, (d) certain risk measures would be tracked by the Board including county suicide rates, SMI homelessness rates, and reviewing information related to lethality and level of care evaluations especially for extreme consumer cases. Fifth, the Board has consulted with Brown Consulting, LTD to assist in the implementation of our Quality Improvement plan (See Appendix C) and we intend to diversify our quality improvement indicators to include performance improvement studies, satisfaction surveys (for consumers, providers, employees, and members from the community at-large), delivery system scorecards, and also the community's perception of the Board's level of fidelity to its Strategic Plan (See Appendix A). In addition, the Board through its successful 2006 tax levy campaign has reinstated services that were discontinued due to financial restrictions in the past. Sixth, the Board desires to monitor some other important outcome measures to evaluate the quality of the mental health services provided such as the reduction of waiting lists for clinical services, the increase in consumer placements in jobs and academic programs in the county, the effectiveness of our ACT team in reducing bed days at state hospital, the effectiveness of our in-home treatment programs for our youth to prevent out of home placements, and tracking forensic bed usage at state hospital and monitoring its effect on bed availability for Butler county residents.</p>	
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E.2. How does the Board plan to develop and use various databases, (e.g, MACSIS, Outcomes, Behavioral Health Module) to evaluate the effectiveness and efficiency of services?

Click on gray box and enter text.

<p>Currently, our new pilot mental health programs enter consumer data into the MACSIS database to track demographic and service related information which provides reports to track client access and usage but also provides a means for evaluating the quality of mental health services. Still, the Board recognizes that the Behavioral Health Module is not mandated for MH consumers which limits our ability to evaluate in a more comprehensive manner not only our providers treatment effectiveness but the quality of the entire mental health system in the county. We strongly endorse and are waiting for ODMH to mandate the implementation of the Behavioral Health Module across all consumers in the mental health system.</p>	E.2
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E.3. To what extent does the Board need technical assistance concerning compliance with ORC 340.03? (Guidelines for ORC 340.03 appear in Appendix D.)

Click on gray box and enter text.

<p>The Board would benefit from some technical assistance from the ODMH in helping to better understand how to utilize the outcome data in the Ohio Scales/System Datamart and the practical uses of this data in evaluating the quality of county mental health systems and provider agencies. Reports can be generated by ODMH to address this issue more specifically would be much appreciated. Furthermore, the mandated use of the Behavioral Health Module across all mental health consumers by ODMH and some technical reports to support its use for quality assurance purposes would be very useful to the Board too.</p>	E.3
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Form 1

Board Appointment Data Sheet

List all members, leaving vacant appointments blank

Board Name		Date Prepared
Board Member		<u>Appointment</u> ODMH
Mailing Address (street, city, state, zip)		<u>Sex</u> Female
Telephone (include area code)		<u>Ethnic Group</u> White
County of Residence		<u>Officer</u> Chairperson
Occupation		<u>Hispanic or Latino (of any race)</u> Yes
Term	Year Term Expires	<u>Representation: select all that apply:</u>
Partial Term	2008	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name		Date Prepared
Board Member		<u>Appointment</u> ODMH
Mailing Address (street, city, state, zip)		<u>Sex</u> Female
Telephone (include area code)		<u>Ethnic Group</u> White
County of Residence		<u>Officer</u> Chairperson
Occupation		<u>Hispanic or Latino (of any race)</u> Yes
Term	Year Term Expires	<u>Representation: select all that apply:</u>
Partial Term	2008	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Board Name		Date Prepared
Board Member		<u>Appointment</u> ODMH
Mailing Address (street, city, state, zip)		<u>Sex</u> Female
Telephone (include area code)		<u>Ethnic Group</u> White
County of Residence		<u>Officer</u> Chairperson
Occupation		<u>Hispanic or Latino (of any race)</u> Yes
Term	Year Term Expires	<u>Representation: select all that apply:</u>
Partial Term	2008	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name		Date Prepared
Board Member	<u>Appointment</u> ODMH <u>Sex</u> Female <u>Ethnic Group</u> White	
Mailing Address (street, city, state, zip)		<u>Officer</u> _____ <u>Chairperson</u> _____ <u>Hispanic or Latino (of any race)</u> Yes
Telephone (include area code)	County of Residence	<u>Representation: select all that apply:</u> <u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
Occupation		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Term Partial Term	Year Term Expires 2008	
Board Name		Date Prepared
Board Member	<u>Appointment</u> ODMH <u>Sex</u> Female <u>Ethnic Group</u> White	
Mailing Address (street, city, state, zip)		<u>Officer</u> _____ <u>Chairperson</u> _____ <u>Hispanic or Latino (of any race)</u> Yes
Telephone (include area code)	County of Residence	<u>Representation: select all that apply:</u> <u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
Occupation		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Term Partial Term	Year Term Expires 2008	
Board Name		Date Prepared
Board Member	<u>Appointment</u> ODMH <u>Sex</u> Female <u>Ethnic Group</u> White	
Mailing Address (street, city, state, zip)		<u>Officer</u> _____ <u>Chairperson</u> _____ <u>Hispanic or Latino (of any race)</u> Yes
Telephone (include area code)	County of Residence	<u>Representation: select all that apply:</u> <u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
Occupation		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Term Partial Term	Year Term Expires 2008	

Board Name		Date Prepared
Board Member	<u>Appointment</u> ODMH	<u>Sex</u> Female
Mailing Address (street, city, state, zip)	<u>Ethnic Group</u> White	<u>Officer</u> _____ Chairperson
Telephone (include area code)	County of Residence	<u>Hispanic or Latino (of any race)</u> Yes
Occupation	<u>Representation: select all that apply:</u>	
Term Partial Term	Year Term Expires 2008	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name		Date Prepared
Board Member	<u>Appointment</u> ODMH	<u>Sex</u> Female
Mailing Address (street, city, state, zip)	<u>Ethnic Group</u> White	<u>Officer</u> _____ Chairperson
Telephone (include area code)	County of Residence	<u>Hispanic or Latino (of any race)</u> Yes
Occupation	<u>Representation: select all that apply:</u>	
Term Partial Term	Year Term Expires 2008	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name		Date Prepared
Board Member	<u>Appointment</u> ODMH	<u>Sex</u> Female
Mailing Address (street, city, state, zip)	<u>Ethnic Group</u> White	<u>Officer</u> _____ Chairperson
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Occupation	<u>Representation: select all that apply:</u>	
Term Partial Term	Year Term Expires 2008	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name		Date Prepared
Board Member		<u>Appointment</u> ODMH
Mailing Address (street, city, state, zip)		<u>Sex</u> Female
Telephone (include area code)		<u>Ethnic Group</u> White
County of Residence		<u>Officer</u> _____ Chairperson
Occupation		<u>Hispanic or Latino (of any race)</u> Yes
Term	Year Term Expires	<u>Representation: select all that apply:</u>
Partial Term	2008	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
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Board Name		Date Prepared
Board Member		<u>Appointment</u> ODMH
Mailing Address (street, city, state, zip)		<u>Sex</u> Female
Telephone (include area code)		<u>Ethnic Group</u> White
County of Residence		<u>Officer</u> _____ Chairperson
Occupation		<u>Hispanic or Latino (of any race)</u> Yes
Term	Year Term Expires	<u>Representation: select all that apply:</u>
Partial Term	2008	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
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Board Name		Date Prepared
Board Member		<u>Appointment</u> ODMH
Mailing Address (street, city, state, zip)		<u>Sex</u> Female
Telephone (include area code)		<u>Ethnic Group</u> White
County of Residence		<u>Officer</u> _____ Chairperson
Occupation		<u>Hispanic or Latino (of any race)</u> Yes
Term	Year Term Expires	<u>Representation: select all that apply:</u>
Partial Term	2008	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
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Board Name		Date Prepared
Board Member	<u>Appointment</u> ODMH <u>Sex</u> Female <u>Ethnic Group</u> White	
Mailing Address (street, city, state, zip)		<u>Officer</u> _____ <u>Chairperson</u> _____ <u>Hispanic or Latino (of any race)</u> Yes
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Occupation	<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
Term Partial Term	Year Term Expires 2008	
Board Name		Date Prepared
Board Member	<u>Appointment</u> ODMH <u>Sex</u> Female <u>Ethnic Group</u> White	
Mailing Address (street, city, state, zip)		<u>Officer</u> _____ <u>Chairperson</u> _____ <u>Hispanic or Latino (of any race)</u> Yes
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Board Member	<u>Appointment</u> ODMH <u>Sex</u> Female <u>Ethnic Group</u> White	
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Occupation	<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate	
Term Partial Term	Year Term Expires 2008	

Board Name		Date Prepared
Board Member	<u>Appointment</u> ODMH	<u>Sex</u> Female
Mailing Address (street, city, state, zip)	<u>Ethnic Group</u> White	<u>Officer</u> _____ Chairperson
Telephone (include area code)	County of Residence	<u>Hispanic or Latino (of any race)</u> Yes
Occupation	<u>Representation: select all that apply:</u>	
Term	Year Term Expires	<u>Mental Health</u>
Partial Term	2008	<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate
Board Name		Date Prepared
Board Member	<u>Appointment</u> ODMH	<u>Sex</u> Female
Mailing Address (street, city, state, zip)	<u>Ethnic Group</u> White	<u>Officer</u> _____ Chairperson
Telephone (include area code)	County of Residence	<u>Hispanic or Latino (of any race)</u> Yes
Occupation	<u>Representation: select all that apply:</u>	
Term	Year Term Expires	<u>Mental Health</u>
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		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u>
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		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate
Board Name		Date Prepared
Board Member	<u>Appointment</u> ODMH	<u>Sex</u> Female
Mailing Address (street, city, state, zip)	<u>Ethnic Group</u> White	<u>Officer</u> _____ Chairperson
Telephone (include area code)	County of Residence	<u>Hispanic or Latino (of any race)</u> Yes
Occupation	<u>Representation: select all that apply:</u>	
Term	Year Term Expires	<u>Mental Health</u>
Partial Term	2008	<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional
		<input type="checkbox"/> Psychiatrist
		<input type="checkbox"/> Other Physician
		<u>Alcohol Other Drug Addiction</u>
		<input type="checkbox"/> Consumer
		<input type="checkbox"/> Family Member
		<input type="checkbox"/> Professional
		<input type="checkbox"/> Advocate

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
Dr. Myron Fridman	210 S. Second St.	Hamilton,	45011	513-844-2089	mFridman@CommunityBehavioralhealth.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
Valerie Barth	851 Walnut St.	Hamilton	45011	513-867-5866 X103	vbarth@Forpsych.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
Ellen Harvey	5963 Boymel Dr.	Fairfield	45014	513-860-9240	eharvey@bcmhb.org

Form 3

Planned State Inpatient Bed Days

BOARD NAME Butler County Mental Health Board	
2009 Planned Use of State Inpatient Days	
Summit	4380
Summit	n/a
Summit	n/a
Summit	n/a
Total Inpatient Days	4380

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 (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:

(Name)
Executive Director
(Board)

Date: