

### III. COMMUNITY PLAN TEMPLATE

#### FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

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*Click on box to enter Board name.*

**BOARD NAME:** Richland County Mental Health and Recovery Services Board

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

*Click on gray box to enter text.*

The Mission of the Richland County Mental Health and Recovery Services Board is to secure sufficient funds to plan, establish and maintain unified services primarily for the mentally ill, drug or alcohol dependant individuals, their families and the general population. Toward these ends, the Board shall: encourage the development of high quality, cost effective, and comprehensive services; adapt to the changing needs, especially for severely mentally disabled children, adolescents and adults; fulfill the mandates of the Ohio Revised Code; and promote the integrity and individuality of consumers of mental health and drug and alcohol 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.*

The MACSIS business rule for Richland County is aligned with current populations and service priorities for non-Medicaid expenditures by the Board. The rule applies to coinsurance on non-Medicaid services except crisis intervention, CPST, partial hospitalization, and all residential.

**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.*

Richland County has taken the initiative to implement Best Practice (BP) efforts wherever possible in the areas of recovery supports. Through the Center for Individual and Family Services, Inc. (The Center), the largest agency for Richland County, programs such as Wellness Management and Recovery, and Supported Employment are well established. Supported Employment is a joint venture between The Center and Rehabilitation Services of North Central Ohio (Rehab) and the Board. We have worked collaboratively to provide Richland County's severely mentally ill individuals with training and employment options that are both gainful and challenging. The Oasis Club, a consumer operated program, has taken an active roll in establishing the Bridges Program for recovering consumers. The Bridges Program has three trained facilitators and has been offered twice since its inception. The National Alliance on Mental Illness for Richland County (NAMI) has continued to provide two Family to Family classes per year. In addition, NAMI has begun providing Hand to Hand classes during this fiscal year and will provide this training twice a year.

**2.1 Recovery Supports: Housing**

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

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

*Click on gray box to select answer.*

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

*Click on gray box to select answer.*

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

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

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

12 Consumers Waiting	<b>2.1.d</b>
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The **Housing Assistance Program (HAP)** provides temporary rental subsidies and no-interest loans to assist persons with severe mental illness and their families with obtaining permanent, safe, decent and

affordable rental housing until a permanent subsidy can be obtained (Section 8 voucher), or until a person's income increases sufficiently so that a rental subsidy is not needed, or until person owns their own home.

e. Do you have wait lists for HAP?

Click on gray box to select answer.

No	<b>2.1.e</b>
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f. For most consumers waiting for access to HAP in your area, which of the following categories comes closest to the average wait time? Please select only one response category.

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

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

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

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

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

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

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

Click on gray box to enter number.

0 Consumers Waiting	<b>2.1.i</b>
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The **Homeless Housing Status National Outcome Measure (NOM)** reported to SAMHSA by ODMH refers to adults, aged 18+ with severe mental illness (SMI), who have identified themselves as homeless on an administration of the Adult Consumer Survey in the Ohio Outcomes System. For SFY 2007, Ohio reported a Homeless Housing Status NOM to SAMSHA of **2,879** persons with SMI. Board level data for

Ohio’s SFY 2007 Homeless Housing Status NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

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

*Click on gray box to enter text.*

The data seems to have been under reported and is not reflective of those individuals who move in and out of homelessness. Also, there are many individuals that are homeless who are SMI that do not make it into any one system and therefore go unreported.

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

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

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

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

*Click on gray box to enter number.*

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

*Click on gray box to enter text.*

No

## 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.*

These numbers accurately reflect the efforts by the Board and social service agencies to support individuals in their recovery with emphasis on supported competitive employment.

**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.*

The Board uses ODMH required Outcome Data.	<b>2.2.aa</b>
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**a.b.** If the information in Appendix B is inaccurate, what was the number of full-time and part-time employed persons with SMI served by the Board in SFY 2007?

*Click on gray box to enter number.*

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

*Click on gray box to enter text.*

As stated in section 2.0 Richland County is a Supported Employment (SE) pilot site through the CCOE for IDDT and Supported Employment. Even for those individuals who do not qualify for involvement in SE, efforts have been made to emphasize the importance of competitive employment over sheltered workshops. Rehab continues to provide a sheltered workshop in their effort to help individuals gain skills that will allow them to move into more competitive employment.
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**3.0 Resilience supports.** What are some notable achievements and trends for the Board in the area of resilience supports?

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

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

*Click on gray box to enter text.*

Through Richland County’s emphasis on BP, efforts have been made to establish Research Based Models. Richland County has an active Multisystemic Therapy (MST) Team through Family Life Counseling & Psychiatric Services (FLC) as well as Parenting With Love and Limits. These particular BPs are geared toward multi-system involved youth and families. Children Services and Juvenile Court provide the bulk of referrals and some shared funding. In addition, efforts have been made to utilize the funding through a multi-system Care Management Committee (CMC), the CMC is a sub committee of the Family and Children’s First Council (YFC). The primary function of the CMC is to appropriately utilize Family and System Team (FAST) and
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Access to Better Care (ABC) funds. The FAST dollars have provided respite care and supportive services to nearly 60 individual youth annually. The ABC dollars have supported programming such as:

- Pediatric/Psychiatric collaborative program
- The Success Center after school program
- Psychiatric hospitalization Support Program for youth under 12
- Reserved Psychiatric slots for youth coming out of hospitals for follow up
- Shared funding for residential placements

The Center and Rehab have also implemented level 4 & 5 Positive Parenting Programs.

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

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

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

*Click on gray box to enter text.*

This is an accurate representation of school attendance. The Board has emphasized the need for accurate reporting to each agency and in turn each agency has diligently reported through the Ohio Scales for Youth.

- 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 ODMH Outcomes Data.

**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.*

947

**3.1.ab**

## 4. Inpatient Care

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

### a. Inpatient Care

*Click on gray boxes to enter numbers.*

Board Purchased Inpatient Care	FY 06 Bed Days	FY 07 Bed Days	FY 06 Admissions	FY 07 Admissions	<b>4.a</b>
State Hospitals	2238	2036	48	71	
Private Psychiatric Hospitals: Adults	612	492	197	159	
Private Psychiatric Hospitals: C&A	85	69	37	30	

**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.*

The Board purchases 41 bed days per month from MedCentral Health Systems through our contract agency, The Center. The Board reimburses \$599.92 for the first day of admission and \$457.83 for each subsequent day. This service is intended to divert State Hospital placement for those individuals who can be stabilized through a relatively time-limited acute stay.	<b>4.ba</b>
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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*

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

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

*Click on gray box to enter number.*

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

*Click on gray box to enter number.*

8C&A Consumers place out of county in SFY 07	<b>5.b</b>
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**c.** How many of the C&A consumers identified above involved Board participation in the placement decision?

*Click on gray box to enter number.*

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

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

Use is increasing	Use is about the same	Use is decreasing	5.d
<input 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>The local Children Services Board has made numerous requests for hard-to-treat youth to be placed in RTCs utilizing ABC funds. This trend has resulted in the CMC limiting financial support to 1/3 of the per diem rate. Monthly placement reports are required. CMC does not approve minimum length of stay. However, with the option to use ABC funds in this manner we have seen a significant increase in the number of youth who now qualify for RTC level of care. Previously, other options, such as planned respite or MST, had been the preferred choice.</p>	<b>5.e</b>
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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 type="checkbox"/>	
<b>Adult Consumers</b>		
24/7 On-Call Staffing by Psychiatrists	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input checked="" type="checkbox"/>	
Crisis Care Facility	<input checked="" type="checkbox"/>	
Hospital Emergency Department with Psychiatric Staff	<input checked="" type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	<input type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input checked="" type="checkbox"/>	
Other (Please Specify):	<input type="checkbox"/>	
<b>Child &amp; Adolescent Consumers</b>		
24/7 On-Call Staffing by Psychiatrists	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input checked="" type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input 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 checked="" type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input checked="" type="checkbox"/>	
Other (Please Specify):		

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

*Click on gray box to enter number.*

	SFY 06 Crisis Bed Days	SFY 07 Crisis Bed Days	<b>6.a.2</b>
Adults	3285	3285	
Children & Adolescents	0	0	

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

*Click on gray box to enter text.*

Through the use of FAST dollars, the CMC has been able to contract with The Center for Emergency Respite Beds. The beds are used for those youth who have not yet reached the point of psychiatric crisis warranting hospitalization, but are heading in that direction. These stays are for a maximum of five days, with no limit to the number of youth. On average this amounts to fewer than ten youth per year.

We continue to see an increased need for crisis response to many locations including a significant amount of services provided at the local jail.

Unfortunately, since the funding cuts in FY 2003, agencies have been forced to increase their triage levels for service/admittance. To be triaged to the front of the waiting list, individuals with SMI or SED now have to reach or almost reach crisis level(s).

**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.*

In partnership with NAMI and local law enforcement, The Board has provided eight classes of Crisis Intervention Team Training. This has been provided to over 230 local law enforcement, corrections, probation, dispatch, parole, and security personnel. We continue to provide two classes per year, one in the spring and one in the fall to an average of 30 personnel at a time.

**2. Disaster Preparedness**

*Click on gray box to enter text.*

Richland County has established a disaster preparedness team. We have a coordinated team made up of individuals from all behavioral health agencies. This allows for mobilization without an undue burden on any one agency. The Board also has a regional agreement with Heartland Behavioral Health and those Boards in Heartland's catchment area to provide assistance if needed.

What are your estimates of staff for the following areas?

*Click on gray box to enter number.*

	Local Disaster Response	Statewide Disaster Response	<b>6.c.2</b>
Trained	15	15	
Currently Available	15	15	

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

*Click on gray box to enter text.*

Richland County had a Crisis response team for schools in the past. Though the team has not disbanded, it has discontinued meeting. An effort is now being made to revive the Crisis Response Team. Thanks to the training offered and sponsored by Ashland County MH&R Board, four individuals, who represent the Board and the three child serving mental health agencies, have now been trained and charged with the reassembly of the Crisis Response Team. This will take place over the remainder of this fiscal year and will be fully functional by SFY 2009.

**7. Outpatient Services.**

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

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

**a.1. Adult Intensive Care**

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

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

The primary focus of the Board has been the Intensive Pharm Management. We have seen Psychiatrists both in the public sector and private sector discontinue their services, because of retirement or relocation. It has been increasingly difficult to recruit new providers of Psychiatric services to the area. Alternatives are being explored such as use of Clinical Nurse Practitioners and Tele-Medicine. The Center is the only agency with Psychiatric services, a triage system is used to allow for quicker access for those in crisis. The Board closely monitors the waiting list report from The Center. The Board has a standing monthly meeting with The Center and the Local Hospital, MedCentral, to discuss the needs of those transitioning from inpatient to outpatient. This helps reduce concerns to case-by-case rather than a recurring trend.

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

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

Service Area	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.a.3
IHBT / MST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type I (Time limited)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

PH Prgm. Type II (School-based)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PH Prgm. Type III	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Therapeutic Pre-School (PH)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Intensive CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input 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. 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Functional Family Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <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.*

Pharm Management remains the greatest concern. The Board monitors this waiting list and has funded through CMC and local levy dollars a program to:

- Reduce wait times
- Reduce no shows
- Increase expertise among local pediatricians

This helps to provide for low to moderate level psychaitric needs of non-emergency youth. The Pediatrician's program is diverting nearly 100 youth per year from the local mental health agency for psychotropic assistance.

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

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

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

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

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

Please refer to 7.a.2

**b.3. Child & Adolescent Routine Outpatient Care**

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

Click on gray box to enter text.

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

**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.

Please refer to 7.a.4

**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.

Please Refer to 3.0

**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:*	6.00	<b>8.a</b>
CPST FTEs:	16.00	
Counselor/Therapist FTEs:	21.0	

\*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:*	3.20	<b>8.b</b>
CPST FTEs:	10.50	
Counselor/Therapist FTEs:	23.50	

\*Includes Advanced Nurse Practitioners with prescriptive authority.

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

*Click on gray box to enter text.*

The Board has been working with the agencies to complete paperwork for determining the Richland County area as a Health Professional Shortage Area (HPSA). If approved, Richland County may be able to better recruit professionals. The Board provides other benefits to professionals and agencies, such as local trainings and collaboration to ease the burden on agencies as well as decrease the amount of down time lost to such pursuits.

## 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.*

As mentioned earlier Richland County has an active CIT program. In addition, we have a grant funded Mental Health Court at the municipal level which serves up to 50 individuals at a time.

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

*Click on gray box to enter text.*

As part of CMC, juvenile justice is clearly represented on all services for high needs youth and families.

**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.*

There is a new combined City/County jail scheduled to open in June of 2008. This will allow for onsite Behavioral Health services, such as Pharm Management, CPST and Crisis Interventions.

2. Detention Centers

*Click on gray box to enter text.*

Currently The Juvenile Detention Center is one of our most active screening sites for the Columbia Teen Screen. The Juvenile Detention Center works in conjunction with FLC to assure timely clinical interviews following the administration of a positive screen.

2. Homeless, Runaway & Domestic Violence shelters

*Click on gray box to enter text.*

Mental Health has representation on The Homeless Coalition and the Domestic Violence Coalition and crisis services are offered at both the homeless shelter and the domestic violence shelter.

3. Nursing Homes

*Click on gray box to enter text.*

Richland County has partnered with the Area Agency on Aging to work on the issues of nursing homes as a level of care as well as the aging severely mentally ill population. Agencies have been encouraged to address the needs of those Richland County residents who reside in nursing homes and meet Medical Necessity for services.

4. Prison Reentry

*Click on gray box to enter text.*

Richland County has an active Re-entry Court at the Common Pleas level. The Board hosts and attends the Richland County Citizen's Circle on a monthly basis.

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

*Click on gray box to enter text.*

Richland County has been working dilligently on collaborative efforts between child psychiatry and local pediatrians. This program is successful and talks are under way to replicate the program at other pediatric locations around the county.

7. Other.

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

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

*Click on gray box to enter text.*

The Board is the coordinator for the Richland County Columbia Teen Screen Program. In this initiative we have all provider sites registered as locations as well as Richland County Juvenile Detention, Richland County Children Services and the Mansfield City School Alternative Program. Richland County also has an active Suicide Prevention Coalition, now in its fourth year. During SFY 2006 and 2007, Richland County has trained over 30 practitioners in The Positive Parenting Program Levels 2 & 3. These are community education and prevention levels and have been offered in Head Start and various daycare programs in Richland County.

**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.*

All contract providers are CARF certified and cultural competency is required to maintain their certification. Richland County has roughly an 8-12% minority population. Most of the providers have been successful at reaching this level of diversity. Recruitment does tend to be a challenge with larger markets within an hours drive that may have a higher rate of pay or better benefits.

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

*Click on gray box to enter text.*

**C. Needs Assessment.**

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

*Click on gray box to enter text.*

In SFY 2006, the Richland County Board contracted with the University of Akron to complete a Demand Assessment. This guided the efforts of the Board to establish a Strategic Plan for board priorities. In addition, the Board and funded providers participated in the Needs And Priority Assesment for the Community (NAPAC 4). This allowed us to makes sure that the Board priorities are in line with those of the community.

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

Please refer to “Planning Terms” in Appendix C.

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

*Click on gray box to enter text.*

Through the process of the Demand Assessment and NAPAC 4 discussed in section C, the Board planned a retreat for its Board of Directors to establish a strategic plan and priorities for the Board. This process made each subcommittee (made up of Board members and community representatives) responsible for addressing certain sections of the Demand Assessment and prioritize the needs identified and/or identify additional needs that they determined were missed. These needs were then tabulated and provided at a full board retreat for further analysis and refinement. The results were as follows:

Richland County Mental Health & Recovery Services Board Goals and Objectives for Strategic Plan  
Prepared: February 12, 2007

Goals

1. Increase coordination and dissemination of information on availability, access and eligibility for mental health and drug & alcohol services in Richland County.

Current Measurable Objectives

- A. Implement Network of Care website
- B. Educate public/agencies about Richland County's Network of Care
- C. Update phone listings for Board
- D. Clarify what information HELPLINE provides

Proposed New Objectives

- A. Develop/Revise brochure listing services and develop plan for dissemination of brochures
- B. Develop worksheet giving specific information on services by agency
- C. Explore feasibility of Board newsletter and make a recommendation to the Board
- D. Explore feasibility of newspaper column on mental health & alcohol/drug issues & make a recommendation to the Board
- E. Facilitate public educational presentations about services
- F. Cross training of referral agencies about MH & AOD services and procedures
- G. Develop & publish consumer & family guide to the mental health & recovery system in Richland County

Goals

- 2. Tell about successful programs and how individuals benefit to maintain public support and increase understanding of persons with mental illness and drug & alcohol addiction

Current Measurable Objectives

- A. Support production of "Moods & Music" symphony
- B. Media interviews with Dr. Jamison to educate public & promote symphony
- C. Facilitate system wide planning for Mental Health Month

Proposed New Objectives

- A. Facilitate at least quarterly media stories about services & persons who are benefiting
- B. Facilitate system wide planning for Recovery Month
- C. Explore feasibility of Board newsletter and make recommendation to Board
- D. Explore feasibility of monthly newspaper column on mental health & alcohol and drug issues
- E. Facilitate public educational presentations around mental health & alcohol/drug issues

## Goals

3. Develop additional mental health and drug and alcohol prevention and treatment services for youth

## Current Measurable Objectives

- A. Analyze outcome evaluation data for Life Skills drug and alcohol prevention program with Mansfield schools 6, 7 and 8 graders
- B. Provide mental health education and consultation to pediatricians
- C. Maintain the Multi-systemic Therapy (MST) program with shared funding from multiple sources
- D. Administer Columbia Teen Screen to 1,200 youth in grade 7 - 12
- E. Analyze data from Columbia Teen Screen for future planning and grant applications
- F. Maintain mental health consultation & support services to Mansfield Alternative School
- G. Continue implementation of Seven Challenges drug & alcohol treatment program for adolescents
- H. Review the effectiveness and financial viability of the Raemelton Partial Hospitalization Program
- I. Maintain current anger management and social skills groups for youth
- J. Work with Youth & Family Council to establish and monitor community indicators for behavioral health

## Proposed New Objectives

- A. Expand the number of children age 0 - 6 and their families receiving mental health consultation and prevention services by 25%
- B. Expand the number of parents of school age youth receiving parenting education by 10%
- C. Increase number of youth receiving medication services by 10%
- D. Maintain Life Skills program in Mansfield City Schools, grades 6, 7, and 8
- E. Expand the number of school districts and classrooms that are offering the Life Skills program
- F. Work with schools and other community organizations to provide education and prevention activities around bullying
- G. Expand specialized prevention and education services to high risk youth in collaboration with other organizations and systems

## Goals

4. Review with agencies the referral processes and waiting time with an eye to developing better and more timely service integration & response

## Current Measurable Objectives

- A. Compile FY06 & 07 Waiting data
- B. Share waiting data with Committees, agencies, and community
- C. Standardize the method for measuring waiting time across all agencies
- D. Work with agencies to examine referral and admission process and methods for improvement and report to the Board
- E. Obtain continuation of FAST and Access to Better Care (ABC) funding for use by Care Management Committee for addressing needs of multi-system youth
- F. Reduce waiting time and improve continuity of care for adults being discharged from psychiatric hospitals

## Proposed New Objectives

- A. Reduce waiting time for medication evaluations for adults
- B. Reduce waiting time for medication evaluations for youth
- C. Review consumer satisfaction information from ODMH outcomes database and prepare report for Board
- D. Involve consumers and family members in reviewing intake process and recommending improvements
- E. Conduct a survey of persons requesting services to determine responsiveness of system and ways to improve
- F. Involve agencies who make referrals in evaluating and improving the referral and intake process
- G. Conduct training for persons who make referrals about intake process and services provided by each agency

## Goals

5. Collaboration with relevant community agencies to place more emphasis on developing post treatment support programs and services to clients, especially in the areas of housing assistance, employment & family support

Current Measurable Objectives

- A. Re-establish the Richland County Supported Employment Advisory Board
- B. Maintain NAMI Family to Family education program at current level
- C. Obtain outcome data on employment services from Center & Rehab
- D. In depth review of vocational services funded by the Board

Proposed New Objectives

- A. Review of current housing programs and options with report to Board
- B. Obtain additional data from consumers on current housing and needs
- C. Analysis of current employment levels and employment needs among consumers
- D. Increase NAMI Family to Family program from two groups to three annually
- E. Implement NAMI Family Education for parents of youth
- F. Collect standardized outcome data for supported employment services
- G. Develop family education program for drug & alcohol addiction to offer at least two times a year
- H. Develop mental health education and support program for families of school aged children

**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.*

Maintain the current level of Supported Employment at and estimated 45 consumers per year. Due to the current financial crisis for the State of Ohio it would be inappropriate at this time to plan for expansions.

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

Fidelity to the Supported Employment initiative from the SE/IDDT CCOE.

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

Monitor progress on the Ohio Scales for Adults. Measure the time it takes for consumers to gain employment and their employment status after 90 days.

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

Continue to participate in the SE collaborative.

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

Priority: **Medium**

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

The Wellness Management and Recovery program is currently utilized with all adult consumers at The Center. The goal of the Board is to maintain this level of treatment. Due to the current financial crisis for the State of Ohio it would be inappropriate at this time to plan for expansions.

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

Fidelity to the Wellness Management and Recovery model.

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

Utilization of Ohio Scales for Adults.

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

Discussion and collaboration will be established by The Center as needed.

**2.c. HOUSING**

Priority: **Low**

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

Maintain the current level of housing at 40 units. Due to the current financial crisis for the State of Ohio it would be inappropriate at this time to plan for expansions.

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

Continue to utilize the Housing Coordinator at The Center as the primary access point.

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

Utilization of the Ohio Scales for Adults.

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

Continue to participate on the Richland County Homeless Coalition.

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

**2.d. OTHER: **Bridges****

Priority: **Low**

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

Continue to provide two consumer-led Bridges classes per year. Due to the current financial crisis for the State of Ohio it would be inappropriate at this time to plan for expansions.

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

Maintain fidelity to the Bridges model.

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

Use of Ohio Scales for Adults where applicable as well as fidelity measures built into the Bridges Program.

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

As needed.

*Click on gray box to enter text.*

2.e. OTHER:

Priority:

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

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

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

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

*Click on gray box to enter text.*

2.f. OTHER:

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

**3. Resilience Supports.** Using the format below, please describe goals, strategies, and measurable objectives for SFY 2009 for school success, ABC, and any other Resilience supports of relevance to the

Board, such as Transition Age Programs, Parent Advocacy, etc. (See Appendix C for definition of resilience supports and examples of strategies and programs.) Based on identified needs, rank priorities as high, medium or low. What systems/entities/providers/consumer groups will the board collaborate with or have discussions, and what benefits/results are expected?

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

*Click on gray box to indicate priority level.*

### **3.a. SCHOOL SUCCESS**

Priority:

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

School Success is not currently offered in Richland County. Due to the current financial crisis for the State of Ohio it would be inappropriate at this time to plan for this program.

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.*

Through the use of Positive Parenting Program (PPP) and the bullying prevention program, improvements can be made in the success of youth as they advance in school. Early intervention has a significant impact on later performance as well as providing parents with tools to help them in the years ahead.

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

Continue to provide PPP in the Head Start and other early childcare locations. Continue to pilot the bullying prevention program at the elementary school level.

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

EDECA is being used by the PPP providers along with other measures built into the PPP Model.

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

The Early Child Hood Mental Health committee will continue to meet and work on building an infrastructure for all ECMH efforts.

### **3.c. TRANSITION AGE CARE**

Priority:  High

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

Establish an outpatient program in conjunction with Richland County Children Services to address the needs of transitional age youth and ease the process of going from the child serving system to the adult system.

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

Still in the development stage.

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

Will use Ohio Scales for Youth and Ohio Scales for Adults, which ever is appropriate.

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

Still in the development stage.

*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.*

Teen Screen program will continue to be maintained at the Juvenile Detention Center. Teen Screen will be expanded at The Center, Rehab, Family Life Counseling, Children Services and the Mansfield City Alternative School during SFY 2008.

Strategies *Click on gray box to enter text.*

Through the use of the Garrett Lee Smith grant funds, the Board will provide a training at each location and screen between 950 and 1,200 youth during SFY 2008.

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

Outcome measures are reported quarterly to Columbia University.

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

Utilize the youth committee of the Suicide Prevention Coalition as the steering committee for this project.

*Click on gray box to enter text.*

**3.e. OTHER:**

Priority:

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

Continue to assist high-needs, multisystem involved youth and families through both program support and youth-specific support. Numbers will be consistent with the past two fiscal years, which averaged 75 youth. Continuation of this goal is contingent upon a similar level of funding from ODMH for SFY 2009.

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

Evaluation of all proposals and oversight of all awards for both individuals and programs will be done by the CMC.

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

The number of youth served will be calculated with team leaders reporting proposed outcomes on a quarterly basis.

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

Oversight will be through the Care Management Committee.

*Click on gray box to enter text.*

**3.f. OTHER:** Family and System Team (FAST)

Priority: Medium

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

Continue to assist high-needs, multisystem involved youth and families through enhancements that are non-Medicaid billable, such as; respite care, camperships, extra-curricular program fees, etc. Numbers will be consistent with the past two fiscal years which averaged 48 youth. Continuation of this goal is contingent upon a similar level of funding from ODMH for SFY 2009.

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

All youth will be presented by team leaders to the CMC for approval of requests.

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

Team leaders will be responsible for presenting the need that will be addressed and provide follow-up information regarding progress toward meeting that need.

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

Oversight will be through the Care Management Committee.

**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	2000	100
Private Psychiatric Hospitals: Adults	360	115
Private Hospitals: Children & Adolescents	50	20

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.*

The goal is to better coordinate the use of inpatient care and utilization review (UR). Inpatient beds should only be used for those individuals that can not be maintained at a lower level of care. We should also be limiting state hospitalization to those individuals that can not be stabilized during an acute local hospital stay. We have made significant improvements in this area, but we are still seeing increased utilization and a less than acceptable level of follow-up after hospitalization.

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

Continue with UR to determine the need for ongoing stays at both the local and state hospitals. Continue to track the number of people discharged that show for their follow-up appointments. Continue to strategize how to assure better follow through by consumers after discharge.

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

Use of output data such as show rate and the Adult Ohio Scales to determine success after discharge and follow through.

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

Continue monthly meetings with the local hospital and The Center (the primary prescreening agency). Include Heartland Behavioral Health in the discussion when needed.

#### 4.b. CONTINUITY OF CARE

Priority: **High**

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

Employ UR to establish clear linkage between inpatient and outpatient services. Create a seamless transition so as to eliminate any and all barriers to continuing with treatment.

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

Evaluate billing issues and the feasibility of providing onsite intake and/or assessment before the

consumer leaves the local hospital. Also, evaluate the availability of appointments to assure convenience.

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

Determine the length of time from discharge to first follow-up and track the show rate.

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

Continue monthly meetings with the local hospital and The Center (the primary prescreening agency). Include Heartland Behavioral Health in the discussion when needed.

**4.c. SOMATIC HEALTH CARE**

Priority: **High**

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

Encourage local mental health agencies to collaborate with qualified Somatic Health Care professionals as well as expanding the pediatricians' program.

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

Continue to support agencies working with the local Federally Qualified Health Clinic, and add one additional pediatric facility to the program for SFY 2009.

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

The Board will monitor local health report numbers and information provided through Ohio Scales and Teen Screen questionnaires.

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

As needed.

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

*Click on gray box to enter text.*

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

**5.a. Residential Treatment Centers**

Priority: **Medium**

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

Through the CMC, continue to assess the make-up of individuals and families that are utilizing residential placement as well as determining the chief concern(s) from referral sources as to what needs are currently not being met in the community. The Board will utilize this information to determine if there are strategies that we can invest in to meet these unmet needs.

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

Monitor and evaluate, from a multi-system approach, cost and benefits to various levels of care. Determine if there are ways to meet the needs of high-need youth and families within the community as opposed to residential placement. Use of High-Fidelity WRAP Around for the identified youth prior to placement.

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

Clinical information such as diagnosis, history of treatment, other system utilizations, family priorities, and use of Ohio Scales for Youth to determine trends.

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

Centralize data through the CMC. This committee meets weekly at the Board and has the most consistent contact with the highest need youth and families.

**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.*

Review the current make-up of the Mobile Triage Team (MTT) and its current functioning. Determine what is needed to expand this service to assist in immediate crisis, pre-crisis, and the transition of adults from inpatient to outpatient.

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

Develop and complete a time study as well as utilize consumer input regarding the current function of the MTT and how it may be improved.

Measurable Objectives

Consumer satisfaction and the cost of crisis during the time periods when the MTT is not available.

Discussions and/or Collaborations

Continue monthly meetings with the local hospital and The Center (the primary prescreening agency). Include Heartland Behavioral Health in the discussion when needed. In addition, utilize the

Consumer and Family Advisory committee of the Board to participate in the planning process.

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

Priority: High

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

Evaluate the Crisis Stabilization Unit to ensure that each bed is optimally utilized. Step-down will be the emphasis for consumers who no longer need inpatient treatment, but are not ready to return to independent living or are awaiting placement in a residential or supported level of care.

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

Utilization review.

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

Crisis Unit bed day census as it compares to times of high hospital utilization.

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

Continue monthly meetings with the local hospital and The Center (the primary prescreening agency). Include Heartland Behavioral Health in the discussion when needed. In addition, utilize the Consumer and Family Advisory committee of the Board to participate in the planning process.

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

Priority: High

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

Emphasize training current crisis staff in determining the most appropriate level-of-care for consumers.

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

Explore the current training process and how it can be improved.

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

Quarterly peer reviews of crisis prescreens to determine how many cases had appropriate dispositions and how many would have been more appropriate for other options.

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

This will be handled through the Clinical Directors Meeting, which meets every other month.

**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:** Mobile Response

Priority: High

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

This program is responsive although it frequently lacks resources. Explore potential staffing issues and possible alternative funding to expand the Mobile Response program and increase its efficiency.

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

Develop and conduct a time study for one quarter to determine the current demand versus the current staffing. Explore options through grants or collaborative funding with other systems that may assist in meeting the demand of this program.

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

Supply versus demand, in addition to Ohio Scales for Youth for consumers that have received crisis services from the team.

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

Utilize The Clinical Directors Meeting, local BH Kids meeting and CMC to review needs.

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

Priority:

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

Continue to support the Crisis Respite Beds through the use of FAST dollars.

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

Continue to give The Center oversight of Crisis Respite Beds and continue to monitor the cost and utilization.

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

Utilization review.

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

This is monitored by the CMC.

**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	3,285	3,285

Children & Adolescents	0	0
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**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.*

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

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

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

Priority:

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

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

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

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

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

Priority:

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

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

Continue to invite representatives from the campuses to participate in planning and strategic meetings.

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

Two face-to-face meetings during SFY 2009 to discuss the needs of the campuses from the Community Behavioral Health System.

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

Meetings between North Central State, Ohio State Mansfield and the Board.

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

Priority: **Medium**

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

The Center will continue to provide consultation and education through the on-site program with Mansfield City Schools Behavioral Units.

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

Staff have been placed at elementary schools and in the junior high.

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

Number of crisis calls from schools with the program versus schools without. Number of classrooms served.

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

As needed.

**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: **Diagnostic Interview-Physician**

Priority: **High**

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

Continue to address the increased need for physicians at the adult level.

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

Look at the utilization of physicians and potential options to either recruit or better utilize physician's time.

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

Caseloads versus national and state standards.

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

Discussions between The Center and the Board.

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

Priority: **High**

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

Continue to address the increased need for physicians at the adult level.

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

Look at the utilization of physicians and potential options to either recruit or better utilize physician's time.

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

Caseloads versus national and state standards.

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

Discussions between The Center and the Board.

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

Priority: **Medium**

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

Continue to monitor the use of CPST services and their appropriate use. Make sure that CPST services are being used to build recovery in individuals and not prevent progress.

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

Continue to provide trainings for line-staff to educate them on what CPST is, and what it is not.

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

Utilize the '06 Medicaid and Medical Necessity Audit results as evidence of improvement and efficiency in this area.

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

Maintain this as a standing topic at the Clinical Director's meetings to monitor throughout the year.

**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: **Diagnostic Interview-Physician**

Priority: **High**

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

Continue to address the increased need for physicians at the child level.

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

Look at the utilization of physicians and potential options to either recruit or better utilize physician's time.

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

Case loads versus national and state standards.

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

Discussions between The Center and the Board.

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

Priority: **High**

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

Continue to address the increased need for physicians at the child level.

Strategies *Click on gray box to enter text.*

Look at the utilization of physicians and potential options to either recruit or better utilize physician's time.

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

Caseloads versus national and state standards.

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

Discussions between The Center and the Board.

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

Priority: **Medium**

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

Continue to stress the need for innovative and evidence based approaches to outpatient counseling. Ensure that outpatient counseling is being used as a first-line service for those youth and families that may not need pharmacological assistance at this time.

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

Continue trainings that introduce techniques such as Trauma Informed Care, Brief Solution Focused Therapy, etc.

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

Use of The Ohio Scales for Youth.

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

Maintain this as a standing topic at the Clinical Director's meetings to monitor throughout the year.

**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:

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

Maintain the current level of IDDT in Richland County. Due to the current financial crisis for the State of Ohio it would be inappropriate at this time to plan for expansions.

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

Maintain fidelity to the IDDT EBP model.

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

Utilize Ohio Scale for Adults as well as any built-in outcome measure(s) required by fidelity.

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

As needed.

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

**7.c.2. PRACTICE:**

Priority:

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

Maintain the current level of DBT in Richland County. Due to the current financial crisis for the State of Ohio it would be inappropriate at this time to plan for expansions.

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

Maintain fidelity to the DBT EBP model.

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

Utilize Ohio Scale for Adults as well as any built in outcome measures required by fidelity.

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

As needed.

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

**7.c.3. PRACTICE:** MR/MI

Priority: Medium

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

Continue to work with the current effort to address the increased number of dual diagnosed individuals. Due to the current financial crisis for the State of Ohio it would be inappropriate at this time to plan for expansions.

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

Continue to track the number of individuals currently in the system and encourage continued discussion of need(s) at the current quarterly meetings.

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

Reports from both the Board and the Mental Retardation and Developmental Disabilities Board and use of Ohio Scales for Adults and Youth.

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

Continue joint meetings.

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

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

Priority: Low

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

Maintain the current level of MST in Richland County. Due to the current financial crisis for the State of Ohio it would be inappropriate at this time to plan for expansions.

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

Maintain fidelity to the MST EBP model.

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

Utilize Ohio Scale for Youth as well as any built-in outcome measures required by fidelity.

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

Quarterly advisory committee meeting as well as monitoring through CMC for non-Medicaid youth.

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

**7.c.5. PRACTICE:** Positive Parenting Program (PPP)

Priority: Medium

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

Continue the PPP Levels 2, 3, 4, and 5. as they are currently being provided. Focus on building an infrastructure to better organize the efforts in the county.

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

Focus on the need of building an infrastructure.

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

Better organization and efficiency of services being provided.

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

Continue to monitor through the Board's Early Childhood Mental Health committee.

**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: Psychiatrist

Priority: High

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

Increase the number of psychiatric services available in an attempt to meet the current demand for services.

Strategies *Click on gray box to enter text.*

Add one to two FTE's of either psychiatrists or clinical nurse practitioners in the adult system.  
Investigate the use of tele-medicine.

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

Service capacity and service provision should match on the local Rolling Allocations Report.

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

Continue to monitor the need for psychiatric services during the quarterly Executive Directors meeting.

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

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

Priority: Medium

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

Work with agencies to determine strategies for staff retention.

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

To be determined.

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

Turn-over rate at each agency will stay below the professional average.

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

This will be monitored and reported out as part of the Board's quarterly Quality Improvement meeting.

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

*Click on gray box to enter text.*

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

**9.a. Adults**

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

*Click on gray box to indicate priority level.*

Priority: Medium

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

Maintain the current functionality of the Municipal Mental Health Court. Currently the program has the capacity to enroll up to 50 consumers at one time, including felony offenders.

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

Through the conclusion of the BJA grant October (2006 through September 2008) we are able to staff all positions for the program. The program will continue to be supported through Medicaid and non-Medicaid service billing beyond the conclusion of the grant.

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

De-identified data is being collected and supplied by the Board to The University of Akron for general program success statistical analysis, while Adult Ohio Scales are being used for individual outcomes.

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

The Mental Health Court Steering Committee meets every other month to discuss current issues, progress, and statistical outcomes.

**9.a.2 ADULT RECIDIVISM**

Priority: Low

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

As part of the Mental Health Court, recidivism is tracked. Therefore, an additional priority is not warranted.

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: Low

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

The Municipal Mental Health Court and the Crisis Intervention Team training are two levels of diversion available. For each of goals please refer to 9.a.1 and 6.d.1 respectively. It is a low priority to address them a second time.

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

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

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

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

*Click on gray box to enter text.*

## 9.b. Adolescents

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

*Click on gray box to indicate priority level.*

Priority: Medium

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

Currently a representative of the Juvenile Court is a member of the CMC. The Juvenile Court is a screening site for Columbia Teen Screen. Talks have begun around applying for a BHJJ grant through the ABC program, as second round of grant funding is offered.

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

To be determined.

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

Will utilize court statistics, NOMS and Youth Ohio Scale results.

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

To be determined.

### 9.b.2. ADOLESCENT RECIDIVISM

Priority:

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

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

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

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

### 9.b.3. ADOLESCENT DIVERSION

Priority:

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

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

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

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

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

*Click on gray box to enter text.*

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

#### 9.c.1. JAILS

*Click on gray box to indicate priority level.*

Priority:

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

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

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

Adult Ohio Scales results.

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

Will be covered during the Clinical Directors meeting.

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

Priority: **Low**

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

Continue to provide screening, crisis and out-patient services to the Detention Center.

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

Maintain current level of service.

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

Youth Ohio Scales results and Teen Screen quarterly reports.

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

Youth subcommittee of the Suicide Prevention Coalition as well as at the Clinical Directors meeting.

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

Priority: **Medium**

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

Encourage collaboration between the Domestic Violence Shelter and outpatient agencies.

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

To be determined.

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

Referral Source Satisfaction Surveys and both Youth and Adult Ohio Scales when applicable.

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

Utilize the Domestic Violence and Sexual Assault Coalition as a steering committee for determining the level of need.

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

Priority: **Medium**

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

Encourage collaboration between nursing homes, including the County Home, and outpatient agencies to provide an appropriate level of service to residents.

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

To be determined.

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

Referral Source Satisfaction Surveys and Adult Ohio Scales results.

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

Utilize the Board's Clinical Directors meeting to address this issue system wide.

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

Priority:

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

Richland County currently has a Common Pleas Re-entry Court, which may make referrals to service providers, but operates without direct assistance from the Mental Health and Recovery Services Board.

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

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

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

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

Priority:

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

Continue to support the Pediatricians Enhancement Program, which allows a child psychiatrist to work with the pediatricians at Mansfield Pediatrics to gain a comfort level in prescribing psychotropic medications to youth. The Board wants to expand this program to at least one additional pediatric practice in SFY 2009.

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

Provide support for a graduated response program to allow Dr. Panke to decrease the amount of time she spends at the practice throughout the year.

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

Number of youth seen in the practice as compared to the decrease in the wait time at the agency for child psychiatric services.

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

Continue to monitor on a quarterly basis through the CMC.

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

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

Priority: Low

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

All Mental Health agencies are CARF certified and as part of their certification must maintain an adequate level of Cultural Competency Training.

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

Monitor agency cultural competency.

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

Quarterly reports and CARF certification.

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

Will be monitored through the quarterly Quality Improvement Committee meeting.

**11.b. STAFF RECRUITMENT**

Priority: Medium

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

Recruitment will be monitored by each individual agency. However, application will be made to have Richland County declared a Health Professional Shortage Area.

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

Complete HPSA paperwork and submit to Dana Harlow at ODMH.

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

Quarterly reports.

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

Will be monitored through the quarterly Quality Improvement Committee.

**11.c. STAFF TRAINING**

Priority:

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

To provide a minimum of four professional development trainings per year, to include one training on ethics and one supervisor specific training.

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

Work with the agencies to determine need and to solicit facilitators.

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

Number of CEU's provided will be tracked on an annual basis.

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

The Board's Clinical Directors meeting will also serve as the Educational Planning Committee.

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

Priority:

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

Agencies will monitor this internally.

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

To be determined by individual agencies

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

Quarterly reports.

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

Will be monitored at the quarterly Quality Improvement Committee meeting.

*Click on gray box to enter text.*

11.e. OTHER:

Priority:

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

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

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

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

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

Click on gray box to enter text.

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

Click on gray box and enter text.

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

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

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

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

Click on gray box and enter text.

No change.

**E. Evaluation of Plan Implementation.**

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

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

Click on gray box and enter text.

<p>The Mental Health and Recovery Services Board is made up of representatives throughout the County. These representatives occupy seats on the Planning/Education and Consumer and Family Sub-committees. In addition to Board members, these committees also include a number of non-board community members and agency representatives. These subcommittees work to plan for community needs as well as evaluate how needs are being met. In 2006 the Board completed a Demand Assessment and used this information to establish its current strategic plan.</p> <p>Richland County recently completed its 4<sup>th</sup> NAPAC study to determine needs in the community. The Board has worked to align our needs, where possible, with the NAPAC study.</p>	E.1
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**E.2.** How does the Board plan to develop and use various databases, (e.g, MACSIS, Outcomes, Behavioral Health Module) to evaluate the effectiveness and efficiency of services?

Click on gray box and enter text.

<p>The Board will continue with its Rolling Allocations report. This was developed as a result of funding cuts in SFY 2003 and has contiued to be utilized and honed throughout all subsequent years. The reports give each individual agency a real time assessment of where they are for service provision based on where they budgeted they would be at the beginning of the fiscal year. This process takes into consideration Medicaid and non-Medicaid funding</p>	E.2
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streams. The benefit to this report is that each agency is able to see where there may be concerns regarding high or low billing and how that will affect the rest of the system. This reporting process has directly impacted Richland County's ability to avoid unpredictable over or under utilization and avoid financial pitfalls for agencies and the Board.	
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**E.3.** To what extent does the Board need technical assistance concerning compliance with ORC 340.03? (Guidelines for ORC 340.03 appear in Appendix D.)

*Click on gray box and enter text.*

None at this time.	E.3
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## Form 1

### Board Appointment Data Sheet

## Form 2

### Community Board Resources

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

Name	Street Address	City	Zip	Phone Number	Email
Beth Gardner	741 Scholl Road	Mansfield	44907	419-756-1717	bethh@cifscenter.org

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

Name	Street Address	City	Zip	Phone Number	Email
Sherry Branham-Foltz	87 East 1 <sup>st</sup> Street	Mansfield	44902	419-774-5811	sfoltz@rcmhb.org

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

<b>Name</b>	<b>Street Address</b>	<b>City</b>	<b>Zip</b>	<b>Phone Number</b>	<b>Email</b>
Joseph Trolan	87 East 1 <sup>st</sup> Street	Mansfield	44902	419-774-5811	jtrolan@rcmhb.org

Form 3

Planned State Inpatient Bed Days

<b>BOARD NAME Richland County</b>	
<b>2009 Planned Use of State Inpatient Days</b>	
<b>Heartland</b>	2,000
<b>Heartland</b>	
<b>Heartland</b>	
<b>Heartland</b>	
<b>Total Inpatient Days</b>	2,000

Signed \_\_\_\_\_

Board Executive Director

I anticipate contracts for CSN services to some degree.

- Yes
- No

Form 4

Notification of Election of Distribution – SFY 2009

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

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

Signed:

\_\_\_\_\_  
Joseph J. Trolan (Name)  
Executive Director  
Richland County Mental Health and Recovery Services (Board)

Date: 4/1/2009