

III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

Click on box to enter Board name.

BOARD NAME: Mental Health and Recovery Board of Portage County

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

Click on gray box to enter text.

The mission of the Mental Health and Recovery Board of Portage County is to develop, manage and sustain a community-driven system of behavioral health treatment, prevention and recovery services.

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.

Portage County Business rules copied from Appendix E in the draft Community Plan document: *“Current Non-Medicaid Business rules require consumer co-payments on all non-Medicaid except crisis intervention, CPST, voc/employment, and residential treatment. Hold and review on non-Medicaid services to clients in Jail or state hospitals.”*

Portage County’s existing business rules for non-Medicaid expenditures by the Board are targeted toward services for residents in crisis or consumers with a severe mental illness. Current business rules pay for crisis services for all residents and supportive services for the severely mentally ill (CPST, voc/employment, and residential treatment) without requiring a consumer co-payment that might limit consumer access to services.

Portage County Business rules aligned with current population and service priorities for non-Medicaid investments.

In an analysis of FY2007 Board MACSIS expenditures using the MACSIS Datamart (Extract date October 6, 2007), 83.1% of the \$4,270,438 in Board funds, both Medicaid match and non-Medicaid, were expended on consumers with a severe mental illness, severe emotional disturbance, or for crisis intervention and CPST services, leaving a total of 16.9% of Board funds (match and non-Medicaid) expended for non-priority populations and services (see Exhibit B.1.a).

When this analysis is narrowed to apply to non-Medicaid dollars only, 77% of the \$2,197,139 non-Medicaid MACSIS expenses were expended on consumers with a severe mental illness, severe emotional disturbance, or for crisis intervention and CPST services, leaving 23% of non-Medicaid dollars expended on non-priority populations and services (see Exhibit B.1.b).

However, the Board expends many additional non-Medicaid dollars that do not flow through MACSIS for priority services and populations. In FY2007, an additional \$1,009,671 was expended to cover the operating costs of a 13 bed Crisis Care facility (critical for managing

hospital bed days), 24 hour access to diagnostic assessment (walk-in) and crisis intervention, and private hospital.

Some additional funding was provided to provide the following targeted services:

Children:

- Consultation Services: \$156,447 consultation provided to county school district's teachers
- Child Advocate: salary and fringes, \$35,560 targeting children of domestic violence & children in the homeless shelter
- Juvenile Justice Team \$53,340

Adults:

- Freedom House Advocate (part of a Case Manager position at the homeless shelter for Veterans, designed to connect veterans with MH and AOD services and assist with finding housing and employment \$18,500)
- Jail Diversion--\$26,780

To the extent that some Recovery and Resiliency supports cannot be funded through MACSIS, the business rules do not reflect that priority.

Briefly stated the Board's priority populations for Mental Health are:

- Adults with serious and persistent mental illnesses
- Children with serious emotional disturbances
- Adults and youth who are involved with the criminal justice system
- Persons needing assistance with basic recovery supports such as housing

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 Mental Health and Recovery Board (MHRB) created a line item in its budget that is earmarked for recovery supports. This line item helps pay for peer leadership development, consumer and family training and is also currently being used to provide interim staff

support for Portage Co. NAMI as it seeks to reorganize itself after a period of dormancy.

- The Board also helps fund recovery supports at Coleman Professional Services through Coleman’s Options (clubhouse-type) program.
- The responsibilities of the Peer Support Specialist include facilitating consumer operated groups and some general oversight for the Options programs. The groups focus on the nine components of recovery identified in the ODMH Emerging Best Practices of Recovery. The Peer Support Specialist is also a Bridges Instructor.
- The Options program offers "Brush with Adventure" two times a year. This includes an artist providing ten hours of instruction that results in a community wide art show with about 10-15 consumers participating.
- Like true Club Houses, one of the goals of the Options Program is to reduce stigma. The Options program is working to reduce stigma by:
 - Offering Peer Support at a local community center to increase awareness of mental health services
 - Consumers participating in Options collaborated with a local hospital to help raise money for a "healing garden" on the hospital premises.

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

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

Click on gray box to enter number.

50 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Click on gray box to enter number.

100 Consumers Waiting	2.1.i
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The **Homeless Housing Status National Outcome Measure (NOM)** reported to SAMHSA by ODMH refers to adults, aged 18+ with severe mental illness (SMI), who have identified themselves as homeless

on an administration of the Adult Consumer Survey in the Ohio Outcomes System. For SFY 2007, Ohio reported a Homeless Housing Status NOM to SAMSHA of **2,879** persons with SMI. Board level data for Ohio’s SFY 2007 Homeless Housing Status NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

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

Click on gray box to enter text.

The Board level data reported in Appendix B for Portage County homeless adults with SMI is 61 (version posted 1/14/2008).

This figure does not match our data. It is high if we consider only Outcomes data, but low if we use both BH Mod and Outcomes.

Using the State definition for identifying consumers with SMI which considers diagnosis, target services, and hospitalization (released in January 2002, copy attached, Exhibit 2.), Portage County’s total population with SMI in FY 2007 was 1,412. We use all consumers for whom we purchased services in our calculations, and have used data from the Outcomes Extract that we received in early January of 2008.

When a database of consumers who meet the definition of SMI is merged with a database of consumers who were identified as homeless using Outcomes instruments that were completed during FY2007, the total consumers with SMI that were homeless is 43. (The total individuals identified as homeless using Outcomes administered during FY2007, regardless of SMI status, was 82.)

If we consider BH Mod data as well as Outcomes data, the number of consumers with SMI that were homeless at some point during FY2007 rises to 75.

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

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

<input type="checkbox"/>	Continuum of Care	2.1.ka
<input type="checkbox"/>	PATH	
<input checked="" type="checkbox"/>	BH Mod (Behavioral Health Module)	
<input type="checkbox"/>	HMIS (Homeless Management Information System)	
<input checked="" type="checkbox"/>	Other, please specify: The Board uses data from BH and Outcomes, in conjunction with data extracted from claims and PCS to identify consumers with SMI.	

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.

75 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.

Currently, the section 8 waiting list has been closed since October 2006. It was open for 6 months prior to that, leaving a small window of opportunity to apply for vouchers. Consumers that apply for section 8 wait between three and four years.

2.2 Recovery supports: Employment

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

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

Click on gray box to enter text.

Appendix B data is not an accurate reflection of the number of people employed in Portage County. The Board level data reported in Appendix B for employed adults with SMI (786) is high. Using Outcomes alone, the total employed in FY2007, regardless of SMI status, was 841. The number of consumers with SMI who were employed is considerably lower.

Using the State definition for identifying consumers with SMI which considers diagnosis, target services, and hospitalization (released in January 2002, copy attached, Exhibit 2.), Portage County's total population with SMI in FY 2007 was 1,412. Of those, 463 consumers were identified as employed using BH or Outcomes instruments that were completed during FY2007. (Our contract mental health agencies are required to submit BH.) This represents an employment % for consumers with SMI of 33%.

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.

Using the state definition used above, the Board receives data each month about consumers with SMI from Heartland East, the Board's Administrative Services Organization (ASO). The report is a specific list of SMI status by UCI: one list is prepared at the Board level, and then a separate list is prepared for each contract agency. Providing the information to the contract agencies allows them to more easily track services, employment status, etc for the consumers with SMI that they treat. Also using this list, data is compiled from OUTCOMES, BH, CLAIMS, and MEMBER concerning the SMI population.

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.

463 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.

The MHRB shares the philosophy of Coleman Professional Services' psychiatrists, therapists, and case managers that work is an integral component of recovery and not something that occurs after recovery.

This commitment to assisting consumers work is addressed by all providers. All providers are involved in the employment services referral process. The consumers enter the system by self referring or through an internal referral process, and meet with RSC and/or Coleman Employment Services staff to begin the vocational planning process.

Once the planning is complete, the consumer begins employment services. Services include: supported employment, job search, job development, job placement, community based work assessments, comprehensive vocational evaluations, job shadowing, extended community based follow-along services, job seeking skills training, job club, and benefits counseling. Coleman Employment Services aggressively seek payors for employment services. Current payors include MHRB, RSC, WIA, and grants.

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

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

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

Click on gray box to enter text.

The MHRB is an active participant in various multi-system initiatives for children and youth including:

- Family and Children First Council
- Intersystem Clinical Assessment Team
- Access to Better Care funding.

The MHRB also invests in resilience supports at Children's Advantage (contract provider)

including:

- Incredible Years
- Early Childhood Screenings and Consultations
- Trauma clinic
- Intensive Case Management
- School-based services
- Community psychiatric supportive treatment
- STAR – Healthcare screenings in the Child Health Services.

Coleman Professional Services was awarded a grant from the Ridgecliff Foundation to enhance services for high risk youth by providing a social skills training to improve their engagement in pathways to success (i.e. school performance, career mindedness, empathy, financial literacy, conflict resolution, and personal responsibility).

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 School suspension and expulsion NOM data reported in Appendix B is 156.

The total number of children served by the Board who were under 18 in Fiscal Year 2007 was 1,701, according to the DataMart. (Figures are not available on the Datamart for children 18 and under.) Of these 1,701, the total number of individual children (unduplicated count) whose case worker reported school suspension on an Outcomes instrument, regardless of SED status, was 157.

The children with SED (based on the state definition released in January 2002, see exhibit B2) whose case workers reported suspensions was 82.

- 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.

The Board uses Outcomes in conjunction with claims and PCS data to identify the consumers with SED, as defined above.

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.

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

Board Purchased Inpatient Care	FY 06 Bed Days	FY 07 Bed Days	FY 06 Admissions	FY 07 Admissions	4.a
State Hospitals	2839	2583	79	73	
Private Psychiatric Hospitals: Adults	77	83	19	22	
Private Psychiatric Hospitals: C&A					

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

Click on gray box to enter text.

<p>The Board contracts with Coleman Professional Services to monitor and manage hospital bed days for the county. Coleman operates the Crisis Intervention program in Portage County, open 24/7, and also operates a Crisis Care 13 bed facility.</p> <p>This agency is also responsible for negotiating with private hospitals, and the Board provides them \$50,000 a year to cover consumers who are sent to private hospitals, but have no insurance or Medicaid to pay for the hospitalization. The Board also provides dollars each year for ambulance transportation for those clients who have no insurance or Medicaid to pay for the ambulance.</p> <p>The Board does not have a direct contract with the private hospitals.</p>	4.ba
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b.b. Do you have a continuity of care agreement with your designated state hospital?

Click on gray box to select answer

No	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.

32 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.

39 C&A Consumers were placed 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.

17 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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

Click on gray box to enter text.

<p>There has been an increase in recent years in the number of severely emotionally disturbed children in our county identified as needing intensive care. FY 2007, particularly, saw a spike in this area.</p> <p>There are two issues of importance which we hope to address in FY 2009. One issue is the need for closer coordination between the Mental Health & Recovery Board (MHRB) and the other departments involved in these placements (MR/DD, Juvenile Court and Department of Jobs & Family Services – DJFS). Only 17 of these 39 placements were run through our local Interagency Clinical Assessment Team (ICAT). The local DJFS and Juvenile Court often take the lead in placement of these children, with limited coordination with MHRB. It is important for the MHRB to have more awareness and input in these placements. The other issue is the decision about whether Residential placement is the only, or best, option for these children. The recent grant from ODMH for Intensive Home-Based Treatment may offer better options than residential placement.</p>	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 checked="" type="checkbox"/>	
Crisis Care Facility	<input checked="" type="checkbox"/>	
Hospital Emergency Department with Psychiatric Staff	<input type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	<input type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input checked="" type="checkbox"/>	
Other (Please Specify):	<input type="checkbox"/>	
Child & Adolescent Consumers		
24/7 On-Call Staffing by Psychiatrists	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input checked="" 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 checked="" type="checkbox"/>	
Other (Please Specify):		

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

Click on gray box to enter number.

	SFY 06 Crisis Bed Days	SFY 07 Crisis Bed Days	6.a.2
Adults	537	523	
Children & Adolescents			

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.

A hospital diversion team works with Crisis Stabilization staff to assure availability of beds for step-down from hospitalization. The Crisis Stabilization unit is used to divert hospitalizations for people with varied diagnoses and has proven to be especially effective for people with borderline personality disorder. Demographic trends in crisis stabilization indicate an increase in transitional youth, seniors with co-morbid physical illnesses, and a

forensic population with housing issues.

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.

- Four CIT Training Classes have been provided since April of 2007
- Evaluations continue to indicate successful outcomes
- A total of 82 Officers were CIT Certified as of November 1, 2007
- The CIT Coordinator’s Network was established and meets quarterly
- Portage County Police Chief’s Association adopted CIT as a County-wide program
- Board staff continues “troubleshooting” between the law enforcement & behavioral health communities with successful outcomes.

2. Disaster Preparedness

Click on gray box to enter text.

- The MHRB developed a Behavioral Health Disaster Response Plan that has been incorporated within the County’s Emergency Management Plan.
- The MHRB sponsored a Behavior Health Responders Training course in FY 2007
- MHRB staff participated in the development of the County’s Pandemic response planning as a part of the All Hazard Committee.
- The MHRB has a permanent representative on the County’s Homeland Security & Emergency Management Advisory Board. (currently serves as Chairman)

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	30	
Currently Available	29	16	

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

Click on gray box to enter text.

- Board staff participated in a disaster drill at Kent State University in 2007.
- Board staff have met with representatives of all three Portage County institutions of higher learning to begin the coordination of campus and community disaster response planning.

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

Coleman implemented a rapid access case management service in FY'08 to respond to urgent needs of consumers at time of triage. Case Management is initiated the same day as the diagnostic assessment as indicated to address emergent issues such as housing and benefits.

The Board participates in the planning of access and triage. The Board works with contract providers and other community agencies to conduct CQI reviews of incidents which have been identified as problematic.

a.3. Child & Adolescent Intensive Care

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

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

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.

Community psychiatric supportive treatment (CPST) continues to be an area of focus at Children’s Advantage (CA). The program is geared to families who are at risk of their child(ren) being removed from the home.

CA Triage System - An Intake Case Manager handles all initial calls and triages service requests. At that initial contact, the worker first determines if Children’s Advantage is the appropriate service provider for the client. If not, recommendations are made for the needed services along with the necessary contact information.

If Agency services are appropriate, then, in most cases, the client is scheduled for an Intake with a Therapist. The majority of initial appointments (Diagnostic Assessments) last approximately 1 – 2 hours. If only a Pharmacological Management appointment is being requested and the request appears valid, the Intake will occur with a Psychiatrist. The Therapist or Psychiatrist then determines intensity of services needed and can schedule the family appropriately. For example, if the family needs to be scheduled for counseling twice a week, weekly, etc; if the family would also benefit from CPST services; and/or if the client needs pharmacological management services.

For cases that require more services than Children’s Advantage can provide, the family may be referred for additional services in the community and/or may be referred to the Interagency Clinical

Assessment Team (ICAT) for consideration of more intensive services in the community and/or possible inpatient or residential services.

Board staff participates in the ICAT meetings and services funding.

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

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

b.1. Adult Routine Outpatient Care

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

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

In FY’07, Coleman’s Access services were adapted to offer a 24/7 drop-in for Diagnostic Assessment in addition to the previous existing 24/7 pre-screening and crisis intervention services. This process includes the Access workers completion of a clinical screen at the time of phone contact which leads to outcomes for scheduling.

Triage occurs during the initial Access contact to ensure people are accessing needed services on an emergent level. Triage results in determining if the need is emergent, urgent, or routine and scheduling is done accordingly. When the presentation is non-emergent, the consumer is scheduled for first appointment in Counseling/Psychotherapy or Pharmacological Management immediately after the diagnostic assessment.

The Board participated in the planning and the CQI for service access.

Townhall II's mental health counseling focuses on individuals who have been victims of crime, especially sexual assault, sexual abuse, rape and incest.

Family and Community Services focuses on domestic violence counseling.

b.3. Child & Adolescent Routine Outpatient Care

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

Click on gray box to enter text.

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

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

Click on gray box to enter text.

Children's Advantage provides a trauma clinic to identify and address trauma issues for children and adolescents. CA has also focused on maintaining timely access to all outpatient services despite the growing demand for services. CA is planning to change its pharmacological management service which will reflect the promotion of CA's nurse to that of CNS (Certified Nurse Specialist – Child Psychiatry) with prescriptive authority (allowing prescriptions to be written for psychotropic medications).

An Intake Case Manager handles all initial calls and triages service requests. At that initial contact, the worker first determines if Children's Advantage is the appropriate service provider for the client.

Coleman Professional Services initiated a child assessment clinic in FY'08. Specialty services were initiated and further developed for children with ADHD, autism, conduct disorders, bipolar disorders, and high risk youth. In response to requests from Juvenile Court, schools and families Coleman also initiated an anger management group and a social skills therapy group for autism spectrum children. Treatment of families of youthful offenders, especially when including victims of incest, has also been a focus of treatment.

Families may be referred for additional services in the community and/or may be referred to the Interagency Clinical Assessment Team (ICAT) for consideration of more intensive services in the community and/or possible inpatient or residential services.

Board staff participates in the ICAT meetings and service funding.

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

Click on gray box to enter text.

Coleman has implemented the following:

- WRAP plans for all consumers living in Supported Living.
- Dialectical Behavior Therapy
- Cognitive Processing Therapy for Trauma for adults.
- Cognitive Behavioral Therapy for Chronic Pain for adult
- The assessment of ADHD follows the outline of American Academy of Pediatrics.
- The social skills group for ADHD children utilizes Interpersonal Cognitive Problem Solving as pioneered by Shure Spivak.
- The anger management group for youth utilizes Interpersonal Cognitive Problem Solving as well as Dialectical Behavior Therapy.

Children's Advantage has implemented the following:

- Trauma-Focused Cognitive Behavior Therapy (TF-CBT)
- Incredible Years
- Intensive CPST (Community psychiatric supportive treatment) – Children's Advantage has supplied Intensive CPST services for over 8 years.
- Family Therapy.

Townhall II has Implemented the following:

- Cognitive Behavioral Therapy
- Motivational Interviewing
- IDDT Model (Integrated Dual Disorder Treatment)

Family and Community Services provides domestic violence services based on best practices including:

- A minimum of six months of treatment
- Male and female co-facilitators
- Ongoing accountability for clients while in treatment, including attendance and participation in the group process.

Staff Capacity & Workforce Development

- MHRB chairs and coordinates the System-Wide Quality Assurance Committee which identifies, plans and implements joint agency clinical training programs.
- Coleman Professional Services has a long history of hiring people with severe and persistent mental illness as service providers
- Townhall II emphasizes cross-training in the dual diagnosis, co-occurring disorders model.

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:*	3.13	8.a
CPST FTEs:	25.47	
Counselor/Therapist FTEs:	11.28	

*Includes Advanced Nurse Practitioners with prescriptive authority.

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

Click on gray boxes to enter number of FTEs.

Pharm. Management Practitioner FTEs:*	2.04	8.b
CPST FTEs:	11.92	
Counselor/Therapist FTEs:	10.54	

*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.

- MHRB chairs and coordinates the System-Wide Quality Assurance Committee which plans and implements clinical training and staff development programs.
- Coleman Professional Services has a long history of hiring people with severe and persistent mental illness as service providers and trains staff in best practice ways of involving families as partners in recovery.
- Townhall II emphasizes cross-training in the dual diagnosis, co-occurring disorders model.

9. Inter-system Collaboration

a. Discuss achievements and trends in the following areas.

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

Click on gray box to enter text.

The MH&RB contracts with Coleman Professional Services to employ a "boundary spanner" that participates in the jail diversion program. Key functions include: attend court sessions, identify potential candidates for diversion, provide initial screening for diversion, provide coordination between treating professionals, courts, and family. In addition, Coleman Professional Services provides an adult sex-offender group.

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

Click on gray box to enter text.

Children's Advantage has a working relationship with the Portage County Juvenile Court. The Court supports three treatment services: Anger Management groups for youth with emotional control issues; a "Choices" group for youth referred by the Diversion Department for issues related to making poor decisions resulting in court involvement; and a Family Therapy program to help

families with communication skills, conflict resolution and the development of appropriate problem-solving skills. The Anger Management group to date has shown a decrease in recidivism rates to the court.

Coleman Professional Services meets monthly with Juvenile Court Probation officers and the Juvenile Court Psychological staff to coordinate the care of youth with mental illness who have been court ordered to services. The meeting is to ensure coordinated treatment and to inform the court on compliance/follow-through with treatment. The discussions include sharing of information about ongoing risk and progress toward goals and objectives. The overall purpose is to keep these children engaged in interventions that will reduce risk and recidivism.

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

1. Jails

Click on gray box to enter text.

The MHRB supports a case manager who delivers services at the county jail as needed to assure for transition planning.

2. Detention Centers

Click on gray box to enter text.

For incarcerated youth, Children's Pharmacological Management Department works with the court so youth can be seen for assessment and treatment by a child and adolescent psychiatrist.

Coleman's child case managers maintain contact with youth in the detention center to coordinate care including discharge planning.

2. Homeless, Runaway & Domestic Violence shelters

Click on gray box to enter text.

Coleman Professional Services employs a Housing Specialist who is active in the Housing Services Council of Portage County to collaborate on housing grant development and submission, fair housing, and ten-year housing plan for the county

3. Nursing Homes

Click on gray box to enter text.

Consumers who are seniors and medically compromised must meet the level of care with PASS-R for nursing home admissions. Coleman Professional Services completes the mental health screening for individuals that are found to have "indications of severe mental illness" by the Area Agency on Aging. These individuals are often found ineligible because of their mental health issues. If it is determined that the consumer does not meet the level of care for a nursing facility, but still requires assistance with ADL's and medication monitoring, additional CPST supports are often provided.

4. Prison Reentry

Click on gray box to enter text.

The MHRB has designated Coleman's Access Services to coordinate with the "Community Linkage Liaison" within the state prison system to schedule preliminary appointments for re-entry. In addition, the U.S. Federal Probation Department contracted with Coleman Professional Services to provide psychiatry and counseling/psychotherapy to Federal parolees and probationers.

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

Click on gray box to enter text.

The MHRB is a founding member of the Aging and Behavioral Health Alliance of East Central Ohio. This regional alliance actively promotes the integration of Physical and Mental Health through training, planning and grantsmanship (Adults).

The MHRB and its contract agencies collaborate with the Portage County Health Center which is planning to open a federally qualified health center with a behavioral health linkage (Adults, children and adolescents). Coleman Professional Services is participating in "Champions of Child Health Care" to improve coordination between physical and behavioral health (for children and adolescents). The protocol for the Coleman Child Assessment Clinic includes coordination with the pediatrician (children and adolescents). KSU Health Clinic contracted with Coleman Professional Services effective 1/08 to provide consultation to physicians working in the student health clinic.

For children, the STAR (Screen, Teach, Assess and Refer) Program, operated by Children's Advantage, provides behavioral services to children receiving well-child services through the Child Health Services Clinic. This program involves a Therapist sitting in with children and families for their medical appointments to screen for behavioral healthcare issues. Children and parents/guardians are given on-the-spot information and recommendations, including the need for more specific mental health services. The Therapist also serves as a consultant for the Health Clinic staff members (e.g. nurse) for the children. In addition, through STAR, an Early Childhood Specialist works closely with the Help Me Grow program, going with workers on home visits to assist with young children (birth to age 3 years) with emotional/behavioral issues as well as parenting concerns. The Specialist also serves as a consultant for the Help Me Grow staff.

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

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

Click on gray box to enter text.

- The MHRB and all of its contract providers are active participants in the Portage County Suicide Prevention Coalition.
- The MHRB and the Coalition recently completed a major public information campaign on suicide prevention.
- The Coleman Foundation has an endowment to fund suicide prevention initiatives.
- In 2006, the *Ohio Children's Trust Fund (OCTF)*, the *Prevention Partners Leadership Group*, and *Ohio Family & Children First* recognized the Townhall II Family Education Program as the 2006 Outstanding Prevention Program for its work on the prevention of child abuse and neglect. This award is known as the *Beyond the Blue Ribbon Award*.
- The MHRB funds a child advocate position at Family and Community Services. The child advocates works with children who have been exposed to family violence.
- With funding provided by the Portage County Mental Health and Recovery Board (local levy money) and several school districts, Children's Advantage provides a School Consultation program that serves all 12 school districts in the county. Consultation services include screenings of students for behavioral healthcare issues, consultation with school personnel, meetings and contacts with parents, classroom observations, and classroom presentations.
- Children's Advantage also provides an Early Childhood Mental Health consultation service (funded by ODMH; periodically funded by local mental health board) to county child care

centers/professionals.

- In addition, Children’s Advantage provides mental health consultation (funded by the Portage County Private Industry Council) to Head Start sites. Services include consultation to sites (including observation, assessment, meetings with parents/childcare professionals, etc.); maintenance of an early childhood resources library; Early Childhood Mental Health Institutes (1 or 2 annually); child care site-specific trainings/education; and Incredible Years programs (Teacher, Parent, and Child [both classroom and small group therapy models]).

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.

- Consumer satisfaction surveys are collected by the MHRB and its provider agencies
- The MHRB and its contract providers are working with a number of local community organizations representing economically depressed areas to address disparities in those communities.
- Family and Community Services and Townhall II are planning a local workshop based on the “Bridges Out of Poverty” curriculum.
- All contract agencies provide cultural competence training for staff.

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.

The system is faced with the need to manage access in the face of limited resources and a growing demand for services, especially for non-medicaid services.

C. Needs Assessment.

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

Click on gray box to enter text.

In 2006 the MHRB collaborated with the Portage County Healthy Community Partnership in the production of a health and economic indicator study titled “Leading Health Indicators for Portage County, Ohio” authored by Dr. R. Scott Olds and Dr. Carolyn Lafferty.

In 2004, seven of eleven school districts in the county participated in the Board funded Communities That Care® Youth Survey (a system developed by Dr. David Hawkins and Dr. Richard Catalano). A

total of 3,750 students participated. A follow-up youth survey was administered in 2006.

Network providers have done needs assessments and shared these with the MHRB.

As part of the development of the Community Plan MHRB staff did an analysis of demographic & social indicators and service penetration rates. In addition, the proportion of dollars spent on the consumers with SED or SMI was evaluated, to determine the capacity of the local system to treat residents of the county without a severe mental illness. This analysis is presented below.

1. In preparation for establishing priorities, and making plans for future county mental health services, an examination of demographic characteristics of the county in general*, as compared to those of the consumer population in treatment is the starting point. The goal of this analysis is to determine if services are being equitably distributed among the residents of the county.

Summary tables below compare the age, gender, and race of the general population of Portage County to those of the Portage County Board consumers. The Fact finder data is for calendar year 2006, and the consumer characteristics are based on information from the MACSIS Data mart for FY2007.

a. Age.

The first table compares the age distribution of the Portage County general population to the distribution of mental health consumers by age. Two basic disparities are apparent. The percentage of children in treatment exceeds the percentage of children found in the general population by approximately 14%, and the percentage of adults age 65 and over in the general population exceeds the percentage of those same older adults in treatment by almost 10%.

		County Population	% of Total	Consumer Count	% of Total
ODMH	00 - 17	33,223	21.4%	1,701	35.1%
	18 - 64	104,025	67.1%	3,073	63.3%
	65+	17,764	11.5%	77	1.6%
	Totals	155,012	100.0%	4,851	100.0%

Jan 4,
2008

Note: Unduplicated count of consumers is 4,812

These numbers do not indicate the amount of service each age group receives, so the table below looks at total dollars spent (Board funds and Human Services Reimbursement (Medicaid)) and Board funds only (non-Medicaid and Medicaid match dollars) in FY2007 for the same age groups.

An examination of the dollars spent shows that the inequitable distribution remains, and is in fact more marked (~ +17%), when considering Board Cost for children. This makes sense, since it includes Medicaid, and Medicaid is far more readily available for children, and is paid at a higher rate of reimbursement. When looking at Board funds alone, the disproportionate spending is less marked for children—only +10%.

In both categories, however, spending remains far lower (~ -10%) for the aged in the county than would seem to be warranted by the general population

distribution in the county.

		Board Cost: Includes Medicaid	% of Total	Board Funds Only: Match & Non- Medicaid	% of Total
ODMH	00 - 17	\$2,884,516	38.8%	\$1,342,866	31.5%
	18 - 64	\$4,420,061	59.5%	\$2,844,451	66.6%
	65+	\$121,995	1.6%	\$83,121	2.0%
	Totals	\$7,426,572	100.0%	\$4,270,438	100.0%

b. Gender

The first table compares the gender distribution of the Portage County general population to the distribution of mental health consumers by gender. There is only a 1% variance between the two.

		County Population	% of Total	Consumer Count	% of Total
ODMH	M	74,695	48.2%	2,269	47.2%
	F	80,317	51.8%	2,543	52.8%
	Totals	155,012	100.0%	4,812	100.0%

Jan 4,
2008

Since these numbers do not indicate the amount of service each gender group receives, the table below looks at total dollars spent (Board funds and Human Services Reimbursement (Medicaid)) and Board funds only (non-Medicaid and Medicaid match dollars) in FY2007 for the same gender groups.

		Board Cost: Includes Medicaid	% of Total	Board Funds Only: Match & Non- Medicaid	% of Total
ODMH	M	\$3,621,610	48.8%	\$2,133,488	50.0%
	F	\$3,804,962	51.2%	\$2,136,950	50.0%
	Totals	\$7,426,572	100.0%	\$4,270,438	100.0%

Jan 4,
2008

Once more, there is very little variance between the general population and the population in treatment.

c. Race

The first table compares the race distribution of the Portage County general population to the distribution of mental health consumers by race. The African American race category shows a 2.5% variance between the county-wide population distribution, and the distribution within the consumers; the consumer percentage is higher. The White race category seems to be underserved by a similar percentage.

County Population	% of Total	Consumer Count	% of Total
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ODMH	White	144,671	93.3%	4,412	91.7%
	African American	5,339	3.4%	282	5.9%
	Unknown	797	0.5%	50	1.0%
	Other*	4,205	2.7%	68	1.4%
	Totals	155,012	100.0%	4,812	100.0%

Jan 4, 2008 *The County "Other" category includes American Indians and Alaskan Natives (325, .2%), Asian (1,946, 1.3%), and two or more races (1,934, 1.2%).

Since these numbers do not indicate the amount of service each race group receives, the table below looks at total dollars spent (Board funds and Human Services Reimbursement (Medicaid)) and Board funds only (non-Medicaid and Medicaid match dollars) in FY2007 for the same Race groups. Here the variances follow a similar pattern to the table above, but are slightly higher, with the African American and White categories being the highest (approximately 3.4%).

		Board Cost: Includes Medicaid	% of Total	Board Funds Only: Match & Non- Medicaid	% of Total
ODMH	White	\$6,685,062	90.0%	\$3,897,824	91.3%
	African American	\$501,343	6.8%	\$253,006	5.9%
	Unknown	\$103,132	1.4%	\$47,111	1.1%
	Other*	\$137,036	1.9%	\$72,497	1.7%
	Totals	\$7,426,572	100.0%	\$4,270,438	100.0%

* See note on previous table

2. Service Penetration Rates for Portage County

a. Age, Gender, and Race

The overall Service penetration rate for Portage County is 3.1%. Comparing this rate to the rates below is a good indication of the relative equity of service distribution among various demographic descriptors. A higher percentage indicates greater penetration than the overall; a lower percentage indicates a lesser penetration than the overall.

Demographic	MH Consumers	County Population	Service Penetration Rate
Age			
00-17	1,701	33,210	5.1%
18-64	3,073	103,941	3.0%
65+	77	17,861	0.4%
Gender			
Male	2,269	74,695	3.0%
Female	2,543	80,317	3.2%
Race			
White	4,412	144,671	3.1%

African American	282	5,339	5.3%
Unknown	50	797	6.3%
Other*	68	4,205	1.6%

*The County "Other" category includes American Indians and Alaskan Natives (325, .2%), Asian (1,946, 1.3%), and two or more races (1,934, 1.2%).

3. Penetration Rates of Consumers with SED or SMI or SPMI

Current Penetration rates of those consumers of Portage County services identified as suffering from a severe emotional disturbance (SED) or a severe mental illness (SMI) is 1.58% overall. There appears to be a disproportionate service penetration rate for children who are classified as SED, but this may be due to a partial dependance of the state formula upon services received. Children are more likely to be eligible for Medicaid, and children in this county have a disproportionate share of the fee for service funding. The additional dollars spent may have skewed the number of children classified as having a severe emotional disturbance with relationship to the number of adults classified as having a severe mental illness.

		Consumers with SED/SMI in FY2007	County Population	SED/SMI Penetration Rates
SED	00-17	1,098	33,210	3.31%
SMI	18-64	1,320	103,941	1.27%
SMI	65+	30	17,861	0.17%
		2,448	155,012	1.58%

4. Prevalence of Mental Illness

- a. Information from: Chapter 2, the Epidemiology of Mental Illness, Mental Health: A Report of the Surgeon General, 1999.
- b. Comparing the prevalence rates for serious mental illness to the service penetration rates above shows a gap between the treatment capacity and treatment prevalence.
 - i. Children 0-17
 1. 5-9% of children 0-17 prevalence of a severe emotional disturbance (SED)
 - ii. Adults 18-54
 1. 5.4% prevalence of a severe mental illness (SMI)
 - a. 2.6% prevalence of a severe and persistent mental illness (SPMI) (those with severe and persistent mental illness are a subset of those with severe mental illness)
 - iii. Adults 55+
 1. 4% prevalence of a severe mental illness (SMI)
 - a. 1% prevalence of a severe and persistent mental illness (SPMI) (those with severe and persistent mental illness are a subset of those with severe mental illness)

According to the mental health prevalence estimates cited from the Surgeon Generals report, in order to serve those with a severe mental illness or emotional disturbance, we should have service penetration rates equal to those listed above, in order to be serving all those in our county with severe illnesses. (Although some people are treated outside of the public mental health system, it is unlikely that many consumers with SMI are treated outside of the public health arena because the illness itself interferes with functioning, and limits employment opportunities and income).

5. Mandated priority populations.

- a. The Mental Health & Recovery Board's primary mandate is to provide services for the children and youth with severe emotional disturbance, and for the adults with severe mental illness and severe and persistent mental illness, and to provide crisis services.
- b. As is shown above, the treatment dollars spent are not sufficient to provide services for all of the severely mentally ill, much less fund prevention programs and recovery services. At the Board level, in order to fund prevention and recovery services, traditional clinical service provision must be cut.
- c. 12.58% of our Medicaid match dollars are spent for non SED/SMI consumers; we are unable to restrict our match dollars based on illness severity.

* The general census information cited is taken from the US Census Bureau Program American Fact Finder data sheet on Portage County, Ohio. This source is available in hard copy in Exhibit C.1. The information may also be found at the link below:
http://factfinder.census.gov/servlet/ACSSAFFacts?_event=Search&geo_id=&_geoContext=&_street=&_county=Portage+County&_cityTown=Portage+County&_state=04000US39&_zip=&_lang=en&_sse=on&pctxt=fph&pgsl=010

Or by going to the main page of The American Fact finder site, and searching for information on Portage County Ohio.

http://factfinder.census.gov/home/saff/main.html?_lang=en

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

Please refer to "Planning Terms" in Appendix C.

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

Click on gray box to enter text.

The MHRB developed a Strategic Map in 2004 and has continuously monitored, updated and evaluated the strategic direction of the Board with the plan as the initial foundation.

The MHRB examines its priorities annually at the beginning of its investment, budgeting and contracting process.

The MHRB requests that its contract providers articulate their priorities in their investment applications.

A focus group of consumers and family members was formed to provide input into the process of developing the ODMH Community Plan for FY 2009.

The MHRB also utilizes the strategic planning processes used by its contract provider agencies.

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

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

Click on gray box to indicate priority level.

2.a. EMPLOYMENT*

Priority:

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

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

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

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

2.b. WELLNESS MANAGEMENT & RECOVERY*

Priority:

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

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

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

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

2.c. HOUSING

Priority: **High**

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

Improve quality housing for the Portage County consumer.

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

Identify payor sources for increased capacity.
Provide WRAP training for all consumers living in Coleman group homes.

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

Complete 11 new one-bedroom units available for consumer residences by 12/2008.
Complete all WRAP trainings by 1/30/09

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

Coleman Professional Services, ODMH Housing Office

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

2.d. OTHER:

Priority: **Medium**

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

Assure the most appropriate service mix and level of care for children and adolescents.

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

Coleman will implement a best practices level of care protocol for children and adolescents.

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

Complete national research on best practices.
Design protocol.
Implement protocol.

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

Coleman Professional Services

Click on gray box to enter text.

2.e. OTHER:

Priority: **High**

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

Increase peer support

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

Initiate at least three additional consumer operated groups in Coleman's Options Program.

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

Increase the number of peer support specialists.

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

Coleman Options Program, NAMI, OMHA.

Click on gray box to enter text.

2.f. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

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

Click on gray box to indicate priority level.

3.a. SCHOOL SUCCESS

Priority:

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.b. EARLY CHILDHOOD CARE

Priority: High

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

Increase the availability of evidence based early childhood consultation and treatment to Portage County preschoolers.

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

Children's Advantage will continue its collaborations with local child care centers to provide EC consultation programs.
CA will provide specific mental health treatment to young children, including the provision of counseling, case management, and referrals for psychiatric services.

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

Implement Early Childhood Mental Health Consultation services (consultation, training, etc.) at 3 early child care centers on a weekly basis and other as needed.
Children's Advantage will provide 2 Early Childhood Mental Health Institutes and 12 additional hours of training.
CA will increase mental health treatment services to young children, age birth to seven years, who have been identified through early childhood mental health consultation services as in need for more intensive services

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

Children's Advantage, Private Industry Council Head start program, Preschool age Child Care Centers

3.c. TRANSITION AGE CARE

Priority: High

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

Reduce homelessness and establish foundations for future the independence of transitional age youth.

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

Coleman will Initiate a transitional age recovery team for 18-23 year olds

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

Develop admission criteria.
Develop discreet internal services.
Identify community resources.

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

Coleman Professional Services, Children's Advantage, DJFS, MR/DD

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

3.d. OTHER:

Priority:

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

Strategies *Click on gray box to enter text.*

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

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

Click on gray box to enter text.

3.e. OTHER:

Priority:

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

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

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

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

Click on gray box to enter text.

3.f. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

Click on gray box to enter number.

Board Purchased Inpatient Care	SFY 2009 Bed Days	SFY 09 Admissions
State Hospitals	2500	49
Private Psychiatric Hospitals: Adults	100	33
Private Hospitals: Children & Adolescents		

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

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

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

4.a. INPATIENT CARE

Priority: High

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

Reduce the number of unnecessary inpatient days in FY 2009.

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

Coleman hospital liaisons with hospital personnel will improve discharge planning.
 Diagnostic assessments will be completed on the Med/Surg units to expedite access to services.
 Staff will work with private hospitals to improve utilization.

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

Hold the number of state BYO days at 2500.

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

Coleman Professional Services, Heartland BHO, Private Hospitals

4.b. CONTINUITY OF CARE

Priority:

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

Implement a system-wide CQI Process.

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

MHRB will provide additional staffing to system wide CQI committee

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

System wide CQI committee will develop a CQI plan

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

MHRB contract agency clinical directors.

4.c. SOMATIC HEALTH CARE

Priority:

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

BH staff will be located at the Portage County Health Center.

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

Collobarate with the Portage County Health Center planning committee.

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

Include BH staffing in primary health center plan.

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

Coleman Professional Services, Portage County Health Center.

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

Click on gray box to enter text.

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

5.a. Residential Treatment Centers

Priority:

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

Reduce residential placements of Portage County youth.

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

Collaborate with DJFS and other child-serving agencies to jointly fund system wide gate-keeping and MST.

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

A Multi-System Treatment team will be implemented in Portage County.

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

All Portage County child-serving agencies.

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: Mobile Response

Priority: High

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

Reduce the jailing of persons with mental illnesses

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

Form a working partnership between Portage County's CIT program and Coleman's Crisis Services

Measurable Objectives

Increase availability of mental health assessments within the community for people exhibiting violent behaviors.

Discussions and/or Collaborations

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

Priority:

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

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

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

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

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

Priority:

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

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

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

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

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

Click on gray box to enter text.

6.b. Child & Adolescent Consumers

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

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

Priority:

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

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

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

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	455	500
Children & Adolescents		

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

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

Click on gray box to select priority level.

Priority:

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

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

Increase public recognition of value of CIT
Provide CIT training

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

Include NEOUCOMP (Northeastern Ohio Colleges of Medicine and Pharmacy) & Hiram College in the CIT program.
Increase the number of CIT trained officers by at least 25.
Develop a CIT refresher course
Provide recognition to agencies and individuals who have advanced CIT in Portage County

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

Police Agencies, Colleges and Universities.

6.d.2. DISASTER PREPAREDNESS*

Priority: **High**

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

The Mental Health & Recovery Board’s Disaster Response Plan will be updated and incorporated within Portage County’s Emergency Management Plan.

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

The Mental Health & Recovery Board will participate in Portage County’s Emergency Management Advisory Committee.
The MHRB will collaborate with strategic partners in disaster planning.

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

Update BH Response Plan.
Incorporate updates into Portage County’s EMA plan.

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

Portage County Office of Homeland Security and Emergency Management, Portage County Health Department, All MHRB contract agencies.

6.d.3. COLLEGES & UNIVERSITIES*

Priority: **Medium**

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

Expand Portage County’s Behavioral Health response plan to include colleges and universities.

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

Plan & Coordinate responses to incidents.
Participate in the development of State mandated campus “Security Plans”.
Participate in “high risk” student review committee

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

Expand the Crisis Response Network to include the Campus environment
Development a “Behavioral Health” response plan with Kent State University.

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

Colleges, Universities, Portage County Office of Homeland Security and Emergency Management.

6.d.4 PRIMARY & SECONDARY SCHOOLS

Priority:

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

Increase the level of integration between community BH and school-based BH response plans.

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

Form a school - CIT steering Group

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

Assist in the development of a County wide "CIT" type program for Special education teachers.

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

Schools

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.*

Maintain access to counseling services.

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

Coleman will update the Level of Care Protocol for adults to be reflective of best practices.

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

Coleman will implement a drop-in clinic including procedures to manage risks.
Coleman will Implement new Level of Care Protocols.

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

Coleman Professional Services

7.a.2. Area of Adult Services:

Priority:

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

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

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

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

7.a.3. Area of Adult Services:

Priority:

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

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

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

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

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

Click on gray box to enter text.

7.b. Child & Adolescent Services.

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

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

Priority:

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

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

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

Children's Advantage UR review finalized; UR process implemented if needed to address counseling waiting list; clients will begin counseling within 2 weeks of Diagnostic Assessment.

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

System-wide QA committee

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

Priority:

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

Strategies *Click on gray box to enter text.*

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

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

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

Priority:

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

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

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

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

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

Click on gray box to enter text.

7.c. Best Clinical Practices for Adults, Children & Adolescents. What are the Board's plans for SFY 2009 regarding Best Clinical Practices? The term "best practices" includes both promising and evidence-based practices. Examples of Best Practices include, but are not limited to: Assertive Community Treatment, Intensive Home Based Treatment, Intensive Dual Disorder Treatment (IDDT), Early Childhood Assessment, Functional Family Therapy, Treatment Foster Care, Physical/Mental Health Services Integration, Trauma-focused Community Based Treatment (TF-CBT), Dialectical Behavior

Therapy (DBT), Trauma Screening and Assessment, Telemedicine, Tobacco Dependence Treatment, Older Adult care, Integrated Care for persons with MR/MI. (See definitions in Appendix C.)

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

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

Priority: **Medium**

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

Coleman and Townhall II will provide integrated dual diagnosis treatment (IDDT).

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

Continue to collaborate with the CCOE and train staff.
Adapt IDDT model to accommodate resource limitations.

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

Initiate group therapy for dual diagnosed individuals using motivational interviewing.

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

Coleman Professional Services, Townhall II

Click on gray box to enter name of practice:

7.c.2. PRACTICE: **Supported Employment**

Priority: **High**

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

Coleman's Supported Employment program will move to high fidelity rating.

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

Track success measures of each action item on the SE Program Action Plan

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

SE Action Plan will be implemented and completed.

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

Coleman Professional Services, SE-CCOE, BVR

Click on gray box to enter name of practice:

7.c.3. PRACTICE: **Coordinated Practice**

Priority: **High**

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

Prevent reoffending in the home.

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

Provide coordinated treatment for intrafamilial treatment for sexual abuse involving youthful offenders.

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

Implement coordinated treatment sessions for individuals when offenders and victims cohabitate within the family using treatment protocols developed by SgROI.

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

Coleman Professional Services, Juvenile Court, Child Advocacy Center

Click on gray box to enter name of practice:

7.c.4. PRACTICE: Dialectical Behavioral Therapy

Priority: Medium

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

Reduce self-injurious behaviors in children/adolescents.

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

Implement services for children/adolescents being discharged from hospitals with self-injurious behaviors.

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

Initiate the DBT group by 8/1/09.

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

Coleman Professional Services, Akron Children's Hospital, Belmont Pines Hospital.

Click on gray box to enter name of practice:

7.c.5. PRACTICE: IHBT/MST

Priority: High

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

Develop an IHBT/MST program in Portage County

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

Combine ODMH grant funding and DJFS funding to create an MST team.

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

DJFS RFP will be released and funded.
ODMH grant funds will be allocated to MST team for training, certification and staffing.

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

ODMH, DJFS

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

Click on gray box to enter text.

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

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

8.a.1. Area of Workforce Development:

Priority:

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

Strategies *Click on gray box to enter text.*

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

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

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

8.a.2. Area of Workforce Development:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

9.a. Adults

9.a.1. ADULT JUSTICE/COURT COORDINATION

Click on gray box to indicate priority level.

Priority: High

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

Increase coordination with Courts.

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

Facilitate quarterly meetings with the Judges, Coleman Professional Services, Townhall II and Family and Community Services.

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

Develop a plan for court ordered behavioral health services.

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

Courts, Coleman Professional Services, Townhall II and Family, Community Services.

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.*

Reduce the jailing of persons with mental illnesses.

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

Increase the utilization of Coleman’s Jail Diversion Program.

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

Revise the Diagnostic and legal criteria for admission to the the Diversion Program.

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

Coleman Professional Services, Portage County Prosecutor's Office, Courts, Adult Probation

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: High Medium Low

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

Increase the percent of youth who are employed.

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

Coleman will increase engagement in employment services for youth involved with the criminal justice system.

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

Secure grants to fund employment services for youth.
Support youth in securing funding/eligibility for employment services
Establish baseline percent of youth served at CPS who are currently working.

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

Juvenile Court, DJFS, Coleman Employment Services.

9.b.2. ADOLESCENT RECIDIVISM

Priority: High Medium Low

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: High Medium Low

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: High

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.*

Coleman will serve at least 8 referrals from US Probation.
Coleman will serve at least 8 referrals from RSC/BVR in Re-entry employment services..

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

Coleman, US Pretrial Services & Probation Office, local parole, RSC, and other agencies, DJFS

9.c.6. PHYSICAL & MENTAL HEALTH INTEGRATION

Priority:

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

Increase the integration of physical and behavioral health services.

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

Collaborate with the Portage County Community Health Center and Townhall II Free Clinic.

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

Design a service plan that addresses physical health and behavioral health needs.
Co-locate a behavioral health services provider at the Community Health Center.

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

Portage County Community Health Center, Townhall, Coleman Professional Services.

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:

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

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

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

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

10.c. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

11.a. CONSUMER SATISFACTION WITH SERVICES AND STAFF

Priority:

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

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

Consumer satisfaction surveys.
Cultural Competence Training.

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

The MHRB will collect and analyze consumer satisfaction data.
The MHRB will continue its support of the Options peer support program.

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

All network agencies.

11.b. STAFF RECRUITMENT

Priority:

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

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

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

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

11.c. STAFF TRAINING

Priority: High

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

Increase the cultural competence of staff and services.

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

Cultural Competence Training.

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

The Board and all network provider agencies will participate in Bridges out of Poverty training or other cultural competence training

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

All network agencies.

11.d. ADDRESSING DISPARITIES IN ACCESS AND OUTCOMES

Priority: High

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

The MHRB and its contract provider agencies will reduce disparities in access and outcomes.

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

Collect data on disparities.
Liaison activities with disadvantaged communities.

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

Generate report via Heartland East to identify disparities.
The MHRB and Family and Community Services will implement a liaison program with the Skeels and McElrath communities.

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

Family and Community Services, Skeels and McElrath communities.

Click on gray box to enter text.

11.e. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

Click on gray box and enter text.

13. Budget Projected. 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.

The Board does not plan to change any of its MACSIS business rules.

E. Evaluation of Plan Implementation.

E.1. How does the Board plan to evaluate services, pursuant to ORC 340.03?
<http://codes.ohio.gov/orc/340.03>

Click on gray box and enter text.

<p>The Board’s Evaluation Plan is made up of two parts: ongoing repeated analysis of data that gives insight into the success of the Board in meeting its overall responsibilities and evaluation of the results of specific targets or goals with relationship to the Community Plan’s “desired state” or pilot services.</p> <p>A. Ongoing Analysis: Note: These ongoing analyses are numbered and organized according to the categories found in the Evaluation Guidelines Appendix D, Section B. Each analysis is labeled Existing or Planned.</p> <ol style="list-style-type: none"> 1. Measurement and analysis of the patterns of service use in the Board area, including amounts and types of services by important client demographic and diagnostic characteristics and provider agency(ies) of the service district <ol style="list-style-type: none"> i. Annual review of general census demographic data compared to consumer population demographics, to evaluate equity in service distribution, or identify underserved populations. (Existing) ii. Annual comparison of general population treatment costs to those of the SED/SMI population, in order to evaluate performance in targeting priority populations, and system capacity. (Existing) iii. Analysis of the SED/SMI population by UCI, to determine the extent of the chronic (persistent) population among the consumers who are classified as severely mentally ill within any given fiscal year. (Existing) iv. Analysis of the proportion of SED/SMI consumers on the case loads of each contract agency. (Existing) v. Analysis of the frequency and distribution of categories of diagnosis and costs associated with them: <ol style="list-style-type: none"> 1. In total (Existing) 2. SED (Planned) 3. SMI (Planned) 4. Non SED SMI (Planned) vi. Analysis of the funding streams (Medicaid and non-Medicaid) for services billed through MACSIS, by Age and by priority population. (Existing) 2. Measurement and analysis of the cost of services delivered in the service district by unit of service, service pattern, client characteristics and provider 	<p>E.1</p>
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<p>agency. (Existing)</p> <ol style="list-style-type: none"> 3. Measurement and analysis of the levels of consumer outcomes achieved by clients in the service district, by service patterns, client characteristics and provider agency. <ol style="list-style-type: none"> i. Quarterly reports provided to the Board and Board area contract providers which examine reliable change in Symptom Distress, Overall Quality of Life, Functioning, and Problem Severity. (Existing) ii. Quarterly reports on satisfaction provided to the Board and Board area contract providers. (Existing) iii. Reports which compare Board area provider consumer outcomes to state level means and change over time. Comparisons to Outcomes Report 15 (Existing) and Outcomes Report 16 (Planned). iv. Reports which compare outcomes by diagnosis category (Planned). v. Reports which compare outcomes by SED or SMI status to Non SED/Non status (Planned). 4. Measurement and analysis of the cost-effectiveness and cost efficiency of services delivered in the service district, by service pattern, client characteristic and provider agency. <ol style="list-style-type: none"> i. Episodic cost of BH Disposition at discharge “Case Closed, Goals Met” by provider. (Existing) ii. Cost, type, and frequency of services for those consumers who experience reliable improvement, compared to those who experience no reliable change or reliable deterioration. (Planned) 5. Measurement and analysis of the level of community acceptance of services offered by the mental health providers and with the Board planning process. <ol style="list-style-type: none"> i. Web-based satisfaction survey. (Planned) 	
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E.2. How does the Board plan to develop and use various databases, (e.g., MACSIS, Outcomes, Behavioral Health Module) to evaluate the effectiveness and efficiency of services?

Click on gray box and enter text.

<p>Portage County is a member of Heartland East, a consortium of six combined mental health and recovery services boards, contracted to process billing, BH Mod, Outcomes, and enrollments in some cases. This consortium has made possible a high level of expertise in the areas of hardware, security, and programming, and given us the ability to step back from the day to day processing deadlines. By pooling our financial resources we have been able to purchase more than just the bare minimum to do the day-to-day processing.</p> <p>In addition to multiple reports that have been developed to monitor the operational processes, Heartland East has a “Reports Group,” a committee made up of members from each of the Boards in the consortium. This group meets at least quarterly to develop and evaluate reports that aid in determining the efficacy of services, patterns of service, data submission compliance, data submission assistance, data reliability, data variability and its possible causes, service outcomes, and episodes of care.</p> <p>Under the group’s direction, the reports are programmed and refined by Heartland East staff. This group has been active since the consortium’s inception, and the varied backgrounds and knowledge of its members strengthen the report development and refinement process. Heartland East receives extracts from the state for MACSIS (CLAIMS & MEMBER), PCS</p>	E.2
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(state hospital data), Outcomes, BH Mod, and Central Pharmacy. All data can be combined as needed or desired, and most of the data streams are routinely combined in production reports each month.

Existing reports run the gamut from a report to identify consumers who have a missing outcomes or BH submission (to help agencies pinpoint data submission deficiencies and increase compliance), to a report that looks at individual consumers receiving the same services at the same time from two or more providers within the county (to look at coordination of care) or examining closed BH episodes (BH is required of our MH contract providers) and associated claims to compare episode duration by diagnosis at all the Heartland East member providers, with a synopsis of service mix and cost by provider (in order to compare treatment patterns and apparent efficiency). In addition to reports that are developed by the group, reports that are developed by an individual are shared with the group.

Reports are available in many forms: hard copy reports, excel spreadsheets, or pre-designed and formatted pivot tables. These reports typically combine more than one data source, and compare the aggregate results across providers and boards for the whole consortium, to aid in benchmarking. It is difficult to know what is good or bad, until there are available sources of comparison.

In addition to reports that are developed to meet the evaluation and management needs of the group as a whole for responsibilities we share (such as monitoring the demographics and services of the consumer population, for example), Heartland East will create reports for each member Board upon request, giving us the ability to track any data as necessary to measure our progress toward our “desired state” goals.

A second resource that is being developed is the Database project at OACBHA. This project is in a far earlier stage of development, but the intent is to provide state-wide comparative data indicators that will give Boards a wider frame of reference than what is available using their own data. The standardized computation will assure that comparisons are valid.

Currently, 16 management indicators are being developed as a joint project between the Management Information Services Committee (MIS) and the Clinical Leaders Committee of the Association, as overseen by the Database Steering Committee and the Beta Test Committee. The Data Use subcommittee of the MIS committee has been reviewing the proposed legislation (the Summer rule), and making plans to develop indicators for those evaluation responsibilities that are not specific to any one Board’s Community Plan. Interactive web-based reporting will also be available at some point in the future.

These two resources will provide all the depth and flexibility that will be necessary for the Board to perform its evaluation responsibilities using existing data.

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

Click on gray box and enter text.

<p>1. Guidance in evaluation techniques, and methods, relevant to the specific requirements in the ORC. An example would be a training that concentrated on ways to meet the requirements of B1, for example, covering the topics of sample analyses,</p>	<p>E.3</p>
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<p>data sources, computation methods, and presentation suggestions, etc. Models of good analyses.</p> <p>2. Guidance on what the state plans to evaluate and track, complete with its methodology. A certain amount of standardization would facilitate valid comparison with statewide data, and allow Boards a more immediate return on their analyses, as well as provide the state with valuable comparisons.</p>	
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Form 1

Board Appointment Data Sheet

Form 2

Community Board Resources

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

Name	Street Address	City	Zip	Phone Number	Email
Cara Michalak	3920 Lovers Lane	Ravenna	44266	330-296-8313	cara.michalak@colemanprof.com

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

Name	Street Address	City	Zip	Phone Number	Email
Cara Michalak	3920 Lovers Lane	Ravenna	44266	330-296-8313	cara.michalak@colemanprof.com

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

Name	Street Address	City	Zip	Phone Number	Email
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Joel Mowrey	155 East Main St.	Kent	44240	330-673-1756	joelm@mental- health-recovery.org
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Form 3

Planned State Inpatient Bed Days

BOARD NAME	
2009 Planned Use of State Inpatient Days	
Heartland	2500
Northcoast-Toledo	
Northcoast-Toledo	
Northcoast-Toledo	
Total Inpatient Days	

Signed _____
Board Executive Director

I anticipate contracts for CSN services to some degree.

- Yes
- No

Although we will again have a transportation contract with Heatland.

Form 4

Notification of Election of Distribution – SFY 2009

The Portage County Mental Health & Recovery Board (Board) has passed a resolution making the following:

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

Signed:

Hal Farrier (Name)
Executive Director
Portage County Mental Health & Recovery Board (Board)

Date: 4/4/08

