

III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

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

To provide leadership to assure that mental health and alcohol/drug recovery services are available to the community.

PURPOSE

Is to create, maintain and continually improve a seamless system of quality, cost-effective services for our customers.

We are dedicated to helping community residents of all ages find the right places to turn for affordable, quality mental health and alcohol/drug recovery services.

RESPONSIBILITIES are to:

- * Create and maintain a system that provides mental health and alcohol/drug recovery services.
- * Ensure consumer involvement and advice.
- * Determine the type of services, programs and facilities that are needed based on needs assessments and community input.
- * Enter into contracts with public and private agencies for the provision of services.
- * Review, evaluate and audit the delivery of services.
- * Recruit and promote local financial support.
- * Administer federal, state and local funds.
- * Designate treatment services for those involuntarily committed to the Board's care.

B. Description of Current State. Provide a brief narrative that describes relevant information about the Board area in response to the items below:

1.0 Population priorities. Please review information in Appendix E about the Board's existing MACSIS business rules for covered benefits to service populations. To what extent are the existing business rules aligned with current population and service priorities for non-Medicaid expenditures by the Board?

Click on gray box to enter text.

The business rules are geared to adults with SMI and children and adolescents with SED. We have a sliding fee schedule for all non-Medicaid persons who present at our in-network providers. In addition, those persons receiving CPST, crisis beds, and other mental health services are not required to meet the sliding fee schedule or pay for non-Medicaid services. These individuals tend to be receiving a number of services, and the severity of their illness prevents them from having extra funds to pay a discounted fee. As you will read in the upcoming Recovery Section, as well as in several others, the focus in our area is on assisting individuals to get better.

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.

The Board continues in a maintenance of effort (MOE) mode to support the concept and tenets of Recovery within its contract provider network. Six County, Inc. (SCI) continues to offer culturally competent services in this Appalachian Region. It also provides supported housing including a 'homeless' house, supported employment through its vocational services division, consumer-operated services and drop in centers as well as self help and peer support services such as the Warmline and Thrift Shops. SCI's partial hospitalization services utilize WRAP and client government throughout its delivery system. The Board as well as SCI work closely with the local NAMI affiliate in designing educational, advocacy and support efforts. Family-to-Family and Hand-to-Hand Programs are provided within our area. The Board has also implemented the Muskingum Area Network of Care web site. In the areas of prevention, consultation, and education, SCI is an active participant in the school Care Teams and provides consultation/education to Help Me Grow in the area of maternal depression. SCI also continues to provide community consultation and education under the Early Childhood Mental Health initiative.

Thompkins Child & Adolescent Services, Inc. (TCAS) provides the evidence-based child development and parent/teacher training program "Incredible Years" in four of the six counties in our services area. TCAS also provides intensive home based family intervention using a "promising practice", Integrated Family and Systems Treatment (IFAST). Current research that will help IFAST become certified as an "evidence-based practice" is being done by Ohio State University (funded by ODMH).

Also, a Muskingum County Criminal Justice Collaborative was established by the Board in the Spring of 2005. Membership consists of representatives from NAMI, Zanesville Police Department, Muskingum County Sheriff's Office, Muskingum County Court, Zanesville Municipal Court, Six County, Inc., Muskingum Behavioral Health, Genesis Healthcare System, Muskingum County Department of Job & Family Services, Muskingum County Prosecutor's Office, Zanesville Prosecutor's Office, and Zanesville Metropolitan Housing Authority. The group's mission is to encourage and promote collaborative relationships between behavioral health, criminal justice and housing/financial assistance systems for the purpose of helping individuals with mental illness and/or addiction disorders to receive the local care they need. The three initiatives developed by the Collaborative are Crisis Intervention Team (CIT) Academy, Jail Diversion and Behavioral Health Court (H.O.P.E., Healthy Options Promoting Empowerment). Two CIT Academies are offered each year for local law enforcement officers, probation staff and security personnel (hospital and college campus). CIT-trained officers are encouraged to link individuals with behavioral health

problems to local treatment providers as a preferred alternative to arrest with those who are charged with misdemeanor offenses and facing potential jail sentences being served by the H.O.P.E. Program.

2.1 Recovery Supports: Housing

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

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

Click on gray box to select answer.

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

Click on gray box to select answer.

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

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

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

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

Click on gray box to enter number.

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

e. Do you have wait lists for HAP?

Click on gray box to select answer.

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

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

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

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

Click on gray box to enter number.

3 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.

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

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

Click on gray box to enter text.

The numbers reported in Appendix B are best data we have at present; the Board can not guarantee that they are accurate and/or complete.

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

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

<input type="checkbox"/>	Continuum of Care	2.1.ka
<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:	

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

Click on gray box to enter number.

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

Click on gray box to enter text.

The Board, Six County, Inc. (SCI), Muskingum Behavioral Health (MBH) and Thompkins Child & Adolescent Services, Inc. (TCAS) have a strong collaborative relationship with the Zanesville Metropolitan Housing Authority (ZMHA) which serves the largest community in our area. As a result we have been successful in obtaining Section 8 and Shelter Plus Care Certificates earmarked for persons/families with mental illnesses as well as those who have a dual diagnosis of mental illness and substance abuse/addiction. Board and provider staff meet regularly with ZMHA staff to oversee and coordinate utilization of these housing certificates and to provide case management services for persons served. Staff are also members of ZHMA's Family Self-Sufficiency Special (FSS) Programs, Continuum of Care and Quality Affordable Housing Committee which promotes linkages among community agencies (i.e. South Eastern Ohio Legal Service, Job & Family Services, Children Services, NAMI, Salvation Army, City of Zanesville Housing Department, Century National Bank, Habitat For Humanity, Domestic Violence Shelter, Help Me Grow, etc.) in order to provide a foundation which insures the range and availability of community services necessary to assist and support individuals and families in need.

Board and SCI staff are also currently working with a community group in Muskingum County on development of a 10-Year Plan to End Chronic Homelessness, an initiative promulgated by The Interagency Council on Homelessness created by President Bush. Committee representatives include many of those from the FSS committee above and others from organizations such as Alcoholics Anonymous and Zane State College. SFY 2008 and 2009 efforts are focused on a definition of homelessness followed by development of strategies for completion a "point in time" homeless count in the county.

In addition a Board staff representative is a member of the Housing Advisory Committee in Zanesville. Calendar year 2008 committee work is underway to identify gaps in services for the underserved low to moderate income population along with recommended eligible Community Housing Improvement Program (CHIP) activities that will increase services to this population in 2009. The Muskingum Apartment Owners Association, Area Agency on Aging and Zanesville Muskingum County Health Department are committee members in addition to the majority of the agencies and organizations mentioned above.

2.2 Recovery supports: Employment

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

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

Click on gray box to enter text.

The numbers reported in Appendix B are best data we have at present; the Board can not guarantee that they are accurate and/or complete.

- 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.

2.2.aa

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

Click on gray box to enter number.

Employed persons with SMI 2.2.ab

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

Click on gray box to enter text.

A person referred to Six County, Inc.'s (SCI) C.O.R.E. employment services can take several routes toward his/her vocational objectives. Some clients prefer and initially need a very supportive environment found at the C.O.R.E. work center or at an enclave of mobile crews working with C.O.R.E. staff supervision in community businesses. Others prefer a plan that sets them on a faster track to secure a regular community job. Various types of natural and professional support and resources are discussed with the client to determine the best possible benefit to the job seeker. Resources include families, peers, friends, educational institutions, churches, business owners, community support workers, rehabilitation agencies both public and private, temp agencies, substance abuse recovery programs and internet resources. SCI C.O.R.E. Employment Services staff is available to equip clients with job-seeking skills and to link, coordinate, support, monitor, and advocate as well as after hire to follow along as directed by the job seeker.

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.

Thompkins Child & Adolescent Services, Inc. (TCAS) is actively involved in Family & Children First Councils in five of six counties. The agency participates in all Muskingum and Coshocton County Care Teams and is involved in the development of Care Teams in Morgan County. TCAS provides the "Incredible Years" series in four of our six service area counties and is working on providing the program in the remaining two counties. TCAS also provides group therapy at the Muskingum County Juvenile Detention Center.

Six County, Inc. (SCI) is in its third year of the Early Childhood Mental Health Initiative as well as the third year of the Maternal Depression Initiative. As such, SCI has utilized funding under these initiatives to provide consultation and education to various child-serving entities including Help Me Grow, educational institutions, Head Starts, daycare centers, etc. It has also implemented DECA in the schools and has developed a fairly substantial database showing the benefits of consultation to teachers in the classroom. SCI also works closely with the local NAMI affiliate to offer trainings for consumers and family members. SCI helps consumers operate two drop in centers which then operate various peer support services and a newly developed Warmline for consumers. All of these efforts are targeted to building better resilience in the consumer population with the end goal being more independence in daily living and higher self esteem.

Board staff liaison assists and supports the local NAMI Affiliate with planning and offering Family-to-Family and Hand-to-Hand programs in the service area. The Board also routinely finances registration fees and hotel costs for families and consumers who attend NAMI Ohio and Ohio Advocates conferences.

3.1 Resilience supports: School Suspension and Expulsion NOM

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

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

Click on gray box to enter text.

The numbers reported in Appendix B are best data we have at present; the Board can not guarantee that they are accurate and/or complete.

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.

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.

3.1.ab

4. Inpatient Care

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

a. Inpatient Care

Click on gray boxes to enter numbers.

Board Purchased Inpatient Care	FY 06 Bed Days	FY 07 Bed Days	FY 06 Admissions	FY 07 Admissions	4.a
State Hospitals	4930	5252	194	176	
Private Psychiatric Hospitals: Adults	6299	5581	1518	1540	
Private Psychiatric Hospitals: C&A	494	485	2628	2358	

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.

While the Board does not purchase inpatient bed days from the private psychiatric hospital (Genesis Bethesda Hospital), its primary contract provider, Six County, Inc., (SCI) has a long-standing relationship with the hospital. SCI admits its clients to the inpatient unit at Genesis and has one full time employee on the unit who does family consultations, patient rounds, case management, and after-care arrangements. In addition, SCI has an "on call" contract for admissions and discharges with a local group of Psychiatrists. Further one of SCI's Senior Vice-Presidents spends two to four hours per weekday at the unit also in the management of patient care and aftercare transition. The Board does participate in the expense of these two SCI employees as the unit is instrumental in helping the Board reach its state hospital bed day targets.

4.ba

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

Click on gray box to select answer

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

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

Click on gray box to enter number.

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

Click on gray box to enter number.

43C&A Consumers place out of county in SFY 07	5.b
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c. How many of the C&A consumers identified above involved Board participation in the placement decision?

Click on gray box to enter number.

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

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

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

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

Click on gray box to enter text.

According to Juvenile Court and Children Service Board personnel, residential use is decreasing due to decreased budgets for residential placements. Some of these placements were made by DYS which appears to be downsizing. Placing agencies prefer either a locked facility or Intensive Home Based Services over unlocked residential facilities.	5.e
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6. Crisis/Emergency Care.

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

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

Service Area	Service Available?	6.a.1
24/7 Hotline	<input checked="" type="checkbox"/>	
Warm Line	<input checked="" type="checkbox"/>	
Adult Consumers		
24/7 On-Call Staffing by Psychiatrists	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input type="checkbox"/>	
Crisis Care Facility	<input checked="" type="checkbox"/>	
Hospital Emergency Department with Psychiatric Staff	<input type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	<input type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input type="checkbox"/>	
Other (Please Specify):	<input type="checkbox"/>	
Child & Adolescent Consumers		
24/7 On-Call Staffing by Psychiatrists	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input type="checkbox"/>	
Mobile Response Team	<input type="checkbox"/>	
Crisis Care Facility	<input type="checkbox"/>	
Hospital Emergency Department with Psychiatric Staff	<input type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	<input type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input 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	2163	1610	
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.

With acute inpatient "lengths of stay" becoming shorter and waiting lists increasing for ambulatory outpatient services such as psychotherapy and especially pharmacological management services, we have witnessed a steady increase in crisis care demands as a trend. Given the lack of new resources over the past ten years, the entire system is distressed and less costly, more appropriate modalities are increasingly not available to the general population; therefore, many people continually cycle through the emergency rooms at local

hospitals as well as the emergency services of local mental health providers. State hospital beds are typically full so that is not an option for local providers which creates additional stress on community hospital emergency departments.

The primary achievement was the establishment of the residential crisis stabilization service back in 1995 when there were still some new state resources being allocated to the community mental health system. This service has been a great help in diverting people from hospital admissions as well as stepping people down from inpatient units thus decreasing lengths of stay. Lately, however, local providers have been seeing people whose illness is much more acute and more complex necessitating the need for inpatient services. During 2007 a major mold problem in the facility required 6 months to rectify necessitating a 50% reduction in bed capacity.

It is anticipated that repercussions of Governor Strickland's decision to close the Cambridge Campus of Appalachian Behavioral Healthcare by July 1st will most certainly impact the need for crisis care services. Significant problems to be addressed include transportation of clients to the Athens Campus and strengthening of both the staffing and bed capacity of the local residential crisis stabilization service.

c. Crisis and Emergency Initiatives. Briefly describe achievements and trends in the following areas:

1. Police Coordination/CIT

Click on gray box to enter text.

The Board area's 40-hour CIT training is planned and conducted by local NAMI family members, behavioral healthcare providers, consumers, CIT-trained officers, Muskingum County Behavioral Health Court Judge, Suicide Prevention Coalition representatives and Board staff. Since October 2005 training sessions have been provided twice a year (Spring and Fall). Thus far, 78 persons have graduated from the Academy, with 61 being sworn peace officers and the other 17 primarily security personnel from local hospitals. Monitoring of police and sheriff department participation is ongoing with a phase one goal of having trained 100% of the officers from Muskingum County over the next three years. Future plans are underway in the following areas:

- * target increased attendance of local college campus security personnel
- * offer a CIT six hour refresher course biannually for Academy graduates
- * include two hours of Ohio Police Office Training Academy (OPATA) required training related to crime victims in both the 40-hour and six hour CIT programs
- * develop an Emergency Room Checklist to be completed by CIT officers when taking someone to the hospital for assessment

The Board also assists to publish a quarterly newsletter, CRISIS TEAM OPTIONS, which features articles about local training as well as state/national information about CIT. The Zanesville Police Chief's administrative assistant serves as the editor. CRISIS TEAM OPTIONS is distributed not only among area law enforcement but Board providers, area behavioral health courts, and hospitals.

2. Disaster Preparedness

Click on gray box to enter text.

This Board has engaged in disaster preparedness activities for the past 15 years. The Board's All-Hazards Coordinator (A-HC) is an appointed member of the Local

Emergency Planning Committee LEPC in every catchment area county (Coshocton, Guernsey, Morgan, Muskingum, Noble and Perry) attending meetings, writing the mental health section of each LEPC/Emergency Operations Plan and participating in annual disaster drills.

The A-H Coordinator serves on the Ohio Emergency Agency's Behavioral Health Technical Advisory Committee (both mental health and First Responders subcommittees) and the OHIO CISMS Network.

The A-H Coordinator maintains contact with the three American Red Cross (AMC) chapters (Coshocton, Ohio Hills and Muskingum Valley), is certified as an instructor for "Disaster Mental Health" and various other ARC courses, has been deployed as a DSHR mental health tech to numerous national disasters including Hurricane Andrew, Midwest Floods and Houston Floods. He coordinated this Board's and the ARC response to the 1998 local floods.

The Coordinator along with three Contract Provider staff are certified instructors of both the two-day and revised one-day ODMH's "Disaster Mental Health" courses. Over 45 were trained in the 2-day course. The three Staff are also ARC DSHR volunteers and have many, many national deployments including 911 and Katrina.

The A-H Coordinator serves as Team co-coordinator for the Muskingum Area Critical Incident Stress Management (CISM) Services based on the International Critical Incident Stress Foundation ICISF) model. Core members were trained locally in June, 1994 by Jeffery Mitchell and George Everly. The CISM services are provided by the Board for catchment area First Responders. CISM services for schools, businesses and general population is provided by Six County, Inc.

What are your estimates of staff for the following areas?

Click on gray box to enter number.

	Local Disaster Response	Statewide Disaster Response	6.c.2
Trained	40	0	
Currently Available	20	0	

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

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

Click on gray box to enter text.

University and college critical incident stress management preparedness and services are arranged by contract providers Six County, Inc. and Thompkins Child and Adolescent Services, Inc.

In the catchment area's 29 school districts, secondary and primary critical incident stress management preparedness and services are arranged by contract providers Six County, Inc. and Thompkins Child and Adolescent Inc.

7. Outpatient Services.

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

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

a.1. Adult Intensive Care

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

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

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

Click on gray box to enter text.

Six County, Inc. (SCI) developed an intensive outpatient service for adults several years ago. The focus of this service has been to expeditiously provide highly acute treatment for people experiencing an acute episode of mental illness. Access to this service averages two to three working days. The service has a capacity to operate six to seven groups of six to nine people each day during any given week. The average length of stay is five to six sessions. The service has not had to initiate a triage methodology because its quality improvement achievement has been to complete a rapid mental health assessment within 48 hours and begin people in the service nearly immediately after the assessment. Depending on the crisis that brings the client to the group, the ALOS will vary from the average 5 - 6 sessions up to 15 - 20 sessions maximum. The Board's current focus, given no increase in resources and the closure of the Cambridge Campus of Appalachian Behavioral Healthcare, is to keep this

service viable and to attempt a similar concept for people on waiting lists for SCI's Pharmacological Management service.

The Board supports an intensive recovery focused Community Support Network (CSN) Psychiatric Supportive Treatment (CPST) program known as Support Mental Health Services (SMHS). This program has been in operation for more that 15 years. Clients with severe and persistent mental illnesses are provided an intensive case manager to assist them in all facets of their recovery. Hands on help in symptom management, goal realization, budgeting, relationship building, maintaining health and community involvement are among services provided. The program staff maintain small caseloads of 8-10 clients and have intensive clinical supervision. The SMHS program specializes in providing Integrated Dual Disorder Treatment and Dialectical Behavioral Therapy Treatment for clients with difficulties ameliorated by these evidence based practices.

a.3. Child & Adolescent Intensive Care

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

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

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

Click on gray box to enter text.

Thompkins Child & Adolescent Services, Inc. (TCAS) monitors and assures that clients referred for intensive outpatient services are scheduled for not more that 14 days from date of referral. Each

contract provider agency includes client access and capacity in their Performance Improvement Committee reviews.

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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input 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"/>	
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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Counseling/ Psychotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<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.

Primarily, the Board’s focus regarding routine adult outpatient services has been to help local contract providers be able to maintain professional staff so that waiting lists do not develop in this service as well. Generally, this goal has been accomplished; However, occasionally ad hoc waiting lists will develop whenever turnover occurs in provider outpatient staff. In a rural area it is difficult to immediately recruit professional staff to fill vacancies as pay scales have fallen woefully behind

county, state, and other private sector employers. Further, many professionals prefer to live and work in more metropolitan areas, especially physicians.

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.

b.4. Which routine outpatient services for children have been area(s) of focus for the Board? *If an*

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

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 Board requires notification from Thompkins Child & Adolescent Services, Inc. (TCAS) if clients in need of routine outpatient services are not provided services within 30 days. Each contract provider agency includes client access and capacity in the work of their Performance Improvement Committee.

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

Click on gray box to enter text.

Thompkins Child & Adolescent Services, Inc. (TCAS) is ODMH Intensive Home Based Treatment certified and is actively working with five of the six counties in implementing services. The process

of delivering the Incredible Years Program in four of six counties served is underway. Staff at TCAS three main outpatient sites have attended Dialectical Behavior Therapy Training and plans are to complete two trainings for all direct service staff by the end of FY 09 first quarter. Staff have attended IDDT training and these concepts are being utilized in the Dual Diagnosis Residential Program. All direct service staff will receive training in several of these concepts by FY 08 year end.

Six County, Inc. (SCI) has been a participant in the Cluster-Based Treatment Planning CCOE for two and one half years. All adults with SMI have been assessed and assigned to one of the eight clusters. This has had a very positive effect on treatment planning and implementation of SCI's CPST, Partial Hospitalization, Employment Services, and Residential Crisis services. In the near future SCI is evaluating using this best clinical practice in its outpatient services and pharmacological management services.

SCI has also been actively involved in the school-based Care Team concept over the past five years. This is a collaborative clinical practice involving mental health professionals, AOD professionals, local Health Department nursing personnel, juvenile courts, Children Services, and others coming together to create a team to deal with children and adolescents in the schools who exhibit behavioral problems such as acting out behaviors, truancy, poor grades, low self esteem and so on. The teams intervene directly with these students and also act as consultants to teachers, guidance counselors, and administrators. School systems in the area have totally embraced the Care Teams and are helping to fund them as is the Board. This practice has been very effective in reducing negative behaviors and increasing the graduation rates.

In the near future, SCI will be entertaining the idea of creating an intensive outpatient component specifically for people who are on a waiting list for its pharmacological management service to see if people can be managed until being seen/evaluated by a physician and/or managed without the need for psychoactive medications.

The Board supports the best practices work that is done in the Support Mental Health Services (SMHS) program. This program works with the most severe individuals in the system and has specialized in evidence based practices that have been shown to work with the population served. The two practices that are currently provided and will continue into FY 2009 include, Integrated Dual Disorder Treatment (IDDT) and Dialectical Behavioral Therapy (DBT). The SMHS program began IDDT in July of 2006 and received a Fidelity Review from the SAMI CCOE in February of 2007. Staff and supervisors have been trained in Motivational Interviewing, Stage Related Treatment, Group Facilitation Skills and Recovery Concepts. The SMHS program staff began training in DBT concepts in August of 2006 and offered its first DBT skills training group in August of 2007.

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:*	16.90	8.a
CPST FTEs:	56.60	
Counselor/Therapist FTEs:	43.60	

*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:*	9.48	8.b
CPST FTEs:	23.30	
Counselor/Therapist FTEs:	18.90	

*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.

In rural Appalachia it is extremely difficult for contract providers to recruit and retain quality direct care professionals in general. It is especially difficult to recruit and retain psychiatric physicians and certified nurse practitioners with prescriptive authority. The recruitment and retention of pharmacological management services providers is the most critical focus for the Board in FY 2009. The contracted mental health providers are chronically short staffed in this service area which is creating huge waiting lists in the hundreds. It is especially problematic to recruit child and adolescent psychiatrists who demand salaries in the \$ 500,000 to \$ 750,000 range per year. Given the lack of increases in state funding and the difficulty in passing local levies as well as the downward pressure on reimbursement rates by managed care companies and commercial insurance and given the lack of periodic Medicaid ceiling rate increases, the mental health system is sorely under resourced making it very difficult to continue the provision of pharmacological management services.

The Board has facilitated system wide training in Integrated Dual Disorder Treatment (IDDT) offering both opportunities to improve communication between agencies as well as training events in Motivation Interviewing and encouragement for agencies to work together and coordinate client treatment.

Appalachian Behavioral Healthcare Community Support Network's (ABH-CSN) administration and staff are committed to developing evidenced based practices and to the extensive training required to operate programs according to the best practice model. Support Mental Health Services (SMHS) began training in Dialectical Behavioral Therapy a full year before the first group was offered. SMHS supervisors have been to six days of intensive training from the organization that developed DBT. All staff have been trained in the model and intensive training has been provided to those staff who have shown both an interest and an aptitude for the skills required to use the model effectively. SMHS also began training in Integrated Dual Disorder Treatment (IDDT) in July 2006 and has trained 100% of staff in motivational interviewing and stage related treatment. SMHS supervisors and the two CSN group homes, Country Garden Manor and Liberty Manor, have had additional team leaders trainings. The program has been collecting data, maintains a control group and has received an IDDT Fidelity Review from the ODMH SAMI CCOE.

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.

In early 2007, the Muskingum County Criminal Justice Collaborative re-convened to discuss the development of a specialized docket within the court system which would address the special needs of a population of offenders with mental health and/or substance abuse issues. A small subcommittee was formed with representation from Six County, Inc. (SCI), Muskingum Behavioral Health (MBH), and the Muskingum County Court Probation Department to problem solve a way for the behavioral health system and legal system to work collaboratively to address the needs of this population. Over the next 10 months, the subcommittee met to develop a behavioral health court program incorporating several elements from existing court programs from other counties in Ohio. In December 2007, the H.O.P.E. (Healthy Options Promoting Empowerment) program was initiated with Judge Eric Martin presiding. The program is in its infancy and has seven participants with co-occurring disorders. Another three to four pending cases remain on intensive probation. The behavioral health court is different than a traditional court docket, in that defendants meet more frequently in front of the judge. The treatment providers are at court weekly reviewing participants' progress with the judge and the treatment team meets weekly to review treatment progress and to problem solve solutions to individualistic needs of program participants. With the defendants having more frequent contacts with the judge and treatment team, a therapeutic alliance is being developed between all participants which is helping to motivate the defendant toward making positive changes in his or her life. Over the last month or so, participants are verbalizing more about the positive impact the program is having in their lives around making healthier choices and increasing motivation toward recovery.

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

Click on gray box to enter text.

Thompkins Child & Adolescent Services, Inc. (TCAS) provides intensive home based services to divert clients from institutional placements in all six counties. TCAS also provides youth sex offender groups in Guernsey, Muskingum, and Coshocton Counties to divert institutionalization and/or reduce recidivism. In Coshocton County, TCAS coordinates a diversion program with the Juvenile Court to avoid court trials for clients who have committed first time misdemeanors.

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.

In 2005, the Board in cooperation with Six County, Inc. (SCI), Muskingum Behavioral Health (MBH), law enforcement, local NAMI affiliate members, consumers, and Genesis Healthcare and the Muskingum County Suicide Prevention Coalition developed a partnership to establish a Crisis Intervention Team (CIT) training program for law enforcement in the service area. This 40 hour training attempts to provide a common base of understanding and knowledge about mental illness and how law enforcement officers and jail personnel can better handle mentally ill offenders. The training emphasizes communication skills and de-escalation principles using role play experiences. Safety is emphasized both for officers and jail personnel as well as the mentally ill in crisis. The first CIT Academy graduated on November 4, 2005 and the fourth Academy graduated in November 2007. There are 78 graduates to date. Two 40 hour Academies and two 6 hour CIT "refresher trainings" are being offered during calendar year 2008.

A Muskingum County jail diversion option was created in 2006 as a result of a collaborative effort between law enforcement, local mental health and alcohol/drug providers, and NAMI affiliate members. This option allows the arresting officer to divert a mentally ill and/or substance abusing individual into treatment instead of filing criminal charges. In Muskingum County, a Behavioral

Health Court (see 9.a.1. above) has been established, and it is also supported by CIT graduates. SCI, in collaboration with Muskingum Behavioral Health, also provides in-jail assessment, counseling, crisis and consultative services. In Coshocton County Municipal Court, an "intensive probation program" has been established which is a collaborative effort between the court and mental health and alcohol/drug agencies as well as Job and Family Services.

A collaboration between the Support Mental Health Services (SMHS) Program and the Guernsey County Regional Jail has been developed to assist the jail in dealing more effectively with inmates that express symptoms of mental illness and/or suicidal ideation. The jail may contact SMHS and a trained staff person assists to link community resources needed in dealing with inmate symptoms, resolve communication issues that may have exacerbated a situation or simply allow the inmate to become aware of local mental health services. This collaboration has reduced inappropriate hospitalizations from this particular jail.

2. Detention Centers

Click on gray box to enter text.

Focus has been on maintaining a close working relationship with the large juvenile detention center in Muskingum County. Both Six County, Inc. (SCI) and Thompkins Child & Adolescent Services, Inc. (TCAS) provide group services at the Center. TCAS staff conduct group meetings 2-3 times weekly and identify "open" clients at the facility for CPSTP and therapist follow up. SCI runs therapeutic groups for both females and males. These groups are focused on thinking errors and appropriate problem-solving. A second therapeutic group is provided for children and adolescents who are referred by juvenile court for anger management and problem-solving. The Care Teams also collaborate with the juvenile detention center (probation officers and diversion personnel) to work on reduction of recidivism. Finally, SCI responds to psychiatric emergencies at the center.

3. Homeless, Runaway & Domestic Violence shelters

Click on gray box to enter text.

4. Nursing Homes

Click on gray box to enter text.

Six County, Inc.(SCI) has provided services related to PASARR (Pre-Admission Screening and Review) for many years. This work relative to nursing home placements and/or PASSPORT services is coordinated by designated SCI staff in collaboration with ODMH, area nursing homes and Area Agency On Aging, Inc. Regions 8 and 9.

5. Prison Reentry

Click on gray box to enter text.

Persons released from prison who reside in the six county area are referred to Six County, Inc. (SCI). The prison sends a packet of referral information to SCI's Reentry Coordinator which contains information pertinent to the offense committed and the mental health needs of the inmate inclusive of diagnosis and prescribed medications. The SCI Coordinator works with prison staff and SCI clinical staff to monitor treatment follow up and assure continuity of care. To date, there have been no problems identified with the current process and, for the most part, inmates keep their appointments.

6. Adult physical/mental health integration.

Click on gray box to enter text.

A Federally-Qualified Health Center (FQHC) is being established in Muskingum and Morgan Counties. The Board and Six County, Inc. have been involved in a number of meetings regarding the

mental health needs of their potential clients. In Muskingum County, one of the physicians for the FQHC works very closely with this Board and Six County, Inc. and is a member of our Muskingum County Suicide Prevention Coalition. Also, a physician in Morgan County is a past board member for Six County, Inc., works closely with our system and is an active member of our Morgan County Suicide Prevention Coalition. The Muskingum Area Board also is fortunate to have two physicians on its Board of Directors. One physician is our Board President this year, and the other chairs our Finance/Audit Committee.

7. Child & Adolescent physical/mental health integration.

Click on gray box to enter text.

8. Other.

Click on gray box to enter text.

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.

10. a. Over the past five years, the Board has provided leadership to organize a Suicide Prevention Coalition in each of our six counties. A Board staff member serves as the Coalitions' Regional Coordinator to promote, support and assist in sustaining their work. Each Coalition meets regularly and has a strategic plan comprised of awareness, intervention and prevention initiatives/strategies focused on target populations in respective communities. They have provided many community and college campus training events (i.e. S TALK, ASIST, Gatekeeper), have organized Survivors of Suicide Support Groups in two counties, participate in CIT trainings, purchased/promote the Lights In The Darkness Appalachian Teens Talk About Depression curriculum for Jr. High and High Schools and participate in a variety of community events (i.e. health fairs, county fairs). The Coalitions' Regional Coordinator is a regular presenter at "aging" conferences sponsored by the local Area Agency On Aging. All Coalitions promote National Suicide Awareness Week during September and November Survivors of Suicide Day in various ways (i.e. mayor proclamations, newspaper articles, candle lightings, butterfly release). Two Coalitions are members of the American Association of Suicidology sending representatives to these annual conferences. Coalition members are active on school Care Teams where they exist in the six counties. A teens talking to teens about suicide program called S.A.F.E. (Seek and Find Everyone) which was developed by the Muskingum County Coalition is offered in Care Team schools. All of the Coalitions have a fiscal agent in their respective community and are sustained via contributions, grants and fund raisers. The Muskingum County Coalition is under the umbrella of the Family and Children First Board. Our Board publishes a quarterly newsletter, "Working Together To Save Lives", on behalf of the Coalitions which features articles about each Coalition, local Survivor Support Groups and a variety of pertinent educational information on the topic of suicide. The newsletter is distributed widely by members in their respective counties and is posted on Muskingum Area Suicide Prevention Coalitions' website (www.localcommunities.org/lc/maspc). The website is linked to the Board's Network of Care website. The Coalitions have an annual dinner each May. They designed a quilt called the "Quilt of Hope" that was an outcome of the 2006 Regional Coalition Dinner, where attendees wrote/signed messages on hand-shaped quilt pieces. The quilt pieces represent community members working hand-in-hand to promote awareness, intervention, and prevention services in the six-county region. It is used in community meetings and

presentations and as a part of displays at a variety of local fairs.

10.b. Six County, Inc. (SCI) is in its third year of two state initiatives: (1) Early Childhood Mental Health, and (2) Maternal Depression. These efforts have primarily involved consultation and education efforts targeted to various child caring entities at the community level. The Early Childhood Mental Health initiative has involved Head Start, daycare services, educational institutions, etc. with professional staff from SCI working with employees of the various aforementioned child caring agencies as well as family members to assist with tools for early detection and intervention of children identified with mental health issues. The DECA tool has been used extensively in the schools to help teachers identify behavioral problem children and develop methods for managing the behaviors more effectively. The Maternal Depression initiative has been specifically targeted to Help Me Grow programs at the community level to identify mothers on their caseloads that might present early signs of maternal depression. Then consultation is provided to give Help Me Grow staff/nurses methods with which to help these mothers with coping skills and/or how to seek professional assistance for their depression. SCI has seen these mothers, when referred, in their pharmacological management service for evaluation and medication assistance.

10.b. Annually, for the past 8 years, a group representing the local drop-in centers, warmline, peer support, NAMI, Appalachian Behavioral Healthcare, Six County, Inc., Area Agency on Aging, Suicide Prevention Coalitions and Board staff participate in planning for a regional Recovery Summit. The Summits are designed to provide education, support and encouragement about behavioral health recovery for people living in an 11 county region. The Summits draw between two and four hundred consumers, family members and professionals. Recovery Summit 8 is scheduled May 30, 2008.

10.b. The local NAMI affiliate and Board have a long history of working together in the provision of Family To Family and Hand To Hand programs. In addition, the Board often provides financial and/or in kind administrative assistance in support of local affiliate prevention and education activities such as NAMI Ohio convention attendance, Crisis Intervention Team Trainings, NAMI On Campus development, etc.

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.

11.a. - e. While Six County, Inc. (SCI) receives its share of complaints from consumers and family members, it's consumer satisfaction has been consistently high (90% - 100%) in consumer ratings of its services and staff. This percentage range has maintained its current level over the past five years and continues to be monitored by SCI's Quality Improvement Program on a quarterly basis. SCI attributes these high ratings to the fact that it pays close attention to consumer satisfaction and also implemented the Recovery Model years ago.

Providers attempt to recruit personnel (both professional direct care and support staff) that mirror its cultural and ethnic population. The service area population is largely rural Appalachia (Caucasian) with the next largest racial population being African American (2.64%). After that, there is a smattering of Asian (.37%), Hispanic, and Native American (less than 1.6%) people in the area. A

small percentage of the Support Mental Health Services (SMHS) population (2%) is both African American and Appalachian. The following example provides a comparison of the SCI workforce compared to current consumer population:

* SCI (Board's largest provider) 08 Workforce is 9% African-American, 90 % Caucasian, .5% Hispanic and .5% Native American

* 07 SCI Clients 3.76% were African-American, 95.56% Caucasian, 0.03% Hispanic and 0.30% Native American

The Thompkins Child & Adolescent Services, Inc. 08 Workforce is 4.5% African-American, 4% Asian, 0% Hispanic, 91.5% Caucasian

The impact of the Appalachian culture makes training especially important. Board providers offer cultural competency training to all employees annually both via in-service trainings as well as by making employees aware of external opportunities for various trainings per Cultural Competency Plans. It is recognized that cultural competency is not achieved in a single training effort but rather requires an ongoing commitment and effort. Internal training topics have addressed general cultural awareness and competency as well as the Appalachian and Amish cultures. Trainings have also been provided in the areas of IDDT, DBT and use of ODMH Consumer Outcomes to enhance not only skill levels but openness to new ideas and methods of treatment pertinent to recovery.

Customer satisfaction surveys, ODMH Outcomes, complaints, and incident reports are regularly monitored to assess needs and disparities among various cultural groups served. In terms of general cultural competence, use of SOQIC Diagnostic Assessments include a cultural component to ensure that culture is reviewed prior to diagnosis or formulations of the ISP.

The level of client satisfaction within the Support Mental Health Services Program (in looking at cumulative scores) appears high as evidenced by scores (on a five point scale) above 4.5 on questions #1 services satisfaction, #4 respect for client choices, #9 encouraging recovery and 10 overall service satisfaction. Also, the question in regards to consumers actively being involved in the recovery process, #8, was rated highly with a score of 4.6.

The Board conducts Consumer & Family Member Outreach Meetings every two years. These "face-to-face" focus group meetings provide opportunities to survey and assess cultural needs relative to satisfaction with network services, access, outcomes and customer relations.

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.

With the planned closure of the Cambridge Campus of Appalachian Behavioral Healthcare, recent second failure of the Muskingum County levy (1 million dollars), serious shortages of both adult and child psychiatrists, and escalating Medicaid match costs - the Board is faced with planning for a critical financial shortfall during calendar year 2009. The Board and providers may be dealing with staff and program reductions which will jeopardize the system's ability to sustain the infrastructure of services vital to the recovery and resiliency of persons served. Board funded programs such as Drop-In Centers, Peer Support, Supported Employment, Warmline and Care Teams may be at risk. Further, funding and in-kind services provided by the Board for the CIT Academy, Behavioral Health Court, Suicide Prevention Coalitions, Recovery Summits, Creative Options, and NAMI may be in jeopardy due to staffing adjustments that will need to be made in Board operations. Plans are to place the Muskingum County levy on the November ballot, but in view of the local economic situation (9.1 percent unemployment rate in Muskingum County), competition with other local levies, and presidential elections, optimism about passage is "guarded".

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 involve consumer participation.

Click on gray box to enter text.

Biennially (since 1997) the Board conducts Consumer & Family Member Outreach Meetings. These face-to-face focus group meetings are held throughout the six counties by Board staff (and some Board members). The purpose of the meetings is to talk with consumers, family members, parents, provider staff, and collaborative partners about needs, access, outcomes, and satisfaction relative to behavioral healthcare services. Various client government, dual diagnosis treatment, vocational, Adult Care Facilities (ACF), Drop In Centers, NAMI Family Support, and Victim Assistance groups are among those surveyed. In addition the Board's Directors, Staff, Care Management Council, Quality Improvement Council (QI), and Recovery Advisory Council members participate not only in framing survey questions asked in the meetings but are also among the groups surveyed. Historically between 300 and 400 people are queried. Improved transportation, Behavioral Health Court and Jail Diversion, Warmline, internet/e-mail capability at Drop In Centers, and Suicide Survivor Support services are examples of programs developed as a result of needs identified from the Outreach Meetings.

The Board's QI structure is designed to promote and enhance partnering relative to needs assessment and performance monitoring and management of network services. The components (Partners Workgroup, Care Management Council, QI Council, and Recovery Advisory Council) consist of members representing Board Directors, Board staff and providers, consumers, family members, and community partners. An "example outcome" of the QI process is development of the 6 Area Suicide Prevention Coalitions - originated as a result of oversight relative to ongoing "trending" of suicides among persons served.

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

Please refer to "Planning Terms" in Appendix C.

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

Click on gray box to enter text.

As described in 12. above, with the planned closure of the Cambridge Campus of Appalachian Behavioral Healthcare, recent second failure of the Muskingum County levy (1 million dollars), serious shortages of both adult and child psychiatrists, and escalating Medicaid match costs - the Board is faced with planning for a critical financial shortfall during FY 2009. The Board and providers may be dealing with staff and program reductions which will jeopardize the system's ability to sustain the infrastructure of services vital to the recovery and resiliency of persons served. Board funded programs such as Drop-In Centers, Peer Support, Supported Employment, Care Teams in Muskingum County Schools, and Warmline may be at risk. Further, funding and in-kind services provided by the Board for the CIT Academy, Behavioral Health Court, Suicide Prevention Coalitions, Recovery Summits, Creative Options, and NAMI may be in jeopardy due to staffing adjustments that will need to be made in Board operations. Plans are to place the Muskingum

County levy on the November ballot, but in view of the local economic situation (9.1 percent unemployment rate in Muskingum County), competition with other local levies and presidential elections, optimism about passage is guarded.

In view of these uncertainties, the Board is initiating work with providers and, as appropriate, various community partners to develop a services' plan for SFY 2009. It is anticipated that this Contingency Plan will be complete by the end of first quarter. At present the priorities documented in following sections of this Community Plan are reflective of a collaborative planning process undertaken during SFY 2008 3rd quarter with our Board Directors, staff and Councils and providers, Appalachian Behavioral Healthcare, Genesis, consumers, and family members.

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.

2.a. EMPLOYMENT*

Priority: High

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

* Continue to increase the number of severely mentally disabled consumers who are employed in the community

NOTE: The overall average unemployment rate in our Board area is 9% according data released on March 4th by the Ohio Department of Job & Family Services - a 1% increase over the previous quarter; the job market is highly competitive

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

* Increase enrollment in the C.O.R.E Supported Employment Program

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

* 50% of the persons actively searching for community employment will become employed and retain employment for at least 60 consecutive days.

* 80% of the persons graduating will work at 90% of normal pace (graduation means that the persons are going to community employment, or C.O.R.E. Employment Services or a similar service, or full-time post high school education).

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

Persons served by C.O.R.E. enjoy vocational success by establishing goals and objectives to build upon strengths and past experiences while remedying or minimizing hindrances. The participant can choose from a facility-based sheltered training, enclaves, and mobile crews in an integrated community setting, job shadowing, job trials, intensive assistance in a job search or a self-directed search with a consultative relationship with program staff. The participant sets the pace and makes informed choices along the path to his/her desired vocational outcome, which could be part-time or full-time community employment, self-employment or volunteer work. Collaboration with Six County, Inc. (SCI) treatment services ensures emotional stability and strengths. Collaboration with community resources beyond SCI meets needs for benefits counseling, transportation, housing,

networking support, specific skill training and education and personal support.

C.O.R.E. Enterprises collaborates with numerous employers in the six county service area as well as the Bureau of Vocational Rehabilitation, Possitivity (formerly OIH), and others to achieve its overall goal of gaining employment for mentally ill adults in as natural a community environment as possible based upon the individual's skills, readiness level, and natural support system.

2.b. WELLNESS MANAGEMENT & RECOVERY*

Priority: High

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

- * Promote the overall health, wellness, and quality of life of consumers
- * Decrease the negative impact of mental illness on day to day functioning
- * Increase and sustain the highest level of functioning

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

- * Continue to promote recovery focused activities such as Wellness Recovery Action Planning, Advanced Directives for Mental Health, Crossings, In The Driver's Seat, Schizophrenics Anonymous, Bipolar Depression Support Group etc.
- * Continue to assess and monitor needs through us of Ohio Mental Health Outcomes System
- * Continue to recognize and address the needs of special populations including MI/elderly, MI/MR, and SAMI
- * Continue to promote consumers involvement in advocacy activities including speakers bureau, letter writing campaigns to legislatures, participation in governing boards, quality improvement committees, etc.

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

Number of persons served who:

- * Demonstrate effective symptom management skills as noted by decrease in symptom distress on Ohio Mental Health Outcomes
- * Report longer periods of community tenure
- * Report increased community integration through utilization of resources, employment, involvement in higher education, involvement in social events and volunteer activities
- * Are actively involved in advocacy activities as evidenced by membership on committees, documentation of responses to surveys, etc.

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

- * Continue to partner with consumer operated services including drop in centers, peer support services, warm line, client governments, and support groups including but not limited to Schizophrenics Anonymous, Depression and Bipolar, and Domestic Violence
- * Continue to support and/or participate in local NAMI affiliate activities and trainings, Regional Annual Recovery Summits, Ohio Advocates for Mental Health and area Suicide Prevention Coalitions

2.c. HOUSING

Priority: High

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

Improve housing options for homeless mental health and mental health/substance abuse consumers in Muskingum County

NOTE: Homelessness is a serious factor complicating discharge planning from local inpatient services at GENESIS

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

- * Continue to participate in Muskingum County Homeless Housing Committee
- * Continue to participate in City of Zanesville Housing Advisory Committee

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

- * Complete a community needs assessment (point in time count) in collaboration with community partners by FY 2009 year end
- * Work with community partners to identify potential funding sources for homeless housing by FY 2009 year end
- * Work with community partners on submission of CHIP Application during FY 2009

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

Continue work with the Zanesville Metropolitan Housing Authority, Salvation Army, Board providers (Six County, Inc., Muskingum Behavioral Health, Thompkins Child & Adolescent Services, Inc.), City of Zanesville Fair Housing Department, Zane State College, Ohio University, Southeastern Ohio Legal Services, Alcoholics Anonymous, Genesis, Appalachian Behavioral Healthcare and others

Click on gray box to enter text.

2.d. OTHER: Recovery Summit 9

Priority: High

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

Offer another Recovery Summit in 3rd quarter of FY 2009

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

Continue Board's active participation as a member of the Recovery Summit planning committee

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

Complete a written plan for the Recovery Summit 9 by the end of SFY 2009 2nd quarter

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

The planning committee partners include representatives from the 2 area Drop In Centers, Washington County Drop In Center members, Board area "community" consumers, Six County staff, Appalachian Behavioral Healthcare staff, NAMI family members, Area Agency on Aging (Region 9) staff, Board staff from Eastern Alliance, and Muskingum County Suicide Prevention Coalition members

Click on gray box to enter text.

2.e. OTHER: Drop-In Centers' Warmline and Internet Access

Priority: High

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

Continue to promote and support programs and services provided by the two Board area Consumer-operated Drop In Centers (Beacon Place and The In-Place)

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

Meet with Drop In Center members at both locations once during the SFY 2009

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

- * Report the number of members trained in use of internet
- * Report the number of members using the internet
- * Report examples of internet sites accessed and how information is being used to benefit members, services and/or programs
- * Report the number of Warmline volunteers trained and working
- * Report Warmline Volunteer satisfaction survey results
- * Report the number of Warmline calls by type and disposition

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

The Warmline and Internet are two service needs that were identified thru Board Consumer and Family Member Outreach Meetings (a face-to-face needs assessment/satisfaction survey done biennially by Board staff). Subsequently the Board has provided funding to operationalize both services. Plans are to complete a SFY 2009 return visit to the Drop In Centers to meet with consumer members and staff regarding the progress and satisfaction with both services.

Click on gray box to enter text.

2.f. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

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

3.a. SCHOOL SUCCESS

Priority: **High**

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

- * Provide time sensitive intervention and prevention services

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

- * Continue to participate in Care Teams (Coshocton and Muskingum Counties)
- * Expand Care Team availability into two more schools as funding permits
- * Maintain and expand school-contracted services for school-based counseling if funding permits
- * Implement "T Squared" (Teen-to-Teen) peer presentations on mental health, sexual abstinence, social relationships, bullying, and suicide topics if funding permits
- * Implement Alternative Violence Grant at two area high schools (West Muskingum & Maysville) if funding permits
- * Maintain Asset Building groups in Muskingum County school districts and extend (if funding permits) to Coshocton and Morgan County schools as Care Teams become more active
- * Maintain the Incredible Years series in Guernsey, Muskingum, Perry and Noble Counties
- * Expand Incredible Years series in two other service area counties as funding permits
- * Implement Education Success Groups in Coshocton, Guernsey, Morgan, Noble and Perry Counties if funding permits

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

- * Decrease suspensions and expulsions of Care Team youth
- * Decrease truancy in Care Team schools
- * Decrease behavioral problems in pupils with referrals to the office at Care Team schools
- * Increase academic success of Care Team students
- * Increase developmental assets' scores of students in the Care Team schools
- * Reduce violent incidents in the two area high schools (West Muskingum & Maysville)
- * Increase census and referrals to Thompkins Child & Adolescent Services, Inc. Educational Success Groups

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

Collaborate with schools regarding the referral and coordination process for the Educational Success Groups and continue to work with other community Care Team partners

3.b. EARLY CHILDHOOD CARE

Priority: **High**

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

- * Continue the Early Childhood Mental Health Initiative
 - * Continue the Maternal Depression Initiative
 - * See Incredible Years strategy (Section 10.b)
- NOTE: Work on goals will be dependent upon funding

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

- * Continue to provide parents and other caregivers professional consultation and trainings around early childhood mental health issues
- * Continue to provide ongoing professional consultation to Help Me Grow staff, especially visiting nurses, around early symptoms' recognition and coping and self-help skills associated with maternal

depression
* Continue to educate new mothers about post partum depression and importance of seeking help early

Measurable Objectives: *Click on gray box to enter text.*
* Provide two series of the "Incredible Years" in all six counties

Discussions and/or Collaborations: *Click on gray box to enter text.*
Collaborate with Head Start and Help Me Grow programs to assist in the funding of the Incredible Years series

3.c. TRANSITION AGE CARE

Priority: High

Goals: *Click on gray box to enter text.*
Continue to maintain the collaborative approach used by the Board, Thompkins Child & Adolescent Services, Inc. (TCAS), Six County, Inc. (SCI) and Support Mental Health Services (SMHS) in planning and implementing a seamless transfer of cases

Strategies: *Click on gray box to enter text.*
* The Board will continue to convene, as indicated for especially high risk youth, behavioral health, community agencies, and client and family transition teams to facilitate collaboration and coordination in the development of Transition Care Plans. This approach has been successful in past work with helping and supporting high risk youth into the adult behavioral healthcare system.
* Behavioral health treatment team meetings held weekly provide for a proactive and sustaining approach to planning and implementation of Transition Care for persons served. SCI, SMHS, and TCAS are team participants

Measurable Objectives: *Click on gray box to enter text.*
* Reduce number of psychiatric hospital bed days used by transitional persons served in comparison to previous years
* Reduce number of SCI Crisis bed days used by transitional persons served

Discussions and/or Collaborations: *Click on gray box to enter text.*
The Transition Team works with not only mental health providers in the community but others such as alcohol/drug, social service, educational, housing, and vocational providers etc. as indicated by client needs. The treatment team collaborates in a proactive approach to services delivery.

Click on gray box to enter text.

3.d. OTHER:

Priority:

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

Strategies *Click on gray box to enter text.*

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

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

Click on gray box to enter text.

3.e. OTHER:

Priority:

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

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

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

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

Click on gray box to enter text.

3.f. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

Click on gray box to enter number.

Board Purchased Inpatient Care	SFY 2009 Bed Days	SFY 09 Admissions
State Hospitals	4380	140
Private Psychiatric Hospitals: Adults	5575	1535
Private Hospitals: Children & Adolescents	2350	480

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.*

- * Continue to manage use of Board bed days at Appalachian Behavioral Healthcare (ABH) through monthly utilization review team meetings
- * Continue quarterly meetings of the Eastern Alliance Collaborative
- * Increase access to the evidenced based practices of Integrated Dual Disorder Treatment (IDDT) and Dialectical Behavioral Therapy (DBT) as a method to reduce hospital bed days

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

- * Continue monthly review of ABH inpatients and 30 day re-admissions
- * Continue to oversee discharge and re-admission prevention plans of care
- * Continue Eastern Alliance regional collaborations and oversight of Board areas/ABH hospital services
- * Continue to identify and engage hospitalized individuals who would benefit from IDDT and DBT treatment

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

- * Continue to track ABH re-admissions on a monthly basis
- * Compare patient ABH re-admissions year to year
- * Sustain the approved ABH bed days census

* Report the number of patients involved in IDDT and DBT services and number of bed days used

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

The Board, ABH, SCI, Genesis HealthCare System (GHC), SMHS and Eastern Alliance Collaborative have a long history of positive collaboration pertinent to planning, coordinating, and managing local/regional inpatient care from admission thru discharge. In view of the ABH Cambridge Campus closure, the fiscal implications and real costs to the Board, SCI and SMHS and other community partners particularly for transportation and case management of clients further from home as well as stress placed on families faced with trying to be involved in their family member's treatment will be significant. The Board's utilization management team and Eastern Alliance Collaborative partners will work together in problem solving and planning around hospital care for persons served from our Board and Eastern Alliance areas. Muskingum Area Board's Executive Director is chair of Eastern Alliance Collaborative.

The Board and ABH have not seen need for a formal Continuity of Care Agreement due to our continuing ease in working together to not only plan and coordinate inpatient/discharge care, but solve problems that arise. Planning around meeting the serious somatic health care needs for patients discharged are addressed from admission thru discharge in the monthly utilization team meetings referred to above. CPST case managers assist clients and families with community follow up required to meet healthcare needs.

4.b. CONTINUITY OF CARE

Priority: **High**

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

- * See 4.a.
- * Maintain continuity of care for individuals to be discharged from ABH Athens Campus

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

- * Explore video conference capability of ABH treatment team meetings to facilitate involvement of community case managers in treatment/discharge planning
- * Allow and encourage community case managers to write progress notes and other communications in ABH inpatient record so that the information is available to all inpatient providers
- * Sustain monthly hospital/community team meetings

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

- * Report the number of community case managers attending video conferenced treatment team meetings
- * Monitor the number of progress notes documented in ABH inpatient records
- * Continue to record minutes and attendees of hospital/community utilization management team meetings

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

See 4.a. above

4.c. SOMATIC HEALTH CARE

Priority: **High**

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

Promote the overall health of hospitalized individuals

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

- * Provide information and/or schedule initial follow-up somatic healthcare appointments prior to discharge
- * Maintain community follow-up of somatic health care needs after discharge

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

- * Document the number and type of follow-up somatic healthcare appointments scheduled

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

See 4.a. above

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

Click on gray box to select priority level:

Priority:

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

Decrease placements and bed days use by out-of-network providers

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

- * Expand Thompkins Child & Adolescent Services, Inc. (TCAS) Intensive Home Base services (IFAST) to include family interventions before a client is discharged from one of its residential facilities or an out-of-area residential facility
- * TCAS to continue working with local Juvenile Courts and Children Services Boards on assuring least restrictive options for SED youth
- * The Board staff committee will continue management oversight in monitoring residential treatment centers and foster care network placements
- *The Board and TCAS will continue educating agencies(i.e. Juvenile Courts, County Children Services Boards) about the costs, inefficiency, and often inappropriateness of out-of -network care

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

Decrease out-of -network provider residential days by 15% over the previous year

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

The Board, Juvenile Courts, Children Services Boards, and Family & Children First Councils work together to assure that least restrictive treatments are utilized at all times and community-based

treatments are intensified when necessary in order to prevent residential placements

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: High

Goals: *Click on gray box to enter text.*
Beginning SFY 2009 increase operational bed capacity at Six County, Inc.'s (SCI) residential crisis stabilization facility (RCSF) from five (5) to eight (8) beds to assist with the closing of Appalachian Behavioral Healthcare Cambridge Campus (ABHCC)

Strategies: *Click on gray box to enter text.*
* Increase psychiatric physician hours at the RCSF
* Increase Crisis Therapist and Crisis Technician FTEs to accommodate higher occupancy levels

Measurable Objectives
* Prevent unnecessary admissions to inpatient care settings
* Provide quicker "step down" capabilities from inpatient care

Discussions and/or Collaborations
With the closing of nearby ABHCC, SCI is trying to enhance its services to prevent an increase in admissions to state hospitals, and, hopefully, to be able to actually decrease admissions to state hospitals. It is anticipated that law enforcement will be very reluctant to transport people the further distance to the Athens Campus or even further other remaining state hospitals. The system does not want to damage the good working relationships that we have fostered over the years with law enforcement.

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

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

Click on gray box to enter text.

6.b. Child & Adolescent Consumers

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

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

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

Click on gray box to enter number.

	SFY 2008 Crisis Bed Days	SFY 2009 Crisis Bed Days
Adults	1551	2482
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.*

- * Continue to provide CIT Academy twice a year in Muskingum County
- * Offer at least one annual CIT Academy Refresher Training Course (six hours) in Muskingum County
- * Obtain Ohio Peace Office Training Academy Approval of Continuing Professional Training for a two hour Crime Victim Assistance Training
- * Promote CIT Academy to campus security officers at local colleges, university and career centers in Board area

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

- * Continue to assist in planning, coordinating, supporting, and promoting CIT Academy
- * Continue to incorporate CIT Academy progress reports into the meeting agenda of the Muskingum County Criminal Justice Collaborative
- * Work with Ohio Peace Officer Training Academy (OPOTA) to obtain approval for a two hour Crime Victim Assistance Training which will be included in 40 hour CIT Academy and six hour CIT Academy Refresher Course Trainings
- * Continue to provide administrative assistance with publication of the CIT Academy newsletter

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

- * Continue to report the number of 40 hour CIT Academy trainings and Refresher Course Programs provided and officers (police, sheriff, campus security) trained
- * Continue to report evaluation results of trainings
- * Provide a two hour OPOTA approved Crime Victim Assistance Training within the CIT Academy curriculum

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

The Board provides leadership in promoting development of the 3 initiatives of the Muskingum County Criminal Justice Collaborative (CIT Academy, Jail Diversion, and Behavioral Health Court). Collaborative partners include representatives from city and county courts, police and sheriff's departments, behavioral health providers, city law director, city and county prosecutor's office, Metropolitan Housing Authority, Job & Family Services, NAMI Ohio, and our local NAMI. The Collaborative has and will continue working in consultation with staff from Justice Stratton's office as well as the CJ/CCoE (particularly Michael Woody and Kathryn Burns) and the Ohio Peace Officer Training Academy.

6.d.2. DISASTER PREPAREDNESS*

Priority:

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

Attempt to maintain present level of preparedness and services

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

Attempt to encourage other Board area service providers to expend resources to maintain staff preparedness

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

At least ten individuals will receive seven hours of disaster behavioral health services training

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

Recent failure to renew the Muskingum County mental health services levy, ODMH closure of Appalachian Behavioral Health Cambridge Campus, and increasing costs associated with provision of Medicaid match leaves disaster preparedness for the general public and Critical Incident Stress Management Services for First Responders a very low priority

6.d.3. COLLEGES & UNIVERSITIES*

Priority:

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

NONE

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

NONE

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

NONE

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

Recent failure to renew the Muskingum County mental health services levy, ODMH closure of Appalachian Behavioral Health Cambridge Campus, and increasing costs associated with provision of Medicaid match leaves disaster preparedness for the general public and Critical Incident Stress Management Services for First Responders a very low priority

6.d.4 PRIMARY & SECONDARY SCHOOLS

Priority:

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

NONE

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

NONE

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

NONE

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

Recent failure to renew the Muskingum County mental health services levy, ODMH closure of Appalachian Behavioral Health Cambridge Campus, and increasing costs associated with provision of Medicaid match leaves disaster preparedness for the general public and Critical Incident Stress Management Services for First Responders a very low priority

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.*

Continue to promote utilization of Integrated Dual Diagnosis Treatment (IDDT) and Dialect Behavioral Therapy (DBT) as best practices treatment for individuals with severe and intensive needs

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

- * Increase the number of individuals involved in IDDT and DBT programs
- * Support and promote continued training of providers in IDDT and DBT
- * Promote coordination of IDDT and DBT counseling among service providers which adheres to the models

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

- * Include IDDT and DBT on provider referrals forms
- * Report the number of clients attending IDDT or DBT groups
- * Report the number of clients receiving counseling with IDDT or DBT trained counselors
- * Complete two DBT trainings for Thompkins Child & Adolescent Services, Inc. direct service staff by end of SFY 2009

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

Continue to promote collaborative planning, training and treatment integration among Board area behavioral healthcare providers (mental health and alcohol/drug). Of course work with the IDDT/SAMI CCOE is to continue.

7.a.2. Area of Adult Services:
Priority: High

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

Continue to promote a recovery focused milieu at the two Community Support (CSN) group homes (Country Garden Manor and Liberty Manor)

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

*Establish a recovery curriculum for group home residents with staff as educational group leaders

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

- * Add the number of groups and resident participants, length of stay, and client satisfaction data to the quarterly group home operations report submitted to Board

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

Board, CSN, Six County, Inc., and Appalachian Behavioral Healthcare will continue to collaborate, plan, and implement the curriculum

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: High

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

See 3. Resilience Supports (3.a. SCHOOL SUCCESS)

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

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

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

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

Priority:

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

Strategies *Click on gray box to enter text.*

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

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

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

Priority:

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

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

--

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

--

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

--

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

Click on gray box to enter text.

--

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

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

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

Priority: **High**

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

- | |
|---|
| <ul style="list-style-type: none">* Train more Child and Adolescent mental health treatment providers in identification of substance abuse issues and IDDT principles* Increase IDDT access to the most severely ill child and adult populations* Increase the number of State Mental Health Services (SMHS) IDDT services clients receiving the full range of treatment options consistent with the IDDT model |
|---|

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

- | |
|---|
| <ul style="list-style-type: none">* Share information regarding training opportunities; collaborate to provide training; utilize existing knowledgeable staff to provide training* Improve identification of individuals who would benefit* Increase the number of IDDT trained clinicians* Maintain SMHS data on effectiveness of their IDDT services |
|---|

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

- | |
|---|
| <ul style="list-style-type: none">* 50% of all Thompkins Child & Adolescent Services, Inc. (TCAS) direct service staff to have a least one training* Report the number of individuals referred to and receiving SMHS IDDT services* Report the number of SMHS IDDT clients involved in a full range of personal recovery activities* Report number of hospital bed days used by individuals participating in SMHS IDDT services* Report SMHS IDDT data from customer satisfaction surveys |
|---|

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

The Board, Behavioral Health (AOD and MH) agencies, SMHS, IDDT/SAMI CCOE and Appalachian Behavioral Health (ABH) will continue to collaborate on ways to bring IDDT training to the area and on ways to provide joint programs using the IDDT model.

Click on gray box to enter name of practice:

7.c.2. PRACTICE:

Priority:

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

- * Increase access to Dialectical Behavioral Therapy (DBT) for the most severely mentally ill population
- * Increase the number of DBT service identified clients receiving the full range of treatment options

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

- * Improve identification of individuals who would benefit from DBT treatment modality
- * Maintain data on effectiveness of DBT services

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

- * Report the number of individuals referred and participating in SMHS DBT counseling and group services
- * Report the number of hospital bed days used by SMHS DBT referees
- * Report customer satisfaction with SMHS DBT program
- * Provide trained DBT clinicians within the SMHS program who can provide counseling consistent with the DBT model
- * Report the number of clients identified appropriate for SMHS DBT who are involved in a full range of personal recovery activities

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

The Board, Six County, Inc., SMHS and Appalachian Behavioral Health (ABH) will continue to collaborate on ways to increase DBT training and joint programming within the Board area

Click on gray box to enter name of practice:

7.c.3. PRACTICE:

Priority:

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

Maintain or increase number of providers utilizing telemedicine

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

Recruit APNs and physicians with interest and willingness to participate

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

Increase number of providers utilizing telemedicine by 50%

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

The Board and area behavioral health agencies will collaborate on ways to work together to accomplish utilization of Telemedicine from a network perspective. The State Medical Board rule

requiring "face-to-face" contact needs ODMH clarification relative to Pharmacological Services.

Click on gray box to enter name of practice:

7.c.4. PRACTICE:

Priority:

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

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

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

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

Click on gray box to enter name of practice:

7.c.5. PRACTICE:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

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

8.a.1. Area of Workforce Development:

Priority:

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

* Increase Integrated Dual Disorder Treatment (IDDT) trained staff within the system

- * Continue to provide system wide trainings in Stage Related Treatment and Group IDDT skills
- * Increase CPST and SMHS CSN staff education in treatment strategies that support use of IDDT and DBT (to include Cognitive Behavioral Techniques (CBT), Basic Addiction education, and training team leaders in advanced skills and adherence to the model

Strategies *Click on gray box to enter text.*

- * Collaborate with IDDT/SAMI CCOE
- * Promote CCOE trainings in IDDT in Stage Related Treatment and Group IDDT skills
- * Promote staff training in CBT and Basic Addiction education.
- * Facilitate program leaders to become involved in trainings that support the goal of providing proven treatment modalities for clients at Country Garden Manor and Liberty Manor supervised living facilities

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

- * Report the number of SMHS staff trained in Motivational Interviewing , Stage Related Treatment, and IDDT Group Treatment Strategies
- * Report the number of SMHS staff trained in CBT and Basic Addiction education

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

The Board, Behavioral Health (AOD and MH) agencies, SMHS and Appalachian Behavioral Health (ABH) will continue to collaborate on ways to bring IDDT training to the area and on ways to provide joint programs using the IDDT and CBT models

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.

Continue to monitor progress of the Muskingum County Behavioral Health Court Program (H.O.P.E.)

Strategies: Click on gray box to enter text.

- * Arrange to attend a H.O.P.E. docket and meet with the Judge, participants and treatment team
- * Continue to maintain at least quarterly phone or e-mail contact with behavioral health treatment staff
- * Schedule another Criminal Justice Collaborative meeting during the 2nd quarter of SFY 2009

Measurable Objectives: Click on gray box to enter text.

At least three participants will successfully graduate by SFY 2009 year end

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

Collaboration with community partners will continue as described under 9. Inter-system Collaboration ---- Adult Justice/Court Coordination, Recidivism and Diversion ---- Jails. Program outcomes around community tenure and treatment compliance and costs will continue to be monitored.

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: High

Goals: Click on gray box to enter text.

Increase Criminal Justice referrals to Domestic Violence Education Groups

Strategies: Click on gray box to enter text.

Encourage agencies to work closer with criminal justice, i.e. Judges, Prosecutors regarding referrals

Measurable Objectives: Click on gray box to enter text.

Increase, by 25%, referrals to perpetrators groups offered by the Response Program at Thompkins

Child & Adolescent Services, Inc.

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

Collaborate with Muskingum County and Perry County judges to improve efficiency, access, and alternative funding for domestic violence perpetrators. The goals and objectives documented under 6. Crisis Care (6.d.1. CIT/POLICE COORDINATION) also relative here as a method for jail diversion was developed in 2006 as an outgrowth of our CIT trainings and is now incorporated into the curriculum of the Academy.

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

Click on gray box to enter text.

9.b. Adolescents

9.b.1. ADOLESCENT JUSTICE/COURT COORDINATION

Click on gray box to indicate priority level:

Priority: Medium

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

Replicate the Coshocton County Court diversion program in one other Board area county

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

Educate Juvenile Judges about the Court Diversion Program and offer to provide the service

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

At least one additional Juvenile Court will begin offering the Court Diversion Program

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

Collaborate with Juvenile Court Judges to improve efficiency of coordination and improve Juvenile Courts' access to mental health interventions for youth

9.b.2. ADOLESCENT RECIDIVISM

Priority:

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

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

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

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

9.b.3. ADOLESCENT DIVERSION

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

9.c.1. JAILS

Click on gray box to indicate priority level:

Priority:

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

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

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

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

9.c.2. DETENTION CENTERS

Priority:

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

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

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

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

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

Priority:

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

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

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

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

9.c.4. NURSING HOMES

Priority:

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

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

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

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

9.c.5. PRISON RE-ENTRY

Priority:

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

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

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

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

9.c.6. PHYSICAL & MENTAL HEALTH INTEGRATION

Priority:

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

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

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

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

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

9.c.7. OTHER:

Priority:

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

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

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

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

Click on gray box to enter text.

9.c.8. OTHER:

Priority:

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

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

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

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

Click on gray box to enter text.

9.c.9. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

10.a. SUICIDE PREVENTION

Click on gray box to enter priority level:

Priority:

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 P,C&E activity:

10.b. OTHER:

Priority: High

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

Provide Incredible Years Group for Parents and Children at least one time in each of the six counties served

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

Share costs of groups with corporations (sponsorships), churches, and /or other community groups

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

Complete two counties during the SFY 2009 first quarter and the remaining counties by year end

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

In order to share costs of Incredible Years Programs in each county, Thompkins Child & Adolescent Services, Inc. plans to encourage agencies to seek support, both financial and in-kind, from other non-profit and for-profit corporations in communities

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:

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.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.*

10.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.*

10.g. 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.*

maintain the current level of staff training

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

Providers will arrange for each staff person to receive a six hour training focused on increasing customer satisfaction

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

Recent failure to renew the Muskingum County mental health services levy and ODMH's closure of the ABH Cambridge Campus may leave the quality improvement focus on customer satisfaction a lower priority

11.b. STAFF RECRUITMENT

Priority: High

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

NONE
Unable to delete above

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

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

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

11.c. STAFF TRAINING

Priority:

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

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

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

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

11.d. ADDRESSING DISPARITIES IN ACCESS AND OUTCOMES

Priority:

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

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

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

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

Click on gray box to enter text.

11.e. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

12. ANYTHING ELSE? Is there any other information pertinent to the Community Plan that the Board would like to share?

Click on gray box and enter text.

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

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

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

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

Click on gray box and enter text.

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E. Evaluation of Plan Implementation.

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

Click on gray box and enter text.

Plans are to transpose the SFY 2009 Community Plan goals and objectives into a meaningful working document which can be incorporated into the Board's ongoing CQI processes. NOMs, Care Management Reports generated by OACBHA from MACSIS and ODMH Outcomes data, our Board Consumer & Family Member Outreach Meetings, ABH Eastern Collaborative Reports and provider QI Reports are examples of data sources used for trending, management oversight, and problem-solving relative to the Board's administrative, fiscal and quality services approach to network operations. Collaboration, cooperation and communications among consumers, family members, providers, and community partners are enhanced and promoted through of our QI structure --- Partners Workgroup, Care Management Council, QI Council and Recovery Advisory Council --- which strengthens the Board's ongoing commitment to consumer/family/community driven evaluation and planning around services delivery in the six county region under our jurisdiction.	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.

See above. Reports are being generated from MACSIS and Outcomes databases by OACBHA for use by Boards. The expertise of their MIS department provides a service which enhances our capacity to incorporate use of local and state data for comparisons and monitoring and management of Board administrative, fiscal and QI operations. During SFY 2009 we expect to continue systematic use of this data as well as the IBHS/ABH Eastern Collaborative Reports to oversee the effectiveness and efficiency of services delivery particularly with regards to ensuring that needed services are available to our priority populations (those with severe MI or MI/AOD problems).	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.

None being requested for SFY 2009	E.3
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