

### III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

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*Click on box to enter Board name.*

**BOARD NAME:** Mental Health and Recovery Services Board of Lucas County

**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.*

**Mission:**

The Mental Health and Recovery Services Board of Lucas County exists to enhance the well being of our residents by promoting mental health, preventing substance abuse and facilitating a process of recovery for persons experiencing mental illness and/or alcohol and other drug disorders.

**Vision:**

Our vision is a community that empowers individuals and families impacted by drug and alcohol abuse or mental illness to recover.

**Values:**

We value the dignity of all individuals experiencing mental illness or drug and alcohol use disorders.

We value the elimination of the stigmas associated with the diseases of mental illness and drug and alcohol use disorders.

We value personal recovery and resiliency that empowers individuals to live and work in the community.

We value consumer and family participation in their treatment planning, provider selection and in the overall system development.

We value integrated services that are culturally sensitive, based on best practices, quality driven, cost effective, professionally delivered and that empower individuals to live and work in the community.

We value cultural diversity in Board and staff composition, both at the Board and funded agencies, that reflects the populations that are served.

We value a wellness model that focuses on preventing the use of substances and promoting mental health.

**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.*

Through MACSIS, Lucas County pays for only those services that Medicaid defines as payable. Clients with severe and persistent mental illness (SPMI) are considered high priority and the business rules reflect that, as all services are available to SPMI clients regardless of their payer source. General population clients do not receive Community Psychiatric Supportive Treatment (CPST) services as part of their benefits. The Board has valued the provision of CPST services in both the jail and the hospital where those services contribute to discharge planning and continuity of care. The business rules reflect that priority as they are payable as non-Medicaid services for all Severely Mentally Disabled (SMD) clients. The business rules also include a co-payment schedule, reflecting the Board's philosophy that those who are able should participate in the cost of their care.

Services that are not included in the Medicaid taxonomy of business rules are funded through grants. Examples include crisis services including residential stabilization, supportive housing, consumer operated services and peer support, as well as advocacy services.

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

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

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

Predicate comments with “The following are the notable achievements and trends in the area of Recovery Supports:”

*Click on gray box to enter text.*

The following are the notable achievements and trends in the area of Recovery Supports:

The creation and funding of the Thomas M. Wernert Center, which is a consumer-operated and governed center that promotes mental health recovery through peer-to-peer support. Currently, the center provides exceptional programs for consumers such as Bridges, Member Volunteer Program (MVP), and a weekly Supper Club. In July 2007 the Wernert Center expanded its capacity by taking responsibility for the Aim High program that was previously managed by a treatment agency. Presently, the Aim High program offers skill building in the areas of menu/recipe planning, grocery shopping, food preparation and cooking. Participants are encouraged in the areas

of accountability and responsibility.

In March 2007, the Mental Health and Recovery Services Board began its participation in the Partners in Recovery project. The Partners project is a collaborative effort between the staff of Northcoast Behavioral Healthcare (NBH) and citizens of Lucas County all for the benefit of patients at NBH. The project is designed to educate and inform consumers about resources and supports which will foster and sustain their recovery efforts once they are discharged back into the community.

In February 2007, the Board began its participation in the Wellness Recovery Action Planning training (WRAP). This two-year nationwide research study is designed to establish WRAP as a best practice model across the nation. To date, 74 consumers have participated in the training designed by Mary Ellen Copeland. The Board participates in the project by actively assisting the study organizers with local recruitment and securing safe and accessible meeting locations that are on the public transportation line.

Four years ago the Board formed a Recovery Council, an organization of recovering consumers that reports directly through a Board committee to provide feedback and input on Board initiatives.

NAMI provides Family-to-Family education.

Recovery services in Lucas County continue to move from provider agencies to non-traditional agencies that focus on peer support activities. Through this movement, Lucas County has achieved a transition of peer support services from traditional agency settings to a community based, peer-led environment.

## 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> |
|-----|--------------|

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

*Click on gray box to select answer.*

|     |              |
|-----|--------------|
| Yes | <b>2.1.b</b> |
|-----|--------------|

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

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

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

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

*Click on gray box to enter number.*

|                      |       |
|----------------------|-------|
| 79 Consumers Waiting | 2.1.d |
|----------------------|-------|

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

e. Do you have wait lists for HAP?

*Click on gray box to select answer.*

|     |       |
|-----|-------|
| Yes | 2.1.e |
|-----|-------|

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

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

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

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

*Click on gray box to enter number.*

|                      |       |
|----------------------|-------|
| 79 Consumers Waiting | 2.1.g |
|----------------------|-------|

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

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

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

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

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

*Click on gray box to enter number.*

|                      |              |
|----------------------|--------------|
| 99 Consumers Waiting | <b>2.1.i</b> |
|----------------------|--------------|

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

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

*Click on gray box to enter text.*

|  |
|--|
| The data in appendix B appears to understate the homeless population served by Lucas County. |
|--|

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

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

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

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

*Click on gray box to enter number.*

|                               |               |
|-------------------------------|---------------|
| 350 Homeless persons with SMI | <b>2.1.jb</b> |
|-------------------------------|---------------|

**j.c.** Is there anything else important to know about the current state of housing strategies and services in your Board area?

*Click on gray box to enter text.*

The Board participates on the Toledo/Lucas County Homelessness Board. This position allows the Board to assume a role in the development and planning of housing strategy and follow up throughout the county for all housing related projects including applications submitted to HUD. Another way in which the Board participates in strategy development is its involvement in several housing committees, including the Toledo Area Alliance to End Homelessness, and Continuum of Care.

For FY 2007 the Board was awarded \$1,618,759 from HUD for its supportive housing and Shelter Plus Care projects. For both of these projects, the Board contracts with Neighborhood Properties Inc., to provide housing.

## 2.2 Recovery supports: Employment

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

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

*Click on gray box to enter text.*

The Board does not measure employment status at this time.

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

*Click on gray box to enter text.*

See a.

**2.2.aa**

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

*Click on gray box to enter number.*

N/A Employed persons with SMI

**2.2.ab**

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

*Click on gray box to enter text.*

Though the Board does not fund any employment initiatives, two mental health providers (Zepf and Harbor), though their involvement at The Source, the Northwest Ohio One-Stop Career Center, provide employment support services to consumers in Lucas County.

**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.*

The following are notable achievements and trends in Resiliency Supports:

For youth at risk for out of home placement, the primary resiliency supports have been provided through the FAST/ABC program. In Lucas County, NAMI provides the administrative oversight for the FAST program. NAMI brokers supportive services such as mentoring, recreation, respite care and transportation.

NAMI provides a family advocate to each family involved with the FAST program as well to any parent within the mental health system who request their assistance. In addition, NAMI provides the Hand to Hand classes on an annual basis.

For the 0-5 population, Harbor Behavioral Healthcare providers Early Childhood Mental Health Consultation which includes the Incredible Years curriculum, to Early Care and Education providers. These services are available for the promotion of mental health as well as early intervention to youth experiencing behavioral and emotional issues.

The Board has also invested in the LEARNING CLUB® an after-school program which targets youth with a Serious Emotional Disturbance (SED), grades 2 through 5, enrolled in the public mental health system and below grade level in Math and/or Reading.

Lucas County providers have recognized the importance of resiliency support services to augment traditional mental health treatment services.

### **3.1 Resilience supports: School Suspension and Expulsion NOM**

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

found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

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

*Click on gray box to enter text.*

The Board does not monitor school attendance and is unable to substantiate the data reported in appendix B.

**a.a.** If the Board does not use Outcomes data to estimate school suspensions and expulsions among children and adolescents with SED served in your area, what data source does the Board use to plan for services that support school success?

*Click on gray box to enter text.*

|   |               |
|---|---------------|
| Currently the Board does not use outcomes data to estimate school suspensions and expulsions. The Board intended to complete an Exploratory Study of the current academic status of SED youth in Lucas County through the utilization ABC Blueprint funds however, for a variety of reasons this was not accomplished. The Board plans to monitor improvement in school attendance and passing grades through the CQI process in FY 2009. | <b>3.1.aa</b> |
|---|---------------|

**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.*

|     |               |
|-----|---------------|
| N/A | <b>3.1.ab</b> |
|-----|---------------|

#### 4. Inpatient Care

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

##### a. Inpatient Care

*Click on gray boxes to enter numbers.*

| Board Purchased Inpatient Care        | FY 06 Bed Days | FY 07 Bed Days | FY 06 Admissions | FY 07 Admissions | <b>4.a</b> |
|---------------------------------------|----------------|----------------|------------------|------------------|------------|
| State Hospitals                       | 7,314          | 6,530          | 218              | 193              |            |
| Private Psychiatric Hospitals: Adults | 28,768         | 25,598         | 2,695            | 2,703            |            |
| Private Psychiatric Hospitals: C&A    | 137            | 294            | 21               | 52               |            |

**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><b>For Adults:</b></p> <p>The Board does not contract for, or fund, in-patient bed days with private hospitals as it does through the State behavioral health system. However, the relationship between the Board and local private hospitals is mutually supportive as noted in the number of private hospital psychiatric unit bed days made available to consumers of public mental health services in the chart above.</p> <p>The Board provides three community mental health centers with funds to support the hiring of psychiatrists who have admitting privileges at each of the private hospitals with psychiatric units. This practice supports continuity of care efforts between the private hospitals and the agencies and also helps the Board to decrease use of state hospital bed days for crisis stabilization and medication management admissions.</p> <p>The Board contracts with Rescue Mental Health Services to act as the screening agency for individuals determined to be experiencing a mental health crisis/emergency. Our Board's philosophy and policy is to treat an individual in the least restrictive environment available that will ensure the individual's and the community's safety. The screening agency assesses the individual's need for admission to an inpatient crisis or hospital psychiatric unit, and if necessary, makes a referral to the Crisis Stabilization Unit at RMHS, to a private hospital psychiatric unit, or Northcoast Behavioral Health.</p> <p>Following the assessment, the individual may instead be referred for hospital diversion programming in the Community Based Stabilization program, or may be released with no recommendation for treatment services, as appropriate. The Board maintains a very positive working relationship with several private hospitals with psychiatric units where consumers may be admitted for short term stays (less than 30 days).</p> <p><b>For Youth:</b></p> <p>The Board does not purchase inpatient beds days from the private hospitals. This past year the Board has faced a dilemma finding inpatient hospitalization for dangerous hard to manage youth. We have been working with the 2 private child/adolescent inpatient psychiatric units as well as community stakeholders for the purpose of problem solving. The current relationship with hospital administrators is professional but strained in our attempts to find an appropriate level of care for this behaviorally challenging population. The Board has engaged ODMH to assist with this effort. As of our last meeting on 12/19/07 the University of Toledo Medical Center has agreed to accept these youth for admission when a bed is available.</p> | <p><b>4.ba</b></p> |
|---|--------------------|

**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> |
|----|-------------|

**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.*

|                              |            |
|------------------------------|------------|
| 46 C&A Consumers in SFY 2007 | <b>5.a</b> |
|------------------------------|------------|

**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.*

|   |            |
|---|------------|
| 46C&A Consumers place out of county in SFY 07 | <b>5.b</b> |
|---|------------|

**c.** How many of the C&A consumers identified above involved Board participation in the placement decision?

*Click on gray box to enter number.*

|   |            |
|---|------------|
| 0 Out of county placements involved the Board | <b>5.c</b> |
|---|------------|

**d.** For SFY 2007, how would you describe the local trend in placements at Residential Treatment Centers? *Please select only one answer.*

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

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

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

*Click on gray box to enter text.*

|  |            |
|--|------------|
| It is difficult to determine what is causing the trend. Juvenile Court and Children Services are the placing authorities in Lucas County. The primary reason for placing youth in residential treatment facilities tends to be that these youth have very complex issues and a lack of strong family support. Lucas County does not have long term residential care placement availability. Therefore, youth requiring such services are placed out of county. | <b>5.e</b> |
|--|------------|

**6. Crisis/Emergency Care.**

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

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

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

**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<br>Crisis Bed<br>Days | SFY 07<br>Crisis Bed<br>Days | 6.a.2 |
|---------------------------|------------------------------|------------------------------|-------|
| Adults                    | 4,745                        | 4,508                        |       |
| Children &<br>Adolescents | 1,520                        | 1,646                        |       |

**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 most recent achievement and trends in the area of crisis care services was the establishment of the Community Based Stabilization (CBS) program. CBS was initially developed and funded through the use of Safety Net funds and based at our emergency care facility, Rescue Mental Health Services. The program is staffed 7 days a week from 8:30 am to 10:00 pm by a licensed mental health professional, two nurses, and two part time peer staff (one a registered nurse and one a mental health technician) who model health and stability while connecting with clients through their shared experience of mental illness. The program offers medication education and monitoring, linkage with community mental health and recovery care services, step-down support for individuals discharged from hospital inpatient or crisis stabilization units, counseling for both mental health and substance use problems, referral and linkage to community resources for housing, government entitlements, general medical care, etc.

The primary goal of this program is to address individuals' critical mental health or dual disorder needs for stabilization in the community, and decreasing incidences of hospitalization.

- During FY 2007 212 adults and 77 youth were admitted to the program and treated in the community through the CBS program, thereby avoiding a more restrictive level of care.
- The average duration of intensive programming for stabilization was 18 days, with varied contact schedules of daily to weekly, but with a minimum of two face-to-face visits per week per individual.

Of the individuals admitted to CBS programming, only one experienced a subsequent hospitalization, with all others successfully maintained in the community.

**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.*

The following are notable achievements and trends in the area of Crisis and Emergency initiatives:

The first Crisis Intervention Team (CIT) training sponsored by the Mental Health and Recovery Services Board of Lucas County was held in June of 2001. A curriculum was developed with local instructors providing the didactic instruction.

Since 2001, the Board has sponsored CIT training to 244 individuals representing 8 law enforcement departments in Lucas County. As of this date eight CIT trainings have been conducted.

The current plan is to increase the number of trained campus police officers at the University of Toledo Medical Center.

## 2. Disaster Preparedness

*Click on gray box to enter text.*

Notable achievements and trends in the area of disaster preparedness in Lucas County are the following: The trend is to integrate behavioral health service into the local and regional emergency response plan to assure that behavioral health needs are addressed during the time of a community disaster. MHRSB staff work closely with the RMRS, Public Health Department, and Mayors Commission on Disabilities to develop plans which integrate behavioral health issues. The establishments of the integrated response plan with the American Red Cross, Medical Reserve Corps, and the MHRSB evidences this and was exercised in September 2007 at a Special Needs Shelter exercise. The exercise will be repeated in September 2008.

What are your estimates of staff for the following areas?

*Click on gray box to enter number.*

|                        | Local<br>Disaster<br>Response | Statewide<br>Disaster<br>Response | <b>6.c.2</b> |
|------------------------|-------------------------------|-----------------------------------|--------------|
| Trained                | 46                            | 46                                |              |
| Currently<br>Available | 20                            | 10                                |              |

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

*Click on gray box to enter text.*

- a. Interaction with University representation occurs on the Medical Reserve Corps Steering Committee.
- b. The Lucas County Educational Service Center has pulled together representatives from all of the county primary and secondary schools to participate in disaster response planning. MHRSB staff participates on the committee.

## 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                      | No Wait  | 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 checked="" type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                       | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |       |
| PH Program Type I    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/>  | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |       |
| PH Program Type II   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                       | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |       |
| Intensive Pharm. Mgt | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |       |
| Intensive CPST       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><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.

**See 4.b.a:** The Board contracts with Rescue Mental Health Services to assess individuals experiencing a mental health crisis and refer for intensive outpatient services as appropriate.

**See 6.b:** Community Based Stabilization services were developed to provide intensive support in the community for individuals who are at risk for decompensation and who would, without intensive outpatient services, be candidates for hospitalization.

**a.3. Child & Adolescent Intensive Care**

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

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

Through our work with the local private inpatient hospitals and community stakeholders the need for an alternative to inpatient psychiatric treatment services or the creation of a step down from hospitalization has become evident. This is in part due to the decreasing hospital lengths of stay and as an effort to prevent the need for hospitalization. For FY 2009 the Board will explore the feasibility of developing Intensive Home Based services.

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

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

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

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

| Service                               | Service Available?                  | Don't Know /NA           | No Wait  | Up to 10 wd  | 11 to 15 wd  | 16 to 20 wd  | 21 to 30 wd   | 31 to 60 wd  | 61 to 90 wd  | 91 wd or more  | 7.b.1 |
|---------------------------------------|-------------------------------------|--------------------------|--|--|--|--|---|--|--|--|-------|
| Diagnostic Assessment -- Physician    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                       | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                       | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |       |
| Diagnostic Assessment – Non-Physician | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                       | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |       |
| Pharm. Management                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |       |
| Counseling/ Psychotherapy             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                       | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |       |
| CPST                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/> | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                       | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><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.*

**CENTRAL ACCESS:**

A primary area of focus has been improving access to diagnostic assessments for non-medicaid clients. A primary achievement of the Board during the merger process and to the present, has been development and continuous improvement of procedures for access to appropriate services for individuals who are uninsured or underinsured. Historically, individuals seeking public mental health services contacted a community mental health center of their choice to schedule an appointment for a diagnostic assessment. There came a point at which individuals with private insurance or medicaid were being scheduled within two- four weeks, while those without private insurance or medicaid were sometimes being scheduled for an initial appointment as many as five-six months into the future. In response to this inequity, the Board developed a plan of centralized access to public mental health services for uninsured and underinsured individuals.

The program began providing mental health screening and referral to community mental health services in the spring of 2006. Following the merger of the LCMH and ADAS Boards in July 2006, Central Access began providing screenings and referrals for all behavioral health services and went to a fully integrated centralized access system in January 2007. The program provides SOQIC integrated behavioral health diagnostic assessments and appropriate public system referrals.

Central Access is the preferred program through which non-medicaid consumers are assessed for referral to appropriate service agencies and levels of care. Staff are dually licensed/certified, highly qualified professionals who use a triage system to determine the priority levels of individuals needing referrals for community care. Depending upon diagnosis, severity, level of function and personal circumstance, individuals are referred for an agency appointment as Priority 1, to be seen in 2-14 days; Priority 2, to be seen in 14-30 days; and Priority 3, to be seen in 30-60 days. Through this process individuals are also assessed for crisis/emergency service and/or no treatment service needed, as appropriate.

As the Board relieved the community mental health centers of their responsibility to provide initial diagnostic assessments for this population, it did not decrease non-medicaid treatment service funds to the agencies, so as to support their ability to maintain sufficient service capacity as the numbers of assessments and referrals of new cases increased.

The Board maintains its service development and oversight role through monthly meetings with Central Access and agency representatives and continues efforts to improve access to services through this venue. Central Access is now our Board's primary access and informational contact point for ODMH Forensic Community Linkage, the local Courts and criminal justice linkage to assessment and referral, hospital discharge linkage, and for the community at large.

**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           | No Wait   | Up to 10 wd   | 11 to 15 wd   | 16 to 20 wd   | 21 to 30 wd   | 31 to 60 wd   | 61 to 90 wd  | 91 wd or more   | 7.b. 3 |
|---------------------------------------|-------------------------------------|--------------------------|---|---|---|---|---|---|--|---|--------|
| Diagnostic Assessment -- Physician    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/>                       | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/> | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |        |
| Diagnostic Assessment – Non-Physician | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input checked="" type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            |        |
| Pharm. Management                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |        |
| Counseling/Psychotherapy              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input checked="" type="checkbox"/>            | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            |        |
| CPST                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/> | <input type="checkbox"/><br><input checked="" type="checkbox"/><br><input type="checkbox"/>                       | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input checked="" type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><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.

There have been no reported problems for youth accessing routine services. There are 3 agencies that serve youth, and capacity seems to be sufficient for the demand, therefore routine outpatient services have not been a focus for development.

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

*Click on gray box to enter text.*

**For Adults and Youth:**

Since the merging of the LCMH and ADAS Boards in July 2006, the MHRS Board of Lucas County has worked continuously toward development of an integrated system of care versus a mental health only or alcohol and other drug only system of care. This is an ongoing process that continues to evolve in both the Adult and Youth Systems of Care. Several programs or initiatives have been implemented to reflect this process i.e. Central Access, IDDT, FAST, provision of increased non-MCD funding for AOD youth and dually diagnosed adults programming.

**For Adults:**

During FY 2007 the Board further developed its capacity to treat individuals with dual disorders in a more effective manner by developing and funding Integrated Dual Disorder Treatment (IDDT) teams at two agencies, Harbor Behavioral Healthcare and Unison Behavioral Health Group. Each agency participates in on-going training with the Ohio Coordinating Center of Excellence. The Board provides funds for IDDT team staff training, outreach and non-billable team activities, housing subsidies and employment support services for participants, and treatment and support services for non-insured individuals. In addition, the Board recently increased non-medicaid funding for one agency to expand services to dually diagnosed uninsured individuals.

**For Youth:**

Through the Access To Better Care (ABC) initiative we have focused on a Wraparound Process for FAST '07/08 youth and families. For 25 families we have focus on the entire family vs the identified client. The emphasis has been to improve the well-being of the entire family. Associated with this is a Family Care Manager (FCM) which facilitates the wraparound process, brokers supportive and essential services and serves as an advocate for the families.

**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:* | 44.30 | <b>8.a</b> |
| CPST FTEs:                            | 95.50 |            |
| Counselor/Therapist FTEs:             | 41.50 |            |

\*Includes Advanced Nurse Practitioners with prescriptive authority.

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

*Click on gray boxes to enter number of FTEs.*

|                                       |       |            |
|---------------------------------------|-------|------------|
| Pharm. Management Practitioner FTEs:* | 24.60 | <b>8.b</b> |
| CPST FTEs:                            | 81.50 |            |
| Counselor/Therapist FTEs:             | 40.20 |            |

\*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 has no work force development programs on which it focuses, however several agencies provide on-going development opportunities through sponsored trainings.

## 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 Forensic Workgroup meets on a monthly basis at the Mental Health and Recovery Service Board of Lucas County. The group is represented by a variety of community resources which provide services for individuals from the least restrictive to the most intensive. The group has been involved with the development of Central Access, common release form development, and the discussion of a Mental Health Court. The Forensic Linkages Project reports on a monthly basis the number of mental health screenings provided at the Lucas County Corrections Center, Toledo Municipal Court and Lucas County Common Pleas Court. Inmates are then linked to the appropriate community based service provider.

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

*Click on gray box to enter text.*

Board staff has been participating on the Disproportionate Minority Contact (DMC) committee. This past year has focused on data collection and analysis. After completion of this process next steps will be determined.

The greatest coordinated effort for FY 2007 has been to working toward a solution for the hard to place, dangerous youth requiring hospitalization who may or may not be involved in the juvenile justice system.

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

1. Jails

*Click on gray box to enter text.*

The Forensic Linkage Program (FLP) focuses on early screening of inmates booked into jail for the purpose of linking to MH treatment and/or referring pertinent information to judges for the possibility of diversion to treatment instead of incarceration.

2. Detention Centers

*Click on gray box to enter text.*

The Board continues to fund a program through Rescue Mental Health Services 7 days a week within the detention center. The focus has been on crisis intervention and assisting detention staff to work more effectively with youth who demonstrate mental health symptoms and issues.

3. Homeless, Runaway & Domestic Violence shelters

*Click on gray box to enter text.*

The Board funds 22 adult beds at a local shelter for the homeless, and also provides MH service and psychiatric care at the shelter. The Board designates an agency to serve as the county's Runaway Shelter for youth.

4. Nursing Homes

*Click on gray box to enter text.*

There has been no formal planning or Board participation in this area.

5. Prison Reentry

*Click on gray box to enter text.*

Through the establishment of Central Access, individuals released from prison have greater access to mental health services.

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

*Click on gray box to enter text.*

Though this Board has not funded a focused system-wide program of physical/mental health integration, it has always supported individual agencies' efforts to integrate individualized consumer care in this regard.

7. Other.

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

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

*Click on gray box to enter text.*

- a. Initiated discussions with stakeholders across the county to identify risk and protective factors relating to suicide.
- b. Lucas County has participated in piloting the utilization of the Network of Care web site. Since its introduction to the citizens of Lucas County during May mental health month 2007, the website has registered over 169,000 hits with an average session length of over 19 minutes. Within the site, the most viewed page(s) are the over 20,000 articles contained in the extensive library. The next most popular page is the legislative page, which allows users to contact their state and federal legislators.

**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.*

- a. According to the most recent Consumer Satisfaction Survey, 86% stated that their cultural differences were respected.
- b. The Board policy states that agencies hire staff that reflects the cultural diversity of the individuals they serve.
- c. The Mental Health and Recovery Services Board of Lucas County has been an active participant with MACC since its inception in 2003.
- d. NAMI provides a Spanish version of Family to Family.

**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.*

In July 2006, the ADAS and the Mental Health Boards of Lucas County merged to form the Mental Health and Recovery Services Board of Lucas County. As one could imagine, this was a fairly major task, affecting stakeholders, commissioners, providers, board members and staff. The merger had fairly good support from the community, and to date, the implementation has been smoother than expected. The new Board is comprised exclusively from members who were on one or the other of the two previous Boards, so despite “cultural barriers,” the continuity has been valuable. Prior to the merger, the Boards had been challenged to find ways to collaborate. Much of the focus of that effort was on identifying and serving the portion of the population that has a dual diagnosis (AOD and Mental Health). When data began to be merged to identify the clients, many were surprised to know of the numbers of clients receiving both Mental Health and AOD services. In 2008, new funding was made available to expand an existing Medicaid program for adults with dual diagnoses to provide integrated treatment to non-Medicaid eligible consumers.

Much administrative time has been spent trying to ensure that non-Medicaid programming does not erode because of the increasing demand on the Board’s resources for mandated Medicaid match. The Board recognizes Medicaid as a valuable resource to the Community, but because it comes as an entitlement, there is limited ability to manage the system as a whole. Without tools to manage, the Board is concerned that its investment may not be generating the return it could be to Lucas County consumers. This is a statewide concern of Boards, and Lucas County echoes that concern.

### **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 Board has always valued consumer input in the planning process. The leadership of two organizations, The Thomas Wernert Center (consumer operated services) and the local chapter of NAMI are regular sources of information and feedback about the needs of the community. A "Recovery Council" was formed and meets regularly to bring the views of their constituents to the planning table. The Board conducted 5 consumer forums, primarily related to AOD issues, that had

a number of consumers who had dual diagnoses and were willing to share their perspectives. In the fall of 2007, a survey was mailed to providers, stakeholders, and consumers to specifically gather information for the planning process. Separate surveys were also mailed and forums were conducted in December and January as part of the Board's strategic planning initiative. On January 14, 2008 the Board invited representatives of each of its provider agency Boards to a collective meeting to share their perceptions of critical behavioral health needs in Lucas County. The results of the forums and surveys have been summarized and are key information sources for this community planning effort.

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

Please refer to "Planning Terms" in Appendix C.

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

*Click on gray box to enter text.*

The Board has designated a specific committee, The Programs and Services Committee, to provide guidance and oversight to staff in the prioritization of service needs in the community. This Committee meets monthly with the primary purpose of reviewing data, considering input (see C. above) from consumers, providers and stakeholders, reviewing staff initiatives, and making recommendations to the Board. Annually, the committee is charged to review the planned service matrices and purchasing recommendations to ensure that they reflect priorities.

In 2007, the Board engaged a consultant to aid in a strategic planning process. Much of the discussion targeted strengthening the annual planning process as well. Another initiative in 2007 was the commissioning of a compliance review of non-Medicaid treatment services. The results were helpful in identifying capacity needs and some possible gaps in service.

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

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

*Click on gray box to indicate priority level.*

**2.a. EMPLOYMENT\***

Priority:

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

Develop a strategy to incorporate employment as an integral component in the recovery model.

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

Establish a means of data collection and identify the employment baseline.

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

An action plan is approved by the Board.

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

Dialogue with ODJFS (Ohio Department of Job and Family Services), and BVR (Bureau of Vocational Rehabilitation) on possible joint collaborative efforts on this issue.

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

Priority:

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

Include WMR as a component in the recovery continuum of care.

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

Offer training to increase visibility and knowledge of WMR.  
Provide funding for WMR activities.

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

WMR is implemented at least one mental health agency in FY 2009.

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

**2.c. HOUSING**

Priority:

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

Decrease the number of SPMI individuals waiting for rental subsidy.

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

Craft an effective funding mechanism for increasing rental subsidy.

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

In FY 2009 reduce the waiting list for rental subsidy by 20%.

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

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

**2.d. OTHER:**

Priority:

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

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

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

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

*Click on gray box to enter text.*

2.e. OTHER:

Priority:

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

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

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

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

*Click on gray box to enter text.*

2.f. OTHER:

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

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

*Click on gray box to indicate priority level.*

**3.a. SCHOOL SUCCESS**

Priority:  Medium

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

Improve school attendance and passing grades of SED youth.

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

Fund The Learning Club® program that includes skills assessment, skills remediation, motivational incentives, individualized learning plan.

Collaborate with the Lucas County Educational Service Center to apply for grant funding to integrate mental health supports into the public school systems.

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

Increase the percent of parents who self report on the Ohio Outcomes Survey that their youth demonstrate an improvement in school attendance and passing grades.

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

The Board had hoped to complete and Exploratory Study of the academic status of SED youth in Lucas County during FY 2007. Unfortunately the plan was unable to move forward for multiple reasons. The Board has met with Toledo Public School Superintendent and the Teacher Union President to continue to formulate a working relationship. Issues with allowing CPST workers in the schools during the school day continues to be problematic at certain schools. All school districts are invited to participate on the Board Youth Task Force.

**3.b. EARLY CHILDHOOD CARE**

Priority:

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

Not planning at this time.

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

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

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

**3.c. TRANSITION AGE CARE**

Priority:  High

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

Young adults seamlessly transition from youth services to adult services.

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

Develop a list of individuals who are transitioning in FY 2009.

Assure identified individuals have a transition plan as part of their ISP.

Require child serving agencies have a policy addressing transitional youth.

Define and fund enhanced CPST services to support education, ADL assistance and transitional living skills learning.

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

80% of identified youth needing care will continue receiving services in the adult system.

100% of child serving agencies will have a policy addressing transitional youth by October 2008.

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

Discussion with internal and external service providers working with this population to determine program and service gaps and/or referral and collaborative opportunities.

*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                           | 7,000             | 200               |
| Private Psychiatric Hospitals: Adults     | 25,000            | 2,500             |
| Private Hospitals: Children & Adolescents | 350               | 50                |

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: Medium

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

Decrease the percentage of consumers who require hospital level of care.

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

Utilize CBS professional and peer staff/programming in community for intensive in-home step-down services to support timely hospital discharges.

Utilize CSU for alternative level of care.

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

Reduce the admissions to inpatient level of care per 1,000 clients by 10%.

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

Maintain collaborative relationship with Rescue Mental Health Services, hospital staff and CMHC hospital liaison staff to identify high utilizers and develop supportive discharge planning. Our mental health and MR/DD communities are aware of a need for a secure community placement option for individuals who present with challenging behavioral needs but who do not meet criteria for hospitalization. The MHRS Board of Lucas County has recently initiated an effort to consult with the MI/MRDD CCOE for assistance in developing community alternatives for these individuals (see 7.c.2).

**4.b. CONTINUITY OF CARE**

Priority:  High

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

Finalize a Continuity of Care agreement with Northcoast Behavioral Healthcare by December 2008.

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

Meet with representatives of NBH, public hospital and RMHS, screening entity, to develop agreement acceptable to all parties.

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

Signed agreement.

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

The MHRS Board of Lucas County, Northcoast Behavioral Healthcare and Rescue Mental Health Services maintain positive professional relationships that support continuity of care for every individual who receives mental health services and requires hospitalization. The Board provides funds to RMHS to provide emergency/crisis and screening services for hospital level of care for individuals who present with emergent needs. In addition, the Board provides funds to the three major community mental health centers to subsidize the hiring of psychiatrists who manage admissions to private hospitals and then maintain continuity of care for the individual through the discharge planning and community follow up process.

**4.c. SOMATIC HEALTH CARE**

Priority:

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

There is no planning in this area at this time.

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

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

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

**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.*

**For Youth:**

The Board plans to continue its discussion with local hospitals and community stakeholders re:access to needed inpatient services for dangerous youth. In addition, the Board will explore potential funding streams for the development of intensive alternatives to Inpatient Hospital care.

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

**5.a. Residential Treatment Centers**

Priority: **High**

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

Reduce the number of youth placed in residential treatment centers outside of Lucas County by 10% within FY 2066609.

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

Through its participation in the Lucas County Pooled Fund Group (PFG) the Board will explore the feasibility of developing an Intensive Home-based Treatment alternative to Residential Placement.

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

Decrease in out-of-county placements.

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

The Board has an ongoing Youth Task Force involving system providers and community stakeholders (consist of major child serving systems). Service gaps have been identified over time and efforts to improve the local continuum of care have been ongoing. The need for developing intensive home based services has been identified. The Board will continue with its current collaborative efforts.

Lucas County does not have a long-term residential treatment center consequently youth are referred outside of the county. Board staff participates on the inter-system coordination team however, the only placement issues that come forth have to do with funding.

**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.*

A residential facility for youth has been identified as a service gap within the local continuum of care. As a result of shortened hospital stays over time, youth are not fully stabilized prior to discharge. Because of this some youth continue to be somewhat symptomatic and tend to cycle between the hospital, crisis service and residential support services. To promote stabilization the Board will explore the feasibility of developing an Extended Stay type of program for up to 90 days. This would provide needed stabilization while facilitating the creation of a discharge plan which ensures that appropriate community resources are in place for ongoing after-care and support. The premise would be to avoid a long term residential placement in the future.

**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:  Transportation

Priority:  High

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

100% of individuals experiencing a mental health crisis who are determined to be dangerous to self or others will have transportation to crisis/emergency services.

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

Develop protocols and agreements with police, EMS, private transport, and other relevant parties.

**Measurable Objectives**

Protocol for transportation responsibility is developed, signed and implemented by December 2008.

**Discussions and/or Collaborations**

The CIT coordinator at Toledo Police, consumers, Rescue Mental Health Services and other Community Mental Health Centers have raised this issue. It is a community concern that clearly needs addressed and will have to be done in a collaborative manner.

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

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

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

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

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

*Click on gray box to enter number.*

|                           | SFY 2008<br>Crisis Bed<br>Days | SFY 2009<br>Crisis Bed<br>Days |
|---------------------------|--------------------------------|--------------------------------|
| Adults                    | 4,600                          | 4,600                          |
| Children &<br>Adolescents | 1,700                          | 1,700                          |

**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.*

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

Organize and facilitate approved trainings; invite a variety of law enforcement officers, including those from local universities.

Increase the number of university security officers that attend.

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

Graduation of 30 trainees by October 2008.

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

Lucas County Behavioral Health services provider, Toledo Police Department representatives and a cadre of other health professionals from Lucas County have supported the CIT training process. Meetings are held prior to the training so that the CIT faculty are able to map out the week of intensive training. On the last day of the week long CIT training each participant is asked to complete a Satisfaction Survey. These Surveys are compiled and reviewed with the presenters. Each participant receives a Certificate of Completion and a CIT pin.

Since 2001 we have provided training to 244 individuals. As of this date eight CIT trainings have been conducted.

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

Priority:

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

Coordinated mental health services to be available to disaster victims.

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

The MHRSB plans to continue to represent mental health concerns as an active participant in the disaster planning process in Lucas County.

Participate in the: NW Ohio RMRS Steering Committee (chairman of the Behavioral Health Sub-Committee); Medical Reserve Corps Steering Committee; NW Ohio Special Needs Committee; the LCESC disaster planning team; and the Lucas County Emergency Planning Team.

In addition, the MHRSB enters into an annual agreement with the Lucas County Health District for the purpose of targeted Behavioral Health disaster preparedness activities.

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

Attendance at the County disaster preparedness planning meetings and subsequent exercises.

Successful completion of the contractual agreement with the local Health Department.

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

The most current focus of the planning efforts includes the planning for the special needs population during times of disaster. The plan provides for preparedness training related to a shelter-in-place event and for providing a full range of services at a community shelter location.

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

Priority:

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

See discussion below.

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.*

The Board is not developing specific plans in this area, however outreach is being done within the context of CIT training to university security officers, and the Board participates with university representatives in county-wide disaster planning efforts.

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

Priority:

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

Not planning in this area for FY 2009.

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

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

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

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

*Click on gray box to enter text.*

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

**7.a. Adult Services.**

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

**7.a.1.** Area of Adult Services:

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

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

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

Priority:

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

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

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

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

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

Priority:

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

Strategies *Click on gray box to enter text.*

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

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

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

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

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

Priority: Medium

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

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

Board will continue to maintain funding source to assist with housing subsidies for homeless IDDT participants.

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

SAMI CCOE will report increase in Fidelity scores in 50% of the domains at each agency.

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

The Board will maintain the current number of IDDT teams and participants at this time, but will continue to encourage agencies to increase the numbers staff trained in providing integrated care and stages of change at all agencies. The Board will also continue to participate in area and local IDDT steering committee meetings.

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

**7.c.2. PRACTICE:** Integrated Care for Persons with MR/MI

Priority: High

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

Develop protocols for routine outpatient and emergency/crisis response for continuity of care of individuals with both Mental Health and MR/DD treatment needs.  
Develop a plan to begin cross-training of designated professional staff in both service systems.

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

Establish a work group to improve communication between the MHRs and MR/DD Boards and service providers, to identify individuals/areas of need/services required and to develop protocols for community response for emergency and routine care.

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

Cross system protocol is developed.

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

Have requested consultation with Mental Illness/MR/DD CCOE. Will invite Mental Health and Recovery Services, MR/DD, Community Mental Health Centers, Northcoast Behavioral Health staff along with consumer representatives to initial planning meeting and on-going consultation efforts.

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

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

Priority:

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

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

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

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

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

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

Priority:

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

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

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

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

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

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

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

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

Priority:

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

No planning in this area for FY 2009.

Strategies *Click on gray box to enter text.*

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

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

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

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

**9.a. Adults**

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

*Click on gray box to indicate priority level.*

Priority:

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

Improve communication between mental health providers and criminal justice stakeholders.

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

Develop a common (Lucas County) release of information form and protocol for its use.

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

Common release of information form is in place and in use by December 2008.

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

This concern was raised and is being pursued by the Board's Adult Forensic Work Group.

**9.a.2 ADULT RECIDIVISM**

Priority:

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

No new initiatives in this area for FY 2009.

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:

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

No new initiatives in this area for FY 2009.

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.*

The Board has had preliminary discussions with Toledo Municipal Court regarding the formation of a Mental Health Court.

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

*Click on gray box to enter text.*

**9.b. Adolescents**

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

*Click on gray box to indicate priority level.*

Priority:

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

No new initiatives in this area for FY 2009.

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

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

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

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

Priority:

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

No planning in this area at this time.

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

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

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

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

Priority:

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

No new initiatives in this area for FY 2009.

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

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

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

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

*Click on gray box to enter text.*

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

**9.c.1. JAILS**

*Click on gray box to indicate priority level.*

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

**d9.c.7. OTHER:**

Priority:

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

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

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

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

*Click on gray box to enter text.*

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

Priority:

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

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

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

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

*Click on gray box to enter text.*

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

**10.a. SUICIDE PREVENTION**

*Click on gray box to enter priority level.*

Priority:

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

Actively participate in the development of a Suicide Prevention Coalition in Lucas County.

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

Improve awareness of suicide as a public health problem, reduce the stigma associated with it, and increase access to services for both individuals and family.  
  
Develop a countywide prevention coalition based upon county needs and available resources.

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

Suicide Prevention Coalition is established and functioning by December 2008.

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

Current data (Youth Survey, Hospital Council, OSAM's, ODH) Schools, Coalitions, law enforcement - CIT, Area Office on Aging, Media, Hospitals, Faith based organizations, ODADAS & ODMH, SPRC, Ohio Suicide Prevention Foundation.

*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.*

No planning in this area for FY 2009.

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.*

No planning in this area for FY 2009.

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.*

No planning at this time.

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

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

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

*Click on gray 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.*

**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.*

## E. Evaluation of Plan Implementation.

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

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

*Click on gray box and enter text.*

|  |     |
|--|-----|
| The Board recently updated its CQI plan. It calls for quarterly reivew of performance indicators, many of which result from goals of this plan. Reports will be prepared and reviewed by the Board's internal and external CQI committees, and recommendations for improvement in any required areas will be made to the Board for action. | 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.*

|  |     |
|--|-----|
| The Board has a well defined capacity to use the MACSIS Claims and Enrollment data extracts. Staff is focusing on the use of the Outcomes Data, especially as they relate to the performance measures in the CQI plan. The Board is active on the OACBHA Information Systems Committee which is developing a battery of reports. | 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.*

|      |     |
|------|-----|
| None | E.3 |
|------|-----|

## Form 1

### Board Appointment Data Sheet

## Form 2

### Community Board Resources

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

| Name        | Street Address                                      | City   | Zip   | Phone Number | Email                  |
|-------------|---|--------|-------|--------------|------------------------|
| Jane Joseph | Lucas County Adult Probation<br>1100 Jefferson Ave. | Toledo | 43604 | 419-213-6128 | jjoseph@co.lucas.oh.us |

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

| Name        | Street Address                           | City   | Zip   | Phone Number | Email                        |
|-------------|--|--------|-------|--------------|------------------------------|
| Ginger Bass | MHR SB<br>701 Adams Street,<br>Suite 800 | Toledo | 43604 | 419-213-4600 | gbass@lcmhrsb.mh.state.oh.us |

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

| Name                     | Street Address              | City   | Zip   | Phone Number | Email                           |
|--------------------------|-----------------------------|--------|-------|--------------|---------------------------------|
| Karen Durniat-Suehrstedt | MHR SB<br>701 Adams Street, | Toledo | 43604 | 419-213-4600 | kdurniat@lcmhrsb.mh.state.oh.us |

|  |           |  |  |  |  |
|--|-----------|--|--|--|--|
|  | Suite 800 |  |  |  |  |
|--|-----------|--|--|--|--|

Form 3

Planned State Inpatient Bed Days

|   |       |
|---|-------|
| <b>BOARD NAME Mental Health and Recovery Services Board of Lucas County</b> |       |
| <b>2009 Planned Use of State Inpatient Days</b>                             |       |
| <b>Northcoast-Toledo</b>  | 7,000 |
|   |       |
|   |       |
| <b>Total Inpatient Days</b>   |       |

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

I anticipate contracts for CSN services to some degree.

- Yes
- No

Form 4

Notification of Election of Distribution – SFY 2009

The Mental Health and Recovery Services Board of Lucas County (Board) has passed a resolution making the following:

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

Signed:

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

Date: