

### III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

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*Click on box to enter Board name.*

**BOARD NAME:** Lorain County Board of Mental Health

**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.*

1. Mission Statement: The Lorain County Board of Mental Health serves the community by promoting the health and well being of its residents through an innovative and comprehensive continuum of the highest quality mental health services.
2. Vision Statement: The Lorain County board of Mental Health and the providers it funds are striving for excellence in providing state of the art services. Therefore, we believe in:
  - a. providing, as a priority, a comprehensive continuum of care to those with the most severe mental health disabilities, those with an inability to pay for necessary services, and those in crisis,
  - b. actively partnering with consumers and families in the planning, development, and evaluation of mental health policies and services,
  - c. incorporating the strengths and talents of consumers and families in the recovery process in order to encourage choices in treatment,
  - d. providing leadership in offering effective preventive and early intervention strategies in collaboration with our public partners,
  - e. actively working to improve the public awareness and acceptance of persons with mental illness,
  - f. applying managed care technologies to evaluate outcomes, establish best practices approaches, and promote efficiencies,
  - g. providing culturally relevant mental health services by culturally competent staff,

**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 implementation of MACSIS for the Lorain County Board of Mental Health was done in a

fashion to allow maximum flexibility and to minimize administrative complexity. In the context of a county that has two boards, coordination of enrollment functions between boards was a major consideration and in order to minimize the administrative functions of coordinating MACSIS enrollment, both boards agreed that it would be best to do this by establishing only two plans: Medicaid & Non-Medicaid. As a result no special population plans were established and therefore no special business rules were put in place. Rather, our contracting process is the mechanism wherein the board controls service and population priorities covered by Non-Medicaid expenditures.

**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.*

Gathering Hope House (GHH), a consumer operated service, is involved in WRAP research with Judith Cook at the University of Chicago. Three ten-week groups have been conducted thus far. Additionally, they have provided WMR and the Nord Center is also becoming a pilot site for WMR. GHH offers Bridges, Climbing into the Drivers Seat, and Advanced Directives training. The GHH structure during the day involves a work ordered day for its members similar to a Club House, but it is a Recovery Center.

RECOVERY GROUPS

GROUP	NOTES	#
WRAP	WAVE 3*	12
BRIDGES	WAVE 2	12
WMR	WAVE 2	8
CLIMBING IN THE DRIVER'S SEAT	OFFSITE CONSUMERS (Nord, Firelands etc)	21
CLIMBING IN THE DRIVER'S SEAT	GHH WAVE 2	13
ADVANCE DIRECTIVES	NORD	8
ADVANCE DIRECTIVES	GHH WAVE 2	10

\*Wave is for the most recent class at time of information gathering.

NAMI has offered a Family to Family Group thus far in FY08 and by the end of the fiscal year should have 2-4 additional groups. By the end of FY 07, 18 volunteers had participated in the program and 16 clients were matched with volunteers through the Compeer Program offered by Far West Center in Amherst.

The Board has a Network of Care site for Mental Health and funds one of the Network providers to gather information necessary to update information on the site. There is also a Network of Care site for Domestic Violence that the Board assisted in funding.

## 2.1 Recovery Supports: Housing

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

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

*Click on gray box to select answer.*

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

*Click on gray box to select answer.*

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

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

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"/>	x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Click on gray box to enter number.

4 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.

no	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
x	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Click on gray box to enter number.

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

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

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

Up to 1 year	1-2 yrs.	3-4 yrs.	5-6 yrs.	7-8 yrs.	9 yrs. or more	Don't Know /NA	2.1.h
<input type="checkbox"/>	<input type="checkbox"/>	x	<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 Consumers Waiting	<b>2.1.i</b>
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The **Homeless Housing Status National Outcome Measure (NOM)** reported to SAMHSA by ODMH refers to adults, aged 18+ with severe mental illness (SMI), who have identified themselves as homeless on an administration of the Adult Consumer Survey in the Ohio Outcomes System. For SFY 2007, Ohio reported a Homeless Housing Status NOM to SAMSHA of **2,879** persons with SMI. Board level data for Ohio's SFY 2007 Homeless Housing Status NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

*According to NOM, Lorain County has 53 homeless SMI staff.*

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.*

This number is consistent with the Continuum of Care Report and PATH.

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

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.*

Homeless persons with SMI	<b>2.1.kb</b>
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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.*

We have an ongoing improvement team, Solid Rock Foundations, comprised of housing staff and consumers. In FY07, we sponsored 4 trainings planned with and for consumers and 2 trainings

planned for staff. In November 2007, board staff, consumers, NAMI reps and Nord staff took a trip to visit a supported housing program in Fostoria, Ohio and a Safe Haven Program in Toledo in planning for future capital grant projects.

In addition to providing matching funds for the PATH program operated by GHH, the Board funds the Nord Homeless Outreach Team to provide consultation services to the staff of Shelters and outreach/referral services for persons with behavioral health needs not already connected to service providers. Local funds are also used to provide additional funding for HAP.

## 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.*

This number is likely correct considering the data reported for persons receiving case management under 50 is a narrower group than all adults with SMI that is being monitored.

- 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?

Additionally, the Board receives data from Nord, the largest agency providing services to persons with SMI on the number of consumers under 50 that are competitively employed each month. The board receives a semi annual report of this data.	<b>2.2.aa</b>
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- a.b. If the information in Appendix B is inaccurate, what was the number of full-time and part-time employed persons with SMI served by the Board in SFY 2007?

*Click on gray box to enter number.*

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

*Click on gray box to enter text.*

From the time of intake, consumers are encouraged to consider vocational goals. As part of the Supported Employment Model used by the agency, vocational staff and CPST staff of the Nord meet weekly and coordinate vocational services for clients. Clients are referred to RSC and the Voc

Specialists work closely with them. Additionally, after the consumer's case is closed with RSC, the Voc Specialists provides continued follow along support until the consumers feel they no longer need SE services. To address a major concern that consumers often have about loosing their social security benefits, a benefits analysis counselor is available to discuss the impact of employment on other funding sources.

Members of GHH are also encouraged to consider employment as part of meaning activities options. Several of the GHH staff are consumers and provide some peer support services.

### 3.0 Resilience supports. What are some notable achievements and trends for the Board in the area of resilience supports?

**Resilience supports** include strategies for school success, early childhood intervention, transitional living, system of care coordination, wraparound, mentoring, family support and education, and family advocacy. Examples of programs and activities in these areas include Network for School Success, ABC, FAST, Incredible Years, Big Brothers/Big Sisters, Triple P, Family Advocates, NAMI Hand to Hand. Funding source is the major difference between best practices in Resilience support and best clinical practices, with the Resilience support primarily funded as non-Medicaid reimbursable services.

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

*Click on gray box to enter text.*

- In FY08 Lorain County Board of Mental Health is implementing the DECA program in Head Start and preschool settings. Additionally, LCMHB has utilized FAST funds for the provision of Strengthening Families, an evidence-based universal prevention group that is accessible to families within the county. LCMHB also funds prevention services in 14 of 16 school districts within the county.
- In partnership with the Integrated Services Partnership, LCMHB supports a mentoring program for youth with multiple needs through a contract with Catholic Social Services. This program compliments the mentoring services provided in the county through Big Brothers Big Sisters, for which the Board also provides financial support.
- NAMI is planning to offer one Hand to Hand Education Series in FY 08.

### 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.

LCBMH currently has no method of validating the accuracy of these numbers.

**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.

LCBMH is interested in learning methods of collecting such data. We currently have no vehicle by which to determine the number of SED youth from this area that have been expelled or suspended.

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

Click on gray box to enter number.

3.1.ab

**4. Inpatient Care**

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

**a. Inpatient Care**

Click on gray boxes to enter numbers.

Board Purchased Inpatient Care	FY 06 Bed Days	FY 07 Bed Days	FY 06 Admissions	FY 07 Admissions	4.a
State Hospitals	2560	2790	142	79	
Private Psychiatric Hospitals: Adults	813	983	We do not know this.	243	
Private Psychiatric Hospitals: C&A	30* LCMHB funded bed days were utilized between Feb and June of 2006.	122 LCMHB funded bed days.	We do not know this.	177	

\*No additional information available for remainder of FY 06 or inpatient usage not funded by LCMHB.

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

Click on gray box to enter text.

<p><u>Adults:</u> Currently the Board has a contract with Nord and Community Health Partners (CHP) Hospital whereby CHP is responsible for the Hospitalist of psychiatrist that admit all patients to the unit, Nord authorizes indigent patients in need of inpatient level of care to CHP and LCBMH pays an all inclusive per diem comparable to the state hospital per diem for a maximum number of bed days.</p> <p><u>Children:</u> If a child or adolescent without medical coverage requires psychiatric hospitalization, this is authorized through Applewood Centers and paid with Mental Health Wrap Funds.</p>	<b>4.ba</b>
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**b.b.** Do you have a continuity of care agreement with your designated state hospital?

*Click on gray box to select answer*

no	<b>4.bb</b>
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**5. Residential Treatment Centers (RTCs).**

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

*Click on gray box to enter number.*

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

*Click on gray box to enter number.*

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

*Click on gray box to enter number.*

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

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

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

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

Click on gray box to enter text.

<p>We have worked very hard to create a community safety net. In FY 08 we received an ODMH grant for IHBT which will add another type of intensive services to our continuum (we have MST, CPST and in-home for dual diagnosed youth). The ISP continues to invest in very high-end psychological assessments to determine which children will benefit from a RTC level of care.</p>	<p><b>5.e</b></p>
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**6. Crisis/Emergency Care.**

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

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

Service Area	Service Available?	<b>6.a.1</b>
24/7 Hotline	X	
Warm Line	X	
<b>Adult Consumers</b>		
24/7 On-Call Staffing by Psychiatrists	<input type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input type="checkbox"/>	
Mobile Response Team	X	
Crisis Care Facility	X	
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	X	
Other (Please Specify):	<input type="checkbox"/>	
<b>Child &amp; Adolescent Consumers</b>		
24/7 On-Call Staffing by Psychiatrists	<input type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	X	
24/7 On-Call Staffing by Case Managers	X	
Mobile Response Team	X	
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	X	
Transportation Service to Hospital or Crisis Care Facility	X	
Other (Please Specify):		

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

Click on gray box to enter number.

	SFY 06 Crisis Bed Days	SFY 07 Crisis Bed Days	<b>6.a.2</b>
Adults	12	12	
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.*

The Board has initiated an improvement team (assessment plus team) to focus on prescreenings, hospitalization and community follow up and developed the charter for another team to focus on the Crisis Residential Unit (CRU). However, the CRU team will not begin meeting until Spring 2008. The assessment plus team has developed a charter, and flow charted the existing process related to assessments for children and adolescents, including the protocol for Medical Neglect instances. Next a flow chart of revisions to be tried was developed.

Following this, the assessment plus team began planning to better meet the needs of youth in crisis. To this end, training of ESS staff on safety planning with children in crisis is being planned. Additionally, agencies that provide intensive community based services met with ESS staff to provide ESS staff and supervisors with a better understanding of community resources available to youth in crisis in March.

A satisfaction survey was distributed to suppliers of crisis services prior to implementing the changes to establish the current baseline. We also working to get the GHH Comfortline functional or make alternative plans.

**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.*

LCBMH has coordinated CIT training since 2002. We provide training for a comprehensive class beginning the week of the last Monday in Feb. each year. Additionally in FY 07, the board sponsored a dispatch training, advanced training and a chiefs/supervisor luncheon. Participants in CIT trainings have included the corrections officers, park rangers, adult parole authority officers, and the highway patrol.

**2. Disaster Preparedness**

*Click on gray box to enter text.*

LCMHB organizes a Disaster Behavioral Health Response Team that includes licensed mental health professionals from local hospitals, schools and mental health agencies. In July of 2007, there was a training for new staff members. In August of 2007 the newly trained staff as well as the regular volunteers participated in a successful mock disaster.

What are your estimates of staff for the following areas?

*Click on gray box to enter number.*

	Local Disaster Response	Statewide Disaster Response	<b>6.c.2</b>
Trained	52	0	
Currently Available	21	0	

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

*Click on gray box to enter text.*

- a. No special disaster preparedness activities
- b. While Lorain County has a school crisis response team that is independent of LCMHB, clinicians from local provider agencies have participated in classroom-wide interventions to assist in stabilizing a school setting when there has been an event that has disrupted the regular school functioning. These interventions are paid through LCMHB’s consultation, education and prevention fund.

**7. Outpatient Services.**

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

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

**a.1. Adult Intensive Care**

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

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

The Board has intensive CPST as a higher priority than the PH program. LCMHB monitors the system wide wait list on a weekly basis. There has not been a problem with capacity for these services.

**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	x	<input type="checkbox"/>	x <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type I (Time limited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Prgm. Type II (School-based)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Prgm. Type III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Therapeutic Pre-School (PH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Intensive CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Intensive Pharm. Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Functional Family Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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.*

LCMHB is planning on increasing access to IHBT by partnering with a provider agency that plans to have IHBT certification by April. LCMHB is working with the ESS Unit to allow for this treatment option to be integrated into the planning when a child is in crisis. The Board recently was awarded an ODMH grant for this initiative.

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

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

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

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

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

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

*Click on gray box to enter text.*

LCMHB monitors the system wide wait list on a weekly basis. Trends indicate that there has been a wait for Mental Health Assessment and Counseling Services in one agency. This agency triages services without any oversight role from the board. The Board provides feedback to all agencies on capacity at other agencies for services for which there is a wait. Additionally, in FY 07 there was a problem with capacity for pharmacological management services throughout the system. In FY 08, LCMBH is invested in increasing the number of Board Certified Child Psychiatrists within the county. A pilot project that has provided financial incentives to provider agencies for services provided by Psychiatrists will be evaluated at the end of this fiscal year. A part of the reason for doing this was related to the lack of increase in the Medicaid ceiling rates for pharmacological management services and the agencies' inability to meet their cost for providing this service.

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

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

*Click on gray box to enter text.*

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

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

*Click on gray box to enter text.*

- LCMHB monitors the system wide wait list on a weekly basis. Trends indicate that there is regular capacity for Mental Health Assessment and Counseling Services in at least three agencies.
- Additionally there has been capacity for pharmacological management services in at least one agency for almost every week of the fiscal year to date. However, the Board would like to increase the capacity for pharmacological management appointments, giving families of children and adolescents served an option to choose from more than one provider. Additionally, LCMBH is invested in increasing the number of Board Certified Child Psychiatrists within the county. A pilot project that has provided financial incentives to provider agencies for services provided by Board Certified Psychiatrists will be evaluated at the end of this fiscal year.
- The Board is interested in increasing the options for intensive community based services in this fiscal year and supports the opening of Beech Brook IHBT program in Lorain County in April of 2008.
- Finally, an improvement project with ESS is focused on increasing the percentage of children and adolescents who are successfully connected with mental health services within the community following the crisis evaluation. This is likely to result in a need for greater capacity.

**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.*

**Adults:** The board continues to support the implementation of IDDT, IMR, SE, WMR and WRAP as a focus for the Board.

**Youth:** As mentioned in the section on resiliency, LCMHB is overseeing the provision of the DECA and Strengthening Families programs in Lorain County. Additionally, LCMHB is utilizing 404ABC funds to provide ongoing training and consultation to clinicians in Trauma Focused Cognitive Behavioral Therapy. Applewood Centers, a board funded agency, offers Multisystemic Therapy. Finally, IHBT is provided by one local agency with another soon to begin the provision of this service.

**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:*	14.11	<b>8.a</b>
CPST FTEs:	51.07	
Counselor/Therapist FTEs:	20.37	

\*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:*	5.6	<b>8.b</b>
CPST FTEs:	17.88	
Counselor/Therapist FTEs:	17.5	

\*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.*

The Board’s primary focus has been in the area of the following 3 goals.

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

Through the funding of GHH, a consumer operated service, there is a formal role in the workforce through increased employment of persons in recovery as paid staff in prevention and peer supported treatment systems. In addition to providing care and supports to peers, the recovery focused groups have encouraged members to return to college. As part of the second anniversary of GHH, several

individuals either returning to work or school were recognized.

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

- The Slanina fund provides tuition assistance to current network staff to return to school to encourage their further development. At least half of the recipients of the fund have been persons of color.
- In FY 07, the Board funded El Centro, a social service agency for the Hispanic/Latino community that also provides money management services for the Mental Health Network to provide quarterly staff development/meeting opportunities. As the meetings have evolved, this group not only provides opportunities for critical masses of Hispanic/Latino staff to interact, but to plan and to explore ways of increasing the bilingual clinical staff employed in the Network. Plans that are being developed include a. social work/therapy career development in the high schools, working with the local community college, El Centro maintaining information on career and job opportunities in the Network, and exploring the certification requirements/training for interpreters. Plans are to form a comparable group focusing on African American staff.
- Since we are having particular difficulty hiring and retaining bilingual staff with expertise in working with children and adolescents, the board has agreed to assist agencies in funding a pay differential to Masters level or licensed staff that are Hispanic/Latino, African American or Deaf and hired in FY 08. The FY 09 contract package requests agencies propose ideas that might assist in hiring for these staff in the future.

**GOAL 5:** Actively foster leadership development among all segments of the workforce.

The Board continues to sponsor a year-long leadership institute that includes consumers, Network agencies, Board staff and Board members.

## 9. Inter-system Collaboration

a. Discuss achievements and trends in the following areas.

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

*Click on gray box to enter text.*

The Board funded a mental health staff person to work with the local Linkage Program until the courts discontinued that position. No other major effort has occurred in this regard. The local NAMI is sponsoring a meeting with the criminal justice system and mental health to hear Chief Justice Stratton discuss Mental Health Courts in May 2008.

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

*Click on gray box to enter text.*

Board has continued to fund the Juvenile Offender Program that was originally funded by ODMH in 2000. As part of this project, youth suspected of having mental illnesses that may have contributed to their committing felonies (involving violence) and are at risk of placement at DYS can be referred for an in-depth assessment that will include recommendations for treatment and the level of care when indicated. The assessment can occur in the community or in a JOP bed on Bellefaire's residential program for up to 30 days. In FY 07, 42 youth were assessed, 41 were not sent to DYS as a result of the assessment and subsequent planning.

**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.*

LCBMH contracts with Nord to have a .5 FTE female therapist and a .5 FTE male therapist located at the county jail. The male therapist works with the inmates on the special pod unit of the jail and the female therapist works with females that have severe mental illness. Once ready for release, the mental health staff provide some case management services until transitioned to another staff. The mental health staff also provide consultation to jail staff.

**2. Detention Centers**

*Click on gray box to enter text.*

LCBMH contracts with Applewood Center to do risk assessments at the DH three times a week. DH staff complete the MAYSI on everyone admitted to the facility to assist in screening at risk youth. Any youth considered to be in imminent danger are seen by Nord ESS.

**2. Homeless, Runaway & Domestic Violence shelters**

*Click on gray box to enter text.*

LCBMH contracts with Safe Harbor that provides services to victims of Domestic Violence, including operating a shelter. The Board contracts with Nord Center to provide consultation services to the Homeless Shelter staff, to link persons with SMI not already connected with a mental health provider and to refer to other services.

**3. Nursing Homes**

*Click on gray box to enter text.*

**4. Prison Reentry**

*Click on gray box to enter text.*

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

*Click on gray box to enter text.*

This is a new initiative for the Board. We have not determined yet whether the focus will be on adults and/or children and adolescents. We attended a meeting at Recovery Resources in Cleveland to learn more about integration from Mauer and Reynolds, National Council for Community Behavioral Healthcare June 07. They will provide an initial day of consultation to a group of interested Lorain County community partners on March 25, 2008. Subsequently, they will be available for a maximum of 8 additional days for consultation and assistance in the Board developing its plan.

**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. LCMHB has partnered with a local parent advocacy group to provide community trainings to assist parents in recognizing and understanding emergent symptoms of depression in their

children. One of these presentations utilized professionals from local mental health provider agencies. At the second parent training (on Feb. 12) Dr. Penny Frese discussed signs and symptoms of depression and her Red Flags Program.

b. Board funds Network staff for a variety of purposes, including to

- provide consultation, education and prevention services to schools in 14 of the 16 districts in the county.
- Risk assessments in the detention home for juveniles
- Provide outreach to Moms at risk of Post Partum Depression (grant funds)
- Consult with the Elyria YWCA staff working with the Transitional Living Program
- Consult with programs serving older adults
- Provide DECA in the preschools and Head Start settings

In FY 07, the Board funded 2,633 units of CEP to 16,877 persons (duplicated count). While the Board supports CEP services, it did not want there to be less of a financial incentive to provide core services such as counseling and therapy services than to provide CEP. Therefore, the Board began to limit the reimbursement for CEP to the counseling and therapy Medicaid ceiling rates. The Board conducts annual audits of CEP services.

**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.*

See 8c. Additionally,

- FY07 Consumer Satisfaction Survey results of Countywide Network Agencies overall did not reflect disparity in satisfaction by people of color or Hispanic/Latino ethnicity. However, people of color were more significantly more likely to be satisfied with the response from Network agencies in an emergency. Puerto Rican consumers were significantly more likely to be satisfied with the speed of acquiring services at Network agencies.
- At the time of submission of the FY 08 contract package, the board composition of Network agencies was 83% Caucasian, 7% African American and 8% Hispanic. Consumers and families comprised 6% each of the Network Boards. The staff composition of Network agencies was 73% Caucasian, 14% African American, and 13% Hispanic/Latino. Three percent of these staff were known to be consumers and one percent were family members.
- In FY 08, a bilingual child psychiatrist was added to the staff of one of the agencies.
- There continues to be a Bilingual team and an Africancentric team focusing on serving adults at Nord Center. Additionally, the board funds 2 vocational staff to develop job opportunities for African American and Hispanic/Latino persons with SMI.

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

*Click on gray box to enter text.*

### C. Needs Assessment.

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

*Click on gray box to enter text.*

The following needs assessment processes were utilized:

- MACSIS data of number of people served and units provided of services
- Analysis of demographic data including gender, race/ethnicity of clients and staff /boards of agencies
- Service Criteria reports of select network agencies
- Outcome data including research from University of Akron related to DECA and monthly consumer outcome data for SMI clients
- Penetration rates
- Suicide rates
- Care Indicator Reports from OACBHA
- Key Informants data from consumers, family members, clinicians, administrators of mental health and other public partners, school staff, and criminal justice/safety forces staff.
- Client Satisfaction results
- Waiting list data
- Agency Production Rates

### 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 analyzed data from the assessment processes mentioned above, considered current program investments, anticipated financial resources, the board’s mandates, and board strategic goals to arrive at priorities. Much of the Board’s planning is based upon a continuation of the FY 08 initiatives. Until the financial situation is better understood given the proposed funding changes at the state level, the board is considering continuing the existing contracts for an additional 3 months since it feels it would not be prudent to embark on new initiatives that cannot be sustained.

**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: **H**

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

Improve the quality of life for consumers with SMI

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

Supported employment  
Encourage additional GHH members to further education

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

Increase the number of persons with SMI competitively employed to 30%.  
SE fidelity score in the Good Implementation range.

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

In FY 07, approximately 22% of Nord SMI clients under 50 were competitively employed either full time or part time. Several companies have closed in the county and the economy is not good in the county, but we would like to increase the number of 30%. Nord has experienced several changes in its leadership in the past several years, and hopefully the stability of the agency will facilitate increased fidelity to the model.

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

Priority: **M**

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

Decreased mortality for consumers and improved health for consumers with SMI.

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

- Continued implementation of WMR by GHH; 5 Nord CPST staff will be trained in WMR;
- Increase use of fitness center at GHH by members.
- The Consumer Wellness Group is one of the quality improvement initiatives of one of the Network agencies.
- Develop plan for improved integration of physical and behavioral health.

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

The number of WMR graduates tripled in FY 09 from FY 08.  
Increase number of pounds consumers in Consumer Wellness Group lose and number of group members exercising 3 times a week.

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

GHH has been a pilot site for WMR since FY 2007 and Nord has been added as of FY 2008. 5 Nord staff are in the process of being trained.

## **2.c. HOUSING**

Priority: **M**

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

Provide stable housing options that are decent, safe and affordable for persons with SMI  
Decrease wait time for supportive housing

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

- PATH for homeless persons with SMI not connected to MH services.
- Develop an additional 12-15 unit supported housing unit if capital grant funding received from ODMH.
- Decrease vacancies in sites dedicated for MH consumers.

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

Length of time persons with SMI are on supportive housing waiting list decreased;  
Monthly CPST measure of number of clients with stable housing at 97%.  
Number of PATH clients in stable housing for 6 months increased.

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

Our housing provider has continued to struggle with being able to provide housing services to mental health consumers under the Fair Market Structure recommended by our housing consultants. We have been having conversations with the existing housing agency about the Board purchasing all properties purchased with ODMH or board funding. The Board of Directors has encouraged continued exploration of this option.

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

2.d. OTHER:

Priority:  H

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

Increase consumers active involvement in recovery plans

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

Continuation of other Recovery Groups, particularly WRAP, Bridges, Compeer and NAMI education groups

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

- 80% Graduation rates for WRAP and Bridges Groups.
- Compeer matches increased by 10 in FY 09.
- Number of advanced directives developed increased. Baseline being established currently.
- Number of Family to Family class participants completing the program increased.

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

GHH and Nord are collaborating in an Improvement Process to increase the number of persons with SMI with Advanced Directives.

*Click on gray box to enter text.*

2.e. OTHER:

Priority:

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

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

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

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

*Click on gray box to enter text.*

**2.f. OTHER:**

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

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

*Click on gray box to indicate priority level.*

**3.a. SCHOOL SUCCESS**

Priority: H

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

Increase the number of classes passed and the attendance rate for students who are receiving mental health services.

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

Increase community access to intensive community based services that focus on school performance as one aspect of the youth's overall functioning.

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

Item 12 of the Functioning Assessment on the Ohio Scales scores increased.

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

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

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

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

### 3.b. EARLY CHILDHOOD CARE

Priority:  M

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

To continue evidence based early childhood consultation and early childhood treatment services.

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

LCMHB will utilize ODMH early childhood consultation grant funds (if available) to implement the DECA and/or Incredible Years Program in early childhood centers (either Head Start or pre school). LCMHB will utilize ODMH early childhood treatment and local funds (if available) to continue the provision of mental health treatment services for children under six.

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

Reduction of symptoms on parent-completed Child Behavior Checklists (CBCLs) for participants in early childhood treatment.

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

The early childhood consultant will be trained in Incredible Years in March so that if local DECA results are not compelling, the Incredible Years will be implemented locally.

Funding for programs offering early childhood mental health treatment will be determined, in part by results of an analysis of pre-vs.post CBCL's due to occur in June of this year and with the assumption of continued Grant funding from ODMH.

### 3.c. TRANSITION AGE CARE

Priority:  L

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

Provide continuity of services for SED youth that have a SPMI

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

Planning for SED youth in residential placements prior to discharge, including representatives from the Nord Center’s adult case management team in discussions with the Integrated Services Partnership regarding youth with intensive mental health needs that are aging out of the agencies providing mental health services for youth.  
  
Local child-serving provider agencies will continue to begin the process of transitioning youth to the adult system by the time the youth is 17.5

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

- 95% of 17-year old youth leaving residential centers connected to agency (met with staff) that will serve in adulthood prior to 18<sup>th</sup> birthday.
- No requests for services for transitional age youth if they were receiving services as youth made to CROs.

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

In addition to Nord and Far West, for youth that do not appear to meet criteria as SPMI, Pathways Counseling is an option and another agency, Firelands RC has expressed interest in serving both youth and adults in FY 09.

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

**3.d. OTHER:**

Priority:

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

Strategies *Click on gray box to enter text.*

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

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

*Click on gray box to enter text.*

**3.e. OTHER:**

Priority:

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

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

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

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

*Click on gray box to enter text.*

**3.f. OTHER:**

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

*Click on gray box to enter number.*

Board Purchased Inpatient Care	SFY 2009 Bed Days	SFY 09 Admissions
State Hospitals	2900	85
Private Psychiatric Hospitals: Adults	1100	262
Private Hospitals: Children & Adolescents	750*	150*

\*These are very rough estimates based on the assumption that hospital admissions will decrease from 177 in FY07 to 150 and estimating that youth are in the hospital for an average of five days.

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: H

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

- To reduce the use of state hospital psychiatric inpatient beds for adults.
- Reduce the number of youth who are hospitalized and reduce their length of stay.

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

##### Adults

- Provide Nord with ability to authorize use of inpatient beds in regional hospitals for Lorain County persons in crisis and to negotiate per diem rates within established ceiling.
- Work with Homeless Task force in Lorain County to create other options for persons who utilize high end behavioral health services when unable to find shelter
- Work with CHP in considering options of opening additional beds in the psychiatric unit or making some 23-hour observation beds.

##### Youth

- Increase training of ESS staff regarding safety planning and create a system that allows ESS to make immediate referrals to intensive community based treatment for those youth that have intensive mental health needs but are not at imminent risk of harm to self or others.
- Establish outreach/discharge planning position for youth in contact with ESS crisis team not already connected to a mental health provider.

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

- Number of state bed days utilized within projected level
- Amount of time persons in crisis spend in ER before getting admitted decreased
- Length of stay for youth in inpatient settings decreased
- Number of youth admitted to psychiatric hospitals involving ESS decreased

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

The Board is continuing to work with CHP to decrease the use of state inpatient facilities so that consumers and families can be seen locally, decrease need for ambulance transport to Cleveland.

CHP changing hospitalist model to using local psychiatrist and paying on-call rate in FY 09 which will hopefully address problems with certain MDs frequently refusing to admit consumers locally. Authorizing Nord to increase per diems with extremely difficult to place adults denied admission to CHP.

As a result of planning by the Assessment Plus Improvement Project team, the above-mentioned position in the strategies section is being established to accomplish this. Additionally, LCMHB is working with ESS and child-serving agencies to generate a system wherein ESS clinicians may have timely knowledge of the mental health services for children that are immediately available.

#### 4.b. CONTINUITY OF CARE

Priority:

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

To make a determination about the use of a continuity of care agreement with state hospitals; will continue to have a contract with CHP for indigent local inpatient services;  
Decrease amount of time between last crisis contact/hospital discharge and follow up services by a mental health provider.

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

Discussion with Northeast Ohio Collaborative and Network agencies  
Crisis position that will insure all youth not connected with providers are seen during hospitalization and follow-up within week of discharge from crisis and/or inpatient services.

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

Decision about continuity of care agreement made.  
OACBHA Care management report will reflect a reduction in the number of youth who are not connected with a provider within three months of an ESS assessment

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

Will determine as part of discussion with Northeast Ohio Collaborative. No decision has been made as of this time.  
Maintain contract with CHP and work with regional hospitals to improve access.

#### 4.c. SOMATIC HEALTH CARE --

Priority:

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

See integrated treatment section—7.c.3; our somatic health planning is not specifically tied to inpatient

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

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

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

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

*Click on gray box to enter text.*

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

**5.a. Residential Treatment Centers-**

Priority:  M

Goals:

Decrease the amount of time between placement of children in residential treatment centers funded through Mental Health Wrap and referral to the Integrated Services Partnership.

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

*ISP:* Lorain County has significantly reduced the number of children in residential treatment centers since the inception of the Integrated Services Partnership in 1995. We have not set any specific goals in that the ISP’s goal has always been to utilize residential treatment when necessary and it is the value that it is rarely necessary.

*Mental Health Wraparound:* Development of guidelines that all Network providers will be expected to utilize. Increase parental involvement with treatment for children in residential placement funded by MH wrap around funds.

Addition of Beech Brook IHBT.

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

Amount of time between time between placement of children in residential treatment centers through Mental Health Wrap and referral to ISP decreased.

Number of days in residential treatment center decreased for children not involved with ISP at time of placement.

Guidelines developed.

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

The Board primarily uses residential treatment centers in collaboration through the Integrated Services Partnership, a partnership consisting of mental health, child welfare, juvenile court, ADAS and MRDD. A pooled fund allows the partners’ designees to discuss what is right for the child and not “whose child is it” in regards to the funding of services plans that may include placement.

We are considering contracting with two residential treatment centers to provide residential treatment for youth for 30 days, similar to our use of Bellefaire with JOP assessment bed, but with the potential changes in funding formulas and Medicaid payment, we will not pursue this further until the decisions from the Department are known and the impact of those decisions is clearer.

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

*Click on gray box to enter text.*

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

**6.a. Adult Consumers**

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

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

Priority:  M

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

Decrease amount of time for assessments of persons in crisis to be completed.

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

Reassess staffing needs once ESS fills vacant positions.  
Flow chart process and plan to improve efficiency as first step of the Assessment Plus Improvement Project once the focus is on adults.

Measurable Objectives

Percent of persons assessed within one hour of request for assessment increased.

Discussions and/or Collaborations

ESS has lost several staffing and have had difficulty filling the positions. There have been some changes made at the agency to address the problem and 2 new staff have been added since January. It may be that additional staffing may be needed. Data will need to be gathered once the existing positions are filled. This may also become an area of expansion once the focus of the Assessment Plus Improvement Project focuses on adults and once funding issues become clearer. The primary focus and priority at this time is on the children in crisis.

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

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

## **6.b. Child & Adolescent Consumers**

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

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

Priority:

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

To increase use of appropriate community-based treatment for children in crisis  
To have children in crisis be offered services within week of discharge from termination of crisis services

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

- Educate ESS staff about community based treatment options.
- Assist ESS in identifying training resources pertaining to assessing risk for children in crisis.
- Develop mechanism for ESS clinicians to have ready access to community based treatment programs with capacity to accept new clients within 24 hours.
- Utilization of outreach/discharge planning position for children in contact with ESS crisis team not already connected to a mental health provider to facilitate treatment referrals.
- Addition of Beech Brook IHBT.

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

Time between termination of crisis service and next appointment offered to children in crisis decreased.

Percent of children not seen within 90 days post crisis termination decreased.

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

All of above strategies are part of the Assessment Plus Improvement Project; Capacity for Beech Brook program is approximately 12 youth at any given time, but depending upon impact and funding, may need to be increased.

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

*Click on gray box to enter number.*

	SFY 2008 Crisis Bed Days	SFY 2009 Crisis Bed Days
Adults	12	4200
Children & Adolescents	0	0

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

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

*Click on gray box to select priority level.*

Priority:

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

Increase knowledge about mental health crisis and collaboration between safety department to additional 20 officers and to provide additional training opportunities to 30 existing CIT officers.

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

Comprehensive CIT, Advanced Training and Dispatch Training

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

20 additional officers trained in CIT comprehensive and 30 in Advanced CIT

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

Planning for FY 09 will include a comprehensive CIT class, Advanced and Dispatch classes

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

Priority:

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

To increase the number of volunteers that would be well prepared to respond to mental health needs at the time of a disaster

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

Quarterly trainings; clearly defined policy and procedures;

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

The number of volunteers attending quarterly trainings will increase.

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

LCMHB is in the process of seeking clarification regarding the licensure requirements for DBHRT volunteers. If independent license is not a requirement, staff from other systems such as schools and children services are expected to volunteer as some have expressed an interest in doing so.

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

Priority:

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

Increase collaboration and knowledge of college security about working with persons in behavioral health crisis

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

Invite to participate in CIT comprehensive training.  
Discuss additional training opportunities.

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

LCCC and Oberlin College security officers receive training about mental illness and persons in crisis

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

The local community college has recently made an inquiry regarding receiving some type of training for working with persons in crisis. They did not register for the CIT class and would like a shorter training. The Board will be in discussion with the Chief of the Department to discuss how to meet their needs.

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

Priority: M

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

To increase the number of research-based prevention groups implemented within schools.  
To increase the number of schools accepting the Red Flags or a similar suicide prevention program within the school system.

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

Communicate preference for prevention groups to child-serving agencies within the schools. For agencies serving schools, consultation services will be funded at a lesser level than in FY08 while prevention services are funded at a greater level.  
Continue the provision of Strengthening Families Groups within school settings (if FAST dollars remain available).  
Make school administrators aware of Red Flags program.

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

Increase in the number of research based prevention groups and Red Flags programming implemented within schools.

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

Collaboration with the originator of the Red Flags program, LCMHB and local school districts is required.

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

*Click on gray box to enter text.*

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

#### 7.a. Adult Services.

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

7.a.1. Area of Adult Services:

Priority:  M

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

Routine client will be offered mental health assessment appointment within 14 days of request for service.

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

Current agency plans to increase capacity.  
Medicaid contract with an agency that has expressed interest in serving Lorain County clients for 6 months, then if technical audit/financial status of agency is acceptable, consider POS contract with that agency.

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

Decrease number of days persons needing routine appointments offered appointment for mental health assessment from time of request  
Increase client satisfaction with time to receive services for adult serving agencies.

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

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

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

Click on gray box to enter text.

**7.b. Child & Adolescent Services.**

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

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

Priority: M

Goals: Click on gray box to enter text.

Increase the number of youth that receive follow up mental health services following a crisis assessment.

Strategies: Click on gray box to enter text.

- Create a system wherein youth that have been referred to outpatient counseling receive a follow up call and assistance in getting the youth connected.
- Create a system wherein youth appropriate for intensive community services may have immediate access to the same.
- Create a system wherein youth that are psychiatrically hospitalized but do not have a local provider, can be more effectively connected with services in the community upon discharge.

Measurable Objectives: Click on gray box to enter text.

OACBHA Care management reports will demonstrate an increase in the number of youth who receive mental health services within three months of an emergency assessment.

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

The ESS Plus team is working on developing the aforementioned system. This team includes members from ESS, LCMHB and child-serving agencies, as well as other ad-hoc members that attend for specific meetings at the team’s request (Children’s Services, mental health agencies, etc.)

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

Priority:

Goals: Click on gray box to enter text.

Strategies Click on gray box to enter text.

Measurable Objectives: Click on gray box to enter text.

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

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

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

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

Priority: **H**

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

To have persons with dual diagnosis receive integrated treatment that facilitates their recovery.

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

Have IDDT team size decreased and clients including persons with psychotic and affective disorders; clients with primarily personality disorders and substance abuse not to be included in the team.

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

Stages of recovery  
Fidelity scores in Good Implementation range

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

Due to the increased staff turnover with the IDDT, agency has been requested to make a proposal in the contract for ways of supporting the team. Additional training in motivational interviewing planned for the system.

Click on gray box to enter name of practice:

**7.c.2. PRACTICE**

Priority:

Goals: Click on gray box to enter text.

Strategies: Click on gray box to enter text.

Measurable Objectives: Click on gray box to enter text.

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

:

Priority:

Goals: Click on gray box to enter text.

Strategies: Click on gray box to enter text.

Measurable Objectives: Click on gray box to enter text.

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

Click on gray box to enter name of practice:

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

Priority:

Goals: Click on gray box to enter text.

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

To be developed after 3/25/08

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

Mortality rates of Network SMI consumers related to medical conditions for persons under 65, or some age agreed upon in future meetings  
Number of trainings/CEP hours provided to PCPs, pediatricians; dependent upon outcome of the 25<sup>th</sup> and subsequent funding decisions these may change.

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

Local ADAS staff, health departments, free clinic, FQHC agency, provider network agencies have indicated plans to attend 3/25/08 training with Kathy Reynolds.

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

**7.c.4. PRACTICE:** Intensive Home Based Treatment

Priority:  H

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

Improve the functioning of SED youth by providing access to IHBT.

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

Beech Brook will open the county's second IHBT program in April.  
LCMHB and Beech Brook will work with potential referral sources to ensure that the community, including ESS, is aware of how to appropriately access IHBT and Beech Brook and Bellefiare JCB.

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

Increase in the number of youth who are served within IHBT programs

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

LCMHB will have to work with Bellefaire to get a baseline number of youth served with IHBT last year. Additionally, LCMHB will have to work with Beech Brook and Bellefaire JCB to monitor the number of youth served this year.

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

**7.c.5. PRACTICE:**  Incredible Years

Priority:  M

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

LCMHB would like to have the Incredible Years Program implemented in local preschools and possibly in Head Start settings (see sections 3.b.)

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

The consultant participating in DECA this year, was trained in Incredible years in anticipation of next years consultation project.

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

Measurable objectives that are a component of the Incredible Years Project will be utilized.

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

LCMHB will coordinate with schools and Head Starts to determine which sites will be most appropriate for implementation of The Incredible Years.

**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: Bilingual, African American staff

Priority: M

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

To have consumers of various ethnic/racial backgrounds benefit from treatment

Strategies *Click on gray box to enter text.*

Hispanic/Latino workgroup continued—see 8c in current state  
Development of comparable group/initiatives for African American staff

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

Overall Network Clinical staff at rates proportionate to census  
No significant racial/ethnic differences in outcomes and client satisfaction

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

Will review proposals suggested by Network Providers for targeted workforce expansion areas and then determine additional strategies; may include continuation of board funding of pay differential which facilitated the hiring of one staff that would otherwise have gone to another system.  
  
According to feedback from the Hispanic/Latino workgroup, a problem with attracting independently licensed Latino staff is the difficulty that many Master’s level clinicians have passing the licensure exams. These exams are not available in any language other than English.

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

**8.a.2.** Area of Workforce Development: Retention of IDDT Clinicians

Priority: M

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

Persons with dual diagnoses of severe mental illness and substance abuse progress through stages of IDDT and increase recovery

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

Review proposal from agency that would enhance retention rates of IDDT staff; Board agreeable to

funding Motivational Interviewing Training for newly hired staff and providing 50% productivity rate for IDDT staff hours spent in attendance of SAMI Conference in FY 09 if agency does not meet nonMedicaid contract projections.

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

Retention rate of IDDT staff

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

See 7.c.1

**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: L

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

Decrease the number of persons with SMI involved with the criminal justice system.

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

Make a determination about the need/benefit of a mental health court in Lorain County.

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

Consensus reached on need/benefit of a mental health court following May visit of Justice Stratton.

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

NAMI coordinating.

**9.a.2 ADULT RECIDIVISM—no additional plans**

Priority:

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

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

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

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

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

Priority: M

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

Decrease the number of persons with SMI involved with the criminal justice system.

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

Increase number of officers trained in CIT

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

Decrease number of persons with a SMI incarcerated during FY 09.

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

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

*Click on gray box to enter text.*

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

*Click on gray box to indicate priority level.*

Priority: M

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

To identify children in contact with criminal justice system that are at risk of DYS placement that are likely to benefit from mental health treatment instead of DYS placement

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

Juvenile Offender Program Assessment, Wrap Around Services, and Placement if needed  
MST

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

Number of children at risk of DYS retained in the community increased  
Number of JOP assessed or ISP involved youth that re-offender decreased

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

See 9.a.2

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

Priority: M

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

Youth referred for mental health services by the court system will have reduced rates of recidivism

in the community.

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

Teen Domestic Violence  
MST

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

The outcome for groups for teen domestic violence is a reduction in second DV offences within six months of completion of the program.  
Participants in MST will demonstrate decrease in anti-social behaviors as demonstrated by MST outcome indices

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

The Teen DV program had not received many referrals during the beginning of FY 08, but following informing criminal justice service the services may be discontinued if not increased utilization, but recently referrals are increased. This program has tended to have very low recidivism rates for children and families involved with treatment groups in contrast to rates prior to the onset of the program.

**9.b.3. ADOLESCENT DIVERSION**

Priority:  M

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

Youth with SED will be appropriately assessed to determine mental health needs that may impact criminal behaviors.

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

Judges, court personnel and the 4C committee will continue to recommend a comprehensive psychological assessment for youth wherein clinical factors may be relevant to placement decisions.

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

The number of Juvenile Offender Project (JOP) reports wherein a recommendation for clinical services is endorsed by the court.

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

Gathering this data will require collaboration from the court, LCMHB and 4C.

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

*Click on gray box to enter text.*

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

**9.c.1. JAILS**

Click on gray box to indicate priority level.

Priority:

Goals: Click on gray box to enter text.

To improve coordination of treatment for persons with SMI in Lorain County jail.

Strategies: Click on gray box to enter text.

Continuation of services referenced in 9.b.1 of needs section.

Measurable Objectives: Click on gray box to enter text.

- Number of males in special pod with mental health needs served while in jail by Nord staff and linked prior to discharge back into community
- Number of females with severe mental illness in Lorain County jail served by Nord staff and linked prior to discharge back into community
- Satisfaction of LCSO mental health staff with services provided
- Report from LCSO on benefit of services provided.

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

Board, Nord and LCSO mental health staff will continue to collaborate.

### 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.

Decision about how best to proceed with Older Adults and Nursing Home services will be determined following the Physical Health Integrated treatment in March.

**9.c.5. PRISON RE-ENTRY**

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

**9.c.7. OTHER:**

Priority:

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

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

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

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

*Click on gray box to enter text.*

**9.c.8. OTHER:**

Priority:

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

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

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

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

*Click on gray box to enter text.*

**9.c.9. OTHER:**

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

**10.a. SUICIDE PREVENTION**

*Click on gray box to enter priority level.*

Priority: H

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

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

Increase public awareness of risk factors of childhood suicide and available resources by providing educational sessions to parents or community members regarding childhood depression.  
Increase the number of schools that take advantage of the Red Flags Suicide Prevention Program through meetings with superintendents, outreach to schools.

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

Evaluations of parent education sessions should indicate acquisition of knowledge regarding risk factors for youth suicide as well as local resources.  
An increase in the number of schools wherein students and staff have been trained to recognize the signs of depression or suicidal ideation in youth.

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

School districts, LCMHB and Red Flags originator, Penny Frese. Based upon input from key informant survey, will also plan to increase public awareness and knowledge about mental health related issues and resources.

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

**10.b. OTHER:**

Priority:

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

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

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

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

**10.c. OTHER:**

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

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

Priority:

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

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

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

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

**11.b. STAFF RECRUITMENT**

Priority:

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

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

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

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

**11.c. STAFF TRAINING**

Priority:

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

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

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

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

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

Priority:

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

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

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

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

*Click on gray box to enter text.*

**11.e. OTHER:**

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

Click on gray box and enter text.

In addition to the above comments about the FY 09 funding, planning is always challenging in the current Medicaid environment. For example, we have an out-of-county agency that bills over \$300,000 annually for services provided in-county, but for which the Board can not audit. This agency routinely does not provide services during the summer or during holidays, leading one to question the medical necessity of these services.

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

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

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

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

Click on gray box and enter text.

The Lorain County Board of Mental Health has no plans to implement any changes to the MACSIS Business Rules.

**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--sent> to CN 2/2708

Click on gray box and enter text.

The board will use a variety of methods to evaluate services, including outcome data, care indicator reports, client satisfaction data, penetration rates, productivity rates.	E.1
--	-----

**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.

Will use care management reports along with our data	E.2
--	-----

**E.3.** To what extent does the Board need technical assistance concerning compliance with ORC 340.03? (Guidelines for ORC 340.03 appear in Appendix D.)

Click on gray box and enter text.

	E.3
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**Form 1**  
**Board Appointment Data Sheet**

**Form 2**  
**Community Board Resources**

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

<b>Name</b>	<b>Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone Number</b>	<b>Email</b>
Sarah McGuire	6140 South Broadway	Lorain	44055	440-233-7232	smcguire@nordcenter.org

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

<b>Name</b>	<b>Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone Number</b>	<b>Email</b>
Amber Vadini	6140 South Broadway	Lorain	44055	440-233-7232	avadini@nordcenter.org

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

<b>Name</b>	<b>Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone Number</b>	<b>Email</b>
Blanche Dortch- adults Kathleen Kern- children & adolescents	1173 North Ridge Road East; Suite 101	Lorain	44055	440.233-2020	Bdortch



Form 3

Planned State Inpatient Bed Days

<b>BOARD NAME: Lorain County Board of Mental Health</b>	
<b>2009 Planned Use of State Inpatient Days</b>	
<b>Northcoast--Cleveland</b>	1088
<b>Northcoast--Northfield</b>	1447
<b>Twin Valley</b>	365
<b>Northcoast-Toledo</b>	
<b>Total Inpatient Days</b>	2900

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 Lorain County Board of Mental Health 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: \_\_\_\_\_  
Charles A. Neff (Name)  
Executive Director  
Lorain County Board of Mental Health (Board)

Date: 3/27/08