

III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

Click on box to enter Board name.

BOARD NAME: Fairfield County ADAMH Board

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

Click on gray box to enter text.

I. MISSION STATEMENT

To promote an environment that develops the highest quality system for reducing the harmful impact of mental illness, substance abuse, and family violence in Fairfield County.

II. VISION STATEMENT

The Fairfield County ADAMH Board and its staff will be well trained and motivated to meet the considerable challenges that confront the public behavioral health care system in our community. The Board will understand the basic principles of governance, ethics and quality improvement and will apply those principles in a manner consistent with the strategic interests of the organization. Staff will operate in an environment that is appealing and conducive to productivity. Each staff person will have a clear understanding of their role and will be supported by administration. The Board and staff will be committed to making the Fairfield County ADAMH Board an agent of positive change for persons who experience serious mental illness and addiction disorders.

III. VALUES

The Board will always value the interests of its consumers and our community above the interests of staff and agencies.

The Board will seek to be fair and impartial in its funding and allocation decisions.

The Board will strive to allocate its limited resources in a manner that best meets the needs of our community and consumers.

The Board will operate in a manner that is transparent to the public and consumers it serves

In the lack of clear and convincing information, the Board will act in a constrained manner in order to avoid doing unintended harm.

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.

Coinsurance on all non-Medicaid except crisis intervention and CPST
Fairfield County’s business rules remain very simple and reflect 1) the Board’s absolute commitment to providing services to persons with serious mental illness and 2) the Board’s commitment to persons who experience mental health emergencies. More prescriptive business

rules have been contemplated and rejected due to the historic problems our system has experienced with Medicaid match.

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 Fairfield Mental Health Consumer Group presently offers a wide range of educational and peer support groups, including Bridges, Bi-Polar Support Group, Depression Support Group, Art Expression, Grief Recovery Support, Spirituality Group, and a Nutrition Group. FMHCG is also part of a new initiatives program in conjunction with the Recovery Center, and Lutheran Social Services, providing Intensive Outpatient Treatment to males who have chronic alcoholism and homelessness.

2.1 Recovery Supports: Housing

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

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

Click on gray box to select answer.

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

Click on gray box to select answer.

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

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

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

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

Click on gray box to enter number.

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

e. Do you have wait lists for HAP?

Click on gray box to select answer.

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

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

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

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

Click on gray box to enter number.

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

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

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

Up to 1 year	1-2 yrs.	3-4 yrs.	5-6 yrs.	7-8 yrs.	9 yrs. or more	Don't Know /NA	2.1.h

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

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

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

Click on gray box to enter text.

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

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

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

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

Click on gray box to enter number.

Homeless persons with SMI	2.1.jb
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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.

<p>The Fairfield County ADAMH Board and the Fairfield Mental Health Consumer Group currently operate two homes, one for women, and one for men, in which supportive housing is offered to individuals experiencing severe mental illness. Peer support services are available to these individuals and to any consumer in Fairfield County, Mondays through Friday, from 9:00 a.m. to 5:00 p.m. The individuals in the supportive housing units also have access to emergency crisis services.</p>
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New Horizons continues its ownership of three apartment buildings that house adults with severe mental disabilities. This is permanent housing for these individuals. These 24 units were constructed with HUD dollars. CPST staff visit these residents periodically and the residents access services at the mental health center as well. New Horizons also has a limited number of contracts with local adult care homes, who house adults with SMD. CPST staff also support these individuals

2.2 Recovery supports: Employment

The **Employment Status NOM** reported to SAMSHA by ODMH refers to adults, aged 18+ with severe mental illness, who have identified themselves as employed full-time or part-time through an administration of the Adult Consumer Survey in the Ohio Outcomes System. For SFY 2007, Ohio reported an Employment Status NOM to SAMSHA of **24,068** persons with SMI. Board level data for Ohio's SFY 2007 Employment Status NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

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

Click on gray box to enter text.

The numbers reported in Appendix B are proportional to state figures and are roughly accurate for Fairfield County.

- 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.

The Board relies on Outcomes data for these estimates.

2.2.aa

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

Click on gray box to enter number.

103 Employed persons with SMI

2.2.ab

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

Click on gray box to enter text.

Employment services do not constitute an area of strength for the Fairfield County ADAMH Board. FMHCG (the Fairfield Mental Health Consumer Group) is operated through the services of consumers who have been trained in peer support, bridges, and other related programs, and who are willing to help others work on recovery issues. A computer lab is available and job leads are posted weekly. Individuals seeking employment are referred to available agencies and receive encouragement and support throughout their job seeking experiences. Benefits Analysis is available to individuals who want and need this before a decision can be made regarding return to the

workforce.

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.

1. The Fairfield County Family, Adult and Childrens First Council is spearheading a Partnership for Success Initiative. This program focuses on before school programming in partnership with the Lancaster City Schools targeting at risk junior high school students.
2. Through ODMH funding New Horizons is providing early childhood mental health consultation services to area child care centers. This work is coordinated through the Early Childhood Mental Health Task Force of the Family Adult and Childrens First Council.
3. Fairfield County has expanded its model of service coordination to include an early childhood cluster in addition to the adolescent inter-disciplinary team (long standing cluster).
4. Fairfield has aggressively pursued funding opportunities through the ABC Initiative to build resiliency resources within the community such as FAST, Incredible Years, ECMH Consultation and maternal depression.

3.1 Resilience supports: School Suspension and Expulsion NOM

The **School Suspension and Expulsion NOM** reported to SAMSHA by ODMH refers to children and adolescents, aged 18 or less, with serious emotional disturbance (SED), who have been identified as having been suspended or expelled from school through administration of a survey in the Ohio Outcomes System. For SFY 2007, Ohio reported a School Suspension and Expulsion NOM to SAMSHA of **8,187** persons with SED. Board level data for Ohio's SFY 2007 School Suspension and Expulsion NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

- a. To what extent Board-level data reported in Appendix B for school attendance an accurate reflection of the number of such individuals served by the Board in SFY 2007?

Click on gray box to enter text.

The numbers reported in the school attendance NOM are slightly less than could be expected based on the ratio of statewide population accounted for by Fairfield County. The Board however holds these estimates to be a rough approximation of the overall condition due to a disproportionate

number of school attendance problems expected in urban areas.

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.

The Board uses the Ohio NOM figures.

3.1.aa

a.b. If the information in Appendix B is inaccurate, what was the number of persons with SED served by the Board in SFY 2007 who were suspended or expelled?

Click on gray box to enter number.

3.1.ab

4. Inpatient Care

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

a. Inpatient Care

Click on gray boxes to enter numbers.

Board Purchased Inpatient Care	FY 06 Bed Days	FY 07 Bed Days	FY 06 Admissions	FY 07 Admissions	4.a
State Hospitals	975	724	56	51	
Private Psychiatric Hospitals: Adults	227	252	79	84	
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.

The Board retains a clinical care coordinator that is available 24 hours a day seven days a week to consult with New Horizons Emergency Services staff. All episodes of care purchased by the Board are pre-authorized by the CCC and reviewed at a later date by the executive director.

4.ba

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

Click on gray box to select answer

Yes **4.bb**

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.

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

Click on gray box to enter number.

6C&A Consumers place out of county in SFY 07	5.b
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c. How many of the C&A consumers identified above involved Board participation in the placement decision?

Click on gray box to enter number.

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

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

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

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

Click on gray box to enter text.

<p>Since 2003 the actual number of children placed in Out of County residential has declined by approximately 50%. The reasons for this dramatic change in treatment practice follow:</p> <ol style="list-style-type: none"> 1. Development of intensive local treatment options such as IHBT, intervention services targeted toward high risk youth provided directly by Juvenile Court (developed through the use of pooled funds and ABC treatment and FAST funding). 2. Increased use of respite and family support services. 3. Use of specialized Intensive Home Based Therapy funded by Behavioral Health and Juvenile Justice resources. 4. Increased marketing of the Interdisciplinary Team (Cluster) service coordination mechanism. <p>It is important to note that the resources previously used to fund OOC treatment have been directed to enhance and support these local intensive services. In the last five years the number of children and adolescents served through I Team and Cluster have increased from approximately 7 per year to 129 in 2007. All but the six children placed in residential treatment were maintained in their permanent residence.</p>	5.e
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6. Crisis/Emergency Care.

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

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

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

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

Click on gray box to enter number.

	SFY 06 Crisis Bed Days	SFY 07 Crisis Bed Days	6.a.2
Adults	0	0	
Children & Adolescents	0	0	

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

Click on gray box to enter text.

Crisis service staff have experienced an increase in the number of people presenting with crisis situations in the last year. Access to state hospital beds as well as private beds has been problematic, on occasions taking several hours to secure a bed for admission. We expect this condition to accelerate as the economy declines.

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.

Fairfield has trained 38 police officers, sheriff deputies, PO's in the Crisis Intervention (CIT) model. All officers who are involved in CIT have expressed positive outcomes when techniques used in the training have been applied in their daily contacts with the community. Plans are underway to hold a training session this fall for interested officers. A refresher/update class for previous trainees will also be held.

2. Disaster Preparedness

Click on gray box to enter text.

Board Staff participate in the Fairfield County Local Emergency Planning Committee, administered by the Fairfield County Office of Emergency Management & Homeland Security. The local Medical Reserve Corps is in the process of formation. Board Staff anticipate an active role to assure the local mental health system is integrated into the county Medical Reserve Corps plan. Board and Agency Staff discussed the need for a systemwide disaster preparedness plan earlier this fiscal year. It is anticipated a comprehensive mental health and substance abuse system disaster response plan will be completed by the end of the current biennium.

What are your estimates of staff for the following areas?

Click on gray box to enter number.

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

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

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

Click on gray box to enter text.

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 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"/>	
Intensive CPST	<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"/>	

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.

Fairfield County doesn't have IOP programs per se but New Horizons does use a leveling system to assure that priority clients receive more intensive services and monitoring. This leveling system is used primarily for SMD adults.

New Horizons has developed a “Rapid Intake” program that assures rapid access to care for new and returning agency clients. All clients are seen for an abbreviated initial session with a clinician within an average of 2 days. Failed appointments for new and returning clients have declined from 50% to 30% in the first 8 months of this project. Clients are prioritized for care based upon their presenting issues and stage of change. A new agency site was developed for this project. The new site is located on the Fairfield Medical Center campus in order to facilitate integration with the health care system and to integrate agency crisis intervention services (housed at FMC) with agency Diagnostic Assessment staff.

New Horizons also maintains “aftercare slots” and “urgent Psychiatric slots to assure rapid

diagnostic assessment and medication-somatic services for individuals coming out of hospitals or individuals who are referred by its crisis intervention staff in order to divert psychiatric admissions.

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

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

Click on gray box to enter text.

New Horizons Youth and Family Center has also been able to maintain its Intensive Family-Based Program for the past 2 years. This program is funded by pooled funds from 4 systems, and one position is funded by ODMH’s Juvenile Justice Behavioral Health funding. This program has been highly successful in diverting more expensive out of home placements and is highly valued by all FAF/cluster agencies. This program provides intensive services to high-need, multi-system families and is patterned after the ODMH Intensive Family-Based Program Rule

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input 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"/>	
Counseling/ Psychotherapy	<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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CPST	<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"/>	<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.

New Horizons has developed a “Rapid Intake” program that assures rapid access to care for new and returning agency clients. All clients are seen for an abbreviated initial session with a clinician within an average of 2 days. Failed appointments for new and returning clients have declined for 50% to 30% in the first 8 months of this project. Clients are prioritized for care based upon their presenting issues and stage of change. A new agency site was developed for this project. The new site is located on the Fairfield Medical Center campus in order to facilitate integration with the health care system and to integrate agency crisis intervention services (housed at FMC) with agency Diagnostic Assessment staff.

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input 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"/>	
Counseling/Psychotherapy	<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"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CPST	<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"/>	<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.

In addition to traditional outpatient, Fairfield County offers home based therapy targeted toward children and families that are involved with multiple cluster agencies. This program has been highly successful. New Horizons collaborated with the Board in the development and deployment of its rapid intake service.

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.

RECOVERY MODEL: New Horizons provides extensive training and on-going consultation and support for our adult CPST staff in the recovery model. The agency uses SOQIC forms, which lend themselves to the recovery model.

INTEGRATED DUAL DISORDERS TREATMENT PROGRAM (IDDT): New Horizons is in the fifth year of implementation of IDDT for adults with concurrent substance use disorders and severe mental disabilities. New Horizons was one of the first four agencies in Ohio to partner with the IDDT CCOE.

INTENSIVE HOME-BASED PROGRAM: Even though NH has not sought ODMH certification specifically for this program, NH does adhere to the program components that are described in the ODMH rule, and NH is CARF certified to provide this program

COGNITIVE BEHAVIORAL THERAPY: NH clinicians employ CBT with individual child and adult clients when clinically warranted

EARLY CHILDHOOD ASSESSMENT: NH has been a recipient of ODMH Early Childhood Mental Health funding for the last 18 months and is providing assessments, consultation, training and counseling/psychotherapy in accordance with the evidence-based practices that are espoused within that program at the state level.

INCREDIBLE YEARS: NH has just received ODMH funding to implement this evidence-based program in 2008.

MATERNAL DEPRESSION: NH has just received ODMH funding to implement this evidence-based program in 2008.

TEENSCREEN: NH currently provides this EBP (as developed by Columbia University) in four separate Fairfield County School districts, and plans to develop TeenScreen county- wide within the next 2-3 years. NH meets all Columbia quality assurance requirements and is approved to provide this program. NH is also a recipient of Garret Lee Smith funds through the Ohio Suicide Prevention Foundation housed at the Ohio State University

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:*	3.87	8.a
CPST FTEs:	17.40	
Counselor/Therapist FTEs:	6.00	

*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:*	0.92	8.b
CPST FTEs:	1.00	
Counselor/Therapist FTEs:	14.00	

*Includes Advanced Nurse Practitioners with prescriptive authority.

c. Please describe any areas of focus for the Board regarding **workforce development**. For help with framing a response on this topic, Boards are encouraged to review Appendix G: *An Action Plan for Behavior Health Workforce Development* from the Annapolis Coalition.

Click on gray box to enter text.

At the request of provider agencies, the ADAMH Board funds and coordinates the provision of an internet based CEU system (NetSmart University). While we are currently in early implementation of this program, it appears to provide substantial value to contract agencies and their staff. The system is completely funded by the ADAMH Board and allows each professional staff to acquire a large percentage of their required CEU's without leaving the office. This program will enhance productivity and lower costs.

9. Inter-system Collaboration

a. Discuss achievements and trends in the following areas.

1. Adult Justice/Court Coordination, Recidivism and Diversion.

Click on gray box to enter text.

The Fairfield County ADAMH Board funds a special mental health court docket that operates within the Fairfield County Municipal Court. This program includes a treatment professional that is imbedded in the court and a special probation officer who advises the judge and assures participants are in compliance with orders. To date, this program has been highly successful. One unanticipated outcome, however has been an increase in the number of forensic days Fairfield County uses at TVBH.

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

Click on gray box to enter text.

Juvenile court is tightly integrated into the network of child serving agencies. The court is a long standing participant of Cluster and a contributing partner to the cluster pool. It is our understanding that the local Juvenile Drug Court was one of the first of its kind in Ohio and has been recognized for exemplary outcomes for children and families.

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.

New Horizons provides onsite crisis assistance to the jail upon demand. This program is funded by the ADAMH Board and has been well received by the Fairfield County Sheriff's Office.

2. Detention Centers

Click on gray box to enter text.

2. Homeless, Runaway & Domestic Violence shelters

Click on gray box to enter text.

The Fairfield Mental Health Consumer Group provides groups and peer counseling services to residents of the Lutheran Social Services Homeless Shelter. At the present time a very significant percentage of FMHCG service recipients are residents of the Shelter. Demand for homeless shelter services appears to be on the rise.

3. Nursing Homes

Click on gray box to enter text.

4. Prison Reentry

Click on gray box to enter text.

The local Common Pleas Court has contacted the Board Director and conveyed an interest in starting a Reentry Docket. In addition, a large state prison transitional program has been located on the south side of Lancaster for several years. CTC provides onsite treatment to their residents. The Board makes crisis services available in the event of a mental health emergency.

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

Click on gray box to enter text.

New Horizons will be actively partnering with the local Health Department in 2008. A NH clinician will be on site at the Health Department's primary health care clinic. The Health Dept recently obtained Federally Qualified Health Center look-alike status, and approached NH about providing the mandatory mental health care, rather than duplicating the care that NH provides. This will initially be a part-time presence as a pilot project, which will be evaluated and expanded as it becomes successful, and as additional capacity need is demonstrated.

New Horizons also actively partners with local physicians through consultation and information sharing on a case-by case basis.

New Horizons also actively partners with Fairfield Medical Center as illustrated above in the rapid intake project.

Further, NH, FMC and the ADAMH Board enjoy a unique partnership in terms of overnight CI and case management coverage in the FMC emergency room. NH and ADAMH jointly provide the funding for an overnight NH clinician to provide both mental health crisis intervention when needed as well as hospital/medical case management.

7. Other.

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

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

Click on gray box to enter text.

The most recent Fairfield County youth survey indicates that approximately 1 in 5 local Fairfield County youth contemplate suicide on an annual basis. The ADAMH Board is working with Prevention Works and The Family Adult and Childrens First Council to develop a Suicide Strategic Plan and conduct suicide awareness activities throughout the County. In addition, New Horizons Youth and Family Center provides Teen Screen services to several local school districts. Most notable are the Lancaster and Pickerington, the two largest districts.

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.

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.

The ADAMH Board has a series of ongoing public awareness efforts that it supports on an annual basis that include:

1. Mental Health Matters, a weekly 30 minute radio show airs on local talk radio station WLOH during Wednesday drive time and again on Sunday morning. Archived versions of these shows can also be downloaded in MP3 format from the Board's website.
2. Annual sponsorship of classic car cruise-ins in Lancaster and Pickerington during the spring. These events are used to distribute mental health awareness and branding materials. It is estimated that these events are attended by several hundred car enthusiasts every year.
3. Periodic articles of interest are published in the Eagle-Gazette, Times-Sun and This Week publications.
4. ADAMH Board staff participate in the Pickerington and Lancaster Fourth of July Parades.
5. ADAMH and agency personnel make self help and service materials available through a continually staffed booth at the Fairfield County Fair.
6. The ADAMH Board in conjunction with the Family Adult and Childrens First Council and Prevention Works disseminate Fairfield County Youth Survey data on a biennial basis. The release of these data are typically covered by Columbus News Stations, the Columbus Dispatch, Lancaster Eagle-Gazette and Pickerington Times-Sun. In September 2007 a booklet describing the survey's results was mailed to all Fairfield County households that had school-aged children.

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.

Youth Survey - approximately 2,500 sophomores and seniors are surveyed every other year using a confidential instrument that allows the board to estimate the prevalence of alcohol use, drug use, depression, suicidal ideation and sexual activity. A broad range of student demographics are also included on the survey. After each county-wide survey the Board prepares a detailed county level report and detailed district level reports for each school district. Board, Council and Prevention staff meet with school personnel to discuss data. Board personnel also meet with administrative, clinical and prevention staff to determine whether new services or service modifications are in order. Depression and suicide data from the survey were used to increase funding for Teen Screen. In addition, several town hall meetings around drug and alcohol problems were developed as a result of the survey.

Expert Witness - Counselors and human service professionals are questioned through surveys and

focus groups as part of the community planning process.

Monthly Meetings with agency directors are used to identify emerging issues and problems.

Comparative Rates Under Treatment Reports are reviewed to identify practice patterns and service populations that deviate from expected patterns of care.

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.

Board staff and board members meet on a monthly basis with provider agency directors, representatives of the consumer movement and other key constituents. The goals and objectives posited in this plan have been compiled from ongoing planning processes (New Initiatives Planning committee, Systems public relations Committee) and ad hoc committees (emergency service planning committee) designed to address emerging issues confronting our system.

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 mental health consumers who are actively seeking employment, post secondary education and vocational training.

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

The Fairfield Mental Health Consumer Group and New Horizons will survey severely mentally ill clients to determine what factors are inhibiting local consumers from actively pursuing educational and vocational opportunities.

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

Increase the number of mental health consumers who are employed or enrolled in school by 10%.

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

This goal will constitute a significant challenge for the Fairfield County ADAMH system. We have historically focused our limited resources on crisis care and outpatient services. The Board, New Horizons and Fairfield Mental Health Consumer Group all recognize this area as a material deficit

for our system.

2.b. WELLNESS MANAGEMENT & RECOVERY*

Priority: **Medium**

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

Decrease the number of persons who are mentally ill that are overweight.

Increase the number of persons who are mentally ill that have basic knowledge about diet and exercise.

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

The Fairfield Mental Health Consumer Group will work with New Horizons to develop group activities and training materials that cover 1) smoking cessation, 2) basic diet planning and 3) exercise.

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

Decrease the number of persons who are mentally ill that use tobacco products by 5%.

Increase the number of persons who are mentally ill that have basic knowledge about diet and exercise routines by 25%.

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

The ADAMH Board will evaluate the expense of smoking cessation programs and identify a small cohort of motivated clients willing to participate in a smoking cessation program to determine the cost benefit of making this a service that is broadly available to consumers.

2.c. HOUSING

Priority: **High**

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

Increase the number of mental health consumers who report stable housing.

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

The ADAMH Board and New Horizons will prepare an updated housing plan that focuses on determining the total number of persons with mental illness that are living in unstable or inappropriate housing situations and that identifies community partners and approaches that will be used to assure mental health clients have improved access to appropriate housing.

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

Increase the number of severely mentally ill clients who have access to appropriate housing by 25%.

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

The ADAMH Board, New Horizons and Metropolitan Housing need to meet to discuss recent changes in how each agency determines who receives housing preferences in our county. Until recently disabled persons constituted the highest priority population. Currently, the housing voucher wait list is closed. It is our understanding that low income families will be considered top priority by Metropolitan Housing when the list is re-opened. This policy shift as well as a reduction in Federal housing vouchers has resulted in dramatically decreased availability of subsidized housing for

persons with mental illness in our community.

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

2.d. OTHER:

Priority:

Goals: Click on gray box to enter text.

Strategies: Click on gray box to enter text.

Measurable Objectives: Click on gray box to enter text.

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

Click on gray box to enter text.

2.e. OTHER:

Priority:

Goals: Click on gray box to enter text.

Strategies: Click on gray box to enter text.

Measurable Objectives: Click on gray box to enter text.

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

Click on gray box to enter text.

2.f. OTHER:

Priority:

Goals: Click on gray box to enter text.

Strategies: Click on gray box to enter text.

Measurable Objectives: Click on gray box to enter text.

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

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

Click on gray box to enter text.

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

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

Click on gray box to indicate priority level.

3.a. SCHOOL SUCCESS

Priority: Medium

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

Decrease the number of middle school students who fail academic courses.

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

The ADAMH Board will work with the FACF Council to evaluate and promote this program throughout the County. ADAMH staff will present local outcome data to the Board and recommend this program be identified as a "promising practice" and prioritized for additional funding as resources become available.

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

Decrease the number of middle school students who fail academic courses by 10% in selected school districts

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

The Family, Adult and Childrens First Council has funded local before school programs that have demonstrated dramatic results in improving the academic accomplishments of at risk children. The ADAMH Board should provide logistical and financial support to these amazingly effective programs and help develop similar programs throughout the County.

3.b. EARLY CHILDHOOD CARE

Priority:

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

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

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

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

3.c. TRANSITION AGE CARE

Priority:

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

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

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

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

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

3.d. OTHER:

Priority:

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

Strategies *Click on gray box to enter text.*

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

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

Click on gray box to enter text.

3.e. OTHER:

Priority:

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

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

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

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

Click on gray box to enter text.

3.f. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

4. Inpatient Care. Please complete the table below to estimate planned utilization for the next year, as best you can, even though final plan for SFY 2009 use of state hospital days is not due until May 1. Note that the state hospital per diem will be fixed for SFY 2009 at \$481. (Please note Appendix F for additional state bed day utilization data.)

Click on gray box to enter number.

Board Purchased Inpatient Care	SFY 2009 Bed Days	SFY 09 Admissions
State Hospitals	700	66
Private Psychiatric Hospitals: Adults	300	100
Private Hospitals: Children & Adolescents	0	0

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

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

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

4.a. INPATIENT CARE

Priority: **High**

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

To reduce the length of stay at state psychiatric facilities.

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

The Fairfield County ADAMH Board and New Horizons will set aside additional funding for subsidized housing and develop limited local crisis stabilization capacity.

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

Reduce the average length of stay at state hospitals from 20 days to 10 days.

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

During fiscal year 2008, the Fairfield County ADAMH Board experienced a significant increase in the average length of stay at state psychiatric facilities. It is currently estimated that the average LOS will be approximately 20 days per episode of care. This is roughly double the LOS for FY 2007. A review of admission and discharge practices by Board staff suggest that two factors account for much of the increased LOS.

First, Fairfield County has a growing housing crisis among persons with serious mental illness. The local metropolitan housing authority closed the wait list for vouchers and is planning changing its housing preference for persons with disabilities in favor of providing housing to low income families. This lack of housing has created a number of clinical crises. Additionally, a handful of clients have remained hospitalized due to a lack of community placement options.

Second, during the current fiscal year half of our admissions have been diverted to hospitals other than TVBH - Columbus. These outlying hospitals have historically demonstrated longer LOS standards than TVBH. In addition, it is more difficult for local case managers to attend treatment planning sessions that facilitate more aggressive discharge planning.

4.b. CONTINUITY OF CARE

Priority: **Medium**

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

The Board will facilitate inter-agency clinical and administrative meetings between representatives of Fairfield County's behavioral health network of providers.

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

Board staff and agency directors will meet routinely with all agency directors to identify and work on key issues confronting the local behavioral health system. For some time now the Board has expressed a commitment to shared governance about important planning and Board oversight functions. Continuation of these administrative sessions provides Board staff with valuable insight about how we can reduce and eliminate functions that don't add value and identify collaborative action that improves efficiency and effectiveness.

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

Coordinate at least ten (10) agency/Board director meetings (CHC) during the upcoming fiscal year.
Coordinate at least six (6) clinical inter-systems meetings during the upcoming fiscal year.

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

4.c. SOMATIC HEALTH CARE

Priority:

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

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

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

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

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

Click on gray box to enter text.

5. Residential Treatment Centers. Using the format below, please discuss the Board's goals and strategies to *reduce* Residential Treatment Center placements of children and adolescents in SFY 2009. Has the Board set any targets for evaluating the effectiveness of those strategies in reducing RTC placements?

5.a. Residential Treatment Centers

Priority:

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

To decrease Fairfield County's dependence on out of county residential placement.

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

The Board will continue to work with its partners in the multi-systems youth Committee to eliminate unnecessary use of residential care. ADAMH representatives will continue to educate representatives of local child caring agencies about the financial impact of expensive OOC services. To date this strategy has resulted in a significant reduction in out of county placements. It is reasonable to expect that further reductions will result from continued emphasis and collaborative work.

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

Decrease the overall use of residential placement by 10% over the next two fiscal years.

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

Fairfield County ADAMH Board staff meet on a monthly basis with representatives of MRDD, Family Adult and Childrens First, Juvenile Court and New Horizons to coordinate care for the most at risk children in our County. This collaborative has been a productive venue for our community to identify effective, low cost alternatives to inpatient and residential care.

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: **Staffing**

Priority: **High**

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

Increase the availability of onsite after-hours crisis services at Fairfield Medical Center.
Increase the availability of crisis phone response available to residents of Fairfield County.

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

New Horizons Youth and Family Center is partnering with Fairfield medical Center to provide onsite crisis intervention between the hours of Midnight and 8:00 am seven days a week. Crisis intervention specialists, will provide mental health and alcohol and other drug crisis intervention services during the specified time period. In addition, the crisis intervention specialist will provide

case management services for FMC patients when crisis intervention services are not needed.

The ADAMH Board has recently contracted with Information and Referral, Inc. to answer all mental health emergency calls. Historically, crisis intervention workers have been responsible for answering these calls. In a number of instances, crisis workers have been engaged in direct service and were consequently unavailable to respond to crisis phone calls in an appropriate manner.

Measurable Objectives

Crisis intervention workers will be available onsite at Fairfield Medical Center from Midnight till 8:00 a.m. 100% of the time.

Information and Referral will answer 100% of all incoming mental health emergency phone calls.

Discussions and/or Collaborations

As the economy erodes, the Fairfield County ADAMH Board anticipates increasing demand for emergency mental health services. We believe the above mentioned actions will position our system to effectively intervene with clients in crisis. Overall, the area of crisis intervention constitutes a very high priority for the Fairfield County ADAMH system. Additional planning in the area of crisis stabilization is also currently underway.

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

Priority:

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

Determine the feasibility of funding crisis stabilization beds at Fairfield Medical Center.

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

The Fairfield County ADAMH Board, New Horizons, Fairfield Medical Center and The Recovery Center are currently meeting to assess the feasibility of developing a small 23 hour crisis unit. This unit would ideally be located within the confines of the FMC Emergency Room and would be designed to divert subacute clients from state hospital or local inpatient stays.

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

Complete a Crisis Stabilization Feasibility Study by August of 2008.

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

At this time it is unclear whether this project would be cost effective for the Board. Additional work is required before a commitment is made to this potentially expensive but important component of our continuum of care.

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.*

Increase the availability of crisis phone response available to the adolescents of Fairfield County.

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

The ADAMH Board has recently contracted with Information and Referral, Inc. to answer all mental health emergency calls. Historically, crisis intervention workers have been responsible for answering these calls. In a number of instances, crisis workers have been engaged in direct service and were consequently unavailable to respond to crisis phone calls in an appropriate manner.

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

Information and Referral will answer 100% of all incoming mental health emergency phone calls.

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

We are currently in the early implementation phases of this important upgrade to our emergency services system. The emerging collaboration between New Horizons and Information and Referral appears to be working extremely well.

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.

It is important to note that Fairfield County has a very effective Cluster Committee (Inter-Systems Youth Committee) that meets regularly to deliberate on placing high need children in residential placement. Every year, all county-wide elected and appointed officials meet to identify priority needs for county funding. During the last two years, the members of this retreat have identified high risk youth as their top priority and have allocated \$100,000 to fund residential and diversionary services for this population.

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: Medium

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

Designate specialized CIT officers to respond to all mental health emergencies where there is evidence the situation may escalate to serious violence.

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

The ADAMH system currently has a core group of city police and county deputies trained in the principles of CIT.

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

Identify four (4) currently trained CIT officers who have the motivation and aptitude to respond to serious crisis situations involving persons with serious mental illness.

Provide quarterly inservices for specialized CIT officers.

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

Fairfield County currently has an excellent pool of potential candidates for this important

intervention team.

6.d.2. DISASTER PREPAREDNESS*

Priority: Medium

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

Revise Disaster Plan in collaboration with the local Medical Corps plan.

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

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

Revised Disaster Plan will be prepared and submitted to the Board for approval by the end of FY 2009.

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

Board Staff participate in the Fairfield County Local Emergency Planning Committee, administered by the Fairfield County Office of Emergency Management & Homeland Security. The local Medical Reserve Corps is in the process of formation. Board Staff anticipate an active role to assure the local mental health system is integrated into the county Medical Reserve Corps plan. Board and Agency Staff discussed the need for a systemwide disaster preparedness plan earlier this fiscal year. It is anticipated a comprehensive mental health and substance abuse system disaster response plan will be completed by the end of the current biennium.

6.d.3. COLLEGES & UNIVERSITIES*

Priority: Medium

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

To respond immediately onsite at Ohio University-Lancaster with crisis counselors in the event of a suicide or other crisis situation requiring mental health response.

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

New Horizons main office location is adjacent to the Ohio University Lancaster branch and will be prepared to send a crisis response team if one is requested.

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

To respond onsite within 15 minutes of a formal request by OUL.

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

6.d.4 PRIMARY & SECONDARY SCHOOLS

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

7.a. Adult Services.

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

7.a.1. Area of Adult Services: Diagnostic Assessment

Priority: High

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

Use Rapid Intake process to assure all new and returning clients receive an immediate intervention.

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

New Horizons has developed a “Rapid Intake” program that assures rapid access to care for new and returning agency clients. All clients are seen for an abbreviated initial session with a clinician within an average of 2 days. Failed appointments for new and returning clients have declined from 50% to 30% in the first 8 months of this project. Clients are prioritized for care based upon their presenting issues and stage of change. A new agency site was developed for this project. The new site is located on the Fairfield Medical Center campus in order to facilitate integration with the health care system and to integrate agency crisis intervention services (housed at FMC) with agency Diagnostic Assessment staff.

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

Eighty percent of all new and returning clients will be provided a rapid intake appointment within 2 days of requesting service.

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

This project was funded by the Board through its new additional services and new initiatives process. A summative evaluation of this process will be completed during the upcoming year to determine whether ongoing funding is warranted. Preliminary agency reports indicate this is a highly effective program.

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.*

New Horizons has developed a "Rapid Intake" program that assures rapid access to care for new and returning agency clients. All clients are seen for an abbreviated initial session with a clinician within an average of 2 days. Failed appointments for new and returning clients have declined from 50% to 30% in the first 8 months of this project. Clients are prioritized for care based upon their presenting issues and stage of change. A new agency site was developed for this project. The new site is located on the Fairfield Medical Center campus in order to facilitate integration with the health care system and to integrate agency crisis intervention services (housed at FMC) with agency Diagnostic Assessment staff.

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

Eighty percent of all new and returning clients will be provided a rapid intake appointment within 2 days of requesting service.

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

This project was funded by the Board through its new additional services and new initiatives process. A summative evaluation of this process will be completed during the upcoming year to determine whether ongoing funding is warranted. Preliminary agency reports indicate this is a highly effective program.

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

Priority:

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

Improve the accessibility of pharmacological management services for children and adolescents.

Strategies *Click on gray box to enter text.*

New Horizons will expand their services in this critical area. Additional psychiatric services will be targeted toward severely emotionally disturbed children/adolescents and their families.

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

Provide medication services to an additional fifty (50) child/adolescent clients.

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

New Horizons indicates that medication-somatic waiting list for youth has been high for some time. This is also a new initiative project of the Board and will receive a summative evaluation next fiscal year. At this time we are confident that New Horizons will be able to demonstrate tangible benefits for the funds invested in this program.

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.*

The principles of IDDT will be rigorously used to treat persons identified as having serious mental illness and co-occurring AoD problems.

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

INTEGRATED DUAL DISORDERS TREATMENT PROGRAM (IDDT): New Horizons is in the fifth year of implementation of IDDT for adults with concurrent substance use disorders and severe mental disabilities. They were one of the first four agencies in Ohio to partner with the IDDT CCOE, and still have them in on an annual basis to independently assess their fidelity to the IDDT EBP.

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

Twenty clients per year will be targeted for IDDT intervention.

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

Click on gray box to enter name of practice:

7.c.2. PRACTICE: IHBT

Priority: High

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

Provide intensive home based therapy to children at risk of out-of home placement.

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

INTENSIVE HOME-BASED PROGRAM: Even though NH has not sought ODMH certification specifically for this program, NH does adhere to the program components that are described in the ODMH rule, and NH is CARF certified to provide this program

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

Provide IHBT services to twenty (20) families per year.

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

Funding for this important program is provided by a consortium of agencies participating in the FACF Inter-Systems Youth Committee. To date, this program has been well received by referral sources and has helped the Board and ISY committee to divert a number of youth from expensive out of home placements.

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.*

administrative CEU workshops for professional and support staff.

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

70% of all professional staff requiring CEU's will use Netsmart university at least once during Fiscal Year 2009.

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

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

Click on gray box to enter text.

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

9.a. Adults

9.a.1. ADULT JUSTICE/COURT COORDINATION

Click on gray box to indicate priority level.

Priority:

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

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

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

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

9.a.2 ADULT RECIDIVISM

Priority:

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

To effectively intervene with persons who have a serious mental illness and who experience recurring problems with the criminal justice system

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

The ADAMH Board will support the efforts of a specialized court docket for persons that have serious mental illness and experience recurring problems with the judicial system. This will be accomplished by stationing a clinician with diagnostic capabilities to support the mental health docket operated in Judge Harris' court.

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

Provide services to ninety-five court involved persons who have a serious mental illness.

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

9.a.3. ADULT DIVERSION

Priority:

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

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

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

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

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

Click on gray box to enter text.

9.b. Adolescents

9.b.1. ADOLESCENT JUSTICE/COURT COORDINATION

Click on gray box to indicate priority level.

Priority:

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

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

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

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

9.b.2. ADOLESCENT RECIDIVISM

Priority:

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

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

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

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

9.b.3. ADOLESCENT DIVERSION

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

9.c.1. JAILS

Click on gray box to indicate priority level.

Priority:

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

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

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

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

9.c.2. DETENTION CENTERS

Priority:

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

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

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

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

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

Priority:

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

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

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

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

9.c.4. NURSING HOMES

Priority:

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

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

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

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

9.c.5. PRISON RE-ENTRY

Priority:

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

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

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

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

9.c.6. PHYSICAL & MENTAL HEALTH INTEGRATION

Priority:

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

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

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

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

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

9.c.7. OTHER:

Priority:

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

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

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

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

Click on gray box to enter text.

9.c.8. OTHER:

Priority:

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

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

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

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

Click on gray box to enter text.

9.c.9. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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.*

The ADAMH Board in conjunction with Prevention Works and the Fairfield Family Adult and Children's First Council will jointly support and sponsor suicide prevention workshops for the general public and professional gatekeepers. In addition, newspaper articles and radio spots will be used to educate the general public.

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

Prepare a Strategic Suicide Prevention Plan during FY 2009.

Conduct at least 1 additional gatekeeping training during FY 2009.

Produce at least 2 newspaper articles and 2 radio programs annually on depression and suicide.

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

Fairfield County is in the beginning stages of forming a Suicide Prevention Coalition. The Coalition had an initial training on 2-8-08 with fifty people in attendance. The Coalition had a meeting on 2-27-08 to start forming a strategic plan. The strategic plan will include a mission statement, needs assessment, resource assessment and goals, activities, and outcomes.

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

10.b. OTHER:

Priority:

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

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

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

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

10.c. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

11.a. CONSUMER SATISFACTION WITH SERVICES AND STAFF

Priority:

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

Improve the overall satisfaction of minority consumers

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

The Board administers the national MHSIP client satisfaction survey on a quarterly basis and compares agency level satisfaction by key demographic groups (including ethnicity) to nationally reported norms.

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

Improve the overall satisfaction of minority clients by 5% during the upcoming fiscal year.

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

11.b. STAFF RECRUITMENT

Priority:

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

The Fairfield County ADAMH Board believes very strongly that staff recruitment is the responsibility of it’s network of independent contract providers.

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

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

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

11.c. STAFF TRAINING

Priority:

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

To implement a low cost training regimen that will be available to Board and contract agency personnel.

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

In early FY 2008, ADAMH Board contracted with an online training organization specializing in behavioral health materials. ADAMH Board staff and the professional staff of all contract agencies have been assigned passwords to enable wide spread participation.

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

To provide licensed staff of the Board and contract providers with 30% of their required training requirements online at no cost to provider or practitioner.

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

This project has been a collaborative effort between the Board and contract providers. The initiative was deemed an FY 2008 priority by the Community Health Consortium, which is comprised of all agency directors and key management personnel of the ADAMH Board.

11.d. ADDRESSING DISPARITIES IN ACCESS AND OUTCOMES

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

Click on gray box and enter text.

The Board is currently working with Mid Ohio Psychological Services, Inc. on a "voluntary" self utilization review process for Medicaid clients. This process has entailed the development of a series of rating criteria developed by a team of psychologists and the application of those criteria to adult and adolescent Medicaid recipients. While still in a very preliminary state, this process has successfully classified 85% of rated clients as high or low users of care. It is hoped that this process may provide a strategy that will allow the Board and its network of providers to identify trends in the inappropriate deployment of treatment resources for Medicaid clients. Again, we are in the very early stages of development but the final evaluation of this project may provide a roadmap for Boards and agencies to collaboratively assess the appropriateness of care of this population.

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

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

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

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

Click on gray box and enter text.

Currently the Fairfield County ADAMH Board expends the vast majority of its treatment resources for Medicaid services. It therefore seems unlikely that the Board will be able to make any significant changes with the limited funds available for non-Medicaid services. It is important to note however that a number of time limited "promising practice" projects were funded by the Board. These projects were initiated in January 2007 and will continue through December 2008. Six months prior to termination all projects will be evaluated to determine whether long-term funding is warranted.

At some point in the future, the board would prefer to use a funding approach that allows the Board and contract agencies to prioritize the clients in greatest need and reimburse care based on verifiable outcomes. It is unclear at this time what business rules would require modification to implement these changes.

E. Evaluation of Plan Implementation.

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

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

Click on gray box and enter text.

<p>Measurement and analysis of Patterns of use - The Fairfield County ADAMH Board and PPS Hub produce annual profiling reports by agency and for the system as a whole. These reports include age, gender, diagnosis, service type and geographic location (aggregated and reported in a manner consistent with HIPPA guidelines). Data are compared to peer PPS Boards to identify variances in practice and service patterns. These reports are reviewed with board staff and agency personnel.</p> <p>Referral Source Satisfaction – Board staff are initiating a web based survey process to measure referral source satisfaction. The initial survey will be forwarded to all members of the Family, Adult and Children’s First mailing list. The questionnaire focuses on perceived effectiveness, responsiveness to agency needs and overall satisfaction with services. After beta test phase, it is the Board’s intent to conduct quarterly satisfaction surveys and to provide tracking feedback to contract agencies.</p> <p>Outcomes – PPS Hub has developed a series of Microsoft Access reports that are forwarded to participating agencies on a quarterly basis. One current concern with outcomes is a lack of critical follow-up information. It is hoped that the recently implemented incentive system now in early deployment will improve the submission of outcomes data.</p> <p>Client Satisfaction – The Fairfield, Delaware-Morrow and Crawford-Marion Boards are currently using the National MHSIP client satisfaction survey process on a quarterly basis. A series of tracking reports that compare each agency with itself over time, each agency with other agencies in their board area, each agency with peer agencies and each agency with national averages are produced on a quarterly basis. Participating Boards and agencies are committed to this process and are using benchmark data for quality improvement purposes. One of the MHSIP subscales serves as a useful supplemental measure on outcomes. Overall the MHSIP program is one of the most successful evaluation initiatives of our Board area.</p>	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.

<p>The Fairfield County ADAMH Board is currently in the early implementation phases of purchasing key data from its local network of behavioral health providers. All treatment providers have agreed to collect Ohio Outcomes Scale Data (including the Board’s AoD Provider), and the Behavioral Health Module. All agencies have also agreed to participate in the Board sponsored client satisfaction survey process, the national MHSIP process.</p> <p>In the initial year, each agency has agreed to submission paramaters which will be used to allocate approximately \$200,000 to the five participating contract agencies. Those funds not earned will be redistributed to the higher performing agencies. In subsequent years the Board will increase expected performance levels and place financial incentives on the internal validity of submitted data. It is understood by the Board and providers that the match for Medicaid billings that exceed mutually agreed upon levels will be debited from this pool of funds prior to the use of Board reserves.</p>	E.2
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The overall intent of this new process is to provide the Board and providers with improved planning data and to provide contract agencies with an opportunity to earn non MACSIS revenues. It is hoped that this process will result in the Board 1) being able to more fully and accurately assess the quality and appropriateness of services, 2) serve as a disincentive for inappropriate Medicaid billings, and 3) allow contract agencies to develop adequate financial reserves.	
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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.

At this point the Board is not requesting any technical assistance in this area.	E.3
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Form 1

Board Appointment Data Sheet

List all members, leaving vacant appointments blank

Board Name Fairfield ADAMH Board		Date Prepared 3-21-08
Board Member Jay Bahnsen		Appointment Sex Ethnic Group County Commission Female White
Mailing Address (street, city, state, zip) 415 Lake Street Lancaster, OH 43130		Officer _____ <u>Hispanic or Latino (of any race)</u> Member No
Telephone (include area code) County of Residence 740 654-8246 Fairfield		<u>Representation: select all that apply:</u>
Occupation School Psychologist		<u>Mental Health</u> <u>Alcohol Other Drug Addiction</u>
Term First Full Term		<input type="checkbox"/> Consumer <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Family Member <input checked="" type="checkbox"/> MH Professional <input type="checkbox"/> Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate <input type="checkbox"/> Other Physician
Year Term Expires 2012		
Board Name Fairfield ADAMH Board		Date Prepared 3-21-08
Board Member Eugene Eusanio		Appointment Sex Ethnic Group County Commission Male White
Mailing Address (street, city, state, zip) 5565 Westfall Road SW Lancaster, OH 43130		Officer _____ <u>Hispanic or Latino (of any race)</u> Member No
Telephone (include area code) County of Residence 740 969-4775 Fairfield		<u>Representation: select all that apply:</u>
Occupation Insurance Broker		<u>Mental Health</u> <u>Alcohol Other Drug Addiction</u>
Term First Full Term		<input type="checkbox"/> Consumer <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Advocate <input type="checkbox"/> Other Physician
Year Term Expires 2011		
Board Name Fairfield ADAMH Board		Date Prepared 3-21-08
Board Member Sheila Heath		Appointment Sex Ethnic Group County Commission Female White

Mailing Address (street, city, state, zip) 1313 Ridge Road Lancaster, OH 43130		Officer _____ <u>Hispanic or Latino (of any race)</u> Secretary No
Telephone (include area code) 740 687-1346	County of Residence Fairfield	<u>Representation: select all that apply:</u> <u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
Occupation Operations Manager	Year Term Expires 2010	
Term Partial Term		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name Fairfield ADAMH Board		Date Prepared 3-21-08
Board Member Larry Miller, Ph.D.		<u>Appointment</u> _____ <u>Sex</u> _____ <u>Ethnic Group</u> _____ County Commission Male White
Mailing Address (street, city, state, zip) 414 N. High Street Lancaster, OH 43130		Officer _____ <u>Hispanic or Latino (of any race)</u> Other Officer No
Telephone (include area code) 740 681-5628	County of Residence Fairfield	<u>Representation: select all that apply:</u> <u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
Occupation School Superintendent	Year Term Expires 2009	
Term Partial Term		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name Fairfield ADAMH Board		Date Prepared 3-21-08
Board Member Danalee Ogg		<u>Appointment</u> _____ <u>Sex</u> _____ <u>Ethnic Group</u> _____ ODMH Female White
Mailing Address (street, city, state, zip) 946 E. Main Street Lancaster, OH 43130		Officer _____ <u>Hispanic or Latino (of any race)</u> Member No
Telephone (include area code) 740 689-9135	County of Residence Fairfield	<u>Representation: select all that apply:</u> <u>Mental Health</u> <input type="checkbox"/> Consumer <input checked="" type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
Occupation student	Year Term Expires 2009	
Term First Full Term		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate

Board Name Fairfield ADAMH Board		Date Prepared 3-21-08
Board Member John Peden		<u>Appointment</u> _____ <u>Sex</u> _____ <u>Ethnic Group</u> _____ County Commission Male White
Mailing Address (street, city, state, zip) 2120 Noland Drive Lancaster, OH 43130		Officer _____ <u>Hispanic or Latino (of any race)</u> Member No
Telephone (include area code) 740 687-1636	County of Residence Fairfield	<u>Representation: select all that apply:</u> <u>Mental Health</u> <input type="checkbox"/> Consumer
		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer

Occupation Attorney		<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional
Term First Full Term	Year Term Expires 2011	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate
		<input type="checkbox"/> Other Physician	

Board Name Fairfield ADAMH Board		Date Prepared 3-21-08
Board Member Phillip Prior, M.D.		<u>Appointment</u> ODMH <u>Sex</u> Male <u>Ethnic Group</u> White
Mailing Address (street, city, state, zip) 9613 Oakland-Stoutsville Road Stoutsville, OH 43154		<u>Officer</u> _____ <u>Hispanic or Latino (of any race)</u> <u>Member</u> No
<u>Representation: select all that apply:</u>		
Telephone (include area code) 740 969-4794	County of Residence Fairfield	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input checked="" type="checkbox"/> Other Physician
Occupation Addictionist		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Term First Full Term	Year Term Expires 2011	

Board Name Fairfield ADAMH Board		Date Prepared 3-21-08
Board Member Marian Reitano		<u>Appointment</u> County Commission <u>Sex</u> Female <u>Ethnic Group</u> White
Mailing Address (street, city, state, zip) 13195 Coventry Avenue Pickerington, OH 43147		<u>Officer</u> _____ <u>Hispanic or Latino (of any race)</u> <u>Member</u> No
<u>Representation: select all that apply:</u>		
Telephone (include area code) 614 864-1238	County of Residence Fairfield	<u>Mental Health</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician
Occupation Realtor		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer <input type="checkbox"/> Family Member <input type="checkbox"/> Professional <input type="checkbox"/> Advocate
Term Second Full Term	Year Term Expires 2009	

Board Name Fairfield ADAMH Board		Date Prepared 3-21-08
Board Member Carol Sullivan		<u>Appointment</u> County Commission <u>Sex</u> Female <u>Ethnic Group</u> White
Mailing Address (street, city, state, zip) 529 W. Main Street Lancaster, OH 43130		<u>Officer</u> _____ <u>Hispanic or Latino (of any race)</u> <u>Member</u> No
<u>Representation: select all that apply:</u>		
Telephone (include area code) 740 653-4260	County of Residence Fairfield	<u>Mental Health</u> <input type="checkbox"/> Consumer
Occupation		<u>Alcohol Other Drug Addiction</u> <input type="checkbox"/> Consumer

Occupation Retired Nurse		<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member
		<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional
Term Second Full Term	Year Term Expires 2008	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate
		<input type="checkbox"/> Other Physician	

Board Name Fairfield ADAMH Board		Date Prepared 3-21-08
Board Member Eric Walker		<u>Appointment</u> ODMH
Mailing Address (street, city, state, zip) 7194 Bennell Drive Reynoldsburg, OH 43068		<u>Sex</u> Male
Telephone (include area code) 614 378-3893		<u>Ethnic Group</u> Black or African American
County of Residence Fairfield		<u>Officer</u> _____ Member No
Occupation Attorney		<u>Hispanic or Latino (of any race)</u>
Term First Full Term		Year Term Expires 2009
Representation: select all that apply:		
<u>Mental Health</u>		<u>Alcohol Other Drug Addiction</u>
<input type="checkbox"/> Consumer		<input type="checkbox"/> Consumer
<input type="checkbox"/> Family Member		<input type="checkbox"/> Family Member
<input checked="" type="checkbox"/> MH Professional		<input type="checkbox"/> Professional
<input type="checkbox"/> Psychiatrist		<input type="checkbox"/> Advocate
<input type="checkbox"/> Other Physician		

Board Name Fairfield ADAMH Board		Date Prepared 3-21-08
Board Member Bill Weimer		<u>Appointment</u> ODADAS
Mailing Address (street, city, state, zip) 6785 Ridgeway Drive Pickerington, OH 43147		<u>Sex</u> Male
Telephone (include area code) 614 833-2924		<u>Ethnic Group</u> White
County of Residence Fairfield		<u>Officer</u> _____ Chairperson No
Occupation Stock Broker		<u>Hispanic or Latino (of any race)</u>
Term Second Full Term		Year Term Expires 2011
Representation: select all that apply:		
<u>Mental Health</u>		<u>Alcohol Other Drug Addiction</u>
<input type="checkbox"/> Consumer		<input type="checkbox"/> Consumer
<input type="checkbox"/> Family Member		<input type="checkbox"/> Family Member
<input type="checkbox"/> MH Professional		<input type="checkbox"/> Professional
<input type="checkbox"/> Psychiatrist		<input checked="" type="checkbox"/> Advocate
<input type="checkbox"/> Other Physician		

Board Name Fairfield ADAMH Board		Date Prepared 3-21-08
Board Member Kevin West		<u>Appointment</u> ODMH
Mailing Address (street, city, state, zip) 6900 Indian Run Road Pleasantville, OH 43148		<u>Sex</u> Male
Telephone (include area code) 740 536-7190		<u>Ethnic Group</u> White
County of Residence Fairfield ADAMH Board		<u>Officer</u> _____ Member No
Occupation		<u>Hispanic or Latino (of any race)</u>
Term		Year Term Expires
Representation: select all that apply:		
<u>Mental Health</u>		<u>Alcohol Other Drug Addiction</u>
<input checked="" type="checkbox"/> Consumer		<input type="checkbox"/> Consumer

Occupation	<input type="checkbox"/> Family Member	<input type="checkbox"/> Family Member
	<input type="checkbox"/> MH Professional	<input type="checkbox"/> Professional
Term	<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Advocate
Second Full Term	<input type="checkbox"/> Other Physician	
Year Term Expires	2010	

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

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

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

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

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

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

Term Partial Term	Year Term Expires 2008	<input type="checkbox"/> MH Professional <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Other Physician	<input type="checkbox"/> Professional <input type="checkbox"/> Advocate
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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
Lynn Porter	108 West Main Street, Suite A	Lancaster, Ohio	43130	740.654.0829	lporter@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
Orman Hall	108 West Main Street, Suite A	Lancaster, Ohio	43130	740.654.0829	orman@ohiopps.org

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

Name	Street Address	City	Zip	Phone Number	Email
Becky Edwards	108 West Main Street, Suite B	Lancaster, Ohio	43130	740.681.7412	bedwards@ohiopps.org

Form 3

Planned State Inpatient Bed Days

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

Signed _____
Board Executive Director

I anticipate contracts for CSN services to some degree.

- Yes
- No

Form 4

Notification of Election of Distribution – SFY 2009

The (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: