

III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

Click on box to enter Board name.

BOARD NAME: Gallia-Jackson-Meigs Board of Alcohol, Drug Addiction and Mental Health Services

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

Click on gray box to enter text.

The mission of the Gallia-Jackson-Meigs Board of Alcohol, Drug Addiction and Mental Health Services is to provide a coordinated, comprehensive, consumer-driven system of mental health and recovery services to the residents of Gallia, Jackson and Meigs Counties. These services will be provided in a manner that is consistent with the values of human respect and dignity of the individual and families being served. Priority will be given to individuals with severe impairments and/or limited economic resources. In fulfilling this Mission, the Board shall perform the following functions:

1. Assess the needs of area residents for preventive and treatment services.
2. In cooperation with citizens groups and other local service systems, including but not limited to government, law enforcement, judicial, educational, health and human services, develop and implement plans for the provision of community-based services.
3. Research and access funding sources to support needed services and administer the distribution of these funds accordingly.
4. Contract with qualified agencies to provide services with an emphasis upon maximizing the resources of local providers.
5. Monitor and evaluate services for quality, acceptability, accessibility, appropriateness, and cost-effectiveness.
6. Prepare and submit reports to the appropriate sources of funding and certification entities and to the community.

B. Description of Current State. Provide a brief narrative that describes relevant information about the Board area in response to the items below:

1.0 Population priorities. Please review information in Appendix E about the Board's existing MACSIS business rules for covered benefits to service populations. To what extent are the existing business rules aligned with current population and service priorities for non-Medicaid expenditures by the Board?

Click on gray box to enter text.

The catchment area of Gallia, Jackson, and Meigs Counties lies in the heart of southeastern Appalachian Ohio and is plagued by high poverty and unemployment with a largely unskilled workforce and limited employment options with substandard benefits (insurance, etc.) Poverty rates average 17% compared to 11.7% statewide. Unemployment ranges from 6% in Gallia County to 9.2% in Meigs County compared to 5.6% statewide. Approximately 26% of our residents, 25 years and older, do not have a high school diploma.

Since SFY '02 our local provider, Woodland Centers, Inc. (WCI) has experienced a 50% increase in the demand for Medicaid services. In SFY '02, WCI provided 11,095 hours of Medicaid services, compared to 16,701 hours in SFY'07. With limited budgetary growth and this increased demand for matching funds, accessibility for non-Medicaid services to the SED/SMD is stifled.

Outside the Medicaid system, we are challenged to meet the needs of indigent single adult males who struggle with mental illness (often dually diagnosed/SAMI), housing and unemployment needs. The area's only men's homeless shelter was closed two years ago due to loss of funding. Many of these men must now be served in WCI's Crisis Stabilization Unit when the stress of homelessness exacerbates their mental health illness, often leading to crisis or emergency. It is imperative that WCI staff are adept at managing these crises in order to avoid hospital stays that further strain our budget.

Child and Adolescent Psychiatry, for a typically Medicaid-eligible population, remains a challenge as need for the service continues to increase. Although Woodland Centers has contracted with a Licensed Child Psychiatrist for part-time services, efforts to recruit an individual with full-time availability continue to be unsuccessful. This Board is prioritizing the Telemedicine program through the Southern Consortium for Children in order to more adequately meet the needs of those who cannot access care otherwise due to lack of transportation, geographic isolation, or lack of available Psychiatrists and/or Psychologists.

Another priority population in recent year has been consumers for whom this Board pays out-of-county Medicaid providers. This would include those in residential treatment or foster homes as well as those who travel out of the catchment area to receive services. The Board has taken an active role in all three Family and Children First Councils in order to use all available resources to develop and establish services designed to keep children and adolescents in their home and community.

Our existing MACSIS Business Rule is "co-insurance on all non-Medicaid". Population priorities, as well as adherence to this rule, have somewhat been established by payor sources (primarily Medicaid) and types of services required (emergency/crisis) with limited flexibility to provide anything beyond that to other population groups.

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.

Through the Southern Consortium for Children, we have participated in a web-based P,C&E program entitled “Communities of Care” (January, 2005). This website was originally developed due to the prohibitive cost of “Networks of Care”. However, with assistance from ODMH, we have joined and are “live” on Networks of Care effective 02/01/08. Future participation will, of course, be contingent upon cost. The “Communities of Care” site will remain on hold until such time that we may have to leave “Networks of Care”.

Our mental health provider, Woodland Center’s, Inc. was hosting and facilitating a consumer-led support group named Bold Directions. This group was quite active for 2 years before faltering when their leader left. There are some consumers who are trying to get that group started again with the help of agency staff.

During SFY’07, a local NAMI chapter was formed. Board staff, as well as a Board member, are active participants in the monthly meetings. The Board's Community Educator conducted a workshop on Caregiver Coping/Stress at one NAMI meeting. Woodland Centers provides space for the NAMI meetings and has assisted them in arranging NAMI trainings. A partnership between Woodland Centers and Gallia County Juvenile Court has resulted in new funds to support NAMI trainings, purchase NAMI education and awareness materials and increase participation in NAMI by referring families identified through IHBT.

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.

No	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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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.

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

e. Do you have wait lists for HAP?

Click on gray box to select answer.

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

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

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

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

Click on gray box to enter number.

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

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

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

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

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

Click on gray box to enter number.

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.

Based on three years of providing housing assistance to mental health consumers, the NOM data does NOT reflect the actual number of homeless persons served in Gallia, Jackson, and Meigs counties in 2007. We believe this is due to poor performance in outcomes collection on the part of our primary provider. The Board, in cooperation with the Woodland Centers administrative team, has taken steps to correct and monitor this problem in SFY '08 and we are seeing a steady increase in outcomes submissions as well as cooperation from the provider.

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

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

<input checked="" type="checkbox"/>	Continuum of Care	2.1.ja
<input type="checkbox"/>	PATH	
<input type="checkbox"/>	BH Mod (Behavioral Health Module)	
<input type="checkbox"/>	HMIS (Homeless Management Information System)	
<input checked="" type="checkbox"/>	Other, please specify: Housing Trust Fund data, Crisiline data, and Crisis Stabilization Unit data	

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.

140 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.

Woodland Centers was instrumental in forming the Gallia-Jackson-Meigs Continuum of Care (COC) in September 2004. Staff from Woodland Centers currently serve as the COC's co-chair and treasurer with the agency as fiscal agent. The Board's Deputy Director serves on the Executive Committee of the COC.

Woodland Centers has been awarded three (3) Housing Trust Fund grants totaling \$483,400 with another \$100,000 in matching funds from ODMH since 2005. That amounts to almost \$600,000

going back into our communities to support housing persons with a mental health diagnosis as well as their families. This assistance included rent for up to six months, security and utility deposits, and "start-up funds" in the form of small grants to help the client buy basic necessities to set up a household.

For each year of HTF grant funding, the agency has exceeded its target for households served:

2005 - Goal = 46* - Actual = 80

2006 - Goal =60 - Actual = 67

2007 - Goal =100* - Actual = 132

*Both these grants were for a period of two years. The actual number of persons served was achieved in just one year. The Ohio Department of Development awarded Woodland Centers an additional grant in 2006, and that goal was exceeded as well.

In the three counties served by the Board, poverty and unemployment rates are among the highest in the state. In addition, the lack of affordable housing, emergency shelters, transitional housing, and transportation all combine to guarantee that the extent of need for supported housing (as evidenced by the number of households already served) will continue to rise.

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 NOM data in Appendix B does not reflect the actual number of homeless persons served in this Board area for 2007.

- 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.

In order to obtain accurate numbers for this plan, the Board is using data gathered on Intake Forms by our primary provider, Woodland Centers, Inc. The discrepancy lies in poor outcomes collection on the part of the provider. As indicated in previous sections of this plan, we have taken measures to correct the problem and are seeing a steady increase in outcomes collection from Woodland Centers.	2.2.aa
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- a.b. If the information in Appendix B is inaccurate, what was the number of full-time and part-time employed persons with SMI served by the Board in SFY 2007?

Click on gray box to enter number.

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

Click on gray box to enter text.

Transportation is one of the largest barriers to employment for our consumers. Woodland Centers was recently awarded a Rural Homeless Initiative of Southeast and Central Ohio (RHISCO) grant to begin to address this issue. Woodland Centers will purchase a vehicle and hire a driver in order to provide transportation to any person receiving housing assistance (in Jackson and Meigs counties only) in order to help them obtain or maintain economic stability (which would include employment, if applicable). This can include trips to Rehabilitation Services, Social Security, job interviews, Job & Family Services, job training, and so on. This service will be available to any client served by a member of the Continuum of Care in Jackson or Meigs counties in any of their housing programs and is not restricted to mental health consumers.

In Gallia County, the COC recently completed a Transportation Plan which will be used to identify and address transportation needs related to homelessness and unemployment, as well as access to services.

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.

Through the Southern Consortium for Children (SCC), this Board participates in two Early Childhood Mental Health grants. One that serves the Gallia-Meigs Head Start and one that serves Jackson-Vinton Head Start. Both of these grants are implemented by our primary provider, Woodland Centers, Inc. Through these grants, an Early Childhood MH Consultant provides classroom observation and feedback, identification of behavior problems, consultation with families and staff, as well as referral to appropriate programs and/or resources. The primary assessment instrument is the DECA.

Also through Southern Consortium, this Board has provided training and curriculum for limited implementation of Incredible Years. This will be expanded in SFY'08 through additional SCC funds.

This Board is consistently an active participant in all three county Family & Children First Councils. We have served as Administrative Agent (including having the Intersystem Coordinator as Board staff) for Gallia County since SFY 1994, having served all three counties from SFY 1994 until SFY 2000. The Board's Executive Director has served in leadership roles in all three counties over the years. Through these partnerships, the Board utilized FAST, ABC, and other funds as allowed and available to support Wraparound, Family Coaching, and other family supports as recommended by individual Child/Family Teams. These services are planned and monitored according to the HB 289 plans of each local Council.

Woodland Centers, Inc. plays an active leadership role in Southeast Ohio Action Network for School Success, through which a partnership with Ohio University has enhanced school-based mental health services. The Y.E.S.S. program is being implemented in two counties. This partnership has allowed other school support and consultation services to be developed between individual school districts and Woodland Centers.

This Board currently receives an Alternative Education Challenge Grant through ODMH. Through this grant, Woodland Centers provides on-site counseling services to the Gallipolis City Schools Alternative School.

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.

This data is accurate to the extent that outcomes are completed in compliance with ODMH standards.

- 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 will use data from Ohio Scales, FCFC needs Assessment data as well as E-Score data from the three counties.

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.

Information in Appendix B is the most accurate information that we can access at this time.	3.1.ab
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4. Inpatient Care

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

a. Inpatient Care

Click on gray boxes to enter numbers.

Board Purchased Inpatient Care	FY 06 Bed Days	FY 07 Bed Days	FY 06 Admissions	FY 07 Admissions	4.a
State Hospitals	2024	1600	164	165	
Private Psychiatric Hospitals: Adults			83	67	
Private Psychiatric Hospitals: C&A	225	91	30	12	

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

Click on gray box to enter text.

<p>The Board has designated Woodland Centers to be the gatekeeper/pre-screener of all psychiatric hospitalizations, child and adult. For adult inpatient care, the Board and WCI have a good relationship with surrounding medical hospitals, providing on-call Crisis Intervention services upon request. These crisis intervention workers facilitate appropriate placement as needed. The closest private psychiatric placement is Adena Regional Medical Center in Chillicothe. This is often a good choice for Jackson County residents and some Gallia residents. However, families of Meigs County patients often find the 1.5 hour drive to be prohibitive. The choice of hospitalization for placement is driven by 3 factors:</p> <ol style="list-style-type: none"> 1. What placement the pay source will allow. 2. Beds available. This is VERY limited. Adena Regional Medical Center has a total of only 15 beds. 3. Best match for individual/family need. Consideration is given to family preference of geographic location, concerns about stigma in certain locations, etc. <p>Adult hospital days have been reduced by over 33% in the past 5 years.</p> <p>For C&A we work through our collaborative Southern Consortium for Children to be as efficient and effective with hospitalizations as possible. The SCC negotiates agreements with hospitals that are reasonably accessible to families throughout the 10-county catchment area. This also involves private hospitals in West Virginia. Each year, a list of participating hospitals is provided to Woodland Centers (our designated pre-screener) This locally-driven collaborative approach to managed care, along with ever-increasing community-based options has helped us consistently decrease C&A hospitalizations. Additional money through FAST/ABC has allowed us to emphasize more intensive services, as well as a Parent Coaching</p>	4.ba
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model, resulting in a 40% decrease from SFY '06 to SFY '07.

The advent of Medicaid Managed Care entities in Ohio has severely impacted our access to care and significantly eroded this locally-driven system that worked very well. Although bed days may continue to decline, our clinicians believe that access is often denied to those who are very much in need. Families are often subjected to many hours of disruption and distress as crisis workers attempt to find suitable options to stabilize a child whose illness has become acute. Such scenarios are not acceptable to this Board or to our provider.

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

Click on gray box to select answer

No	4.bb
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5. Residential Treatment Centers (RTCs).

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

Click on gray box to enter number.

12 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.

11C&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.

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

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

Click on gray box to enter text.

All three FCFC's have been dedicated to reducing placements through new	5.e
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ABC/FAST funded services, wraparound planning and more effective collaboration with courts and Children's Services. The one area of difficulty continues to be high out-of-county RTC/Therapeutic Foster Care placement rates in Jackson County. During SFY '07 and '08, 10 children from Jackson County were placed without involvement of the FCFC Service Coordination process compared with 0 from Gallia and Meigs. The Board is only aware of these placements when an out-of-county provider bills through MACSIS. It is impossible to determine the reason for out-of-catchment area services without calling courts and CSB's. RTC placements from Gallia and Meigs counties are rare due to local FCFC membership commitment (at all levels) to Wraparound, Service Coordination and community-based care. A recent positive development is that all three Juvenile Courts have agreed to participate in our new IHBT program at Woodland Centers. We are confident that the courts will be more comfortable with keeping children in their homes with this level of service thereby deferring unnecessary placements.

6. Crisis/Emergency Care.

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

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

Service Area	Service Available?	6.a.1
24/7 Hotline	<input checked="" type="checkbox"/>	
Warm Line	<input checked="" type="checkbox"/>	
Adult Consumers		
24/7 On-Call Staffing by Psychiatrists	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input type="checkbox"/>	
Crisis Care Facility	<input checked="" type="checkbox"/>	
Hospital Emergency Department with Psychiatric Staff	<input type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	<input checked="" type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input checked="" type="checkbox"/>	
Other (Please Specify):	<input type="checkbox"/>	
Child & Adolescent Consumers		
24/7 On-Call Staffing by Psychiatrists	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input type="checkbox"/>	
Crisis Care Facility	<input type="checkbox"/>	
Hospital Emergency Department with Psychiatric Staff	<input type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	<input checked="" 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	3082	3066	
Children & Adolescents	239	278	

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.

With the ever growing demand and scarce resources to serve the non-Medicaid population, we find a trend of increased crisis/emergency situations when access to services is stretched. In response, the Board is working closely with our provider agency to assure quick crisis response, adequate staff availability and community awareness of the "who, where and how" of accessing mental health crisis care.

The individual often presents at the local ER and a worker is then dispatched to the ER to complete a crisis intervention assessment. Efforts are made to use the CSU to offset inpatient days. This is one contributing factor in our 33% decrease in hospital days in the last five years. As community partners find themselves facing a tragedy, Woodland Centers has been first on their list of partners to call. Even more importantly, Woodland Centers has been the first to pick up the phone and offer help.

In recent months, our system has responded to a suicide of a very popular student at the University of Rio Grande where a WCI clinician was on site the morning after the student's death to provide grief counseling to groups of students, individuals, and even staff. In addition, Woodland Centers staff have been on site or offered to be on site at local schools who have experienced deaths of students due to car accidents

A nursing home in Jackson County just experienced great tragedy with a family member committing murder/suicide on-site. Their social worker immediately called the Woodland Centers Associate Site Manager in Jackson to clarify the process for accessing services, both emergency and long-term.

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.

On September 11, 2007, Dave Malawista and a representative from NAMI provided an introductory CIT Training for law enforcement and court personnel. Several key social service providers, Woodland Centers staff, and law enforcement from Gallia and Jackson Counties were in attendance. Joe Krake, representatives from our Board and Appalachian

Behavioral Health were in attendance and facilitated a discussion about possible implementation. Gallia County law enforcement agencies have expressed an interest in developing a CIT team. These discussions are currently in process. Woodland Centers has also encouraged Meigs and Jackson to become involved, as well as the University of Rio Grande.

2. Disaster Preparedness

Click on gray box to enter text.

Both Board staff and Woodland Centers staff have been involved in local and state meetings and trainings for disaster preparedness since 2004. At that time, Woodland Centers took advantage of All-Hazards training offered by or through the Board, and as a result, sent their Safety Officer to receive CERT training and become a CERT instructor. Since then, they have provided CERT training to 23 staff.

The Board Community Educator and Woodland Centers Safety Officer are actively involved in community-level emergency preparedness and serve on the Local Emergency Planning Committee (LEPC), as well as both Jackson and Gallia County Citizens Corps.

The Woodland Centers Safety Officer and Executive Director both completed the NIMS training to ensure that the agency is eligible for any future funding that becomes available. The agency's Safety Committee holds regular disaster drills including one major combination drill each year that involves medical emergencies as a result of a natural disaster or terrorist threat, bomb threat, or chemical emergency. We have participation from local law enforcement and other first responders. There were 36 first responders and consumers trained also.

The Woodland Centers Safety Committee also prepared the agency's Disaster Contingency & Recovery Plan, which included plans for responding to community emergencies as well as maintaining critical agency operations.

In SFY '07, the Board received a grant from ODMH and the OACBHA that funded 66 "All Hazards Kits" that were distributed to service organizations, agencies, law enforcement and schools (including the University of Rio Grande) across the three-county area. These kits consisted of a canvas bag containing a "Justin Case" Emergency Manual, 5 emergency water packs, a flashlight and batteries, a radio, an emergency first aid kit, a blanket, a poncho and a compass/whistle. The Woodland Centers CrisisLine number was prominently displayed on the items in the kit.

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	23	3	
Currently Available	17	3	

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

Click on gray box to enter text.

Our mental health system has a strong partnership with the University of Rio Grande. Woodland Centers is now contracted as the sole provider of on-campus mental health services. This service includes on-going counseling as well as crisis-intervention services. The Board has provided "All Hazards Kits" to each school district in the three-county area, as well as the University of Rio Grande. Board staff as well as Woodland Centers staff serve on Local Emergency Planning Committees, although Gallia County has been more open to the idea of the need for a Behavioral Health response than either Meigs or Jackson. Most of the crisis P,C&E has revolved around access to CrisisLine, the TeenlineOhio website, the Communities of Care website, the crisis Host Home network, and suicide prevention and intervention as described in other sections of this plan.

7. Outpatient Services.

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

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

a.1. Adult Intensive Care

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

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

Although the Board certainly acknowledges the high impact and importance of Intensive Services, our consultation with providers indicates neither staff nor fiscal capacity to provide such care in the current environment. We continue to monitor need for these services and will increase them if our funding allows.

a.3. Child & Adolescent Intensive Care

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

Service Area	Service Available?	Don’t Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.a.3
IHBT / MST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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.

WCI just received funding to provide IHBT services in all three counties. At the time of this Community Plan, training, hiring staff and planning are in process in accordance with timelines set forth by ODMH and CIP. Staff orientation will be complete and caseloads identified in late February. Woodland Centers has received of notice of approval from ODMH for IHBT

certification. The Board Deputy Director and the three FCFC Coordinators will participate in monitoring and oversight of these services.

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

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

b.1. Adult Routine Outpatient Care

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

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

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.

Service areas that have been a focus for the Board (through WCI) are:

1. Increased access to programs to assist with medication for indigent consumers.
2. Increased access to Community Psychiatric Supportive Treatment, specifically the development of CPST groups, in an effort to help clients maintain stability in their communities.
3. Enhanced med-somatic services through the employment of two APNs to provide pharmacological management.

4. The use of telemedicine has been a major achievement and has helped many consumers access a psychiatrist.

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

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.

With the Board's active participation in our three FCFC's, outpatient services for children have been a focus for the past 5 years. Gallia County was a pilot county for PFS, Jackson completed Communitas That Care and Meigs is currently in the first year of PFS. Our Board was also greatly involved in the HB 289 plans for each FCFC. The advent of ABC/FAST has further stimulated intersystem involvement in planning for behavioral health services to kids and families. Schools, courts and children's services agencies are increasingly inter-dependent with behavioral health providers as kids with BH diagnoses are served in their homes and communities rather than RTC's. The expressed need of the community is for school and home-based mental health services, more Wraparound and team-based planning, increased access to psychological assessments and more CPST services for children. Through programs, such as FAST, ABC, YESS, Early Childhood Mental Health, and the Alternative Education Challenge Grant, more children have access to these services.

Although collaborative planning creates better community satisfaction with our system, fiscal constraints continue to limit our capacity to serve. School districts in Gallia County have provided funding (Medicaid match) to purchase assessment and other supportive services for their students.

In Jackson County, the Board has contracted with the Department of Job & Family Services where the DJFS provides local dollars to match Medicaid for in-home therapy services from an out-of-county provider. Collaborative planning processes such as Partnerships for Success and other FCFC plans have increased intersystem awareness of funding constraints and enhanced efforts for efficient

use of limited funds.

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.

- 1) As mentioned in previous sections, Wraparound services are coordinated through each of the three Family and Children First Councils. Child and family service providers in all three counties were trained in Wraparound by Vroon-VanDenBerg through a Gallia County FCFC project with ODMH. Although this Board area lost some funding (Blueprint grant) as we entered SFY '08, the more intensive CPST services (locally referred to as Family Coaching) have been sustained through current 404 funds.
- 2) Under the guidance of Dr. Julie Owens from Ohio University, the YESS (Youth Experiencing School Success) program is currently being implemented in Gallia and Meigs County.
- 3) In December 2007, Woodland Centers, Inc. was awarded a grant from ODMH to provide Intensive Home Based Treatment (IHBT) and we look forward to providing these services to children and families early in calendar year 2008.
- 4) Cognitive Behavioral Therapy is used for school-based groups.
- 5) Russell Barkley's material "The Defiant Child" is used for parents who are referred by Juvenile Court for a parent education group.
- 6) A more recent development is a contract between Woodland Centers and the Gallia County Juvenile Court whereby the court will use Reclaim Ohio dollars to fund a "resiliency-focused" summer program, family support and advocacy through the local NAMI chapter, and expansion of the Youth Experiencing School Success program (a partnership with Ohio University).
- 7) In Jackson County, the Board is assisting the Juvenile Court in the development of a "Behavioral Health Court". This project does not currently have sufficient funding for a full program. However, the Board's provider agencies are working with court staff to identify a small number of high risk youth with whom to model the approach.
- 8) Our provider, Woodland Centers, currently implements an Alternative Education Challenge Grant (ODMH funded) at the Gallia County Alternative School.

- 1) Although best clinical practices for adults are not as extensive as those for children, we have a few noteworthy achievements and trends.
 - a) In all three counties, we have counselors and therapists who are trained in cognitive-behavioral and behavioral therapies.
 - b) In Gallia County, a therapist is now trained to provide trauma-focused CBT .

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:*	2.15	8.a
CPST FTEs:	9.80	
Counselor/Therapist FTEs:	12.50	

*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:*	0.59	8.b
CPST FTEs:	9.00	
Counselor/Therapist FTEs:	3.44	

*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.

In relation to the goals set forth by the Annapolis Coalition, the Board has consulted with our sole provider agency for mental health services and received the following report:

"Our clinical staff are currently meeting multiple objectives. The following is a list of items which we have implemented and maintained, followed by a brief description of what we are doing specifically.

1. Goal 1: Significantly expand the role of individuals in recovery and their families when appropriate, to participate in, ultimately direct, or accept responsibility for their own care; provide care and supports to others; and educate the workforce.

a. Objective 2, Action 3 (a) - Develop shared decision making- Our clinicians have access to and are encouraged to provide reference and educational information to each client or family member to give them a better understanding of the issue they are seeking treatment for. This allows for the family and client to become more informed and more engaged in the treatment process

b. Objective 1, Action 3: Routinely engage persons in recovery and family members in teaching providers - We work on a reciprocal basis with groups such as NAMI. We have clinicians provide trainings and insight at informational meetings, while NAMI will provide our clinicians with informative trainings about specific topics from their members or special guests.

2. Goal 3: Implement systematic recruitment and retention strategies at the federal, state, and local levels.

a. Objective 4, Action 2 (b) - Wage and Benefits adjustments - Currently we evaluate the wages of the lower compensated employees at the beginning of each calendar year based on State and Federal wage guidelines. This also requires pay adjustments to others who may then become a lower compensated employee. A full pay scale review is completed every two years based on pay scale surveys provided through membership in the Ohio Council of Behavioral Healthcare Providers. Furthermore, the salary scale reflects levels in the career ladder from entry level, mid career, and maximum which is competitive with local and regional salaries of similar providers.

b. Objective 7, Action 2 (a) - "Grow your Own" recruitment - We currently provide an aggressive policy of allowing employees in entry level positions to bid on open positions to advance through the levels of the Table of Organization.

c. Objective 8, Action 3 (b) - Training for culturally competent practice - We currently work

with community partners as well as statewide agencies to provide staff with updated training in cultural competence. Relationships have recently been built with the Multiethnic Advocates for Cultural Competence, which will allow use of more advance assessment and training tools in this area.

3. Goal 5: Actively foster leadership development among all segments of the workforce.

a. Objective 3, Action 2 (a) - Establish or expand leadership development training programs - Currently, the agency has developed an in-house program called "supervisor training". The program consists of multiple day long trainings, with each focusing on a different area of competence that a supervisor or leader is responsible for.

b. Objective 3, Action 4 (a) (b) - As discussed above, each supervisor, as they are identified or promoted is given this series of trainings to better develop their skills as well as agency efficiency.

c. Objective 4, Action 1 (a) - Evaluation of leadership trainings - A formal evaluation is completed by each participant for each topic. Each topic is reviewed and scores evaluated to determine effectiveness. This information will be used in future trainings to better address issues determined to be deficient.

4. Goal 6: Enhance the infrastructure available to support and coordinate workforce development efforts.

a. Objective 5, Action 3 (b) - Written Workforce Development Plan - We maintain a written Human Resources Plan, which states the plans for recruitment and retention. This plan will need to be updated to reflect the tools available through the Alliance of Mental Health Professions. This will be discussed in the desired state section.

b. Objective 7, Action 3 (b) - Information Management Tools - The agency maintains an information management tool, which provides the ability to track and manage information in every facet of business, from HR to Clinical to Finance. Additionally, clincial staff are being trained to better utilize reports to help manage caseloads and become more efficient and effective.

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.

In Gallia County, Woodland Centers continues to work with the Municipal Court Judge, local AoD providers, TASC of Southeast Ohio and the Gallia Drug Court Program, to decrease the number of adults with a dual-diagnosis of Severe and Persistent Mental Illness (SPMI) and Substance Abuse/Dependence involved in the criminal justice system.

In doing so, team members have started to monitor the number of individuals with "mental health only" diagnosis and are discussing the prospect of developing a Mental Health Court. A major achievement in this area is the way we serve adult clients involved in the mental health and criminal justice system. In the past, WCI responded in a crisis intervention mode, once a client's behavior gained attention of law enforcement, often resulting from non-compliance with mental health treatment. Now, we operate in a preventative manner by monitoring the client's needs and compliance with treatment. Amanda Adams, Psy.D. serves as the Drug Court liaison and is the contact for adult mental health clients involved in the criminal justice system in Gallia County. Woodland Centers is pursuing certification from ODADAS for SFY'09 to better serve their clients with co-occurring disorders.

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

Click on gray box to enter text.

As a direct result of intersystem collaboration through the three FCF Councils, mental health CPST workers have excellent working relationships with Juvenile Courts and Probation Officers in all three counties.

1. CPST services, as well as Cognitive-Behavioral parent education groups, are an integral part of individualized service coordination/Wraparound plans for children involved with Juvenile Court.
2. As previously mentioned, Woodland Centers is developing a contract with Gallia Juvenile Court for a Summer Program, increased support for the school-based Y.E.S.S. program and support for the functions of our local NAMI chapter.
3. The Board is assisting with the development of a behavioral health court model in Jackson County.
4. In the event a child is placed in DYS, case managers work closely with the county Juvenile Court to coordinate services and help reintegrate the child or adolescent back into the community.

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

1. Jails

Click on gray box to enter text.

In all three counties, emergency and crisis services are available 24 hours a day and 7 days per week. At the request of the Gallia County Sheriff's Office, an outpatient therapist visits the jail weekly to offer support and consultation to jail employees and provide diagnostic assessments, emergency services and individual therapy to prisoners. This program allows continuity of care for those MH clients who may need continuation of med-somatic services or who are involved with the previously described court program. Currently, only crisis/emergency services are provided in Meigs and Jackson counties.

2. Detention Centers

Click on gray box to enter text.

There are currently no detention centers in our catchment area. This is not a priority focus for this Board.

2. Homeless, Runaway & Domestic Violence shelters

Click on gray box to enter text.

Through membership in the Southern Consortium for Children, the Board is part of the Time Out Host Home Network (Emergency/Crisis and Planned respite). These Host Homes provide short-term emergency shelter for youth who are homeless, have run away, or who are at risk of being homeless or running away due to a crisis.

The Board also serves on the Continuum of Care and other committees to address homelessness and shelter needs.

The following is a report of achievements by our provider, Woodland Centers, Inc.:

Achievements - Woodland Centers has developed strong intersystem collaboration in meeting the needs of homeless persons in the 3-county area through its involvement in the Continuum of Care, HTF and HAP programs. The Continuum of Care has completed a needs assessment and inventory of landlords, developed a Ten-Year Plan to End Homelessness, created a website, and conducted

two Point-in-Time homeless counts. We are currently in the process of implementing a housing and transportation referral and information system using the resource link from our website. Another Continuum member will be offering budgeting classes. The Board's Deputy Director serves on the Executive Committee for the COC.

Woodland Centers established, and manages, the only transitional apartment available in this region at Woodland Housing Opportunities in Jackson.

In addition, Woodland Centers has provided housing assistance to over 130 households through the HTF and HAP programs, exceeding our goals in those programs. They also enjoy a strong relationship with Serenity House, the only emergency shelter in this area. Serenity House (also a COC member) is a domestic violence shelter for women and children and often serves as a stepping stone to other housing programs offered by Continuum members.

Finally, through the Continuum of Care, Woodland Centers has established linkages to the Meigs County Schools Homeless Liaison as well as Sojourners (a transition program for homeless emancipated youth or those aging out of foster care). School-aged youth who are considered runaway or homeless are served by the Southern Consortium for Children's Host Home program. This is a network of foster homes, funded by a federal Runaway and Homeless Youth grant, whereby youth receive short-term crisis/respite care.

3. Nursing Homes

Click on gray box to enter text.

WCI provides crisis/emergency services to local nursing homes, as requested. Clients are often brought to the clinics from nursing homes, if mental health services are necessary. WCI completes PASARR screenings for individuals in our three county catchment area to assist with placement in nursing homes, if the individual meets criteria. They have provided crisis related services to the local nursing homes when their patients are either acting out or have made suicide threats. They have also offered on-going services (individual and group therapy) and cognitive assessment opportunities.

4. Prison Reentry

Click on gray box to enter text.

WCI coordinates with prisons for discharge planning, by making follow-up counseling and medication services. Geri Evans, LSW serves as the agency's Forensic Monitor to monitor clients with mental health needs who are involved in the legal system in an effort to help them maintain in the least restrictive environment.

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

Click on gray box to enter text.

There are continuing efforts to build and maintain a reciprocal relationship with Holzer Medical Center and Holzer Clinic, the area's major medical provider. Woodland Centers provides crisis/emergency services to the Emergency Rooms (located in Gallia and Jackson Counties). Woodland Centers is facilitating meetings to develop protocols for responding to individuals in crisis as well as a mental health emergency/crisis response curriculum for nurses and physicians.

A Board member for Gallia-Jackson-Meigs Board of ADAMHS is a Physician/Administrator at Holzer Medical Center. The Board actively recruits for the MD/DO board position through Holzer Clinic/Holzer Medical Center in order to facilitate collaborative service delivery.

7. Other.

N/A

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

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

Click on gray box to enter text.

a) In SFY '07, the Board applied for and received a Suicide Prevention grant on behalf of the Gallia County Family and Children First Council. This grant was from ODMH and the Ohio Suicide Prevention Coalition for the purpose of developing a suicide prevention coalition and strategic plan in the three-county area. The Board's original plan was to serve all three counties with this initial award. However the geographic span and differing needs among the three counties made it difficult to have a coalition that served all three. Therefore, that grant was used for Gallia County due to the newly formed NAMI group with active membership. An extensive awareness campaign was implemented and funds used to purchase advertising in local newspapers, as well as purchase pamphlets and other informational items. In SFY '08, a new mini-grant was awarded to implement the Suicide Prevention Coalition in Jackson County. To date, this group has conducted an extensive awareness campaign in conjunction with the Jackson County FCFC.

Through the Southern Consortium for Children, our Board has participated in the development and operation of a ten-county Teen Hotline which has now evolved to a teen website entitled "Teenline Ohio.org". This website serves approximately 1,000 unique users per month and includes contact information for the Time Out Host Home network (through SCC), local, state and national crisis lines; and state-certified mental health and substance abuse centers across southern Ohio. Teenline Ohio features a "Q & A" section where teens can anonymously submit questions that will be answered and posted to the site, a message board section for teens to post their thoughts on topics such as school, homework, depression, etc. The website also includes sections on parental support, local resources, and online resources with topics including bullying, suicide and teen dating violence. The site also includes sections for helpful links, frequently asked questions, and a place where users can provide feedback regarding the site. TeenlineOhio.org was developed with input from several teen advisory boards, including a group from Oak Hill High School in Jackson County.

The Board's Community Educator has attended 5 trainings provided by the Ohio Suicide Prevention Foundation. Locally the Community Educator has conducted Gatekeeper Suicide Prevention trainings to the Meigs County Community Coalition, Holzer Assisted Living, and Family Addiction Community Treatment Services. In addition, she has conducted staff training on Suicide and Depression in the Elderly at Holzer Assisted Living.

b) Through the Community Educator, our Board has conducted extensive P,C&E activities within the three-county catchment area. This includes distribution of behavioral health information in the following community venues:

Chamber of Commerce Spring Showcase in Jackson County
Senior Citizens Resource Center in Gallia County
Gallia County Junior Fair

Meigs County Fair
Jackson County Apple Festival
Spring Showcase at Gallia-Jackson-Vinton JVSD
Newspaper articles for Mental Health Month
Periodic interviews on a local radio talk show

Through membership in the Southern Consortium for Children, our Board has participated in the development of Children's Behavioral Health Education video series designed to meet training needs of professionals who serve children, adolescents and their families. The program utilizes state-of-the-art streamed video to provide timely, topical information presented by highly-skilled practitioners. Presentations may be viewed in the workplace or in the convenience of home. There is no fee and handouts may be downloaded.

Also through the SCC, our Board area has access to Interactive Videoconferencing at Woodland Centers Clinics and several school-based sites throughout the three-county area. The Ohio University College of Osteopathic Medicine's Office of Technology is a full partner in this project and serves as the hub. This network was created to provide distance learning programs to professionals on specific children's behavioral health issues and to provide telepsychiatry services in "real time" face-to-face visits where there would be little or no access otherwise.

Continuing "distance learning" education units are provided through the Behavioral Pediatric Seminar series and Children's Community Support training through the SCC. Topics include the latest developments in children's psychiatric treatment as well as hands-on training to improve or enhance direct service skills of behavioral health professionals.

Websites such as Communities of Care and Networks of Care were previously referenced under "Recovery Supports".

The following P,C&E activities were conducted by our MH provider, Woodland Centers:

As part of the newly awarded RHISCO grant, budgeting classes will be available in 2008 for persons receiving housing assistance from any agency in the 3 counties. Budgeting has been identified as one of the primary reasons underlying homelessness. Therefore, the purpose of the basic budgeting classes is to assist households who are receiving housing assistance to better management their income in order to sustain their housing and achieve economic stability.

Woodland Centers has been recognized by CARF for its efforts in collaboration, receiving an "Exemplary Practice" for their relationships with schools.

Training titled "The Suicidal Client" was provided to all WCI clinical staff in September 2007, and was approved for 3 CEU's from Ohio Counselor, Social Worker and Marriage and Family Therapist Board.

A collaborative relationship is being fostered with Holzer Medical Center. Work-group meetings are being held with an emphasis on protocols for responding to individuals in crisis. Also, during these meetings, training needs are being assessed in an effort to develop mental health emergency/crisis curriculum for nurses and physicians.

In November 2006, Amanda Adams, Psy.D (Woodland Centers staff) was part of a panel of

presenters who provided a training to University of Rio Grande students on depression.

NAMI sponsored CIT training for law enforcement in September 2007.

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.

In SFY '07 the Board became a member of the Multiethnic Advocates for Cultural Competence, Inc. (MACC), a 501(c)(3) statewide membership organization. MACC was established in 2003 to make cultural competence a cornerstone in Ohio's behavioral health system. The Board's Community Educator attended a 2006 MACC Forum in Athens, OH as well as the annual MACC Conference in Columbus. As a result of this training emphasis, the Community Educator has provided the following trainings:

*Staff Cultural Competency training at Woodland Centers

*Staff Cultural Diversity training at Family Addiction Community Treatment Services

*Cultural Diversity training for elementary age students attending Positive Youth Day at the University of Rio Grande

*Cultural Diversity training for high school students at Gallia, Jackson and Vinton Family Career and Community Leaders of America conference

a. Consumer Satisfaction Surveys reveal that approximately 95% of respondents say that staff have been respectful of their cultural and ethnic background. A Board survey of consumer needs resulted in 27.7% responding that "staff who understand my culture" was "not important to me at all".

25.5% responded that "I must have this service" .

b. Staff and Board member demographics:

The Board employs 7 staff (including the Gallia County FCF coordinator)

6 Female

1 Male

6 Caucasian

1 African-American

7 Appalachian

The Board has 3 contract employees:

1 male

2 female

3 Caucasian/Appalachian

Board members = 15 with 3 vacancies. Demographics included on Board member data sheets in this document.

bb. Characteristics of Persons Served, Staff, and Board Members of Woodland Centers, Inc.:
FY2006

Table 1. General County Demographics

Characteristic	Gallia County	Jackson County	Meigs County
Under 18 years of age	23%	23.6%	22%
65 & older	14.4	13.7	15.1
Females	51.1	51.7	51.0
White	95.5	98.0	98.1
Black	2.8	.7	.9
American Indian	.4	.4	.1
Hispanic	.8	1.2	.6
Disability	23%	22.5%	23.8%
High School Diploma	73.7	73.5	73.2
Below poverty	17.4	15.5	18.1

Table 2. Persons Served (Total Number of Clients Served = 3503)

Characteristic	Percentage
Males	46%
Females	54%
Under 18 years of age	23%
65 and older	1.9%
White	97%
Black	2%
American Indian	<1%
Hispanic	<1%
Deaf/Hearing Impaired	3%
Physical Disability	66.2%
Severely Mentally Disabled	42%
Title XX/Medicaid (as an indication of poverty)	87.4%

Table 3. Staff Demographics (Average Number of Staff=95)

Characteristic	Percentage
Over 65	4.2%
White	95.8%
Black	3.2%
Hispanic	1.2%
Males	27.3%
Females	73.6%

Table 4. Board of Trustees (9 members with 1 vacancy)

Characteristic	Percentage
White	100%
Males	33.4%
Females	56%
Family member with mental illness	22.2%

ANALYSIS

Table 1 depicts the racial/ethnic/gender distribution of the general population from which the population of persons served as well as the majority of staff and board members are drawn.

Table 2 depicts the demographics of persons served.

The persons served are representative of the general population except in three areas: persons over 65, the percentage of people with disabilities, and the number of persons below poverty. It is to be expected that the agency's clients would be over-represented in the categories of persons with disabilities and poverty due to the nature of our business.

Table 3 depicts the demographics of staff.

Staff are representative of the persons served (not all categories are available about staff) except in two areas: persons over 65 and percentage of females.

Recruitment efforts are based on qualifications and licensure. Clients with specific needs for a male or female counselor are accommodated. There are no male case managers in the Gallia Clinic. In order to augment recruitment efforts, the agency has an active relationship with Ohio University to place students in clinical practicums and internships.

Table 4 depicts the demographics of the Woodland Centers' Board of Trustees.

The make-up of the the current Board has lost representation of minorities and persons with disabilities. Additional recruiting efforts are needed to ensure balanced representation of both the general population and the persons served.

c. STAFF TRAINING

* Denise Martin, GJM ADAMHS Board Community Educator presented cultural competency and diversity training at the March 2006 All-Staff Meeting at Woodland Centers. The topic was appreciating differences including deaf and hearing impaired and the concept of racism.

* Mary Jo Frank, Ph.D., Woodland Centers Compliance Director, presented the findings of the MACC study on cultural competence for the Ohio Department of Mental Health at the Woodland Centers All-Staff Meeting in March 2007. The focus of this training was the characteristics of Appalachia and reactions to mental illness and treatment.

* In 2008, the agency plans to administer the C-CAT assessment instrument to help determine future training needs in the area of cultural competence and diversity.

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.

Customer service continues to be a priority for this Board. In SFY '08, the Board Deputy Director has worked directly with Woodland Centers administration to address areas of concern as identified by consumer complaints and community feedback. In 2007, the agency created a policy addressing multiple domains of customer service from front desk/client interactions to telephone and email etiquette to staff interactions with each other. Each staff person has signed a Customer Service Standards Agreement and received customer service training which focused on the themes of making a difference and choosing an attitude of customer service in all interactions.

In keeping with the theme of fully addressing consumer need, Woodland Centers is currently pursuing ODADAS certification. This will allow seamless service provision for dually-diagnosed consumers.

Woodland Centers' partnership with local colleges and universities is very strong and has existed for several years. This includes the placement of graduate and doctoral students at the various clinics and a contract with the University of Rio Grande to provide services on site. Woodland Centers is the only provider of mental health services to the entire university.

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.

Due to constraints upon available staff, funding and time, the Board relied upon existing data collection and planning processes for the Needs Assessment portion of this Community Plan. We have analyzed demographic data from our provider agency, demographic data from MACSIS and analysis of Consumer Satisfaction Surveys, Referral Source Satisfaction Surveys, Consumer Service Needs Surveys and an on-line Referral Source Service Needs Survey. With acknowledgement of the value of data, our reality is that we simply cannot move far from the absolute necessities of mandated Medicaid services. Therefore, strongest consideration is given to those services identified as "essential" by our consumers and those services considered "do-able" by our primary mental health provider.

Our "Consumer Service Needs Survey" was completed by 47 current consumers of mental health services. Those services (outside the "routine MH services") receiving highest ranking were Recovery Supports such as NAMI/support groups and "classes to learn about my mental illness", while websites and "help finding/keeping a job" were rated very low by respondents. An open-ended question regarding any other desired services resulted in 27 responses requesting services such as Clubhouse as well as availability of crafts and food at a common gathering place.

This Board was an active participant in the development of the Family & Children First Councils' HB 289 Plans in all 3 counties. We consider these plans to accurately reflect local service needs and priorities for our child-serving system. Therefore, every effort is made to plan our C & A priorities to help meet the goals of the 3 FCFC plans by directing new funds to support behavioral health services in the school and home environments.

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.

Planning and prioritizing services/populations is an ongoing process. The Board staff and representatives from our primary Mental Health provider (WCI) actively participate in many community collaboratives such as FCFC (schools, families, CSB's, courts, DJFS, etc.), Continuum of Care (housing/homelessness), Suicide Coalition, Chambers of Commerce, Community Coalitions in Meigs and Jackson Counties, behavioral health court model planning meetings, etc. where service needs are discussed. This winter we conducted both an internet-based survey for referral sources and a paper survey for consumers in order to assess community perception of needed services. The Consumer Needs survey provided a brief description and list of services divided by category (Recovery Supports, P,C&E, Cultural Competency). A total of 47 consumers responded across the three-county area. Results were reported in the Needs Assessment portion of this plan. Of particular interest to this Board was the high interest in consumer-driven support groups and classes about mental illness.

The Referral Source Survey was conducted using a web-based format (Survey Monkey). A total of 38 responses were collected from a variety of child and adult service providers. This survey was useful in determining our community partners' perceptions of the importance of Behavioral Health services. Among the most notable results were the perception of: 1) all "Resilience Supports" as being either "helpful" or "vitaly important", 2) all "Cultural Competency" services as "helpful, but rarely needed", 3) all "Recovery Supports" as "very helpful" and 4) all "Outpatient Services" were overwhelmingly rated as "helpful" or "essential". The Board recognizes the unscientific nature of these surveys while acknowledging the responsiveness of both consumers and community partners. Nevertheless, survey results do indicate that our consumers and community partners to recognize, and rely upon, behavioral health services.

Unfortunately, funding issues (Medicaid demands) often drive service priorities/planning. Community partners (such as DJFS, schools, and Juvenile Courts) have stepped forward and funded initiatives specific to their consumer needs for mental health services. The Board and agency staff have also been rather successful in securing grant funds for specific populations (children, homeless, etc.) in order to expand capacity. Although there is a high demand/request for services to the adult male population, many are indigent and our ability to fund these services is minimal. These individuals often bounce through other systems (courts, corrections, AOD, etc.) and end up in need of crisis mental health services.

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

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

Click on gray box to indicate priority level.

2.a. EMPLOYMENT*

Priority: Medium

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

1. Improve Homelessness Prevention Systems, including employment and transportation, in the context of the Gallia-Jackson-Meigs Continuum of Care's "Ten Year Plan to Address Homelessness.

2. Strengthen collaboration between Woodland Centers and Bureau of Vocational Rehabilitation.

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

1. The Continuum applied for and received funding from the Osteopathic Heritage Foundation for a grant that will create a two-county transportation system designed specifically to help people receiving any type of housing assistance to achieve economic stability (including employment) by providing transportation to job interviews and job training as well as appointments at Job and Family Services, Social Security, and other employment and/or income related agencies.
2. Determine current location and availability of locally-assigned BVR counselor.
3. Determine referral protocols between Woodland Centers and BVR.

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

1. Provide transportation to 128 persons per month to increase access to employment and other services that will help obtain and/or maintain economic stability.
2. Number of BVR referrals accepted for services.

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

In addition to the Continuum of Care, the Board and Woodland Centers has also participated in the development of the Gallia County Transportation Plan which will be used to design transportation routes that include area employers, colleges and other training institutions, DJFS and Social Security offices, and other agencies related to employment. While the Board is not directly involved in employment programs, these ancillary services are essential to supporting individuals who have no other transportation alternative to gain employment and achieve economic independence.

2.b. WELLNESS MANAGEMENT & RECOVERY*

Priority: High

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

Provide a holistic approach to treatment that addresses issues of overall health and wellness as it relates to mental illness and/or substance abuse.

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

In accordance with CARF, ODMH and ODADAS standards, client education will be provided, either individually or in groups, related to co-occurring physical illness, HIV/AIDS, Hepatitis, health and safety issues, and other topics identified by clients or by clinical staff. The Board's Community Educator will provide assistance to Woodland Centers for this initiative.

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

The Board will assist Woodland Centers in creating a Client Handbook with general health information for distribution to clients during orientation.
Woodland Centers will conduct at least 2 health and wellness groups during 2008.

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

Woodland Centers has provided health and safety training to residents of Woodland Housing Opportunities during 2007 that was very well received. Woodland Centers will continue to expand on that model as well as developing other written materials to be included in the Client Handbook using the Scioto-Point Valley handbook as a model. As Woodland Centers pursues ODADAS

certification, integrating wellness management and recovery principles with dual diagnosis will be essential to achieving positive outcomes as clients self-report improved functioning, decreased symptoms, and overall well-being.

2.c. HOUSING

Priority: **High**

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

The Board will assist Woodland Centers in applying for additional HTF funds in 2008 for the 2009-2010 grant cycle. In addition to Direct Housing which we anticipate keeping at its current level of 100 households, we will apply for Housing Assistance and Homelessness Prevention funds to serve another 55 households.

Woodland Centers, as fiscal agent of the local Continuum of Care, has been awarded a RHISCO/OHF grant in the amount of \$54,000 to operate a housing hotline, provide transportation, and offer budgeting classes to address homelessness in Jackson and Meigs counties specifically. Woodland Centers has primary responsibility for implementing that grant by April 1, 2008. Goals for this program include:

- 1) providing information and referral services to Crisisline callers whose primary emergency is homelessness
- 2) providing transportation to anyone receiving housing assistance in order to obtain or maintain economic stability which could include transportation to a job interview, the social security administration, job training, or place of employment.
- 3) help persons who are receiving housing assistance to learn how to budget their money.

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

In order to accomplish these goals, the Board and/or Woodland Centers will employ the following strategies:

1. Continue active participation in the Continuum of Care including ongoing work on the Ten-Year Plan to Eliminate Homelessness.
2. Install an 800 housing hotline to provide information and referral to community partners, other providers, and consumers.
3. Establish transportation loops in each county, purchase a vehicle, and hire a driver to provide transportation related to housing stability.
4. Develop communication/marketing plan for new services (housing hotline, transportation services, and budgeting classes).
5. Successfully write and submit grant applications to HTF for continued funding of housing programs.

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

1. Between 2008-2009, provide supported housing to 175 mental health consumers who are homeless or at risk of homelessness. This includes 155 consumers served with HTF funding and another 20 consumers served with HAP.
2. In 2008, respond to 250 hotline calls related to housing and making at least 90% linkages to services.
3. Provide budgeting classes to 60 households who are receiving housing assistance in 2008.
4. Provide transportation to 128 consumers per month to increase access to employment and other services that will help obtain and/or maintain economic stability.

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

The Board and Woodland Centers will continue to have a lead role in the Continuum of Care as it

implements its Ten-Year Plan to End Homelessness. This includes collaboration with other community partners to complete a Transportation Plan, conduct Point-in Time homeless counts every two years, plan and implement at least one advocacy event per year, and partner with the private sector to create additional affordable housing units.

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.*

The Board will provide any necessary technical assistance and linkage to Woodland Centers as they achieve ODADAS Certification in order to provide more comprehensive treatment to clients who are dually diagnosed (mental illness and substance abuse).

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

It is estimated that from 50-80% of mental health clients currently served by Woodland Centers also have a co-occurring disorder of substance abuse. In order to assist current clinical staff to better serve those clients, Woodland Centers is making it possible for all interested staff to become CDCA certified. The agency is providing the 40 hours of required training and paying the cost of the initial certification application. They have also hired an LICDC to provide clinical supervision to the CDCAs and to serve as the Dual Diagnosis Program Director. The agency will submit its application to ODADAS in April, 2008 with the expectation of the ODADAS site review in June, and a service delivery start date in July, 2008.

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

Woodland Centers will achieve ODADAS certification by July 2008.

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

The Board meets monthly with Woodland Centers as they are preparing to apply for ODADAS certification. Training is underway, and policies are being developed. We have also facilitated and encouraged relationships with other substance abuse providers in this area in order to coordinate rather than duplicate services.

Click on gray box to enter text.

2.e. OTHER:

Priority:

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

Assist in establishing a Clubhouse program in all three counties of the Board's catchment area to provide Woodland Centers clients who have serious and persistent mental illness with a network of social support, educational opportunities.

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

Seek funding to support establishment of clubhouse.
Assess needs and interest of consumers in Clubhouse activities.
Recruit consumers to organize and operate clubhouse.
Open doors to clubhouse(s) in Gallia, Jackson and Meigs counties.

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

Secure appropriate funding for Clubhouse program.

The number of consumers who use the clubhouse.
The number of consumers who increase social support, as measured by psychometric assessment.
The number of consumers who utilize clubhouse for educational opportunities, housing and employment.

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

HTF, HAP, Job and Family Services, Board, NAMI, and Consumers

Click on gray box to enter text.

2.f. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

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

Click on gray box to indicate priority level.

3.a. SCHOOL SUCCESS

Priority:

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

Provide behavioral health supports to help increase School Success as defined by the three county FCF Councils.

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

1. Work with local school systems to support current after-school programs to target risk factors for high school dropouts.
2. Assist school systems (including Alternative School) in evaluating and treating students who are at-risk due to behavioral health problems.
3. Assist local FCF Councils in developing effective school-based Wraparound Teams.
4. Continue collaboration with Ohio University and the YESS Program. (WCI received the Exemplary Research Collaboration Award from ODMH for work with OU and YESS Program in October 2006.)
5. Develop capacity for all three county FCFC's to use E-Score for tracking outcomes.
6. Continue to provide counselings

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

1. Increase attendance rates of students on Service Coordination/Wraparound.
2. Increase the number of students in Service Coordination/Wraparound who finish high school.
3. Decrease the number of reported behavioral incidents of those students participating in Service Coordination/Wraparound

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

Woodland Centers, Board, local school districts, county Children's Services, county Juvenile Courts, county FCF Councils and local Universities

3.b. EARLY CHILDHOOD CARE

Priority: **High**

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

Implement Early Childhood Mental Health Initiative

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

1. Train parents and providers on child development and risk factors for developmental and behavioral problems.
2. Increase access to early childhood screenings.
3. Implement phases of Incredible Years Program.

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

1. Number of children receiving early childhood screening.
2. Number of parents and providers who are trained on child development, risk factors and indicators.

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

Woodland Centers, Board, Southern Consortium for Children, Family & Children First Councils/Help Me Grow, WIC, Head Start, local Health Departments, Pediatricians and Mental Health Providers.

3.c. TRANSITION AGE CARE

Priority: **Low**

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

Not a Board priority at this time.

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

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

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

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.*

- | |
|---|
| <ol style="list-style-type: none"> 1. Purchase Wraparound Service Coordination from 3 FCF Councils 2. Provide home/school-based case management for children in Service Coordination 3. Provide Family Coaches to families in Service Coordination. 4. Provide increased access to a Child Psychologist for kids in Service Coordination. |
|---|

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

- | |
|---|
| <ol style="list-style-type: none"> 1. Improved Ohio Scales scores as identified on individualized case plans 2. Continue low out-of-home placement rates in Gallia and Meigs Counties. 3. Further reduce out-of-home placement rates in Jackson County |
|---|

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

Woodland Centers, Board, county FCF Councils, county Children's Services, county Juvenile Courts, county school systems

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

Click on gray box to enter text.

N/A

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

Click on gray box to enter number.

Board Purchased Inpatient Care	SFY 2009 Bed Days	SFY 09 Admissions
State Hospitals	1450	145
Private Psychiatric Hospitals: Adults	650	65
Private Hospitals: Children & Adolescents	90	15

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 use of Inpatient Bed Days.

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

1. Maintain collaborative discussions with community providers including primary health care and law enforcement with hospital staff and Woodland Centers to refine protocols to minimize hospitalizations.
2. Formalize adult wraparound services for high risk adults in the hospital system.
3. Develop a Wellness Management and Recovery Program for adult consumers.
4. Continue monthly meetings with Appalachian Behavioral Healthcare and Woodland Centers to monitor hospital utilization

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

Reduce hospital day utilization and admissions especially 30 day re-admits.

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

Monthly Board/ABH/Woodland Centers meetings
Ongoing trainings with local partners.

4.b. CONTINUITY OF CARE

Priority: High

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

The Board will maintain clinically appropriate and culturally competent continuity of care through effective partnerships with hospital and provider.

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

Utilize telemedicine for team meetings between Board, hospital and Woodland Centers to integrate treatment and provide continuity of care before transfer back to outpatient.

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

1. Reduced length of stay.
2. Reduced 30-day re-admits.

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

Board, Woodland Centers, ABH, and consumers.

4.c. SOMATIC HEALTH CARE

Priority: **Medium**

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

The Board will assist provider to improve working collaboration with local health clinic and hospital.

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

1. Implement cross training and shared protocols to improve continuity of care for high risk clients.
2. Develop a plan to train medical personnel on identifying behavioral health issues
3. Invite medical staff to provide training to behavioral health personnel on a holistic model of wellness.

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

1. Reduced crisis intervention calls to Emergency Rooms
2. Reduced hospital inpatient admissions from Emergency Rooms.

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

Woodland Centers, Board, local hospital, local clinics, and consumers.

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.

Continue Telemedicine services through Southern Consortium for Children partners.

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

5.a. Residential Treatment Centers

Priority: **High**

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

Reduce out-of- county residential placements of Jackson County youth

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

1. Continued development of behavioral health court model in Jackson County Juvenile Court
2. Woodland Centers will provide IHBT services to FCF-identified youth in all three counties
3. Board will continue to work with FCF partners in Jackson County to encourage more team planning and service provision before placement occurs.

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

- 1. Identify adequate funding for Behavioral Health Court Model
- 2. Reduce number of Jackson County out-of-home placements by 50% in SFY'09

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

Woodland Centers, Jackson County FCFC, Jackson County Juvenile Court, Board, Jackson County Department of Job & Family Services

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

Click on gray box to enter text.

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

6.a. Adult Consumers

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

6.a.1. Area of Adult Crisis Care:
Priority:

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

Increase utilization of Woodland Centers Crisis Stabilization Unit as a step up and step down unit for needs that may otherwise require inpatient.

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

Monitor overall daily census to maximize use of CSU beds.
Increase use of planned respite to reduce crisis intervention needs.

Measurable Objectives

Number of CSU bed days.
Number of Inpatient hospital bed days

Discussions and/or Collaborations

Board, hospitals, Woodland Centers staff, consumers and families.

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

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

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

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

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

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

Priority:

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

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

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

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

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

Click on gray box to enter text.

6.b. Child & Adolescent Consumers

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

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

Priority:

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

1. Continue to work with Southern Consortium for Children to meet the C & A Inpatient needs.
2. Develop improved relationship with Medicaid Managed Care entities for more coordinated decision making

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

1. Improve linkages with hospitals serving children and adolescents
2. Improve overall mutual protocols for inpatient hospitalization between local providers and Medicaid managed care.

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

1. Reduced admissions for children.
2. More efficient admission process for those who do need to have inpatient care

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

Board, Southern Consortium for Children, Hospitals, Woodland Centers staff, Families, managed care entities.

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

Priority: High

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

- 1. Continue to support TeenlineOhio.org
- 2. Increase local awareness of TeenlineOhio.org

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

- 1. Participate in Southern Consortium for Children
- 2. Distribute public awareness materials at community events, schools, etc.

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

Number of "hits" on website

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

Southern Consortium for Children, Woodland Centers, Board, schools, etc.

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.

Continue to utilize Host Home crisis/respite care in order to reduce hospital stays.

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	2160	2880
Children & Adolescents	278	278

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.*

1. Develop a CIT Team in Gallia, Jackson and Meigs Counties
2. Provide CIT training to University of Rio Grande Security Officers, as well as Rio Grande Police officers.

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

1. Seek funding for CIT training.
2. Provide informational trainings to local law enforcement
3. Provide informational trainings to University officials

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

1. The number of CIT-trained officers.
2. The number of responses by CIT-trained officers.
3. CIT team established at University of Rio Grande

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

Dave Malawista, NAMI, Judges, Board, Woodland Centers, University of Rio Grande, Probation Department, Sheriff's Departments in G-J-M counties

6.d.2. DISASTER PREPAREDNESS*

Priority: **Medium**

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

1. Increase behavioral health involvement in multi-agency drills in all three counties.
2. Continue to support membership in the Local Emergency Planning Committee, Citizens Corps, and the Southeast Ohio Safety Council.

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

1. The Board will continue to increase emphasis on Woodland Centers' role as a behavioral health provider during a disaster.
2. The Board will assist in expanding this role to all three counties.

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

1. Participate in one multi-agency disaster drill in 2008.
2. Meet with disaster preparedness teams in Jackson and Meigs to encourage Behavioral Health involvement.

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

Woodland Centers, Board, county emergency response agencies

6.d.3. COLLEGES & UNIVERSITIES*

Priority: **Medium**

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

1. Educate staff at University of Rio Grande (URG) to be prepared for disasters.
2. Work with URG to develop a CIT/crisis response team.
3. Provide evidenced-based suicide prevention program to staff and students at University of Rio Grande.
4. Increase college students/staff awareness of availability of behavioral health services.

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

1. Utilize current Woodland Centers staff working at URG to partner with Board Community Educator in suicide prevention/crisis response.
2. Assist URG staff in joining with local disaster planning teams.
3. Provide CIT training to staff at University of Rio Grande.
4. Promote Crisis Line, Networks of Care and TeenlineOhio.org at University of Rio Grande

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

1. Monitor response time to request and utilization of services by students
2. Monitor number of students seeking MH services.
3. Crisis response plan and protocol finalized between Woodland Centers and University of Rio Grande.
4. CIT Team established and trained at University of Rio Grande.

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

University of Rio Grande, Woodland Centers staff, Board Community Educator

6.d.4 PRIMARY & SECONDARY SCHOOLS

Priority: **Medium**

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

1. Work with schools districts to develop a crisis response team.
2. Provide evidenced-based suicide prevention program.
3. Increase teen awareness of TeenlineOhio.org

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

1. Seek funding to develop a Suicide Prevention Coalition in Meigs County
2. Continue active participation and leadership for Gallia and Jackson Suicide Prevention Coalitions.
3. Community Educator will continue to provide Suicide Awareness trainings as requested.
4. Work with Woodland Centers to secure funding to provide Signs Of Suicide (SOS) training in schools.
5. Distribute TeenlineOhio.org promotional materials in schools.

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

1. Secure Suicide Coalition grant for Meigs County
2. Number of Suicide Awareness trainings conducted.
3. Secured funding for SOS training.

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

Southern Consortium for Children, School Systems, WCI, FCFC, suicide coalition, Board, local hospitals

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

Click on gray box to enter text.

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

7.a. Adult Services.

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

7.a.1. Area of Adult Services:

Priority:

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

- 1. Increase accessibility to med-somatic services.
- 2. Increase access to affordable medications for SMD consumers.

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

- 1. Increase use of telemedicine for practitioners located outside of clinic.
- 2. Build relationships with pharmaceutical companies that participate in indigent medications programs

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

- 1. Reduce time lapse from referral to appointment with Psychiatrist/Nurse.
- 2. Increased number of available appointments.
- 3. Increase dollar value of Indigent Drug program over value in SFY '08

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

Psychiatrists in tri-state area, Woodland Centers, Board, Southern Consortium for Children, pharmaceutical companies.

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: Pharmacological Management

Priority: High

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

1. Increase accessibility to med-somatic services.

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

Increase use of telemedicine for practitioners located outside of clinic.

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

1. Decrease time between referral and appointment.
2. Increase number of available appointments.

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

Psychiatrists in tri-state area, Board, Southern Consortium for Children, and Woodland Centers

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

Priority: High

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

The Board will continue to seek partnerships to increase access to CPST services; especially to the non-Medicaid population

Strategies *Click on gray box to enter text.*

Seek funding partnerships with other child serving systems.
Research available grants

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

New funding partnerships to increase access
New grants

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

Juvenile courts, DJFS, schools, Children's Services, Board, Woodland Centers, ODMH

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

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

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

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

Priority:

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

Train all Woodland Centers staff on IDDT

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

First Training to take place on 2/22/08
Provide staff opportunity for additional IDDT Training
Develop IDDT team

Implement IDDT

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

- 1. The number of staff trained on IDDT
- 2. The number of clients served by IDDT

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

Board, Woodland Centers, Scioto Paint Valley Mental Health Center, SAMSHA, referral sources (e.g., courts), ODADAS, ODMH

Click on gray box to enter name of practice:

7.c.2. PRACTICE: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

Priority: Medium

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

Provide TF-CBT in each of the three counties we serve

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

Support staff in obtaining training for TF-CBT services

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

- The number of staff trained on TF-CBT.
- The number of clients served with TF-CBT.

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

Schools, hospitals, victim advocacy groups, domestic violence shelters and service providers, law enforcement, WCI, Board

Click on gray box to enter name of practice:

7.c.3. PRACTICE: Provide Trauma Screening and Assessment

Priority: Medium

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

Include Trauma Screening and Assessment in Diagnostic Assessment Process

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

- Develop trauma screening protocol.
- Train staff on trauma screening.

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

- The number of clinicians who provide trauma screening.
- The number of clients screened for trauma.
- The number of clients identified as having trauma related mental health problems.

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

Schools, hospitals, victim advocacy groups, domestic violence shelters and service providers, law enforcement, Woodland Centers, Board

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.*

Board will assist provider to meet agency-determined goals:

1. To implement a data driven continuous quality improvement process using a data set that incorporates variables on recruitment and retention.
2. Use a quality improvement process to identify recruitment and retention needs, and select interventions to address those needs.

Strategies *Click on gray box to enter text.*

Board will serve on Advisory Committee to assist provider agency:

1. Explore Federal or State government sources, as well as trade organizations such as the Alliance of Mental Health Professions for existing data sets which provide reliable valid data to track recruitment and retention needs.
2. Strong networking with Colleges and Universities. This includes staying current with developments at local Universities (i.e. the addition of APA accredited doctoral psychology program at one local university). This networking can be accomplished through opening up sites for internships for the University students, which can lead to future employment.
3. Relationships with community partners (i.e. Job and Family Services) will allow the agency to quickly identify resources for support positions to ensure they are filled in a timely, effective and efficient manner.

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

During monthly Board/Agency meetings, review provider agency QI data sets to determine the outcome of the recruitment and retention program.

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

Local Universities, county DJFS's, Woodland Centers, Board

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.*

Board will assist agency to:

1. Identify training and staff development needs regarding these competencies.
2. Devise and implement a staff development plan.
3. Expand continuing education programming on these competencies.

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

1. A training plan has already been devised, which focuses on 40 hours of training on the most important substance use and co-occurring disorders for providers. A formal staff development plan will be created to provide training to all eligible clinical staff as well as a plan to train all new hires on a quarterly basis.
2. Continuing education programming will be a collaborative effort between service providers both in the area and regionally. When one local provider offers training, they will make it open to their counterparts. Likewise, trainers will be made available to regional providers and vice versa.

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

1. 100% of all eligible clinical staff will be trained within 1 year of the start of the program.
2. All new staff will be trained within 3 months of hire.
3. Information management system reports and sign in sheets will document the number of clinicians trained through collaborations with community partners.

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

Collaboratives will be formed between local service providers as well as reciprocal agreements between regional providers.

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

Click on gray box to enter text.

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

9.a. Adults

9.a.1. ADULT JUSTICE/COURT COORDINATION

Click on gray box to indicate priority level.

Priority: High

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

1. Assist Woodland Centers to develop Mental Health Court project.
2. Assist Woodland Centers to seek funding for Mental Health Court

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

1. Develop a Mental Health Court program.
2. Seek Mental Health Court funding

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

1. Mental Health Court established.
2. Mental Health Court funded

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

Probation officers, psychiatric hospitals, Municipal court judge, jails, Woodland Centers, Board

9.a.2 ADULT RECIDIVISM

Priority: **High**

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

Reduce number of adults with severe and persistent mental illness who are involved with criminal justice system

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

Implement CIT training in all three counties

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

Number of adults with severe and persistent mental illness who are incarcerated.
Number of law enforcement/court personnel who take CIT training

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

Woodland Centers, Board, courts, law enforcement

9.a.3. ADULT DIVERSION

Priority: **Medium**

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

Create Diversion Program

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

Seek funding for diversion program.
Recruit and develop staff to provide services in diversion program.
Develop CIT program.

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

The number of clients with history of incarceration who are successfully diverted from jail or prison.
The number of clients served by jail diversion program.

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

Probation officers, psychiatric hospitals, Municipal court judge, jails, Woodland Centers

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.

Gallia County Juvenile Court has approached the Board regarding purchasing behavioral health services for kids involved in the court system. Currently, contracts are being developed for the previously-mentioned Summer Program. This partnership will also increase support to our local NAMI chapter as well as the previously-mentioned school-based Y.E.S.S. program through Ohio University.

9.b. Adolescents

9.b.1. ADOLESCENT JUSTICE/COURT COORDINATION

Click on gray box to indicate priority level.

Priority: Medium

Goals: Click on gray box to enter text.

Work with Juvenile Courts to reduce out of home placements

Strategies: Click on gray box to enter text.

- 1. Utilize IHBT services for court referrals.
- 2. Include wraparound approach to best serve child and family

Measurable Objectives: Click on gray box to enter text.

- 1. Percentage of youth served who have no further charges in court
- 2. Improved outcomes data (E-Score, Ohio Scales) as specified by IHBT grant
- 3. Improved school attendance reports
- 4. Decreased school behavior incidents

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

Woodland Centers, Board, Juvenile Court, Probation officers, FCF Councils, schools, Children's Services, families

9.b.2. ADOLESCENT RECIDIVISM

Priority: High

Goals: Click on gray box to enter text.

Implement summer program for Gallia County Juvenile Court

Strategies: Click on gray box to enter text.

Conduct 8 week summer program for 40 youth referred by Gallia County Juvenile Court

Measurable Objectives: Click on gray box to enter text.

- 1. Number of youth who complete program
- 2. Improved outcomes on Ohio Scales
- 3. Number of youth who have no further charges in court

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

Gallia County Juvenile Court, NAMI, Board, FCF Council, Woodland Centers

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.*

In collaboration with the Continuum of Care, develop a plan to increase the number of shelter beds for homeless men in the 3-county area.

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

- 1. As part of the Continuum's Ten-Year Plan to End Homelessness, Woodland Centers will have an active role in helping identify potential partners, developers, and others from the private sector to develop a plan to build or renovate a homeless shelter for single men. It is our expectation that this potential facility will include shelter beds and transitional housing with supportive services to assist chronically homeless men obtain and maintain independent living.
- 2. Woodland Centers will also apply for additional HTF funding to include Direct Housing, Homelessness Prevention, and Housing Assistance for persons who are homeless or at risk of homelessness and have a mental health diagnosis.

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

- 1. Participate in the Continuum's sub-committee to create additional housing resources in Gallia, Jackson, and Meigs counties.
- 2. Apply for additional HTF funding to serve 155 households in 2009-2010. The application will be due in May 2008.

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

Continuum of Care members, Board, Woodland Centers

9.c.4. NURSING HOMES

Priority: Medium

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

Serve residents in nursing home rather than outpatient clinics.

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

Schedule services regularly in nursing home locations to better meet needs of geriatric clients.

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

Improved interventions with less transportation for nursing home residents.

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

Nursing home administration, Woodland Centers staff, Board

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.*

1. Develop Suicide Prevention Coalition in Meigs County.
2. Continue involvement and assistance to Gallia and Jackson Suicide Prevention Coalitions.
3. Provide Suicide Prevention trainings to local schools.
4. Promote Networks of Care website

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

1. Apply for grant to form Meigs County Suicide Prevention Coalition
2. Continue training for Provider agency employees on assessment and intervention of suicidal clients.
3. Continue collaborative efforts with local hospital to facilitate effective response to crisis/emergency situations that present in the hospital.
4. Provide education to local hospitals, jails, colleges and universities following training guidelines developed by the American Association of Suicidology.

- 5. Implement SOS (Signs of Suicide) in secondary schools.
- 6. Distribute promotional materials for networks of Care at health fairs, agency offices and other public places.

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

- 1. Increased number of community partners and consumers involved in suicide coalition.
- 2. Increased number of suicide prevention activities provided within the community.
- 3. Total number of participants involved in education and training.
- 4. Following training, analyze post-test scores on measures of knowledge and attitudes about suicide, depression and related risk factors to determine the impact of community education on these variables.

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

Collaborate and continue developing relationships with NAMI, school officials, Southern Consortium for Children, Board, local courts and jails, hospitals, and consumers.

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

10.b. OTHER:

Priority:

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

Increase community awareness of Board's role in the Behavioral Health system

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

- 1. Educate stakeholders in value of Board's management of services
- 2. Educate community on "what we do" and "how we do it"
- 3. Meet with legislators when available in-county. Take them to visit services.

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

- 1. Number of presentations to stakeholders
- 2. New community awareness materials for dissemination.
- 3. Number of in-county meetings with legislators.

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

Legislators, Board staff, county commissioners, local community collaboratives.

10.c. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

11.a. CONSUMER SATISFACTION WITH SERVICES AND STAFF

Priority: **High**

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

To increase consumer participation in addressing issues identified by the Woodland Centers Consumer Satisfaction Survey.

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

1. Incorporate Woodland Centers Consumer Satisfaction Survey into the Board's CQI process.
2. Partner with the local NAMI chapter to analyze and address consumer satisfaction issues.

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

Achieve 90% threshold in all items measured by the Consumer Satisfaction Survey.

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

NAMI, Woodland Centers, Board, consumers, family members

11.b. STAFF RECRUITMENT

Priority: **High**

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

1. Assist provider agency to become multidimensional in ability to recruit and retain staff.
2. Partner with local universities to recruit trained clinicians who are native to Appalachia.

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

1. Begin to pursue the same mediums of communication and job searches that today's generation of new clinicians and employees are using. This entails online advertising, position announcements through agency internet sites, as well as being visible through search engines.
2. Assist Woodland Centers to develop recruitment strategies and placement opportunities with Ohio University and the University of Rio Grande

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

1. Establish placement agreements with Ohio University, Ohio State University, Marshall University and University of Rio Grande.
2. Utilize agency website and register it with search engines and monitor the usage.

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

Collaborations will be completed once a list of all local resources (universities, JFS, trade schools, etc.) have been identified and contacted. Also Board and Woodland Centers.

11.c. STAFF TRAINING

Priority: **High**

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

1. Woodland Centers will achieve Chemical Dependency Counselor Assistant certification for all interested clinical staff.
2. Increase effectiveness of cultural competency training by using C-CAT tool from Multiethnic Advocates for Cultural Competence.
3. Provide and receive training with local NAMI chapter (Family to Family, Bridges, etc.).
4. Board and Woodland Centers will develop and administer customer service focused training.
5. Provide training on Appalachian culture.
6. Access training on effective use of outcomes data for Board CQI purposes.

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

1. Woodland Centers will develop a 40 hour training program which will highlight critical training topics, register these training hours with the Chemical Dependency Counselors' Board and provide in house training to all staff and community partners.
2. Acquire the C-CAT tool
3. Invite Woodland Centers staff to accompany Board staff to meetings provided by the Multicultural Advocates for Cultural Competency.
4. Continue affiliation with NAMI and have staff provide trainings to the community, while sending staff to trainings sponsored and provided by NAMI.
5. Partner with a local University to bring a speaker to present training on Appalachia and the culture during an All-Staff meeting.

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

1. Woodland Centers will annually report mandated and non-mandated staff training to the Board.
2. Board will assist Woodland Centers to access needed trainings through the Board's Community Educator and/or the Southern Consortium for Children.
3. Track the number of newly registered CDCA's in the community as a result of training program.
4. Split the C-CAT tool into two parts (alternate forms). Give every person who will be trained a pre-test (half of the room will get one half of the split C-CAT, the other half of the room will get the remaining half). Once training is completed, each half of the room will receive the version of the C-CAT they did not complete. Results will be analyzed to determine if there was a pre-test vs. post-test increase in awareness and competence (alternate forms pre/post test procedure).
5. Track number of presentations given to NAMI and community by Board and Woodland Centers staff and the number of staff who attend training by NAMI.
6. Use a simple pre/post test procedure to determine staff knowledge before and after training to determine the effectiveness of the training.

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

Woodland Centers, NAMI, Board, MACC, and local universities

11.d. ADDRESSING DISPARITIES IN ACCESS AND OUTCOMES

Priority:

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

1. To increase outcomes collection by Woodland Centers staff.
2. Analyze outcomes reports to identify any disparities.
3. Assist Woodland Centers staff to address identified disparities.

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

1. Share outcomes data with Board members and consumers in user-friendly format.
2. Assist clinicians to utilize new outcomes software for efficient and effective treatment planning.
3. Woodland Centers will identify new protocols to centralize the process of outcomes tracking.
4. Woodland Centers will improve staff access to outcomes data.
5. Seek technical assistance from ODMH and MACC on identifying and addressing disparities.

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

1. Measure number of outcomes entered.
2. Audit charts for utilization of outcome data with client treatment.
3. Seek feedback from consumers on outcome data.
4. Review satisfaction data from consumers and be sensitive to their input.

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

Woodland Centers, Board, ODMH, MACC

Click on gray box to enter text.

11.e. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

Click on gray box and enter text.

1. The Board is monitoring an anticipated demand for services to veterans; especially those returning from active duty in the War on Terrorism. Although we do not currently see an increased demand, our provider agency is tracking needs through interactions with Veteran's Administration and other community collaboratives.
2. In SFY '09, this Board plans to achieve certification through the Culture of Quality process established by the Ohio Association of County Behavioral Health Authorities.

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.

We do not anticipate a need for any changes in the Board's MACSIS business rules at this time. However, if it is the intent of ODMH that MACSIS is used to define population priorities and benefits, significant revisions might be necessary.

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>Pursuant to ORC 340.03, the Board currently employs a part-time CQI Coordinator (up to 8 hours per week). This Coordinator evaluates and provides an annual report on the following:</p> <ol style="list-style-type: none"> 1. Annual Provider Agency Satisfaction Survey 2. Annual Referral Source Satisfaction Survey 3. Annual Agency Consumer Satisfaction Survey 4. Results of Annual Medicaid Compliance/Medical Necessity Audit 5. Annual Report of Major Unusual Incidents 6. Annual Report of Consumer Grievances <p>The Board also conducts a monthly meeting with our contract provider, Woodland Centers. This meeting is attended by the Board Executive Director, Deputy Director and Fiscal Officer as well as Woodland Centers Executive Director and Fiscal Officer. This meeting is the format for:</p> <ol style="list-style-type: none"> 1. Comparing Board vs. Agency fiscal reports for any discrepancies or inaccuracies. 2. Analyzing cost efficiency/cost effectiveness by looking at services rendered and costs 	E.1
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<p>billed. Analysis of projected vs. actual unit costs as well as projected vs. actual units of service rendered.</p> <ol style="list-style-type: none"> 3. Identify any requests for contract changes or adjustments that may be necessary. 4. Discuss program-related trends, needs, issues or concerns. <p>In SFY '09, the Board's CQI Coordinator will begin attending one agency CQI meeting per quarter. The purpose of this action is to:</p> <ol style="list-style-type: none"> 1. Provide, as well as, gather feedback regarding the Board/Agency CQI processes. 2. Provide guidance regarding the results of the Board's CQI processes. 3. "Close the loop" on consumer complaints, grievances or other feedback. 4. Educate the agency on Board CQI goals and strategies. <p>In SFY '09, the CQI Coordinator will present, to the Board members, a combined analysis of all the annual reports listed above. The Executive Director will conduct a discussion with Board members regarding any recommended courses of action.</p>	
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E.2. How does the Board plan to develop and use various databases, (e.g, MACSIS, Outcomes, Behavioral Health Module) to evaluate the effectiveness and efficiency of services?

Click on gray box and enter text.

<p>The Board uses MACSIS, PCS and Outcomes "data marts" to evaluate efficiency and effectiveness. The Board has begun to use BH Mod in this current year, receiving bi-annual reports on agency-selected programs.</p> <p>The Outcomes "data mart" is currently used to identify system baselines and comparisons to state averages.</p> <p>The Board has not yet invested staff time to use outcome extracts to do more sensitive data analysis because of concerns that data is not complete and up-to-date at the agency level.</p> <p>Our provider agency is currently using TOAD software from Intellisys Software Solutions to provide efficient and effective Outcomes feedback to clinicians. Although, this is still in development, the agency Executive Director has expressed that the E-Score system being piloted through Family & Children First is actually more user-friendly for treatment planning purposes.</p>	E.2
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E.3. To what extent does the Board need technical assistance concerning compliance with ORC 340.03? (Guidelines for ORC 340.03 appear in Appendix D.)

Click on gray box and enter text.

<p>This Board would welcome on-site technical assistance with Board and provider staff to increase our understanding and capacity to use outcomes data for program evaluation and quality improvement.</p> <p>We would also appreciate clarification of how ORC 340.03 relates to Medicaid services and how ODJFS, ODMH and Boards can partner to ensure that quality issues are monitored and addressed in the Medicaid-funded behavioral healthcare services that are provided to our community members.</p>	E.3
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Form 1

Board Appointment Data Sheet

Form 2

Community Board Resources

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

Name	Street Address	City	Zip	Phone Number	Email
Robin Harris, Deputy Director	53 Shawnee Lane	Gallipolis	OH	740-446-3022	robin_harris@gjmboard.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
Robin Harris, Deputy Director	53 Shawnee Lane	Gallipolis	45631	740-446-3022	robin_harris@gjmboard.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
Robin Harris, Deputy Director	53 Shawnee Lane	Gallipolis	OH	45631	robin_harris@gjmboard.org

Form 3

Planned State Inpatient Bed Days

BOARD NAME Gallia-Jackson-Meigs Board of ADAMHS	
2009 Planned Use of State Inpatient Days	
Appalachian-Athens	1450
Appalachian-Athens	
Appalachian-Athens	
Appalachian-Athens	
Total Inpatient Days	1450

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 Gallia-Jackson-Meigs Board of Alcohol, Drug Addiction and Mental Health Services (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:

Ronald A. Adkins (Name)
Executive Director
Gallia-Jackson-Meigs Board of Alcohol, Drug Addiction and Mental Health

Services (Board)

Date: 02/25/2008

The following are motions from the February 25, 2008 Board meeting:

- Motion 08:172 Mr. Beatty made a motion on behalf of the Gallia-Jackson-Meigs Board of Alcohol, Drug Addiction and Mental Health Services to elect distribution of 408 funds in FY'09. Mr. Shelton seconded the motion, which passed unanimously. (see Form 4)
- Motion 08:173 Mr. Beatty made a motion on behalf of the Gallia-Jackson-Meigs Board of Alcohol, Drug Addiction and Mental Health Services that 1,450 is the 2009 Planned Use of State Inpatient Days and Ms. Ball seconded the motion. The motion carried. (see Form 3)
- Motion 08:174 Dr. Rhodes moved to approve the FY'09 ODMH Community Plan as presented and authorized its submission to ODMH. Ms. Ball seconded the motion. The motion carried.