

### III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

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*Click on box to enter Board name.*

**BOARD NAME:** Montgomery County

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

*Click on gray box to enter text.*

Mission Statement.....

We exist to enhance the well being of each resident of Montgomery County in the area of behavioral health. Our mission is to improve and promote Mental Health, to facilitate the process of recovering from Mental Illness and Chemical Dependency, and to prevent the abuse of Alcohol and Other Drugs.

Vision of Excellence...

The Alcohol, Drug Addiction and Mental Health Services Board for Montgomery County is a positive voice speaking to the issues of alcohol, drug addiction and mental health in Montgomery County within the county as well as in state and federal forums. The Board is responsive to issues affecting the development of the cultural competence of the Montgomery County system to deal with the diverse cultures and barriers, which arise from those differences.

The Board effectively discharges its statutory responsibility to determine the needs of Montgomery County citizen’s for alcohol, drug addiction and mental health services and works to fulfill its mission of providing treatment and prevention services through collaborative partnerships with a variety of providers, citizens, primary and secondary consumers, and other human service agencies. The Board works closely with providers to determine needs, to identify target populations, and to assure the availability of a comprehensive range of the highest quality services which can be obtained with the financial resources available and with the mandates established in law and regulations. Even in this collaborative system, however, the Board is aware of the differences between the mental health system and the alcohol and drug addiction system and the target groups, which each system will serve. The services, which are delivered, are the result of planning processes, which find the Board leading a system which is anticipating the needs of citizens and which is developing innovative responses to those needs. Because the needs of the citizens are paramount, the Board holds those from whom it purchases services accountable for the quality of those services and the effective use of public and private funds, the Board and staff will continue to seek and obtain new and innovative additional funding.

In order to assure the range of viable service providers necessary to offer unique services for unique populations, the Board evaluates its service providers, identifies areas in which performance may not match quality standards and works to assist service providers in bringing their services up to those standards.

The Board works with its service providers to identify those services which should be delivered without regard to geography and those which should be delivered in sub-county regions in order to

assure those services being accessible to target populations.

The Montgomery County system provides very cost effective client-outcome focused services. The Board makes use of evaluation tools to assess needs and to measure the quality of services in order to make necessary adjustments to meet the changing needs of the citizens. The Board and service providers are effective at “telling their story” to the Montgomery County community so that even those who are not directly involved in the system’s service benefits see the indirect benefits which come to our citizens when effective treatment and prevention services are available in the County. The Board and service providers will continue to reduce and erase stigma associated with mental illness.

The Board retains staff who are competent, conscientious and professional. Staff, on behalf of the Board members, fosters innovation and new ideas and works collaboratively with service providers to keep Montgomery County on the leading edge of cost effective, client oriented, community based service development. The staff works to help provider agencies and their personnel understand and master Board quality assurance, reporting requirements and accountability standards.

**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.*

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

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

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

*Click on gray box to enter text.*

Notable achievement include: 1) The county wide training of and implementation of Integrated

Dual Diagnosis Treatment services are delivered within five outpatient community mental health treatment agencies, within Twin Valley Behavioral Healthcare-Dayton Campus and one mental health residential treatment facility. The Board, since 2005, has contracted to provide ongoing clinical consultation through the Ohio SAMI CCOE and during the fidelity reviews, all five of the outpatient treatment providers have demonstrated significant validity to the IDDT Model that has included decreased utilization of inpatient psychiatric care; 2) Through implementation of the consumer recovery program, Bridges, approximately 15 recovering individuals have been trained at three treatment agencies and three individuals have been trained as facilitators/trainers; 3) One mental health provider has restructured its vocational program from "sheltered employment" to competitive community employment through training and implementation of the Supported Employment Model. Another contract agency, while not a treatment provider, has expanded to accept and provide competitive community employment for Montgomery County residents who have a serious mental health disorders. Between the two primary organizations, it is anticipated that over 200 additional adults will be employed in competitive community jobs. Two other mental health treatment providers will be receive training in the Supported Employment Model during SFY'09 with focus on competitive employment; 4) One treatment provider has implemented Wellness Management and Recovery with the focus on increasing the number and diversity of staff and peer training, as well as, the number of groups offered. As of this date there are five groups and over 75 recovering individuals trained in the model; 5) In 2007 the Montgomery County Network of Care website became operational and can be accessed through the ADAMHS Board's website; 6) NAMI's Family to Family Education Training continues to provide a minimum of two trainings per year; 7) Four Peer-to-Peer Support Groups/Social Clubs, that includes components of a Clubhouse Model, remains operational with focus on pro-social opportunities and community integration. The services are available throughout the week to include some evenings and weekends. Additional focus is on education regarding the individuals' illness, recreational activities, educational opportunities and general awareness of community resources; 8) Restructuring of Supported Housing with focus on skills training and movement towards independent housing with supports as needed or requested. The number of recovering individuals that have moved to independent housing and maintained housing has increased by 20% from 2006 to 2007; and 9) Five Dual Recovery Groups have been implemented within four of the mental health providers that are offered at a variety of times and days throughout the week.

Trends and Patterns: A. Development and use of IDDT Utilization reports by service code and provider, Countywide use of a Non-Responder Policy, Crisis Alert/Plans, that has improved stability of housing for dual diagnosis individuals, a Family Education component and development of a county wide pool of trainers and a training schedule; B. Increased the community volunteer activities of recovering individuals; C. Implementation of Respite services for individuals receiving ACT services and living with families members to provide support for families; D. Expansion of ACT services from a countywide approach to a decentralized approach within three mental health treatment agencies to serve those individuals who are high users of inpatient psychiatric care and/or high profile forensic individuals on Conditional Release; and E. Expansion of the focus of the Suicide Prevention Coalition to focus on training "gatekeepers" to recognize signs of suicidal ideation, make appropriate referrals and training on an Evidence Based Intervention/Treatment Model within treatment agencies and others as identified

Note the ADAMHS Board annual contract with agencies incorporates the Mental Health Recovery Model and agencies' implementation activities are monitored through the Board's utilization management process.

## **2.1 Recovery Supports: Housing**

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

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

*Click on gray box to select answer.*

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

*Click on gray box to select answer.*

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

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

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

90 Consumers Waiting	<b>2.1.d</b>
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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	<b>2.1.e</b>
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f. For most consumers waiting for access to HAP in your area, which of the following categories comes closest to the average wait time? *Please select only one response category.*

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

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

291 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.

55 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.)

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

Click on gray box to enter text.

This is a fairly accurate reflection of the number of homeless adults with a severe mental illness served by the Board in SFY 2007.
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j.a. If the Board does not use Outcomes data to estimate number of homeless persons with SMI, what data source does the Board use to plan for services to this population?

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

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

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

*Click on gray box to enter number.*

267 Homeless persons with SMI	<b>2.1.jb</b>
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**j.c.** Is there anything else important to know about the current state of housing strategies and services in your Board area?

*Click on gray box to enter text.*

Access to Section 8 Vouchers through the local public housing authority has remained closed, except for specific projects/priority populations as identified by the local housing authority, in Montgomery County until recently. While the local housing authority has plans to accept new Section 8 applications, the number of individuals in Montgomery County who are eligible, will continue to challenge the move of individuals on the ADAMHS Board's Waiting List or HAP subsidy onto Section 8. Montgomery County continues to encourage Recovery Housing through promoting individuals living in independent housing with appropriate community supports.

## 2.2 Recovery supports: Employment

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

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

*Click on gray box to enter text.*

This is a fairly accurate reflection of the number of employed adults with a severe mental illness served by the Board in SFY 2007.

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

*Click on gray box to enter text.*

Not applicable	<b>2.2.aa</b>
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**a.b.** If the information in Appendix B is inaccurate, what was the number of full-time and part-time employed persons with SMI served by the Board in SFY 2007?

Click on gray box to enter number.

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

Click on gray box to enter text.

Clients/consumers are encouraged via CPST staff to engage in Supported Employment which is presently implemented in one contract agency. The goal is to expand Supported Employment, competitive community employment services, to two (2) additional agencies within Montgomery County. In addition, Goodwill/Easter Seals of the Miami Valley operates a program, which works with SMI individuals to obtain employment.
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**3.0 Resilience supports.** What are some notable achievements and trends for the Board in the area of resilience supports?

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

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

Click on gray box to enter text.

Notable achievements have included: 1) School based intervention/behavioral health treatment services within all public schools districts throughout Montgomery County that are either funded directly by school districts or brokered through the ADAMHS Board who manages the funds. These services include pharmacological management, psychiatric consults and interviews, behavioral health counseling/therapy, CPST, crisis intervention, consultation and education and prevention services to children and adolescents birth through age 18 or older if in the custody of Children Services or MRDD; 2) ABC and FAST services available to families, to include those who are uninsured or financially can not meet the co-pays due to high medical expenses for the child/adolescents. Primary FAST services are respite and assistance with transportation/gas cards. These services have significantly increased caregivers' ability to manage their child, as well as, actively participated in treatment. Primary ABC service has been mental health outpatient treatment for families that can not afford their private insurance's co-pays and improved access to CPST services to assist with coordination of care and to advocate for the children especially within school systems.3) Training and Implementation of the the EBP Model, "Incredible Years", by one mental health treatment and prevention provider targeting "Help Me Grow" referrals, Headstart Programs referrals, Early Childhood Programs of MR/DD referrals, child care providers/centers and other referrals through an ODMH Early Childhood Mental Health Prevention Grant. During SFY
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2007 over 800 children received services that represented over 75 families. Additionally over 150 early childhood and/or other professional staff were educated/trained on appropriate and effective early intervention and prevention strategies. Montgomery County was awarded an ODMH's Early Childhood Mental Health Treatment Grant that will provide services to approximately 112 families through June 30, 2009; 4 ) During 2006 Montgomery County was awarded a Behavioral Health/Juvenile Justice, (BH/JJ), Initiative Grant as a collaboration with Juvenile Court and the county's primary child serving agency and the county's countywide crisis intervention agency to provide in-home behavioral health intervention and treatment services to violent female juvenile offenders with a serious emotional disturbance and her caregivers. Functional Family Therapy is the EBP Model used with the females and her caregivers with all services provided in the home over 12-14 sessions. Over 250 female offenders, (originally projected to serve 150), have been assessed and referred to the program of which only one (1) was sent to ODYS {a significant reduction from previous years}. Fifty (50) females have successfully completed the program with no recidivism. The BH/JJ Initiative will expand to include sixty (60) violent male offenders and his caregivers through the additional grant awarded to Montgomery County through June 30, 2009; 5) Montgomery County's Childrens Cluster, "ICAT", serves as the countywide coordination of care process for multi-need, multi-systems children and adolescents. Through this process, placement maybe diverted or altenratives secured for families that need assistance in order to manage their stressors and maintain their children in the home. This includes access to wraparound services that are available at two contract agencies. Many of the ICAT representatives also serve as their respective systems "Service Brokers" who function to assist either professionals from the other systems or families to navigate community services or to develop and implement processes to eliminate systems's barriers or to improve processes based upon emerging needs; 6) Mentoring services are available through the Reclaiming Futures Initiative within Juvenile Court for those offenders who participate in the BH/JJ Initiative. The mentoring service, "Natural Helpers", is family directed in which the Natural Helper is an integrated member of the Treatment Team; 7) Over the past five years, Transitional Living has been available for adolescents who are aging out of the the child welfare system through the County's Homeless Shelter agency. The agency received HUD funding through the County's Continuum of Care process to expand the number of transistional housing available for this population, as well as others identified through the Homeless Shelter system to include access to on-site behavioral health intervention and treatment services, money management, ADL skills training, etc. Note, the priority population has not/may not include those with a serious mental illness. The ADAMHS Board has an approved transistion process, developed by ADAMHS Board, Children Services, Juvenile Court, MR/DD that has been implemented by the two primary child serving contract agencies to access services within the adult system of care. This process is monitored by the Care Management Department.

Trends and Patterns: A. The Board is working with contract agencies to develop specific services and supportive housing for those adolescents transitioning to the adult systems who have a serious mental illness with limited employable skills; B. Working with the newly created NAMI Dayton Chapter including the "Hand to Hand" initiative; C. Expansion of in-home EBP intervention/prevention services targeting children from birth through age 18 with focus on those involved in the Juvenile Justice Center, those with co-occurring disorders of mental health and substance abuse, those with co-occurring disorders of mental health and developmental delays (autism), those in foster care placements to increase reunification and those in specialized classrooms settings.

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

The **School Suspension and Expulsion NOM** reported to SAMSHA by ODMH refers to children and adolescents, aged 18 or less, with serious emotional disturbance (SED), who have been identified as

having been suspended or expelled from school through administration of a survey in the Ohio Outcomes System. For SFY 2007, Ohio reported a School Suspension and Expulsion NOM to SAMSHA of **8,187** persons with SED. Board level data for Ohio’s SFY 2007 School Suspension and Expulsion NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

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

*Click on gray box to enter text.*

This is a fairly accurate reflection of the number of children with a serious emotional disturbance who have been identified as having been suspended or expelled from school who were served by the Board in SFY 2007.

**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.*

Not Applicable. **3.1.aa**

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

*Click on gray box to enter number.*

Not Applicable **3.1.ab**

#### 4. Inpatient Care

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

##### a. Inpatient Care

*Click on gray boxes to enter numbers.*

Board Purchased Inpatient Care	FY 06 Bed Days	FY 07 Bed Days	FY 06 Admissions	FY 07 Admissions	<b>4.a</b>
State Hospitals	11741	10951	363	272	
Private Psychiatric Hospitals: Adults	N/A	N/A	276	269	
Private Psychiatric Hospitals: C&A	560	400	56	40	

**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.*

Since 1996 the Board has contracts to access inpatient psychiatric care for adults, **4.ba**

children and adolescents within the five community hospitals. For children and adolescents, the Board purchases, per diem rate, inpatient care that is authorized through the Board's Utilization Management process. Access for adults targets Indigent and Medicaid populations through the hospitals' Indigent and Medicaid services. Each of the community hospitals serving adults shares in a pool of funding that is allocated based upon the number of Indigent clients referred by the countywide crisis intervention agency, that are accepted and admitted into the hospitals. During the past three years, the majority of adults access inpatient psychiatric care through the community hospitals. Analysis of the data indicates that the average length of stay is 7-10 days with approximately 31 per month transferring to TVBH-Dayton Campus for extended stay.

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

*Click on gray box to select answer*

Yes	<b>4.bb</b>
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**5. Residential Treatment Centers (RTCs).**

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

*Click on gray box to enter number.*

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

*Click on gray box to enter number.*

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

*Click on gray box to enter number.*

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

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

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.*

Board staff participate in cluster planning for placement. Other alternatives are available within Montgomery County, to include the partnerships with the Montgomery County Children Services and Juvenile Court, to implement home based treatment and interventions with families who are at risk of losing custody of their children and/or to assist with reunification. The Board funds behavioral health professionals to screen and assess all child protective/welfare referrals to determine behavioral health needs and to assist with appropriate ongoing interventions.

**5.e**

The Board and Juvenile Court have collaborated on many partnerships (Reclaiming Futures - A Robert Wood Johnson Foundation Initiative, Behavioral Health/Juvenile Justice Initiatives, Care Coordination Team) to identify needs and to provide a continuum of care/interventions that have reduced Residential Treatment placements. The Board, Juvenile Court and Children Services, since 1998, have cost-shared for juveniles who need residential treatment. The Board also funds behavioral health staff 24/7 throughout the Juvenile Justice Center, (Detention Center, Intervention Center {Intake/Admission}, Probation, Community Court, etc.) to screen, assess and provide behavioral health interventions (crisis intervention, assessment, pharmacological management, physician interviews, CPST, brief behavioral health counseling/therapy, prevention, etc.) of all juveniles within the Court.

Use of Community Case Conference (a utilization management activity) for high users of services aimed at coordination all systems involved to develop an appropriate care plan has been utilized. Agreements between the Board, Juvenile Court, Public Schools, Children Services to cost-share that often includes exploring intervention options have also been effective.

**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"/>	
<b>Adult Consumers</b>		
24/7 On-Call Staffing by Psychiatrists	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input checked="" 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 checked="" type="checkbox"/>	
Respite Beds	<input type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input checked="" type="checkbox"/>	
Other (Please Specify):	<input type="checkbox"/>	
<b>Child &amp; Adolescent Consumers</b>		
24/7 On-Call Staffing by Psychiatrists	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input checked="" 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 checked="" type="checkbox"/>	
Respite Beds	<input checked="" type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input checked="" type="checkbox"/>	
Other (Please Specify):		

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

*Click on gray box to enter number.*

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

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

*Click on gray box to enter text.*

Montgomery County has access to community hospitals observation services and inpatient psychiatric beds that has not necessitated the need for separate crisis beds. The ADAMHS Board has funded since 1996 a countywide Crisis Intervention service that is available 24/7/ every day of the year that is also mobile, to include prehospitalization screenings to include civil commitment process. The service is also housed 24/7 within the County Jail, Juvenile

Justice Center and respond to community hospital's Emergency Departments and law enforcement.

By July 1, 2008 based upon the closing of the state psychiatric hospital in Montgomery County, the countywide crisis intervention agency will provide an "Extended Assessment Service" with focus on stabilization of individuals and/or provision of psychotropic medication to prevent inpatient psychiatric hospitalization, triaging to determine the extent of the individual's chemical use to determine if inpatient psychiatric care is appropriate, etc.

**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.*

Montgomery County, through the ADAMHS Board and the Greater Dayton Area Mental Health Foundation and the Dayton Police Department, began training law enforcement personnel (police departments, sheriff's office, universities' security staff, hospitals' security staff, dispatchers, EMT staff, behavioral health professionals) in 2003. From 2006 through February 2008 over 100 unduplicated individuals have been trained. Additionally approximately 145 individuals have attended two of the Refresher Courses. Achievements include the increased collaboration between law enforcement and behavioral health professionals such as earlier response to request for assistance by law enforcement of behavioral health professionals with individuals who are violent or potentially dangerous, increased awareness and understanding of law enforcement of the behavior of those with mental illness and alternative methods of intervention to include involving the countywide crisis intervention service and/or referral to the Mental Health Court Program of Dayton Municipal Court if applicable.

### **2. Disaster Preparedness**

*Click on gray box to enter text.*

The County and Region recognize Montgomery County ADAMHS Board as a fully contributing partner in the area of disaster preparedness, planning and mitigation.

The Board's All-Hazard Coordinator sits on the Regional Medical Response System and Metropolitan Medical Response System planning committees. These committees plan for a wide range of events whether they be natural or man-made.

As part of this planning and preparation the ADAMHS Board has participated in numerous drills, both tabletop and functional. Board staff and executive leadership of its primary provider of Crisis Services were "players" in the regions recent tornado functional exercise, the 2007 Pandemic Flu exercise, and the exercise testing the community's response to a biological event at the regional United States Post Office. We will be an active player in the 2008 pandemic flu exercise.

The ADAMHS Board has a permanent seat at the County's Emergency Operation Center and regularly attends trainings and exercises within this facility.

Montgomery County's Office of Emergency Management has issued the Board's All-Hazard's Coordinator a Department of Homeland Security Government Emergency

Telecommunications Services (GETS) access card insuring that the County Behavioral Healthcare community will have the ability to communicate with other governmental bodies and service providers if the usual means are not working.

The Board and its major provider of crisis and emergency services are prominent in the Behavioral Health sections of the County’s Emergency Action Plan.

The All-Hazard’s coordinator regularly coordinates the Dayton Chapter of the American Red Cross (a regional chapter) especially with its 24 member Disaster Red Cross response service.

In addition the All-Hazard Coordinator is an active member of the OACBHA All-Hazard’s planning committee.

What are your estimates of staff for the following areas?

*Click on gray box to enter number.*

	Local Disaster Response	Statewide Disaster Response	<b>6.c.2</b>
Trained	43	23	
Currently Available	43	23	

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

*Click on gray box to enter text.*

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

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

*Click on gray box to enter text.*

The Board uses the countywide crisis service for assessment and referral to community treatment providers so clients are triaged according to special population and given appointments within the agreed upon time frames. For instance those individuals being discharged from a psychiatric hospital are seen within five calendar days of discharge and pregnant women are given an appointment within 48 hours. The contract agencies follow the same appointment guidelines for priority populations. The Board monitors and evaluates adherence to the guidelines for appointments through the Quality and or Performance Improvement reports that are submitted quarterly to the Board's Care Management Department. These protocols and priorities are also included in the contract agencies' Annual Application for Funding and contracts that are monitored.

Ongoing meetings are held with the contract agencies and hospitals to develop processes and protocols to improve communication regarding coordination of inpatient and outpatient care and to improve access to care. These collaborations have included development of Crisis Alert Plans, Emergency Department Access Protocols for Community Mental Health Centers, Communication/Discharge Protocols for Hospitals and Community Mental Health Centers and others as deemed applicable and necessary.

Partial Hospital Type I is available at one community hospital for adults and at one community hospital for adolescents. Neither programs are funded by the Board.

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

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

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

The Board has access and quality protocols for priority populations to include those who have a serious emotional disturbance, involved with Juvenile Court, in the custody of Children Services.

The Board has focused on the training and implementation of home based therapeutic interventions/treatment services targeting children/adolescents involved in the Juvenile Justice System and those involved and/or in the custody of Children Services to decrease recidivism and/or to increase reunification. Those children/adolescents in specialized classrooms settings (Special Education, Alternative Schools and/or In-School Suspension) have also had access to in-home therapeutic interventions based upon collaborative efforts between the ADAMHS Board, contract agencies and schools district that includes cost-sharing of services which has increased the access to services.

The capacity for children/adolescents not involved in specialized programs or public systems have been limited due to the increased number of families who meet financial criteria for Medicaid or a Board subsidy as well as adhering to access protocols for priority populations as identified by funding sources. It is a quality improvement initiative that has been identified/included in the Board's request for additional local levy resources.

**b. Routine Outpatient Care.** For each of the following services that are available in the Board area, please mark (X) under the column indicating approximately how many working days adult consumers

wait for admission. The forms below allow you to report wait times for up to four providers of a service or program.

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

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

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

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

**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.

The contract agencies have focused on improving access to care. Some agencies have contracted with David Lloyd to assist them in improving access to care. Access to psychiatrist appointments has proven to be the biggest challenge. One agency has hired an Advanced Practice Nurse to assist with pharmacological management appointments in an effort to make more psychiatry time available. The addition of an APN has improved access to Diagnostic-Physician appointment times. These issues are monitored and evaluated through the Board’s Quality/ Process Improvement quarterly reporting process and in the Quality Improvement Directors’ meetings and the CrisisCare and Hospital and Community Mental Health Center meetings through a data collection and analysis process.

b.4. Access to child psychiatrist appointments has been a big challenge and mirrors the national

trend. The Board allocates funds for residents affiliated with the local medical university and this has improved access.

### **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 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 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"/>	
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 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"/>	
Pharm. Management	<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 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"/>	
Counseling/Psychotherapy	<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"/>	
CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

**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.

Reference "Child and Adolescent Intensive Care" section.

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

Click on gray box to enter text.

1). ACT- While this service has been available for over ten years, it has been centralized to one contract agency. With the closing of TVBH-DC and the termination of the contract with the one agency, the Board will expand the service to be a part of the continuum of care within the primary three mental health treatment providers who serve the majority of individuals who meet ACT criteria. The restructuring of this service will occur before SFY 2009 to include contracting with ACT CCOE for consultation and training for technology transfer. The consultation and training is planned to begin late April 2008 to early June 2008 and will continue throughout SFY 2009. IDDT- The Board's contract with Ohio SAMI-CCOE expires this at the end of FY 2008. The Montgomery County IDDT Committee will continue to meet to support the technology transfer. FY 2009 focus will be on developing local clinicians trained in the model and outcome reporting according to the National Outcome Measures. For the FY 2009 Application for Funding agencies are required to submit to the Board how their agency plans to measure and report quarterly and or

annually on NOM(s).

Functional Family Therapy -This modality will be expanded to include male juvenile offenders. The existing BH/JJ Initiative has been successful, as supported by outcome measures: decrease in suicide, decrease in problem severity and increase in functioning that the intensive home-based therapy will be expanded to include males.

Trauma-focused Cognitive Behavioral Therapy (TF-CBT) – During early 2008, thirty (30) Masters trained clinicians were trained in the TF-CBT model. The Board has allocated funding to continue the training and clinical consultation in the model throughout FY 2009 to this select group. A Trauma Focused –Cognitive Behavioral Therapy Implementation Steering Committee has been established and will guide the TF-CBT technology transfer in the community.

Supported Employment- The Board has funded a contract with Ohio Supported Employment CCOE to provide this county with ongoing training and technical support in the model. There is a countywide Supported Employment Steering committee consisting of key stakeholders who guide the implementation process and evaluate the effectiveness of the model in Montgomery County by measuring National Outcome Measures (NOMs).

Mental Health Housing Institute- The Board has trained all the housing providers in the Recovery Model and monitors and evaluates access to housing through regular MACSIS reports. Housing will be analyzed and restructured to fit the changes with TVBH-DC closure. Please see housing section for further details.

Wellness Management and Recovery- Previously described.

Older Adult Services - ADAMHS Board has a representative on the recently formed Coalition to target this population as well as to identify effective models of care/intervention.

Family to Family - Reference section on "Recovery".

Consumer Psycho-Education - Reference section on "Recovery".

Peer Support service- Reference section on "Recovery".

Consumer Operated Service

General Transportation Service- Access through countywide transit service. One Community Psychiatric Support provider recently installed a bus shelter and is working collaboratively with the city where the facility is located and the local transit service to apply for grant.

Anger Management / Domestic Violence- Available in the community but not funded by Board so it is not known numbers served.

Interpreter Services- The Board contracts with a local agency to provide deaf interpreter services to those individuals who are hearing impaired/deaf and served by other contract providers, as well as to provide mental health services to those individuals identified with a severe mental illness.

## 8. Staff Capacity & Workforce Development.

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

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

Pharm. Management Practitioner FTEs:*	14.90	<b>8.a</b>
CPST FTEs:	67.20	
Counselor/Therapist FTEs:	77.5	

\*Includes Advanced Nurse Practitioners with prescriptive authority.

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

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

Pharm. Management Practitioner FTEs:*	5.46	<b>8.b</b>
CPST FTEs:	35.30	
Counselor/Therapist FTEs:	52.50	

\*Includes Advanced Nurse Practitioners with prescriptive authority.

c. Please describe any areas of focus for the Board regarding **workforce development**. For help with framing a response on this topic, Boards are encouraged to review Appendix G: *An Action Plan for Behavior Health Workforce Development* from the Annapolis Coalition.

*Click on gray box to enter text.*

### 9. Inter-system Collaboration

a. Discuss achievements and trends in the following areas.

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

*Click on gray box to enter text.*

The Board has been very instrumental in bringing together the behavioral health system, law enforcement and the criminal justice community along with the Greater Dayton Mental Health Foundation. This initiative resulted in the establishment of a Mental Health Court within the Dayton Municipal Court system, the creation of a Crisis Intervention Team, training program and a designated mental health treatment team, ACCESS II, for the Mental Health Court Project. This coordinated collaboration has resulted in bringing together judges, probation, prosecutors, public defenders, police and the mental health community. The CIT training has diverted consumers from the criminal justice system into the treatment system. The Roundtable, a staffing of eligible cases for mental health court and the ACCESS II Treatment Team has had success in reducing both recidivism and jail days.

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

*Click on gray box to enter text.*

See response under "Resilience Supports".

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 Board has been working with the Montgomery County Criminal Justice Council to establish a sub-committee to focus on the increasing jail population. A review of the jail population will reveal issues the board can address to reduce the mental health and substance abusing population in the jail. Since 2000 the Board has funded behavioral health intervention/treatment 24/7, assessment and CPST services 40 hours per week to coordinate discharge and/or provide effective intervention/stabilization. Services include crisis intervention, assessment and CPST. Access to psychiatric interview and pharmacological management are provided through the Sheriff's Office/Jail Managed Care Medical contract.

## 2. Detention Centers

*Click on gray box to enter text.*

Achievements include behavioral health intervention/treatment services 24/7 that includes (crisis intervention, assessment, pharmacological management, psychiatric interview, brief solution counseling/therapy, CPST, information and referral) through the countywide crisis intervention agency. Staffing includes a .5 FTE child psychiatrist, 1FTE psychiatric nurse, 6FTE therapists and CPST staff to coordinate discharge or other placements in collaboration with Juvenile Justice staff. The service is fully funded through local county levy funds.

## 2. Homeless, Runaway & Domestic Violence shelters

*Click on gray box to enter text.*

The Board has been an integral member of the Homeless Solutions Task Force in Montgomery County. The County has authored a (10) ten-year plan to end homelessness in the County. Some achievements to date has been to place access to assessment services through the countywide crisis and assessment agency at the county's only health care clinic for the homeless to expedite assessment and referral into Board's system of care.

Additionally the Board has funded, for over ten years, community outreach, information and referral, crisis intervention and assessment services in the Day Homeless Shelter and primary overnight Shelter for adults, as well as, other outreach and linkage services through the PATH Program.

Currently the Board has continued to fund mental health treatment services children and adolescents served in the County's only Homeless Shelter. (See achievements identified under "Resiliency Supports").

## 3. Nursing Homes

*Click on gray box to enter text.*

One contract agency has the countywide contract to provide PASSAR evaluations and provide behavioral health counseling/therapy based upon medical Necessity. The Board collaborates with county agencies who serve the frail and elderly who are either placed in nursing homes or other supportive housing environments to ensure access to behavioral health services if applicable.

## 4. Prison Reentry

*Click on gray box to enter text.*

The Board has been working with a local group to develop a comprehensive plan addressing the issue of prison reentry. This group is focusing on the needs for housing, employment, health, behavioral health and skills training that is needed for members of our community returning from prison.

The Montgomery County FC/FC has recently allocated funds to develop the comprehensive plan for adult ex-offenders that will include the identification of behavioral health needs. The ADAMHS Board's Executive Director will serve on the workgroup to develop this plan.

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

*Click on gray box to enter text.*

The Board has been keenly aware of the need for integration of physical and behavioral health. The Board sent some staff and board members for specific training on this topic and has been supportive of a local effort to establish Federally Qualified Health Centers in Dayton, Ohio. The Board is

collaborating with Public Health Dayton/Montgomery County to get behavioral health integrated into the local public health centers. The Board is working with the Greater Dayton Mental Health Foundation to orchestrate the involvement of the behavioral health community in order to pursue integrating behavioral health and physical health.

7. Other.

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

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

*Click on gray box to enter text.*

The Montgomery County's Suicide Prevention Coalition is an outgrowth of the county's Family and Children First Council's Child Death Review Committee with representatives of the ADAMHS Board, faith based organizations, the county's Suicide Prevention Center, the countywide Crisis Intervention service, Board's contract agencies (those serving both adults and children), agencies serving senior adults, Public Health, law enforcement, schools and others with the priorities of enhancing the ability of people to recognize suicidal individuals and make appropriate referrals, collect information on suicides to conduct follow up studies to identify prevention strategies, maintain a local inventory of existing programs, services, and other community resources that directly address known or suspected risk and protective factors to be established, to issue a call to the county for a sense of shared responsibility for implementing a prevention-base response to the problem of suicide and to convene community forums that engage multiple sectors of the community and invite each to share responsibility.

For other achievements, see other achievements identified under "Recovery and Resiliency.

**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.*

b. Staff recruitment -- The Board has achieved diversity amongst its staff and board composition. The board itself is extremely diversified across racial and gender boundaries. The staff of the board is very diverse with Caucasian, African-American, Asian. One of the data elements identified and analyzed on the Board's countywide Client Satisfaction Survey is the individual's rating of the "Staff's respect of your Cultural Background". Over 85% of those who participate in the survey since 2006 have indicated being "Very Satisfied". Countywide patterns and trends are reviewed by Board staff as well as individual contract agencies. Agencies whose rating are consistently below 85% address this area in their quarterly Quality/Performance Improvement Activity reports to the Board.

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

*Click on gray box to enter text.*

**C. Needs Assessment.**

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

*Click on gray box to enter text.*

(In lieu of a formal needs assessment survey, the ADAMHS Board decided in the 1990's to use data collected through other sources, to include the Human Services Levy Process, so as not duplicate the countywide process). Processes has included:

- 1) Participation on community taskforces, Family and Children First Council meetings, Human Services Levy Executive Directors' Group, monthly meetings of the Community Hospitals/TVBH-DC/ADAMHS Board and Contract Agencies, quarterly meetings with Juvenile Court's leadership, twice a year meetings with Children Services' leadership, quarterly meetings ADAMHS Board's contract agencies, ongoing meetings and participation with NAMI representatives, quarterly participation on the Criminal Justice Coordinating Council to identify the mental health treatment, prevention and intervention needs of adults and children/adolescents;
- 2) Reviewing and including utilization data through MACSIS, utilization data from the community hospitals regarding inpatient psychiatric care (indigent populations);
- 3) Review of data collected through the Human Services Levy Council's community forum (surveying cross section of the county to determine opinions regarding human services needs that includes behavioral health {mental health} to include needs and priorities;
- 4) Semi-Annual review of data collected through the Juvenile Court's Reclaiming Futures County Wide Survey regarding needs, services and priorities for juvenile offenders and adolescents;
- 4) Review of survey data of other organizations (United Way, Office of Family and Children First, etc.) to identify needs and to determine if consistent with information listed above;
- 5) Review of data collected through the annual countywide survey of high school students, DADS Survey, regarding their drug use that also questions issues of depression, suicidal ideations, etc.;
- 6) Ongoing review of needs identified by recovering individuals and family member representatives on the ADAMHS Board of Directors and its Mental Health Committee;
- 7) Information shared through the Executive Director's "Brown Bag" monthly meetings that are open to contract agencies' staff/Board members and the general public to share information regarding needs, etc. and/or to ask questions; and
- 8) Any forums that the Board can gather information to determine the needs and priorities.

**D. Community Plan for SFY 2009.** (Desired State)

Please refer to "Planning Terms" in Appendix C.

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

Click on gray box to enter text.

The Board process for planning include:

The data is reviewed by Board staff responsible for planning that includes the Medical Director/Chief Clinical Officer to identify services utilization patterns and trends, under and over services utilization, emerging treatment, prevention and intervention trends based upon MACSIS Claims, effectiveness and efficiency of services based upon contract agencies' outcome data submitted through the Behavioral Health Module and other Evaluation/Outcomes data submitted to the Board from contract agencies.

Board staff also review national behavioral health data to access patterns and trends and if applicable to Montgomery County to assist with identifying priorities.

Based upon these reviews, priorities are established using the following criteria:

- 1) Services and populations mandated and/or required by funding sources (federal, state, local levy);
- 2) Services that addresses existing patterns and trends;
- 3) Services that will either address and/or will meet countywide outcomes measures;
- 4) Services/programs that address emerging needs;
- 5) Services and populations to be served based upon those identified by recovering individuals to assist in their recovery and family members;

The priorities are reviewed during the Board of Director's Retreat to assist in decision making to either maintain or revise and are incorporated in the annual contracting process.

**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 recovering individuals who are employed in competitive community employment

Strategies: Click on gray box to enter text.

Increase the number of contract agencies who receive training from the Supported Employment Coordinating Center of Excellence (CCOE). Increase the number of individuals who are enrolled in the Supported Employment Program and/or Goodwill/Easter Seals of the Miami Valley Program.

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

The number of individuals who are employed in competitive community employment at the beginning of treatment versus while in treatment or at the end of treatment.

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

Continue discussions with the Supported Employment CCOE regarding training additional contract agencies in the model. Continue to work with contract agencies to encourage CPST staff to encourage individuals involvement in supported employment initiatives through either Supported Employment and/or the Goodwill/Easter Seals Employment Program.

Continued collaboration with the Bureau of Vocational Rehabilitation and the Montgomery County Jobs and Family Services Department.

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

Priority: **Medium**

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

To continue to expand the availability of this model within other community mental health agencies

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

Work with the one contract agency to collaborate with the other agencies to train staff and recovering individuals on the model.

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

Additional groups are available within the two (2) agencies with ongoing participation.

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

Cooperation among the three agencies to share information and strategies for training and implementation.

## 2.c. HOUSING

Priority: **High**

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

Increase the number of individuals securing non-HAP, non-ADAMHS Board subsidized housing.

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

Provide information to individuals, family members and CPST staff about non-Board subsidized and non-HAP housing to include information when Section 8 vouchers applications are being accepted through the local public housing authority and coordinating process for applying.

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

The number of individuals at the beginning of treatment who access and secure ADAMHS Board and HAP subsidizes verses the number while in and/or at the end of treatment who access and secure non-ADAMHS Board non-HAP subsidies. The number of individuals who apply for and obtain Section 8 vouchers and/or move to other public housing at the beginning of treatment versus during treatment.

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

Continue to develop the relationship with the local public housing authority. Continue to work with CPST staff to encourage individuals to seek and obtain employment to assist with housing expenses.

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

**2.d. OTHER:**

Priority:

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

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

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

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

*Click on gray box to enter text.*

**2.e. OTHER:**

Priority:

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

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

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

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

*Click on gray box to enter text.*

**2.f. OTHER:**

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

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

*Click on gray box to indicate priority level.*

**3.a. SCHOOL SUCCESS**

Priority: High

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

Increase the number of adolescents who have a serious emotional disturbance improve school attendance during the school year.

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

Increase the availability of in-school behavioral health intervention/treatment services within specialized classrooms to support the adolescent.

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

The number of adolescents who attend specialized school programs/participate in specialized classrooms increase attendance from the first day of school to the last day of school.

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

Continue partnerships with Dayton Public Schools to cost-share for behavioral health services within the classrooms.

**3.b. EARLY CHILDHOOD CARE**

Priority: High

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

Increase early intervention/referral of children and their caregivers with behavioral health needs

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

Continue the Early Childhood Mental Health Intervention Initiative and ensure implementation of the Early Childhood Mental Health Treatment Initiative targeting children up to age 6 and their caregivers referred from the "Help Me Grow " Program, Head Start Programs, Child Care Centers,

Preschool Programs and others identified by the Early Childhood Mental Health Advisory .

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

Increase the number of children and families who receive either consultation service or treatment service through either of the funded initiatives. To continue the service either through state or local levy funding.

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

Early Childhood Mental Health Advisory Committee and including Initiatives in the Board's local Levy request for continuation funding.

**3.c. TRANSITION AGE CARE**

Priority:

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

Reference "Resilience Supports" section.

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

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

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

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

**3.d. OTHER:**

Priority:

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

Implementation of the Evidence-Based Treatment Model targeting children and adolescents.

Strategies *Click on gray box to enter text.*

Provide ongoing consultation regarding information technology transfer of the model of those contract agencies and other child-serving partnering organizations, (i.e., Children Services, Children's Hospital, Domestic Violence Advocates, etc.) who deal with children who have experienced trauma.

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

Ongoing consultation with full implementation within all contract agencies and child-serving partners. Increase in the number of children who receive this service that results in reduction of symptoms and/or effective management of behaviors.

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

TB-CBT Implementation Workgroup and other partners.

*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	7300	240
Private Psychiatric Hospitals: Adults	0	500
Private Hospitals: Children & Adolescents	400	55

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.*

Expand the Evidence-Based Model, Assertive Community Treatment, (ACT), to continue the decrease of inpatient psychiatric hospitalization in state psychiatric facilities and local community hospitals.

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

Accept proposals from contract agencies to implement ACT services; Provide funding to contract agencies to hire staff and to obtain ODMH ACT certification; and Contract with ACT CCOE to provide training and ongoing consultation regarding information technology transfer of the model of the contract agencies serving adults with severe mental health disorders who meet ACT service criteria.

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

Increase number of Assertive Community Treatment (ACT) Teams available in Montgomery County from one to three.

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

ACT Implementation Workgroup and ACT CCOE.

**4.b. CONTINUITY OF CARE**

Priority: **High**

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

To develop a Continuity of Care or Unified Service Agreement with Summit BHO.

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

Establish working relationship with Summit BHO's Leadership and ADAMHS Board's Clinical Leadership to identify elements of the CoC or USA that is consistent with the goals of the ADAMHS Board.

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

To be Determined

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

To be Determined

**4.c. SOMATIC HEALTH CARE**

Priority: **High**

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

Reference "Inter-system Collaboration" section.

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.*

Reference Residential Center response under the " Resiliency Support" section

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

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

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

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

*Click on gray box to enter text.*

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

**6.a. Adult Consumers**

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

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

Priority:

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

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

Measurable Objectives

Discussions and/or Collaborations

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

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

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

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

Priority:

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

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

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

Development of Workgroup to discuss service components of the extended assessment/crisis stabilization service.

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

Partner with child serving contract agencies, Juvenile Court, Children Services, Countywide Crisis Intervention Agency and Children's Medical Center.

**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	0	0
Children & Adolescents	0	0

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

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

*Click on gray box to select priority level.*

Priority:  High

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

Reference "Inter-system Collaboration".

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.d.2. DISASTER PREPAREDNESS\*

Priority:  Low

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

1. Montgomery County will be able to quickly respond to the disaster related emergency mental health needs of its residents.
2. Montgomery County ADAMHS Board will participate in local and regional disaster preparedness, planning, and mitigation efforts
3. In the event of a nationally declared disaster effecting the Board's service area it will complete an application for Federal short-term and long-term funding through the Stafford Act.

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

1. The ADAMHS Board will identify a cadre of behavioral healthcare clinicians who are trained in either the ODMH or American Red Cross Disaster Mental Health curriculum.
2. Board and agency staff will regularly attend planning meetings with in the county and region.
3. The Board's All-Hazard Coordinator will monitor local disaster declarations and be prepared to gather the necessary data to complete an application within a timely manner.

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

1. A cadre of at least 40 trained Disaster Mental Health responders will be maintained.
2. At least 80% of all scheduled county disaster-planning meeting will be attended by a Board staff person.
3. The Board will participate in at least one local or regional disaster exercise during the period of this Annual Plan

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

1. The Board will continue its collaboration with the Dayton Area Chapter of the American Red Cross to assure that measurable objective #1 is met.

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

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.d.4 PRIMARY & SECONDARY SCHOOLS**

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.*

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

*Click on gray box to enter text.*

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

#### **7.a. Adult Services.**

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

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

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

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

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

Priority:

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

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

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

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

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

Priority:

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

Strategies *Click on gray box to enter text.*

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

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

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

Accessibility of residential care for adolescents who have a co-occurring disorder of mental health and alcohol and other drugs within Montgomery County.

Will develop Workgroup to include ADAMHS Board staff, child serving contract agencies, Juvenile Court, Children Services, Children's Medical Center and others as needed to develop service plan

and assist with identifying service provider (to include those outside of Montgomery County) to provide the service.

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

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

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

Priority:

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

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.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.*

Reference "Best Clinical Practice" and "Resilency Supports" section.

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:** Assertive Community Treatment

Priority: High

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

Reference "Inpatient Care" section.

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:** Early Childhood Mental Health Assessment

Priority: High

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

Reference " Resilience Supports" section.

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.*

- 1. Montgomery County will expand the role of individuals in recovery, their families, as appropriate, to accept responsibility for their own care and support others in their recovery.
- 2. Montgomery County will enhance the infrastructure available to support and coordinate workforce development efforts.

Strategies *Click on gray box to enter text.*

- 1. Through coordination with the Montgomery County Human Service Positive Living for Special Population committee the Board will continue its “Homeless Solutions” effort to identify and serve homeless individuals with mental health issues. Additionally the Board will work with Public Health Dayton and Montgomery County to develop and implement federal recognized integrated health centers in the County  
  
Additionally, the Board will continue its support of the consumer taught Bridges program as well as NAMI’s Family-to-Family classes.
- 2. The Board will continue to work closely with Wright State University School of Medicine Department of Psychiatry and the University of Dayton to provide intern and practicum placement opportunities within it service providers.

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

- 1.1 The Board will receive funding from the Human Services Levy for its “Homeless Solutions” initiatives.
- 1.2 The Board will explore opportunities to integrate mental health care into the Public Health Department’s physical health clinics.
- 1.3 The Board will provide financial and technical assistance to support Montgomery County’s Bridges consumer taught programming.
- 1.4 The Board will provide financial and technical assistance to NAMI’s Family-to-Family classes.
- 2.1 The Board will continue to fund Wright State University School of Medicine Child Psychiatry residents working in its contract agencies.
- 2.2 The Board will continue funding internship for doctoral students from Wright State University’s School of Professional Psychology in its contract agencies.
- 2.3 The Board will fund placements from the University of Dayton School of Psychology in its agencies.

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:  High

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

The Board anticipates the expansion of the Dayton Municipal Court Mental Health Court to a county-wide Mental Health Court.

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

Current planning is underway for other jurisdictions to transfer appropriate cases to the Dayton Municipal Court docket. Approval from the Ohio Supreme Court is necessary to achieve this and is being pursued.

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

Additional mental health individuals will be diverted from jail to mental health services that are referred from other Municipal Courts.

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

An expansion of the Access II treatment services would be necessary and the Board will need to provide additional resources to accomplish this.

**9.a.2 ADULT RECIDIVISM**

Priority:

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

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

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

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

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

Priority:

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

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:

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.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.*

Reference " Inter-system Collaboration" section.

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

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

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

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

Priority:

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

Reference "Inter-system Collaboration" and "Resilience Supports" sections.

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.*

Reduce number of homeless mentally ill in Montgomery County.

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

Rapid identification and assessment of homeless mentally ill identified at the shelters.

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

Reduce the number of homeless mentally ill

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

working with the county-wide Homeless Solutions Task Force and Funders Collaborative.

**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.*

[Empty box]

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

[Empty box]

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

Priority: **Medium**

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

Reference " Inter-system Collaboration" section.

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

[Empty box]

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

[Empty box]

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

[Empty box]

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

Priority: **High**

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

To include behavioral health services at the Federal Qualified Health Centers.

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

Assist in the establishment of FQHC's and develop behavioral health service group.

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

Having behavioral health services available through the FQHC's.

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

ADAMHS, Greater Dayton Mental Health Foundation and contract agencies will develop work plans to offer services at the FQHC's.

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

**9.c.7. OTHER:** [Empty box]

Priority:

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

[Empty box]

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

[Empty box]

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

[Empty box]

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

*Click on gray box to enter text.*

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

Priority:

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

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

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

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

*Click on gray box to enter text.*

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

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

**10.a. SUICIDE PREVENTION**

*Click on gray box to enter priority level.*

Priority:

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

Reference " Recovery and Resilience" section.

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 P,C&E activity:*

**10.b. OTHER:**

Priority:

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

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

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

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

**10.c. OTHER:**

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

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

Priority:

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

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

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

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

**11.b. STAFF RECRUITMENT**

Priority:

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

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

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

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

**11.c. STAFF TRAINING**

Priority:

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

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

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

[Empty text box]

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

[Empty text box]

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

Priority:

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

[Empty text box]

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

[Empty text box]

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

[Empty text box]

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

[Empty text box]

**11.e. OTHER:** *Click on gray box to enter text.*

[Empty text box]

Priority:

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

[Empty text box]

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

[Empty text box]

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

[Empty text box]

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

[Empty text box]

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

*Click on gray box to enter text.*

[Empty text box]

**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.*

[Empty text box]

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

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

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

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

*Click on gray box and enter text.*

No change

**E. Evaluation of Plan Implementation.**

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

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

*Click on gray box and enter text.*

<p>The Montgomery County ADAMHS Board will utilize the available databases (MACSIS, Outcomes, BH Module) to evaluate the mental health services provided by the agencies of the service district.</p> <p>The Board shall provide the following information and reports to the provider agencies:</p> <ul style="list-style-type: none"> <li>i. Monthly Outcomes Compliance Report and Missing data reports.</li> <li>ii. Clients Satisfaction Survey Quarterly reports including clients’ comments.</li> </ul>	E.1
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**E.2.** How does the Board plan to develop and use various databases, (e.g, MACSIS, Outcomes, Behavioral Health Module) to evaluate the effectiveness and efficiency of services?

*Click on gray box and enter text.*

<p>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?</p> <p>The Board will try to analyze and measure the following in order to evaluate the effectiveness and efficiency of services:</p> <p>Measurement and analysis of patterns of service use in the Montgomery county, including amounts and types of services by important client demographic and diagnostic characteristics (e.g. Top 10 Mental Health Services and Dollars spent).</p> <p>Measurement and analysis of the cost of services delivered by unit of service, service pattern, and client characteristics.</p> <p>Measurement and analysis of overall improvement in the quality of life, level of functioning etc based on consumer outcomes data by provider agencies.</p>	E.2
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**E.3.** To what extent does the Board need technical assistance concerning compliance with ORC 340.03? (Guidelines for ORC 340.03 appear in Appendix D.)

*Click on gray box and enter text.*

<p>To what extent does the Board need technical assistance concerning compliance with ORC 340.03?</p> <p>ODMH could organize Technical Assistance workshop concerning compliance with ORC 340.3, which will benefit all Boards?</p>	<p>E.3</p>
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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
Kara E. A. Marciani, Psy.D.	Eastway Corporation's Forensic Psychiatry Center for Western Ohio 12 W. Wenger Road	Dayton	45322	937.832-4169	kmarciani@eastway.org

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

Name	Street Address	City	Zip	Phone Number	Email
Sandra Speed Su-Ann Newport, RN,MSN, CNS, LICDC, Manager, Care Management	ADAMHS Board for Montgomery County 409 E. Monument Ave., Suite 102	Dayton	45402	937.443-0416 ext. 124 or 114	sspeed@adamhs.co.montgomery.oh.us snewport@adamhs.co.montgomery.oh.us

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

<b>Name</b>	<b>Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone Number</b>	<b>Email</b>
Ken Bailor	409 E Monument Avenue, Ste 102	Dayton	45402	937-443-0416 x 131	KBAILOR@ADAMHS.CO.MONTGOMERY.OH.US

### Form 3

### Planned State Inpatient Bed Days

<b>BOARD NAME Montgomery</b>	
<b>2009 Planned Use of State Inpatient Days</b>	
<b>Summit</b>	7300
<b>Northcoast-Toledo</b>	
<b>Northcoast-Toledo</b>	
<b>Northcoast-Toledo</b>	
<b>Total Inpatient Days</b>	7300

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 Montgomery County (Board) has passed a resolution making the following:

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

Signed: \_\_\_\_\_  
Joseph L. Szoke (Name)  
Executive Director

Montgomery County (Board)

Date: 4/7/2008