

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	200,675	204,146	200,677	200,678	200,679	200,680
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal#2: Mental health care is consumer and family driven. Objective: Ohio will increase services for adults with severe mental illness and work to expand resources through collaboration with human service systems, consumers and families.

**Target:** Ohio will increase the number of adults served in the previous state fiscal year.

**Population:** Adults with severe and persistent mental illness.

**Criterion:** 2:Mental Health System Data Epidemiology  
3:Children's Services

**Indicator:** Increased Access to Care

**Measure:** The measure is the number of adults with severe and persistent mental illness who receive mental health services within the State Fiscal Year.

**Sources of Information:** Data is from National Outcome Measure: URS Table 2A and 2B based on data from Multi-Agency Community Services Information System (MACSIS) and Patient Care System (PCS).

**Special Issues:** Data is combined for an unduplicated count from two separate ODMH data bases; it includes age, gender, racial and ethnic categories. PCS is an inpatient data base and does not include the federal Hispanic categories. MACSIS is an outpatient service claims data base; it under-reports services that are not eligible for Medicaid reimbursement.

**Significance:** This performance indicator measures access to services for the number of persons served in Ohio's publicly funded mental health system. Data from this performance measure is combined with other data to monitor disparities in accessing mental health services.

**Action Plan:** To maintain and increase access to service, Ohio will:

1. Develop and promote partnerships and services to facilitate consumer access to needed and preferred services within the mental health system, as well as in other health and social service systems.
2. Strive to make services readily available so that consumers no longer face unemployment, homelessness or incarceration because of untreated mental illness.
3. Develop a mechanism for addressing access from the perspectives of service quality, quantity, location, desirability and affordability.
4. Advocate for flexibility to combine federal, state and local resources in creative, innovative and more efficient ways to expand the choices and array of services and supports available to better meet consumer and family needs.
5. Allow development of creative responses to consumer and family needs and preferences as reflected in their individualized plans of care and consistent with their cultural preferences.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	11.75	11.62	11.60	11.50	11.40	11.30
Numerator	601	561	--	--	--	--
Denominator	5,117	4,829	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #5: Excellent mental health care is delivered and research is accelerated. Objective: Reduce inpatient re-admissions to Integrated Behavioral Health Organizations (BHOs) (formerly state hospitals).

**Target:** Reduce the percentage of adults readmitted within 30 days to Integrated Behavioral Health Organizations by .1% as compared to the previous state fiscal year.

**Population:** Adults with severe and persistent mental illness who are admitted to Integrated Behavioral Health Organizations (formerly state hospitals).

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems  
3:Children"s Services

**Indicator:** Utilization of (Civil) Psychiatric Beds - 30 days

**Measure:** The measure is the percent of adults on civil status readmitted to BHO inpatient services (formerly state hospitals) within 30 days of discharge during the state fiscal year.

**Sources of Information:** The data source is the National Outcome Measure: DIG Table 20A completed using data from Ohio's PCS system.

**Special Issues:** About two decades ago, Ohio strategically planned to decrease its inpatient capacity to 1,157 beds. ODMH contracts with county boards that purchase bed days; many county boards choose to purchase some private hospital days. Ohio has primarily short term stays with a median stay of 12 days for the past five years. Short term stays are correlated with higher readmission rates than longer stays.

**Significance:** This measure indicates the effectiveness of inpatient care and discharge coordination, and reflects the availability of community resources. When needed community resources decrease, readmission rates rise.

**Action Plan:**

1. Ohio's BHOs will continue to collect and analyze readmission data; they will use the information gathered to improve the quality of services to patients.
2. Mental Health Boards with relatively high readmission rates compared to the state average should explore factors related to this result and identify opportunities for improvement of inpatient services or improvement in the community mental health system to strengthen linkages and/or level of services upon discharge.
3. Ohio will use Safety Net funding to increase the availability of community resources in local areas who have the greatest financial need.
4. Factors often cited in the mental health literature related to short term readmissions are noncompliance with treatment and medication or failure to link to a community provider in a timely manner. ACT services may help improve patient success rates in this area.
5. BHOs are exploring the system wide development of acute care stabilization guidelines to strengthen clinical practices and improve outcomes such as frequent readmissions within 30

days.

6. Community Mental Health Boards are being asked to develop continuity of care plans with local state hospital providers to better structure and define the relationship and expectations of the hospital and providers at the time of admission and discharge. A written agreement may help identify opportunities for local systems to improve their readmission rates.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	25.62	23.80	N/A	23.30	23.20	23.20
Numerator	1,311	1,143	--	--	--	--
Denominator	5,117	4,803	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #5: Excellent mental health care is delivered and research is accelerated. Objective: Ohio will reduce inpatient readmissions to Integrated Behavioral Health Organizations (BHOs) (formerly state hospitals).

**Target:** Ohio will reduce psychiatric re-hospitalization within 180 days of discharge by .1% per year.

**Population:** Adults with severe and persistent mental illness who are admitted to Integrated Behavioral Health Organizations (formerly state hospitals).

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems  
3:Children"s Services

**Indicator:**

**Measure:** The measure is the percent of adults who are readmitted to BHOs within 180 days of discharge. The numerator is the number of patients readmitted within 180 days. The denominator is the number of patients discharged during the fiscal year.

**Sources of Information:** PCS

**Special Issues:** About two decades ago, Ohio strategically planned to decrease its inpatient capacity to 1,157 beds. ODMH contracts with county boards that purchase bed days; some county boards choose to purchase some private hospital days. Ohio has primarily short term stays with a median of 12 days for the past five years. Short term stays are correlated with higher readmission rates than longer stays.

**Significance:** This measure indicates the effectiveness of inpatient care and discharge coordination, and reflects the availability of community resources. When needed community resources decrease, readmission rates rise.

**Action Plan:**

1. As with the 30 day measure; Ohio's BHOs will continue to collect and analyze readmission data; they will use the information gathered to improve the quality of services to patients.
2. Mental Health Boards with relatively high readmission rates compared to the state average should explore factors related to this result and identify opportunities for improvement of inpatient services or improvement in the community mental health system to strengthen linkages and/or level of services upon discharge.
3. Ohio will use Safety Net funding to increase the availability of community resources in local areas who have the greatest financial need.
4. Factors often cited in the mental health literature related to short term readmissions are noncompliance with treatment and medication or failure to link to a community provider in a timely manner. ACT services may help improve patient success rates in this area.
5. BHOs are exploring the system wide development of acute care stabilization guidelines to strengthen our clinical practices and improve outcomes such as frequent readmissions within

30 days.

6. Community Mental Health Boards are being asked to develop continuity of care plans with local state hospital providers to better structure and define the relationship and expectations of the hospital and providers at the time of admission and discharge. A written agreement may help identify opportunities for local systems to improve their readmission rates.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**  **Indicator Data Not Applicable:**

**Name of Performance Indicator:** Evidence Based - Adults with SMI Receiving Supported Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	N/A	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** While some local providers deliver supported housing, Ohio has no plans to collect data on delivery of this EBP.

**Target:**

**Population:** Adults with SMI

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems  
3:Children's Services

**Indicator:**

**Measure:**

**Sources of Information:**

**Special Issues:** ODMH does not collect this data. Supported housing is difficult to measure because it includes both housing and services. Supported housing is not eligible for Medicaid reimbursement, and Ohio's MACSIS claims-based system under-reports services that are not eligible for Medicaid reimbursement.

**Significance:** Supported housing is an important EBP that supports consumers in their recovery.

**Action Plan:**

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** Evidence Based - Adults with SMI Receiving Supported Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	1.67	1.52	1.80	2.20	2.60	3
Numerator	1,463	1,370	--	--	--	--
Denominator	87,572	90,146	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #5: Excellent mental health care is delivered & research is accelerated. Objective: Ohio will provide and report on the delivery of the EBP of Supported Employment.

**Target:** Ohio will double the percent of consumers receiving Supported Employment services between 2007 and 2011.

**Population:** Adults with SMI

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems  
3:Children's Services

**Indicator:**

**Measure:** The measure is the number of adults reported to ODMH who are receiving supported employment services (numerator) divided by the number of persons with SMI receiving mental health services (denominator).

**Sources of Information:** CCOE data and Director's Flexible Performance Agreement

**Special Issues:** This EBP is included in a goal with several performance indicators in the Director's Flexible Performance Agreement. This agreement includes a target to increase the number of providers of Supported Employment from 10 to 20 between FY 2007 and FY 2011, as well as to increase the number of consumers who are competitively employed after receiving this EBP-service from 380 to 760.

As the goal is the same, the Action Plan is the same for both the Block Grant Plan and the Director's Flexible Performance Agreement; however, the performance indicators are different. SAMHSA requires this specific performance indicator as one of its NOMs. To achieve the greatest possible consistency between the two documents, the average number of consumers served by each provider remains the same between FY 2007 and FY 2011, and ratios to keep the targets of these two related performance indicator targets are consistent with each other. To minimize reporting burden for the Supported Employment CCOE, the performance indicators for both documents are submitted in a single report.

**Significance:** Many consumers identify employment as important to their recovery process and this EBP allows more consumers to achieve it.

**Action Plan:** 1. ODMH will work with the Supported Employment CCOE to ensure adequate capacity to

meet targeted goals by 2011.

2. Ohio will include targeted consumer penetration rates in Supported Employment Programs in the NOFA contract with the Supported Employment CCOE beginning in SFY 2009.

3. ODMH will include targeted provider organizations implementing this EBP beginning in SFY 2009 in the NOFA with the Supported Employment CCOE.

4. Ohio will develop a process to disseminate Medicaid Buy-In information to consumers across the state of Ohio.

5. Ohio will develop education and Medicaid Buy-In in partnership with ODJFS.

6. ODMH will require mental health boards to include mental health consumer employment in their Community Plans.

7. ODMH will explore policy and practice options to capitalize on Fidelity monitoring and review the system to improve performance.

8. ODMH will accelerate support for collaboration between ODMH and the Rehabilitation Services Commission on Supported Employment.

9. ODMH will utilize MACSIS and Ohio Consumer Outcomes databases to track consumers receiving Supported Employment services to measure:

- increases in rates of employment
- increases in quality of life
- decreases in criminal justice involvement
- decreases in inpatient care

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** Evidence Based - Adults with SMI Receiving Assertive Community Treatment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	N/A	1.73	1.73	1.73	1.73	1.73
Numerator	N/A	1,560	--	--	--	--
Denominator	N/A	90,146	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #5: Excellent mental health care is delivered and research is accelerated.

**Target:** Ohio will maintain the percentage of consumers receiving ACT services.

**Population:** Adults with SMI

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems  
3:Children's Services

**Indicator:**

**Measure:** The measure is the number of persons receiving ACT services for the year as reported by the ACT Network (numerator) divided by the number of persons with SMI receiving public mental health services (denominator).

**Sources of Information:** A survey of providers by the ACT Network is the source of information for the numerator. The denominator is the number of consumers with SMI receiving mental health services as reported on the URS/NOMs Table 14.

**Special Issues:** In June 2005 Ohio's legislative rules committee approved an ODMH standard for ACT as a bundled service. Negotiations with CMS for a State Medicaid Plan Amendment for ACT began June, 2005 and were discontinued because of CMS's decision to not approve any State Plan Amendment with bundled rates. ODMH continues to support existing ACT Teams. Franklin County (Columbus) and Montgomery County (Dayton) are each adding three ACT teams in SFY 2009. However, as ACT is an expensive service, boards may find it difficult to sustain these teams as ODMH faces additional major budget cuts for the second consecutive biennium. These cuts are likely to be passed on to the boards.

**Significance:** ACT is an EBP which supports consumers in recovery; it is an important piece in Ohio's continuum of care and may contribute to reduction of re-hospitalization in 30 and 180 days.

**Action Plan:**

1. ODMH will continue to use Block Grant funds for an ACT Network, which provides technical assistance and training to providers, boards and other stakeholders implementing ACT.
2. The ACT Network is assuming responsibility with no increase in funds for developing a plan to provide technical assistance and training to a wide range of providers to integrate physical and behavioral health services with no increase in funds, which will result in fewer resources available to support the implementation of new ACT teams. This re-purposing of Block Grant funds may better enable ODMH to reduce the high mortality rate of the same group of consumers by increasing the availability of primary care within community mental health centers for persons with very severe mental illness.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**  **Indicator Data Not Applicable:**

**Name of Performance Indicator:** Evidence Based - Adults with SMI Receiving Family Psychoeducation (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	0	N/A	N/A	0	0	N/A
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** While Ohio has no plans to add this EBP, NAMI-Ohio provides Family-to-Family classes in most communities that address some of the same needs as Family Psychoeducation.

**Target:**

**Population:**

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems  
3:Children's Services

**Indicator:**

**Measure:**

**Sources of Information:**

**Special Issues:**

**Significance:**

**Action Plan:** NAMI-Ohio provides Family-to-Family in many communities which meets some of the same needs as this EBP.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** Evidence Based - Adults with SMI Receiving Integrated Treatment of Co-Occurring Disorders(MISA) (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	3.26	2.82	2.95	3.10	3.30	3.50
Numerator	2,854	2,543	--	--	--	--
Denominator	87,575	90,146	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #5: Excellent mental health care is delivered and research is accelerated. Objective: Ohio will provide Integrated Dual Diagnosis Treatment for co-occurring disorders, and will provide technical assistance and training through a CCOE.

**Target:** ODMH will increase the percent of consumers who receive IDDT services by 30% between FY 2007 and FY 2011 as indicated in the Director's Flexible Performance Agreement.

**Population:** Adults with SMI

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems  
3:Children"s Services

**Indicator:**

**Measure:** Ohio will measure the number of persons who receive IDDT on an outpatient basis.

**Sources of Information:** SAMI CCOE data collected from non-profit providers.

**Special Issues:** IDDT is included in the Director's Flexible Performance Agreement with the same performance indicator and Action Plan indicated in this plan. The projections and targets in the Agreement and the Plan were set for the number of persons with SMI who are expected to receive this service and do not include a denominator of the number of persons with SMI who receive treatment. This Block Grant target uses ratios to maintain consistency with the Governor's Flexible Performance Agreement.

ODMH does not collect EBP data in MACSIS, the Medicaid claims data base which reports clinical services, but is working with the SAMI CCOE and boards to pilot a data collection process. This data collection method is expected to improve the accuracy of this data which is currently collected through the SAMI CCOE surveying providers.

While Ohio can report the number of consumers who received IDDT on both an inpatient and an outpatient basis, it does not have a duplicated count. The number of persons receiving IDDT was reported for outpatients only in FY 2006 and for both inpatients and outpatients in FY 2007. For the FY 2009 - 2011 Plan, the FY 2007 number was revised to include only outpatients to be consistent with both the FY 2006 number and the Director's Flexible Performance Agreement numbers.

**Significance:** Many persons with severe mental illness have co-occurring disorders. Research indicates that

IDDT is the most effective way to serve persons with co-occurring disorders. IDDT is included in the Director's Flexible Performance Agreement, and the Action Plan is the same for both documents.

**Action Plan:**

ODMH will:

1. Work with SAMI CCOE to ensure adequate capacity to meet targeted goals by 2011.
2. Include targeted consumer penetration rates in the NOFA contract with the SAMI CCOE beginning in SFY 2009.
3. Include targeted ODMH certified provider participation in IDDT implementation rates in the NOFA contract with the SAMI CCOE beginning in SFY 2009.
4. Disseminate EBP information to all boards and ODMH certified/accredited providers.
5. Increase implementation supports including new or improved funding streams to create incentives for provider start-up and implementation of IDDT.
6. Integrate dual disorder (mental illness/substance abuse) screening into standard documentation.
7. Increase capacity for community colleges, colleges and universities to provide effective IDDT training to Ohio's emerging MH/AOD workforce.
8. Require boards to include EBP and IDDT in their Community Plans.
9. Explore policy and practice options to capitalize on fidelity monitoring and review the system to improve performance.
10. Continue collaboration with ODADAS on integrated dual diagnosis initiatives including promotion, policy development, service provision and evaluation.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**  **Indicator Data Not Applicable:**

**Name of Performance Indicator:** Evidence Based - Adults with SMI Receiving Illness Self-Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	N/A	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** Ohio does not provide Illness Self-Management, however, several local sites are piloting Wellness Management and Recovery (WMR), a promising practice using concepts from this EBP combined with concepts from the Medication Management EBP.

**Target:**

**Population:** Adult with SMI

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems  
3:Children's Services

**Indicator:**

**Measure:**

**Sources of Information:**

**Special Issues:**

**Significance:**

**Action Plan:**

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**  **Indicator Data Not Applicable:**

**Name of Performance Indicator:** Evidence Based - Adults with SMI Receiving Medication Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	N/A	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** Ohio does not provide Illness Self-Management, however, several sites are piloting Wellness Management and Recovery (WMR), a promising practice using concepts from this EBP combined with concepts from the Illness Self-Management EBP.

**Target:**

**Population:**

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems  
3:Children"s Services

**Indicator:**

**Measure:**

**Sources of Information:**

**Special Issues:**

**Significance:**

**Action Plan:**

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	93.20	94.01	93.30	N/A	93.50	93.60
Numerator	3,330	2,369	--	--	--	--
Denominator	3,573	2,520	--	--	--	--

Table Descriptors:

- Goal:** NFC Goal #2: Mental health care is consumer and family driven. Objective: Consumers will report increased satisfaction with mental health services.
- Target:** The number of consumers who report that they are satisfied with services will increase 0.1% per year.
- Population:** Adults with SMI
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems  
3:Children's Services
- Indicator:**
- Measure:** The measure for FY 2006 - FY 2008 is the percent of consumers reporting CQRT scores to ODMH of 5.0 or higher of satisfaction on 14 different mental health services using a seven point Likert Scale. Consumers were interviewed by consumers and family members in a consumer-operated client satisfaction survey developed from work by the Block Grant Planning Council. Ohio discontinued CQRT and has a planning process to develop a new measure for which data will be available in 2010.
- Sources of Information:** CQRT (Ohio's consumer and family operated Client Satisfaction Survey) for FY 2006 - FY 2008.
- Special Issues:** ODMH discontinued CQRT effective June 30, 2008, and has a planning process to replace this performance indicator as described in the Action Plan. Ohio does not have a DIG (Data Infrastructure Grant) and plans to apply for one at the next available opportunity.
- Significance:** Client perception of care measures the perception of consumers and families on how well the mental health system meets their needs. ODMH's Office of Program Evaluation and Research (OPER) has data that consumers' perception of need is different from providers' perception. The results of a longitudinal study by OPER staff indicated that meeting the perceived needs of consumers was more likely to produce better outcomes for consumers than meeting the provider's perception of consumer needs.
- Action Plan:**
1. By December 31, 2008, ODMH's new administration will begin a planning process to address Client Perception of Care with key stakeholders including consumers, family members, the Ohio Council of Community Behavioral Health Providers and the Ohio Association of County Behavioral Health Providers.
  2. ODMH expects to have Client Perception of Care data by SFY 2010.
  3. ODMH's new administration also intends to apply for a DIG grant at the next available opportunity.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** Adult - Increase/Retained Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	19.73	19.52	16	16.10	16.20	16.30
Numerator	22,227	24,068	--	--	--	--
Denominator	112,649	123,282	--	--	--	--

Table Descriptors:

- Goal:** NFC Goal #2: Mental Health care is consumer and family driven. Objective: Ohio will increase the percent of adults with severe mental illness who are employed.
- Target:** Ohio will have a .1% increase or more per year in the percent of adults who are employed.
- Population:** Adults with SMI
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
- Indicator:**
- Measure:** Numerator is the number of adults indicating full or part-time employment on the Adult A Consumer Outcomes instrument. The denominator is the number of adults with an Adult A instrument.
- Sources of Information:** Data is from Ohio Mental Health Consumer Outcomes System and URS Table 4.
- Special Issues:** Ohio uses data from Ohio Consumer Outcomes for both the numerator and the demoninator of this measure. Ohio uses a different data base, MACSIS, for the Access NOM which includes the number of persons served from the Medicaid claims data base. While Ohio Consumer Outcomes is administered statewide, it does not include all consumers. If SAMHSA's contractor, National Research Institute, attempts to use the number of persons served for the Access NOM, the calculations will not match Ohio's and will be inaccurate.
- Significance:** Many adult consumers want to be employed. When consumers are employed, they make friends at work and have more money to have more choices in housing and recreation. Employment contributes to recovery for many adult consumers.
- Action Plan:**
1. The Supported Employment CCOE provides training and technical assistance to providers on how to implement the EBP of Supported Employment, and is evaluated by performance indicators included in the Director's Flexible Performance Agreement, which include the number of consumers employed after receiving this service. This Agreement also includes an Action Plan described under the Supported Employment NOM.
  2. Ohio has benefits counseling available statewide for consumers who receive disability income from Social Security. Results from a Social Security grant-funded study indicated that consumers are three times as likely to return to work if they have received benefits counseling.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** Adult - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	50.95	50.39	51.20	51.10	51	50.90
Numerator	2,644	4,105	--	--	--	--
Denominator	5,189	8,146	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #2: Mental health care is consumer and family driven. Objective: Ohio will report a decrease in the percent of adult consumers who are involved with the criminal justice system.

**Target:** Ohio will report a decrease of 0.1% per year in the percent of adult consumers who reply "no" to the question: "Has the client abided by the law sufficiently to avoid incarceration and/or criminal justice involvement?"

**Population:** Adult with SMI

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems  
3:Children's Services

**Indicator:**

**Measure:** The measure is the percent of adult consumers who reply "no" to the question from Ohio Outcomes, "Has the client abided by the law sufficiently to avoid incarceration and/or criminal justice involvement?"

**Sources of Information:** The source is URS Table 19 and is derived from the Ohio Mental Health Consumer Outcomes System.

**Special Issues:** Both the numerator and denominator for this performance indicator are from Ohio Consumer Outcomes, which is a different data base than Ohio uses to collect data for the Access NOM. If SAMHSA's contractor attempts to use the number in the Access data base for the demoninator for this performance indicator (as was attempted last year), the calculation will be inaccurate.

**Significance:** For adult consumers, incarceration and/or criminal justice involvement is a negative outcome, which Ohio seeks to minimize. A number of services, resources, and supports can reduce the number of persons with mental illness involved with the criminal justice system including:

1. Mental health courts offer the option of court ordered treatment in lieu of incarceration.
2. ACT services, especially those tailored for persons who are homeless or are released from prisons who have a high rate of recidivism, and whose felony convictions make them ineligible for some housing, employment, and other services and supports.
3. Integrated dual diagnosis treatment (IDDT) services that address the treatment needs of consumers with dual diagnoses who are incarcerated due to substance abuse related offenses at a higher rate than most other groups of consumers.
4. Outreach services to homeless persons with mental illness through the PATH program.
5. A range of housing options for consumers that include service enriched housing.

**Action Plan:** 1. Ohio has about 30 mental health courts, more than any other state. The Supreme Court of

Ohio has collaborated with ODMH, ODRC, ODADAS, Office of Criminal Justice Services, ODYS, ACT CCOE, NAMI-Ohio, housing providers and others to address the needs of mental health consumers involved with the criminal justice system. This is a major collaborative effort in Ohio's transformation of its adult system.

2. Ohio has an ACT Network, The Ohio Coordinating Center for ACT that provides technical assistance and training on the EBP of ACT consistent with the SAMHSA toolkit and the Dartmouth Assertive Community Treatment (DACT) scale on the SAMHSA website. Ohio had four forensic ACT (FACT) teams operating from fiscal year 2005 through 2007. The Ohio Coordinating Center for ACT collected data on the effectiveness of FACT teams. Preliminary results indicated that only 3-5% of persons served by FACT teams returned to prison during the two years data was collected, as compared to 46% of a similar population over three years in ODRC data. One of the FACT teams will be dispersing consumers served by them into other ACT teams at the agency beginning July 1, 2008.

3. IDDT, consistent with SAMHSA's EBP toolkit, is supported by the SAMI CCOE, which provides technical assistance and training and is available in many board areas.

4. Ohio will provide outreach to homeless persons through the Program for Assistance for Transition from Homelessness (PATH) program.

5. Ohio provides a range of housing options to consumers including service-enriched housing in all 50 board areas. All 50 board areas offer Housing Assistance Program (HAP) subsidies.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** Adult - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	83	71.32	2.25	2.15	2.05	1.95
Numerator	59,114	80,550	--	--	--	--
Denominator	71,222	112,949	--	--	--	--

Table Descriptors:

- Goal:** NFC Goal #2: Mental health care is consumer and family-driven.
- Target:** The percent of consumers reporting homelessness or living in shelters will decrease by 0.1% each year.
- Population:** Adults with SMI
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems  
3:Children's Services
- Indicator:**
- Measure:** ODMH will measure the number of persons who are homeless and/or residing in shelters for SFY 2008 - 2011.
- Sources of Information:** The source of information is URS Table 15 using data from the Ohio Mental Health Outcomes System.
- Special Issues:** SAMHSA changed the performance indicator between FY 2007 and FY 2008, so the numbers are not comparable.
- Significance:** Stable housing is needed to support the recovery of persons with mental illness.
- Action Plan:** ODMH will:  
 1. Identify new sources of capital, operating and service dollars to create and stabilize needed units of supported housing for people with mental illness.  
 2. Strategize with other systems to make best use of already existing funds for housing and supportive services.  
 3. Remove barriers to benefits/employment to provide consumers with an income to access housing.  
 4. Increase coordination between systems to allow for better discharge planning to avoid making individuals homeless.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** Adult - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	36.38	36.38	36.47	36.67	36.77	36.87
Numerator	36,847	36,847	--	--	--	--
Denominator	101,296	101,296	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #2: Mental health care is consumer and family driven. Objective: Consumers and family members will report an increase in social supports and social connectedness.

**Target:** The percent of consumers who report an increase in social supports and social connectedness will increase by 0.1% each year.

**Population:** Adults with SMI

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems  
3:Children's Services

**Indicator:**

**Measure:** ODMH will measure the number of consumers who give positive responses to social supports and social connectedness using Ohio Mental Health Outcomes System data.

**Sources of Information:** Data is from Ohio Mental Health Outcomes System data.

**Special Issues:** Ohio does not use Mental Health Statistics Improvement Program (MHSIP).

**Significance:** Consumers and family members report that social supports and social connectedness is important to their recovery.

**Action Plan:**

1. ODMH will continue using Block Grant to match funds for local organizations to provide peer education, including Wellness Recovery Action Plan (WRAP) and Building Individual Dreams and Goals through Education and Support (BRIDGES). Peer education gives consumers the opportunity to build supportive relationships during the classes, as well as skills and personal contacts which continue after the classes end. BRIDGES instructors are required to be consumers, and WRAP instructors are typically consumers or family members.
2. Ohio's mental health system includes about 70 local consumer groups and 60 local NAMI-Ohio chapters that provide an opportunity for consumers and families to increase their social connectedness and supports.
3. The Director's Flexible Performance Agreement includes a goal to expand the promising practice of Wellness Management and Recovery in which a consumer and a professional teach consumers wellness management using concepts from the EBP, Illness Management and Recovery, that includes building social supports.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** Adult - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	86.22	86.53	86.20	86.30	86.40	86.50
Numerator	19,446	37,463	--	--	--	--
Denominator	22,553	43,293	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #5: Excellent mental health care is delivered and research is accelerated. Objective: Ohio will report that the average level of functioning of mental health consumers has increased.

**Target:** Ohio will improve the percent of adults with scores of >33 on the Functioning Scale by 0.1% each year.

**Population:** Adults

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems  
3:Children's Services  
4:Targeted Services to Rural and Homeless Populations

**Indicator:**

**Measure:** Ohio will measure the percent of adults with a score of 33 or more on the Functioning Scale of Ohio Outcomes as indicated by service providers.

**Sources of Information:** Balanced Score Card (BSC): Ohio Consumer Outcomes

**Special Issues:** BSC is reported in six month intervals. Only the first half of the fiscal year is reported, because the second half is not available at the time this Plan is due. The entire BSC report is included as an appendix in the implementation report each year.

**Significance:** Many consumers have a goal of improved functioning for their recovery. Providers have traditionally considered improved functioning as an important goal in treatment for many mental health consumers.

**Action Plan:**

1. ODMH will continue partnering with consumer organizations and other local organizations to provide Wellness Recovery Action Plan (WRAP) in Ohio. Consumers develop individualized WRAP plans, which describe their goals, supports and healthy activities to improve their functioning.
2. ODMH continues to include consumers as full participants in the mental health system as employees and as committee members of statewide initiatives and policy groups. As consumers assume roles as staff of the ODMH Toll-Free Bridge telephone line, as advisory board members of MACC and Planning Council, their functioning improves. Consumers on fixed incomes are eligible for stipends for their participation.
3. ODMH funds clinical services which typically include goals of improved functioning. ODMH also provides:
  - A certification rule that requires providers to demonstrate use of Ohio Consumer Outcomes in treatment planning and performance improvement activities, which may improve clinical outcomes including functioning.
  - Climbing into the Drivers Seat, a training package which educates consumers on how to use Ohio Consumer Outcomes in the development of their individual service plans.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 1.1 Supported Employment - Consumers Competitively Employed

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	N/A	380	500	575	650	760
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #2: Mental health is consumer and family driven. Objective: Ohio will increase the number of consumers who are competitively employed after receiving supported employment services.

**Target:** Ohio will double the number of consumers achieving competitive employment through the EBP of Supported Employment by 2011.

**Population:** Adults with SMI

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems

**Indicator:**

**Measure:** The measure is the number of adults who achieve competitive employment after receiving the EBP of Supported Employment.

**Sources of Information:** Director's Flexible Performance Agreement

**Special Issues:**

**Significance:** Achievement of competitive employment is the expected successful outcome for consumers who participate in the EBP of Supported Employment. This indicator is included in the Director's Flexible Performance Agreement.

**Action Plan:**

1. ODMH will work with the Supported Employment CCOE to ensure adequate capacity to meet targeted goals by 2011.
2. Ohio will include targeted consumer penetration rates in Supported Employment Programs in the Supported Employment CCOE NOFA beginning in SFY 2009.
3. ODMH will include targeted provider organizations implementing the EBP beginning in SFY 2009 in the Supported Employment CCOE NOFA.
4. Ohio will develop processes to disseminate Medicaid Buy-In information to consumers across the state of Ohio.
5. Ohio will develop education and Medicaid Buy In in partnership with ODJFS.
6. ODMH will require mental health boards to include mental health consumer employment in their Community Plans.
7. ODMH will explore policy and practice options to capitalize on Fidelity monitoring and review the system to improve performance.
8. ODMH will accelerate support for a collaborative relationship between ODMH and the Rehabilitation Services Commission on Supported Employment.
9. ODMH will utilize MACSIS and Ohio Consumer Outcomes databases to track consumers receiving Supported Employment services to measure:
  - increases in rates of employment
  - increases in quality of life

- decreases in criminal justice involvement
- decreases in inpatient care

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 1.2 (a) Wellness Management and Recovery (WMR): Providers

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	N/A	6	12	18	24	30
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #2: Mental health care is consumer and family driven. Objective: Consumers will participate and graduate from WMR.

**Target:** Ohio will increase the number of mental health consumers with severe and persistent mental illness improving their recovery and overall health by increasing the number of provider organizations implementing the the emerging EBP of Wellness Management and Recovery (WMR) by 400%

**Population:** Adults with SMI

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems

**Indicator:**

**Measure:** The measure is the number of provider organizations offering WMR.

**Sources of Information:** Director's Flexible Performance Agreement

**Special Issues:**

**Significance:** WMR promotes wellness and recovery through an EBP that builds on the EBP of Illness Management and Recovery. WMR is co-led by a professional and a consumer employee.

**Action Plan:**

1. ODMH will work with the WMR CCOE to ensure adequate capacity to meet the targeted goals by 2011.
2. ODMH will include targeted consumer penetration rates for Wellness Management and Recovery in the WMR CCOE NOFA beginning in SFY 2009.
3. ODMH will include targeted provider organizations implementing the EBP beginning in the SFY 2009 NOFA with the WMR CCOE.
4. ODMH will disseminate EBP information to all mental health boards and ODMH certified/accredited providers.
5. ODMH will explore implementation supports to create incentives for provider start-up and implementation of WMR.
6. ODMH will require mental health boards to include consumer mental health recovery in their Community Plans.
7. ODMH will work with the WMR CCOE to assure broad dissemination of information to Peer Organizations.
8. ODMH will measure the impact of WMR as it relates to symptom distress, quality of life, empowerment and mental health recovery to demonstrate the effectiveness of WMR as an EBP.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 1.2 (b) WMR: Graduates

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	N/A	149	300	450	600	745
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #2: Mental health care is consumer and family driven. Objective: The number of graduates of WMR will increase and will result in improved recovery for consumers.

**Target:** Ohio's mental health system will increase the number of individuals participating and graduating from WMR by 400% between 2007 and 2011.

**Population:** Adults with SMI

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems

**Indicator:**

**Measure:** The measure is the number of Ohio graduates of WMR.

**Sources of Information:** Director's Flexible Performance Agreement

**Special Issues:**

**Significance:** See significance for 1.2 (a) WMR: Providers

**Action Plan:** See action plan for 1.2 (a) WMR: Providers

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 1.2 (c) WMR: Recovery

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	N/A	100	200	300	400	500
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #2: Mental health is consumer and family driven.

**Target:** The number of Ohio consumers who demonstrate improvement in mental health recovery after participating in WMR will grow 400% between 2007 and 2011.

**Population:** Adults with SMI

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems

**Indicator:**

**Measure:** The measure is the number of consumers who demonstrate an increase in mental health recovery using the Recovery Scales - Bullock, University of Toledo

**Sources of Information:** Director's Flexible Performance Agreement

**Special Issues:**

**Significance:** See 1.2 (a) WMR: Providers.

**Action Plan:** See 1.2 (a) WMR: Providers.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 1.3 (a) Crisis Intervention Training (CIT): Police Officers

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	N/A	2,300	2,645	3,000	3,500	4,140
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal 2: Mental health is consumer and family driven. Objective: Improve the treatment of persons who are mentally ill by police and campus security staff, as well as improve the safety of Ohio communities and college campuses.

**Target:** The number of active duty police officers engaged in the best practice Crisis Intervention Team Training (CIT) will increase by 80% over five years ending in 2011.

**Population:** Adults with SMI

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems

**Indicator:**

**Measure:** The measure is the number of police officers trained in CIT.

**Sources of Information:** Director's Flexible Performance Agreement

**Special Issues:**

**Significance:** CIT is expected to improve the safety and security of Ohio's communities, as well as improve how police officers treat persons with mental illness.

**Action Plan:**

1. ODMH will work with the Criminal Justice CCOE to ensure adequate capacity to meet targeted goals by 2011.
2. ODMH will include training targets for CIT training in the NOFA with the Criminal Justice CCOE beginning in SFY 2009.
3. ODMH will continue collaboration with key representatives of the Ohio Criminal Justice System; e.g. Supreme Court of Ohio, Judges, Police, Advocacy Organizations.
4. ODMH will continue to work with the Ohio Board of Regents on campus security improvements including CIT trained campus police and security workforce members.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 1.3 (b) CIT: Universities and Colleges

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	N/A	17	19	21	23	27
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #2: Mental health care is consumer and family driven.

**Target:** Ohio will increase the number of university and college police and security departments who participate in CIT training by 59% from 2007 to 2011.

**Population:** College students

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems

**Indicator:**

**Measure:** The measure is the number of colleges and universities who have their security staff trained in CIT.

**Sources of Information:** Director's Flexible Performance Agreement

**Special Issues:**

**Significance:** CIT is expected to increase safety for college students and faculty, as well as how mentally ill college students are treated by campus security.

**Action Plan:** See action plan for 1.3 (a) CIT

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 1.4 (a) Change in Empowerment (Ohio Consumer Outcomes)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	17.80	17.80	18	18.10	18.20	18.30
Numerator	2,610	4,032	--	--	--	--
Denominator	14,636	22,649	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #2 Mental health care is consumer and family driven. Objective: Consumers will report that their ability to make decisions increased.

**Target:** The number of consumers who report an increase of 0.3 points or more on the Making Decisions Empowerment Scale will increase by 0.1% per year.

**Population:** Adults

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems

**Indicator:**

**Measure:** Using data from Ohio Consumer Outcomes, this measure compares the most recent ratings in the statewide data base with administration dates during the first two quarters of the fiscal year measured with the first rating in the statewide data base. Individuals must have at least two ratings in the statewide database, one during the first two quarters of the fiscal year measured to be included in this analysis.

**Sources of Information:** Balanced Score Card (BSC): Ohio Outcomes with information available at: <http://www.mh.state.oh.us/oper/outcomes/outcomes.index.html>

**Special Issues:** BSC is reported in six month intervals. Only the first half of the fiscal year is reported, because the second half is not available at the time this plan is due. The entire BSC report is included as an appendix in the implementation report each year.

**Significance:** The scale measures the change in perception that consumers have of their ability to make decisions for themselves. When consumers perceive themselves as more able to make decisions, they may be more willing to try activities that enhance their recovery process.

**Action Plan:**

1. ODMH provides matching funds to advocacy organizations for statewide administration of peer-to-peer education packages (i.e. WRAP, BRIDGES, Climbing into the Drivers Seat and Advance Directives), including local system education. Consumers who participate in peer-to-peer education feel empowered to make more decisions about their lives.
2. ODMH encourages consumers to become full participants in policy development and implementation activities, advisory boards, grant review teams, and evaluation activities. As consumers become full participants in activities such as Planning Council, they become empowered to make changes in the mental health system.
3. Mental health system stakeholders promote person-centered planning in training of clinical supervisors and using standardized clinical forms
4. ODMH funds clinical services which are described in individual service plans that typically include goals of symptom reduction. ODMH provides:
  - A certification rule that requires providers to demonstrate the use of Ohio Consumer Outcomes in treatment planning and performance improvement activities, which may improve clinical outcomes including empowerment.

- Climbing into the Drivers Seat, a training package which educates consumers on how to use Ohio Consumer Outcomes in the development of their individual service plans.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 1.4 (b) Empowerment (Ohio Consumer Outcomes)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	41.40	40.50	41.60	41.70	41.80	41.90
Numerator	12,451	15,687	--	--	--	--
Denominator	30,090	38,710	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #2: Mental health care is consumer and family driven. Objective: The percent of consumers who report that they are empowered to make their own decisions will increase during treatment

**Target:** The percentage of consumers who report a score of 2.74 or more on the Making Decisions Empowerment scale will be monitored.

**Population:** Adults

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems

**Indicator:**

**Measure:** ODMH will measure empowerment by the percent of adults with scores of 2.74 or more on the Ohio Making Decisions Empowerment Scale.

**Sources of Information:** Balanced Score Card (BSC): Ohio Consumer Outcomes with information available at: <http://www.mh.state.oh.us/oper/outcomes/outcomes.index.html>

**Special Issues:** BSC is reported in six month intervals. Only the first half of the fiscal year is reported because the second half is not available at the time the Block Grant Plan is due. The entire BSC report is included as an appendix in the implementation report each year.

**Significance:** This scale measures the perception that consumers have of their ability to make decisions for themselves. When consumers perceive themselves as being able to make decisions, they may be more willing to try new activities that may enhance their recovery process.

**Action Plan:** Please see the Action Plan for the preceding indicator, Change in Empowerment, - Performance Indicator 1.4(a).

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 1.5 (a) Change in Symptom Distress (Ohio Consumer Outcomes)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	35.80	36.90	36	36.10	36.20	36.30
Numerator	8,795	13,196	--	--	--	--
Denominator	24,589	35,789	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #5 Excellent mental health care is delivered and research is accelerated. Objective: Consumers who receive mental health services will report an improvement on the Symptom Distress scale of Ohio Consumer Outcomes.

**Target:** The percent of consumers who report an improvement of 6 or more points on the Symptom Distress scale of Ohio Consumer Outcomes will increase 0.1% per year.

**Population:** Adults

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems

**Indicator:**

**Measure:** The measure is the percent of adult consumers who report an improvement of six or more points on the Symptom Distress scale of Ohio Consumer Outcomes as compared to the same consumer's first rating on this scale. The mean length in treatment is 4.47 years, and the mean length of time between first and last Outcomes Administration is 1.51 years.

**Sources of Information:** Balanced Score Card (BSC): Ohio Outcomes Symptom Distress Scale

**Special Issues:** BSC is reported in six month intervals. Only the first half of the fiscal year is reported, because the second half is not available at the time this plan is due. The entire BSC report is included as an appendix in the implementation report each year.

**Significance:** The change in symptom distress gives some indication of how much distress mental illness causes for consumers. Consumers typically report that as they recover, the symptoms of their mental illness cause less distress, even though the symptoms may or may not be present at the same level of severity.

**Action Plan:**

1. ODMH works with advocacy organizations for statewide administration of WRAP in Ohio. Consumers develop and work their individual WRAP plans which describe their strategies, supports and healthy activities to decrease the impact of mental illness symptoms on their lives.
2. ODMH supports employment of consumers through the Supported Employment CCOE and its partnership with statewide consumer organizations, Ohio Benefits Task Force, Employment Leadership Alliance, Ohio Benefit Planners Task Force, Ohio Initiative for Persons with Learning Disabilities, and the Social Security Administration Regional Work Incentives Advisory Group. Consumer advocacy groups report that consumers experience less symptom distress when they are employed.
3. ODMH funds clinical services, which are described in individual service plans that typically include goals of symptom reduction. ODMH provides:
4. ODMH funds clinical services, which are described in individual service plans that typically include goals of symptom reduction. ODMH provides:
  - a certification rule that requires providers to demonstrate use of Ohio Consumer Outcomes in

treatment planning and performance improvement activities, which may improve clinical outcomes from treatment, including functioning.

- Climbing into the Driver's Seat, a training package which educates consumers on how to use Ohio Consumer Outcomes in the development of their individual service plans.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 1.5 (b) Symptom Distress (Ohio Consumer Outcomes)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	66.80	68	67	67.10	67.20	67.30
Numerator	35,017	40,370	--	--	--	--
Denominator	52,384	59,336	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #5: Excellent mental health care is delivered and research is accelerated. Objective: 1.5.2. ODMH will improve consumer outcomes for symptom distress.

**Target:** Ohio will monitor the number of adults with a score of 45 or less on the symptom distress scale as compared to the previous year.

**Population:** Adults

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems

**Indicator:**

**Measure:** The measure is the number of adults with a score of 45 or less on the Symptom Distress scale of Ohio Outcomes.

**Sources of Information:** Balanced Score Card (BSC): Ohio Consumer Outcomes

**Special Issues:** BSC is reported in six month intervals. Only the first half of the fiscal year is reported, because the second half is not available at the time this Plan is due. The entire BSC report is included as an appendix in the implementation report each year.

**Significance:** Symptom distress indicates the consumer's perception of how much symptoms interfere in his or her life. As consumers recover, they usually report that symptoms cause less distress in their lives even though symptoms may or may not be present.

**Action Plan:** Please see the Action Plan for the preceding indicator, Change in Symptom Distress - Performance Indicator 1.5(a).

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 1.6 (a) Change in Quality of Life (Ohio Consumer Outcomes)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	26.60	28.10	26.80	26.90	27	27.10
Numerator	6,422	9,860	--	--	--	--
Denominator	24,115	35,132	--	--	--	--

Table Descriptors:

- Goal:** NFC Goal #5 Excellent mental health care is delivered and research is accelerated. Objective: Consumers will report that the quality of their lives is improved after receiving mental health services.
- Target:** The percent of adult consumers who report an increase of 0.5 or more points on the Quality of Life Scale on Ohio Consumer Outcomes will increase 0.1% as compared to the previous year.
- Population:** Adults
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
- Indicator:**
- Measure:** The measure is the number of consumers who report an increase on the Quality of Life Scale of 0.5% or more as compared to their first rating on this scale.
- Sources of Information:** Balanced Score Card (BSC): Ohio Consumer Outcomes
- Special Issues:** BSC is reported in six month intervals. Only the first half of the fiscal year is reported, because the second half is not available at the time this Plan is due. The entire BSC report is included as an appendix in the implementation report each year.
- Significance:** Many consumers have a goal in their service plans that relates to improved quality of life. Improvement of 0.5 points or more on this scale as compared to the consumers' first ratings on this scale indicates that the quality of their lives has improved after receiving mental health services.
- Action Plan:**
1. ODMH promotes a range of housing options for consumers through Ohio’s Interagency Council on Homelessness, Affordable Housing Continuum of Care, Mental Health Housing Leadership Institute, PATH, Housing Trust Fund, Community Capital, Re-entry (from prison) and Rural Homeless Initiative. Safe, decent, affordable housing is essential for the quality of life for all of Ohio’s citizens.
  2. ODMH supports employment of consumers through the Supported Employment CCOE and its partnership with statewide consumer organizations, Ohio Benefits Task Force, Employment Leadership Alliance, Ohio Benefit Planners Task Force, Ohio Initiative for Persons with Learning Disabilities, and the Social Security Administration Regional Work Incentives Advisory Group. Consumer advocates, as well as employment/disability literature, indicate that employment increases quality of life for consumers.
  3. The quality of life of deaf consumers is improved by CSD of Ohio, which provides advocacy, education, and technical assistance to deaf individuals.
  4. ODMH funds a range of clinical services described in this plan which are expected to improve the quality of life for consumers. ODMH also provides:
    - A certification rule that requires providers to demonstrate use of Ohio Consumer Outcomes

in treatment planning and performance improvement activities, which may improve clinical outcomes from treatment including functioning.

Climbing into the Driver's Seat, a training package which educates consumers on how to use Ohio Consumer Outcomes in the development of their individual service plans.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 1.6 (b) Quality of Life (Ohio Consumer Outcomes)

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	27.30	28.10	27.50	27.60	27.70	27.80
Numerator	14,115	16,480	--	--	--	--
Denominator	51,777	58,694	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #5: Excellent mental health care is delivered and research is accelerated. Objective: 1.5.4. ODMH to improve the scores for Adults on the Quality of Life Scales.

**Target:** Ohio will monitor the percent of adults with scores of 3.5 or higher on the Quality of Life Scale of Ohio Consumer Outcomes by 0.1% as compared to the previous year.

**Population:** Adults

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems

**Indicator:**

**Measure:** Ohio will measure the percent of consumers who report an increase of 3.5 or more points on the Quality of Life Scale of Ohio Consumer Outcomes.

**Sources of Information:** Balanced Score Card (BSC): Ohio Consumer Outcomes

**Special Issues:** BSC is reported in six month intervals. Only the first half of the fiscal year is reported because the second half is not available at the time this plan is due. The entire BSC report is included as an appendix in the implementation report each year.

**Significance:** Many consumers have a service plan goal related to the improvement of quality of life.

**Action Plan:** Please see the action plan for the preceding indicator, Change in Quality of Life - Performance Indicator 1.6(a).

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 1.7 Visits to Networks of Care Website

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	N/A	N/A	N/A	500,000	500,100	500,200
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #6: Technology is used to access mental health care and information.

**Target:** The number of visits to this website will increase by 100 per year.

**Population:** Ohio citizens

**Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems

**Indicator:**

**Measure:**

**Sources of Information:** Information is from the an Urchin Software Report on the number of visitor sessions to Ohio Networks of Care.

**Special Issues:**

**Significance:** This measures use of Networks of Care, a website which provides information about services, links to national resources and a place where consumers can store password protected personal health information. Consumers may use this website to develop WRAP Plans and post Advance Directives, and give password protected access to selected sections of these documents to family members and professionals.

**Action Plan:**

1. Ohio Association of County Behavioral Health Authorities continues to disseminate information about Networks of Care to consumer and family organizations, Adult Care Facility operators, long-term care providers, Area Agencies on Aging, and others.
2. Ohio Department of Aging has posted a link to this site on their home page.
3. ODMH's Transformation Office continues to actively promote and fund this website.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 2.1.1 Prevalence and Treated Prevalence per 100,000 Adults

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	18.70	19.18	18.80	18.90	19	19.10
Numerator	87,575	90,146	--	--	--	--
Denominator	468,298	469,825	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #1: Americans understand that mental health is essential to overall health. Objective: ODMH will maintain or increase the treated prevalence of persons with severe and persistent mental illness.

**Target:** Ohio will increase treated prevalence of adults with severe and persistent illness with mental health services.

**Population:** Adult Consumer SMI

**Criterion:** 2:Mental Health System Data Epidemiology

**Indicator:**

**Measure:** Ohio uses NOM/URS Table 2 data as the numerator for this table to indicate the number of adults who receive treatment for mental illness in the public mental health system. ODMH uses National Research Institute (NRI) state prevalence data which is the denominator in this table to measure the prevalence of severe mental illness in Ohio. The number of persons with SMI served is divided by 100,000 of the total number of adults living in Ohio.

**Sources of Information:** NRI data, CMS table at URS data site <http://www.nri-inc.org/projects/SDIC>

**Special Issues:** Ohio's definition of SMI is more restrictive than the federal definition and is used for this report.

**Significance:** This measure indicates what proportion of adults with severe mental illness receive mental health services in Ohio's public mental health system.

**Action Plan:**

1. Ohio strives to make mental health services more "user friendly" and accessible to consumers through work with consumer groups.
2. Ohio provides outreach to homeless consumers through Projects for Assistance in Transition from Homelessness (PATH), and services for consumers who are released from prison.
3. Ohio's SAMI CCOE provides technical assistance and training to providers who implement the EBP of IDDT that addresses the needs of dually diagnosed consumers who might otherwise drop out of treatment.
4. ODMH continues to partner with other state agencies and health care providers to increase the availability of mental health services to Ohio's citizens, however, is facing significant limitations imposed by major budget cuts.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 2.1.2 Number of Persons of All Ages who Receive Treatment

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	303,103	309,594	303,103	303,103	303,103	303,103
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #1: Americans understand that mental health is essential to overall health. Objective: Ohio will maintain or increase the number of persons who receive services in the public mental health system.

**Target:** Ohio will maintain the number of persons who receive services in the public mental health system.

**Population:** Persons of All Ages receiving public mental health services.

**Criterion:** 2:Mental Health System Data Epidemiology

**Indicator:**

**Measure:** The measure is the total number of persons who receive mental health services in Ohio's public mental health system.

**Sources of Information:** The sources are the MACSIS (outpatient) and PCS (inpatient) data bases combined in an duplicated count.

**Special Issues:** Ohio's PCS data base does not use federal Hispanic categories.

**Significance:** This indicates the total number of persons who receive mental health services in the public mental health system.

**Action Plan:**

1. Ohio strives to make mental health services more "user friendly" and accessible to consumers through work with consumer groups.
2. Ohio provides outreach to homeless consumers through Projects for Transition from Homelessness (PATH), and services for consumers who are released from prison.
3. Ohio's SAMI CCOE provides technical assistance and training to providers who implement the EBP of IDDT that addresses the needs of dually diagnosed consumers who might otherwise drop out of treatment.
4. Collaboration with schools and the ABC initiative increases accessibility of services to children and their families.
5. Collaboration with the Ohio Department of Youth Services (juvenile justice) and child welfare system also increases accessibility of services to children and their families.
6. Ohio's budget cuts may compromise some of these efforts, so maintenance is the goal.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 2.2.1 Penetration Rate: All Ages

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	1,876	1,852	1,876	1,876	1,876	1,876
Numerator	209,200	206,582	--	--	--	--
Denominator	11,153,800	11,155,606	--	--	--	--

Table Descriptors:

- Goal:** NFC Goal #3: Disparities in mental health services are eliminated. Objective: ODMH maintains or increases the penetration rate of persons receiving at least one unit of community mental health services.
- Target:** ODMH will maintain or increase the penetration rate of treatment for persons who receive at least one unit of mental health services.
- Population:** The population is persons of all ages who receive mental health services in Ohio's public mental health system.
- Criterion:** 2:Mental Health System Data Epidemiology
- Indicator:**
- Measure:** ODMH measures the penetration rate per 100,000 by total population; this is the number of persons receiving at least one unit of community mental health services/total population of Ohio.
- Sources of Information:** Balanced Score Card (BSC): MACSIS for SFY 2006 - SFY 2007. For SFY 2009 - 2011, Ohio will change to using annual data from URS Table 2, which is used for the Access NOM in this report and census data.
- Special Issues:** BSC data is for the first six months of the fiscal year, because the second half of the fiscal year is not available at the time this plan is due. BSC data is collected in six month intervals, and included as an appendix to the the Implementation Report due December 1. As penetration data for African Americans is available only for all ages, this indicator for the general population is also for all ages. The U.S. Census Bureau: Population Estimates from the American Community Survey is limited to household population and excludes the population living in institutions, college dormitories and other group quarters.
- Significance:** This indicates the number of persons of all ages per 100,000 in the general population of all ages who receive mental health services. Ohio uses this data to compare penetration rates for the general population to penetration rates for the African American population to monitor disparities and/or equities in services. African Americans are the only minority group in Ohio that is more than 5% of Ohio's population.
- Action Plan:** 1. Ohio will continue to monitor penetration rates for both the general population and the

African American population.

2. ODMH will begin monitoring Hispanic penetration rates, as the Hispanic population is increasing. ODMH will collaborate with consumers and family members from the African American, Asian, Native American, Hispanic and Latino, and African populations to develop programs dedicated to promoting the utilization of mental health resources. ODMH will work with the Multiethnic Advocates for Cultural Competence to provide technical assistance to boards that request additional training and expertise so that culturally and linguistically appropriate services can be delivered within the service area

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 2.2.2 Penetration Rate: African American

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	3,644	3,617	3,644	3,644	3,644	3,644
Numerator	47,553	46,444	--	--	--	--
Denominator	1,304,888	1,283,908	--	--	--	--

Table Descriptors:

- Goal:** NFC Goal #3: Disparities in mental health services are eliminated. Objective: ODMH will maintain or increase the current penetration rate for African Americans of all ages.
- Target:** ODMH to maintain penetration rate for African American adults with severe mental disabilities receiving mental health services.
- Population:** Adult African Americans
- Criterion:** 2:Mental Health System Data Epidemiology
- Indicator:**
- Measure:** ODMH measures the number of African Americans receiving mental health services per 100,000 African Americans living in Ohio. Ohio compares the penetration rate of African Americans to the penetration rate of the general population to monitor disparities.
- Sources of Information:** Balanced Score Card (BSC) for SFY 2006 - 2008. For SFY 2009 - 2011, ODMH will use the Access NOM data in URS Table 2 for this Plan combined with U.S. Census data to increase data consistency for this report.
- Special Issues:** Penetration data for African Americans is available for all ages only on BSC. BSC data is for the first half of the fiscal year only, because the second half is not available until after this Plan is due. BSC is included as an appendix with the implementation report.
- Significance:** Ohio monitors penetration rates for both the total population and the African American population to ensure that Ohio's largest minority group receives equal or better access to services as compared to the total population. As African Americans as a group have more poverty, which is correlated with increased use of mental health services, Ohio would expect that they might receive more services than the general population.
- Action Plan:** Ohio will continue to monitor penetration rates of both the general population and the African American population. ODMH will continue to partner with African American family members and state-wide constituencies to develop programs aimed at reducing stigma, increasing mental health awareness and participation within the system.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 2.2.3 Penetration Rate: Hispanics

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	2,530	2,533	2,536	2,539	2,542	2,545
Numerator	6,985	N/A	--	--	--	--
Denominator	276,081	N/A	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #3: Disparities in mental health services are eliminated. Objective: ODMH will collect a baseline penetration rate for Hispanics of all ages.

**Target:** ODMH will monitor the penetration rate for Hispanics of all ages receiving mental health services.

**Population:** Hispanics

**Criterion:** 2:Mental Health System Data Epidemiology

**Indicator:**

**Measure:** ODMH will measure the number of Hispanics receiving mental health services per 100,000 Hispanics living in Ohio. Ohio will compare the penetration rate of Hispanics to all Americans and African Americans.

**Sources of Information:** The numerator is from the MACSIS data in URS/NOM Table 2 that is also used for the Access NOM. The denominator is the Hispanic population in Ohio according to U.S. Census data.

**Special Issues:** Ohio's Hispanic population is less than 5%. While ODMH will measure the number of Hispanics served in the community mental health system, the numbers may be too small for statistically significant comparisons.

**Significance:** Ohio's Hispanic population is increasing.

**Action Plan:**

1. Ohio will monitor the penetration rate.
2. Multi-ethnic Advocacy for Cultural Competence (MACC) recommends trainers for local providers and consumer/family groups that want to increase their cultural competence to serve specific ethnic groups, including Hispanics.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 4.1.1 Number of Homeless Persons Served

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	8,186	9,065	8,500	8,500	8,500	8,500
Numerator	8,186	N/A	--	--	--	--
Denominator	1	N/A	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #2: Mental health care is consumer and family driven. Objective: ODMH will continue to provide supported housing and maintain outreach services to those person experiencing homelessness.

**Target:** ODMH will maintain the number of served homeless persons with mental illness.

**Population:** Homeless Adults with SMI

**Criterion:** 4:Targeted Services to Rural and Homeless Populations

**Indicator:**

**Measure:** ODMH measures the number of homeless persons served through the Projects for Assistance in Transition from Homelessness (PATH) program. PATH is a SAMHSA funded program to provide outreach services for those experiencing homelessness.

**Sources of Information:** The information source is ODMH's PATH data.

**Special Issues:** PATH data is three months behind the fiscal year listed for this measure.

**Significance:** Persons with severe mental illness not currently involved with the mental health system who are experiencing homelessness are a special population that both SAMHSA and ODMH seek to serve. Persons who are homeless are less likely to find traditional services acceptable and may require special outreach through the PATH program

**Action Plan:**

1. Ohio will continue to serve homeless persons with mental illness through the SAMHSA funded PATH program.
2. Ohio will continue implementation of ACT. ACT is an EBP with demonstrated success in maintaining housing stability and has been adapted for use with the homeless population.
3. Ohio's collaborative activities with other systems to increase the availability of housing and related services and supports are included under Criterion 4 - Adult Outreach to Homelessness.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 4.2.1 Adults Served in Rural Areas

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	42,848	45,527	42,848	42,848	42,848	42,848
Numerator	N/A	42,848	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #3: Disparities in mental health services are eliminated. Objective: ODMH will continue to maintain or increase the number of consumers in rural areas.

**Target:** Ohio will continue to provide mental health services to the same number of adult consumers in rural areas as compared to the previous year. Rural is defined as counties which have a population of 250,000 or more. Urban counties include Cuyahoga, Hamilton, Butler, Franklin, Montgomery, Mahoning, Lucas, Lorain, Stark and Summit.

**Population:** Adults with SMI in Rural Areas

**Criterion:** 4:Targeted Services to Rural and Homeless Populations

**Indicator:**

**Measure:** Ohio will measure the number of adults with SMI who receive mental health services in rural areas as compared to the previous year.

**Sources of Information:** MACSIS

**Special Issues:**

**Significance:** The provision of services to rural areas was identified as a recommendation in the New Freedom Commission Report.

**Action Plan:**

1. Ohio will monitor services to rural areas to maintain or exceed the current number of persons served.
2. ODMH will continue to collaborate with the Ohio Department of Health to increase the number of Health Professional Shortage Areas (HPSAs). This increases the availability of scholarships and student loan repayment to incentivize young professionals to practice in rural areas.
3. ODMH also supports some residency training programs that fund some internship programs for health care professionals which include rural area sites.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 5.1.1 Millions of Dollars of Revenue - includes estimated local sources

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	983	1,000	983	983	983	983
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #1: Americans understand that mental health is essential to overall health. Objective: ODMH to increase number of persons with SMI who receive community health services.

**Target:** ODMH will maintain state and local tax levy funds to serve person with SMI who receive community mental health services.

**Population:** Citizens of all ages

**Criterion:** 5:Management Systems

**Indicator:**

**Measure:** Ohio will estimate total financial resources in its state-supervised, county based mental health system.

**Sources of Information:** ODMH fiscal office

**Special Issues:** Ohio is a county-operated mental health system that only has estimated data on local resources. Ohio is experiencing economic problems that are reducing state and local tax revenues which may reduce the amount of revenue available for mental health services.

**Significance:** This data provides a rough estimate of the resources available to Ohio's mental health system.

**Action Plan:**

1. Ohio will continue to build public support for mental health services through public awareness and education activities, support of local suicide prevention coalitions and the public relations work of boards and providers.
2. Strong consumer and family advocacy organizations build political support among their membership and regularly advocate with the legislature and the general public for support for mental health.
3. ODMH will attempt to minimize the adverse impact of decreases in state revenues on community mental health services.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 5.1.2 Adult - Psychiatrist Caseload

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	243	243	243	243	243	243
Numerator	N/A	0	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #2: Mental health care is consumer and family driven. Objective: Access to psychiatrist services is maintained.

**Target:** Ohio will maintain the same (or lower) average caseload per psychiatrist as in the most recent Mutual System Plan Agreement(MSPA)/Community Plan Survey(CSP).

**Population:** Adults with SMI

**Criterion:** 5:Management Systems

**Indicator:**

**Measure:** The measure is the average adult caseload per psychiatrist as reported in the Community Plan for even numbered years as compared to the most recent measure available.

**Sources of Information:** For 2009 - 2011, the data is from the Community Plan which replaces the MSPA/CPS which is the data source for 2006 - 2008.

**Special Issues:** Data is collected every two years beginning in FY 2004 and is currently combined with the Community Plan. ODMH is currently working with ODADAS to combine Community Plans on mental health and substance abuse submitted by boards to reduce administrative burden. This may affect how and when this data is collected.

**Significance:** The availability of psychiatrists is a significant access issue for consumers and their families. This impacts the quality and quantity of medication management services available to adults with SMI.

**Action Plan:**

1. Ohio will continue funding community mental health services to support pharmacological management.
2. ODMH is beginning an initiative to promote integration of physical and behavioral health, which may facilitate more access to management of psychotropic medication within primary care settings for consumers with less complex needs.
3. ODMH will continue residency training programs.
4. Ohio will continue working with HPSA to increase the availability of health professional in underserved areas.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 5.1.2 Children's - Psychiatrist Caseload

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	293	293	293	293	293	293
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #2: Mental health care is consumer and family-driven. Objective: ODMH will maintain the level of staff to provide accessible mental health services.

**Target:** Ohio will maintain or decrease the number of consumers per staffing members.

**Population:** Children with SED

**Criterion:** 5:Management Systems

**Indicator:**

**Measure:** The measure is the average number of youth consumers served per psychiatrist.

**Sources of Information:** The data source is the Community Plan which was formerly known as MSPA/Community Plan Survey.

**Special Issues:** Data is collected every two years beginning in FY 2004 and is currently combined with the Community Plan. ODMH is currently working with ODADAS to combine Community Plans on mental health and substance abuse submitted by boards to reduce administrative burden. This may affect how and when this data is collected.

**Significance:** Because of the fragmented nature of Ohio's child-serving system, children with SED may or may not receive psychiatry services within the public mental health system. To address this issue, the Child and Adolescent Psychiatry Services (CAPS) Action Task Force was created as a result of a recommendation from the 2005 "Meeting the Mental Health Needs of Ohio's Children Report." The plan calls for communities and resources to come together to improve access to child and adolescent psychiatry services.

**Action Plan:**

1. Ohio will encourage collaboration, coalition building, leadership and local action, as well as establish a parents and community lobby for children and adolescent psychiatric services access issues.
2. ODMH will convene key educators involved with child and adolescent psychiatrists to encourage approaches for integrating community based health and behavioral health training models in university programs.
3. ODMH will promote recruitment, retention and training grants, and professional development.
4. ODMH will support the creation of statewide events focused on sharing community-based approaches to integrating health, behavioral health and education services.
5. ODMH will explore partnerships to create a child and adolescent collaborative care CCOE as a resource to assist in developing integrated health/behavioral health services for children, adolescents and their families.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 5.1.3 Adult - Community Psychiatric Supportive Treatment Worker (CPST aka Case Manager) Caseload

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	46	46	46	46	46	46
Numerator	N/A	0	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #2: Mental health care is consumer and family driven. Objective: Ohio will maintain or decrease the average case manager caseload.

**Target:** Ohio will maintain an average caseload for case managers the same or less than in the most recent CPS survey.

**Population:** Adults with SMI

**Criterion:** 5:Management Systems

**Indicator:**

**Measure:** Ohio will measure the average caseload of case managers of adults with SMI in its current CPS survey. The CPS survey is completed in alternate even years only.

**Sources of Information:** The data source is the Community Plan, which was formerly known as MSPA/Community Plan Survey.

**Special Issues:** Data is collected every two years beginning in FY 2004 and is currently combined with the Community Plan. ODMH is currently working with ODADAS to combine Community Plans on mental health and substance abuse submitted by boards to reduce administrative burden. This may affect how and when this data is collected.

**Significance:** The size of caseloads of case managers is a significant access issue for consumers and their families. This impacts the quality and quantity of services available to adults with SMI.

**Action Plan:**

1. Ohio's mental health system has contacts with community colleges and universities which educate case managers and continue to recruit case managers.
2. ODMH's Office of Program Evaluation and Research funded a research study on case manager turnover that determined that 30% of case managers left their positions in one year, and determined that turnover costs exceed \$3000 per case manager. A follow-up study has examined the reasons for turnover, which will be reviewed for policy implications.
3. ODMH will continue to support CCOEs and Networks to provide technical assistance to CPST workers and other professionals on the implementation of EBPs and promising practices.
4. Ohio will continue to fund this service, which is also funded by Community Medicaid.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 5.1.3 Children - Community Pschiatric Supportive Treatment Worker (CPST aka Case Manager) Caseload

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	33	33	33	33	33	33
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #2 Mental health care is consumer and family-driven. Objective: ODMH will maintain the level of staff required to provide accessible mental health services.

**Target:** ODMH will maintain or decrease the number of consumers per case manager.

**Population:** Children with SED

**Criterion:** 5:Management Systems

**Indicator:**

**Measure:** The measure is the average number of consumers served per case manager as reported in the Community Plan.

**Sources of Information:** The data source is the Community Plan which was formerly known as MSPA/Community Plan Survey.

**Special Issues:** Data is collected every two years beginning in FY 2004 and is currently combined with the Community Plan. ODMH is currently working with ODADAS to combine Community Plans on mental health and substance abuse submitted by boards to reduce administrative burden. This may affect how and when this data is collected.

**Significance:** Because of the fragmented nature of Ohio's child-serving system, children with SED may or may not receive case management services within the public mental health system. Instead, case management and service functions may be provided by a child protective services worker, a probation or parole officer, school social worker, settlement house worker, etc. Due to scarce resources, the public mental health system has shifted manpower from case management to clinical counseling services. This is center-based and a more economical alternative to case management.

**Action Plan:**

1. ODMH will continue efforts to have county public child welfare agencies provide case management services, when available.
2. Ohio will continue to fund this service, which is also funded by Community Medicaid.
3. The mental health system will maintain contacts with community colleges and universities which educate case managers and continue to recruit case managers.
4. ODMH's Office of Program Evaluation and Research funded a research study on case manager turnover that determined that 30% of case managers left their positions in one year, and determined that turnover costs exceed \$3000 per case manager. A follow-up study has examined the reasons for turnover, which will be reviewed for policy implications.
5. ODMH will continue to support CCOEs and Networks to provide technical assistance to CPST workers and other professionals in the implementation of EBPs and promising practices.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 5.1.4 Adult - Counselor Caseload

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	64	64	64	64	64	64
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

**Goal:** NFC Goal #2: Mental health care is consumer and family driven. Objective: Ohio will maintain access to counseling services for consumers with SMI.

**Target:** Ohio will maintain the same ratio of adults with SMI receiving counseling services to counseling staff.

**Population:** Adults with SMI

**Criterion:** 5:Management Systems

**Indicator:**

**Measure:** Ohio will monitor the caseload size of counseling staff for adults with SMI.

**Sources of Information:** The data source is the Community Plan, formerly known as MSPA/Community Plan Survey.

**Special Issues:** Data is collected every two years beginning in FY 2004 and is currently combined with the Community Plan. ODMH is currently working with ODADAS to combine Community Plans on mental health and substance abuse submitted by boards to reduce administrative burden. This may affect how and when this data is collected.

**Significance:** The availability of counseling staff is a significant access issue for consumers and their families. This impacts the quality and quantity of services available to adults with SMI. As recovery rather than maintenance is the goal under transformation, some providers report that consumers may want more counseling services and fewer case management services.

**Action Plan:**

1. Ohio will continue to fund this service, which is also funded by Community Medicaid.
2. Ohio's mental health system has contacts with community colleges and universities which educate case managers and continue to recruit counseling staff.
3. ODMH will continue to support CCOEs and Networks to provide technical assistance to counseling staff and other professionals in the implementation of EBPs and promising practices.
4. ODMH will continue partnering with HPSA to increase the availability of health care professionals in underserved areas.

**ADULT - GOALS TARGETS AND ACTION PLANS**

**Transformation Activities:**

**Name of Performance Indicator:** 5.1.4 Children's - Counselor Caseload

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Fiscal Year	FY 2006 Actual	FY 2007 Actual	FY 2008 Projected	FY 2009 Target	FY 2010 Target	FY 2011 Target
Performance Indicator	74	74	74	74	74	74
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

- Goal:** NFC Goal #2: Mental health care is consumer and family-driven. Objective: Ohio will maintain the level of staff required to provide accessible mental health services.
- Target:** Ohio will maintain (or decrease) the number of consumers per counselor.
- Population:** Children with SED
- Criterion:** 5:Management Systems
- Indicator:**
- Measure:** The measure is the average number of consumers served per counselor.
- Sources of Information:** The source of data is the Community Plan formerly known as MSPA/Community Plan Survey.
- Special Issues:** This survey is completed every two years, so data is not available for each single year in the table.
- Significance:** Due to scarce resources, the public mental health system has shifted manpower from case management to clinical counseling services. This service is center-based and a more economical alternative to case management. Because of the fragmented nature of Ohio's child-serving system, children with SED may or may not receive case management services within the public mental health system. Instead, case management and service functions may be provided by a child protective services worker, a probation or parole officer, school social worker, settlement house worker, etc.
- Action Plan:**
1. Through ABC and TSIG collaborative initiatives, ODMH continues its efforts in addressing the mental health needs of children and youth.
  2. The CIP and CLEX CCOEs provide technical assistance and training to implement EBPs that may further stretch mental health resources.
  3. Children's mental health staff from ODMH provide consultation and technical assistance to boards that may include addressing use of resources.
  4. Ohio continues to fund this service, which is also reimbursable by Community Medicaid.