

III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

Click on box to enter Board name.

BOARD NAME: MAHONING COUNTY MENTAL HEALTH BOARD

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

Click on gray box to enter text.

Mission Statement: The mission of the Mahoning County Mental Health Board is to establish mental health and recovery from mental illness as a cornerstone of health in Mahoning County, assuring access to quality mental health services for all residents of Mahoning County at all levels of need and life stages.

Clinical Mission Statement: The Mahoning County Mental Health Board pursues clinical excellence through progressive treatment, education, research, evaluation and advocacy. The Board promotes the recovery of people with mental illness and the support of their families. The Board works in partnership to respect the rights of people and the safety of the community while honoring unique local, cultural, and special population needs.

Vision Statement: Mahoning County will be a community of mentally healthy people who lead fulfilling and productive lives. It will be a caring community with strong compassion for and a determination to respond effectively and respectfully to the needs of all citizens with mental illness and behavioral disorders which allows them to function in society.

Values: Mahoning County's mental health system is committed to these values: respect, integrity, dedication, quality, teamwork and confidentiality of our clients.

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.

Mahoning County business rules require all non medicaid clients to contribute to the cost of their treatment based on income and the sliding fee scale. We feel in order for local dollars to provide services to as many non medicaid clients as possible, everyone who is able should contribute to the cost of their care. With the high rate of unemployment in Mahoning County these rules and guidelines may be revisited next year.

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.

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> CLUBHOUSE (Peer Support): On November 15, 2006, the Mahoning County Mental Health Board opened the newly renovated Community Center, operated by Help Hotline Crisis Center, a safe , welcoming environment for consumers to gather on a daily basis. The Center provides informal peer support and a place for consumers to develop and expand their interpersonal network, as well as, peer managed recovery activities. Help Hotline Crisis Center Input: " Community Drop-In-Center - Peer to Peer Support Groups, Bingo, Crafts, Movies, Computer Classes, BRIDGES, WRAP,Holiday Parties....". "We have two (2) support groups for Dual Diagnosis which meet weekly- (SAMI and DDA)". We have telephone peer support within our groups". "CIT Police Training- Board + NAMI".

The Center also houses the PATH program (Project for Assistance in Transition from Homelessness), HAP (Housing Assistance Program), and the CSN office (Community Support Network). In addition to these programs and services, support groups and community meetings are held at the Center on a regular basis. The Center operates under the "clubhouse" model with consumers helping with the day-to-day operations as well as serving on the Center's advisory board. The new Center is much larger and has allowed for daily attendance to increase from approximately 18 people a day to 40 people a day. Programming has also been expanded which has required an increase in staff and hours. The expansion has helped to make the center more consumer focused and helps to serve as an example to the community that the Recovery Model does work. Since the dedication, private funding has been secured in order to create a courtyard to encourage the development of more outside activities for consumer. Consumer Survey Results are included.

Total Cost for Renovations & Furnishings = \$487,245.42

Financial Support for Expenses: Ohio Department of Mental Health = \$100,000.00

Sale of Previous Drop In Center = \$198,818.35

Total Funds Available = \$298,818.35

Negative Funding = \$188,427.07

Annual Operating Cost Estimated: = \$80,000

COST ANALYSIS OF DROP IN CENTER PROJECT ATTACHED:ATTACHMENT 2.0

(NOTE: PATH PROGRAM identified above is a *consumer operated service through Help Hotline Crisis Center).

> RECOVERY GRANT; HELP HOTLINE CRISIS CENTER

Mission of the program is to "Empower" consumers of mental health services to accept their illness, take control of the management of their illness and to become an active member of their individual society. BRIDGES and WRAP are the only consumer run peer courses known in Ohio where as the teachers and facilitators get paid stipends. When mental health consumers have employment they become more confident and are stonger to assist other peers. Objectives are to empower the mentally ill, to teach mentally ill consumers to become their own advocates and to believe that people can and do recover from mental illness.

Ridgecliff Foundation (Fiscal Year July 2006- June 2007) B.R.I.D.G.E.S. (Building Recovery Individual Dreams and Goals through Education and Support). Ten week course with two classes

(consumer psycho-education): September 2006- Mahoning County had 15 attend with 10 graduating & April 2007- Mahoning had 16 attend with 11 graduating. A support group called "NEW HORIZONS" is offered after completion of BRIDGES and meets once a week. (NOTE: per MSPA FY 06-07: B.R.I.D.G.E.S has seen an increase from 10% to 40% over the past two years. Recovery Project reflected a mark change in the attitudes of consumers. *CONSUMER HIRED AS PROGRAM DIRECTOR.

Help Hotline Crisis Center Input: "We have taught more BRIDGES classes than any other county in Ohio. Fifteen (15) classes since 2000". "We have a BRIDGES teacher who wrote a chapter for the BRIDGES curriculum on Self Injury. (The second in Ohio). "We have a BRIDGES teacher who has taught the longest in the state of Ohio, (since 2001).

Wellness Recovery Action Plan (WRAP) is a recovery tool designed to decrease symptoms, increase personal responsibility and improve the quality of life for people who experience psychiatric symptoms. The WRAP process is a structured recovery planning tool developed by Mary Ellen Copeland, an author, educator, and mental health advocate. The WRAP planning process begins by developing Wellness Toolbox listing skills and strategies that help consumers stay well and feel better when they are not well. It utilizes supportive people, individual choice, self determination and activities an individual chooses to include in their plan to promote wellness.

Help Hotline Crisis Center Input: " We have ten (10) WRAP facilitators trained".

Steering Committee meeting for Recovery Grant (Includes consumer & NAMI representation).

Program Coordinator is consumer- quarterly meetings to establish a variety of community education forums- via website, local media, billboards, newspaper...)

Mahoning County Mental Health Board Funding: \$6,000

RECOVERY GRANT REPORT AND BUDGET ATTACHMENT 2.0

>NAMI Mahoning Valley (new name for Family to family): Support network for consumer family members. Educational course designed for families and friends of individuals with mental illness. The 12 week course is taught by trained family members at no cost. Information covered includes clinical information about mental health illnesses plus knowledge and skills to help cope with their loved ones.

>QUALITY RESEARCH SERVICES, Inc (QRS) is a consumer-run initiative that independently collects, analyzes and disseminates objective information about health care services and quality of life issues that promote recovery and resiliency for persons with mental or physical disabilities and persons with substance abuse diagnoses or consumers of other public or privately funded services. QRS achieves this mission by conducting satisfaction interviews with adult consumers and adult service providers, inputting the information into database, reporting and analyzing surveys responses, offering recommendations for quality improvement based on the survey responses and reporting on agency and/or provider responses to quality improvement recommendations. (ODMH: 505 Special Programs and Initiatives) SFY 2007 Funding Categories and Associated Other Funds= 505 Special \$580,040 & Federal Block Grant \$511,187 =Total \$1,091,227. (Note: SFY 2008 total funding is \$645,712). Attachment: Letter of Support 2.0 (NOTE: ODMH Policy Memorandum Letter C-03-08-01 regarding the Adult and Children Consumer Quality Review Team Initiative for non-renewal of the grant agreement beginning SFY 09).

Consultation through Northeast Ohio Children Consortium in Akron that is run by CCOE has multiple Boards sharing information on programs, initiatives, funding opportunities ... that exist in Northeast Ohio.

2.1 Recovery Supports: Housing

Supported Housing is a specific program model in which a consumer lives in a house or apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance, but

receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities. Criteria identified for supported housing include: housing choice, functional separation of housing from service provision, affordability, integration with persons who do not have mental illness, right to tenure, service choice, service individualization, and service availability. The Mental Health Housing Leadership Institute operated by NAMI Ohio provides consultation and training.

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

Click on gray box to select answer.

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

Click on gray box to select answer.

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

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

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

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

e. Do you have wait lists for HAP?

Click on gray box to select answer.

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

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

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

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

Click on gray box to enter number.

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

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

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

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

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.

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

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

Click on gray box to enter text.

CLARIFICATION FOR 2.1 d (Supported Housing): According to the study, using the Continuum of Care publication "Estimating the Need" (March, 2005), Mahoning County needs approximately 950 permanent supportive housing units. Assuming 14% of these units will be needed for persons with severe mental disabilities, Mahoning County will need 133 permanent supportive housing units designated for this population.

Homeless Adults with SMI Available Data:
 > Homeless Housing Status National Outcome Measure (NOM) for Mahoning County on appendix B = 60.

Information available from additional sources:
 > Mahoning County Continuum of Care 10- Year Plan to End Homelessness 2008-2018 page 11 Table 2: Homeless Subpopulations: Point-in-time data January 29, 2007 for Severly Mentally Ill reports 23.(Included is a copy of the current OHO7-504). ATTACHMENT 2.1 k

> Housing Outcomes Funnel Report: PATH PROGRAM-FINAL (MAHONING COUNTY): B1 Customers (homeless + smi) receives services from PATH agency = Actual # 625 ATTACHMENT 2.1.k .

PATH ANNUAL REPORT FOR FISCAL YEAR 2007 (Help Hotline, Inc) B1. Persons Who are Homeless and have Serious Mental Illness Served by Federal and Matching PATH Funds and Other Sources - 579 + (29 actual from PATH DRC see attachment #9 Intersystem Collaboration (b) 4 Prison Reentry). ATTACHMENT 2.1.k

Catholic Charities Regional Agency: COACH PROGRAM ATTACHMENT 2.1 k.

MEMBER REPORT FROM MACSIS ENTERED AS HOMELESS FOR FY07 = 308 (entered on line item 2.1 k.

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

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

<input checked="" type="checkbox"/>	Continuum of Care	2.1.ka
<input checked="" type="checkbox"/>	PATH	
<input type="checkbox"/>	BH Mod (Behavioral Health Module)	
<input checked="" type="checkbox"/>	HMIS (Homeless Management Information System)	
<input checked="" type="checkbox"/>	Other, please specify: Catholic Charities Regional Agency ;COACH Program which is funded by HUD.	

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

Click on gray box to enter number.

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

Click on gray box to enter text.

Mahoning County receives a grant from the Ohio Department of Mental Health called "Projects for Assistance in Transition from Homelessness (PATH) which is used to identify homeless persons with serious mental illness or with serious mental illness and a substance abuse problem and to facilitate linkage to mental health, substance abuse, housing, and other needed community based services to improve quality of their lives. The grant is a collaboration between Help Hotline Crisis Center and Catholic Charities Regional Agency. PATH staff are housed at the Community Clubhouse. ATTACHMENT: 2.1 k.c.

PATH DRC (Individuals in the correctional system with SMD/HOMELESS are given assistance with re-entry into the community and accessing community mental health services) program that was initiated funded for two years SFY 2004 is currently funded through the Mahoning County Mental Health Board through provider Catholic Charities Regional Agency- Allocation: \$25,000. HOMELESS OUTREACH SERVICES (PATH) FOR CRIMINAL JUSTICE (DRC) REPORT AND BUDGET ATTACHMENT (see #9 Inter-Systems Collaboration b 4)

Catholic Charities Regional Agency has a contractual relationship with Beatitude House to provide two fulltime on-site mental health counselors to serve the population who live in their permanent

supportive housing projects and who attend the Potter's Wheel education program.

Housing Assistance Program (HAP): Metropolitan Housing in 2007 provided a lottery for section eight with no consideration for special subpopulations and currently has no available section eight. BOARD-ACF DEMONSTRATION PROJECT for FY06 & FY07 of \$79,368.00 and FY08 \$19,982.00 funding resource designed to assist existing licensed ACFs in making improvements in the facility environments of ACFs that serve to house a significant number of persons with severe and persistent mental illness who are served by the community mental health system. FY06/07 & FY 08 NOFA ATTACHMENT 2.1 k.c.

Funded by NAMI Ohio and the Mental health Housing Leadership Institute - A Study on Housing for the Seriously Mentally Disabled in Mahoning County was completed and submitted to the Mahoning County Mental Health Board on December, 2007. ATTACHMENT 2.1 k.c.

HORIZON HOUSE: (Transitional Housing- Fifteen bed ranch house) - plays an important role in providing strength and recovery based residence for consumers transitioning back to the community. Individuals being released from inpatient psychiatric facilities such as BHO (civil & forensic) (many who may be homeless and without family support) require additional stabilization and linkage to other entitlements and supports in the community such as housing and clinical services as part of the continuum of care. FY'07 fourty seven persons were served at HH (non-duplicated count) & 81% of possible 5,475 bed days were utilized. Mahoning County Mental Health Board Funding: \$359,127. ATTACHMENT 2.1 k.c. NOTE: Additional transitional housing is available through the Burdman Home which provides longer (6mths) residential stability for consumers looking to move into more permanent housing-statistics enclosed.

SOJOURNER HOUSE: Domestic violence victims are at increased risk of homelessness. Referenced in Attachment: #9 Inter-Systems Collaboration b. 2.

Referenced in section 2.1 k (a) under Mahoning County Continuum of Care Report is a listing of the programs that applied for funding through HUD's Super NOFA grant process- Mahoning County agencies received \$1,722,286.00 through the grant process. Provider allocations listed. NOTE: The Cold Weather Emergency Shelter Program is in its 18th year of operation in providing emergency shelter to homeless persons/families in Mahoning County. The program was developed to make sure no one freezes to death during the winter because there is not a warm place to sleep. The program is an effort by multiple community agencies to ensure that the goal is met. The program operates during the winter months of December through March and is available during the hours of 9:00 p.m. to 7:30 a.m. Individuals either show up at the Rescue Mission or call Help Hotline in order to recieve shelter. All statistics are maintained and reported by Help Hotline. Those individuals who show up at the shelter are reported to HHCC by the Recue Mission staff. Statistics referenced under 2.1 k.c.

YWCA Barbara Wick Transitional House provides multiple services for mental health consumers who are below the poverty level and a history of homelessness. See attachment in #12 Other. Board Funding \$11,000.

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.

Appendix B: Employment NOM SFY 2007 Number of Adults by Board for Mahoning County is 340. (Revised: initial figure was 135).
 DRAFT: Ohio Association of County Behavioral Health Authorities - Care Management Indicator Number 1 Report: Indicator 1: What % of SMI are Employed Part-Time and Full-Time. Mahoning County:
 > total SMI: 2,297
 > total SMI Outcome: 753
 > SMT PT: 27
 > SMI FT: 17
 Burdman Group Inc (Employment & Job Retention Services, Mahoning Office: Supportive Employment Block Grant Report FY 2007 Goal #1: Number of Job Placements. Seventy five (75) individuals with mental health disabilities were placed in community based competitive jobs during the reporting period. This exceeded the target goal of 43 placements. (NOTE: FY'06: One hundred seven (107) individuals with mental health disabilities were placed in competitive jobs during the reporting period. This exceeded the target goal of 43 placements by 64).
 (Please note that the BGI Fiscal Year 2007 News indicates 95 placements-includes non mental health consumers.)
 As indicated in MSPA -CPS FINAL REPORT (Revised: December 20, 2006) section 7.3.5 Competitive Employment page 49: the data collected by many counties is at best an estimate with only- 60% (n=30) reporting the ability to calculate the percentage.

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.

Turning Point Counseling Services (Dr. Rooney)- " Of 2,100 records in our outcome database, 740 individuals indicated that they were unemployed. We don't have any way to identify clients with severe mental disorders because this is done at ODMH". Burdman Group Inc.Supported Employment Block Grant Program Referenced in section 2.2 a.	2.2.aa
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a.b. If the information in Appendix B is inaccurate, what was the number of full-time and part-time employed persons with SMI served by the Board in SFY 2007?

Click on gray box to enter number.

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

Click on gray box to enter text.

Burdman Group Inc. places informational posters at provider locations and provides a vocational

specialist on-site at Turning Point Counseling Services each Wednesday for four hours to engage consumers that are interested in exploring employment options..

Referrals are coordinated with the local BVR.

BGI Block Grant: ATTACHMENT 2.2 b

>Intake/assessment

>Vocational counseling and exploration

>Job seeking skills training including mock interviewing, skills identification and selling, finding the hidden job market, etc.

>Resume and cover letter development

>Access to computer lab with Internet

>Registration on/assistance using Internet job search resources

>Community work exposure (assessment/adjustment)

>Job Club with peer support during job search

>Job location using agency-wide marketing efforts, such as Burdman Group, Inc. website employer page (mini resumes), Business Expo participation, newsletters (Opportunity News), promotional literature, etc.

>One-on-one assistance with job search process and ongoing support

>Advocacy within local business community

> Provision of weekly leads

>Assistance making transportation arrangements

>Linkage with other vocational services that would assist the client (LEAP, supported employment, time unlimited support. etc.

>Linkage with other ancillary community services (counseling, childcare, work clothing, help with utilities, obtaining food, etc.

>Services to assist employers/businesses in making necessary accommodations

Recognition of clients and employers

>Follow up

NOTE: Burdman Group Inc. collaborates with Bureau of Vocational Rehabilitation to identify new strategies for providing employment experience.

Youngstown Area Goodwill Industries, Inc provided Vocational Rehabilitation Services to 551 individuals in 2006, an 11% increase over 2005 numbers. During the 1st 6 months of 2007, 329 persons were served. Referral sources and contractual agreements include Bureau of Vocational Rehabilitation, Bureau of Services for Visually Impaired, Trumbull and Mahoning County Departments of Job and Family Services, Mahoning and Columbiana County Training Association, Bureau of Workers' Compensation, the Veterans Administration, and Homeless Shelters. Through a HUD grant, many individuals with mental health disabilities are provided vocational and supportive services. Mahoning County Mental Health Board Funding: \$40,000 ATTACHMENT 2.2 b

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.

System of Care Coordination: Mahoning County Family and Children First Council Service Coordination Steering Committee for ABC, FAST and WrapAround has two MH Board staff persons on the committee along with representation from Juvenile Justice, Children Services, MRDD, ADAS Board, Parent Advocates... which meets the first Tuesday of each month.

> Service Coordination:

Goal: Empower and stabilize families while helping manage multiple cross system services.

Progress: The revised service coordination mechanism implemented in FY07 utilized a continuum of care ranging from respite, family supports, High-Fidelity WrapAround and intensive home based services. Two service coordinators managed the flow and screening of clients as well as the training, implementation and supervision of WrapAround. Family supports, respite, intensive home based services, and additional WrapAround were delivered through community based providers.

Outcomes achieved are positive:

- An improvement in specific problem areas of 66% of parents surveyed.
- A reduction in hospitalization of 70% of clients served as compared to the previous fiscal year.
- A reduction in residential placement by 25% as compared to the previous fiscal year.
- A reduction in incarcerations of 81% compared to the previous fiscal year.
- An estimated cost savings of \$305,158 to county systems.
- Training and CEUs issued to 123 people in Basic and 26 in Facilitator High Fidelity WrapAround training at no cost to the agencies or participants.
- Three additional parent advocates were trained.

Funding:

- ABC 404 - Base \$75,778
- ABC 404 - Blueprint \$150,000
- FAST - \$89,960
- Non-Behavioral Health (GRF, TANF) \$11,281

MAHONING COUNTY FAMILY AND FIRST COUNCIL: SERVICE COORDINATION FINAL REPORT FY07 ATTACHMENT 3.0

School Based Suicide Prevention and Depression Awareness (Provider: D&E Counseling Center): has an extensive involvement in the area of school-based mental health. Staff provide school-based behavioral consultation services. The D&E Center is a member of the Ohio Network for School Success, sponsored by the Ohio Department of Mental Health and Miami University. Board funding helps sponsor the school Mental Health Liaison position that helps educate students and staff on depression, suicide and related mental health issues of adolescents, as well as to implement depression and suicide screening programs within the schools. Board Funding: \$50,000

ATTACHMENT 3.0 D&E input: "The Board assisted in funding the Center's In-School Suicide Prevention and Depression Awareness Program. Providing over 2,500 middle and high school youth with education and screening services to identify and reduce the impact of depression on personal and social experiences, youth "at-risk" and their families are assisted in receiving mental health services needed. The program has been widely accepted by schools introduced to the program and in 2007, 93 youth were identified and referred for treatment".

(NOTE: President's New Freedom Commission on Mental Health (July 2003): Improving and expanding school mental health (SMH) programs is linked to the fulfillment of the promise to Leave No Child Behind and the related mandate of the reauthorized Individuals with Disabilities Education Act (IDEA).

> Early detection and treatment of mental disorders can result in a substantially shorter and less

disabling course of illness.

> Schools are in a key position to identify mental health problems and to provide a link to appropriate services.

> Strong mental health programs in schools can attend to the health and behavioral concerns of students, reduce unnecessary pain and suffering, and help ensure academic achievement).

(NOTE: Anderson 2004: Grunbaum et al. 2004:)

> 17% (3.4 million) of US high school students report serious thoughts of killing themselves each year.

> 9% (1.8 million) of US high school students report a previous suicide attempt).

D&E COUNSELING CENTER'S EARLY CHILDHOOD SERVICES FY 06-07: D&E Counseling Center's Early Childhood Services provided educational, prevention and consultation services this fiscal year to parents, preschoolers, teachers and early childhood professionals. Aimed at improving the social and emotional health and behavior of young children, the Center continued to utilize the evidence-based Incredible Years and DECA Programs. Overall, the programs implemented were successful in improving resiliency and behavior in children, aiding parents and teachers in improving their understanding of early childhood development and increasing their use of appropriate interventions in daily interactions with preschoolers. ATTACHMENT 3.0

D&E input: "The Board provided support to enhance the Center's services primarily funded by the Ohio Department of Mental Health and their Early Child Initiative. This program offered parents and early child care givers consultation and training in the Incredible Years social-emotional development curriculum. The program had offered services in 2007 to 140 parents and 17 child care providers. Consumer satisfaction has been overwhelmingly positive".

The D&E Counseling Center through a contract held with the Youngstown and Mahoning County School Systems provided in-classroom consultation to teachers in the management of disruptive behavior as it interferes with the educational process of youth with conduct and unruly behavior disorders. The services assist the school in reducing classroom removal of youth and out of school suspension and expulsion. In academic year 2007, 154 students were defined as needing another 200 periodic interventions. While outcomes vary from school to school comparing end of 1st grading period to last grading period an average of 39% of the students experience fewer classroom removals, 35% showed no change while 25% showed an increase.

Family Services Agency: "Contract with Domestic Relations Court to provide parenting group for parents prior to divorce".

ACLD Learning Center see attachment under #12 Other.

Northeast Ohio Adoption Services see attachment under #12 Other.

Potential Development Program see attachment under #12 Other.

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.

Data for school attendance not routinely collected from providers.
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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.

School suspension and expulsion data is not part of any service planning process engaged by the Board.	3.1.aa
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a.b. If the information in Appendix B is inaccurate, what was the number of persons with SED served by the Board in SFY 2007 who were suspended or expelled?

Click on gray box to enter number.

UK	3.1.ab
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4. Inpatient Care

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

a. Inpatient Care

Click on gray boxes to enter numbers.

Board Purchased Inpatient Care	FY 06 Bed Days	FY 07 Bed Days	FY 06 Admissions	FY 07 Admissions	4.a
State Hospitals	5142	5142	69	44	
Private Psychiatric Hospitals: Adults	556	600	116	172	
Private Psychiatric Hospitals: C&A	0	0	211	292	

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.

PLEASE NOTE: The admissions for FY 06 & FY 07 are representations of actual indigent admissions. FY 06 beds were purchased at a daily rate of \$450 and not to exceed the total allotment of \$250,000 and FY 07 the rate was increased to \$500 daily rate and not to exceed the total allotment of \$300,000. Provisions were added for 23 hour bed observation/per hour rate \$16.00 and Dr. Visit- limit 1 visit per day at a rate of \$55.00 and not to exceed \$17,500. (Note: Observational beds are not utilized by the local hospitals) In FY 06, the contract for indigent bed days for combined hospitals was exceeded by \$48,000 and in FY 07 by \$208,000. ATTACHMENTS 4 b.a (NOTE: Both local hospitals inpatient psychiatric units have experienced a reduction in beds of 50% in the past year with Humility of Mary also eliminating their intensive unit completely. Previous MSPA Update for SFY	4.ba
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2007, the local hospitals such as Forum had (12 general & 12 intensive) and Humility of Mary (16 general & 7 intensive).

The Board contracts through local provider to provide the prescreening services of indigent consumers presenting to the hospital. Criteria for services is related to issues such as clinical necessity, residency, HHS Poverty Guidelines, homelessness, out of state, AOD issues.... Indigent consumer contracts are established with both general hospitals to meet the needs of the consumers.

NOTE: The number of individuals screened (inclusive of indigents noted above) are represented in the attachments "Admissions 2006 & 2007".

The Board hired a Utilization Specialist in FY 07 to review admissions, LOS and transitioning to appropriate community services.

The Board has Clinical Issues Meeting every Thursday with only the third Thursday being a Systems meeting were the local hospital and providers collaborate to facilitate the needs of consumers.

The Director of the Mental Health Board has meet on various occasions with hospital administrators to discuss the loss of beds to the community and repeated local media issues regarding closure of inpatient psychiatric units.

The Board's Director of Clinical Programs acts as liaison to the probate court and attends Friday hearings to support options such as forced meds hearings, outpatient civil commitment (independent psychiatrist is Board's CCO), transfers to BHO, transition step-downs to crisis beds on Crisis Stabilization Unit and advocacy for consumers to be treated in the least restrictive setting.

The Board provides transportation contracts with local ambulance company for transports between local hospitals and to BHO or taxi locally to provider sites.

ATTACHMENT 4.b.a

The Private Psychiatric Hospital: C&A. Data was obtained from Forum Health Youth Services regarding the number of admissions for the previous two fiscal years. The data for fiscal year 06 indicated admissions for 211 youth of which 16 had no health care coverage. This unit is slated for closure the end February 2008 of which the Board had no prior contact for bed usage. The Board and local providers have over the past two years explored alternative resources such as Sharon General Hospital and Windsor-Laurelwood Center for Behavioral Medicine.for additional inpatient care for youths and adolescents.

NOTE: The MSPA SFY 2007 Update reported under funding issues the Boards concern with the availability of funds to support an array of crisis care services and are currently facing increased demands for both adults and adolscents with decreased capicity and access to inpatient care.(Safety Net 2004 Access Report had already identified this concern among Boards which just seems to be increasingly more problematic as we fill up more BHO civil beds with forensic consumers and project the closing of two more BHO).

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

Click on gray box to select answer

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

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

Click on gray box to enter number.

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

Click on gray box to enter number.

70C&A Consumers place out of county in SFY 07	5.b
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c. How many of the C&A consumers identified above involved Board participation in the placement decision?

Click on gray box to enter number.

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

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

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

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

Click on gray box to enter text.

<p>5.a Clarification: There was some confusion on what constituted a placement. It was unclear if the placement had to be in a facility licensed by ODMH or if the other facilities licensed through other entities should be included. Carol Carstens from ODMH was contacted and she advised that any expenditure by a county Board for a child in a placement should be counted. The count given is a reflection of expenditures made by the Board for children in placement for FY'07. The Board collaborates with CSB & JJC through the FCFC steering committee (see attachment 3.0) but has limited input into the placement of C&A consumers. The current system in place with the Access to Better Care Initiative (ABC) - 404 Line Item & FAST & WrapAround are the new building blocks that focuses on high risk youths with intensive behavioral health needs for treatment in the least restrictive setting. Current attempts to expand these services were submitted through Request for Proposal on County Specific Intensive Home Based Treatment & Behavioral Health and Juvenile Justice with a deadline of November 20, 2007. (A reduction in residential placement by 25% as compared to the previous fiscal year). Submitted by CSB to FCFC: " Review of reports provided by Mahoning County Children's Service Board indicate that seventy (70) youth were in placements from July of 2006 to June of 2007. Some of the youth were in placement prior to July but were counted because they remained in placement for a portion or all of fiscal year '07. Juvenile Court reported that they placed three (3) youth in placement outside of</p>	5.e
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Mahoning County exclusive of DYS in fiscal year '07. There were seventy three (73) youth in total in placement outside of Mahoning County in fiscal year '07." The Mahoning County Mental Health Board provides funding to D&E Counseling Center to address the issue of restrictive out of home placements. Board Funding: \$50,000. Attachment 5 (e)

6. Crisis/Emergency Care.

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

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

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

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

Click on gray box to enter number.

	SFY 06 Crisis Bed Days	SFY 07 Crisis Bed Days	6.a.2
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Adults	4380	4380	
Children & Adolescents	0	0	

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

Click on gray box to enter text.

Crisis Stabilization Unit is a twelve bed unit - 24/7 that is utilized as an alternative to inpatient psychiatric facilities and a step-down for individuals being transitioned back to the community from both BHO and local hospitals. The CSU staffing consists of psychiatrists, nurses, counselors, CPST, techs.... The CSU provides programming throughout the day and has a length of stay around five days. (Bed Utilization = SFY 06: 2435 & SFY 07: 2431: Note: Provider budgeting at 55% for 2400 units) The CSU is adjacent to the Crisis Intervention/Prescreening Department that determines eligibility for the unit. The ODMH capitol grants for FY 09/10 will increase the bed capacity to an additional six beds. The CSU under the Board's continuity of care plan works with expanding services through partnerships' for additional stabilization with Horizon House and Burdman's transitional beds. An area of continual focus is the percentage of co-occurring consumers that benefit from services on the CSU despite an increase lack of entitlements to cover the cost for such populations. The areas growing concerns with decreasing beds at the local hospitals has resulted in an increased demand for the CSU. Mahoning County Mental Health Board Funding: \$496,095
See 7 a2 for Community Support Services which provides multiple services for crisis response to SMD adults in the community.
.The current area of concern is the closing of Forum Health's Youth Services along with their Discovery House (partial hospitalization).

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 Mahoning County Mental Health Board, in conjunction with the National Alliance for the Mentally Ill, Ohio (NAMI) sponsored Mahoning County's first Crisis Intervention Training (CIT) in August of 2006 and has subsequently held the week long training every six months. The 40 hour course instructs police officers how to effectively and safely interact with individuals who may be experiencing a behavioral health issue. CIT was deemed necessary because 10 percent of all calls an officer responds to involve an individual with a diagnosable mental illness. Benefits of the training include the reduction of injury to both officers and people with mental illness, a reduction of people with mental illness being incarcerated inappropriately, and improved community partnerships. During the training, officers learn the signs and symptoms of mental illness, how to communicate with individuals experiencing active symptoms and how to successfully de-escalate problematic situations. The objective for the CIT officer is to have a successful resolution to a potentially volatile situation and to help the individual obtain the necessary treatment and services rather than a lengthy involvement in the criminal justice system.

The Mahoning County Mental Health Board provides the training with Youngstown State University Police Department providing the training site. The Board's ultimate goal is to have officers on every shift in the 24 law enforcement agencies in Mahoning County trained. There are currently 56 officers CIT trained in Mahoning County. Mahoning County CIT Coordinators regularly attending State coordinator meetings, annual ODMH Forensic Conference (Wilmington, August 2007) and have also attended CIT National Conferences in Florida and Memphis. ATTACHMENT 6 c #1

2. Disaster Preparedness

Click on gray box to enter text.

The Mahoning County Mental Health Board (MCMHB) is an active participant in the Mahoning County Emergency Management response plan. The Mahoning County Emergency Operations Plan identifies the Board as the governmental planning, monitoring, evaluating and contracting authority for mental health services during all phases of a disaster. The Mahoning County Emergency Management Agency and the MCMHB reviews this plan annually to ensure psychological supports are in place. Help Hotline Inc. is the identified Mental Health Board provider to coordinate the mental health communities response. Board and provider staff participate in the Mahoning County Emergency Management Agency's mock disaster preparedness events whenever scheduled. In addition, a safety plan has been developed to address health and safety concerns in the event of an emergency or natural disaster at Board owned facilities.

What are your estimates of staff for the following areas?

Click on gray box to enter number.

	Local Disaster Response	Statewide Disaster Response	6.c.2
Trained	28	36	
Currently Available	26	30	

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

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

Click on gray box to enter text.

The Mahoning County Mental Health Board has collaborated closely with Youngstown State University in providing consultation and education regarding identification of mental health issues in students and staff and responding to emergencies. The University Counseling Center, YSU Police, and YSU administrative staff collaborate on an as needed basis with Board staff to discuss relevant issues. MCMHB staff also serve on the YSU community advisory committee to discuss preparedness. The MCMH staff created and disseminated to all local schools a Post Trauma/Disaster and Emergency Contact Information booklet to assist school district in accessing services quickly.

7. Outpatient Services.

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

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

a.1. Adult Intensive Care

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

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

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.

Community Support Network is the closest model we have to the ACT model. Staffing:7.5. Number of consumers on-rolls 65. In January 2007, CSN in collaboration with local providers and through the community weekly Clinical Issues Meetings, started to facilitate discharges from NBH Northfield back to the community - data from clients discharged in the past year are note on attachment 7 a.2. CSN capability of implimenting initial contacts for consumers at both the local and BHO inpatient psychiatric units provides immediate access to services. The programing for both medical/CPST staff to provide services directly to consumers in their homes,as well as, on weekends adds continuity of care which reflect longer periods of stability for consumers with decreased need for inpatient psychiatric care. Board Funding FY 07: \$592,000. ATTACHMENT 7 a.2

a.3. Child & Adolescent Intensive Care

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

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

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

Click on gray box to enter text.

Mahoning County Family and First Council Service Coordination: Final Report FY 07. The Service Coordination Steering Committee meets monthly to review referrals from providers, CSB, Juvenile Court...for disposition such as receiving Intensive Home Based services. Providers such as D&E Counseling Services and Family Services can contract to provide this level of care. The committee had attempted to expand this program by responding to "Request for Proposal" on Behavioral Health and Juvenile Justice and secondly on Intensive Home Based Services, but fell short of meeting the standards. The Juvenile Justice Center report some limited additional dollars for IHBT. The Board provides oversight of triage system for available services through the Steering Committee, as well as, required mid-year and annual reports to the ODMH (report in section 3.0 Resilience Supports).
Per D&E Counseling Center: The Board has no oversight role to date in planning triage 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 blow allow you to report wait times for up to four providers of a service or program.

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

b.1. Adult Routine Outpatient Care

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

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

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.

First provider listed above: Turning Point Counseling Center reported no triage services for diagnostic assessment, CPST and BH Counseling. Clients currently prescribed medications are given priorities. The MCMHB has worked closely with TPCS to increase utilization of the Crisis Stabilization Unit in order to increase inpatient capacity since the closing of local psychiatric inpatient beds.

Second provider: Burdman Group Inc.

Third provider: Family Services Agency.

The Board has listed multiple programs that extend beyond the borders of the local providers: reaching into the court system through the ABC/FAST for juveniles, CPST to the adults in Felony Court, jail & CCA, forensic system, CSN mobile approach, complete IDDT team,....and many more throughout this community plan are documented to illustrate increase capacity with immediate access to services for specific subpopulations.

Per Family Service Agency - no triage services available.

S.A.M.I. (Substance Abusing/Mentally ILL) located with IDDT Model under c. Best Clinical Practice. Board Funding: \$168,619

b.3. Child & Adolescent Routine Outpatient Care

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

Click on gray box to enter text.

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

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.

First provider listed above: Reported by D&E Counseling Center: "An area of focus has been the implementation of two best practices for provisions of Counseling Services. These include the Barkley Parent Training and Cognitive Behavioral Therapy. The Board has provided expanded resources for the increase capacity to admit uninsured clients without an ability to pay for the cost of services. This has resulted in an increase in our agency capacity to provide care for additional 75 families". ATTACHMENT #7 b.4.
 Second provider listed above: Family Service Agency

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.

Turning Point Counseling Services reported none.
 Meridian Services utilizes Integrated dual diagnosis treatment (IDDT): an evidence-based practice that improves the quality of life for individuals with co-occurring mental and substance use disorders by integrating substance abuse services with mental health services. The Ohio SAMI CCOE provides practical technical assistance and training with periodic Fidelity Reviews to help the provider develop strategies for organizing and delivery of services. ATTACHMENT 7.c.

Referenced under 2.2 Recovery Support: Employment (Burdman Group Inc.) Employment & Job Retention Services, Mahoning Office - Supportive Employment Block Grant FY07 is a description of their program. The program is independent of the evidence based practice model out of Case Western Reserve which we collaborated with in the past but were not selected due to some characteristics listed under "fidelity domains" (eg. caseload size). Many of the treatment characteristics under the BGI model are reflective of the EBP with very successful outcomes such as placement of consumers in competitive jobs with decent wages. Community Support Network is our closest reference to an ACT team. (See section 7 a.2) D&E Counseling Center: Early Childhood Program based on The Incredible Years, Cognitive Behavioral Training and Parent Training. See attachment 3.0 C

8. Staff Capacity & Workforce Development.

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

Click on gray boxes to enter number of FTEs.

Pharm. Management Practitioner FTEs:*	8.91	8.a
CPST FTEs:	30.50	
Counselor/Therapist FTEs:	29.40	

*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:*	2.03	8.b
CPST FTEs:	5.48	
Counselor/Therapist FTEs:	17.40	

*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 MCMHB is working closely with Youngstown State University Counseling Department to provide suitable internship sites at local mental health agencies to provide mentoring opportunities for graduate level counseling students. Through this initiative, the agencies are provided with a pool of properly trained individuals to seamlessly integrate into the current workforce. The MCMHB also regularly provides relevant training programs and continuing education programs for mental health providers in order to strengthen and retain local mental health professionals. The MCMHB subsidizes recovery programs in Mahoning County and through the Bridges Program and other consumer run initiatives helps to empower individuals in recovery to take an active role in their treatment. These programs also train mental health professionals to include consumers as active participants in the recovery process.

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.

Mahoning County Mental Health Board is currently involved with two court projects: (1) Felony Mental Health Court (CARES) Program (Mahoning County Mental Health Board funded \$11,671.92 FY 07 along with supported funding from U.S. Department of Justice \$12,565.68/ Office of Criminal Justice \$24,054.31 & Youngstown Treatment Court Program (Mahoning County Mental Health Board \$14,182.05 FY 07 along with supported funding from U.S. Department of Justice \$6,296.93). Currently in FY 08 the supported funding has expired and the Board is fully funding both programs at a total cost of \$67,000. ATTACHMENTS 9.a.1 (NOTE: Included are articles published by the Vindicator for community awareness toward this Public Health Issue. Also referenced is the Ohio University Abstract "Sentenced to Treatment: The Role of Clinicians in Mental Health Courts" which the Felony Court was a participant and the final report once published will provide feedback that can be utilized to improve services to consumers..Finally, a letter from the Ohio's Criminal Justice Coordinating Center of Excellence was presented to the Felony Court praising the positive aspects of the program). (NOTE:The weekly review meeting prior to the court hearings every thursday involves the Judge, magistrate, parole officer, Turning Point coordinator and CPST staff and Board representative).

The Board provides funding for Forensic Monitor through Turning Point Counseling. The Forensic Monitor position was created to ensure that persons who have been found Not Guilty by Reason of Insanity (NGRI) or Incompetent to Stand Trial, Unrestorable, under Criminal Court Jurisdiction 91ST-U-CJ) and released to the community on Conditional Release are receiving effective outpatient mental health treatment, regular risk assessments, and thorough risk management interventions. Collaboration with the Courts/Judges is ongoing for status reviews hearings. (NOTE: Multi-provider approaches such as Burdman's Housing/Employment services and Turning Point Counseling Services are available to address the integrated treatment needs that helps maintain the consumer in the community. ODMH 401C Forensic Funds: \$20,590: Board Funding: \$11,410 for a total of \$32,000. ATTACHMENT: 9.a.1

(NOTE: Additional Forensic funds are made available to Burdman Group Inc. for transitioning services \$5000 and an additional \$3500 to Help Hotline for emergency funds such as i.e. psychotropic medications, initial housing rent...).

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

Click on gray box to enter text.

FY 07 the Mahoning County Board provided funding to D&E Counseling Center to provide assessment, treatment planning and therapeutic intervention services to the Juvenile Justice Center. These services were provided while the juvenile was residing in the detention facility and on an outpatient basis. Services reduces response time in meeting the child and family needs. Increase collaboration between Treatment Docket, Probation officers, D&E Center and Neil Kennedy. Board Funding \$30,000. ATTACHMENT 9.a.2

Truancy Intervention Meetings with magistrate.

Board provides funding for a position on-site at JJC: Counseling services include: assessments, treatment planning and therapeutic intervention. Board Funding \$18,000. ATTACHMENT 9.a.2b
Per Family Services Agency-collaboration with court for FTIP: Family Dependency Treatment Court.

Other Programs sponsored by Mahoning County Juvenile Court: KIND (Kids in Need of Diversion), Truancy Court, and Parent Project Goal. Note: Representatives sit on the Family and Children First Coordination Committee with other stakeholders that are addressing children needs through

ABC/FAST & WRAPAROUND. Currently applying for RFP for Behavioral Health and Juvenile Justice.

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 Mahoning County Mental Health Board contracts with local provider Turning Point Counseling Center for twenty hours a week to provide services such as assessments, crisis counseling, and community linkage in the local Mahoning County Justice Center. FY06 & FY07 Statistics included. (NOTE: Fiscal Year 2005: served 1646 MH units of service). Board Funding \$45,000 ATTACHMENT 9 b 1.

2. Detention Centers

Click on gray box to enter text.

For current Family Services Agency clients at Detention Center; therapist goes on site to provide counseling. If Agency is requested to provide services to other clients there, staff will provide that service.

2. Homeless, Runaway & Domestic Violence shelters

Click on gray box to enter text.

Domestic Violence shelter for Mahoning County is Sojourner House through Burdman Group Inc.: Domestic violence victims are at increased risk of homelessness. Victims, particularly those with few resources, who are faced with severe financial limitations, are often forced to choose between living with the abuser or living on the streets. Lack of affordable housing and long waiting lists for assisted housing is a barrier to escaping. A perpetrator, pursuing the women and her children, forces them to move repeatedly, creating an even greater chance of homelessness (Over 25% of the clients (22 women) served at the shelter have a mental health disability). Mahoning County Funding: \$35,000 ATTACHMENT 9 b 2.

Family Services: Daybreak: is a 10-bed residential crisis shelter for runaway, throwaway, and homeless youth, ages 11-18. Family Services Agency's Daybreak facility provides a valuable service to the community which is built on system collaboration with Juvenile Justice Court, Children Services Board, Family & Children First Council, Health Department, Mental Health Services...etc. (NOTE: Daybreak was recently added as a certified MH site for Diagnostic Assessment, counseling, and CPST). Daybreak facility achieved outcomes over the past years are referenced in ATTACHMENT 9 b 2.

NOTE: Cold Weather Emergency Program reference 2.1 Recovery Supports:Housing (k.c.)

3. Nursing Homes

Click on gray box to enter text.

Family Service agency is developing services and has secured a contract to provide nursing home services. Beginning 1/14/2008, Diagnostic Assessment (physician and non-physician, BH Counseling and Pharmacologic Management services provided to referred residents of Ron Joy Nursing Home and Sateri Assisted living facilities.

Family Services Agency provides services to the Probate Court through their guardianship program for consumers 55 and over for a total of 244 consumers with a certain number of individuals residing in nursing homes.

4. Prison Reentry

Click on gray box to enter text.

The Mahoning County Mental Board contracts with local provider Catholic Charities Regional Agency. The program was funded as a pilot project by ODMH for FY04/05. The projects strategies were based on engaging mental health consumers in prison that were homeless. The program was effective in maintaining continuity of care for incarcerated consumers through linkage with local community services to meet their mental health needs prior to release. (NOTE: Funding permitted services to be rendered in the jail setting which are otherwise not billable through medicaid). The challenges of meeting the needs for this population that have no entitlements was an important factor for continued stabilization in the community and deter re-offending which addresses Public Health Concerns. Outcomes were positive through the establishment of housing, employment and mental health services. Board Funded: \$25,000. ATTACHMENT 9 b 4

Mahoning County Mental Health Board provides funding to local provider Turning Point Counseling Services for mental health assessments, behavioral health counseling, crisis intervention and psychiatric support treatemnt services in a collaborative effort with Mahoning County Community Correctional Association. (Note: Board allocated \$10,000.00 in Fiscal Year 2005 with the current increase in FY06). Board Funded: \$15,000.00

The Youngstown/Mahoning Continuum of Care (CoC) follows the prison re-entry program policies approved and implimented by the Ohio Department of Rehabilitation and Corrections. The Youngstown City Health District is the primary entitiy responsible for the implimentation of this program within the CoC. The CoC has formulated Citizen Circles to develop a plan for re-entering and re-adjusting into the community.

The CoC is also in talks with Trumbull County Corrections and Ohio State Penitentiary to facilitate the placement of Youngstown and Mahoning County residents who will be returning to their communities. This process begins three months before a discharge date in order to prevent released offenders from being discharged directly to the streets or emergency shelters. The inmates will work closely with case managers to secure appropriate housing post-discharge.

The Greater Youngstown Point administers Project REUNITE (Reintegrating Ex-Offenders Under New Initiatives Through Empowerment) with serves up to 200 released offenders. This program will comolement the Independent Housing project that the Greater Youngstown Point is preparing through the Bureau of Community Sanctions, in conjunction with the Ohio Department of Rehabilitation and Corrections. This project will house six released offenders for a maximum of one year while providing wrap-around services to facilitate re-assimilation and maximize positive outcomes. Additional housing units will be added as the project progresses. Board provides no funding for this program other then the earlier referenced Catholic Charities PATH-DRC which is a member of the Citizens' Circle.

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

Click on gray box to enter text.

Referenced under # 3 above is nursing home services (adult) by Family Services Agency - also reported as of 2/4/08 will be provided services of Diagnostic Assessment (non-physician) and BH Counseling to persons with HIV/AIDS (child/adolescent and adult) at Comprehensive Car Center.

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.

School Based Suicide Prevention and Depression Awareness Program through provider D&E Counseling Center (per D&E: in 2007, 15 schools were provided suicide prevention programs - no suicides were recorded). (see attachment Resilience Supports 3.0)

Help Hotline Suicide Prevention activities for FY 07. See Attachment #10

Catholic Charities Regional Agency provides educational groups on-site at various schools in Youngstown City to teach violence prevention, anti-bullying and conflict resolution. Funding provided through United Way and Children's Trust.

Per D&E Counseling Services: provides a state funded post-partum depression screening program with a goal to prevent infant attachment disorders and or abuse and neglect due to PPD. To date, twelve mothers have been identified and all received short term intervention.

Men and Depression: "It Takes Courage to Ask for Help" was the slogan for Real Men Real Depression campaign waged by Help Hotline Crisis Center and funded by the MCMHB. In 2006, adult males constituted the highest number of completed suicides in Mahoning County and follows a State and National trend that males complete suicide at a rate four times that of females. The campaign used air time on local radio and TV stations to run ads developed by the US Department of Health and Human Services and the National Institute of Health. The stations then matched the ads with public service spots. Ads were targeted at male dominated programming and after a three month campaign, with over 159 spots run, Help Hotline experienced a 47% increase in crisis phone calls from the male population.

Family Services Agency provides EAP services to local companies. They also provide Critical Incident Debriefing services as requested.

11. Cultural Competency: *Discuss achievements and trends in any of the following areas:*

- a. Consumer satisfaction with services and staff
- b. Staff recruitment
- c. Staff training.
- d. Addressing disparities for cultural groups in access and outcomes
- e. Other

Click on gray box to enter text.

The Mahoning County Mental Health Board reviews all consumer satisfaction surveys collected by provider agencies to determine consumer satisfaction with cross-cultural issues. Agencies regularly achieve outcomes above 90% in relation to consumer satisfaction of the cultural competency demonstrated.

CSN Client Satisfaction Survey Report Mahoning County Intensive Treatment Team for 2007. (See Attachment)

Turning Point Counseling Services: Performance Improvement Committee: General Client Satisfaction/Outcomes Survey 2007

Burdman Group Inc. consumer questionnaire for Sojourner House in attachment #9 Inter-system Collaboration b.2.

The following example was provided by Burdman Group Inc.

A. Consumer Satisfaction with Services and Staff

From our Performance Improvement Plan:

FEEDBACK FROM PERSONS SERVED AND THEIR FAMILIES

Feedback from persons served and their families/significant other regarding satisfaction with services received in the vocational/employment, residential, domestic violence prevention, and community support programs will be routinely collected and analyzed by the Performance

Improvement Committee. Information will be used for improving and modifying services. The following mechanisms below will be used:

1. To solicit their comments, family members/significant others of those served are presented with feedback surveys when they visit our Residential Treatment facility. Family members/significant others of those served in our Vocational Program receive a letter extending an invitation to call the Program Director if they have any questions, concerns or comments. Both methods are utilized only with the primary consumer's consent. Program Directors report on any response during the quarterly Performance Improvement Committee.

2. In order to solicit feedback from family members/significant others and other stakeholders in the community, Burdman Group Inc. will hold an annual Family and Friends Forum in both Mahoning and Trumbull counties. The purpose is to provide an overview of existing services, solicit feedback and educate.

3. Each department will conduct ongoing surveys/meetings of clients to monitor satisfaction with services, identify problems and solicit suggestions for improving services. Input is shared with the Performance Improvement Committee on a quarterly basis. A section of the reports will be devoted to the satisfaction of those who have identified themselves as a member of a minority group. Methods used to solicit this feedback includes but is not limited to:

- a. Weekly house meetings with residential consumers
- b. Satisfaction comment cards for persons being served in vocational, counseling, and case management services.
- c. Discharge satisfaction questionnaires for persons served in vocational, domestic violence prevention shelter and residential services.
- d. Post-discharge phone surveys for persons served in residential programs.
- e. Consumer representatives for the vocational and employment programs will be invited to attend sessions held every other month with program staff.

4. Consumer representatives will be invited to attend Burdman Group Inc. employee meetings, administrative planning meetings, agency Annual Dinner, Quarterly Performance Improvement Committee Meeting, monthly Program Committee meeting, quarterly staff meeting and the Rehabilitation Services Commission Consumer Advisory Council Meeting.

5. Consumers will be surveyed periodically to solicit their ideas and suggestions to improve their satisfaction with non-program issues.

Information gathered from persons served and their families or significant others through various feedback instruments will be vital to the annual evaluation of the agency's services.

Mahoning County Feedback (per our FY07 Annual Report)

Behavioral Health Services

Mahoning County

At each behavioral health site there is a communication board comprised of a locked communication box and various feedback forms: barrier identification, compliment/complaint, and family/significant other satisfaction

- Monthly Customer satisfaction groups are conducted at both residential sites. Residents are asked to grade each residential staff member on the basis of how kind and respectful each is. Grades are overwhelmingly good (A's and B's). Patterns of poor grades are dealt with on a case by case basis.

- Discharge Satisfaction Surveys

- At DBH 18 persons (out of 25 discharged) responded to the survey. Items that elicited a > 10% negative response were:

- Were you oriented well to the facility? (11%)
- Did staff treat you with courtesy and respect (11%)
- Was the residence safe and secure? (11%)
- Was there enough supervision? (11%)
- Was your length of stay adequate? (11%) 1 felt was too short, 3 felt it was too long.
- Did staff respect your privacy and confidentiality? (11%)
- Did staff spend enough time with you doing interesting or enjoyable activities?(11%)
- Would you recommend the facility to a friend or family member? (22%)

- At HH 27 persons (out of 37 discharged) responded to the survey

Items that elicited a > 10% negative response were:

- Was the amount of time you spent in program adequate? (11%) (too long)
- Were there enough structured activities? (22%)
- Were your complaints, grievances, or suggestions handled to your satisfaction? (15%)
- Would you recommend the program to a friend or family member (19%)

- Outpatient Service consumers are sent a comment card twice a year. Results of surveys in both programs during FY07 reveal a high level of satisfaction.

- There is no appreciable Family/Significant Other feedback received during FY07.

- Mahoning County Behavioral Health Services received a total of only 10 responses to our Community Survey. Generally, the feedback was very good. There was only one negative comment about a "rude" employee at DBH (no longer employed).

Employment and Job Retention Services

Mahoning County

- Consumer feedback for Intensive Job Preparation and Employment Services (IJPES), both formal and informal, is almost entirely positive. In addition to realizing the benefits of the services offered, clients have expressed their appreciation of the accepting, supportive attitude of the staff.

- In the CASS program, although there were not a significant number of surveys returned, all surveys returned were favorable and met expectations and goals.

- Ninety seven percent of all Placement services questionnaires were returned as favorable. A separate informal Job Club survey revealed that participants appreciated being able to gather with other individuals who are seeking employment, getting weekly job leads, job seeking skills training, and meeting with developers for planning sessions.

- In the Project Paycheck program 100% of the questionnaires returned were favorable with students indicating that they appreciated the intensive one-on-one assistance provided to them in their school and home settings.
- There was very little Family member/significant other feedback for the Employment programs, but in the IJPES program, a family member did request that a client be removed from the program.
- The overall review of the employer satisfaction questionnaires was good. All employers said that they would use our services again.
- Twenty five percent of all Mahoning Employment Community Surveys were returned (33 of 131 sent). Ratings and comments were overwhelmingly positive from funders and other cooperating agencies. Comments reflected well trained staff, openness to work with clients with multiple problems and effective involvement with employers. Service improvement comments included a suggestion from a BVR counselor who indicated a need to be more consistent in forwarding placement plans on a regular basis and job coach notes need to be timelier. A comment from a school employee is that they would like to see services expanded to more students. Number served is dependent on amount of funding available. Number served did increase by approximately 1/3 this year as BVR is now referring again due to the success of clients served through MCTA.

B. Staff Recruitment – (per our Affirmative Action Plan 10-11-07)

BGI's objective is to attract more minority and women applicants to compete for vacant positions. In order to meet that goal, the action taken by our Executive Director and Human Resource Director includes:

1. Ensure that liaison is maintained with minority and women's schools and organizations by notification of vacancies available and recruitment possibilities
2. Monitor the progress of EEO recruitment and assure that all recruitment activities reach the broadest pool of minority applicants. Special emphasis to be given to the entry of minorities into professional and administrative fields that are the principal ladders at the Burdman Group Inc.

Particular attention will be given to the groups with a limited pool of candidates.

C. Staff Training –

In FY07, YSU's Partners for Workplace Diversity recognized BGI for their cultural awareness program which utilized the movie "CRASH" and was facilitated by Jimmy Myers, Director of YSU Office of Equal Opportunity, and Diversity.

In FY08, BGI extended their training to Overview of Islam by Mustansir Mir.

D. Regarding Disparities for Cultural Groups in Access and Outcomes (Information from BGI Annual Summary Report FY07)

Services are provided to BGI consumers without discrimination regardless of factors such as age, sex, race, income, religious or ethnic background, or disability. Staff is trained, however, to be aware and sensitive to the needs of consumers in all of these areas. Because minority groups are

significantly represented in the service district in both Mahoning and Trumbull counties, a separate analysis was conducted to determine if Burdman Group, Inc. is providing services to the appropriate number of minority members of the community.

Population by Race*

Population by Race by County

	Mahoning County
White	81.1%
African American	7.6%
Native American	0.2%
Asian	0.4%
Pacific Islander	0.0%
2 or more races	1.7%
Hispanic	2.9%

Compiled by the Ohio Department of Development
 US Census Bureau: 2005 Census of Population and Housing

Race by Percentages Served at BGI

Race by % served at BGI

	African American	Caucasian	Hispanic	Other	Unknown
DBH	44%	52%	4%	0%	0%
HH	29%	69%	2%	0%	0%
Case Mgmt.	24%	71%	4%	1%	0%
Outpatient Treatment	42%	48%	7%	4%	0%
MEJRS	41%	51%	6%	2%	1%
Sojourner (women)	52%	38%	5%	5%	0
Sojourner (children)	51%	27%	5%	17%	0
Sojourner (crisis line)	32%	56%	5%	7%	0

Provider agencies provide annual Cultural Sensitivity training to their staff. MCMHB staff also attends these trainings annually. The MCMHB sits on the Youngstown State Advisory committee that has identified the recruitment of minority students as a priority. The MCMHB has offered tuition assistance as a possibility in order to attract minority students into the Mental Health field. At this time, the gap in service for minorities appears to be addressing the counseling needs of Hispanic consumers.

Mahoning County Mental Health Board contracts with Organizion Civica y Cultural Hispana Americana, Inc. (OCCHA) to provide interpretation services to our providers serving consumers of hispanic culture. BOARD FUNDS: \$3,000.00

All providers who are part of Mahoning County's care system participate in cultural competency trainings throughout the year. Facilities are also equipped to accommodate hearing impaired or deaf clients. The county has a very large and diverse Hispanic population. Board literature is often translated to Spanish and the provider is working towards translating their own materials to Spanish. Additionally, the Board is pursuing grant monies for programming for the Spanish-speaking community. The impetus for pursuing a grant for this purpose came from a needs assessment that

was performed by Youngstown State University (see C: Needs Assessment). The Board and providers in the Mahoning County care system are acutely attuned to the need for culturally diverse professionals, including social workers, psychiatrists and psychologists, and are looking to recruit professionals that mirror the residents of the county.

Resource information such as Multi-Ethnic Advocates for Cultural Competence (MACC) produced by non-profit organization to enhance quality of care in Behavioral Health System (ODMH) is forwarded to providers for educational consumer information on how to navigate the mental health system.

Clinical assessment tools such as the Beck Depression Inventory is available in spanish form for consumers.

Ohio Outcome forms are available in various languages, specifically hispanic for Mexican & Puerto Rican consumers.

Strategies that reduces disparities: Turning Point Counseling Services and D&E Counseling Center operate satellite offices in rural areas for consumers' access to services.

Board mission statement and strategic plan, along with contract providers, focus on access to services for all consumers based on behavioral health needs.

Help Hotline Crisis Center's 24-hour TDD service provides information, referrals, crisis, suicide intervention, emotional support, emergency assistance and a message center to Hearing Impaired/Deaf callers in Mahoning, Columbiana and Trumbull Counties. HHCC in collaboration with National Lifelines (SAMSHA) has the ability for interpretation of 155 languages (NOTE: Face-to face hearing interpreters through Youngstown Hearing & Speech).

NOTE: Consumer Satisfaction Survey for Drop-In-Center referenced in 2.0 Recovery supports (1) Per D&E Counseling Services: "The Center struggles to recruit and retain minority staff as well as male staff. This is a declining trend and represents a developing problem in providing diversified staff in child-adolescent community mental health services". "The Center has focused on implementing best practices throughout 2007. "Performance Improvement studies have indicated moderate utilization in practices by staff and an ongoing need to mentor and monitor utilization as well as to discover methods to increase staff "buy-in."

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.

HELP HOTLINE CRISIS CENTER: GUARDIANSHIP PROGRAM: Collaboration with the probate court. Consumers determined in the Clinical Issues Meeting to meet the needs of guardianship are presented for services. Funds are also made available for the attorney fees.

ATTACHMENT #12

Mahoning County Mental Health Board Funding. \$82,067 which is inclusive of the attorney fees and filing fees.

Youngstown State University Counseling Department's therapist works with local provider Turning Point Counseling Services to provide crisis/counseling response services to students wishing anonymity and more comprehensive services.

FAMILY SERVICE AGENCY provides GUARDIANSHIP for consumers over the age of 55.

Attachment: Board Funding: \$47,000.

FAMILY SERVICES AGENCY: RAPE INFORMATION and COUNSELING PROGRAM:

Services available to assist crime victims navigate through the medical, law enforcement and judicial systems while working through one's own sense of helplessness and victimization. This program is unique in being the only service that meets victims immediately after an incident and can offer support whenever they need it, for years, if necessary. Attachment: Board Funding \$ 42,495

HELP HOTLINE CRISIS CENTER provides a PAYEE PROGRAM that provides representative

services for Mahoning County Mental Health consumers, Mahoning County and Trumbull County MR/DD consumers. The services include paying the consumer bills, i.e. rent, utilities and providing for weekly spending checks. The purpose of the Payee Program is to meet the consumers' primary needs of housing, food, clothing and if at all possible conserve for future needs. The Payee Program is responsible for reporting all changes to Social Security Administration that could have an effect on the consumer's funds. Number of consumers served in Fiscal Year 07: 340. Attachment: Board Funding: \$167,579

Catholic Charities Regional Agency: Board funded program for GRIEF and BEREAVEMENT, chair the Tri-county grief coalition and have developed groups around grief and loss and are increasing the outreach component of the program. Board Funding: \$10,000. Attachment #12.

MH/MRDD DUAL DIAGNOSE PROGRAM: is a collaboration between the systems to enhance access to services meeting the needs of the dually diagnosed consumers of Mahoning County, as well as on-going cross training for staff to increase clinical intervention skills, education on available resources in both systems and instructed on how to eliminate barriers in treatment. The program is one of 10 to 12 in the State. The cost of the project is \$32,240 with each Board contributing half. Referrals are made through Help Hotline Crisis Center designated services coordinator with monthly meetings held to review referrals. Burdman Group Inc. has been identified as the mental health primary contact agency for services. Board Funding:\$16,120 Attachment #12. (NOTE: The increasing utilization of BHO for dually diagnosed individuals is a result of a lack of appropriate integrated services for high end consumers and is a concern that needs to be addressed at the State level. Individuals which do not qualify for MRDD services are being placed in mental health facilities that are not adequately trained to deal with the extreme emotional components which require behavioral plans with daily intensive services).

ACLD LEARNING CENTER: (Resilience Supports) Attachment #12. Board Funding \$28,615

POTENTIAL DEVELOPMENT PROGRAM: (Resilience Supports) assists children with severe mental health disorders to better manage their behaviors to the point where they can make a smooth transition to their local public school. Attachment #12. Board Funding \$17,000.

YWCA Barbara Wick Transitional House: Board Funding \$11,000

Telephone Reassurance, Friendly Visits, - Volunteer Recruitment; Board Funding \$11,000.

Referencing the Mutual System Performance Agreement/Community Plan Survey "2006 Prioritization Results October 5, 2006, the Board still finds concerns with available service array based on limited funding.

- Increased demand for mental health services in the jails without the ability to secure medicaid reimbursement upon release for continuity of care. (medicaid termination policy) and (the length of time for consumers who had their benefits terminated while in jail or BHO results in access issues in the system)

- Loss of supported funding for projects such as Felony Courts and Treatment Court has placed the burden on local systems

- Special grants for implementation of services such as PATH DRC for prisons are discontinued after grant period with the increase number of mental health consumers being incarcerated. Also the issues with HUD that restricts access to benefits and affordable housing due to history of incarceration.

- Decrease in local public inpatient psychiatric beds (In 2000, Ohio ranked 43rd in rate per 100,000 bed availability). Article "The Crisis in Ohio's Acute Mental Health Care: A Mental Health and Overall Health Problem (2005)" - thirteen private psychiatric units closed between 1997 and 2002 representing an 13% decrease in beds from 3,456 to 2,842 with adults 16%, adolescents 28% and 18% children. Public beds for Ohio between 1997 and 2002 were reduced by 21% from 1444 to 1146. Two public children's hospitals and three adult facilities. (NOTE: Forum Health Hospital in Mahoning County currently closed its Discovery House (Partial Hospitalization) and Youth Services

(inpatient psychiatric unit) in January 2008).

Per D&E Counseling Center: "The increasing dependency on Medicaid as a primary funding source for community mental health reduces the ability of organizations to provide prevention, education and consultation services not "deemed" medically necessary".

- BHO civil/forensic bed availability is an increasing concern with respect to the recent announcement of two BHO closing.

- Increased demand for medication funding in Central Pharmacy - noting that pharmaceutical companies are providing a high percentage of medications to those unable to afford them.

- Access to services for the indigent/uninsured "Nationally, the number of uninsured rose from 44.8 million in 2005 to 47 million in 2006, rising from 15.3% to 15.8%. 10.1% of Ohioans had no health insurance coverage in 2006. NOTE: The percentage of persons below poverty in Mahoning County was 12.5% (according to the 2000 census).

-Medicaid rates have stayed the same over the past ten years.

- Per D&E Counseling Center: Federally sponsored health clinics are developing their own managed and directed mental health services duplicating existing community mental health system of care and reducing emphasis on recovery and resiliency values in treatment. Such mental health services should be required to be offered in collaboration with county boards of mental health.

Since the reporting on the MSPA findings for 2006- the Board has expanded, added, and increased financing to many programs that address the needs of consumers in our community; also with the help of the ODMH has established a Clubhouse for consumers that is a true representation of the idea for recovery.

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.

A Study on Housing for the Seriously Mentally Disabled in Mahoning County: Focus groups-providers, consumers and stakeholders.2.1 Recovery Supports: Housing - ATTACHMENT 2.1 k.c
Mahoning County Hispanic/Latino Substance Abuse/Mental Health Assessment Results:
Community Mailout Survey, Face-to-Face Survey and Focus Groups: 1)Youth: 7-11th grade,
2)social service representatives and 3)residents and professionals in the community.

ATTACHMENT C

Mahoning County Family and Children First Council: Service Coordination (Final Report FY 07) conducted Key Informant Survey to evaluate outcomes. See ATTACHMENT 3.0 Resilience Supports(A).

Turning Point Counseling Services: Performance Improvement Committee: Key Informat Survey Results: January 2007 Attachment C

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's strategic plan and program committees (Human Resource Committee and Ways & Means Committee) review programming at their monthly meetings. The budget process held in March with local providers. Administrative Association held every other month with executive directors of contracted agencies. The ODMH allocations for all line items. Collaboration with other systems such as the Family & Children First Council, MRDD, Juvenile Justice, AOD, Rehabilitation & Corrections.... all factor into the Board's determination of priorities for FY'09. Issues that develop from the previous year such as reduction in local psychiatric beds for adults, closure of childrens inpatient psychiatric unit, discontinuation of grants for established programs such as Felony Court, expansion of Crisis Stabilization Unit ... are prioritized based on the mental health needs of consumers in the community.

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

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

Click on gray box to indicate priority level.

2.a. EMPLOYMENT*

Priority:

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

Increase the number of SMI consumers that are employed

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

Provide employment training/opportunities for SMI consumers through Goodwill Industries and Burdman Group.
Increase advertisement at provider sites for consumers.
Continue to contact community businesses for competitive employment sites

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

Number of SMI consumers benefiting from the available employment activities offered by providers with services. Increase in average wage mean for consumers receiving employment.

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

Collaboration between the Felony Court case worker from Turning Point Counseling Services and Burdman's North East Industries employment assessment specialist helps facilitate access to employment services for consumers. Contact the Judge to reinforce services offered to consumers. Systems meetings is attended by a representative from Burdman's NEI that updates the providers on statistical outcomes for consumers being employed in addition to sites now available for employment placements. Burdman provides a website that updates a monthly newsletter about their agencies activities with a section on employment with statistical outcomes.

2.b. WELLNESS MANAGEMENT & RECOVERY*

Priority: Medium

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

Increase participation in the BRIDGES and WRAP programs funded by the MCMHB

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

Sustain funding for the BRIDGES and WRAP program to continue

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

Number of consumers who participate in the BRIDGES and WRAP

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

Recovery Meetings are held quarterly with members from both Mahoning and Trumbull Boards along with consumers, court liaison, Help Hotline....

2.c. HOUSING

Priority: High

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

Increase the availability of supportive housing options for consumers.

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

Secure funding to expand supportive housing units. Implement the housing needs assessment findings to seek funding. Continue to explore success stories from surrounding counties. Participate in meeting with stakeholders such as Metropolitan Housing Authorities to explore vouchers or alternative funding streams.

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

Increase the number of supportive housing units

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

Collaborate with Burdman Group - support Capital Grant application
Metropolitan Housing Authorities

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.*

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

Click on gray box to enter text.

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

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

Click on gray box to indicate priority level.

3.a. SCHOOL SUCCESS

Priority: **High**

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

Increase access to high-quality mental health services for children and families.

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

Provide school based mental health liaison services in all Youngstown City Schools, to include their participation in Multi-disciplinary Student Academic Team process.
Provide district-wide teacher training to identify mental health needs of children and youth and to increase collaboration with community partners to best meet the needs of students and families.
Utilize Columbia University Teen Screen & Red Flags both best practices in Mental Health in liaison serviced schools.
Conduct on-going community wide mental health awareness campaigns to educate them on child mental health issues and decrease the stigma of accessing services by families.

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

Number of schools in the district provided mental health liaison services versus the number of schools not provided m.h. liaison in a school.
% of increase in the number of students referred pre and post initiation of mental health liaison in a school.
Number of teachers in the district provided m.h. screening training vs. the number of teachers not provided training.
Number of MDSAT teams with mental health liaison participation vs. the number without participation.
Number of children referred to m.h. liaison linked to m.h. community based treatment pre service initiation vs. post service initiation.
Number of students receiving Teen Screen's and Red Flag's screening,
Number of community education forums specific to child mental health issues and role of stigma as an obstacle to care,

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

Mental Health contracted providers will work with school system designated building supervisors in the process of involving m.h. liaison in MDSAT activities and in staff team meetings and individual teacher and school counselor consultations and trainings.

3.b. EARLY CHILDHOOD CARE

Priority: **High**

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

Strengthen protective factors for children ages 0-5 so that children enter school ready to learn.

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

Increase support of mental health providers to City School run pre-schools offering teacher and

parent training utilizing the Incredible Years Training Curriculum.

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

Number of teachers and parents provided training.
Level of responses by teachers and parents to surveys querying growth in their positive child managements skills which foster appropriate social skill and personal esteem building in children.

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

Mental Health contracted providers certified in Incredible Years will work with school pre-school administrators in initiating training for parents and teachers.

3.c. TRANSITION AGE CARE

Priority: **High**

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

To establish a continuity of care mechanism for SED youth that are identified in the community behavioral health system that are in need of adult linkage for services.

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

Meetings are held with multiple systems for treatment planning. The process is initiated at least three months prior to target date of transition. Provider D&E Counseling Center will maintain the case beyond the target date for an additional thirty days or more until services are in place such as linkage to a psychiatrist.

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

Number of SED youth that complete initial contact, as well as, engaged in services. Regularly scheduled transitioning meetings with multiple system providers. Number of parents that are referred and linked with services through the "Family Bridges" program at D&E Counseling Center to Turning Point Counseling Services

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

Children Services, D&E Counseling Center, MRDD, FCFC (ABC/FAST)... will provide case managers/service coordinator to attend meeting with mental health providers to facilitate services for youth who are transitioning to the adult system. Children Services will schedule meetings (semi annual reviews) for youth aging out of RTC with mental health providers to facilitate services.
Attachment 3.c. Board allocation \$30,000

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

3.d. OTHER:

Priority: **Medium**

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	4728	53
Private Psychiatric Hospitals: Adults	600	
Private Hospitals: Children & Adolescents		

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

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

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

4.a. INPATIENT CARE

Priority: High

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

Reduction of hospital inpatient psychiatric bed utilization

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

Expansion of Crisis Stabilization Unit at Turning Point Counseling Services from 12 to 16.
Collaboration with the probate court for increase use of Outpatient Civil Commitments, as well as, facilitate hearings for forced medication when warranted for stabilization and discharge.
Provider representatives participating in meetings at the local hospital with consumer and family to facilitate discharge with a System Wide Treatment Plan

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

Capacity/utilization on unit. Number of step-downs from the local and BHO. Length of Stay reviews. Timely hearings with probate.

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

Attachment on Ohio Department of Mental Health Community Capital Grant April 10, 2007
The community has provider meetings to address the issues with the necessary wrap around services needed for the unique needs of each individual- the collaboration can consist of representation from

AOD, MH, MRDD, Guardianship, Payeeship, Veterans....

4.b. CONTINUITY OF CARE

Priority: High

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

Provide seamless entry into community services for discharged clients

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

Facilitate system wide provider meeting to address needs of inpatient consumers upon discharge
CSN psychiatrist is engaging consumers ready for discharge at the BHO when warranted, as well as,
discussing discharge plans with attending psychiatrist at local hospital psychiatric unit

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

Track linkage for discharged consumers with local providers. Decreased utilization of both local and
BHO beds.

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

Meet with provider agencies who provide outpatient care. The Northeast Ohio Collaborative meets
at Geauga County Board of Mental Health & Recovery Services - multiple county representatives
along with NBH discuss continuity of care issues such as capacity, access, forensic,

4.c. SOMATIC HEALTH CARE

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

5.a. Residential Treatment Centers

Priority: **Medium**

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

Service coordination to reduce the frequency and duration of more restrictive placements in out of county RTC

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

Service Coordinator to to increase the training and implementation of High Fidelity WrapAround to address a greater population of youth (WrapAround & Intensive Home Base Treatment approaches). Service Coordinator will continue to build support systems and augment other community services to help maintain these youth in the least restrictive setting and prevent long term residential placements. Steering Committee will be developing a mechanism to be more active by reviewing cases monthly.

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

Based on our FY 07 Final Report: 135 individuals trained in Basic High Fidelity WrapAround and 26 completed Facilitator training. Current target is to increase the numbers of individuals trained. Number of cases which are reviewed and transitioned back to the community. A further reduction in RTC placements - FY 07 report indicated a 25% reduction.

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

Continue to increase collaboration among the systems that participate in the steering committee such as Family Children First Council, AOD, Juvenile Court, Mental Health Board. Children Services. MRDD. (Example of reclaim dollars - The Juvenile Justice Center has provided funding to their youth for IHBT which helps increase capacity of individuals served).
NOTE: The Board has been advised that a Residential Treatment Facility is being planned at a facility in Mahoning County that will service around 40 females and 14 males - this issue is being addressed at the Steering Committee meetings. The for profit organization will affect medicaid match for participating counties.

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.

The inability of counties to audit their own consumers in out of county placement that use mental health services requiring millions of dollars in medicaid match is an issue that has been a concern of many counties over the past years.

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: Crisis Facility

Priority: High

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

Expand programming and services for responsiveness to consumers.
Provide alternative inpatient psychiatric stabilization for consumers rather than local & BHO hospitals.

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

Expansion of crisis stabilization unit by six beds to eighteen.
Develop and implement protocols for consumers in need of inpatient psychiatric stabilization as a diversion from hospitals.
Increase awareness to community stakeholders at monthly Clinical Issues Meeting.

Measurable Objectives

Capacity of utilization and reduction of inpatient psychiatric beds usage at local hospitals.
Number of consumers diverted from local emergency rooms to Crisis Stabilization Unit.
Number of monthly step-downs from hospital inpatient units to CSU.

Discussions and/or Collaborations

Diversion from local hospital emergency rooms, increased step-downs from inpatient psychiatric units, emergency walk-ins, individuals in the community that are experiencing a need for psychiatric stabilization in a lesser restrictive environment... The TPCS provider is also networking with the local college (Youngstown State University) to respond to crisis incidents on campus (See attachment 4.a. Inpatient Care).
Collaborate with probate court to divert consumers on Outpatient Civil Commitment to CSU rather than continue in hospital psychiatric units.
Present case review at Clinical Issues Meeting with Northcoast Behavioral Health for transitioning consumers to lesser restrictive environment such as CSU thus providing availability to beds for emergency psychiatric consumers.

6.a.2. Area of Adult Crisis Care: Hotline/Warmline

Priority: Medium

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

To provide reassurance to consumers 24/7 for multiple counties.

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

Staff available to provide reassurance and informational network to address issues for consumers such as medication reminders...

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

Number of contacts and increased awareness for consumers on navigating the services in the county.
The Board is provided with a "Monthly Call Statistics" identifying the

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

Services are provided to Mahoning, Columbiana and Trumbull counties. HHCC recently received a \$10,000 grant from the Episcopal Diocese to provide warmline for elderly individuals and \$1000 from the Ohio State Suicide Foundation (notified by Carolyn Givens) to promote awareness of the

service to senior citizens whom are a designated high risk population for suicide. (See attachment of the most recent monthly statistics for the Board to illustrate comprehensive data).

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.*

Contact facilities offering inpatient psychiatric care for Child/Adolescent consumers.
To expand current transportation contract to include child/adolescent consumers

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

Provider crisis staff and Board representative will meet with potential facilities to secure access to services.
Representatives from child care facilities will present inservice at Systems Issues Meeting for all stakeholders in Behavioral Health Care System.

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

Number of children in crisis that are afforded immediate access to care when in crisis. Availability of transportation and number of trips. Increase in bed capacity.

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

Providers and Board representatives meet with Windsor-Laurellwood in Willoughby, Ohio in December (2007) to tour facility and discuss criteria for admission, programming on the units, and all other services provided on an inpatient basis for ages 6-17, as well as, adult services.
On February 13, 2008, Board representatives and provider D&E Counseling Services meet with Belmont Pines Hospital in Trumbull to discuss availability of beds and programming for

child/adolscents in need of psychiatric stabilization.

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

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

Click on gray box to enter number.

	SFY 2008 Crisis Bed Days	SFY 2009 Crisis Bed Days
Adults	4380	4380
Children & Adolescents	0	0

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

6.d.1. CIT/POLICE COORDINATION*

Click on gray box to select priority level.

Priority:

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

Through funding by the Board continuation of CIT 40 hour training twice a year. Continued attendance at all State, Local and National CIT conferences. Develop database for tracking mental health related incidents encountered by CIT trained law enforcement and outcome of encounter.

Develop data base of all trained officers with contact information for the purpose of distribution of all CIT related material and to notify officers of availability of advanced CIT training. Have a designated CIT contact at each of Mahoning County's 24 law enforcement agencies for the purpose of notification of CIT Coordination meetings and trainings. Work toward having at least 25% of all law enforcement training in Mahoning County.

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

Provide CIT training and education of mental health services and resources in Mahoning County

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

Number of CIT trained officers;

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

Participate in all CIT related meetings/conferences. Participate in meetings with Mahoning County CIT Coordinators and professional trainers.

6.d.2. DISASTER PREPAREDNESS*

Priority: **High**

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

Actively participate in Mahoning County Emergency Management meetings, mock disasters and continue planning, monitoring, evaluating and be the contracting authority for mental health services during all phases of a disaster. Attend local and state sponsored disaster preparedness trainings. Continue to educate board staff on safety concerns in the event of emergency or natural disaster, including performing safety drills at all board facilities.

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

Provide staff and provider education and training on disaster preparedness.

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

Number of persons trained in disaster preparedness

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

Participate in State and Local disaster preparedness trainings.

6.d.3. COLLEGES & UNIVERSITIES*

Priority: **High**

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

Through funding from the Margaret Clark Morgan Foundation - \$50,000- the MCMHB, in conjunction with Youngstown State University, will provide extensive training for University personnel to increase their knowledge on: recognizing individuals who may be in need of services or an intervention, responding to a crisis situation and how to access available services.

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

Provide training and education on services and resources available in Mahoning County.

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

Number of staff trained, pre-post test of learning.

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

Participate on the Risk Assessment Team planning committee.

6.d.4 PRIMARY & SECONDARY SCHOOLS

Priority: **Medium**

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

Provide follow-up crisis intervention services

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

Go onsite to schools experiencing a crisis.

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

Monitor response time and satisfaction with services offered

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

Participate in school planning committees.

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: **Pharmacological Management**

Priority: **High**

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

Increase access to Med/Som services

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

Recruitment of Psychiatrists

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

Increase in available appointments/decrease response time to access

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

Turning Point Counseling Services has brought on another psychiatrist which increases access.

Burdman Group Inc. has discussed the option of providers collaboration on resources to bring on a psychiatrist sharing time with various providers.
Board Executive Director met with representatives of SUMMA to discuss the regional psychiatry initiative that would create collaborative relationships with providers and boards who need assistance.

7.a.2. Area of Adult Services:

Priority:

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

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

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

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

7.a.3. Area of Adult Services:

Priority:

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

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

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

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

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

Click on gray box to enter text.

7.b. Child & Adolescent Services.

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

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

Priority:

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

identification of behavioral health needs in children.

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

Implementation of Intensive Home Based Services
Assessment counselor
Enhancement of programs identified in #9 Intersystem Collaboration 2

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

Number of children and families served.

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

Collaboration between the Juvenile Justice Center and D&E will facilitate an increase in the number of youth served through the court that will have in home services to reduce the need for out of home placements. The Juvenile Court also has a collaboration with Family Services to provide intensive home based services. The Family Children First Council provides additional support through the ABC/FAST Funds allocated through the Board. (Note: RFP being submitted for JJC grant).

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: High

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

To continue to work toward full implementation of the model; to help SAMI staff and non-SAMI staff (w/in agency) to become more familiar with the model so as to be able to effectively work with dual diagnosis population.

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

Utilize feedback from Fidelity Review to help make changes and/or to implement new ideas/programs; link new SAMI staff with IDDT related trainings: provide in-house training to others within agency.

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

O 1: Participate in fidelity action planning with CCOE consultant. Measure formulation of fidelity action plan with timeline for achieving tasks.
O 2: Educate new SAMI staff & other agency personnel on this EBP. Measure increased knowledge, skills responded observations.

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

Collaboration with SAMI CCOE out of Case Western Reserve University. Look at forming steering committee within organization to meet on quarterly or semi-annual basis- possibly include stakeholders.

Click on gray box to enter name of practice:

7.c.2. PRACTICE:

Priority:

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

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

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

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

Click on gray box to enter name of practice:

7.c.3. PRACTICE:

Priority:

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

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

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

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

Click on gray box to enter name of practice:

7.c.4. PRACTICE:

Priority:

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

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

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

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

Click on gray box to enter name of practice:

7.c.5. PRACTICE:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

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

8.a.1. Area of Workforce Development:

Priority:

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

Strategies *Click on gray box to enter text.*

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

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

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

8.a.2. Area of Workforce Development:

Priority:

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

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

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: Medium

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

Enhance the Felony Mental Health Court - additional staff to be hired to maintain a ratio of 1-15 caseloads to provide intensive model.

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

Increase capacity of Felony Mental Health Court.
Increase staffing

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

Number of consumers involved with Felony Mental Health Court that plead in and are provided with mental health services and diverted from incarceration.
Amount of cost savings to the county.
Annual report that demonstrates positive outcomes - see attachment under #9 Inter-system Collaboration a. 1

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

Collaborate with Turning Point Counseling Services, the Felony court system, Adult Parole and Prosecutor's office

9.a.2 ADULT RECIDIVISM

Priority: Medium

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

See PATH DRC which attempts to provide linkage to providers for continuity of care, housing and employment training to lessen the risk of reoffending and returning to jail.

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

Counseling, housing, employment, establish entitlements.... Proper notification with information regarding the course of treatment in the prison and behaviors that need to be addressed for treatment planning.

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

Number of consumers engaged for stabilization in the community

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

Funding issues for this population is limited and not provided by the Department of Corrections and Rehabilitation. Adult parole authority oversight of cases is very important.

9.a.3. ADULT DIVERSION

Priority: **Medium**

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

See 9.a.1

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

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

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

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

Click on gray box to enter text.

9.b. Adolescents

9.b.1. ADOLESCENT JUSTICE/COURT COORDINATION

Click on gray box to indicate priority level.

Priority: **Medium**

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

Create service linkage between individuals and groups that serve the juvenile population (e.g. mental health providers and criminal justice system.

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

Increase meetings and review programs provided by both systems addressing the needs of juvenile

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

Increased services and collaboration among staff

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

Meetings addressing the need of youth/adolescents are conducted at the Service Coordination meetings with Family and Children First Council. Members from the court system are responding to

a proposal for RFP and have met with the Boards Executive Director and Director of Clinical Programs at JJC to help facilitate efforts to apply for the funds.

9.b.2. ADOLESCENT RECIDIVISM

Priority:

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

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

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

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

9.b.3. ADOLESCENT DIVERSION

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

9.c.1. JAILS

Click on gray box to indicate priority level.

Priority:

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

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

Crisis counseling and assessments as requested by the jail administrator.

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

Number of consumers served.

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

The services for Behavioral Health from Turning Point Counseling Services are a limited funded service. The county does not provide any funding for this program, but does provide nursing/psychiatry on their medical pod. The data clearly indicates the jails are the biggest facility housing mental health consumers. The services such as probate court for OPC, CIT, felony court, CCA, forensic monitoring, CSN,...all play a crucial role with consumers involved in the legal system. The Board has increased funding for all these programs over the past years, but demand continues to increase. The cost savings to the various program is extremely important, but few systems reinvest these savings directly back into the specific programs to expand capacity directly for behavioral health needs of consumers.

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.*

See Daybreak 9 b.2. Family Services is working on getting the site certified.

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

Counseling

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

Number of units provided to residents and outcomes as described in the 9 b.2

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

Daybreak runaway shelter will be seeking a capitol grant to expand services.

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: Medium

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

Continuity of care for offenders being transitioned back to the community to ensure accurate and updated information is provided to the Board.

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

Pilot for email transmission of Community Linkage referrals to help facilitate referral packets and ensure consumer confidentiality in accordance with HIPPA regulations.

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

Responsive time to consumers needing access to services
Number of offenders that are engaged and length of time in services.
Submission of bi-annual report to Board - see earlier attachment.

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

Tracking will be completed by Catholic Regional Agency. Collaboration with Turning Point Counseling Services for access.

9.c.6. PHYSICAL & MENTAL HEALTH INTEGRATION

Priority:

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

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

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

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

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

9.c.7. OTHER:

Priority:

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

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

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

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

Click on gray box to enter text.

9.c.8. OTHER:

Priority:

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

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

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

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

Click on gray box to enter text.

9.c.9. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

10.a. SUICIDE PREVENTION

Click on gray box to enter priority level.

Priority: High

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

Goal 1: To present a suicide training/update for staff who answer the 24 hour hotline to improve quality of services.

Goal 2: To present a suicide overview to community groups, agencies, schools

Goal 3: To Distribute "It's Okay to Ask for Help" cards to agencies, schools, health fairs with information about warning signs and ways to help.

Goal 4: To work with local media to highlight suicide prevention awareness via PSA's distributed to target teens, adult males, and seniors.

Goal 5. To provide services to the senior population via the 211 and Senior Line.

Goal 6. To provide medical reminders to seniors to prevent frequent hospitalizations or removal to a nursing home.

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

1. Schedule Two Day training of ASIST in Sept/October and May/June
2. Schedule presentations to community groups
3. Cards will be distributed during the fiscal year at a variety of events or available to be mailed or dropped of at schools/agencies.
4. Contact local TV, radio, to develop advertisements to target populations.
5. To contact local media to promote the Senior Line. To network with the Area on Aging, 11 to refer clients to the Senior Line.
6. To maintain the current case load.

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

1. To train ten volunteer and ten staff.
2. To reach ten community groups reaching about 400 persons.
3. To distribute 2500 cards to community groups/schools as long as funding is available for printing.
4. Increase of calls to the 24 Hr. Hotline from above target populations.
5. 3% Increase of calls from persons 55+ to the Senior Line
6. To make daily or twice daily contact with caseload to remind of medications for a total of a minimum of 200 calls a month.

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

1. National Suicide Prevention Lifeline

- 2. Mahoning County Suicide Prevention Coalition.
Ohio Suicide Prevention Foundation
- 3. Mahoning County Suicide Prevention Coalition.
Crisis Intervention Training.
Family and Children First Council.
- 4. Mahoning County Suicide Prevention Coalition.
- 5. Mahoning County Adult Protective Services.
Volunteer Services Agency.
Area on Aging, 11
- 6. See Suicide Prevention Goals for target populations (seniors).

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 2009to increase cultural competence? Please discuss the areas of most salience or strategic importance to your system.

11.a. CONSUMER SATISFACTION WITH SERVICES AND STAFF

Priority: High

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

To enhance consumer awareness of available services and promote programs with positive outcomes. Identify gaps in services that can be beneficial to consumers and their families.

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

Review Performance Improvement indicators from providers

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

Consumer responses to services

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

Board and providers collaborate to improve services that are responsive to the needs of mental health consumers in the community. Systems collaboration with MRDD, AOD, Department of Corrections and Rehabilitation, FCFC...are all representative populations that can access specific programming with qualified mental health professionals

11.b. STAFF RECRUITMENT

Priority:

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

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

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

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

11.c. STAFF TRAINING

Priority:

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

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

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

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

11.d. ADDRESSING DISPARITIES IN ACCESS AND OUTCOMES

Priority:

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

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

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

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

Click on gray box to enter text.

11.e. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

Click on gray box and enter text.

--

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

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

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

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

Click on gray box and enter text.

No changes anticipated.

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.

	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.

	E.2
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E.3. To what extent does the Board need technical assistance concerning compliance with ORC 340.03? (Guidelines for ORC 340.03 appear in Appendix D.)

Click on gray box and enter text.

	E.3
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Form 1
Board Appointment Data Sheet

Form 2
Community Board Resources

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

Name	Street Address	City	Zip	Phone Number	Email
Linda Blum	Turning Point Counseling Services 611 Belmont Avenue	Youngstown	Ohio	330-744-2991 Ext 163	lblum@turningpointes. com

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
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Michael O'Brien	Catholic Charities 2401 Belmont	Youngstown	44505	330-744-3320	
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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
William Carbonell	Mahoning County MH Board 213 Ohio One Building	Youngstown	Ohio	44503	bcarbonell@mahoning mh.org

Form 3

Planned State Inpatient Bed Days

BOARD NAME : Mahoning County Mental Health Board	
2009 Planned Use of State Inpatient Days	
Northcoast-Cleveland	
Northcoast-Northfield	
Heartland	
Twin Valley-Columbus	
Total Inpatient Days	

Signed _____
Board Executive Director

I anticipate contracts for CSN services to some degree.

- Yes
- No

Form 4

Notification of Election of Distribution – SFY 2009

The Mahoning County Mental Health Board (Board) has passed a resolution making the following:

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

Signed: _____

RONALD A. MARIAN, M.S. (Name)
Executive Director
MAHONING COUNTY MENTAL HEALTH BOARD (Board)

Date: