

### III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

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*Click on box to enter Board name.*

**BOARD NAME:** Mental Health & Recovery Board of Clark, Greene and Madison Counties

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

*Click on gray box to enter text.*

In an effort to maintain a safe and healthy community, the Mental Health & Recovery Board of Clark, Greene and Madison Counties provides a cost effective and efficient system of prevention and treatment services for persons suffering from mental illness and/or addiction.

The goal of these services is to decrease the incidence and reduce the residual effects of mental illness and/or addiction while encouraging a commitment to recovery.

The Board supports a client driven system of care for residents of Clark, Greene and Madison Counties with a priority for those individuals most in need.

**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 Mental Health & Recovery Board of Clark, Greene and Madison Counties’ MACSIS benefit plan allows it the flexibility to support its priority populations and services. Some but not all of the Board’s priority populations in no particular order are Medicaid, SMD adults, SED children and other children at risk.

Individuals receiving direct treatment services, with the exception of crisis intervention provided to non-Medicaid persons, are asked to pay a portion of their treatment cost based on their ability to pay. Ability to pay is negotiated between the individual and the treatment provider and includes factors other than income and family size. Providers conduct detailed financial reviews with consumers and consider reasonable accommodations when financial hardship is documented.

Other services to priority populations in addition to crisis intervention are excluded from any copayment requirement if they are paramount in maintaining ‘at risk’ persons in their home communities or lessen the likelihood of accessing ‘deep end’ services. For example, the Board also provides residential treatment, supported housing, community residence and psychiatric emergency services to make sure priority populations have access to necessary supports in the community to avoid unnecessary state hospitalizations, local inpatient hospitalizations or criminal justice stays. The business rules in MACSIS for the aforementioned services are not mentioned for Clark, Greene and Madison in Appendix 5 of the Community Plan Guidelines because they are neither explicitly

included nor excluded in any specific business rule. However, the same effect results when said services are not listed in the business rules for copayment percentages.

The Board's extant business rules serve it well and allow the Board the flexibility to provide for both Medicaid and non-Medicaid populations; priority and non-priority groups; and mental health and alcohol and drug consumers.

## **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.*

There are four Drop-In Centers within the Board region, operated by local NAMI chapters. The Drop-In Centers offer peer support services, and meals. Two Drop-In Centers have Hygiene Clinics that provide personal hygiene services including salon services, personal hygiene services, and laundry services. A significant trend is the consistent annual increase in the number of consumers participating in the four Drop-In Centers. NAMI provides NAMI Family to Family training, Peer Support Groups, and in FY 2008 initiated a faith-based support group in conjunction with Wittenberg University. NAMI of Clark County initiated a new staff position in FY 2007 – Director of Consumer Relations – which has been filled by a consumer. This position ensures that consumers are being served by NAMI of Clark County in the manner in which they want to be served. The Director of Consumer Relations has accomplished this by ensuring that he is on the “pulse” of the needs of individuals with mental illness in the community by administering surveys, conducting interviews, and spending time with other consumers. Elderly United's Coordinated Assessments and Resources for the Elderly (CARE) Program has a long history of offering peer support services. The Network of Care website is operational and assisting consumers in managing their recovery.

## **2.1 Recovery Supports: Housing**

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

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

Click on gray box to select answer.

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

Click on gray box to select answer.

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

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

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

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

e. Do you have wait lists for HAP?

Click on gray box to select answer.

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

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

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

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

Click on gray box to enter number.

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

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

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

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

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

*Click on gray box to enter number.*

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

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

*Click on gray box to enter text.*

118 adults with severe mental illness have identified themselves as homeless during administration of the Adult Consumer Survey in the Ohio Outcomes System in SFY 2007. The Board accepts this estimate as fairly accurate when using a broad definition of homelessness (not the HUD definition of Homelessness or Chronically Homelessness), which includes "doubling up" with family/friends. The 2007 Ohio Point-in-Time Count of Homeless indicated a much smaller number (37) but applied the HUD definitions.

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

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

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

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

*Click on gray box to enter number.*

Homeless persons with SMI	<b>2.1.kb</b>
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**k.c.** Is there anything else important to know about the current state of housing strategies and services in your Board area?

*Click on gray box to enter text.*

Hyden Consulting, Inc. was retained by the Board to develop a Housing Plan for the Board's three county area. The plan was delivered to the Board in July 2007. To develop the plan Hyden made use of one to one interviews with key staff within mental health contract agencies, local housing authorities, local Departments of MR/DD, and respected housing organizations within Ohio. Hyden also utilized group meetings of consumers and family members (i.e. NAMI of Clark, NAMI of Greene County); research generated by several housing organizations and organizations relevant to housing for individuals with mental illness (i.e. Emerald Development & Economic Network; Community Housing Network, Inc.; Mental Health Services for Homeless Persons – Cleveland; Ohio Coordinating Centers of Excellence; Mental Health Housing Leadership Institute; Mercy Housing Network) as well as published reports of housing related issues (e.g. Preventing Homelessness and Promoting Housing Stability: A Comparative Analysis, 2007. The Boston Foundation and the Center for Social Policy, University of Massachusetts).

The Housing Plan includes the following:

- 1. Build and/or rehabilitate 80 units of Permanent Housing with Supportive Services – 40 in Clark County, 30 in Greene County and 10 in Madison County.**
- 2. Build another Bridgehouse in Clark County and a new Bridgehouse in Madison County.**
- 3. Build Housing Capacity of existing providers.**
- 4. Develop a Supportive Services capacity.**
- 5. Involve providers and consumers in planning and develop timelines and action steps.**
- 6. Explore partnerships and collaborations with non mental health agencies and organizations to increase options and funding opportunities.**
- 7. Develop a Home Ownership program.**
- 8. Explore and experience first hand what others are doing in Ohio.**

The Board has adopted the Housing Plan and has started implementation of the plan but will need to do this incrementally over the next several years. Specific timelines have not yet been established.

## **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 number reported in Appendix B is correct.

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.*

2.2.aa

a.b. If the information in Appendix B is inaccurate, what was the number of full-time and part-time employed persons with SMI served by the Board in SFY 2007?

*Click on gray box to enter number.*

Employed persons with SMI 2.2.ab

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

*Click on gray box to enter text.*

- Consumers are referred to RSC
- CPST activities include service planning and coordination in relation to employment
- Agencies directly employ consumers to provide various services in the agencies.

**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.*

There are a number of activities related to resilience supports including strategies for school success, early childhood consultation and treatment, Triple P, NAMI Hand to Hand, ABC and FAST, and Incredible Years. The Incredible Years Program has received particular community-wide support in Madison County to bolster school readiness for participants. Madison County

Department of Family and Children, a partner of MHRB, hosted training for parent facilitators for the Incredible Years Parenting Groups. Twenty-six county personnel attended the three-day training. In addition, 23 Madison County teachers/service providers participated in a one-day Dina Program training and 9 teachers/service providers attended an additional Incredible Years training program in. Six Incredible Years 12-week sessions have been provided at various locations. A total of 43 parents and 37 children were served in FY2007. The Madison County Department of Family & Children continues to expand support of the Incredible Years Program in FY2008.

Strategies for school success include school based mental health services funded through a Federal Safe School / Healthy Students grant, School based mental health services as a collaborative funding effort through the MHR Board, a county ESC, and local school districts, and The Good Behavior Game. Staff from several agencies are trained in Triple P.

Our NAMI affiliate receives significant funding from the Board and operates in all three of our counties. In addition to providing Hand to Hand and Parent to Parent program, NAMI also operates four consumer drop-in centers which employ consumers.

Although funded by AOD dollars, the MHRB partners with Juvenile Court, and Family Councils to support and expand the Strengthening Families Program to prevent court involvement by building resiliency in youth. The Strengthening Families Program has been designated a Model Program by the Substance Abuse and Mental Health Services Administration. The program seeks to bolster individual, family, peer, and school protective factors through enhancing family relationships, parenting skills, and youth's social and life skills. Juvenile Court has partnered with stakeholders other than mental health to provide additional training and expansion of programming throughout Greene County. In Madison County, 14 local providers attended Train the Trainers events in FY2007 to implement the Strengthening Families Program. To date, 17 parents and 23 youth have participated in the groups. Anecdotally, one teen enjoyed the sessions so much that she paid her father to attend them with her. Clark County Educational Service Center also has successfully implemented Strengthening Families in FY2007 and offers booster sessions in FY2008 for last year's participants. In FY2007, 40 families participated with approximately 80-90 youth. The overall response from participants was very positive, with one family indicating they would continue meeting together on the days the sessions were scheduled to have ongoing "family fun nights". Representatives from all three counties meet with Board staff and Darlene Campbell from Applied Research (Miami University) to develop a pre and post survey that aligns with SAMHSA NOMs and Board target areas.

Paul VanderSchie, President/CEO of the MHRB was honored with an Outstanding Leadership Award from the Ohio Educational Service Center Association on November 12, 2007 for his contribution to school success by placing mental health professionals in the schools through the Greene County Educational Service Center.

### **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 number reported 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.*

	<b>3.1.aa</b>
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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.*

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

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

**a. Inpatient Care**

*Click on gray boxes to enter numbers.*

Board Purchased Inpatient Care	FY 06 Bed Days	FY 07 Bed Days	FY 06 Admissions	FY 07 Admissions	<b>4.a</b>
State Hospitals	1468	1019	39	37	
Private Psychiatric Hospitals: Adults	891	992	159	193	
Private Psychiatric Hospitals: C&A	0	7	0	1	

**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.*

Mental Health Services for Clark and Madison Counties operates a 16 bed inpatient unit. The Board signs a contract with Mental Health Services for Clark and Madison Counties at the beginning of the fiscal year based upon historical data for a total allocation that includes reimbursement for indigent care. The Board also has a contract with TCN Behavioral Health Services, Inc. for managing indigent inpatient	<b>4.ba</b>
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care at Greene Memorial Hospital.

There are no standing contracts for child and adolescent psychiatric beds. Because requests are infrequent, contracts between the MHRB and private child/adolescent psychiatric hospitals are developed and implemented as needed.

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

*Click on gray box to select answer*

Yes	<b>4.bb</b>
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**5. Residential Treatment Centers (RTCs).**

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

*Click on gray box to enter number.*

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

*Click on gray box to enter number.*

≈49 C&A Consumers place out of county in SFY 07	<b>5.b</b>
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**c.** How many of the C&A consumers identified above involved Board participation in the placement decision?

*Click on gray box to enter number.*

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

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

Use is increasing	Use is about the same	Use is decreasing	5.d
<input 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 increasing number of Medicaid providers statewide and the unbundling of room & board and treatment cost for RTCs has significantly increased the overall cost of residential treatment by 341% incurred by the Board from 2000-2007. A trend in SFY 2007 and in prior years, suggests that county collaboratives, with whom the MHRB participates, are less able to meet the needs of children/youth through treatment foster care homes, making residential placement more likely. Overall,	<b>5.e</b>
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female youth appear far less likely to be placed in out of county RTCs compared to male youth in SFY 2006 and SFY 2007. Female youth out-of-county placements decreased from SFY 2006 to SFY 2007, while out-of-county male youth placements slightly increased during the same time period.

Specifically, with MHRB funding in SFY 2007: 1) Clark County placed 25 children/youth in RTCs for a cost of \$1,051,154; 2) Greene County placed 16 children/youth in RTC placements for approximately \$450,000; and 3) Madison County used funding for one RTC placement for \$4,000. Thus, 42 children/youth were placed in RTCs in the MHR Board Interagency Review/Residential Review Process with Family Councils for \$1,239,420 in SFY 2007.

The challenge in tracking RTC placements arises when other entities (e.g., court, children's services) send youth with mental health needs to RTC placements outside of the collaborative placement process mentioned above. Likewise, confidentiality is a barrier to releasing and tracking these placement records. The unbundling of RTC treatment costs and the lack of residential-specific services through MACSIS further complicates this picture since most residential treatment providers also provide outpatient services.

## 6. Crisis/Emergency Care.

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

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

Service Area	Service Available?	6.a.1
24/7 Hotline	<input checked="" type="checkbox"/>	
Warm Line	<input type="checkbox"/>	
<b>Adult Consumers</b>		
24/7 On-Call Staffing by Psychiatrists	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input checked="" type="checkbox"/>	
Crisis Care Facility	<input checked="" type="checkbox"/>	
Hospital Emergency Department with Psychiatric Staff	<input checked="" type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	<input checked="" type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input checked="" type="checkbox"/>	
Other (Please Specify):	<input type="checkbox"/>	
<b>Child &amp; Adolescent Consumers</b>		
24/7 On-Call Staffing by Psychiatrists	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input type="checkbox"/>	
Crisis Care Facility	<input type="checkbox"/>	
Hospital Emergency Department with Psychiatric Staff	<input type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	<input checked="" type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input 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	1390	1470	
Children & Adolescents	0	0	

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

*Click on gray box to enter text.*

TCN Behavioral Healthcare, Inc. and Mental Health Services for Clark and Madison Counties both provide extensive crisis care services for the Board area. Creekside Residential Program, which has a total of 11 beds, “reserves” 5 beds to be used as crisis beds. Bridgehouse, which has a total of 9 beds has the ability to utilize all 9 as crisis beds if necessary. Both programs are utilized as needed as a “step-down” from hospitalization (both

public and private) or as an alternative to hospitalization, as clinically indicated. The use of these beds provides flexibility in meeting the needs of the consumers served in the Board area. Both TCN Behavioral Healthcare, Inc. and Mental Health Services for Clark and Madison Counties are encouraged by the Board to provide the necessary services to consumers to prevent crisis situations from occurring and are provided some funding to help offset the cost (e.g. temporary housing in a motel, transportation to access family support) of these services.

There are no MHRB standing contracts for child and adolescent crisis beds. However, the MHRB purchases respite beds through the Interagency Review/Residential Review Process for youth in crisis on an as-needed basis.

Greene County adult and child/youth agencies collaborate to manage crises and conserve resources after business hours. Thus, the adult agency covers after-hours crises in consultation with the child/youth agency. Moreover, the MHRB contracts with the Greene County Educational Service Center to provide school-based mental health services, including extensive crisis responses in all 7 school districts, and county-wide through the alternative high school, outdoor education middle school program, an SED program, and alternative technical/career high school. In Clark and Madison Counties, the primary mental health provider manages crises for both adults and children/youth. A Safe Schools/Healthy Students grant in Springfield City Schools (Clark County) also funded school-based mental health services, including crisis response, for the past two years. There is guaranteed Safe Schools/Healthy Students funding through the end of FY2008 and anticipated partial funding through SFY2009.

In addition, CIT curriculum available to law enforcement throughout the board region includes sessions on managing crises for adults and sessions specific to managing children/youth with mental illness in crisis.

**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 Mental Health and Recovery Board of Clark, Greene and Madison Counties has partnered with local police departments to provide Crisis Intervention Team (CIT) Training since FY 2007. The training has been held at Greene County Career Center due to its Criminal Justice Training program and accessible adult education program. Local law enforcement agencies, Mental Health/AOD Providers, and the Board have identified key staff members who plan and facilitate the CIT training. The first local CIT training produced 18 law enforcement graduates. This first training was not able to include any officers from Madison County and wasn't able to provide the opportunity for individualized "Ride-Alongs". The second local CIT training produced 22 law enforcement graduates, which included 1 officer from Madison County. The second training was also able to provide individualized "Ride-Alongs" for all participants. NAMI has asked to have a stronger planning role for future CIT Trainings. Participant feedback has produced good suggestions to improve future trainings. Moreover, an article about CIT, including an interview with MHRB staff, was published on Friday, November 16, 2007 in the *Springfield News-Sun*.

### **2. Disaster Preparedness**

*Click on gray box to enter text.*

The Mental Health & Recovery Board has established a Disaster Recovery Plan to be

implemented as needed to assist in the restoration of any loss of data. All employees must be familiar with the contents of this plan and follow its guidance, as appropriate, in a disaster. Disasters are classified as follows:

Type I Disaster - minimal equipment failure

Type II Disaster - computer room damaged must relocate within current building

Type III Disaster - facility damaged must relocate to another building

1. Preventive Measures:

- Back up computerized files according to Board's data backup plan and store most recent backup tapes off-site.
- Put servers, hubs, and routers on uninterruptible power supplies.
- Ensure security system monitors entire facility for intruders, fire, and other damage with emphasis on main computer room.
- Install independent air conditioner and humidity control in main computer room.
- Enter into a *Disaster Recovery Agreement* with the Montgomery County ADMHS Board to gain access to the MACSIS system from that entity's offices

2. High-Priority Disaster Recovery Tasks:

- Contact the Board's agencies and employees and disclose the extent of the damage. Provide a rough estimate of down time. Establish communication channels with Agencies, ODMH, ODADAS, and other boards.
- Contact the Board's Insurance Company and disclose the extent of the damage, if applicable.
- Contact fire, water, and storm damage restoration company, if applicable. Contract for services as needed.

3. Type I Disaster Recovery Tasks:

- If one or more servers are down and need replaced, contact Hardware & Software vendors.
- If MACSIS operations are disrupted, contact the Montgomery County ADMHS Board to gain access through its connection to the State's systems
- Contact Telecommunications vendors to restore communications, T1 lines, and phone systems, if necessary.
- Meet with staff to identify opportunities for system improvement.

4. Type II Disaster Recovery Tasks:

- Temporarily move salvageable equipment to another part of the building. If one or more servers are down and need replaced, contact hardware & software vendors.
- Contact Telecommunications vendors to restore communications T1 lines and phone systems. If necessary, temporarily relocate T1 lines.
- Contract with wiring company to temporarily reconnect the Wide Area Network.
- If MACSIS operations are disrupted, contact the Montgomery County ADMHS Board per the Board Disaster Recovery Agreement.
- Meet with staff to identify opportunities for improvement.

5. Type III Disaster Recovery Tasks:

- Move salvageable equipment to 1101 East High Street computer room temporarily. If one or more servers are down and need replaced, contact Hardware & Software vendors
- Contact Telecommunications vendors to relocate communications T1 lines and set up phone systems.
- Contract with wiring company to temporarily reconnect the Wide Area Network.
- If MACSIS operations are disrupted, contact the Montgomery County ADMHS Board per the Board’s Disaster Recovery Agreement
- Meet with staff to identify opportunities for improvement.

In addition to the Board’s Disaster Recovery Plan related to the loss of data, representatives from the Board and various contract agencies are involved with both Clark and Greene Counties’ Emergency Management Associations. In the event of a county/region wide disaster, the EMA would implement its plan.

What are your estimates of staff for the following areas?

*Click on gray box to enter number.*

	Local Disaster Response	Statewide Disaster Response	<b>6.c.2</b>
Trained	12 county wide	3 county wide	
Currently Available	12 county wide	3 county wide	

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

*Click on gray box to enter text.*

For secondary and primary schools in Clark County, the MHRB is participating in coordinating and improving a Disaster Response Plan for Springfield City Schools. School-based Mental Health Services in Greene County participate closely in crisis response activities for all public schools throughout the County’s eight school districts and alternative schools. For example, trained crisis response teams of mental health therapists plan, bring supplies, and respond on site to support students and staff whenever there is an identified crisis, such as a student or faculty death. Because of proximity to Wright Patterson Air Force Base in Greene County, many school-age youth and staff members come from military families, which also present opportunities for crisis work within the school setting (especially in a time of war). Mental health school based staff also inform ongoing quality improvement activities for disaster preparedness. Furthermore, disaster preparedness in school settings also includes suicide prevention efforts in primary and secondary schools as well as at local Universities and Colleges. Both Clark and Greene County Suicide Prevention Coalitions

include therapists, psychiatrists, and psychologists from Wittenberg University and Wright State University, respectively. Additional faculty members have been recruited from other local Colleges and Universities to coordinate the suicide prevention efforts. Among others a survivor of suicide and active member of the Yellow Ribbon Program informs both Coalitions to coordinate public awareness efforts throughout the middle and high school populations.

**7. Outpatient Services.**

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

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

**a.1. Adult Intensive Care**

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

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

**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 Board has focused its attention on Intensive CPST Services as a means of preventing psychiatric decompensation which often leads to the need for hospitalization. Although the Board area doesn’t have “designated” Intensive CPST Services, all CPST service providers have the capacity to temporarily increase intensity of services for individual consumers when

indicated. This increase is done via a team approach ensuring that all consumers continue to receive the level of services needed. There is no waiting list for CPST services – all consumers who need the services are able to access them. Although the Board area doesn't have a "designated" Intensive Pharmacological Management Service, a Walk-In Clinic is provided to accommodate unscheduled and/or unanticipated pharmacological needs of consumers at TCN Behavioral Health Services in Greene County.

**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 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 (Time limited)	<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"/>	
PH Prgm. Type II (School-based)	<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"/>	
PH Prgm. Type III	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Therapeutic Pre-School (PH)	<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"/>	
Intensive CPST	<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"/>	
Intensive Pharm. Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Functional Family Therapy	<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"/>	

**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.

A recent ODMH grant was awarded to a Clark County agency to provide Intensive Home-Based Therapy within an existing Multi-Systemic Therapy (MST). Moreover, the agency has over two years experience in implementing MST. This grant aims to restructure the MST services to focus more intensely on shortening residential stays by preparing families or potential foster families to reintegrate youth into the family system and community. MST services also strengthen the family system to prevent youth residential placement. In summary, two thirds of the MST program focuses on preventing youth residential placement, while approximately one third of the program aims to shorten the length of youth residential placements and prepare the family prior to youth residential

discharge.

Partial Hospitalization programming has been a focus area of the MHRB in order to divert youth from hospitalization or residential placement as well as to provide a less restrictive level of care to youth transitioning from hospitalization or residential stays. Furthermore, Partial Hospitalization programs work collaboratively with the local, city, and alternative schools to determine appropriate levels of care for youth as they are able to transition out of Partial Hospitalization programming.

The MHRB has focused on, and continues to monitor, increasing access to timely youth psychiatric services. Moreover, intensive pharmacological management is available to youth as a component of Partial Hospitalization programming.

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

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

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

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

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

**b.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.*

The utilization of Advanced Practice Nurses has greatly expanded the ability to offer Pharmacological Management services. CPST Services (along with Intensive CPST Services) continue to be a focus of the Board as a means to prevent psychiatric decompensation which often leads to hospitalization. The Board has encouraged the use of Best Clinical Practices within Outpatient Services which increased the quality of care for consumers. In all three counties both mental health and alcohol/drug treatment providers have had training in Motivational Interviewing. Trainers recommended by the SAMICCOE worked with agency staff on the implementation of Motivational Interviewing principles in a variety of settings. This was particularly helpful to staff who are engaged in implementing IDDT in Clark County.

### **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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input 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 type="checkbox"/> <input 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 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 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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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"/>	
CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input 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.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.

Increasing access to services for children and youth has been a focus of the MHRB in addition to reducing reliance on inpatient and residential care. In fact, two Greene County agencies are dedicated solely to providing child/youth services. MHRB support of school-based mental health services in the board region has also increased accessibility of mental health services as well as reduced the stigma of receiving mental health services by providing services within the context of the natural school environment.

Greene County MHRB agencies have developed increased capacity to work with children and youth with attachment problems through an Access to Better Care initiative. This grant funded increased training, support, and clinical supervision for clinicians to employ the evidence-based model, Dyadic Developmental Psychotherapy (DDP) as presented by Dr. Becker-Weidman. DDP is a family-based model that enhances a number of service categories listed above, such as Diagnostic Assessment (Non-physician), Behavioral Health Counseling/Psychotherapy, and CPST.

In addition, the Good Behavior Game, a best practice candidate, has been introduced with great success in Greene County schools by the school-based child/youth serving agency. This agency was awarded a grant through the Center for Learning Excellence to introduce classroom strategies by training clinicians and teachers to reduce disruptive behaviors, promote prosocial behavior, reduce special education placement, and reduce problem behavior associated with AD/HD and other disruptive behavior disorders in children and youth. The school-based agency continues to work with schools and other community partners to train teachers and administrators to employ this low-cost, easy to use positive behavior support model. The service categories most affected by the Good

Behavior Game are CPST and consultation (used to reduce further referrals for traditional treatment in children/youth).

**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.*

For children and adolescents, Multi-Systemic Therapy (MST) is a best clinical practice available in Clark County since October 2005. The provider, Oesterlen Services for Youth, has been granted Intensive Home-Based Therapy certification by the Ohio Department of Mental Health in October 2007. An Intensive Home-Based Therapy ODMH ABC Grant award is augmenting MST practice by The MHRB is fortunate to be the recipient of an ODMH ABC Grant for Intensive Home-Based Treatment. IHBT will be a critical asset to MST during the 18 months for which it is funded by aiming to reduce the residential length of stay for youth and improving the re-entry transition into the community after residential stays. Research on MST demonstrates increased family functioning, decreased delinquent behaviors, decreased drug and alcohol use, and decreased peer aggression for participants. Moreover, the Center for Innovative Practice has reviewed the MST program implementation biennially and documented a steady increase in outcome success and model fidelity. The MHRB has been instrumental in supporting the development of and sustaining local support for Clark County's MST Program.

Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Motivational Interviewing are all examples of Clinical Best Practices being used with Adults. Within the past year there have been some specific consumer requests for clinicians who are trained to provide a specific clinical practice, such as Dialectical Behavior Therapy. It is anticipated that as consumers become more aware of specific interventions and best practices, these requests will continue.

**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:*	8.6	<b>8.a</b>
CPST FTEs:CPST FTEs:CPST FTEs:CPST FTEs:CPST FTEs:CPST FTEs:CPST FTEs:	53	
Counselor/Therapist FTEs:Counselor/Therapist FTEs:Counselor/Therapist FTEs:Counselor/Therapist FTEs:Counselor/Therapist FTEs:Counselor/Therapist FTEs:Counselor/Therapist FTEs:	110	

\*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:*	3	<b>8.b</b>
CPST FTEs:CPST FTEs:CPST FTEs:CPST FTEs:CPST FTEs:CPST FTEs:CPST FTEs:	11	
Counselor/Therapist FTEs:Counselor/Therapist FTEs:Counselor/Therapist FTEs:Counselor/Therapist FTEs:Counselor/Therapist FTEs:Counselor/Therapist FTEs:Counselor/Therapist FTEs:	51	

\*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.*

Several years ago the Board identified the need for additional Psychiatric coverage in all of the counties in our region. Board staff worked closely with agency staff to identify and recruit candidates. The efforts were successful and several new Psychiatrists have been hired. Additionally the Board and agency jointly conduct a number of clinical trainings designed to expand service providers’ clinical training, expanding their scope of practice and enhancing job satisfaction. Examples of this include Motivational Interviewing and Post Traumatic Stress. In addition, Crisis Intervention Team (CIT) Training of numerous local law enforcement officers has positively impacted the job satisfaction of Community Psychiatric Support Treatment (CPST) staff due to the increased understanding/support they now have in the local communities. CPST staff report the development of some strong collaborative working relationships with specific law enforcement officers that would not have occurred without the CIT Training.

**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.*

Judge Beth Root of the Fairborn Municipal Court has implemented a mental health docket. This was achieved via collaboration by the area municipal prosecutors, the public defender’s office, TCN Behavioral Healthcare, Inc., the Board, the Municipal Court Probation Department, and the local bar association. This practice is being considered by other area judges as well.

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

*Click on gray box to enter text.*

A mental health-juvenile court liaison position has been developed for Greene County to provide consultation, assessment, and brief treatment. Although funded by AOD dollars, Juvenile Court has implemented and expanded the Strengthening Families Program to prevent court involvement and as a component of the diversion program. The Strengthening Families Program has been designated a Model Program by the Substance Abuse and Mental Health Services Administration. The program seeks to bolster individual, family, peer, and school protective factors through enhancing family relationships, parenting skills, and youth’s social and life skills. Juvenile Court has partnered with stakeholders other than mental health to provide additional training and expansion of programming

throughout Greene County. Strengthening Families staff, Board staff, and Darlene Campbell from Applied Research (Miami University) have developed a pre and post survey that incorporates questions from the program survey and designates items that are indicators of Board targets and SAMHSA NOMs.

Likewise, a good working relationship has formed between mental health and the Clark County Juvenile Court through the development of a Mental Health Court. For example, a clinical case review team is held to examine cases and referrals as a component of Mental Health Court. Such referrals include the Strengthening Families Program (funded by AOD dollars). Madison County also successfully implements the Strengthening Families Program.

**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.*

Both the Clark County Jail and the Greene County Jail and Adult Detention Center have a long history of on-site mental health and AOD services, including Diagnostic Assessment (both Physician and Non-Physician), Pharmacological Management, Behavioral Health Counseling and Therapy (both Individual and Group), Community Psychiatric Supportive Treatment (Individual), and Consultation. The Board has provided funding for a dedicated liaison position for the Tri-County Jail, which serves Madison County, which is still in recruitment phase.

### 2. Detention Centers

*Click on gray box to enter text.*

The mental health-Greene County Juvenile Court liaison position was founded prior to the development of the community-based child/youth serving agency in 2000. At present, the child-serving agency continues to serve youth in the detention center through the liaison position. The school-based mental health agency in Greene County has also developed a good working relationship with the Detention Center and the court-referred Residential Treatment Program. As aforementioned, the Mental Health Court interfaces with the Detention Center to review cases and provide appropriate community-based referrals.

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

*Click on gray box to enter text.*

TCN Behavioral Healthcare, Inc. and Mental Health Services of Clark and Madison Counties have a long history of collaboration with local shelter resources for homeless individuals and families. Communication is frequent and effective, helping to ensure that the mental health needs of homeless individuals and families are being addressed. The Board has had contracts with the local Domestic Violence shelters for several years to fund mental health services. The local shelters are both under new leadership and as a result are currently in the process of self-evaluation. In SFY2007, one youth from the Board region was served by DayBreak, an outpatient mental health certified and runaway shelter in Dayton.

### 3. Nursing Homes

*Click on gray box to enter text.*

Elderly United's Coordinated Assessments and Resources for the Elderly (CARE) Program and TCN Behavioral Healthcare, Inc. are both providing mental health services to individuals residing in local nursing homes, such as diagnostic assessment, pharmacological management, and consultation. The anticipated increased need in the future for mental health services to older adults residing in nursing homes, as well as in the community, has been a concern for the Board and its long range

planning. Depression, associated with other chronic health conditions, is the primary need being identified in local nursing homes.  
The MHRB coordinates with agencies throughout the board region and the Ohio Department of Mental Health to provide Pre-Admission Screening and Resident Review consultants (PASARR) to hospitals and nursing homes as needed.

#### 4. Prison Reentry

*Click on gray box to enter text.*

In October 2007 staff from the MHRB, Mental Health Services for Clark and Madison Counties, and TCN Behavioral Services met with Community Linkage staff from the ODMH Office of Forensic Services. Community Linkage staff were able to provide critical information to contract provider agencies who provided Community Linkage staff with specific contact persons in the two agencies as well as a specific MHRB contact person. Board and agency staff were updated on plans to improve linkages upon release from prison. A problem-solving discussion of how to meet the needs of individuals in reentry generated some responses that have the potential to improve the experience for both the individual and the provider.

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

*Click on gray box to enter text.*

Rocking Horse Center in Clark County provides integrated physical and mental health care, with a goal of providing comprehensive care to children/youth regardless of ability to pay or insurance status. Rocking Horse Center contracts with the MHRB as a Medicaid-only service provider. The continuum of care includes developmental, physical health, behavioral health, and family support services. Education, crisis intervention, consultation, and links to community resources are provided for many low-income patients. Education activities include age-appropriate development, health promotion, and early intervention. Speech, physical, and occupational therapists are available in addition to medical and psychiatric care. Child and family mental health therapists see approximately 100 children and families each week to address school and emotional issues. Therapists are trained in evidence-based practices such as Dyadic Developmental Psychotherapy and Parent-Child Interaction Therapy. Recently, Rocking Horse Center was awarded two grants by the Ohio Department of Mental Health, one for Maternal Depression and the other for Early Childhood Mental Health Treatment.

Rocking Horse Center aims to expand service delivery to incorporate adults in the future.

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

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

*Click on gray box to enter text.*

#### **a. Suicide Prevention:**

1. The **Clark County** Coalition is in its second year and has received a mini-grant of \$5,000 to implement the strategic plan developed in FY2007. A greater priority in SFY 2008 has been given to increase coalition member consistency, involvement, and output. Coalition members have committed to sustainability of its efforts. Moreover, the coalition is recruiting a survivor of suicide to inform its practice. The public awareness campaign targets white males (ages 25-65) who may be depressed and/or suicidal. The greatest number of suicides in Clark County has occurred around the city of Springfield. Thus, the campaign will concentrate in and around Springfield, through billboards, wallet cards, and posters (January 2008). Additional gatekeeper training for community

members likely to interact with the elderly will occur in March 2008;

2. **Greene County** received a strategic planning grant of \$7,500, recruited a core coalition group, and drafted a strategic plan. The strategic plan aims to develop a speaker's bureau of local experts to provide gatekeeper training to child-serving agencies, schools, and parents. Partnership with the Wright State School of Professional Psychology will yield clinical training for assessment and intervention for Greene County clinical staff. An additional public awareness strategy targets middle-aged men, since the majority of suicides in Greene County have been from this population. Moreover, the coalition has recruited a survivor of suicide to inform its practice; 3. The MHRB aims to apply for and secure strategic planning funds in SFY2009 for **Madison County**.

**b.** Successful implementation of the Strengthening Families Program has occurred throughout the board region.

School-based mental health prevention, education, and consultation are also an integral component in Clark & Greene Counties' continuum of care.

- 11. Cultural Competency:** *Discuss achievements and trends in any of the following areas:*
- a. Consumer satisfaction with services and staff
  - b. Staff recruitment
  - c. Staff training.
  - d. Addressing disparities for cultural groups in access and outcomes
  - e. Other

*Click on gray box to enter text.*

The MHRB believes that all clinical encounters are cross-cultural; therefore, it is critical that systems of care and individuals working within the system of care are effective in interactions involving individuals of different cultures. The MHRB supports the position that one cultural view is not preferred or more accurate than another. This is accomplished through the following practices, though not limited to them:

- Demonstrating respect;
- Understanding how the consumer makes sense of the world;
- Knowing the socio-cultural context;
- Mitigating status differences; and
- Making sure the consumer feels heard and understood.

All contract provider agencies of the MHRB follow the ODMH standards as well as the standards of national accrediting bodies. The MHRB attempts to provide opportunities for staff and administrators to obtain expertise in dealing with a variety of cultures through training opportunities. The MHRB is keenly interested in educating the community about mental illness and cultural competency. To that end the MHRB is working with the Exhibition Alliance to bring the Willard Suitcase Project to Springfield in the summer of 2009.

**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.*

**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.*

It has been the practice of the MHRB to work with community partners in the area of needs assessment. This usually involves monetary and staff support to the lead community agency conducting the needs assessment. Most commonly the lead agency is the Family and Children First Council. This collaborative partner approach allows for participation by the primary public social service agencies in the community and allows the MHRB to obtain feedback from the larger population. MHRB staff attend regularly scheduled meetings of the Family and Children First Council in all three counties and have significant input into the shaping and final design of the needs assessment process, from determining questions to be asked to ensuring diversity of focus groups. Further, on an annual basis, the MHRB members and staff have ample opportunity to engage provider agencies in determining priorities based on information contained in the Agency Allocation Request. It is not uncommon for MHRB staff and provider agency staff to meet several times before making final decisions regarding services and allocation amounts. It should also be noted that MHRB staff regularly review both fiscal data and program data from provider agencies on monthly and quarterly time frames. The MHRB is fortunate to have access to a local data base developed internally by staff to view agency specific data that is regularly updated. This allows MHRB staff to recognize trends and emergent service needs quickly and efficiently. A specific time is set aside at each meeting of the MHRB for audience participation, a time when anyone (consumers, family members, provider agencies, sister agencies, etc.) can speak. The MHRB holds one Consumer and Family Satisfaction open forum in each county each year. Information from these events is incorporated into planning. One to two MHRB members attend these forums. The MHRB staff is available for a Brown Bag lunch at each of the Drop-In Centers on a quarterly basis throughout the year. This is a time for consumers and agency staff to join the MHRB staff and chat informally about concerns, problems, successes, ideas for improvement, etc. Again this information is collected and becomes a part of the appropriate planning initiative at the MHRB.

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

Please refer to “Planning Terms” in Appendix C.

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

*Click on gray box to enter text.*

The MHRB uses a variety of formal and informal processes to make determinations about priorities and investment of resources. The most common means for making these decisions occur in both informal and formal conversations with provider agencies, community partners and other social service systems, consumers, and among MHRB staff. The most formal method is the agency allocation process. In the spring of each year, the MHRB provides agencies with a template for providing information about service plans and budget needs for the coming fiscal year. Because the MHRB is a multi-county Board and because agencies in the different counties display different levels of maturity as providers, we must be attentive to the needs of each county, making priorities county-specific in many cases. The MHRB staff customarily will, after internal review of the agency allocation request from an agency, meet several times with the agency staff and discuss the content of the plan. The results of these meetings go the Board committees in the form of presentations and motions for approval of services and budget. Upon approval of the appropriate

committee, the motion goes to the full Board for approval.

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

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

*Click on gray box to indicate priority level.*

**2.a. EMPLOYMENT\***

Priority:

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

The MHR Board will explore ways to develop and expand consumer employment using evidence-based supportive employment models such as “Choose-Get-Keep”..

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

Strategies include ongoing discussions with provider agencies regarding the “Choose-Get-Keep” model and interfacing with employment resources in local communities.

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

The MHRB will offer a training initiative on “Choose-Get-Keep” and work toward implementation of this model in at least one county during FY 2009.

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

In their review of the FY 2009 ODMH Community Plan, MHRB members laid the foundation for support of the “Choose-Get-Keep” model and encouraged study and implementation of the model in the coming fiscal year.

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

Priority:

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

The MHRB will explore the Wellness Management & Recovery model and increase awareness of the model among MHRB members and appropriate providers.

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

Strategies will include presentations of the model followed by discussions.

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

Provide training for MHRB members and appropriate agencies and staff on Wellness Management & Recovery.

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

**2.c. HOUSING**

Priority:  High

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

The MHRB will encourage increased consumer participation in Section 8 vouchers and other public housing opportunities.

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

The MHRB will develop targets for selected agencies to increase use of Section 8 vouchers and other public housing opportunities through the Agency Allocation Process. MHRB staff will conduct a thorough review of allocations among providers in the area of housing with the aim of standardizing categories and payments for housing subsidies paid by the Board. This will result in the development of recommendations for improvement.

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

1. Increase consumer participation in Section 8 vouchers in Clark County.
2. Develop plan for ongoing housing development in Greene County, including property transfers from MHRB.

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

Continue MHRB participation with local housing entities.

*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.*

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

*Click on gray box to enter text.*

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

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

*Click on gray box to indicate priority level.*

**3.a. SCHOOL SUCCESS**

Priority:

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

It is the goal of the MHR Board that behavioral health problems not significantly interfere with children's ability to learn and be successful in school.

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

School based mental health workers will be available to assist students, parents, and school staff address the behavioral health needs of students.

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

The program initiated through the Safe Schools / Healthy Students Federal Grant in Springfield will continue in some capacity in FY2009.  
The MHRB will continue to support school based social workers and juvenile court liaisons in Greene County.

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

### 3.b. EARLY CHILDHOOD CARE

Priority:  High

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

Early Childhood mental health consultation and treatment will be available to the degree it is affordable to the MHR Board.

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

The Early Childhood Mental Health Consultation and Treatment programs will either continue or be developed and will provide appropriate services.

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

The Early Childhood Mental Health Treatment program, funded through a ODMH grant, will be developed and operational in FY2008.

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

### 3.c. TRANSITION AGE CARE

Priority:  Low

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

The MHRB will investigate transition-aged services throughout the board region.

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

Determine local needs for transition-aged youth and accessibility of current programming available.

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

1) Determine baseline service availability for transition-aged youth by contacting provider agencies and other community stakeholders; and  
2) Document baseline youth outcomes for 16-24 year olds in Clark, Greene and Madison Counties.

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

Engage stakeholders and contract agency representatives to discuss formal and informal collaborations employed to support transitional-aged youth.

*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.*

**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	1,278	25
Private Psychiatric Hospitals: Adults	1000	195
Private Hospitals: Children & Adolescents	7-12	1-2

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

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

- i.** Are you developing new or modified community based services which are expected to reduce your current inpatient bed day utilization?
- ii.** If you do not have a continuity of care agreement (see Appendix J) with your local state hospital, will you be addressing this issue with them in the next year?
- iii.** Are you planning future activities to improve linkage and follow up of discharged patients from inpatient care with serious somatic health care needs to general health care services?

**4.a. INPATIENT CARE**

Priority: High

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

Reduce number of admissions to Twin Valley Behavioral Healthcare by providing clinically appropriate alternative services in the community.

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

The Board will to continue to manage financial authorization for admission to Twin Valley Behavioral Healthcare by ensuring that other clinically appropriate alternatives are pursued when indicated (e.g. local crisis beds, local private hospital beds, Intensive CPST Services).

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

Reduce number of admissions to Twin Valley Behavioral Healthcare using the FY 2007 baseline of 37 admissions.

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

The Board will continue to encourage the use of clinically appropriate alternatives to the use of Twin Valley Behavioral Healthcare. This will continue to require close collaboration of local resources and at times may entail meetings to “problem solve” when there are appear to be snags within the system of care. This may particularly be true between counties rather than within counties. The Board area has a long history of effectual use of public hospital beds due to the strong community value of wanting to provide local care to consumers.

#### **4.b. CONTINUITY OF CARE**

Priority:  High

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

The MHRB will move as quickly as possible to develop and approve a continuity of care agreement with Twin Valley Behavioral Health in Columbus.

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

The Board will continue to encourage close collaboration of local resources with all providers through regular communication with community agencies and hospitals and by monitoring the frequency of services .

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

The Board will evaluate the use of CPST Services just prior to and immediately after hospitalization to determine if there are any gaps in service of 14 days or more.

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

The MHRB anticipates ongoing discussions with ODMH regarding state hospital services transfer from TVPH Dayton to TVPH Columbus.

#### **4.c. SOMATIC HEALTH CARE**

Priority:  High

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

It is the goal of the MHRB to increase the involvement of providers in obtaining the necessary physical medicine needs of consumers.  
It is the goal of the MHRB to decrease the use of tobacco products by consumers.

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

The MHRB will remain an active participant in provider efforts to ensure proper medical care. The MHRB will encourage both Board and provider agencies to participate in smoking cessation opportunities.

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

To apply for funds as they become available.  
To review with providers on an annual basis each provider’s efforts  
To support the application of Rocking Horse Center in Springfield to become a Federally Qualified Health Center

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

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

*Click on gray box to enter text.*

**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:

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

The MHRB aims to reduce reliance on residential treatment centers for children and youth.

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

The MHRB will monitor and participate in decision-making regarding residential placements in and outside of the board area, to the extent possible, in SFY2009.

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

1) The MHRB will participate in monthly Interagency Review/Resident Review Processes in SFY2009 in the board region;  
2) The MHRB will reduce or maintain the level of expenditure on residential placements for children/youth from SFY2008 to SFY2009; and  
3) The MHRB will participate in a stakeholders group to oversee implementation of MST and IHBT.

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

The MHRB is fortunate to be the recipient of an ODMH ABC Grant for Intensive Home-Based Treatment. These services will be provided through Oesterlen Services for Youth in Springfield, Ohio. On a quarterly basis, representatives of the organizations who refer or have a necessary interest in Multi-Systemic Treatment (MST) at Oesterlen meet to review data, problem solve, and offer direction and support to the MST program at Oesterlen. IHBT will be a critical asset to MST during the 18 months for which it is funded.

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

*Click on gray box to enter text.*

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

**6.a. Adult Consumers**

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

**6.a.1.** Area of Adult Crisis Care:  Beds

Priority:  High

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

The Board region will make effective use of crisis beds as an alternative to both private and public hospitalization, when clinically indicated.

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

Meet with Community Psychiatric Support Treatment (CPST) staff to talk about the clinical impact of the use of crisis beds as an alternative to both private and public hospitalization. Discuss practical application and potential road blocks.

Measurable Objectives

Meet with Community Psychiatric Support Treatment (CPST) staff serving Clark, Greene and Madison Counties to discuss the effective use of the Board region’s crisis beds as an alternative to both private and public hospitalization.

Discussions and/or Collaborations

Encourage collaboration between treatment staff involved with crisis beds and Community Psychiatric Support Treatment (CPST) staff. Assist in problem solving during implementation, if necessary.

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

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

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

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

Priority:

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

The MHRB will support all Interagency Review/Residential Review Processes that occur within the board region.

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

The MHRB will participate in Interagency Review/Residential Review Processes that occur within the board region, including respite placements.

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

1) A MHRB representative will participate in regularly scheduled Interagency Review/Residential Review Processes for SFY2009 as appropriate by county; and  
2) Reduce or maintain the number respite placements in SFY2009 compared to SFY2008.

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

The MHRB is fortunate to be the recipient of an ODMH ABC Grant for Intensive Home-Based Treatment. These services will be provided through Oesterlen Services for Youth in Springfield, Ohio. On a quarterly basis, representatives of the organizations who refer or have a necessary interest in Multi-Systemic Treatment (MST) at Oesterlen meet to review data, problem solve, and offer direction and support to the MST program at Oesterlen. IHBT will be a critical asset to MST during the 18 months for which it is funded.

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

Priority:

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

Children and youth should receive safe, timely, and responsive care when experiencing crises, such

as Major Unusual Incidences (MUIs).

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

- 1) Improve tracking system and consistency in communication between the MHRB and provider agencies regarding MUIs; and
- 2) Reduce or maintain the number and kind of MUIs reportable to the MHRB.

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

- 1) Summarize electronic and paper reporting to determine baseline MUIs for each agency by type of incident and provide timely feedback to agencies regarding appropriateness and completeness of reporting; and
- 2) Reduce or maintain the number and kind of MUIs reported from SFY2008 to SFY2009.

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

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

*Click on gray box to enter text.*

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

*Click on gray box to enter number.*

	SFY 2008 Crisis Bed Days	SFY 2009 Crisis Bed Days
Adults	1553	1693
Children & Adolescents	0	0

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

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

*Click on gray box to select priority level.*

Priority: High

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

Local law enforcement agencies will have at least one trained CIT officer on each shift.

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

Coordinate planning and facilitation of local CIT Training. Provide funding for local CIT Training.

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

Increase number of law enforcement CIT graduates to at least 23. Provide CIT “Refresher Day” training for all former graduates.

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

Continue to reach out to all law enforcement agencies in three county board area, particularly those in Madison County and those serving college campuses. Continue to improve training based upon participant feedback. Include efficiencies in implementation.

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

Priority:  High

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

Work with local county Emergency Management Agencies to be assured that in case of a disaster, mental health and alcohol/drug professionals are “at the table” and involved.

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

Meet at least annually with Emergency Management personnel to be aware of disaster plan updates and any planned “mock” disasters.

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

Verify that in the plan document, mental health and alcohol/drug personnel are listed along with accurate contact information.

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

Mental health and alcohol/drug professionals participation in “mock” disasters.

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

Priority:  High

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

All local colleges and universities will have at least one CIT trained officer on each shift.

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

Coordinate planning and facilitation of local CIT Training. Provide funding for local CIT Training.

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

Increase total number of CIT law enforcement graduates serving local colleges and universities from 3 to at least 4. Provide CIT “Refresher Day” training for all former graduates.

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

Enhance relationship with Wright State University which already has 3 trained officers. Reach out to officers serving Antioch College, Cedarville University, Clark State Community College, Central State University, Wilberforce, and Wittenberg University.

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

Priority:

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

The MHRB will collaborate and provide technical assistance for disaster planning to Primary and Secondary Schools in the Board region.

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

The MHRB will contribute to developing and improving a disaster response plan for Springfield City Schools in SFY2009.

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

A MHRB representative will document meeting discussion and collaborative efforts with Springfield City Schools.

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

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

*Click on gray box to enter text.*

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

**7.a. Adult Services.**

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

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

Priority:

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

Within the Board’s region make effective use of Advanced Practice Nurses to increase the availability of Pharmacological Management to consumers.

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

Determine if Mental Health Services for Clark and Madison Counties wants to implement the use of Advanced Practice Nurses and if TCN Behavioral Health Inc. wants to increase its use of Advanced Practice Nurses to offer Pharmacological Management services through discussions during the Agency Allocations Request review process.

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

The number of FTE Advance Practice Nurses throughout the Board area in provider agencies.

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

Discuss with the staffs of Mental Health Services of Clark and Madison Counties and TCN

Behavioral Health Inc. the benefits and potential disadvantages of the use of Advanced Practice Nurses to expand the availability of Pharmacological Management. Collaborate with implementation, if necessary.

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

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

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

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

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

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

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

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

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

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

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

**7.b. Child & Adolescent Services.**

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

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

Goals: *Click on gray box to enter text.*  
  
Children and adolescents should receive timely, accessible mental health services in the MHRB region.

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

Monitor the waiting list times for child/youth services to develop baseline data of contract provider agencies.

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

Compile data, develop a quarterly report summary of waiting list times, and review findings for all service categories for SFY2009.

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

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

Priority:

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

Strategies *Click on gray box to enter text.*

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

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

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

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

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

Priority:

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

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

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

1. Review program, including outcomes, with provider during FY 2009 budget review
2. Review allocation request for FY 2009 for IDDT.
3. Allocate funds as appropriate for FY 2009

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

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

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

Priority:

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

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

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

- 1) Decrease the number of admissions and/or length of residential placements for youth from 2008 to 2009; and
- 2) Maintain or reduce expenditures for youth residential placements in Clark County.

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

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

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

Priority:

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

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

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

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

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

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

Priority:

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

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

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

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

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

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

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

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

Priority:

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

Strategies *Click on gray box to enter text.*

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

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

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

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

**9.a. Adults**

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

*Click on gray box to indicate priority level.*

Priority: Low

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

It is the goal of the MHRB to support Mental Health Courts.

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

Focus efforts on Fairborn Municipal Court where the judge has already established a mental health docket and encourage movement through the establishment of a Mental Health Court.

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

Meet with Judge Beth Root to talk with her about her experience thus far with the mental health docket she developed.

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

Meet with Judge Beth Root and offer to collaborate to expand the practice of mental health docket or mental health court in the Board region.  
Continue to encourage courts throughout the Board area to consider with a mental health docket or development of a Mental Health Court.

**9.a.2 ADULT RECIDIVISM**

Priority: Medium

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

The Board will gather information about all the current efforts by Mental Health Services for Clark and Madison Counties, Inc. and TCN Behavioral Health, Inc. to prevent adult recidivism in the Board region.

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

Utilize scheduled conversations with comprehensive community mental health centers and local NAMI chapters to identify current successes, identify barriers and support programming that prevents recidivism.

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

Meet with relevant staff at Mental Health Services for Clark and Madison Counties, Inc. and TCN Behavioral Health, Inc. to gather information about current efforts to prevent adult recidivism and develop county-specific program plans to reduce adult recidivism.

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

### 9.a.3. ADULT DIVERSION

Priority:

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

The Board region will effectively divert adults from unnecessary incarceration and involvement with the judicial system.

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

Continue to strongly support Crisis Intervention Team (CIT) Training as a means to prevent unnecessary incarceration and involvement with the judicial system. Encourage increased numbers of trained CIT officers within the Board region. Talk with Community Psychiatric Support Treatment (CPST) staff of both Mental Health Services of Clark and Madison Counties, Inc. and TCN Behavioral Health, Inc. to gather information about the effectiveness of trained CIT Officers to divert adult consumers from unnecessary incarceration and involvement with the judicial system. Talk with NAMI of Clark, Greene and Madison Counties about the issue from their perspective.

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

Facilitate annual Crisis Intervention Team (CIT) Training for Board region. Meet with Community Psychiatric Support Treatment (CPST) staff of both Mental Health Services of Clark and Madison Counties, Inc. and TCN Behavioral Health, Inc. as well as NAMI of Clark, Greene and Madison Counties to gather information about the effectiveness of trained CIT Officers to divert adult consumers from unnecessary incarceration and involvement with the judicial system.

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

Continue to strongly support Crisis Intervention Team (CIT) Training as a means to prevent unnecessary incarceration and involvement with the judicial system. Encourage collaboration between Community Psychiatric Support Treatment (CPST) staff of both Mental Health Services of Clark and Madison Counties, Inc. and TCN Behavioral Health, Inc., NAMI of Clark, Greene and Madison Counties, and local law enforcement

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

*Click on gray box to enter text.*

## 9.b. Adolescents

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

*Click on gray box to indicate priority level.*

Priority:

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

The MHRB supports coordination between mental health and the Juvenile Justice System through

the Mental Health Court in Clark County.

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

The MHRB will actively participate in coordinating Juvenile Mental Health Courts.

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

A MHRB representative will attend Mental Health Court clinical case staffing presentations at least 15 times in SFY2009.

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.*

The MHRB believes in available and appropriate services for youth in the behavioral health system to reduce recidivism.

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

The MHRB will monitor the effectiveness of available and appropriate youth services within the board area to reduce recidivism.

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

A MHRB representative will attend clinical case staffings/reviews at least 12-15 times to reduce recidivism in SFY2009 within the board area.

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

**9.b.3. ADOLESCENT DIVERSION**

Priority:  Medium

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

Although funded through AOD dollars, the MHRB supports implementation of the Strengthening Families Program (SFP) in all three counties of the board region.

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

The MHRB will ensure implementation of the SFP as a method to build protective factors and divert youth from court involvement.

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

The MHRB will collaborate with provider agencies to collect SFP outcomes data and ascertain effectiveness of the program throughout the region.

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

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

*Click on gray box to enter text.*

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

**9.c.1. JAILS**

*Click on gray box to indicate priority level.*

Priority:

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

A dedicated Mental Health Services for Clark and Madison Counties liaison position to Tri-County Jail functioning on a daily basis.

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

Provide funding for the Tri-County Jail liaison.

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

Mental Health Services for Clark and Madison Counties to hire and train for the Tri-county Jail liaison position.

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

Encourage collaboration between Mental Health Services of Clark and Madison Counties, the Board and the Tri-County Jail.

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

Priority:

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

The MHRB values mental health and detention center liaison positions in the board area.

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

The MHRB will secure appropriate funding for mental health-detention center liaison positions.

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

The MHRB will allocate funding to contract agencies to sustain this position in the board area in SFY2009.

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

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

Priority:

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

The Board will financially and programmatically support the mental health services provided in local Domestic Violence Shelters.

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

Continue to partner with local Domestic Violence Shelters regarding mental health services.

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

The Board to provide financial and programmatic support to The Family Violence Prevention of Greene County and Project Woman on an annual basis, as evidenced by the Board's Budget, annual program audit, and technical assistance, if indicated..

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

Collaborate with local Domestic Violence Shelters regarding the mental health needs of the individuals and families they serve via financial and programmatic support.

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

Priority: **Medium**

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

Provide needed mental health services to individuals residing in local nursing homes.

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

Talk with current service providers at Elderly United's Coordinated Assessments and Resources for the Elderly (CARE) and TCN Behavioral Health, Inc. about any gaps in services and/or suggestions for improvement in providing for the mental health needs of residents in local nursing homes. Collaborate to plan for any unmet needs.

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

Talk with key staff at Elderly United's Coordinated Assessments and Resources for the Elderly (CARE) and TCN Behavioral Health, Inc. about current mental health services being provided to individuals living in local nursing homes (e.g. diagnostic assessment, pharmacological management, consultation) and determine if there are unmet needs.

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

Collaborate with key staff at Elderly United's Coordinated Assessments and Resources for the Elderly (CARE) and TCN Behavioral Health, Inc about any unmet mental health needs of individuals living in local nursing homes.

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

Priority: **Low**

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

Persons with severe and persistent mental illness who are returning to the community from prison will receive appropriate mental health services in a timely manner.

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

Establish a mechanism for regular communication between contract agency providers and the ODMH Community Linkages staff for the MHRB area.

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

Improve community linkages for persons leaving prisons.

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

In October 2007 MHRB staff, staff from TCNBHS and Mental Health Services for Clark and Madison Counties, and staff from the ODMH Office of Forensic Services met to share information, identify problem areas and develop responses. MHRB staff and agencies received helpful information about the processes around release from prison and OFS staff received information regarding specific individuals to contact so that services can be arranged in as timely a manner as possible. As a result MHRB and contract agency providers are much clearer about roles and responsibilities as well as expectations.

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

Priority:

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

The MHRB supports provider agency efforts to obtain necessary medical care for consumers.

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

During the Agency Allocation review process, providers and MHRB staff will discuss consumer needs in this arena.

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

The MHRB will generate priority activities based on the Agency Allocation discussions.

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

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

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

Priority:

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

The MHRB supports consumer-initiated and operated services.

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

Provide technical assistance to consumers interested in forming needed services for the board region.

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

Assist consumers through consultation and writing, to secure funding for consumer-operated services.

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

*Click on gray box to enter text.*

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

Priority:

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

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

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

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

*Click on gray box to enter text.*

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

**10.a. SUICIDE PREVENTION**

*Click on gray box to enter priority level.*

Priority:

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

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

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

The MHRB will lead public awareness campaigns and gatekeeper trainings to promote help seeking in each county of the board region through meetings, marketing coordination, and consultation with Coalition members.

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

*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.*

It is the goal of the MHRB that providers offer services that meet the Board’s cross-cultural values. See 11. Cultural Competency

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

All MHRB contract agencies (except Medicaid-only) submit material through the Agency Allocation Request in response to the MHRB’s cross-cultural values.

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

Cross-cultural agency material is included in the Agency Allocation Request.

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

**11.b. STAFF RECRUITMENT**

Priority:  High

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

The MHRB supports the position that staffing should reflect the population.

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

Staffing demographics are included in the Agency Allocation Request.

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

Agency staff reflect the general population served by the agency.

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

**11.c. STAFF TRAINING**

Priority:  High

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

The MHRB supports the position that one cultural view is not preferred or more accurate than another.

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

The MHRB intends to engage in both community and agency trainings that reinforce this goal.

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

The MHRB will bring the Willard Suitcase Project to Springfield in the summer of 2009.

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

The MHRB is working actively with the Exhibition Alliance and the Heritage Center of Clark County to bring the Willard Suitcase Project to Springfield in the summer of 2009.

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

Priority:  High

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

The MHRB attends closely to county demographics in planning and allocating resources and supports a system of care with the capacity to provide culturally appropriate services.

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

Assess with agencies and community groups the extent to which services address the consumer's customs, values and beliefs.

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

To hold a training in FY 2009 to assist provider agencies in their work with the Hispanic population.

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

The MHRB will begin discussions with MACC during FY 2009 to bring appropriate trainers/programs to the Board area.

*Click on gray box to enter text.*

**11.e. OTHER:**

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

Click on gray box and enter text.

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

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

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

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

Click on gray box and enter text.

**E. Evaluation of Plan Implementation.**

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

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

Click on gray box and enter text.

<p>The Mental Health &amp; Recovery Board of Clark, Greene and Madison Counties uses several different means to evaluate the services and programs it funds. A more immediate focus now is to make sure the Board complies with federal National Outcomes Measure (NOMs) as defined and outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.</p> <p>Therefore, the board is beginning to use Ohio Outcomes data to pull specific items that address the federal NOMs such as employment, stable housing, social connectiveness, criminal justice involvement, school success and other relevant items. MACSIS claims data can be used to review other federal outcomes dealing with Access and Capacity measures as well. MACSIS claims that contain both cost and service data when combined with outcome data can also answer questions dealing with effectiveness and efficiency of services and programs.</p> <p>The Board also is looking at the use of outcomes data, MACSIS claims, and BH data in combination to develop a set of key performance indicators that globally measure the local system's conduct on measures that speak to broad-based achievement and system functioning. The Board has done some work in this area locally and independently but also is looking to its association (OACBHA) to develop their own Care Management Reports. The Associations's initiative will allow for some level of benchmarking among the 50 board systems in Ohio.</p>	E.1
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<p>The Board also uses consumer feedback to determine satisfaction with services and to solicit community input to make its system of care responsive to consumer opinion. The Board conducts quarterly 'brown bag' lunches where it invites consumers to come and voice their concerns, opinions and suggestions. In addition, the Board solicits feedback from providers regarding their opinions on how to improve the local system of care through a simple providers survey. Also, there are some questions in the statewide outcomes measures that address consumer satisfaction that the Board will begin taking a closer look at this coming year. Finally, the Board conducts ad hoc surveys designed to collect consumer feedback on specific issues such as a recent consumer housing survey conducted to elicit opinions about how consumers feel about their current housing situations.</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>The Board already conducts many utilization review analyses using data from MACSIS claims, PCS and BH datasets. One recent review centered on studying the population of 'highest' users measured by the cost of services provided to them. Board staff used MACSIS claims data to identify the population under review and then conducted a detailed chart review to better understand the nature and course of treatment and to learn more about this group in general. The Board found that top two percent of those who received the services (measured by cost of service) consumed nearly 25% of the total resources. After studying this segment of consumers the Board determined that many were dually diagnosed with both mental health and substance abuse who also required costly residential care in one form or another. This review lead to the Board putting development and implementation of IDDT best practice programming to the top of its priority planning agenda.</p> <p>Another recent review focused on the population of service area residents that receive services from providers outside the Board's service area. The Board was able to develop a profile of consumers who typically receive services from providers outside the Board's regional system of contract providers. A typical consumer receiving services from out-of-region providers is a male adolescent receiving both mental health and Ado services at a residential treatment facility, most often a substance abuse treatment center. The Board also found that many of these placements were initiated by the Juvenile Court and Department of Jobs and Families.</p> <p>Finally, another recent UR study looked at an eight year trend of state hospitalization usage by the Board and also compared the Board with the rest of the state. Staff looked at trends in both civil and forensic usage over the same period of time.</p> <p>In the coming year the Board will step up its efforts to merge the major datasets at its disposal to better integrate these disparate sources. This is to bring better information to Board members and the staff to make informed decisions. This integration must be simple and easily retrievable by program staff at the Board to be useful in planning, evaluating, and determining both service effectiveness and efficiency.</p> <p>Already the Board merges BH, MACSIS claims, and PCS data to answer important questions about service delivery systems. The next push will be to integrate Outcomes with the other datasets. However, a lot remains to be done with data integration to make it</p>	<p>E.2</p>
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readily accessible and meaningful for planning purposes.	
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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 possesses the technical wherewithal and capacity to comply with 340.03 but the real need for assistance centers around determining what out of all the outcomes data the system now collects are the most relevant and meaningful for measuring treatment success. Therefore, it seems that the Department's continued efforts providing guidance on how to use and report outcomes data is critically important. The Department can provide an invaluable service to the field by conducting research on a larger, statewide scale with the outcomes data that address concerns of validity, reliability, clinical significance and reliable change.</p> <p>The Department's published statewide outcomes reports are invaluable as local systems deal with how best to use all these outcomes data and measures. The more research the Department can conduct the more insight gained as to what is most important to measure and focus on during the treatment process. This information, then, must filter down to the local board and provider level to make informed decisions.</p> <p>Another important service the Department can provide is to promote the use of outcomes with line staff at the provider level. The more valuable and useful clinicians find the outcomes measures in assisting them in treatment planning and providing services the more it will be used in planning.</p>	E.3
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## Form 1

### Board Appointment Data Sheet

## Form 2

### Community Board Resources

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

Name	Street Address	City	Zip	Phone Number	Email
Kara E.A. Marciani, Psy.D.	Forensic Psychiatry Center for Western Ohio	Englewood	45322	937-832-4160	<a href="mailto:kmarciani@eastway.org">kmarciani@eastway.org</a>

	12 West Wenger Road				
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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
Charles Martin	Suite 2435 30 East Broad St.	Columbus	43215	1-888-719-0826	<a href="mailto:charlesmartin@odrc.state.oh.us">charlesmartin@odrc.state.oh.us</a>

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
Greta Hochstetler and Sandy Szczygiel	Mental Health and Recovery Board of Clark, Greene and Madison Counties 1055 East High Street	Springfield	45505	937-322-0648 or 1-800-435-7968 Extension #103 (Greta) or Extension #112 (Sandy)	<a href="mailto:greta@mhrb.org">greta@mhrb.org</a> or <a href="mailto:sandra@mhrb.org">sandra@mhrb.org</a>

Form 3

Planned State Inpatient Bed Days

<b>Mental Health and Recovery Board of Clark, Greene and Madison Counties</b>	
<b>2009 Planned Use of State Inpatient Days</b>	
<b>Twin Valley</b>	1028
<b>Total Inpatient Days</b>	1028

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:

MENTAL HEALTH & RECOVERY BOARD OF CLARK, GREENE, AND MADISON COUNTIES

FISCAL YEAR 2009  
ODMH COMMUNITY PLAN  
PROVISIONAL BOARD BUDGET  
NARRATIVE

Our Fiscal Year 2009 Board Budget assumes the following:

- (1) Fiscal Year 2009 State Funding will remain the same as FY 2008.
- (2) Fiscal Year 2009 Federal Funding will remain the same as FY 2008.
- (3) The MHR Board of Clark, Greene, and Madison Counties currently has levies in all three counties. Our FY 2009 budget projects that our levy revenue will increase 3% from our Fiscal Year 2008 budgeted levy revenue.

Clark County currently has two levies, with one expiring in tax collection year 2009. We anticipate running a replacement levy in the Spring of Calendar Year 2009 to take affect in January of Fiscal Year 2010.

The Greene County levy will expire in tax collection year 2009. We anticipate being on the ballot in the Fall of Calendar year 2008 for a replacement with an increase. The levy revenue would take effect in January of Fiscal Year 2010.

The Madison County levy will expire in tax collection year 2009. We anticipate being on the ballot in the Spring of Calendar Year 2009, with the new levy revenue taking affect in January of Fiscal Year 2010.

As you can see, in Fiscal Year 2009, we will be busy running levy campaigns. In the meantime, in order to maintain services, we are dipping into our reserve. With State and Federal Funding remaining level, we must use approximately \$360,000 of our Fiscal Year 2008 carryover to cover the Fiscal Year 2009 expenses. With this being said, we do not anticipate being able to expand services in Fiscal Year 2009.

It has been difficult for the Board and our provider agencies to keep up with the cost of inflation. We continue to encourage our agencies to seek additional revenue and keep their administrative costs to a bare minimum. The agencies struggle to keep their Medicaid rates at or below the Medicaid Ceiling rates which have not changed in over ten years.

With State and Federal dollars remaining level, inflation rising, Medicaid Ceiling Rates staying constant, and levies at the end of their cycle, Fiscal Year 2009 will be a challenging year for The Mental Health & Recovery Board of Clark, Greene and Madison and its provider agencies.

