

III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

Click on box to enter Board name.

BOARD NAME: Crawford-Marion ADAMH Board

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

Click on gray box to enter text.

Mission: The mission of the Crawford-Marion ADAMH Board, under local leadership, is to assure the availability of high quality alcohol, drug addiction, and mental health services to all residents through planning (assessing needs and resources and determining priorities); purchasing cost effective services to the extent resources are available; and evaluating these services.

Vision: We envision communities where recovery is possible, resiliency is innate, communities are supportive, stigma is eliminated and resources are plentiful.

We value: Collaboration, Integrity, Stewardship, Community education about addiction and brain disorders, Support for consumers and families, Quality services, Responsiveness, A belief that recovery is possible because treatment works, The potential of each individual, Reduction of stigma, Evidenced based practices, Advocacy, Resiliency, and Prevention.

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 Crawford-Marion ADAMH Board is fortunate to have levies in each county that were recently replaced in CY06 (Marion) and 07 (Crawford). Our MACSIS business rules allow for the support of both Medicaid and non-Medicaid services that include: individual and group counseling; pharmacological management; CPST; crisis; diagnostic assessment; social recreation, and; Other Mental Health Services. We believe that our benefit plan is aligned with our population as well as our service priorities. In addition to the services stated, we coordinate a variety of school based mental health services to address the needs of children and youth.

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

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

program of this nature is the Network of Care web site. P,C&E programs for the general public, however, should be discussed under that section of the outline.

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

Click on gray box to enter text.

Our system has the following Recovery Supports and Best Practices in Recovery: Clustering; WRAP; Illness, Management and Recovery (IMR); Recovery oriented trainings such as Road to Recovery; Odyssey Peer-to-Peer Group; NAMI Family to Family; NAMI Hand to Hand is available; NAMI Campus support group at OSU-Marion and Marion Technical College; PEER Program through the Marion Area Counseling Center; educational programs at Marion General Mental Health In Patient Unit by NAMI and ADAMH; NAMI Depression Support Group; NAMI Education and Support Meetings; Network of Care; supported housing through the mental health centers; ADAMH owned apartments; new development of HUD housing dedicated for those with mental health disability in Crawford County. Our system is also cooperating in the development of a Continuum of Care for housing in Marion County.

As noted, we provide funding for NAMI which helps with the delivery of Family to Family and Hand to Hand. We also provide support of the Odyssey Consumer Group which facilitates the WRAP program. In addition, the Odyssey Group works to create general awareness in the community about mental health issues. They also aid the Board during levy campaigns and provide ongoing feedback with regard to services and programs.

Perhaps the most critical thing we do that directly impacts SPMI consumers is the funding of Other Mental Health Services which provides more traditional case management services for those individuals with little support outside of the mental health system. The need to get to the physical health doctor or receive more attention in the form of services not billable to Medicaid helps keep people in the community and out of the hospital. This is true of Social Recreation Services as well. The skills addressed as part of this program help improve the lives of persons with SPMI so that they can enjoy a more positive quality of life with fewer disruptions created by their serious brain disorder.

2.1 Recovery Supports: Housing

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

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

Click on gray box to select answer.

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

Click on gray box to select answer.

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

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

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

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

Click on gray box to enter number.

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

e. Do you have wait lists for HAP?

Click on gray box to select answer.

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

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

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

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

Click on gray box to enter number.

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

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

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

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

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

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

Click on gray box to enter text.

Using the HUD definition of homelessness, we have 3 persons in Marion County who are homeless. When consumers answer this question on ODMH outcomes scales, we do not know how they are defining the term. The Point in Time survey for January, 2008 estimates that over 83 persons in Marion County are homeless but sheltered and 25 are unsheltered. We do not know how many of these individuals are receiving or in need of mental health services and currently we do not have a way to determine this information. Crawford County does not have a continuum of care so we have no way of determining homelessness in that county. Appendix B references 26 as the number of homeless adults for our board area. We do not have a way to affirm or deny that number. Based on discussion with providers, we believe at any given time, there are approximately 5 consumers in our two county area without housing. Many live with friends or family. We have homeless shelters in both counties that serve more than the county area geographically. As a result, the number is a moving target that can be estimated but not confirmed.

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

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

<input checked="" type="checkbox"/>	Continuum of Care	2.1.ja
<input checked="" type="checkbox"/>	PATH	
<input type="checkbox"/>	BH Mod (Behavioral Health Module)	
<input type="checkbox"/>	HMIS (Homeless Management Information System)	
<input checked="" type="checkbox"/>	Other, please specify: Discussion with partner agencies in both counties	

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

Click on gray box to enter number.

Homeless persons with SMI	2.1.jb
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j.c. Is there anything else important to know about the current state of housing strategies and services in your Board area?

Click on gray box to enter text.

Our Board updated our housing plan in 2007 in collaboration with the NAMI Housing Leadership Institute. This plan will be in place for the next 6 years. That process reinforced something we already knew: we have many consumers who need an increased level of housing supervision typically provided by a group home. Marion has an Adult Care Facility and a Rest Home that provide that level of care. However, the Board does not contract with the company that runs the facilities and must use other such facilities located in non board area counties.

We are working with Del-Mor Dwellings to obtain a HUD grant to develop more housing in Marion. We are also in discussions with surrounding Boards about the possibility of working together to build a centrally located group home.

In the fall of 2007, we opened a HUD 811 Project known as Colonel Properties in Bucyrus, Ohio with 15 apartments that includes an onsite manager. This individual provides a level of support for consumers as well as a space for CPST staff when needed. These apartments are being managed by Del-Mor Dwellings.

In Marion County, we support the MACC West Supervised Apartment complex. This facility provides respite care for individuals in transition from the hospital to the community or as a diversion from hospitalization. This one respite bed facility must support both counties. In addition, there are many individuals who struggle with independent living. These consumers are provided an apartment and the supports necessary to maintain community tenure. We also have 19 apartments dedicated to consumers of services, also managed by Del-Mor Dwellings.

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.

Our data indicates we have two additional persons to be included in this category.

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.

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.

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

Click on gray box to enter text.

<p>Our Marion County Provider has an employment program (PEER) that serves both Marion and Crawford County consumers age 16 up. The program includes Job Coaches who can work one-on-one with consumers in order to improve the likelihood that individuals will keep their jobs. Currently the administrator of this program has connections with several employers in Crawford - Marion Counties and is able to find job opportunities for most consumers in the program. He attends after hour business meetings with employers, as well as, attending some of the other Chamber of Commerce functions in order to develop relationships with potential employers. As a result of his efforts, when he has someone to place, it is easier to make the connection. When he does place someone, he stays in contact with the employer to ensure everything is going well and intervenes quickly if needed. He has a lot of enthusiasm that has a very positive affect on consumers and potential employers. In FY 07, PEER placed 68% of consumers participating in the program into jobs within 60 days. For consumers who do not meet the admission criteria for this program, providers refer to BVR as well as service planning that occurs through CSPT services.</p>

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.

<p>We have alternative school programs in both counties. Crawford County has alternative school programs for children ages 6-16. The younger unit just opened in January, 2008 in response to concerns voiced by several schools districts in Crawford County. Teachers and school administrators are reporting more and more concerns about younger children with severe emotional problems. As part of the alternative school programs, we encourage families to participate in the</p>

Strengthening Families program offered in both counties. The next step in Crawford County is to offer a step down educational unit for older youth who no longer need intensive day treatment but are not ready to return to their home school. This step down unit will offer less intensive therapy and a focus on increasing educational attainment. We are also in discussions with schools in Crawford County for the development of a therapy position that involves the therapist going to a different school district each day to provide therapy.

The Marion County Alternative School opened in January of this year. The program does not offer treatment at this time. Services however, are offered to students by our Marion County Provider. The program admits youth from the middle schools through 10th grade. These youth are not on an IEP but are causing disruptions in the classroom. Families and youth are offered the Strengthening Families Program and Mentoring through Big Brothers and Big Sisters. This program uses the online digital academy and hopes to make this option available to all students in Marion County in the future. Marion Area Counseling Center collaborates with all of the schools in Marion City and County to provide assessments and therapy in the schools at least every other week. In addition, staff from Marion Area Counseling Center provides therapy twice a week in all but one SED unit. We also have Early Childhood Programs in both counties. In Marion, funds are used to support the delivery of Incredible Years to all public preschools. We are particularly proud of our efforts in Crawford County. A child psychologist works with Help Me Grow staff to provide assessments for young children. He attends home visits with case workers to interview families and provide recommendations. He also observes behavior of young children in schools.. He is very well respected in the community and we are fortunate to have his expertise.

We have used FAST/ABC effectively in both counties to provide programs and services that improve self esteem and allow children to develop their skills and talents. Having a skill or talent to turn to during a crisis can be therapeutic and healing for a child. We have also used FAST to provide traditional case management services that are no longer billable to Medicaid. This option actually allows case managers to assist families to their counseling appointments as well as offering rewards for goals that have been met. Funds are also used for respite services.

In Marion County, we use a wraparound process called the Circle of Service to identify and support families experiencing mental health problems. We have a person at Family & Children First dedicated to manage this process. Unfortunately, we are not able to duplicate that in Crawford County. Crawford County, however, has a very strong clinical team that meets monthly. Members are from the various child serving systems in the county including Juvenile Court, Children's Services, MRDD, health department, schools, etc. Parents are also invited to attend and share their concerns with the team. We hope to implement some form of the wraparound process in Crawford County with a new FCF director in FY 09.

In 1998, our Board created the position of Consumer & Family Advocate after many discussions with NAMI. They believed then, as they do now, that this position would prove to be a crucial one in the development of consumer and family input. We have continued to support the maintenance of this position because we believe the variety of duties and tasks provided help the Board's relationships with consumers and family members by keeping the lines of communication open in a positive way.

Our existing Family Preservation Programs work daily with families and children struggling with challenges that are daunting. The work they provide in homes across our two county area helps maintain community tenure for children and youth with Serious Emotional Disturbance who might otherwise be placed in more restrictive settings. In addition, they deliver crucial services to these same children as needed in school settings to reduce out of school placement. Finally, they provide a critical link to Children Services Boards as they attempt to address family situations that require a higher intensity of services.

The Strengthening Families Program comes under the heading of Family Supports. This program is being delivered in both counties to a host of families and children, many of whom are referred by

Juvenile/Family Courts, Children Services Boards, schools and other community programs. In Marion County, we have staff from Family & Children First, AOD and Prevention Staff, and parents who teach the program. In Crawford County, the program is taught by our Provider. Hand to Hand has been provided in both counties but there is not another series scheduled at the present time. One challenge is the need to provide child care for families attending the educational-support program. We hope to revisit these issues in the near future.

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.

Clearly, there is no way we can be privy to school suspensions and expulsions among children with SED in our area on a real time basis. If the school is aware that the child or youth in question receives CPST services, they will call that CPST worker to inform them of changes in the school situation. In addition, parents and guardians will do the same. Our providers believe that they are aware of most of these situations. They believe the number 74 which was stated in appendix b is very high. Our best estimate based on provider reports is closer to 25 for our entire board area. This would be more realistic.

- 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.

<p>We have no way to acquire an accurate number of school suspensions or expulsions. Schools are represented at our Clinical and Wraparound meetings each month. They are encouraged to bring cases to the table for discussion at those meetings. We also sponsor "Lunch with the Bunch" meetings two times a year with all the school districts invited to meet with staff from our Provider agency in Crawford County. This meeting gives schools the opportunity to discuss any problems regarding access or general concerns. Our Marion Provider is in the schools on a regular basis- at least every other week.</p>	<p>3.1.aa</p>
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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.

<p>25tt</p>	<p>3.1.ab</p>
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4. Inpatient Care

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

a. Inpatient Care

Click on gray boxes to enter numbers.

Board Purchased Inpatient Care	FY 06 Bed Days	FY 07 Bed Days	FY 06 Admissions	FY 07 Admissions	4.a
State Hospitals	485	322	29	25	
Private Psychiatric Hospitals: Adults			39	46	
Private Psychiatric Hospitals: C&A					

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

Click on gray box to enter text.

<p>The Crawford-Marion ADAMH Board contracts with Marion General Hospital for private inpatient psychiatric care. We purchase days on a case by case basis as opposed to buying a set amount of days. We do so because the unit serves 7 counties and we do not always have access to beds when our patients need them. Our providers are responsible for screening individuals to make sure consumers meet this level of care. We also have a contract with Lifeworks in Marysville but their per diem is much higher. We only use this facility when absolutely necessary. Even then, it is difficult to meet their admission criteria as it is very stringent. We are currently looking for another hospital willing to contract with us for FY 09. As you know private psychiatric units are dwindling in the state of Ohio and those that do exist have much higher per diems and/or they are so far away that it is difficult to collaborate effectively. We are on track this fiscal year to use up our indigent funds for inpatient care in April. We are seeing more and more individuals not known to our system with severe mental illnesses. Once an individual is connected to our system, our providers do an excellent job of helping consumers manage their treatment needs while living in the community.</p> <p>We are likely to exceed our bed day allocation at the state hospital as well for FY 08. We have a Marion County person who has been at TVBH for many months. She has been on forensic status much of the time but earlier this fiscal year the Judge ruled she was competent but too fragile to leave the hospital setting so her bed days began counting against our allocation. Recently he ruled she is not competent to stand trial and she returned to forensic status. Unfortunately we have no control over the judge's decisions, but it had a significant impact on our bed day allocation.</p>	4.ba
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b.b. Do you have a continuity of care agreement with your designated state hospital?

Click on gray box to select answer

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

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

Click on gray box to enter number.

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

Click on gray box to enter number.

18C&A Consumers place out of county in SFY 07	5.b
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c. How many of the C&A consumers identified above involved Board participation in the placement decision?

Click on gray box to enter number.

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

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

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

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

Click on gray box to enter text.

Our difficulty with out of county placements is primarily in Crawford County. We struggle with a system there that does not honor our service coordination mechanism through Family & Children First (FCF). FCF recommends that all out of county placements be referred to the FCF clinical team prior to placement. We are working to build better communication and collaboration efforts so that we can better serve our youth and their families in our communities. We want to prevent out of county placements as well as do a better job of tracking those that are in placement. We think it is important to prepare and plan for discharge from a residential program in order to have a successful outcome. Crawford County also does not have a therapeutic foster care network. So our options are limited where an out of home placement is determined to be appropriate. When kids are placed in residential care, it is very difficult for the family to maintain communication and participate in family counseling. Once the child is returned home, frequently the same problems still need to be addressed. We also lost our wraparound process in Crawford County which helped to provide support and solutions to troubled families before an out of home placement was necessary. We are working toward implementing that process in some form during the next fiscal year with a new FCF coordinator. The ADAMH	5.e
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Board recently committed to be the Administrative and Fiscal Agent for Crawford County FCF in FY 09.

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 checked="" type="checkbox"/>	
Adult Consumers		
24/7 On-Call Staffing by Psychiatrists	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input 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):	<input type="checkbox"/>	
Child & Adolescent Consumers		
24/7 On-Call Staffing by Psychiatrists	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input type="checkbox"/>	
Crisis Care Facility	<input type="checkbox"/>	
Hospital Emergency Department with Psychiatric Staff	<input type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	<input type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input type="checkbox"/>	
Other (Please Specify):		

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

Click on gray box to enter number.

	SFY 06 Crisis Bed Days	SFY 07 Crisis Bed Days	6.a.2
Adults			
Children & Adolescents			

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

Click on gray box to enter text.

Our biggest challenges are lack of inpatient care facilities with an increasing need for this service, as well as, lack of funds to support this level of care. Clearly we will never have adequate funding. We primarily contract with Marion General Hospital and they contract with seven counties. If their unit is full, we have few options available to us. We contract with Lifeworks in Marysville but their per diem is much higher and their admission criteria is so stringent that we only use this facility if we absolutely must. Even then, our clients are likely to be denied admission. We are experiencing problems with people on Managed Care in both counties. In addition, there is resistance from law enforcement to manage people who are suicidal and intoxicated, especially in Crawford County. It is also difficult to find staff willing to do emergency services. We are fortunate to have very competent staff at this time but we have no one to fall back on if any one of them should leave.

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.

We are in the process of organizing a CIT training in Crawford County. It is scheduled for September, 2008. We have assigned a CIT partner through NAMI Ohio. We have made the local police agencies aware of CIT in the past and have sponsored some officers in attending trainings outside of our counties. However, this is the first time in which local departments have displayed an interest in sending their officers to a training.

2. Disaster Preparedness

Click on gray box to enter text.

Disaster preparedness continues to develop in a positive direction. In the past year, the Trauma Response Team and our Crawford County Provider responded to several schools due to deaths, a plane crash, and a presidentially declared disaster/flood in the fall of 2007. This has given us a good indication of strengths, weaknesses and opportunities for improvement in our response with other systems. We appear to have good communication between our system and the local health departments and Red Cross affiliates in both counties. The EMA in Crawford County is also very open and supportive. In Marion County, we have difficulty getting responses to questions from the local EMA. The Marion EMA attitude appears to be that behavioral health should be willing to take care of our system and be ready for response without the benefit of prior coordination. Ongoing training of response groups is a concern at this time. At present, we are looking either to the state or to the local health departments to offer training with OMRC units. In Marion County, our primary provider responded to two community crisis events. In addition, they participated with our Board and United Way to establish a Multi-system Crisis Team.

What are your estimates of staff for the following areas?

Click on gray box to enter number.

	Local Disaster	Statewide Disaster	6.c.2
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	Response	Response	
Trained	45	10	
Currently Available	43	4	

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

Click on gray box to enter text.

We have Marion Technical College (MTC) and Ohio State University at Marion (OSUM), but no colleges or universities in Crawford County. We have invited the safety service personnel from both MTC and OSUM to attend the CIT training we are organizing. Our local NAMI affiliate has been involved in giving educational presentations to nursing students at both institutions as well as organizing a student lead support group on campus. We have been active in sponsoring and supporting Mike Oliver, a consumer, to raise awareness of mental illness through his art work and participation in several areas. The ADAMH Board has supported Mike’s efforts to attend the Multiethnic Advocates for Cultural Competence (MACC) events and to apply and serve on the MACC Board of Director’s.

We have active trauma/crisis response teams in both counties. The teams work closely with the schools on prevention, consultation, education and response activities. Our teams have been contacted by several schools to respond to deaths from suicide, traffic accidents, and sudden deaths of teachers and students.

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

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

Click on gray box to enter text.

Both Providers received training in PACT about 6 years ago. Funding has not permitted full implementation of this model. Our Crawford County Provider actually had a PACT team for a short time period a few years ago. Due to a financial crisis, many staff had to be laid off and the PACT team was disbanded. Currently both agencies offer intensive case management that includes a nurse case manager to assist clients who need this level of care. We meet with providers bi-monthly to monitor access and discuss any problems occurring in the system. We also have weekly meetings with our Consumer Group to discuss any problems they are experiencing in the system. Generally, consumers needing intensive CPST services can be admitted to the program within 3 days.

a.3. Child & Adolescent Intensive Care

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

Service Area	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.a.3
IHBT / MST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type I (Time limited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Prgm. Type II (School-based)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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

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.

Both Providers have Family Preservation Programs (FPP). MST and Functional Family Therapy are too cost prohibitive for our system. Currently there is a short wait in Crawford County to access FPP. Our Marion County provider has a mental health component in all schools. Our existing Family Preservation Programs work daily with families and children struggling with challenges that are daunting. The work they provide in homes across our two county area helps maintain community tenure for children and youth with Serious Emotional Disturbance who might otherwise be placed in more restrictive settings. In addition, they deliver crucial services to these same children as needed in school settings to reduce out of school placement. Finally, they provide a critical link to Children Services Boards as they attempt to address family situations that require a higher intensity of services.

In Crawford County, we are investigating the possibility of hiring a therapist that would travel to each school district one day a week.

We meet bi-monthly with providers to monitor trends and access.

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

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

b.1. Adult Routine Outpatient Care

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

Service	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.b.1
Diagnostic Assessment -- Physician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/> <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 type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pharm. Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Counseling/ Psychotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input 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"/>	
CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <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 Board's focus has been to make sure that basic services are available to consumers. We just passed a replacement levy in Crawford County in 2007 and one in Marion County the year before. Still, funding is an issue. We are seeing more and more individuals with severe mental illnesses not known to our system. Our Crawford County Provider is developing a short waiting list because they simply do not have enough staff and it is difficult to recruit in such a rural county. We meet bi-monthly with providers to monitor access and capacity as well as trends in all service areas.

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

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

Click on gray box to enter text.

The Board's focus has been to maintain basic services. We have also worked hard the last 3 years to maintain an Intensive Day Treatment program in Crawford County. The program has had to move to a new location every year of operation. We believe we may have finally found a location that will allow the program to remain there for the next 5 years. We have had issues with funding regarding this program, especially since CAFS dissolved. We were fortunate to have received Safety Net funds for two years which really helped us keep this program going until other funding could be found. We have dedicated funds from the recent levy toward this program, but the program needed two therapists and our Board could not support both. Fortunately, ODJFS agreed to fund the second position. Mid-Ohio Education is currently providing financial support for staff for the younger children. We meet monthly with program staff, Mid-Ohio Education, and ODJFS partners to discuss access, capacity, and trends in services.

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

Click on gray box to enter text.

Our Providers have been trained in IMR, EMDR (with a focus on crisis and children's trauma), Clustering for children and adults in Marion County, Family Preservation, school based services

including alternative schools in both counties, trauma response teams exist in both counties, WRAP for adults, PEER Employment Project, Clustering, Teen Screen, and Incredible Years. Our Crawford County provider has more fully embraced IMR than the Marion Provider, but both agencies use elements of the program in working with SPMI individuals. There is some interest from providers in participating in the pilot project for WMR. EMDR was very well received and appreciated by staff from both agencies. We plan to sponsor an EMDR workshop periodically so that new staff have the benefit of this tool. It works well with both children and adults, especially for victims of trauma. Marion County also participates in the Cluster Program. About four years ago, our Marion County Provider partnered with other agencies in our community to develop a Cluster System for both children and adults. We worked with Synthesis, Inc. for over 2 years several to implement this best practice. This project really helped increase collaboration among systems for some of our most ill consumers. Synthesis is currently collecting data to determine whether or not this way of assessing clients to identify the most appropriate treatment protocol has a successful outcome. It is still early in the process.

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:*	8.50	8.a
CPST FTEs:	11.30	
Counselor/Therapist FTEs:	21.60	

*Includes Advanced Nurse Practitioners with prescriptive authority.

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

Click on gray boxes to enter number of FTEs.

Pharm. Management Practitioner FTEs:*	1.38	8.b
CPST FTEs:	4.11	
Counselor/Therapist FTEs:	7.08	

*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.

It is hard to recruit in rural areas but our Board is committed to providing training and support in order to keep competent staff. We have provided several training opportunities including Medical Necessity Documentation, EMDR (Parts I & II), Gender Dysphoria, Recovery in Action (for adult consumers and their Case Managers).

We are currently embarking on a new program, "Client Directed Outcome Informed" clinical work (CDOI), with Scott Miller, Ph.D. from the Institute for the Study of Therapeutic Change (ISTC). CDOI focuses on customer satisfaction as opposed to producing a product or units of service. The focus is on quality and not quantity. According to Dr. Miller's research, it is not the tools or

techniques that make a difference in treatment outcomes; rather it is the therapeutic alliance. CDOI is a totally different way of thinking about therapy. According to Miller, CDOI contains no fixed techniques; in other words, clinicians are free to use any technique they choose and believe works. If an interaction with a client includes the client's "voice as a privileged source of wisdom" and clinicians deliberately form strong partnerships with clients, then the interaction is client directed and outcome informed. It is the client's preferences and choices that help determine the clinician's technique and approach. We will be using reliable and valid measures developed by the Institute for the Study of Therapeutic Change to capture the client's treatment experience at each session, as well as, progress between sessions. This program will ensure consumer involvement in the planning and delivery of services; it will focus on whether or not treatment is working (not what type of treatment is delivered); and it will honor the client's theory of change by using client feedback to tailor services. With this program we expect to see the no show rate decrease as it has at other agencies in the country using CDOI. We also expect clients to move through treatment faster and actually reach their goals. We are forming a Transition Oversight Group (TOG) to monitor the process and address policy and procedural concerns during implementation. We would welcome a representative from ODMH to be part of this group.

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.

We have positive relationships with our adult probation departments and our providers have routine contact with adult probation departments. Individuals currently in our system of care are monitored. We do not have a formal diversion program.

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

Click on gray box to enter text.

In Marion County, every youth entering the juvenile justice system receives both a mental health and a substance abuse screening by court staff. The tools used were identified in partnership with our primary provider and the result of a Johnson and Johnson grant received. The grant ended two years ago but the partnership continues. All identified youth are referred for services. In addition, the Marion County Juvenile Court/Family Court funds a variety of diversion and treatment services using their Reclaim funds. In Crawford County, the Juvenile Justice system has long referred youth for services but formalized that process this fiscal year through a contract with the Board to fund services through the local provider. In addition, there is a diversion component that is part of this process.

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.

While jails are not a specific focus area for the board, we do provide assessment and crisis services to our local jails as needed.

2. Detention Centers

Click on gray box to enter text.

Marion County is home to a detention center but services delivered in this facility are funded through the courts Reclaim funds.

2. Homeless, Runaway & Domestic Violence shelters

Click on gray box to enter text.

Homeless, Runaway and Domestic Violence Shelters: In Marion County, we are part of the local housing continuum of care along with the local homeless shelter and many other community partners. As such, we have worked to secure funds for various initiatives. With regard to Domestic Violence Shelters, we have partnered with Turning Point – Concerned Citizens Against Violence Against Women – since 1981 in Marion and 1988 in Crawford. This agency is a provider for the board and participates in many local collaborations, including both Family and Children First Councils and the Domestic Violence Task Force.

3. Nursing Homes

Click on gray box to enter text.

We work with nursing homes if we have consumers of services receiving services in that setting. This is rare. We currently do not have anyone residing in a nursing home at this time.

4. Prison Reentry

Click on gray box to enter text.

While we have been part of the Circle of Support Re-entry project in Marion County since its inception, many of those individuals who participate have a primary alcohol and drug diagnosis. We have been of assistance when individuals are dually diagnosed or need mental health services. Again, this is not a focus area for the board.

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

Click on gray box to enter text.

We have just begun discussions with our local Community Clinic, which has look-alike – Federally Qualified Health Clinic Status, regarding the integration of physical and mental health services. We hope to focus on this partnership as we move into SFY2009.

7. Other.

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.

Our efforts to create awareness about suicide and its prevention are long standing. We have a support system in place for survivors (Survivors of Suicide Grief Support Groups) in each county. In addition, we partner with our local NAMI and the Crawford County Suicide Prevention Coalition to hold an annual walk – the Into the Light Walk for Suicide Prevention – during Mental Health Month (May) each year. The proceeds from the walk go to NAMI and they use them to help fund the Columbia TeenScreen program in area high schools. This year, we will support TeenScreen

activities in 4 area high schools. One activity that we completed this year was to compile a resource folder for distribution to local funeral homes, emergency rooms and coroners to give to families touched by a suicide. Again, this was accomplished in partnership with the NAMI Family of Marion and Crawford Counties. Other prevention activities include working through the Trauma Teams to intervene and reduce the impact of traumas.

In addition, our providers use the consultation line item to provide services to local Children Service Boards and their treatment foster care networks to problem solve and facilitate discussion regarding at risk youth served by all of our systems. Our general consultation services include presentations to area schools and community groups on a variety of mental health topics.

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.

Both of our providers conduct their own satisfaction surveys throughout the fiscal year. In addition to that, our Board, along with two other Boards, uses the Mental Health Statistic Improvement Program (MHSIP) to collect consumer satisfaction information about staff and services. The MHSIP is used nationally with the exception of two states - Ohio being one. We are currently asking providers to distribute the surveys quarterly. We have administered the survey a total of three times so our data collection to date is limited. One benefit is that the results can be compared with other providers (both within our Boards and nationally) using this instrument. We also began asking Providers to complete satisfaction surveys for our staff. We have only collected surveys twice so we are still fine tuning the process. Last year, there was a concern around communication. In order to address that, we began meeting with Providers bi-monthly as opposed to quarterly. Our Board area is primarily comprised of families from the Appalachian Culture. Our Crawford County Provider sponsors a workshop each year on cultural competency. In FY 07, the workshop topic was how to work effectively with individuals and families from the Appalachian Culture. Our Marion County provider is working to reach out to our growing Hispanic population. They have retained an interpreter and have engaged a few families and children. However, most Hispanic clients are court ordered at this time so building a relationship with the Hispanic culture has been a slow process.

Generally speaking, it is very difficult to recruit staff in rural counties; it is extra difficult to recruit minorities. Still our Crawford County provider was able to do so by offering an internship to students from Ashland County that included a young African-American male. Our Provider was ready to hire him after his internship but he was unable to pass his licensing exam.

Our Board has been active in sponsoring and supporting Michael Oliver, an African-American consumer, to raise awareness of mental illness through his art work. He is very talented and has received awards for his art work. Michael has attended Multiracial Advocate's for Cultural Competence (MACC) conferences and with our support has been accepted to serve on MACC's board.

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.

Maybe the most significant accomplishment is that we have passed two replacement levies in counties with ever rising unemployment rates and during difficult economic times. This is no small task. The time, effort, and support that it takes to run a levy campaign is massive. We easily estimate that the levy endeavor is ten times what it was when the levies were initially passed in 1981 and 1987.

We have worked hard to maintain a board comprised of interested individuals who volunteer many hours to support mental health and substance abuse treatment and prevention services in our two county area. Again, this is no small accomplishment.

In December of 2007, we were recognized by OACBHA as a Culture of Quality Certified Board. We are working towards Crisis Intervention Team Training and establishment in our board area. The Marion County Municipal Court is working with the board and our provider agency to assess implementation of a mental health court.

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.

In rural communities, the process of considering needs is a true partnership. In fact, the needs assessment process itself is a partnership that includes a wide range of entities. In Crawford County, we partnered with the County Health Department, Family and Children First Council, the MR/DD Board and Job and Family Services to conduct a multi-faceted needs assessment. In Marion County, the partnership included the aforementioned as well as the local Community Foundation and United Way of Marion County. Our provider partners participated in the process in both counties. Stakeholders included public entities, schools, key informants, courts, and citizens. In addition, we utilize our local NAMI and the Odyssey Recovery Group to provide ongoing input with regard to needs and access to services. This is done both formally and informally through our regularly scheduled meetings with both organizations.

D. Community Plan for SFY 2009. (Desired State)

Please refer to “Planning Terms” in Appendix C.

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

Click on gray box to enter text.

In determining priorities, the board:

- worked with providers to identify trends in services;
- reviewed MACSIS data to compare SFY08 data with the prior fiscal year;
- met with NAMI and the Odyssey Consumer group to discuss needs;
- assessed our budget to determine funding availability;
- discussed needs with our Family and Children First partners;
- met with the local court to discuss an increase in cases involving persons with serious mental illness.

We are clearly a system in which new revenue is rare. As a result, we have needs that cannot be

fully met because of funding constraints. Our priorities continue to be focused on adults with serious mental illness/severe and persistent mental illness and youth with serious emotional disturbance. We are also very aware that our system of care is virtually the only access to mental health services in our two rural counties. As a result, we support a range of services the community depends upon as part of its safety net. This belief was verified after the flood in August of 2007.

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

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

Click on gray box to indicate priority level.

2.a. EMPLOYMENT*

Priority: **Medium**

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

Increase number of consumers enrolled in the PEER Employment Program in FY 09

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

Increase funding for this program.

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

Increase funding for the PEER program by 5% or \$1,853

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

As stated previously, the individual responsible for PEER is very effective. He frequently attends after hour meetings at the Chamber of Commerce in order to build relationships with employers in the county. He placed 68% of consumers in jobs within two months in FY 07. He is very enthusiastic and does an excellent job of representing this program in the community. He has also made connections in Crawford County and is currently teaching a class for consumers once a week on resumes and interviewing techniques.

2.b. WELLNESS MANAGEMENT & RECOVERY*

Priority: **High**

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

To train staff in WMR techniques.

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

Hold discussions with providers and Odyssey Recovery Group to determine their interest in participating in WMR pilot project. If there is interest, contact WMR staff to determine their availability for training our providers and members of our consumer group. Assist Odyssey Recovery Group in filling out application for WMR pilot project; complete training if application is approved.

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

Train staff and members of consumer group in WMR techniques by June 30, 2009

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

Our Providers received training in IMR over 4 years ago and incorporated this program into their CPST services. Our Crawford County Provider has embraced the techniques and concepts more fully than Marion County. Providers now have new staff who could benefit from the training and previous staff may be interested in learning new information since the program was updated. We will work with providers, members of our consumer group, and WMR CCOE to set up and implement the "train the trainer" program. We also want our Odyssey Consumer Group to take the lead in this endeavor. It is a wonderful opportunity for them to become better known in the community as well as working hand in hand with providers.

2.c. HOUSING

Priority: **Medium**

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

To maintain our current housing stock so that it provides a safe, secure environment for consumers.

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

Maintain collaboration with Continuum of Care partners to expand housing opportunities for consumers. Set aside funds annually for maintenance of board owned housing to conduct necessary repairs and maintenance.

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

By July 1, 2008, the board will allocate \$30,000 for housing maintenance fund.
By December 31, 2008, board staff will identify opportunities for partnership with the Housing Continuum of Care collaborative.

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

We work with Del-Mor Dwellings to manage housing in our Board area.

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

2.d. OTHER: **Wellness Recovery Action Plan (WRAP)**

Priority: **High**

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

We will have WRAP classes in both counties

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

Consumer and Family Advocate will work with WRAP teachers to offer, recruit and graduate a WRAP class in each county.

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

One WRAP class will be held in each county in FY 09 and will graduate consumers from both counties who are trained in this model.

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

We have had seven consumers trained to lead WRAP classes over the past three years. Odyssey Recovery Group has taught WRAP at least once a year and provided support classes. Odyssey will continue to offer WRAP classes and support groups. Marion has provided WRAP on a continuing basis since training but recently had to suspend classes due to a lack of consumer teachers. The program in both counties has touched a great many consumers. In the coming year, both counties will be reassessing how they provide WRAP and recruit new classes.

Click on gray box to enter text.

2.e. OTHER: Odyssey Recovery Group of Crawford County, Ohio, Inc.

Priority: High

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

Expand educational and social opportunities for members of this group in FY 09 and 10.

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

Members will gain more independence by receiving a grant from our Board so that members may develop weekly social functions and support groups independently of Board staff.

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

Number of social functions will increase by 5% by the end of FY 10. Number of participants at these functions will increase by 5% by the end of FY 10.

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

Odyssey Consumer Group is a not-for-profit entity for consumers of mental health services. They are WRAP trained and provide those supports for their peers in the community. In addition, the Odyssey group works to create general awareness in the community, aids the board during levy campaigns and provides ongoing feedback with regard to services and programs. Our Consumer and Family Advocate (CF&A) will work with Odyssey leaders to assist in realizing the above goal. CF&A and Leader(s) of Odyssey will attend quarterly meetings in FY 08 and 09 for supported education at Ashland County ADAMH Board to determine our ability to assist consumers in pursuing educational goals. Ashland County is exploring the possibility of developing a Supported Education Program similar to the Employment Program. Consumers have a history of failing at educational endeavors. This group will be exploring what supports consumers need in order to be successful in achieving educational goals.

Click on gray box to enter text.

2.f. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

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

Click on gray box to indicate priority level.

3.a. SCHOOL SUCCESS

Priority: High

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

To continue to support the delivery of mental health services in area schools.

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

To work with Family and Children First partners and providers to fund, evaluate and plan for mental health services in schools.

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

By July 1, 2008, provider contracts will be in place to establish funding for the delivery of school based mental health services.

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

Family and Children First Councils, area schools, Children Services Boards, mental health providers.

3.b. EARLY CHILDHOOD 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.*

3.c. TRANSITION AGE 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.*

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	500	25
Private Psychiatric Hospitals: Adults	0	
Private Hospitals: Children & Adolescents	0	

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

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

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

4.a. INPATIENT CARE

Priority: High

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

To ensure funding for all indigent consumers in our Board area who need an inpatient level of care for FY 09.

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

Increase funding for inpatient psychiatric care; develop contracts with other mental health inpatient units near our Board area to reduce dependence on the state hospital.

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

On July 1, 2008, the Board will increase funding by \$10,000 for inpatient psychiatric services for FY 09; we will hold discussions for contract purposes with at least one other private hospital (in addition to Marion General Hospital) by June 30, 2008

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

We have held discussions with providers and Marion General Hospital (the primary hospital that provides this level of care to our consumers). We have reviewed the data for the past 5 years in regard to trends and patterns. We increased funding in FY 08 but again this year we will exhaust funding before the end of the fiscal year. We will continue to closely monitor how these funds are being used and what rate. Our providers are responsible for screening individuals for this level of care and they are very competent. We inform them monthly about the status of our funds for this level of care.

4.b. CONTINUITY OF CARE

Priority:

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

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

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

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

4.c. SOMATIC HEALTH CARE

Priority:

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

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

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

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

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

Click on gray box to enter text.

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.*

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

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

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

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:

Priority:

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

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

Measurable Objectives

Discussions and/or Collaborations

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.*

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

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

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

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

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

Click on gray box to enter number.

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

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.*

To improve law enforcement's ability to work with severely mentally ill individuals in a crisis situation.

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

ADAMH Board will hold informational sessions for police chiefs, security personnel at OSUM and MTC; ADAMH Board will work with NAMI and other community partners to be sure invitations go out to the appropriate people in each county. ADAMH Board will personally contact police chiefs and their representatives in each department of local law enforcement.

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

Offer first CIT training for law enforcement by September 30, 2008.

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

We will need assistance from consumers and NAMI. Our local NAMI has offered financial assistance to help defray some of the cost to our Board. Our providers will assist in teaching some of the components of CIT.

6.d.2. DISASTER PREPAREDNESS*

Priority: High

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

To enter into Memorandums of Understanding (MOU) with local Red Cross chapters in both counties.

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

Meet, develop and sign MOU with local Red Cross Affiliates.

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

MOU's will be signed by December 31, 2008.

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

We have developed a good working relationship with Crawford County EMA, the departments of health in Crawford County and the Red Cross chapters in Crawford County. Our system has responded to several disasters in the past year where we have worked cooperatively with these organizations. We will continue to improve our relationship to the other disaster responders and develop updated memorandums of understanding with these organizations along with revised response plans for the behavioral health system in Crawford County.

In Marion County, we have contact with the Red Cross chapter and will take steps to increase our relationship with this organization. We have a working relationship with the Departments of Health in Marion County and will continue to assist them as needed and hope to develop an MOU with them. The EMA in Marion County has made it clear to the behavioral health organizations that we are expected to respond when needed but do not belong in any mitigation process, prior planning led or coordinated by Marion County EMA. We have made known and will continue to make known (to EMA and county commissioners) our systems interest in planning and mitigation efforts. We do not look for this relationship to change without a change in leadership at the Marion County EMA.

6.d.3. COLLEGES & UNIVERSITIES*

Priority: Low

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

To improve communication and collaboration between our Board and local institutions of higher education.

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

Invite security personnel from MTC and OSUM to CIT training to take place this year. Through our NAMI affiliate, we will sponsor a student run support group on campus. With NAMI, we will offer educational presentations to nursing students regarding mental illness and substance abuse.

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

Complete first CIT training with security personnel from MTC and OSU - Marion by September 30, 2008; Create a student run support group on campus by June 30, 2008. C&FA with NAMI will offer educational presentations to nursing students by the end of FY 08.

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

We will work closely with our local NAMI to achieve this goal.

6.d.4 PRIMARY & SECONDARY SCHOOLS

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.*

6.3.5. 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.*

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

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

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

7.a.2. Area of Adult Services:

Priority:

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

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

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

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

7.a.3. Area of Adult Services:

Priority:

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

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

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

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

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

Click on gray box to enter text.

7.b. Child & Adolescent Services.

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

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

Priority:

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

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

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

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

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

Priority:

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

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

Click on gray box to enter text.

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

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

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

Priority:

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

Assist Providers in developing an IDDT team in Marion County.

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

Meet with providers and representatives from the IDDT CCOE; create a time line for implementation; assist provider with cost of training by covering half of lost productivity time

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

IDDT team will be trained by June 30, 2009; IDDT team will be fully implemented by June 30, 2010; Provider will demonstrate a fidelity rating of 75 or higher in all categories of IDDT protocol.

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

We will work with our Marion County provider and the IDDT CCOE to provide training for staff at Marion Area Counseling Center. We will also extend an invitation to our Crawford County Provider to participate in the training.

Click on gray box to enter name of practice:

7.c.2. PRACTICE: Client Directed Outcome Informed (CDOI) clinical work

Priority: **High**

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

Assist providers in developing a program that involves consumers in their mental health care. Ensure consumer involvement in the planning, delivery, and evaluation of services using reliable and valid feedback from consumers regarding their progress and the relationship with their clinician.

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

There is a growing world wide movement to involve consumers in their mental health care. Crawford Marion ADAMH Board along with our providers will implement a pilot project with the Institute for the Study of Therapeutic Change. This project is based on the belief that all individuals have a "theory of change" and that if clinicians honor that theory while collecting and using client feedback at each session to tailor services, then it is expected that retention, progress, and (eventual) success of treatment will improve. The consumer's rating of the working alliance and their rating of early progress in response to the provider, level of care, and type of treatment being offered will be measured at each session.

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

At the end of the 3 year implementation process, for clinicians participating in the pilot project, the drop out rate will decrease by 25%; average number of sessions required will decrease by 25%; No shows and cancellations will decrease by 25%;

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

The Board will contract with Scott D. Miller, Ph.D. from the Institute for the Study of Therapeutic Change to provide training and consultation to providers on implementing CDOI clinical work. Our Board will contract with MY OUTCOMES which is an interactive Web-based application that administers the Partners for Change Outcome Management System (PCOMS). According to MY OUTCOMES, PCOMS will assist in monitoring treatment effectiveness by providing information on treatment outcomes and the therapeutic alliance; it also provides the precision and reliability of an automated outcomes management system without extensive work, expense, or user burden. It identifies in real time clients who are at risk for negative or null outcomes; provides empirically based suggestions to increase the likelihood of success; aggregates data into reports on provider,

program, and agency effectiveness for supervisory, administrative, and payment purposes. The Board will also assist Providers in covering part of the cost of loss productivity for training and additional supervision time while this project is being implemented.

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.*

To increase the relevance, effectiveness, and accessibility of training and education.

Strategies *Click on gray box to enter text.*

Meet bi-monthly with providers to discuss needs and trends in services; Study the latest research in regard to what works in therapy; Talk with other Boards and their Providers to learn what has been useful in other areas of the state;

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

Provide at least one training per fiscal year based on Providers' needs and goals.

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

We will work with Providers to identify needs and trends in services in order to provide training that is truly helpful to both providers and consumers of services. Of great interest to our Marion County Provider is IDDT. We have been meeting with representatives from this CCOE to develop a time line for implementation. Training is scheduled to begin in April, 2008. We have invited our Crawford County provider to also participate in these trainings. Trainings are scheduled through the end of this calendar year. We also understand the importance of productivity to both administration and line staff. It is one of the biggest concerns from line staff. Many staff are afraid to take the time to attend workshops which might improve their skills. They worry about losing their jobs if they cannot keep productivity at the required standard. In response to this concern our Board has agreed to assist Providers in covering a portion of the down time incurred for Board sponsored trainings. Trainings not sponsored by the Board will be considered on case by case basis. Our next training agenda will occur over a 3 year period in order to implement Consumer Directed Outcome Informed clinical work previously discussed. A potential benefit of this project will be a decrease in no shows and cancellation.

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

8.a.2. Area of Workforce Development:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

9.a. Adults

9.a.1. ADULT JUSTICE/COURT COORDINATION

Click on gray box to indicate priority level.

Priority:

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

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

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

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

9.a.2 ADULT RECIDIVISM

Priority:

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

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

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

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

9.a.3. ADULT DIVERSION

Priority:

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

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

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

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

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

Click on gray box to enter text.

9.b. Adolescents

9.b.1. ADOLESCENT JUSTICE/COURT COORDINATION

Click on gray box to indicate priority level.

Priority:

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

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

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

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

9.b.2. ADOLESCENT RECIDIVISM

Priority:

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

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

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

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

9.b.3. ADOLESCENT DIVERSION

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

9.c.1. JAILS

Click on gray box to indicate priority level.

Priority:

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

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

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

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

9.c.2. DETENTION CENTERS

Priority:

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

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.4. NURSING HOMES

Priority:

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

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

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

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

9.c.5. PRISON RE-ENTRY

Priority:

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

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

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

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

9.c.6. PHYSICAL & MENTAL HEALTH INTEGRATION

Priority:

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

To work with providers, the Center Street Community Clinic (an organization with look-alike FQHC status) and its board of directors to investigate the potential for mental health services on-site at the clinic and collaboration for integrated services.

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

Community partnership with Center Street Community Clinic.

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

By June 30, 2009, we will have assessed the feasibility of delivering mental health services to the population served by Center Street Community Clinic.

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

We will collaborate with United Way of Marion County, Marion Community Foundation, Center Street Community Clinic, the Marion Area Counseling Center, Marion General Hospital and the City of Marion.

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

9.c.7. OTHER:

Priority:

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

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

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

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

Click on gray box to enter text.

9.c.8. OTHER:

Priority:

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

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

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

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

Click on gray box to enter text.

9.c.9. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

10.a. SUICIDE PREVENTION

Click on gray box to enter priority level.

Priority:

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

To increase availability of Teen Screen / SOS in area schools

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

To deliver Teen Screen/SOS services onsite in partnership with area schools.

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

By June 30, 2009, we will provide Teen Screen or the SOS screening program in a minimum of 4 area high schools.

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

We will collaborate with the Suicide Prevention Coalition, the NAMI Family of Marion and Crawford Counties, area secondary schools, Marion Area Counseling Center, Community Counseling Services and Crawford-Marion Prevention Programs to accomplish this goal.

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

10.b. OTHER: Suicide Prevention

Priority: High

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

To conduct at least two suicide awareness activities during SFY09.

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

We will work with local media to create awareness about suicide and its link to depression.

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

By June 30, 2009 we will conduct two suicide awareness activities.

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

We will collaborate with the suicide prevention coalition, providers, schools, local print and radio media.

10.c. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

11.a. CONSUMER SATISFACTION WITH SERVICES AND STAFF

Priority:

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

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

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

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

11.b. STAFF RECRUITMENT

Priority:

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

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

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

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

11.c. STAFF TRAINING

Priority:

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

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

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

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

11.d. ADDRESSING DISPARITIES IN ACCESS AND OUTCOMES

Priority:

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

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

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

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

11.e. OTHER: *Click on gray box to enter text.*

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.

the November, 2007 guidelines that were updated on January 14, 2008. We are, however, well aware of the constraints of funding in the state of Ohio. Clearly, any loss of funds will have an impact on our ability to fund the services and programs highlighted in this document. We therefore reserve the right to adjust this plan in accordance with funding levels.

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

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

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

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

Click on gray box and enter text.

Business Rules: We believe the business rules currently in place allow for the flexibility necessary to provide services to both the Medicaid and non-Medicaid population.

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>We plan to evaluate services pursuant to ORC 340.03 in a variety of ways. Many of our evaluation activities will involve the assessment of access. This will include:</p> <ul style="list-style-type: none"> • Monthly reports on waiting lists from our providers. • A review of crisis clients who receive a follow up service after their crisis service with the goal being - For every individual that receives a crisis service, we will look for a follow up visit within 10 days of the crisis event. • In addition, we will conduct specific reviews for individuals presenting for a second crisis within 30 days of the initial event. • Consumer Grievances: We will review annually all consumer grievances. • Rate of admission to the state hospital. • Readmissions within 30 days of discharge. • Evidence based practices. • Review of compliance with submission of financial reports to ODMH. • Conduct client satisfaction survey following the MHSIP model quarterly. Review those results with providers. • Conduct a review of agency financial audits. • Complete the agency Medicaid audits and review results with individual providers. • Conduct an assessment of the community support system in each county. • Our Board will contract with MY OUTCOMES - which is an interactive Web-based application that administers the Partners for Change Outcome Management System (PCOMS). According to MY OUTCOMES, PCOMS will assist in monitoring treatment effectiveness by providing information on treatment outcomes and the therapeutic alliance; it also provides the precision and reliability of an automated outcomes management system 	<p>E.1</p>
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without extensive work, expense, or user burden. It identifies in real time clients who are at risk for negative or null outcomes; provides empirically based suggestions to increase the likelihood of success; aggregates data into reports on provider, program, and agency effectiveness for supervisory, administrative, and payment purposes.	
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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.

We recently began a collaborative project with Delaware-Morrow Board, Fairfield Board and Public & Private Solutions (PPS) in Fairfield County to generate reports from MACSIS and BH Mod that are helpful and meaningful to the Board as well as Providers. We are reviewing patterns of use for the past three years to examine trends. As we become more sophisticated in this process, we will issue a report card to Providers on a quarterly basis so that they will know how well they are doing in areas such as submission of BH Mod and Outcomes Data to the state. We have also been working to create diagnostic reports using claims data that includes information about episodes of care; cost of treating clients by diagnosis; state hospital usage (repeats); effectiveness of CPST usage based on units, dollars, numbers, youth/adult, MH/AOD, MCD/Non, Diag Group. This projecct is still in its infancy and we are still in the process of determining which reports are most useful to both the Board and Providers.	E.2
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E.3. To what extent does the Board need technical assistance concerning compliance with ORC 340.03? (Guidelines for ORC 340.03 appear in Appendix D.)

Click on gray box and enter text.

	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
Dave Wilhelm	320 Executive	Marion	43302	740-387-5210	dwilhelm@maccsite.co

John Tatro	Drive PO Box 765	Bucyrus	44820	419-562-2000	m ccsi_jtatro@rrohio.co m
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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
Lisa Fernandez	38 S. Park St.	Mansfield	44906	419-526-3764	

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
Brian Penrod	142 S. Prospect St.	Marion	43302	740-387-8531	bpenrod@ohiopps.org

Form 3

Planned State Inpatient Bed Days

BOARD NAME	
2009 Planned Use of State Inpatient Days	
Northcoast-Toledo	
Northcoast-Toledo	
Northcoast-Toledo	
Northcoast-Toledo	
Total Inpatient Days	

Signed _____
 Board Executive Director

I anticipate contracts for CSN services to some degree.

- Yes
- No

Form 4

Notification of Election of Distribution – SFY 2009

The Crawford-Marion ADAMH (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
Crawford-Marion ADAMH (Board)

Date: 3/27/2008