

### III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

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*Click on box to enter Board name.*

**BOARD NAME:** Delaware-Morrow Mental Health & Recovery Services Board

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

*Click on gray box to enter text.*

The Delaware-Morrow Mental Health & Recovery Services Board shall, in partnership with our community; plan, develop, evaluate, and provide for high quality, cost effective, appropriate mental health and substance abuse treatment and prevention services that are accessible to the residents of Delaware and Morrow Counties.

Our Motto: "We are a community partnership for mental health and recovery services."

**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 business rules are consistent with the DMMHRS Board's priorities for persons experiencing a psychiatric crisis whether in our two county area or a resident needing these services in another Board area, adults with severe mental disabilities (SMD), youth with severe emotional disturbances (SED) and their ability to pay. Based upon our experience, the use of our sliding fee scale which reflects a person's ability to pay have not been a barrier for the priority populations to receive non-Medicaid funded services.

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

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

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

*Click on gray box to enter text.*

The foundation of recovery supports in the DMMHRS Board area are consumer operated services through the outreach centers in both counties. Annie’s Outreach (Delaware County) and No Limits (Morrow County) provide peer support and several recovery programs. Consumers involved with the centers are trained and provide Wellness Recovery Action Plan (WRAP), BRIDGES, Advance Directives, and Climbing Into The Driver’s Seat on a regular basis. Both centers also provide numerous other programs to support consumers in their recovery.

The centers have had financial and organizational challenges over the past several years which have been addressed with the assistance of Ohio Advocates for Mental Health. These challenges have provided consumers and the Board with learning experiences that will help to strengthen the programs and allow them to evolve and grow.

**2.1 Recovery Supports: Housing**

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

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

*Click on gray box to select answer.*

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

*Click on gray box to select answer.*

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

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

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

**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.*

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

e. Do you have wait lists for HAP?

*Click on gray box to select answer.*

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

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

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

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

*Click on gray box to enter number.*

71tth Consumers Waiting	<b>2.1.g</b>
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**Public Housing** is defined as housing subsidized by the federal government, such as but not limited to Section 8. People on HAP are likely to be on public housing wait lists, but HAP is not public housing.

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

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

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

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

*Click on gray box to enter number.*

71 total for all housing types Consumers Waiting	<b>2.1.i</b>
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The **Homeless Housing Status National Outcome Measure (NOM)** reported to SAMHSA by ODMH refers to adults, aged 18+ with severe mental illness (SMI), who have identified themselves as homeless

on an administration of the Adult Consumer Survey in the Ohio Outcomes System. For SFY 2007, Ohio reported a Homeless Housing Status NOM to SAMSHA of **2,879** persons with SMI. Board level data for Ohio’s SFY 2007 Homeless Housing Status NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

**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.*

As identified in Appendix B, there is no Ohio Outcomes data that is accessible in order to be reported. Central Ohio Mental Health Center (COMHC) has submitted a Plan of Correction to the Outcomes Office of ODMH providing the steps they are taking to remedy this situation as soon as possible. COMHC maintains that the Ohio Outcomes have been completed and that it is a data flow issue, not a collection issue. Consequently, the data reported is incomplete. We will use this as a data source in the future.

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

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

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

**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.*

16 Homeless persons with SMI	<b>2.1.jb</b>
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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.*

There are no homeless shelters available in our Board area. DMMHRSB has been exploring a joint supported housing project with the Crawford-Marion Board of ADAMHS and Del-Mor Dwellings in order to meet the need for this level of housing. Domestic violence transitional living and sober housing are two areas of identified need. Board staff and providers are active in the Housing Task Forces of both counties.

## 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.*

See 2.1 j.
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**a.a.** If the Board does not use Outcomes data to estimate the number of employed persons with SMI, what data source does the Board use to plan for services?

*Click on gray box to enter text.*

We rely on our provider of employment services to provide this information and assist in planning	<b>2.2.aa</b>
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**a.b.** If the information in Appendix B is inaccurate, what was the number of full-time and part-time employed persons with SMI served by the Board in SFY 2007?

*Click on gray box to enter number.*

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

*Click on gray box to enter text.*

. Employment services are provided by the Center for Vocational Alternatives (COVA) and include employment counseling in rehabilitation readiness, vocational assessments, and job search strategies. In addition they offer job coaching and benefits consultation. COVA is involved in community partnerships with the outreach centers, the mental health treatment agency, the housing agency, Job & Family Services, and the Bureau of Vocational Rehabilitation.
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**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.*

Building resilience supports by continued development of a system of care for youth and families is a focus of the DMMHRSB strategic plan (see Attachment A). This has been challenging as our population increases and attempts are made to expand capacity, as well as add services to the continuum of care. It is also challenging as we are seeing increasing numbers of younger children with a higher severity of illness. The service needs for these young children must be balanced with the needs of the multi-system “Cluster” youth. Some of the services planned for implementation to address these issues include home-based services for youth and families and a partnership in a mental health preschool classroom.

Our most notable achievements in the area of resiliency supports have been the development of mental health liaisons to schools and the juvenile justice system. This includes 3 school mental health liaisons (2 in Delaware County & 1 in Morrow County) that provide consultation and intervention services to the 8 school districts in our Board area. There is also a mental health liaison stationed at the Delaware County Juvenile Court who provides consultation & intervention to staff, youth, & families involved with the treatment court docket and other court service participants. In addition there are 2 early childhood mental health liaisons who work with local subsidized childcare centers to provide assessment, training, and referral. Two of the liaison positions are partially funded through ABC funds. These site-based liaison services have been very successful and highly supported within our communities. They provide the needed supports to community agencies and the youth and families they serve, as well as helping to build relationships and communication between our system and others.

Another development is the Family Mental Health Advocate position. This individual works with parents who have a child with a mental illness. She is available to meet with individuals and groups to educate, support, advocate and assist in obtaining needed services.

In an effort to maintain youth in their homes, FAST funds have been utilized to provide respite and supervision for our high need “Cluster” youth and families.

DMMHRSB is nearing the completion of an eighteen month project in the area of prevention services which will be discussed in the Prevention, Consultation, and Education section of this plan.

### **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.

As identified in Appendix B, there is no Ohio Outcomes data that is accessible in order to be reported. Central Ohio Mental Health Center (COMHC) has submitted a Plan of Correction to the Outcomes Office of ODMH providing the steps they are taking to remedy this situation as soon as possible. COMHC maintains that the Ohio Outcomes have been completed and that it is a data flow issue, not a collection issue. Consequently, the data reported is incomplete. We will use this as a data source in the future.

**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.

Currently, we have limited data sources that would help us in planning for services that support school success. This is an area that we continue to explore. During the 2006-2007 school year, in partnership with school districts, the Youth Risk Behavior Survey (YRBS) was completed by 3,880 middle and high school students in 7 of the 8 school districts in our Board area. It is our intention to institute the YRBS at the recommended interval of every three years. Some data is gathered through special programs such as the liaisons mentioned in 3.0. Most of the information we receive for planning purposes is gathered through ongoing active partnerships with schools, law enforcement, juvenile justice, health district and children’s services.	<b>3.1.aa</b>
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**a.b.** If the information in Appendix B is inaccurate, what was the number of persons with SED served by the Board in SFY 2007 who were suspended or expelled?

Click on gray box to enter number.

That information is currently unknown due to lack of data source.	<b>3.1.ab</b>
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**4. Inpatient Care**

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

**a. Inpatient Care**

Click on gray boxes to enter numbers.

Board Purchased Inpatient Care	FY 06 Bed Days	FY 07 Bed Days	FY 06 Admissions	FY 07 Admissions	<b>4.a</b>
State Hospitals	917	660	30	33	
Private Psychiatric Hospitals: Adults	71	131	21	33	
Private Psychiatric Hospitals: C&A	0	0	0	0	

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

*Click on gray box to enter text.*

<p>. The Board’s Care Management Director is contacted by Board area Health Officers or out-of-county providers for approval of bed days for both the state and private hospitals. There are no private inpatient psychiatric beds in either Delaware or Morrow Counties. The hospitals most often used are Marion General, Memorial Hospital of Union County, and the Ohio State University Medical Center. The Board does not currently have formal written contracts with any private hospitals, but maintain verbal agreements on current rates.</p>	<p><b>4.ba</b></p>
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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	<b>4.bb</b>
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**5. Residential Treatment Centers (RTCs).**

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

*Click on gray box to enter number.*

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

*Click on gray box to enter number.*

67C&A Consumers place out of county in SFY 07	<b>5.b</b>
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**c.** How many of the C&A consumers identified above involved Board participation in the placement decision?

*Click on gray box to enter number.*

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

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

<b>Use is increasing</b>	<b>Use is about the same</b>	<b>Use is decreasing</b>	<b>5.d</b>
<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.*

Undoubtedly the population growth in our communities has prompted an increase in cases of abuse, neglect, and dependency which may require out-of-home placements. In addition, it has been a challenge for our system, as well as others, to impact the local children’s services placement decision-making process.	<b>5.e</b>
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**6. Crisis/Emergency Care.**

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

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

Service Area	Service Available?	6.a.1
24/7 Hotline	<input checked="" type="checkbox"/>	
Warm Line	<input type="checkbox"/>	
<b>Adult Consumers</b>		
24/7 On-Call Staffing by Psychiatrists	<input 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"/>	
<b>Child &amp; Adolescent Consumers</b>		
24/7 On-Call Staffing by Psychiatrists	<input type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input 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 checked="" type="checkbox"/>	
Other (Please Specify):		

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

*Click on gray box to enter number.*

	SFY 06 Crisis Bed Days	SFY 07 Crisis Bed Days	<b>6.a.2</b>
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Adults	0	0	
Children & Adolescents	0	0	

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

*Click on gray box to enter text.*

Crisis care services are limited in the Board area. Although the capacity needs to be increased, the volume is not enough to make a 24-hour crisis center feasible. DMMHRSB relies on partnerships with the hospital emergency departments in both counties for after-hours emergency services. They have expressed concern about the long wait times to get an individual hospitalized due to limited number of psychiatric beds. This concern and frustration have increased over the past few years as accessing inpatient care has become increasingly difficult.

We are fortunate that the Board and agency staff have a positive relationship with the hospitals' administration and staff. There have been dialogues with Grady Hospital (Delaware) about the provision of psychiatric services, especially with the new facility they are building, but they have not expressed an interest in moving in that direction. In partnership with Grady Hospital and the Delaware County Sheriff's Department, DMMHRSB has an agreement to pay for transportation and security by off duty deputies when needed for acute mental health crises. We also utilize off duty deputies in Morrow County for transportation issues, but do not have a formalized agreement.

**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.*

DMMHRSB has provided three CIT trainings to date, with the last being in October of 2007 and the next planned for the spring of 2008. The October 2007 training was provided in partnership with the Delaware County Criminal Justice Association and held at the Delaware Law Enforcement Training Center. The intent is to provide CIT trainings twice a year. The trainings have been well received and attended by law enforcement, EMS/Fire, probation officers, and court staff.

**2. Disaster Preparedness**

*Click on gray box to enter text.*

The last training, Helping People Find Strength Following Disaster, was provided by DMMHRSB in August of 2006. Board staff continue to participate in the county LEPC meetings. Locally there has been minimal activity regarding disaster preparedness in the past year.

What are your estimates of staff for the following areas?

*Click on gray box to enter number.*

	Local Disaster	Statewide Disaster	<b>6.c.2</b>
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	Response	Response	
Trained	35	5	
Currently Available	10	5	

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

*Click on gray box to enter text.*

a. The city of Delaware is home to Ohio Wesleyan University (OWU). DMMHRSB staff have been working to develop an enhanced relationship. There have been connections with the security staff of OWU and two have attended CIT training. Our future plans would be to dialogue with the branches of the Ohio State University, Franklin University, Columbus State University, and University of Phoenix.

b. DMMHRSB is a partner with Highland Local Schools on their Safe Schools/Healthy Students Grant. They are in year three of the grant which has allowed for the opportunity to be involved in their planning & implementation of their safety & crisis response.

Several years ago DMMHRSB began providing, through our contract providers, Crisis Intervention Stress Management (CISM) to local schools. Provider and community staff were trained and teams provided the service to schools. The teams have also provided CISM to agencies and businesses on occasion. The number of CISM team members has dwindled and plans have been in the works for a training to rebuild the teams. There have also been discussions around restructuring the coordination and administration of the program to better serve the schools and community.

**7. Outpatient Services.**

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

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

**a.1. Adult Intensive Care**

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

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

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

*Click on gray box to enter text.*

DMMHRSB has focused on the combined SAMI and ACT-like team CPST for intensive outpatient services. As mentioned previously, capacity issues are ongoing as the population growth continues. The Board monitors access times and wait lists for key services in the quarterly performance improvement report submitted by providers, however, intensive CPST is not one of the monitored services. There have not been identified issues regarding access to this service. The agency does use a triage system to schedule services, however for this specialized service, individuals would need to be assessed, identified as in need, and meet criteria. The Board's oversight role for this service is limited to specific cases that are called to our attention and providers reviews. The Board's Care Management Director would then facilitate resolving the issue(s).

Due to the current financial situation at Central Ohio Mental Health Center (COMHC), this service is in jeopardy as restructuring and staff resignations have potentially impacted the quality of services. We are working closely with COMHC to monitor client care. When the financial issues are resolved, our focus will be on rebuilding that service to fidelity of the model.

**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"/>
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"/>
PH Prgm. Type II (School-based)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.*

The Tomorrow Center Partial Hospitalization Program (Morrow County) has been a focus of the Board as a partnership with the schools to meet the needs of youth in order to prevent out-of-home placements. This is not a triaged service. The Board’s monitoring of this program is based on dialogue with the provider agency and school personnel at formal and informal meetings. Many of the youth in the program are multi-system “Cluster” youth and these cases are discussed on a regular basis to be sure the needs of the youth are being met. A good example of the cooperative effort and open communication between the parties involved with the program is an issue brought to light in the past year. The partial hospitalization program has historically served only middle and high school students. The schools began to identify an increasing number of elementary age children that they were not able to be maintained in an SED classroom. After a number of meetings to discuss the issue and identify options, it was determined that these youth could be most effectively served in an SED classroom with mental health supports versus a partial hospitalization program. That option was implemented during the current school year and will be assessed by all parties at the end of the school year.

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

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

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

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

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

**b.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.

All routine outpatient services for adults are a focus for the Board, due to the growing capacity needs. The provider agency does use a triage system to identify emergent, urgent, and routine service needs. The Board’s oversight is through the monitoring of access times and wait lists in the quarterly performance improvement report.

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

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

Click on gray box to enter text.

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

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

Click on gray box to enter text.

See response in b.2. in regard to routine outpatient services for children and adolescents.

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

Click on gray box to enter text.

For adults, the Board's focus has been on the clinical best practice of IDDT. This program was started four years ago and has received high fidelity marks and awards. Unfortunately as mentioned earlier, the program will need to be rebuilt. We are hopeful that an even better IDDT program will be the result of lessons learned over the years.

For children and adolescents, the Board has concentrated on developing a system of care and has yet to identify which clinical best practices to implement, especially in regards to family therapy. We have been moving towards investing in best practices, but have learned the importance of identifying ones that fit well for our consumers and system. We are currently in the planning stages of developing home-based services for youth and families and exploring integrated behavioral health services for youth with co-occurring mental illness and substance abuse disorders.

**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:*	1.86	<b>8.a</b>
CPST FTEs:	15.00	
Counselor/Therapist FTEs:	7.55	

\*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:*	1.70	<b>8.b</b>
CPST FTEs:	5.00	
Counselor/Therapist FTEs:	5.85	

\*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.*

Although we support the intent of the “Action Plan”, workforce development is not a focus area for the Board at this time.

**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.*

DMMHR SB has developed very positive working relationships with the adult criminal justice system in both counties. Board staff are involved in a number of regular meetings and dialogues with court and probation personnel such as the Community Corrections Board. The most recent collaborative effort was the development of a specialized mental health court docket for the Delaware County Municipal Court. The docket started in December 2007 and will expand to the Delaware County Common Pleas Court in mid 2008. The plan is to eventually develop a specialized mental health court docket with the Morrow County Courts.

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

*Click on gray box to enter text.*

As with the adult criminal justice system, the Board has a good working relationship with the juvenile justice systems and Board staff are involved in numerous community meetings with juvenile justice staff. Representatives from the Board and juvenile justice system are collaborative partners in the Delaware County Treatment Court, the Delaware and Morrow Counties Interagency Youth Clusters, and DYS Re-entry meetings

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

1. Jails

*Click on gray box to enter text.*

In Delaware County we periodically communicate with the county jail staff regarding their behavioral healthcare needs. We have met with the newly appointed sheriff and offered to develop services as he becomes acclimated to what is needed. The Delaware County Jail has added a new wing and the staff there are working to adjust to the increased number of inmates. In Morrow County, the county jail most likely will be downsizing due to budget constraints. Both county jails receive emergency services as needed from our provider.

2. Detention Centers

*Click on gray box to enter text.*

Detention Centers are not an area of focus for DMMHR SB.

2. Homeless, Runaway & Domestic Violence shelters

*Click on gray box to enter text.*

Delaware and Morrow Counties do not have shelters for the homeless or runaways. DMMHR SB contracts with Turning Point, a domestic violence shelter in Marion, for services. We have had discussions with them regarding transitional housing as a step-down from the shelter to help domestic violence victims to integrate back into the community.

3. Nursing Homes

*Click on gray box to enter text.*

Nursing homes are not a focus area for DMMHR SB. There are very few in Delaware and Morrow Counties that service residents with mental illness. Of note however is the Visiting Paws Program. Consumers from the outreach centers take specially trained dogs into local nursing homes as an outreach project.

4. Prison Reentry

*Click on gray box to enter text.*

Prison Reentry is not a major focus area for DMMHR SB

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

*Click on gray box to enter text.*

Although this is not an area identified in our strategic plan, DMMHR SB recognizes the importance of the integration of physical and mental health services and is exploring possibilities in collaboration with other community agencies such as the health departments, medical providers, and hospitals. Small steps have been made with the tobacco dependence grant project that COMHC was involved in previously and the recent conversion of our facility in Mt. Gilead to a smoke-free campus.

7. Other.

Board staff are involved in a wide variety of coalitions within our communities that increase our visibility and support, provide opportunities to educate community partners on behavioral healthcare issues, provide information on community needs/assessments, and provide a forum for problem-solving of shared concerns. The Family and Children First Councils are one such coalition that we are actively involved in, as well as committees of the council such as “Cluster”.

**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.*

DMMHRSB has provided training and support for several years to implement TeenScreen with the assistance of ODMH and the Ohio Suicide Prevention Foundation. Initially the plan was to implement TeenScreen in five schools and the Delaware County Juvenile Court. Currently, it is being implemented in two schools and the Juvenile Court.

One of our provider agencies is funded by DMMHRSB to provide suicide prevention programming. In addition, they have formed a Suicide Prevention Coalition that includes community agencies and Board staff. They also provide a Survivors of Suicide support group. We are discussing the potential of expanding the suicide prevention programming in FY 2009.

b. DMMHRSB began a prevention project 18 months ago to assess the prevention needs identified by the community and develop a plan for providing coordinated prevention programming based on those needs. It was a major undertaking for both counties that involved schools, law enforcement, juvenile justice, health departments, prevention providers, and many other community members. As part of the assessment process the Youth Risk Behavior Survey (YRBS) was given to middle and high school students in seven of the eight school districts in our Board area. A prevention advisory group was formed in each county to assist in the implementation of the YRBS and review of the data. The process continued as data was analyzed and feedback/input was gathered from stakeholders. DMMHRSB compiled the results and determined the direction of prevention services in which they would invest. At this point, we have developed an application process for FY 2009 to reflect the direction the Board intends to take over the next few years. Attached is a document (See Attachment B) from the FY 2009 Prevention Application that outlines the Board's investor targets and how they align with the National Outcome Measures (NOMs). Prevention is being approached from a broad perspective and is inclusive of prevention, consultation, and education as defined by ODMH.

**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.*

. DMMHRSB has been focusing on the implementation of a system-wide consumer satisfaction survey in partnership with the Crawford-Marion ADAMHS Board and the Fairfield County ADAMH Board, through the PPS Hub. The use of the mental health statistics improvement program (MHSIP), will allow us to gather consistent satisfaction data by Board area and within the PPS Hub Boards. The local data will be compared to the national data of the survey instrument. In June of 2007 we began an implementation pilot with treatment providers. The survey is being done on a quarterly basis. A year of data will need to be compiled in order to be considered as

statistically valid and useable for system and provider quality improvement purposes.

c. With the focus on consumer satisfaction and outcomes, we sponsored a training based on Consumer-Driven, Outcome-Informed (CDOI) care, in partnership with the Crawford-Marion and Fairfield Boards. The model developed and presented by Scott Miller, provides assessment tools for clinicians to use consistently in their work with consumers. The tools assess how the clinician is doing from the client's perspective. The premise of the model is that research has shown that by far the alliance between the clinician and client is the best predictor of treatment success. We had been working towards implementing the model in partnership with the Crawford-Marion Board until the recent financial crisis with our primary mental health service provider. It is our intent to implement the model at some future point in time.

DMMHRSB area does not currently include a great deal of diversity in the population, with the exception of income levels. Delaware County, especially the southern portion, has a higher median household income and low poverty levels as compared to Morrow County with lower median household income and nearly three times higher poverty levels. Trainings on the poverty culture are frequently available to agency staff looking to develop their cultural competency.

e. In addition, through our application process we request that agencies share how they address cultural competency within their services and staff.

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

*Click on gray box to enter text.*

### **C. Needs Assessment.**

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

*Click on gray box to enter text.*

DMMHRSB continually assesses the needs of our county residents. With the population growth, the demographics and social indicators are important to monitor in order for us to respond effectively to changing community needs. Board staff are actively involved in community planning activities, including assessments such as DelawareCares, a community-wide needs assessment and community plan; Partnership for a Healthy Delaware, a local public health system assessment; and Morrow County Health Coalition.. As mentioned earlier, Board staff's involvement in numerous community coalitions provides ongoing information regarding community needs.

The Board's strategic plan is revised and updated every three to five years in alignment with our statutory responsibilities and levy planning activities. The strategic planning process is done with a variety of stakeholders, including consumers and/or family members. In an effort to "assure that services of high quality and value are available to residents of both counties", which is Goal 2 of our

FY 2006 Strategic Plan (Attachment A), collection and analysis of data is an important component. With the assistance of PPS we have been able to generate reports based on MACSIS data. The Ohio Association of County Behavioral Health Authorities (OACBHA) is working to integrate existing data sources in order to provide local and statewide comparative data to Boards. In addition, the quarterly report of the DMMHRSB performance outcomes (Attachment C) submitted by our contract agencies provides data to assist in monitoring needs.

When the Board undertakes a large community project, planning involving community partners and stakeholders is key to the success of the project. In projects such as the strategic plan, specialized mental health docket, and prevention services, we have found it helpful to bring in a third party to manage the project and coordinate activities surrounding the planning process. This extends our limited Board staffing and allows for an objective approach to coordination and planning.

Through the prevention project, the Youth Risk Behavior Survey (YRBS) was utilized to gather data on the needs of middle and high school youth in our two-county Board area. Also, youth forums were conducted to gather additional information and feedback regarding the most pressing needs and issues facing youth in our Board area. It is our plan to do the YRBS at the recommended interval of every three years to monitor changes and needs.

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

Please refer to “Planning Terms” in Appendix C.

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

*Click on gray box to enter text.*

See C above.

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

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

*Click on gray box to indicate priority level.*

#### **2.a. EMPLOYMENT\***

Priority:

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

Increase the number of employed consumers with SMI.

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

Work in partnership with the SE CCOE, COVA, and COMHC to provide supported employment (SE) for community treatment team (CTT) consumers.

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

1) Establish baseline numbers of employed CTT consumers at COMHC. 2) Implement SE and integrate into the programming available to CTT consumers at COMHC. 3) Identify the number of employed CTT consumers in 2nd & 4th Qtr. Performance Outcomes.

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

It was the Board's intent to have the SE implementation in process by this point in time. However, due to the current fiscal crisis at COMHC, we have put this on hold for the time being.

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

Priority:

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

Provide the evidence based practice of Wellness Management & Recovery (WMR) to consumers.

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

Work in partnership with WMR CCOE, consumer outreach centers, and COMHC to provide WMR to consumers.

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

1) Contact WMR CCOE regarding interest in implementing WMR. 1) Set up advisory group to support and monitor implementation process of WMR. 3) Identify and train facilitators of WMR. 4) Implement WMR curriculum. 5) Evaluate impact for consumers receiving WMR.

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

## 2.c. HOUSING

Priority:

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

Increase the availability of supported housing options.

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

In conjunction with Del-Mor Dwellings and Crawford Marion Board, develop a supported housing facility for consumers needing an increased level of supports to remain in the community.

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

1) Develop plan for supported housing facility. 2) Identify property to build or existing facility. 3) Secure funding for project. 4) Build or rehab existing facility. 5) Establish operating plans, including criteria for application for housing. 6) Select and place consumers in supported housing facility.

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

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

2.d. OTHER:

Priority:

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

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

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

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

2.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.*

2.f. 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.*

**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.*

Partner with schools to increase school success.

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

Provide prevention services to local school districts that address non academic barriers and increase school success.

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

1) Contract for evidence based prevention services that address non academic barriers. 2) Monitor implementation of these prevention services. 3) Evaluate impact of prevention services provided.

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

Board, contract providers, school districts

**3.b. EARLY CHILDHOOD CARE**

Priority: **High**

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

Increase services that improve early childhood mental health in the community.

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

Partner with community agencies to provide a mental health preschool classroom for young children with mental health issues that impact their ability to function in a regular preschool classroom.

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

1) Planning and development of mental health preschool classroom by ECMH advisory committee. 2) Secure funding from involved partners. 3) Support process of hiring staff. 4) Identify young children meeting established criteria. 5) Begin mental health preschool program. 6) Support, monitor, and evaluate mental health preschool program.

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

Liberty Community Center, COMHC, Delaware County Job & Family Services, Action for Children, local school districts

**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	950	35
Private Psychiatric Hospitals: Adults	150	35
Private Hospitals: Children & Adolescents	15	3

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

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

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

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

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

**4.a. INPATIENT CARE**

Priority:

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

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

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

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

At this time we do not have plans to focus on reducing our bed day utilization. With the population growth we are finding many of those needing Board support for hospitalization are new to our system and/or have insurance but are unable to obtain a bed in the Central Ohio area. In addition, we have found TVBH does a good job of helping us to keep length of stays at an appropriate level.

**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.*

No plans to address at this time.

**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.*

No plans to address at this time.

**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: High

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

Decrease the number of residential placements of youth from Delaware & Morrow Counties.

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

Implement home based services in Delaware County in partnership with other youth serving systems.

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

1) Identify a provider for home based services for youth & their families. 2) Assist in planning and implementation of services 3) Monitor & evaluate service impact & need.

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

Delaware County Inter System Youth Cluster (COMHC, Juvenile Court, Board of Developmental Disabilities, Children's Services)  
  
Inter-System meetings, initiated by Delaware County Job & Family Services have been occurring and meet every other month to address the issue of out of home placements.

**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: Low

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	0	0
Children & Adolescents	0	0

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

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

*Click on gray box to select priority level.*

Priority:

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

To partner with law enforcement to increase the safety, understanding, and linkage of services for individuals with mental illness.

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

Provide CIT trainings for local law enforcement, EMS/Fire, and probation.

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

1) Offer CIT trainings twice per year. 2) Evaluate effectiveness in meeting the goals of the training.

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

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

Priority:

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

Be prepared to coordinate necessary services in the event of a disaster in our Board area.

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

Maintain an effective Disaster Plan for the Board.

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

Review & update the DMMHRSB Disaster Plan on an annual basis.

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

Provider & community agencies

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

Priority: **Medium**

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

To educate local colleges and universities about the role of the Board and the services our system provides.

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

Develop relationships with Ohio Wesleyan University (OWU) and the local branches of the Ohio State University (OSU), Franklin University, Columbus State University, and the University of Phoenix.

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

1) Increase connection & planning with OWU. 2) Make contact with local university branches.

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

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

Priority: **Medium**

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

Ability to provide crisis services for major incidents at the request of local school districts.

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

Provide Critical Incident Stress Management to local schools as needed.

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

1) Recruit & train individuals within our system on CISM. 2) Rebuild & increase coordination of CISM teams. 3) Increase knowledge of the service for local schools.

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

The Board sponsored a CISM training 3 years ago specifically to address school crisis. Since that time the team has dwindled in numbers. There is a need to redevelop this program to serve the community.

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

*Click on gray box to enter text.*

Intend to expand provision of CISM to local businesses and community agencies in addition to schools.

**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: High

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

Availability of integrated treatment for individuals with SMI & substance abuse.

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

To rebuild IDDT program to fidelity.

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

1) To work with & support COMHC in maintaining current SAMI clients with decreased supports. 2) Work with COMHC & SAMI CCOE to develop strategies to gradually increase those supports over time. 3) Board & SAMI CCOE to assist COMHC (or other provider if necessary) in moving to fidelity of the IDDT model. 4) IDDT program to receive a fidelity rating of 4 or above in annual fidelity review.

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

As mentioned earlier, the IDDT program is a casualty of the current fiscal crisis at COMHC.

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

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

Priority:

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

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

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

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

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

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

Priority:

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

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

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

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

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

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

Priority:

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

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

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

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

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

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

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

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

Priority:

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

Strategies *Click on gray box to enter text.*

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

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

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

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

**9.a. Adults**

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

*Click on gray box to indicate priority level.*

Priority: High

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

Divert SMI adults involved with the criminal justice system from jail and into needed treatment services.

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

Work in collaboration with the courts and provider agencies to implement specialized mental health dockets in Delaware County Municipal Court & Court of Common Pleas.

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

1) Monitor & support the current implementation of the mental health docket in Municipal Court by meeting with court & provider personnel on a regular basis. 2) Assist & support planning efforts for the Court of Common Pleas mental health docket. 3) Assist in implementation of the mental health docket in Court of Common Pleas by summer of 2008. 4) Monitor & support implementation of mental health docket at Court of Common Pleas. 5) Evaluate program annually.

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

**9.a.2 ADULT RECIDIVISM**

Priority: High

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

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.*

See 9.a.1 above.

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

Priority: High

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

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

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

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

See 9.a.1 above.

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

*Click on gray box to enter text.*

**9.b. Adolescents**

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

*Click on gray box to indicate priority level.*

Priority: High

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

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.*

No new plans in this area. Continue communication & supports for Delaware County Juvenile Court, particularly the specialized treatment docket..

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

Priority: Low

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.*

No plans to address at this time.

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

Priority: **Low**

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.*

No plans to address at this time.

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

Priority: **Medium**

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

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

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

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

Will partner on development of a shelter if and when supported by the community.

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

Priority: **Low**

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.*

No plans to address at this time.

**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.*

There have been ongoing discussions with intensive probation regarding treatment services for sex offenders on release from prison.

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

Priority:

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

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

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

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

No plans to address at this time.

*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.*

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

Assist in planning & support of comprehensive and coordinated suicide prevention, intervention, & postvention services for Delaware & Morrow Counties.

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

1) Partner with provider and community agencies in further development of suicide prevention coalitions in both counties. 2) Identify through FY 2009 Provider Application process suicide prevention services to be funded by DMMHR SB. 3) Monitor & evaluate funded suicide prevention program(s) implemented in FY 2009.

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

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

**10.b. OTHER:**

Priority:  Low

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

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

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

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

**10.c. OTHER:**

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

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

Priority: Medium

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

Availability of system-wide consumer satisfaction data.

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

Develop a system-wide consumer satisfaction survey & reporting process.

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

1) Implement the MHSIP survey quarterly at treatment provider agencies. 2) Provide survey results to PPS to aggregate data & provide reports. 3) After one full year of implementation begin to utilize data for problem-solving & decision-making. 4) Develop consumer satisfaction reporting process for non-treatment provider agencies.

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

Public & Private Solutions & affiliated Boards.

**11.b. STAFF RECRUITMENT**

Priority: Low

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.*

No plans to address at this time.

**11.c. STAFF TRAINING**

Priority: Low

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

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

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

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

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

Priority:

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

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

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

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

*Click on gray box to enter text.*

**11.e. OTHER:**

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

**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.*

or closure. COMHC is the primary contract provider of mental health treatment services in the Board's two-county area. The Board leadership and staff engaged in a series of joint meetings with COMHC leadership and staff to assess the crisis and the impact on consumers, staff, referral sources and community. In an effort to address their financial situation, COMHC implemented a re-organization plan which included executive leadership changes, increased efficiencies and cost-saving measures to continue operations. The Board continues to offer technical assistance, supports and closely monitor the situation with COMHC. As of this date, it is unclear as to the long-term financial viability of COMHC.

In addition to providing assistance to COMHC, the DMMHRSB has been doing contingency planning, pursuing additional options and information from potential providers to assure that essential services are maintained in the event COMHC is unable to provide the contracted mental health services. DMMHRSB has formally requested permission from the Ohio Department of Mental Health, under the statutory emergency provision, to directly operate services as a time-limited option. The DMMHRSB continues to communicate on a periodic basis with ODMH, providers, consumer organizations, stakeholders, media and community members as to the latest developments.

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

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

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

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

*Click on gray box and enter text.*

The DMMHRS Board will be re-assessing the MACSIS business rules and fee schedule over the next fiscal year to make sure it reflects our increased focus on youth and older adults, and the limited non-Medicaid resources for treatment, housing, employment and support services.

**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.*

The Board will track semi-annual progress of the plan in conjunction with the performance improvement reports and mid-year reviews from provider agencies. In the performance improvement reporting, services are assigned specific outcome measures.	E.1
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**E.2.** How does the Board plan to develop and use various databases, (e.g, MACSIS, Outcomes, Behavioral Health Module) to evaluate the effectiveness and efficiency of services?

*Click on gray box and enter text.*

The Board will continue to work with PPS to develop reports using MACSIS, BH, &	E.2
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Outcomes data that provide information to assist us in evaluating the effectiveness & efficiency of services. In addition, OACBHA has been developing a database by integrating numerous data sets to provide reports to assist Boards. We are in the process of exploring different options for obtaining data to provide information related to Board outcomes versus provider agencies directly responding to Board outcomes.	
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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.*

DMMHRSB would benefit from technical assistance in the use of establishing outcomes for planning and evaluation, as well as integrating data sets and determining key indicators.	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
Paul Damron	40 N Sandusky St., Suite 301	Delaware	43015	(740)368-1740	pdamron@ohiopps.org

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

Name	Street Address	City	Zip	Phone Number	Email
Paul Damron	40 N Sandusky St., Suite 301	Delaware	43015	(740)368-1740	pdamron@ohiopps.org

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

<b>Name</b>	<b>Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone Number</b>	<b>Email</b>
Amy Hill	40 N Sandusky St., Suite 301	Delaware	43015	(740)368-1740	ahill@ohiopps.org

Form 3

Planned State Inpatient Bed Days

<b>BOARD NAME</b>	
<b>2009 Planned Use of State Inpatient Days</b>	
<b>Northcoast-Toledo</b>	
<b>Northcoast-Toledo</b>	
<b>Northcoast-Toledo</b>	
<b>Northcoast-Toledo</b>	
<b>Total Inpatient Days</b>	

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

I anticipate contracts for CSN services to some degree.

- Yes
- No

Form 4

Notification of Election of Distribution – SFY 2009

The (Board) has passed a resolution making the following:

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

Signed:

\_\_\_\_\_  
(Name)  
Executive Director  
(Board)

Date:

