

III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

FINAL: 4/03/08

Click on box to enter Board name.

BOARD NAME: The Community Mental Health and Recovery Board of Licking and Knox Counties (CMHRB)

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 Community Mental Health and Recovery Board of Licking and Knox Counties is to use Recovery and Resiliency Methodology to enhance the quality of life for individuals and families, and to diminish the problems caused by alcoholism, drug addiction and mental illness for the residents of Licking and Knox Counties.

The vision of the CMHRB will be accomplished through cost effective contracting with behavioral health providers who use Resilience Recovery Methodology; and in cooperation with other local systems and citizens through the provision of quality treatment, prevention and education for individuals and their families coping with behavioral health challenges.

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 current priority treatment populations for mental health funding are: 1) Children and adolescents challenged with severe emotional disturbance (SED); 2) Forensic Adults with either the forensic status of Not Guilty by Reason of Insanity (NGRI) or Incompetent to Stand Trial-Unrestorable-Criminal Court Jurisdiction (IST-U-CJ); 3) Adults challenged with severe mental disability (SMD); 4) Children and adolescents with non-severe emotional disturbance; and 5) Adults with non-severe mental disability. The current priority treatment populations for alcohol and other drug funding are: 1) Children and adolescents challenged with severe substance abuse/dependency; 2) Adults challenged with severe substance dependency; 3) Adults challenged with severe substance abuse; and 4) Adults affected by substance usage.

The Board is considering expansion of non-Medicaid services paid by the Board to include crisis intervention and assessment for persons in jail and assessment for persons in the state hospital. These services are already being provided and the providers need to be compensated for those services. Additionally, the Board is reviewing the percent of poverty (using the Federal Poverty Guidelines) used to develop the subsidy scale.

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.

1. Wellness Management and Recovery (WMR): The Main Place - Licking & Knox Counties
2. Consumer Operated Services: The Main Place - Licking & Knox Counties
3. Peer Support Services: The Main Place - Licking & Knox Counties
4. Peer Support Staff Training by Wilma Townsend, WLT Consulting: The Main Place - Licking & Knox Counties.
5. WRAP: The Main Place - Licking & Knox Counties
6. Bridges: The Main Place - Licking & Knox Counties
7. Family to Family: NAMI - Licking & Knox Counties
8. Hand to Hand: NAMI - Licking & Knox Counties
9. Family Support Groups: NAMI - Licking & Knox Counties
10. Compeer: Mental Health America - Licking & Knox Counties
11. Diagnostic Specific Support Groups: Mental Health American - Licking & Knox Counties
12. Supportive Employment: Moundbuilders Guidance Center - Licking County
13. Crisis, Warmline, Hotline, Information Line: Pathways - Knox County
14. Crisis, Warmline, Hotline, 211 Information Line: Pathways - Licking County
15. SOAR Recovery Team: Mental Health and Consumer Operated Service Provider Directors, CMHRB staff, and Wilma Townsend, recovery consultant - Licking & Knox Counties
16. Network of Care Website: Licking & Knox Counties
17. Crisis Intervention Team (CIT): 76 trained officers from 14 Licking County departments
18. Wrap Around Services: Moundbuilders Guidance Center - Licking & Knox Counties
19. Adult Multi-system Teams: Collaborative team planning and service delivery for adults involved in multi-systems. Consumers are routinely involved with the criminal justice system, SAMI, and not engaged in CMHRB provider services. - Licking County
20. Supported Housing: Ohio Department of Development (ODOD) Housing Assistance Grant - Funding from this grant, received and managed by the CMHRB, is used by Moundbuilders Guidance Center to provide supported services for transitional housing - Licking & Knox Counties.
21. Supported Housing: 408 funding is used for supportive services for two Moundbuilders Guidance Center permanent housing programs - The CSN worker and other staff for the Church Street Housing Program for men and staff for the River Valley Housing Program for women. - Licking & Knox Counties.

2.1 Recovery Supports: Housing

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

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

Click on gray box to select answer.

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

Click on gray box to select answer.

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

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

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

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

e. Do you have wait lists for HAP?

Click on gray box to select answer.

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

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

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

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

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

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

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

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

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

Click on gray box to enter text.

The Board does not currently have an available method to collect and/or verify this data.

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

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

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

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

Click on gray box to enter number.

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

Click on gray box to enter text.

First, the Board has been involved with the Rural Homelessness Initiative of Southeastern and Central Ohio (RHISCO) for Licking and Knox counties, developing a plan to end homelessness in the region. Second, NAMI Ohio funded a consultant to work with the Board to develop a housing plan. The Board is currently developing the first steps to act on that plan. The Board also needs to develop a strategy to fund housing for the forensic population, especially men.

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 Board level data reported in Appendix B for employed adults with SMI is not an accurate reflection of the number of consumers served by CMHRB contracted providers in FY 07. The reported number 26, is low. Moundbuilders Guidance Center, a contracted provider, generated report counting data, in both Licking and Knox Counties, from the Adult Consumer Survey employment question. Of the 699 Moundbuilders Center consumers completing the survey in FY 07, 339 responded that they worked full or part time.

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

Click on gray box to enter text.

The Main Place, in Licking and Knox Counties, uses the Consumer Recovery Information Access Data Base (CRISS) as a data collection system. Of the 568 Main Place consumers surveyed or served in FY 07, 39 responded they worked full or part time. In addition, employment data is submitted to the CMHRB from the performance target report by contracted providers. The CMHRB performance target measures the percentage of consumers 19 or older who are employed 20 hours or more per week at discharge or at one year of treatment, which ever comes first. Moundbuilders Guidance Center reported that an average of 27% of consumers met the employment Performance Target criteria.	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.

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

Click on gray box to enter text.

<p>In Licking and Knox Counties, the employment continuum of activities includes:</p> <ol style="list-style-type: none">1. CPST activities: Moundbuilders Guidance Center and the Main Place use of service planning and coordination through CPST activities to assist consumers to identify, determine, and achieve their employment goals.2. Peer Support Services: The Main Place use of Peer Support Services to assist consumers to identify, determine, and achieve their employment goals.3. Supportive Employment Services: The Moundbuilders Guidance Center Supportive Employment Program receives consultation and training from the Supportive Employment CCOE. CCOE staff conduct fidelity reviews when indicated. The program provides service planning, coordination, vocational counseling services, referral to RSC, and referral to employment opportunities.4. 'On the Job Training' Program: The Main Place provides employment opportunities in conjunction with a housing program.5. Compeer: Mental Health America Compeer program provides a variety of job readiness activities and other employment related peer support activities.

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.

Notable achievements and trends include:

1. Knox County Access to Better Care (ABC) activities:

- a. Knox multi-system Juvenile Sex Offender training and treatment consultation.
- b. Multi-system resiliency training series.
- c. Respite funding.

2. Licking County Access to Better Care (ABC) activities:

- a. Dennis Embry (PAXIS Institute) training and consultation on multi-system resiliency strategies.
- b. Center for Innovative Practices CCOE training and consultation on multi-system family team approaches.
- c. Center for Innovative Practices CCOE training and consultation for multi-system development and collaboration of a Juvenile Court/Behavioral Healthcare IDDT Team for adolescents

3. Licking & Knox Counties FAST activities: Funding of respite, family support and education, recreational activities including a Knox County Juvenile Court Camp, and mentoring.

4. Licking and Knox Family and Children First Councils' multi-system collaborative committees (Knox County - Community Team & Licking County - Clinical Committee) supporting multi-system family teams with pooled and FAST funding. Funding is used for resiliency building activities which includes respite, family support and education, mentoring, recreational activities, and the supports necessary for multi-need children to avoid out of home placements and remain home safely and successfully with families.

5. Parent Advocacy Program: Pathways in Licking and Knox County provides a parent advocate to assist families with SED children in navigating through different systems and receiving appropriate services from those systems.

6. Early Childhood Intervention:

a. The Incredible Years Program: Moundbuilders Guidance Center and Pathways provide this education program in Licking County to parents of children identified with oppositional behaviors. Children may be as young as two. The parent-education curriculum includes social and relationship skills and anger management skills to strengthen parent/child relationships. The program is provided in a public pre-school setting.

b. The Small Steps Program: Moundbuilders Guidance Center provides this education program in Knox County to parents of children identified with oppositional behaviors. Children may be as

young as two. The program offers parenting skills training, support groups, home-based parenting education and practice, and respite care.

c. Early Childhood Mental Health Initiative Project: Moundbuilders Guidance Center provides clinical consultation in both Licking and Knox Counties to early childhood programs and to families with young children (birth to age 6). Programs include Head Start and Early Head Start, Help Me Grow Programs, public and private pre-schools, family child care, and public Children's Services agencies.

6. School success: Moundbuilders Guidance Center - Knox Alternative School Counselor Program. The program offers individual and group services to students, grades 4 to 12, and consultation for school personnel. The program's services are available to all Knox County school systems.

7. Wrap Around Services: Moundbuilders Guidance Center - Licking & Knox Counties.

8. Knox County Moundbuilders Guidance Center FY 07 Focusing on Youth Issues (FYI) annual multi-system week-long training conference focusing on resiliency, sponsored by the CMHRB, Mount Vernon Nazarene University, the Knox County Department of Job and Family Services, and Moundbuilders Guidance Center.

9. Hand to Hand Classes: NAMI - Licking and Knox Counties.

10. Big Brothers-Big Sisters Mentoring Project: Licking County (funded by ODADAS).

3.1 Resilience supports: School Suspension and Expulsion NOM

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

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

Click on gray box to enter text.

The Board level data reported in Appendix B for school attendance is not an accurate reflection of the number of consumers served by the CMHRB in FY 07. The reported number of 60 is low. Moundbuilders Guidance Center generated a report in Licking and Knox Counties counting data from the Ohio Scales Worker Version Outcome Survey's school suspension question. Of the 434 provider scales completed, 130 indicated that there had been a suspension. It should be noted that there was no way to clarify whether all 130 students could be classified as SED.

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 does not currently have an available method to collect this data.	3.1.aa
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a.b. If the information in Appendix B is inaccurate, what was the number of persons with SED served by the Board in SFY 2007 who were suspended or expelled?

Click on gray box to enter number.

130	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.*

4a. 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	1200	1200	25	30	
Private Psychiatric Hospitals: Adults	0	0	111	97	
Private Psychiatric Hospitals: C&A	0	0	2	4	

4b.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>Moundbuilders Guidance Center (MGC) is contracted by the CMHRB to provide pre-screening, hospital admission management, and crisis services to adults and children in both Licking and Knox Counties. The CMHRB allocates to this provider funding for adults lacking a payment method for psychiatric hospitalization. MGC contracts directly with private hospitals and manages this allocation. For children and adolescents under 18, the CMHRB directly maintains funding for families without any method of payment for psychiatric hospitalization. The CMHRB contracts directly with private hospitals and manages that fund.</p> <p>For issues involving admission, coordination of care, and probate activities, the CMHRB defers to MGC, as the contractual provider, to deal directly with private and state hospitals. CMHRB allocates \$90,000 to MGC to purchase bed days at private hospitals in the Central Ohio region. CMHRB retains funds to purchase bed days for children and adolescents from private facilities. Additionally, the CMHRB</p>	4.ba
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and MGC share financial risk of state hospital bed day management. Solid and productive collaborations have been established with state hospital staff to assure appropriate length of hospital stay for consumers and facilitate successful discharge planning. As an example, the CMHRB engage in a monthly administrative meeting with Appalachian Behavioral Healthcare staff.

Both the CMHRB and MGC maintain positive relationships with private hospitals, including Shepherd Hill Hospital, located in Licking County. The CMHRB, MGC, Shepherd Hill Hospital, and other service providers, attend the monthly Emergency Services Meeting, to coordinate access to care and discuss and resolve issues. A similar committee, the Knox County Crisis Services Committee, addresses access to care issues and coordination of services for that county.

The CMHRB conducts ongoing utilization review of all state hospital admissions. This includes daily monitoring of the ODMH PCS data system and discussions with state hospital and MGC administrative staff concerning the use of bed days, continued stay, and discharge planning. In addition, a comprehensive monthly admissions review is conducted. Findings of this monthly review have been used to determine the appropriateness of admissions, the success of available hospital diversion activities, and support the development of new community-based practices. Fiscal efficiency of the use of purchased bed days compared to other CMHRB funded services is also evaluated.

As an example of a new community-based practice was the implementation of the Licking County Moundbuilders Guidance Center's Assertive Community Treatment Team (ACT) in FY 06. A decision was made to fund this community-based project instead of purchasing additional state hospital bed days. This recognized best practice was introduced in response to the clinical needs of high utilizers of state beds in FY 05 and FY 06. Staff from the Ohio Coordinating Center for ACT assisted in the team's development by providing consultation and training. In FY 07 (1726 days used), 606 less bed days than were used in FY 06 (2332 days used).

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

Click on gray box to select answer

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

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

Click on gray box to enter number.

29 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.

29C&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.

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

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

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

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

Click on gray box to enter text.

<p>While the local trends of the number of FY 07 RTC placements appears to have remained similar as compared to those of FY 06, the age of children placed has decreased and the length of stay in these facilities has increased. The CMHRB and other multi-system partners concerned with the wellbeing of children, are not satisfied with this trend and continue to engage in initiatives that address out of home placement diversion strategies.</p> <p>The CMHRB participates with other multi-system representatives from Job & Family Services, Juvenile Court, MRDD, health departments, school systems, and behavioral healthcare providers on Family and Children First Councils in both counties. Each council has appointed a committee with multi-system representation, Licking ; the Clinical Committee and Knox ; the Community Team, to serve the most challenging, high risk, multi-system children and their families in the community. Through the use of pooled and FAST funding, the committees support family teams in creating and implementing plans to maintain children safely in their homes avoiding out of home placements. Plans are based on resiliency activities supporting a strengths based approach of intervention. Of the 43 families served by the Knox County Community Family teams, five (11%) had children who were placed in residential treatment. Of the 42 families served by the Licking County Clinical Committee, four (9%) had children who were placed in residential treatment.</p> <p>In developing out-of-home placement diversion strategies, Access to Better Care Initiative (ABC) funding was used in both counties for training and consultation projects aimed at improving community-based interventions and the effectiveness of family teams for multi-system children and their families. In Knox County, ABC funds provided a multi-system resiliency training series. Participants, many of whom are part of family teams, included representatives from Job & Family Services, Juvenile Court, the Health Department, schools, MRDD, and behavioral healthcare providers. In Licking County, Dennis Embry, of The PAXIS Institute, and Dr. Rick Shelper, of The Center for Innovative Practices CCOE, provided</p>	5.e
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training and consultation on multi-system resiliency strategies and multi-system family team approaches. Additional strategies discussed by the group included the use of an independent family team facilitator and team building services for multi-needs children.

The above mentioned out-of-home placement diversion strategies are intended to provide greater and more effective collaboration between multi-system partners ultimately benefiting high risk children. This includes the use of family teams for these children and their families, including those not initially involved with a CMHRB contracted provider. Through the influence of training and consultation activities, it is planned that all children at risk of out of home placement will have a family team developed and be brought before a county committee for further planning.

6. Crisis/Emergency Care.

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

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

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

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

Click on gray box to enter number.

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

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

Click on gray box to enter text.

Licking & Knox Counties - Pathways, the CMHRB contracted provider for 24 hour information referral and crisis lines for both counties, in FY 08 implemented the 211 system in Licking County. 211 is a free and confidential information line that is available 24/7. This service provides the community connection for social service and behavioral healthcare information, referrals, and crisis intervention, and other community information. Pathways is currently planning the future implementation of 211 for Knox County.

Licking & Knox Counties - As part of the FY 07 Annual Licking County CIT Training Academy, the CMHRB sponsored two risk assessment and management trainings, one specifically for CIT/law enforcement and the other for clinical practitioners. "Risk Assessment of Violence and Suicide Risk Assessment" was presented by Dr. Philip Resnick, an internationally recognized expert on this subject. The training was provided to decrease potentially violent situations encountered by CIT officers and clinicians by improving their assessment and risk management skills and increasing access to the appropriate level of care. Approximately 80 people attended one of the two trainings, with 36 CIT officers participating. Other participants included the Licking County jail social work staff, Licking Memorial and Shepherd Hill Hospital staff, Licking County municipal and common pleas court probation, Licking County juvenile court and probation, and representatives from CMHRB contracted providers, including health officers, emergency service workers, and case managers.

Knox County - As a result of the Knox County United Way's "Behavioral Health Needs Prioritization Survey" (FY 06), a behavioral healthcare taskforce was developed in response to identified needs. A taskforce sub-committee, the Knox County Crisis Services Committee, was developed to address and resolve barriers of access to crisis services in the county. Committee representation includes multi-system participants. Meeting since 2006, the committee's accomplishments include the development of a county CIT program and the improvement of communication and collaboration between crisis services and community programs.

Licking County - In response to community concern regarding inappropriate behavior in downtown Newark and access of care for individuals experiencing a behavioral healthcare crisis, but not successfully engaged in the CMHRB system of care, the Partners for Safe and Caring Communities (PSCC) was developed. Membership includes City Council members,

the Mayor's office, law enforcement, faith-based organizations, area merchants, the CMHRB and contracted providers, and other concerned stakeholders. Several sub-groups were developed including the Adult Multi-system Team whose mission is to engage these individuals in outreach activities. Membership of the committee includes CIT officers, adult probation, and behavioral healthcare providers. The committee utilizes a multi-system approach for adult teams, similar to the family teams used with children's care. Teams, including the consumer and his/her natural supports, collaborate resources to develop plans to manage the individual's crisis and support the ongoing recovery process. The best practice, "Stages of Change," is incorporated in engagement and outreach activities. Additional activities of the PSCC include education for community members on appropriate responses to panhandling, the publication of a directory of emergency and crisis resources, and a business card containing key information about available services to meet basic needs.

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.

Licking County has had a CIT program since 2004. It is sponsored by the CMHRB. Currently, 76 officers from 14 different departments in the county have completed the initial 40 hour CIT training course. The Licking County CIT program manages to the fidelity of the Akron model and consults with the Criminal Justice CCOE. The Licking County CIT Steering Committee, with law enforcement and behavioral healthcare representation, meets monthly to review outcomes, plan training, and participate in other collaborative activities. The committee has sponsored, each year since 2004, an annual CIT training academy and holds additional advanced CIT training throughout the year. In FY 07, six CIT officers, sponsored by the CMHRB, attended the annual ODMH Forensic Conference.

Recently, Knox County has decided to develop a county CIT program. The Knox County CIT Steering Committee, with representation from law enforcement, behavioral healthcare, NAMI, and consumer advocates, is planning the program and developing procedures with outcomes. The committee plans to hold the first Knox County CIT Training Academy in the spring of 2008.

2. Disaster Preparedness

Click on gray box to enter text.

The CMHRB system is currently engaged in disaster preparedness planning. Disaster coordinators are assigned in each contract provider organization and progress is being made toward a business continuity plan for each provider organization. Disaster coordinators and the CMHRB Disaster Coordinator meet bimonthly to review progress, share information and work on a system wide response plan. The CMHRB is involved with the Licking County Local Emergency Planning Committee and is beginning involvement with the same in Knox County. The CMHRB is identified as part of the Emergency Response Team, through the Departments of Health in both counties. Training was provided several years ago for area provider organization staff, many of whom no longer are at the same agency or in the area. A new group of crisis responders has been identified and training will be needed for this group. CMHRB staff have also participated in county and regional "Table-Top" Preparedness Exercises.

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	9	9	
Currently Available	15	15	

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

Click on gray box to enter text.

a. Universities & Colleges: The Licking County CIT Steering Committee plans to invite campus security or law enforcement from Denison University, The Ohio State University-Newark Campus, and Central Ohio Technical College to its 2008 CIT Training Academy. The Knox County CIT Steering Committee plans to invite campus security or law enforcement from Mount Vernon Nazarene University and Kenyon College to its 2008 Training Academy.

b. Secondary & Primary Schools: Currently individual behavioral health organizations are contacted for assistance by the primary schools, secondary schools, and colleges and universities in the area. The local 211 system is able to contact agencies for assistance when notified. A single coordinated entry system, through 211, is in the development stage.

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type II	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive Pharm. Mgt	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive CPST	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

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.

Service Chart: Contract Providers Represented

1. Top row responses: Moundbuilders Guidance Center – Licking County

ACCESS, CAPACITY, AND QUALITY IMPROVEMENT ACHIEVEMENTS AND TRENDS: The CMHRB provides oversight in planning and delivery of triage services through the review of semi-annual and annual Performance Indicators and other utilization reviews that are related to access of services. The following reflect quality improvement activities resulting from these processes and are related to Adult Intensive Care Services.

1. As a result of the FY 06 state hospital admission utilization review, high-end utilizers of services were identified. Services included multiple psychiatric hospitalizations and frequent use of emergency services and other behavioral healthcare services. Identified consumers may have also frequented the criminal justice system, hospital emergency rooms, and/or experienced homelessness. In FY 06, to address the needs of this population, an Assertive Community Treatment Team (ACT) was implemented in Licking County to serve 40 identified adults. The team provides 24/7 services. For FY 08 first quarter, individuals served on this team have used 32% less state bed days than used in either FY 06 or FY 07 first quarters. Additionally, overall usage of state hospital days decreased from 2332 (FY 06) to 1726 (FY 07).

The ACT Team adheres to select outcome measurement fidelity supported by the Ohio Coordinating Center for ACT. The CMHRB provides oversight and planning of triage to this team by measuring the success of the ACT Team in meeting fidelity of the model. Moundbuilders Guidance Team submits quarterly ACT outcome reports to the CMHRB

noting progress toward fidelity measurements including appropriate admissions and timely interventions.

2. Licking & Knox - Since FY 07 , Moundbuilders Guidance Center has used telemedicine and video-conferencing in the "Connect the Docs" Teleconferencing Program. The goal of this project, is to improve access of care, especially to psychiatrists, through the sharing and collaboration of resources. Moundbuilders Guidance Center plans to expand the use of the project in FY 09 to address issues related to the timely access of care. See 7.c. Best Practices for further discussion of the use of telemedicine.

3. Licking & Knox - Moundbuilders Guidance Center is currently re-designing their triage model to decrease wait times for services and improve access to appropriate care. Potential consumers will be assessed for diagnosis and risk and assigned to a care coordinator. The care coordinator is responsible to determine appropriate services for the consumer, assure linkage to those services, and develop an integrated recovery plan.

4. Licking & Knox - The Board is considering expansion of non-Medicaid services paid by the Board to include crisis intervention and assessment for persons in jail and assessment for persons in the state hospital. These services are already being provided and the providers need to be compensated for those services. Additionally, the Board is reviewing the percent of poverty (using the Federal Poverty Guidelines) used to develop the subsidy scale..

a.3. Child & Adolescent Intensive Care

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

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

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

Click on gray box to enter text.

Service Chart: Contract Providers Represented

1. Top row responses: Moundbuilders Guidance Center - Licking & Knox Counties

ACCESS, CAPACITY, AND QUALITY IMPROVEMENT ACHIEVEMENTS AND TRENDS:

The CMHRB provides oversight in planning and delivery of triage services through the review of semi-annual and annual Performance Indicators and other utilization reviews that are related to access of services. The following reflect quality improvement activities' resulting from these processes and are related to Child and Adolescent Intensive Care Services.

1. Licking - In October 2006, two CMHRB contracted providers, Kraner Behavioral Healthcare and the Woodlands, Inc., submitted to the CMHRB an outcome report measuring the success of services for the Active Families Home Based Program. Collaboration with Licking County Juvenile Court, the program's purpose was to provide intensive home-based services for children, with dual diagnosis of mental illness/substance usage and involvement with juvenile court, and their families. The program did not successfully achieve its outcomes and all organizations involved agreed to end its services. The final outcome report identified issues leading to the program's failure. This included the need for a specific model which supported true integration of treatment and improved collaboration and planning between the program's providers. However, the juvenile court still identified a need for this sort of service provision. A group of organizations, including the juvenile court, Kraner, Moundbuilders Guidance Center, and the CMHRB, met with Dr. Rick Shelper of the Center for Innovative Practices. With Dr. Shelper's consultation, a new IDDT model was developed to serve the identified population. The model will also utilize IHBT as part of its services. While funding for the program has been committed by the CMHRB for FY 08, other additional sources of funding commitments are being sought. Implementation is anticipated in FY 09.

2. Knox - ABC funds were used to expand access to Moundbuilders Guidance Center IBHT services in FY 08.

3. Licking & Knox - Since FY 07, Moundbuilders Guidance Center has used telemedicine and video-conferencing in the "Connect the Docs" Teleconferencing Program. The goal of this project is to improve access of care, especially to psychiatrists, through the sharing and collaboration of resources. Moundbuilders Guidance Center plans to expand the use of the project in FY 09 to address issues related to the timely access of care. See 7.c. Best Practices for further discussion of the use of telemedicine.

3. Licking & Knox - Moundbuilders Guidance Center is currently re-designing their triage model to decrease wait times for services and improve access to appropriate care. Potential consumers will be assessed for diagnosis and risk and assigned to a care coordinator. The care coordinator is responsible to determine appropriate services for the consumer, assure linkage to those services, and develop an integrated recovery or resiliency plan.

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

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 Chart: Contract Providers Represented

1. Top row responses: Moundbuilder Guidance Center - Licking & Knox Counties
2. Middle row responses: The Woodlands - Licking County
3. Bottom row responses: The Main Place - Licking & Knox Counties

ACCESS, CAPACITY, AND QUALITY IMPROVEMENT ACHIEVEMENTS AND TRENDS:

The CMHRB provides oversight in planning and delivery of triage services through the review of semi-annual and annual Performance Indicators and other utilization reviews that are related to access of services. The following reflect quality improvement activities resulting from these processes and are related to Adult Routine Outpatient Care.

1. The CMHRB sponsored contract provider clinicians who attended Scott Miller's "Integrated Mental Health and Substance Abuse Treatment: Using the Best Evidence to Guide Practice and Improve Outcomes." The training focused on utilizing a reliable method of assessment for the placement of consumers in the appropriate level of care and practicing empirically supported counseling/psychotherapy associated with research based factors.
2. Since FY 07 , Moundbuilders Guidance Center has used telemedicine and video-conferencing in the "Connect the Docs" Teleconferencing Program. The goal of this project, is to improve access of care, especially to psychiatrists, through the sharing and collaboration of resources. Moundbuilders Guidance Center plans to expand the use of the project in FY 09 to address issues related to the timely access of care. See 7.c. Best Practices for further discussion of the use of telemedicine.
3. Moundbuilders Guidance Center is currently re-designing their triage model to decrease wait times for services and improve access to appropriate care. Potential consumers will be assessed for diagnosis and risk and assigned to a care coordinator. The care coordinator is responsible to determine appropriate services for the consumer, assure linkage to those services, and develop an integrated recovery or resiliency plan.
4. The Board is considering expansion of non-Medicaid services paid by the Board to include crisis intervention and assessment for persons in jail and assessment for persons in the state hospital. These services are already being provided and the providers need to be compensated for those services. Additionally, the Board is reviewing the percent of poverty (using the Federal Poverty Guidelines) used to develop the subsidy scale.

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.

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.

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

Service Chart: Contract Providers Represented

1. Top row responses: Moundbuilders Guidance Center - Licking & Knox Counties
2. Middle row responses: The Woodlands - Licking County

ACCESS, CAPACITY, AND QUALITY IMPROVEMENT ACHIEVEMENTS AND TRENDS:

The CMHRB provides oversight in planning and delivery of triage services through the review of semi-annual and annual Performance Indicators and other utilization reviews that are related to access of services. The following reflect quality improvement activities resulting from these processes and are related to Child and Adolescent Routine Outpatient Care.

1. Knox - FY 07 ABC funding was used to sponsor the education and treatment consultation activities of Dr. Brad Hedges, Mid-Ohio Psychological Services. Dr. Hedges' expertise is in the treatment of juvenile sex offenders. Dr. Hedges conducted information and education training sessions for school, court, and social service personnel on this topic. He also provided treatment consultation to multi-system representatives, including juvenile court, children's services, and behavioral healthcare. This was to promote the use of the latest and most effective research findings in providing successful treatment for the population and encourage collaboration across systems. The multi-system representatives plan to develop a team approach to the treatment of juvenile sex offenders. This includes the co-facilitation of a juvenile sex offender group, housed at juvenile court, by juvenile court probation and Moundbuilders Guidance Center. Dr. Hedges has been utilized to review both the team process and consult on individual cases.

2. Since FY 07, Moundbuilders Guidance Center has used telemedicine and video-conferencing in the "Connect the Docs" Teleconferencing Program. The goal of this project is to improve access of care, especially to psychiatrists, through the sharing and collaboration of resources. Moundbuilders Guidance Center plans to expand the use of the project in FY 09 to address issues related to the

timely access of care. See 7.c. Best Practices for further discussion of the use of telemedicine.

3. Moundbuilders Guidance Center is currently re-designing their triage model to decrease wait times for services and improve access to appropriate care. Potential consumers will be assessed for diagnosis and risk and assigned to a care coordinator. The care coordinator is responsible to determine appropriate services for the consumer, assure linkage to those services, and develop an integrated recovery or resiliency plan.

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.

The CMHRB has focused on several best clinical practices. This includes the following:

Currently, the CMHRB funds two adult IDDT Teams. The Knox County Adult IDDT Team is a collaboration between Moundbuilders Guidance Center and the Freedom Center, a CMHRB funded drug and alcohol prevention and treatment provider. The Licking County IDDT Team is staffed solely by Moundbuilders. Both teams have received ongoing training and consultation from the Integrated Dual Disorder Treatment/SAMI CCOE. This has included an annual fidelity review by CCOE staff. The SAMI Steering Committee is comprised of representation from the CMHRB, the providers and their SAMI teams. The purpose of the committee is to review the teams' progress and maintain fidelity to the model.

The CMHRB, in collaboration with Licking-Knox Moundbuilders Guidance Center and Southeast, Inc., received an Osteopathic Heritage Foundation Grant to purchase videoconferencing equipment necessary to support the "Connect the Docs" Teleconferencing Program. The project installed interactive videoconferencing technology into the main offices of Moundbuilders Guidance Center in Newark and Mt. Vernon and Southeast, Inc. in Columbus, which linked into the Southern Consortium for Children, a network comprised of five additional agencies and fourteen additional sites. The network is tied into the Ohio Department of Mental Health State Hospital System and Central Office interactive videoconferencing system throughout the Ohio University College of Osteopathic Medicine's Office of Information Systems and Instructional Technology (OU-COM), which serves as the technology hub for the installed network. The goal of the teleconferencing project was to improve access of care, especially to psychiatrists, through the sharing and collaboration of resources. In FY 07, videoconferencing was used for 15 case consultations, 96 administrative meetings, the provision of 15 psychiatric services, six trainings involving 85 participants, and eight sessions of Grand Rounds, averaging six participants in each training.

As was mentioned previously in 7.a.1, an adult ACT Team was established in Licking County in FY 06 and there has been a lengthy planning process for an adolescent juvenile court-behavioral healthcare Licking County IDDT Team to be implemented in late FY 08 to FY 09. (7.a.3).

The CMHRB and its contracted providers have participated in a number of collaborations and trainings focused on the use of best clinical practices. In FY 07 this includes the following:

Representatives from CMHRB contract providers attended a 10 months Trauma-focused Cognitive Behavioral Therapy (TF-CBT) training sessions funded in part by the CMHRB. In addition,

clinicians participated in a Licking County criminal justice sponsored training, based on a University of Cincinnati study, focused on determining criminogenic and treatment needs of high-risk offenders and the effective use of cognitive restructuring as a mechanism of positive change. Further detail is provided in Section 9.a.1.

In keeping with the mission of the Mental Illness/Mental Retardation, Developmental Disabilities (MI/MRDD) CCOE, the CMHRB and contracted providers, participate with the Licking and Knox MI/MR Collaborative. In FY 05 and FY 06, the collaborative was awarded mini-grants from this CCOE which funded training to better understand the needs of this dually diagnosed population and encourage collaboration across systems to appropriately plan and implement care. Training participants included MRDD Service Coordinators, residential providers, the CMHRB and contracted providers, consumers and families, law enforcement, and courts and probation departments. In Licking County, a multi-system team approach for care coordination and service delivery has been utilized with successful results. Team members include representation from the Licking County MRDD Board and the CMHRB and contracted providers and hold meetings bi-monthly. In FY 08, Knox County began the process to develop a similar team.

The Ohio District 5 Area Agency on Aging, Inc. received a mini-grant from the Ohio Association of County Behavioral Health Authorities' Older Ohioans Behavioral Health Network. The mini-grant funded the Vial of Life training and marketing campaign and included Knox County older adults. The Vial of Life is considered a best practice for older adult services. District 5 area ADAMH and CMH boards were included in the project as a method of introducing older adults to the behavioral healthcare system through outreach activities. As part of this process, the CMHRB distributed 1000 Vial of Life packets to Knox County older adult residents, both individually and to Knox County agencies that provide older adult services.

Another mini-grant funded an Ohio District 2 Area Agency on Aging facilitator for the Licking County Mental Health and Aging Coalition. The purpose of this multi-system group was to assess the behavioral healthcare needs of older adults and develop strategies for interventions. The CMHRB and contracted providers participate with this coalition. To date, the coalition's focus is on data collection, identification of possible projects, and exploration of funding sources.

8. Staff Capacity & Workforce Development.

a. How many of the following staff positions for adults were budgeted (047) in the Board area during SFY 2007?

Click on gray boxes to enter number of FTEs.

Pharm. Management Practitioner FTEs:*	8.34	8.a
CPST FTEs:	32.61	
Counselor/Therapist FTEs:	16.52	

*Includes Advanced Nurse Practitioners with prescriptive authority.

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

Click on gray boxes to enter number of FTEs.

Pharm. Management Practitioner FTEs:*	1.71	8.b
CPST FTEs:	16.59	
Counselor/Therapist FTEs:	7.50	

*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.

Over the past ten years the Board has done a significant amount of workforce training on recovery and resiliency. During the past two years, the Board provided this training to direct service staff in the behavioral health system, and also to Children’s Services, court personnel, and school personnel. The Board also provided training modules for peer support through our consumer organizations. The Board plans to continue these workforce training efforts in the areas of recovery and resiliency, and in peer support.

The Board will be providing a series of six training modules for supervisors in SFY 2009. This workforce training will include a mix of in-person and web-based sessions, and will be open to all supervisors in our system. The sessions will focus on several core competencies, including: 1) supporting recovery; 2) implementing best practices; and 3) helping clinicians to balance productivity and documentation requirements with the provision quality client care.

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.

Licking - The CMHRB participates with the Corrections Planning Board. The board's membership includes representation from municipal and common pleas courts (judges and probation), the defense and prosecuting bars, a community based correction facility, the county jail and law enforcement, behavioral healthcare, and governmental agencies. The committee's focus is the collaboration of efforts across systems in reducing jail recidivism and increasing diversion activities. Activities include accessibility to effective treatment options. Both the Licking County Municipal Court Adult Probation Department and Licking County Adult Court Services (common pleas court probation) received funding from the Department of Corrections to be used for treatment and/or training. The 'Seminar for Cognitive Behavioral Restructuring and Best Practices and Effective Interventions,' was sponsored by Adult Court Services. Based on the University of Cincinnati study, "Principles of Effective Interventions," the training focused on determining criminogenic and treatment needs of high risk offenders and the effective use of cognitive restructuring as a mechanism of positive change. Training attendees included representatives from the criminal justice and behavioral healthcare systems.

Licking & Knox - The CMHRB provides forensic monitoring to adult consumers determined by the court as Not Guilty by Reason of Insanity (NGRI) or Incompetent to Stand Trial - Unrestorable - Criminal Court Jurisdiction (IST-U-CJ). The Forensic Monitor is CMHRB staff member. Treatment services are provided by Moundbuilders Guidance Center in both counties.

Licking - See Crisis/Emergency Care 6.b. for discussion of Adult Multi-system Teams and inter-system collaboration with the adult criminal justice system.

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

Click on gray box to enter text.

Licking - The CMHRB participates on the Re-entry Committee. The committee's membership includes representation from area parole officers, the Department of Youth Services (DYS), juvenile court, and behavioral healthcare. The committee's focus is planning for the successful re-entry from DHS of juvenile offenders into the community.

Licking - As was mentioned in 7.a.4 the collaborative development between Licking County juvenile court, Kraner, Moundbuilders Guidance Center, and the CMHRB to develop an IDDT Team for adolescents involved with juvenile court with behavioral healthcare issues and their families.

Knox - As was mentioned in 3.0 the Knox Juvenile Court camp used FAST funding for adolescents meeting FAST qualifications and in 7.b.4 the Hedges juvenile sex offender multi-system training and consultation project.

Knox - See Outpatient Services 7.b.4. for discussion about the Knox Juvenile Sex Offender collaboration and the involvement of the juvenile justice system.

Licking & Knox - See Resilience Supports 3.0 and Residential Treatment Centers 5.0 for discussion about the involvement of the Licking Child and Family First Council and its sub-committee, the Clinical Committee, and the Knox Child and Family First Council and its sub-committee, the Community Team, with the juvenile justice system.

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.

Not applicable

2. Detention Centers

Click on gray box to enter text.

Not applicable

3. Homeless, Runaway & Domestic Violence shelters

Click on gray box to enter text.

Not applicable

4. Nursing Homes

Click on gray box to enter text.

Not applicable

5. Prison Reentry

Click on gray box to enter text.

Not applicable

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

Click on gray box to enter text.

Not applicable

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

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

Click on gray box to enter text.

a. Suicide Prevention Coalitions exist in both Licking and Knox Counties. The Licking County Coalition meets regularly sharing data and education efforts, and planning community awareness events/efforts. The Knox County Coalition is part of the Knox County Wellness Coaliton which shares community awareness and education efforts and is taking on prevention planning for the county.

b. Mental Health America of Licking County provides prevention and education programming for Licking County. Programs include I.C. Hope, Child Assault and Prevention Program (CAPP), Youth Engaged In Service (YES), Prevent Assault and Violence Education (PAVE), Suicide Prevention, Parent Support Programs including Getting Ahead In A Just Getting By World, and other mental illness prevention sessions.

New Directions Domestic Violence Shelter provides prevention and education programming for Knox County. Programs include Child Assault and Prevention Program (CAPP) and Sexual Harassment Recognition and Prevention.

Moundbuilders Guidance Center implements the Early Childhood Intervention Grant, providing Early Childhood Assessment, Incredible Years and Dina classroom/groups for preschoolers, Conscious Parenting, training for early childhood staff, and cross system training for other professionals.

Access to Better Care grants have allowed for PAXIS Institute training, focused on effective research based prevention tools, and expanded parent advocacy, to be provided in Licking County, and Resilience training to be provided to all child serving agencies, expanded parent advocacy, and behavioral assessment tools for the Juvenile Court, in Knox Counties.

All school districts in both Licking and Knox Counties received prevention services. Forty seven of fifty seven schools in Licking County and fourteen of seventeen schools in Knox County received programming.

The CMHRB also provides mini grant opportunities to the communities each calendar year, intended to provide creative opportunities for recreational and learning experiences that improve and build upon positive mental health and/or provide alternatives to substance abuse. Six mini grants were provided during 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.

The Board has made efforts to improve the cultural competence of our service providers through staff training, and is currently enhancing data collection and analysis practices to assess consumer satisfaction and disparities in access and outcomes for different racial and ethnic groups in the future.

Staff training. The Board has addressed cultural competence through staff training in two ways. First, cultural competence is infused in all Board-sponsored training sessions on recovery and resilience. These training sessions have emphasized the importance of gender, race, and ethnicity as part of working with consumers in developing a recovery plan. Second, the Board has co-sponsored several training sessions on “The Culture of Poverty,” and sought to improve providers’ understanding of Appalachian culture. These trainings have been offered to behavioral health providers, as well as to other community partners.

Consumer satisfaction and Disparities for cultural groups in access and outcomes. At this point the Board has extremely limited outcome data, making it difficult for us to assess outcomes for consumers by gender, age, or race and ethnicity. The Board is currently making improvements to data extraction and analysis practices to remedy this shortfall. The Board has hired a consultant who is now analyzing MACSIS data, including analyses of access to services by gender, race and ethnicity, and Medicaid/Non-Medicaid status. The Board will also be working with providers to improve outcomes submission rates, and subsequently will be able to look at outcomes by race and ethnicity and gender. The Board is also in the process of revising the consumer satisfaction instrument, which will include items on race and ethnicity and satisfaction with cultural competence of providers.

Trends in race/ethnicity. The Board serves a higher proportion of African-Americans than are in the population of Licking and Knox Counties overall. For example, in 2006, African-Americans made up 2.6% of the total Licking county population (US Census, American Community Survey), while 4.0% of Board-contracted provider consumers in that county were African-American. The pattern is similar in Knox County, although the overall percent of African-Americans in the population is much smaller (0.9% in 2006).

Most residents of Licking and Knox Counties are White, although the number and proportion of residents from other racial and ethnic groups continues to grow. In Licking County, 94.6% of residents were White in 2006, down slightly from 95.6% in 2000 (2006 American Community Survey, and 2000 US Decennial Census). From 2000 to 2006 in Licking County, the number of African-American residents rose from 2,990 to 4,116, while the number of Hispanic or Latino residents rose from 1,107 to 2,079. In Knox County 97.7% of the 2000 population was White, falling slightly to 97.5% in 2006 (2000 US Decennial Census, and 2006 Census Population Estimates Program). Three percent of Licking Countians and 4.9% of Knox Countians reported speaking a language other than English at home in 2000.

Amish and Appalachian cultural groups are also important in both counties, although data on the population size of these groups is not available. There is a Somali immigrant community presence in western Licking County. A 2006 Board needs assessment of this area found that while there is a growing number of Somali students in the Licking Heights school district, the majority of these children likely reside in neighboring Franklin County.

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.

A major focus has been and will continue to be the stabilization of our provider continuum of care. The Board has been working closely with both Moundbuilders Guidance Center and The Woodlands as they work to rebuild their organizations.

Issues that are of concern to the Board include inpatient psychiatric hospital capacity both private and public. Medicaid consumers do not have adequate access to the private hospital system. As consumers are being placed in facilities farther away from their homes transportation resources need to be addressed at the state level. Additionally, there is a need to rethink how consumers in forensic status are managed. There are a number of persons in forensic status in state hospitals that require a secure environment but not an acute care environment. Alternative cost effective management strategies need to be established as part of the overall hospital strategy.

Our Board has experienced a significant increase in out-of-county Medicaid costs especially as they relate to residential and foster care placement treatment costs. There needs to be a timely, effective mechanism that addresses utilization management and review.

As we move forward in refining our local evaluation system, it is critical that there be collective agreement at the state level on the definition of SMD and SED. Currently there are differences in the definitions between the ODMH standards and MACSIS and the community plan document introduced yet another definition. As part of this process it is also critical the State Outcomes System be retooled to be both manageable and meaningful at the provider, board and state levels.

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.

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

Please refer to “Planning Terms” in Appendix C.

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

Click on gray box to enter text.

The Board has been involved in multiple collaborative efforts to assess community needs and plan for the future. This involvement with a wide array of stakeholders has helped the Board to develop a broader understanding of health and well being, and to represent the needs of our consumers in collaborative planning initiatives. The United Way community assessments and the resulting Behavioral Health Task Forces in each county (described in Section C) are excellent examples of these collaborative efforts.

These community assessment and planning initiatives provided many of the initial ideas for the SFY 2009 Community Plan priority areas. The collaborative community efforts generated broad categories of unmet need and community concern, which were then followed by a more detailed planning process facilitated by Board staff to prioritize specific responses to these needs and concerns. After reviewing the Community Plan guidelines, Board staff sought input from the Program Committee at the November 2007, January 2008, and February 2008 meetings. The full Board reviewed the Needs Assessment Summary at the January 2008 meeting, and then approved the plan at the February 2008 meeting. Executive Directors of funded providers contributed to the process by brainstorming and prioritizing goals at a December 2007 meeting, and then providing approval to the goals at a January 2008 meeting. In addition, the several Executive Directors participated in the collaborative needs assessments (see section C) and provided data for this Community Plan.

Throughout this planning process, stakeholders continually narrowed the list of goals to best reflect community priorities, current agency activities and capacity, and ODMH requirements. Although there are many additional goal areas we would like to address in the future, our Board has agreed that the goals included in this plan are the most important areas in which to invest our resources at this time.

Consumers contributed to this planning process largely through their participation in surveys and focus groups for several different needs assessments (see Section C). The Board also works closely with NAMI (National Alliance on Mental Illness) and the Family and Children First Councils of Licking and Knox Counties, providing additional contact with parent representatives (parents of behavioral health consumers).

Please refer to the Needs Assessment Summary Matrix in the Appendix for a more detailed description of the relationships between specific needs assessment findings and the resulting Community Plan goals.

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: Low

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

To accurately determine the number of SMD adults employed at least part-time.

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

- Continue to use the Moundbuilders Guidance Center Supportive Employment Program.
- Improve data collection to more accurately reflect the number of employed SMD consumers.

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

A measurement process will be developed and implemented in FY 09.

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

- CMHRB employment services providers
- Bureau of Vocational Rehabilitation (BVR)
- Supportive Employment CCOE
- The ODMH definition of SMD needs to be clarified.

2.b. WELLNESS MANAGEMENT & RECOVERY*

Priority: High

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

To provide the Wellness Recovery Program for Licking and Knox County SMD consumers.

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

The Wellness Management & Recovery (WMR) Coordinating Center of Excellence (CCOE) staff will provide WMR training and consultation to the Licking & Knox Main Place staff.

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

- The Licking & Knox Main Place will implement one WMR group in each county in FY 09.
- The Licking & Knox Main Place will identify at least 8 SMD consumers as WMR group participants for each county's group.

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

The Licking & Knox Main Place will meet with other CMHRB providers of adult SMD services to promote the use of WMR groups and recruit consumers from these providers for future groups.

2.c. HOUSING

Priority: Medium

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

- Provide a system of response to behavioral healthcare consumers who are in need of housing and that will assist them in moving to permanent housing situations.
- Maintain and enhance relationships in Licking and Knox to increase available safe, decent, and affordable housing for consumers of the behavioral healthcare system.

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

- Secure and utilize housing funding to support the delivery of housing supportive services for behavioral healthcare consumers.
- Participation in the Continuums of Care in Licking and Knox Counties.

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

- Reapply and secure Ohio Department of Development (ODOD) Homeless Assistance Grant.
- Continue CMHRB levy and ODMH allocation of housing assistance funding.
- Utilize Osteopathic Heritage Foundation grant to implement Knox transitional housing program.
- Maintain Shelter Plus Care Program.
- Clarify entity that will provide oversight and ongoing development of housing assistance options for the Behavioral Healthcare system.

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

The CMHRB is active in the Continuum of Care for both Licking and Knox Counties. The CMHRB has been involved in the development of the Ten Year Plan to address homelessness for both counties. This is part of the Rural Homelessness Initiative of South Central Ohio (RHISCO) project which acquired grant funding by the Osteopathic Heritage Foundation to support the implementation of these plans. Both counties' plans include the housing concerns of behavioral healthcare consumers.

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

2.d. OTHER:

Priority: NA

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

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

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

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

Click on gray box to enter text.

2.e. OTHER:

Priority: NA

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.*

NA

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

NA

Click on gray box to enter text.

2.f. OTHER: NA

Priority: NA

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

NA

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

NA

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

NA

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

NA

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

Click on gray box to enter text.

NA

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: Not a focus for SFY09

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

NA

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

NA

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

NA

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

NA

3.b. EARLY CHILDHOOD CARE

Priority: Not a focus for SFY09

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

NA

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

NA

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

NA

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

NA

3.c. TRANSITION AGE CARE

Priority: Not a focus for SFY09

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

NA

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

NA

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

NA

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

NA

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

3.d. OTHER: Licking Family Team Facilitator

Priority:

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

To utilize an independent team facilitator to enhance service coordination efforts in Licking County.

Strategies *Click on gray box to enter text.*

- Secure funding for the project from local foundations.
- Continue consultation with the Center for Innovative Practices CCOE for project implementation.
- With the CCOE, determine fidelity outcome measurements for the project.
- Use the CCOE for training.

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

- Hire a full time facilitator in FY 09
- Serve 25 families

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

Collaborative partners for the project include representatives from the CMHRB and contract providers, Licking County Juvenile Court, Licking County Job and Family Services, Licking County MRDD Board, and area school systems.

Click on gray box to enter text.

3.e. OTHER: NA

Priority: NA

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

NA

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

NA

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

NA

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

NA

Click on gray box to enter text.

3.f. OTHER: NA

Priority: NA

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

NA

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

NA

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

NA

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

NA

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

Click on gray box to enter text.

NA

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

Click on gray box to enter number.

Board Purchased Inpatient Care	SFY 2009 Bed Days	SFY 09 Admissions
State Hospitals	1,300	70
Private Psychiatric Hospitals: Adults	0	0
Private Hospitals: Children & Adolescents	0	0

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

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

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

4.a. INPATIENT CARE

Priority: High

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

To reduce the number of state hospital psychiatric bed days in FY 2009.

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

Use strong utilization management strategies to manage admissions and discharges

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

Use no more than 1,549 state hospital psychiatric bed days in FY2009.

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

The Board will work with the providers in the system and with TVBH to review appropriateness of admissions and any potential alternatives to hospitalization.

4.b. CONTINUITY OF CARE

Priority: High

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

To improve access to care for consumers following discharge from psychiatric hospitalization to maintain stability and avoid re-hospitalization.

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

- Review and revise Twin Valley Behavioral Healthcare (TVBH) Continuity of Care Agreement used by TVBH, Licking & Knox Moundbuilders Guidance Center, and the CMHRB.
- The CMHRB and Licking & Knox Moundbuilders Guidance Center (MBGC) will meet monthly with TVBH key staff to improve coordination of care and to ensure appropriate level of care and access to services.
- Licking & Knox Main Place Peer Support services will be used to engage SMD consumers following hospital discharge. MBGC will coordinate services with The Main Place.

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

- 95% of state hospital admissions will have a follow-up contact with a CPST specialist within 7 calendar days of discharge.
- 90% of consumers discharged from the hospital will have an appointment to see the nurse within 7 calendar days and the psychiatrist within 14 calendar days.
- 95% of consumers discharged from a private psychiatric hospital will be seen by a clinician within 7 calendar days of discharge.
- 90% of consumers hospitalized for three or more days, active previous to hospitalization, and likely to receive on-going follow-up services, will have contact by ongoing provider to assist with discharge planning.

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

--

4.c. SOMATIC HEALTH CARE

Priority: Not a focus in SFY09

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

NA

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

NA

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

NA

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

NA

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.

NA

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: Not a focus in SFY09

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

NA

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

NA

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

NA

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

NA

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.

NA

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: Hotline/211 Information Line

Priority: Medium

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

To improve access in Knox County to hotline information services through the use of the 211 Information Line.

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

Pathways will plan and implement the Knox County 211 Information Line.

Measurable Objectives

Planning and implementation for the Knox County 211 Information Line to be completed in FY 09.

Discussions and/or Collaborations

- Pathways operates an existing Hotline/Information Line funded by the CMHRB in Knox County.
- Pathways began operating the Licking County 211 Information Line in FY 08.

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

Priority: NA

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

NA

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

NA

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

NA

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

NA

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

Priority: NA

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

NA

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

NA

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

NA

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

NA

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.

NA

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.*

See 6.a.1.

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

See 6.a.1.

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

See 6.a.1.

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

See 6.a.1.

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

Priority: NA

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

NA

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

NA

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

NA

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

NA

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.

NA

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

Click on gray box to enter number.

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

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

6.d.1. CIT/POLICE COORDINATION*

Click on gray box to select priority level.

Priority: Medium

Goals: Click on gray box to enter text.

To maintain the Licking County Crisis Intervention Team (CIT) program and establish a Knox County CIT Program.

Strategies: Click on gray box to enter text.

To collaborate with community partners relevant to CIT Planning, implementation and evaluation.

Measurable Objectives: Click on gray box to enter text.

- The Licking County CIT Steering Committee will plan and implement an annual training academy in FY 09 and train 15 new CIT officers.
- The Knox County CIT Steering Committee will plan and implement their first annual training academy in FY 09 and train 10 CIT officers.

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

- The Knox County CIT program is an outcome of the Knox County Crisis Services Committee. This committee was formed in response to needs identified by the Knox County Behavioral Health Need Prioritization Survey. This was sponsored by CMHRB and United Way of Knox County. The committee is a collaboration of NAMI, a consumer advocate, Mental Health America (MHA) of Knox County, the Knox County Sheriff's Office, Pathways, Knox County Community Hospital, Knox County Board of MRDD and the CMHRB and contracted providers.
- The Licking County CIT program has been in existence since 2004.

6.d.2. DISASTER PREPAREDNESS*

Priority: Medium

Goals: Click on gray box to enter text.

Development of a knowledgeable behavioral healthcare system network prepared to respond as needed in a community disaster.

Strategies: Click on gray box to enter text.

- Linkage with community first responder networks and planning committees.
- Work with system organization disaster coordinators to ensure individual organization planning as well as response.
- System organization disaster coordinators receive National Incident Management System (NIMS) 100 and 700 training.

Measurable Objectives: Click on gray box to enter text.

- CMHRB will participate in Licking Emergency Preparedness Coalition (LEPC) and KC EPC in FY 09.
- CMHRB will participate with specific taskforces such as LC Special Needs Taskforce & KC Emergency Response Team in FY 09.
- CMHRB will provide an updated list of CMHRB provider contact list to the first responder network in both counties in FY 09.
- Continue development of organization disaster preparedness plans and system coordinators with

system disaster coordinators in FY 09 bi-monthly meetings.

- In the event of disaster/emergency, all system residential facilities will have the capacity to maintain onsite staff and consumers for at least 3 days in FY 09.
- CMHRB and contract providers will develop a plan for continuation of critical services in the event of an emergency or disaster in FY 09.
- System disaster coordinators will complete NIMS 100 and 700 training in FY 09.

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

The CMHRB is working to ensure coordination of our system of care and response plans in the event of a community disaster. We recognize the necessity of having our system prepared to respond to our own consumers and their special needs as an integral part of assisting our community in its initial response, as well as on going support in the event of a disaster. We are working with the Licking County LEPC to partner if the need for evacuation occurs, recognizing the opportunity to minimize traumatic effect and ease movement of consumers. We are part of a Special Needs Task Force exploring the need to triage persons entering open shelter during a disaster, understanding differing physical and behavioral health circumstances would require specialized response, and recognizing current consumers who may find it difficult to maintain stability in a shelter setting may be present. The planning processes are utilizing the lessons learned from disasters such as Hurricane Katrina to explore the most effective use of behavioral health professionals in such situations to maintain a system responsive to current consumers whose needs may be exacerbated by the disaster, thus alleviating additional drain on the first responders and community wide responders, as well as to the general community.

6.d.3. COLLEGES & UNIVERSITIES*

Priority:

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

To include area colleges and universities in local CIT training.

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

To identify representatives from area colleges and universities to invite to annual Licking or Knox CIT training academies.

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

The Nazarene University and Kenyon College in Knox County and The Ohio State University-Newark Campus, Denison University, and Central Ohio Technical College in Licking County will have at least one representative from each institution completing the training in either county's annual CIT training academy.

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

6.d.4 PRIMARY & SECONDARY SCHOOLS

Priority:

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

Provide a single coordinated entry point for behavioral health assistance in response to a disaster or community emergency situation.

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

- Coordinate access point for requesting behavioral health assistance in school settings.
- Educate school districts about access point procedures.

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

- CMHRB will have a system-wide single coordinated entry point for behavioral health assistance to school districts by 9/30/08.
- School districts will be aware of access point and procedures for accessing behavioral health assistance in the event of a disaster or community emergency by 11/30/08.

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

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

Click on gray box to enter text.

NA

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: System Stabilization

Priority: High

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

The CMHRB Service Delivery System has the fiscal and operational capacity to meet core service and priority population needs.

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

- Align CMHRB funding with the CMHRB Administrative Policy #106 – Priority Treatment Populations.

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

- Complete development of funding strategy that more closely aligns funds and priority populations and services using purchase of service model by 3/09.
- CMHRB will secure contracts with providers that are fiscally and operationally stable.

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

7.a.2. Area of Adult Services: NA

Priority: NA

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

NA

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

NA

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

NA

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

NA

7.a.3. Area of Adult Services: NA

Priority: NA

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

NA

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

NA

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

NA

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

NA

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.

NA

7.b. Child & Adolescent Services.

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

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

Priority:

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

See 7.a.1

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

See 7.a.1

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

See 7.a.1

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

See 7.a.1

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

Priority: NA

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

NA

Strategies *Click on gray box to enter text.*

NA

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

NA

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

NA

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

Priority: NA

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

NA

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

NA

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

NA

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

NA

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.

NA

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.*

To maintain the two Licking & Knox adult Substance Abuse/Mental Illness (SAMI) Integrated Dual Disorder Treatment (IDDT) teams to support recovery for this population by improving fidelity to the evidenced-based IDDT model.

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

- To continue to utilize training and consultation services of the IDDT/SAMI CCOE.
- Continue to use IDDT CCOE fidelity measures.
- The Licking & Knox SAMI Steering Committee will meet to review results of fidelity outcome measurements and recommend and implement programmatic improvements.

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

- 70% of consumers involved in the SAMI IDDT program will experience a reduction in the number of after-hour's crisis intervention services.
- 50% of consumers involved in the SAMI IDDT program will experience a reduction in the number of incarcerations.
- Overall fidelity score for each team will improve 5 points

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

The Licking & Knox SAMI Steering Committee is a collaboration of the Knox adult SAMI IDDT team (Moundbuilders Guidance Center and the Freedom Center, CMHRB contracted AOD provider), the Licking adult SAMI IDDT team (Moundbuilders Guidance Center), and the CMHRB.

Click on gray box to enter name of practice:

7.c.2. PRACTICE:

Priority:

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

To expand the use of telemedicine for better access of care for consumers especially to psychiatric services.

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

- Provide further staff training and equipment instruction to encourage increased usage of videoconferencing especially for physicians.
- To use videoconferencing for Twin Valley Behavioral Healthcare administrative and team meetings.

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

- Increase the number of physicians using videoconferencing for case consultations by 100% from 08 to 09.
- Increase the number of consumers receiving psychiatric services via videoconferencing by 100% from 08 to 09.
- Increase the number of state hospital team meetings held via videoconferencing by 25% from 08 to 09.

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

--

Click on gray box to enter name of practice:

7.c.3. PRACTICE:

Priority:

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

To maintain the Licking Co. Moundbuilders Guidance Center Assertive Community Treatment Team (ACT) and to improve community tenure and improve fidelity to the ACT model.

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

- Continue to utilize training and consultation from the Ohio Coordinating Center for ACT.
- Continue to utilize ACT fidelity outcome measurements and the Dartmouth Assertive Community Treatment Scale (DACTS).
- Moundbuilders Guidance Center And CMHRB will meet to review quarterly ACT report results and recommend and implement programmatic improvements.

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

- Consumers served on the ACT Team will use 30% less state hospital bed days.
- 40 consumers will be served on the ACT Team.
- The service staff-to-consumer ratio will be no greater than 1:10.
- At least 65% of all face-to-face service contact for ACT Team consumers will occur in the community.

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

The Licking Moundbuilders Guidance Center ACT Team was developed in response to the results of the State Hospital Admission Utilization Review – FY 05 and FY 06 that indicated high hospital utilization.

Click on gray box to enter name of practice:

7.c.4. PRACTICE:

Priority:

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

To plan and implement a Licking Co. Juvenile Court/Behavioral Healthcare Adolescent IDDT Team.

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

- Continue consultation with the Center for Innovative Practices CCOE for project implementation.
- With the CCOE, determine fidelity outcome measurements for the project.
- Use the CCOE for training.
- Secure funding for the project.

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

- Secure funding by 9/08
- Complete planning and training for team members
- Implement team by 1/09

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

The Licking County Juvenile Court/Behavioral Healthcare Adolescent IDDT Team is collaboration between the Licking County Juvenile Court, the CMHRB, and two contracted providers Moundbuilders Guidance Center and Kraner Behavioral Healthcare.

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: Not a focus in SFY09

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

Strategies *Click on gray box to enter text.*

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

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

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

8.a.2. Area of Workforce Development:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

9.a. Adults

9.a.1. ADULT JUSTICE/COURT COORDINATION

Click on gray box to indicate priority level.

Priority:

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

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

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

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

9.a.2 ADULT RECIDIVISM

Priority:

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

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

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

NA

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

NA

9.a.3. ADULT DIVERSION

Priority:

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

NA

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

NA

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

NA

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

NA

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.

NA

9.b. Adolescents

9.b.1. ADOLESCENT JUSTICE/COURT COORDINATION

Click on gray box to indicate priority level.

Priority:

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

NA

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

NA

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

NA

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

NA

9.b.2. ADOLESCENT RECIDIVISM

Priority:

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

NA

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

NA

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

NA

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

NA

9.b.3. ADOLESCENT DIVERSION

Priority:

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

NA

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

NA

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

NA

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

NA

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.

NA

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.*

NA

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

NA

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

NA

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

NA

9.c.2. DETENTION CENTERS

Priority:

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

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

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

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

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

Priority:

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

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

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

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

9.c.4. NURSING HOMES

Priority:

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

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

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

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

9.c.5. PRISON RE-ENTRY

Priority:

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

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

NA

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

NA

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

NA

9.c.6. PHYSICAL & MENTAL HEALTH INTEGRATION

Priority:

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

NA

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

NA

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

NA

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

NA

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

9.c.7. OTHER:

Priority: NA

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

NA

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

NA

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

NA

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

NA

Click on gray box to enter text.

9.c.8. OTHER: NA

Priority: NA

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

NA

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

NA

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

NA

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

NA

Click on gray box to enter text.

9.c.9. OTHER: NA

Priority: NA

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

NA

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

NA

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

NA

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

NA

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

Click on gray box to enter text.

NA

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: Not a focus in SFY09

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

NA

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

NA

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

NA

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

NA

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

10.b. OTHER:

Priority:

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

- To develop long-term sustainable prevention strategies that will create population-level change to improve the health of our community.
- Increase the cost-effectiveness of prevention efforts by expanding the use of evidence-based prevention programs in Licking County.

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

- Continue participating in a collaborative group co lead by CMHRB and the Licking County United Way.
- Hire Dr. Dennis Embry of the PAXIS Institute to facilitate this initiative, and to evaluate our current mental health and drug/alcohol prevention programs.
- Develop a plan for investing prevention resources.

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

- The collaborative will secure funding for this initiative by July 08.
- The collaborative will secure a contract Dr. Dennis Embry by September 08.
- The initiative will complete an evaluation of existing prevention programs by December 08.

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

Discussion/Collaboration: The PAXIS Institute draws upon researched practices to provide training, technical assistance, and custom solutions for communities and school districts. PAXIS emphasizes simple, practical, and scientific approaches to achieving productivity, peace, health, and emotional wellbeing. Dr. Dennis Embry, President of the PAXIS Institute, has an international reputation in the area of designing, testing, and disseminating effective large-scale educational campaigns to increase school and community safety, child safety, family wellbeing, and health. Dr. Embry has worked with a wide array of clients, including the US Centers for Disease Control and Prevention and the US Department of Education. He holds a doctorate in Child and Developmental Psychology, and has authored numerous peer-reviewed journal articles.

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.

NA

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

11.a. CONSUMER SATISFACTION WITH SERVICES AND STAFF

Priority: Not a focus in SFY09

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

NA

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

NA

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

NA

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

NA

11.b. STAFF RECRUITMENT

Priority: Not a focus in SFY09

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

NA

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

NA

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

NA

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

NA

11.c. STAFF TRAINING

Priority: Not a focus in SFY09

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

NA

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

NA

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

NA

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

NA

11.d. ADDRESSING DISPARITIES IN ACCESS AND OUTCOMES

Priority: Not a focus in SFY09

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

NA

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

NA

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

NA

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

NA

Click on gray box to enter text.

11.e. OTHER: NA

Priority: NA

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

NA

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

NA

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

NA

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

NA

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

Click on gray box to enter text.

NA

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.

NA

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.

The Board is considering expansion of non-Medicaid services paid by the Board to include crisis intervention and assessment for persons in jail and assessment for persons in the state hospital. These services are already being provided and the providers need to be compensated for those services. Additionally, the Board is reviewing the percent of poverty (using the Federal Poverty Guidelines) used to develop the subsidy scale.

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>Whenever available, the Board plans to use assessment tools developed by CCOEs to evaluate fidelity to program models and program outcomes. Specific evaluation instruments that will be used include:</p> <ol style="list-style-type: none"> 1. WMR CCOE fidelity and outcome assessment 2. IDDT/SAMI CCOE fidelity and outcome assessment 3. Dartmouth Assertive Community Treatment Scale (DACTS), for ACT fidelity and selected outcomes 4. CIT Criminal Justice CCOE, selected fidelity and outcome assessment 5. Supportive Employment CCOE, fidelity and outcome assessment 6. Center for Innovative Practices, selected fidelity measures <p>As described in E2 below, MACSIS and the Behavioral Health Module Data Submission systems will also be used to compile data to evaluate services and monitor trends.</p>	E.1
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E.2. How does the Board plan to develop and use various databases, (e.g, MACSIS, Outcomes, Behavioral Health Module) to evaluate the effectiveness and efficiency of services?

Click on gray box and enter text.

<p>In 2006, the Board staff in collaboration with contracted providers approved a set of specific, measurable performance targets for the following areas: emergency/crisis, continuum of services for adults, housing and residential treatment and support, continuum of services for youth, prevention and education, systems evaluation and quality assurance.</p> <p>The Board is now requiring contracted providers to submit information on these performance targets on a semi-annual basis. The Board is also working with providers to improve outcomes submission and requiring that our mental health providers participate in the Behavioral Health Module Data Submission system. This new focus on performance targets, the new customer service instrument, and the Behavioral Health Module Data Submission outcomes data will help the Board to evaluate the impact of this Community Plan.</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.

The CMHR Board would appreciate technical assistance to help in developing meaningful data analysis tied to performance improvement strategies that are efficient and effective. As a smaller board we do not have the capacity to dedicate significant resources to this requirement but believe this is critical to supporting a quality system of care.	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
M. Kathryn Spergel	1435 B. West Main Street	Newark	43055	740-522-1232	kspergel@bhg.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
Wendy Williams	1435 B. West Main Street	Newark	43055	740-522-1232	wwilliams@bhg.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
M. Kathryn Spergel	1435 B. West Main Street	Newark	43055	740-522-1232	kspergel@bhg.org

Form 3

Planned State Inpatient Bed Days

BOARD NAME Community Mental Health and Recovery Board of Licking and Knox Counties	
2009 Planned Use of State Inpatient Days	
Central Ohio – TVBH	1300
Total Inpatient Days	1300

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 Community Mental Health and Recovery Board (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:

Wendy Williams (Name)
Executive Director
Community Mental Health and Recovery Board (Board)

Date: