

CHILD - 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	102,428	105,448	N/A	102,431	102,432	102,433
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: 2.2 ODMH will increase the level of service for children with SED receiving mental health services.
Target:	ODMH will increase the number of children with SED who receive mental health services.
Population:	Children with emotional disturbances who receive treatment in Ohio's public mental health system ages 0-17.
Criterion:	2:Mental Health System Data Epidemiology 3:Children's Services
Indicator:	
Measure:	The measure is the number of children with SED who receive mental health services for the fiscal year.
Sources of Information:	Data is obtained from MACSIS (ODMH's Claims and Enrollment Information system). Data found in NOM Table 2A is from the same source, and includes total number of children in treatment.
Special Issues:	Data is a combined, unduplicated count.
Significance:	This NOM measures accessibility of services to children and youth and is used to calculate service disparities. Accessibility to services and addressing service disparities are both included in NFC recommendations.
Action Plan:	To sustain family access for their children and youth with mental health treatment needs, ODMH will: <ol style="list-style-type: none"> 1. Continue to develop and promote state interdepartmental partnerships and county/state collaborations to facilitate youth consumer access to needed and preferred services. 2. Prioritize and increase service accessibility to young consumers and their families at risk of serious family emotional instability, loss of parental custody, child placement, court involvement, and/or academic failure due to untreated mental illness. 3. Sustain development of monitoring focus and tools that address children/family accessibility from the perspectives of service quality, dosage, satisfaction and outcome achievement. 4. Continue advocacy and innovative initiatives aimed at consumer and family-guided use of federal, state, and local resources in creative, efficient ways to expand the choices and array of the community systems of care options available. 5. Promote development of nationally recognized wraparound value-based services and supports to respond to youthful consumer and family needs and preferences as reflected in individualized plans of care.

CHILD - 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	0	0	N/A	0	0	0
Numerator	0	0	--	--	--	--
Denominator	N/A	1	--	--	--	--

Table Descriptors:

Goal: NFC Goal #5: Excellent mental health care is delivered and research is accelerated. Objective: ODMH will operate without inpatient beds for youth. ODMH has alternatives to operating state psychiatric hospitals for youth.

Target: Zero, as ODMH has no youth inpatient beds.

Population: Children with SED

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

Indicator:

Measure: The measure is the number of youth served in Integrated Behavioral Health System.

Sources of Information: Patient Care System (PCS)

Special Issues:

Significance: Ohio operates no state psychiatric inpatient facilities for children and youth therefore utilization data on this indicator is not available. Historic funding to maintain a network of state psychiatric hospitals for children was allocated to county boards for the purchase of private inpatient psychiatric services for this population. Currently, no waiting lists exist for private psychiatric inpatient beds for youth.

Action Plan: To reduce short-term utilization of psychiatric inpatient beds, ODMH will

1. Continue policies, programs and funding targeted at decreasing children and youth placed outside their families. Corresponding policies and programs are shared by Ohio’s other state child-serving departments and strongly supported by the Governor’s Office.
2. Maintain a priority agenda against the practice of parental custody relinquishment to finance necessary mental health treatment.
3. Continue discretionary grantsmanship for high fidelity intensive home-based services to serve as an alternative to inpatient psychiatric care.
4. Maintain monitoring of major unusual incidents (MUIs), especially seclusion and restraint interventions. Departmental licensing surveyors supervise private inpatient institutional practices so the risk of child trauma or re-traumatization is minimized. Licensing staff consult and reinforce the value of trauma-informed practices when monitoring psychiatric inpatient facilities for children.

CHILD - 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	0	0	N/A	0	0	0
Numerator	0	0	--	--	--	--
Denominator	N/A	1	--	--	--	--

Table Descriptors:

Goal: NFC Goal #5: Excellent mental health care is delivered and research is accelerated. Objective: ODMH will not have inpatient beds for youth.

Target: Zero; ODMH will not have admissions to ODMH's youth inpatient beds for the fiscal year. ODMH has other alternatives to public inpatient care.

Population: Children with SED

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

Indicator:

Measure: Number of youth served in Integrated Behavioral Health System

Sources of Information: Patient Care System (PCS)

Special Issues:

Significance: Ohio operates no state psychiatric inpatient facilities for children and youth therefore utilization data on this indicator is not available. Historic funding to maintain a network of state psychiatric hospitals for children was allocated to county boards for the purchase of private inpatient psychiatric services for this population. Use is generally for crisis stabilization services. Inpatient psychiatric purchased bed days are tracked on MACSIS. Lengths of stay in excess of 180 days are extremely atypical.

Action Plan: To reduce short-term utilization of psychiatric inpatient beds, ODMH will

1. Continue policies, programs and funding targeted at decreasing children and youth placed outside their families. Corresponding policies and programs are shared by Ohio's other state child-serving departments and strongly supported by the Governor's Office.
2. Maintain a priority agenda against the practice of parental custody relinquishment to finance necessary mental health treatment.
3. Continue discretionary grantsmanship for high fidelity intensive home-based services to serve as an alternative to inpatient psychiatric care.
4. Maintain monitoring of major unusual incidents (MUIs), especially seclusion and restraint interventions. Departmental licensing surveyors supervise private inpatient institutional practices so the risk of child trauma or re-traumatization is minimized. Licensing staff consult and reinforce the value of trauma-informed practices when monitoring psychiatric facilities.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Evidence Based - Children with SED Receiving Therapeutic Foster 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	0	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: NFC Goal #5: Excellent mental health care is delivered and research is accelerated. Objective: ODMH will increase the delivery of evidence-based practices in Ohio.

Target: ODMH plans to increase the number of children's EBPs.

Population: Children with SED

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

Indicator:

Measure:

Sources of Information:

Special Issues: ODMH does not certify agencies to provide therapeutic foster care or license providers to recruit, approve, maintain or monitor family foster care homes. Treatment family foster care is regulated under the auspices of the Ohio Department of Job and Family Services, which administers Ohio's child welfare program.

Significance:

Action Plan: This indicator is not applicable. ODMH reports on Multi-Systemic Therapy for children's EBP goal-setting.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Evidence Based - Children with SED Receiving Multi-Systemic Therapy
(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	.95	1.02	1.01	1.01	1.01	1.01
Numerator	577	642	--	--	--	--
Denominator	60,715	63,196	--	--	--	--

Table Descriptors:

Goal: NFC Goal #5: Excellent mental health care is delivered and research is accelerated. Objective: ODMH will provide the evidence-based service of Multi-systemic Therapy (MST).

Target: At a minimum, ODMH will provide MST to the same percentage of youth consumers and families as in the prior year.

Population: Children with SED

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

Indicator:

Measure: The measure is the number of children and their families receiving MST (numerator) and the number of youth with SED served (denominator).

Sources of Information: Center for Innovative Practices (CIP) provides the number of youth with SED receiving MST services from a client specific data base. The total number of youth with SED served is from URS/NOMs Table 14.

Special Issues: Consumers served by a few Ohio MST teams are not included in this data base. CIP provides technical assistance and training to almost all of the MST teams in Ohio and maintains a client specific data base for consumers served by those teams.

Significance: MST is a proven EBP for youth and their families. New research is tracking its impact with youth sexual offenders. Ohio plans to expand MST services to this delinquent population once effectiveness in achieving positive outcomes is proven. To date, approximately 580 families have been served by 13 MST teams with an average service duration of 125 days. A significant number of youth completing treatment are successfully living at home, participating in school or work and many have not been re-arrested. Additionally, the Innovation Diffusion and Adoption Research Project (IDARP) study collected data from 17 agencies that either considered adopting or adopted MST. Of the 17 MST projects, seven or 41.2 percent of the agencies were implementing the innovation at the last point of contact, and 2 or 11.8 percent of agencies had discontinued their implementation efforts. At the last point of contact with IDARP researchers, key informants from the agencies implementing MST agreed or strongly agreed that MST fits well with the staff’s professional training; MST was an effective approach to service delivery; a considerable amount of scientific evidence exists to support the effectiveness of MST; and their organizations had plans to continue implementing MST.

Action Plan: To expand the dissemination of providers offering MST, ODMH will:

1. Continue a licensing agreement with MST, Inc. via a CIP contract. This assures cost-effective professional staff development training and practice fidelity.
2. Continue Ohio's pilot site status in the national study of MST's efficacy for juvenile sexual offenders.
3. Support providers in sustaining their MST teams.
4. Work through intensive home-based treatment and behavioral healthcare/juvenile justice state-funded grantsmanship to expand new MST teams.
5. Continue to support MST research findings dissemination through CIP.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Evidence Based - Children with SED Receiving Family Functional Therapy
(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: NFC Goal #5: Excellent mental health care is delivered and research is accelerated. Objective: ODMH will provide evidence-based practices to children.

Target: ODMH does not measure this particular evidence-based practice at this time.

Population:

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

Indicator:

Measure: The measure is the number of counties supporting Functional Family Therapy units.

Sources of Information: Center for Innovative Practices database

Special Issues: ODMH policies and programming stress adoption of Intensive-Home Based Treatment (IHBT) to address the therapeutic and other developmental needs of seriously emotionally disturbed youngsters and their families. The Department certifies IHBT providers. These agencies track fidelity and outcomes for this comprehensive, integrated clinical and family support care approach on a case-by-case basis through the Center for Innovative Practices.

Significance: Functional Family Therapy is a proven EBP with youth and their families.

Action Plan: This indicator is not applicable. ODMH reports on Multi-Systemic Therapy for children’s EBP goal setting.

CHILD - 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	80.57	81.30	80.60	80.70	80.80	80.90
Numerator	33,502	19,861	--	--	--	--
Denominator	41,580	24,429	--	--	--	--

Table Descriptors:

Goal: NFC Goal #2: Mental health care is consumer and family-driven. Objective: ODMH will increase consumer satisfaction as reported by family members.

Target: The percent of parents of children in treatment who are satisfied with treatment will increase 0.1% per year.

Population: Children with SED

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

Indicator:

Measure: The measure is the number of parents with scores of 10 or less on the Ohio Consumer Outcomes (known as "Ohio Scales" for children and youth)

Sources of Information: Ohio Consumer Outcomes for 3 of the 5 required Client Perception of Care measures

Special Issues: Ohio does not have a Data Infrastructure Grant (DIG) Grant and does not use the YSS-F (Youth Satisfaction Survey - Family). ODMH discontinued using CQRT, its client satisfaction survey at the end of SFY 2008, and will be unable to report on two of the five measures of Client Perception of Care on the MHSIP URS Table 11. These measures are Access and Cultural Sensitivity of Staff. ODMH will continue to use Ohio Consumer Outcomes to report on the measures of General Satisfaction, Postive Outcomes and Participation in Treatment Planning.

Significance: Client and Family Perception of Care is an important measure of customer satisfaction.

Action Plan:

1. To measure the required measures of Access and Cultural Sensitivity of Staff, ODMH will begin a planning process with the Ohio Council of Behavioral Healthcare Providers, OACBHA (board association), consumers and family members by December 31, 2008
2. ODMH expects to report data for all 5 Client Perception of Care measures in the SFY 2010 Block Grant Implementation Report.
3. ODMH's administration intends to apply for a DIG grant at the next available opportunity.
4. To increase children and youth consumer satisfaction of care as reported by their parents, ODMH will:
 - Continue to track the quality measurement used as part of Ohio's Consumer Outcomes Initiative on families' perception of helping professionals and actual service delivery.
 - Fund and support the use of the network of volunteer parent advocates to increase family members' voice and choice in service delivery.
 - Support NAMI-Ohio's in providing educational groups for families of children with SED.
 - Solicit the opinions and insights of families in statewide focus groups and in the participation on policy and program development work groups, task forces and children's mental health

committees.

- Initiate research in parent aids and orientation practice models to inform families about consumer and family-driven care opportunities.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Child - Return to/Stay in School (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	51.31	70.94	52	53	54	55
Numerator	28,742	2,876	--	--	--	--
Denominator	56,018	4,054	--	--	--	--

Table Descriptors:

Goal: NFC Goal #4: Early mental health screening, assessment, and referral to services are common practice. Objective: School attendance will improve, when mental health needs are better addressed.

Target: Ohio will improve school attendance of youth with SED served.

Population: Children with SED

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

Indicator:

Measure: The measure is the number of persons with SED ages 0-17 whose parents report improved school attendance.

Sources of Information: Ohio Mental Health Outcomes System - Parent Form

Special Issues: The measure was changed between FY 2006 and FY 2007.

Significance: Schools are primary settings for the identification of mental disorders in children and youth. Recognition of the importance of mental health as an essential support for academic success is crucial.

Action Plan: To improve school attendance of youth with SED, ODMH will:
1. Continue collaboration with the Ohio Department of Education and the Miami University’s Center for School-Based Mental Health Programs to promote educators, mental health boards, and behavioral healthcare agencies’ efforts to expand mental health services in Ohio’s schools.
2. Continue grants to 32 mental health boards to partially finance mental health prevention, intervention and treatment options in alternative educational programming in selected high-need school districts.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Child - 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	66.58	59.65	N/A	59.50	59.40	59.30
Numerator	779	4,828	--	--	--	--
Denominator	1,170	8,094	--	--	--	--

Table Descriptors:

Goal: NFC Goal #2: Mental health care is consumer and family-driven. The percent of youth consumers with juvenile justice involvement will decrease.

Target: The percent of youth consumers with juvenile justice involvement will decrease by 0.1% per year.

Population: Children with SED

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

Indicator:

Measure: The Ohio Scales measure is the percent of youth consumers with juvenile justice involvement.

Sources of Information: The source of information is NOM Table 19 which is derived from Ohio Scales.

Special Issues:

Significance:

Action Plan: To decrease the percentage of youth consumers with juvenile justice involvement, ODMH will:
 1. Continue competitive discretionary grantsmanship opportunities to sustain and expand gender-specific programming for delinquent girls with serious mental health needs.
 2. Implement a three-year Center for Sex Offender Management (CSOM) strategy for Ohio’s juvenile sexual offenders. This includes rule promulgation, establishment of an independent Juvenile Sexual Offender Treatment Board, and certification of providers of juvenile sexual offender treatment based on the application of best practices.
 3. Expand competitive discretionary grants to juvenile court /behavioral healthcare collaboratives.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Child - 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	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: NFC Goal #2: Mental health care is consumer and family driven. Objective: ODMH will continue to provide supported housing and maintain outreach services to homeless persons.

Target: ODMH will collect baseline numbers on the number of homeless children served. (Note: This performance indicator was not required for children for FY 2008.)

Population: Homeless Children with SED

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

Indicator:

Measure: ODMH measures the number of homeless children and youth served.

Sources of Information: The data is from the Behavioral Health (BH) data base operated by ODADAS. The Action Plan and the information about homeless youth in Ohio is from COHHIO (Colition on Housing and Homelessness in Ohio).

Special Issues: As SAMHSA did not require this NOM for youth in FY 2008, Ohio will be reporting baseline information for FY 2009. The data base for this information collects data at admission which is not updated on a routine basis, as are the data bases for Ohio's other performance indicators. ODADAS uses this data base to report substance abuse NOMs to SAMHSA.

While Ohio's community mental health system serves homeless youth, the child welfare system has responsibility for securing housing for youth with SED whose parents are unable or unwilling to provide housing. Therefore, ODMH has not historically used this performance indicator. ODMH will provide SAMHSA with a performance indicator indicating the number of homeless youth admitted to Ohio's mental health system to meet this requirement.

COHHIO indicates that the 20 school districts in Ohio funded for education of homeless youth report 15,000 homeless youth. A total of about 3000 - 4000 youth are in foster care each year in Ohio's child welfare system. Many of these children are not placed because they are homeless but rather because charges of abuse and/or neglect have been substantiated.

Significance: Housing is a basic human need for everyone, and essential to supporting resiliency.

Action Plan: 1. Ohio has a statewide aging out of foster care initiative which is a priority of the Interagency

Council on Housing and Homelessness.

2. A statewide youth housing and homelessness group meets quarterly.

3. Ohio Department of Development (ODOD) has a commitment to address transition age youth housing needs and has expanded resources to 20 funded McKinney Homeless Education grants for 15 - 18 year olds.

5. The Corporation for Supported Housing promotes youth housing.

6. Ohio also addresses youth homelessness through some Runaway Homeless Youth Act programs.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Child - 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	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: 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:

Population: Youth with SED

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

Indicator:

Measure: ODMH does not currently have a measure for this performance indicator included in the NOMs. Please see the Client Perception of Care performance indicator, which describes a plan to develop measures in SFY 2009 to provide data beginning in SFY 2010.

Sources of Information:

Special Issues:

Significance: Youth consumers and their family members report that social supports and social connectedness are important to their recovery.

Action Plan:

1. For ODMH's plan to develop a measure Social Supports - Increased Social Connectedness, see Ohio's plans to address Client Perception of Care for Children, which also applies to this performance indicator.
2. To increase children and youth consumer social supports and social connectedness as reported by their parents, ODMH will:
 - Continue funding and support to NAMI Ohio statewide offerings of Hand-To-Hand family workshops.
 - Sustain comprehensive efforts in policy making, program development and practice monitoring to support resiliency-oriented children’s mental health care.
 - Continue partnership and financial support to NAMI Ohio and the Ohio Federation for Families and Children’s Mental Health to minimize stigma and promote the message throughout Ohio that emotional and behavioral difficulties and disturbances in childhood are treatable.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: Child - 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	83.53	85.13	83.80	84	84.10	84.20
Numerator	29,369	33,011	--	--	--	--
Denominator	35,161	38,778	--	--	--	--

Table Descriptors:

Goal: NFC Goal #5: Excellent mental health care is delivered and research is accelerated. Objective: Children with SED will increase their level of functioning.

Target: The percent of children who have a score of 34 or more on the Functioning Scale will increase by 0.1% each year.

Population: Children with SED

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

Indicator:

Measure: The measure is the percent of children with SED who have scores of 34 or more on the Functioning Scale.

Sources of Information: Balanced Score Card (BSC): Ohio Scales

Special Issues:

Significance: The Ohio Consumer Outcomes process provides a systematic use of data based on the principles of recovery, resiliency and cultural competence. Using individuals' Ohio Consumer Outcomes data, including level of functioning, to inform treatment planning and use of aggregate data helps inform program and policy planning efforts at both state and local levels. Ohio Outcomes data allows the opportunity to:

- benchmark performance at state and local levels,
- assist local agencies in implementing quality improvement,
- gauge the effectiveness and cost effectiveness of therapeutic interventions, and
- evaluate the need to look for alternative approaches and/or best practices.

Action Plan: To increase the level of functioning for children and youth with SED, ODMH will:

1. Continue to track the quality measurement used as part of Ohio’s Consumer Outcomes Initiative on children and youth consumers perception of improvement of their functioning.
2. Fund and support the use of child and family supportive services such as respite, mentors, recreation and social interventions, and academic tutoring in conjunction with treatment regimens.
3. Solicit the opinions and insights of youth and their families in statewide focus groups and in their participation on policy and program development work groups, task forces and children’s mental health committees.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: 1.1 (a) Suicide Prevention Coalitions

(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	56	63	68	74	79
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 raise awareness of prevention activities and increase help-seeking behavioral by increasing the number of suicide prevention coalitions.

Target: Increase the number of suicide prevention coalitions by 5 each year.

Population: Ohio citizens

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

Indicator:

Measure: The number of suicide coalitions in Ohio in SFY 2008 is 63 which are operating in 69 of Ohio's 88 counties.

Sources of Information: Director's Flexible Performance Agreement

Special Issues:

Significance: These coalitions raise awareness of prevention activities, increase help-seeking behavior, and provide support for families and survivors.

Action Plan: To increase the number of suicide prevention coalitions in Ohio, ODMH will:

1. Continue funding and support of the Ohio Suicide Prevention Foundation (OSPF) for their coalition development.
2. Participate on the OSPF Advisory Committee and provide technical assistance as requested.
3. Monitor data and trends related to suicide prevention.
4. Support Gatekeeper trainings for communities.

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Transformation Activities:

Name of Performance Indicator: 1.1 (b) Red Flags

(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	3,738	3,925	4,317	4,964	5,709
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 increase the number of implementers (teachers, school personnel & parents receiving Red Flags training).

Target: The number of implementers will increase each year as indicated in the table above.

Population: The population is middle school teachers, personnel and parents.

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

Indicator:

Measure: The measure is the number of implementers who receive training.

Sources of Information: Director's Flexible Performance Agreement

Special Issues:

Significance: Red Flags provide information about identification, prevention and early intervention for middle school children and their teachers, school personnel and parents.

Action Plan: To increase the number of schools and organizations that implement the Red Flag Program. ODMH will:

1. Support the trainings for implementors through continued funding of MHA of Summit County.
2. Assist in promoting regional Red Flag trainings in Ohio through mental health consumer organizations, schools, boards and providers.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: 1.1 (c) Youth Risk Assessments Completed

(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	2,900	4,735	7,134	7,490	7,864
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 increase the number of Youth Risk Assessments.

Target: The number of Youth Risk Assessments will increase to meet the targets indicated in the table.

Population: Ohio youth

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

Indicator:

Measure: The measure is the number of completed Ohio Youth Risk Assessments.

Sources of Information: Director's Flexible Performance Agreement

Special Issues:

Significance: Youth who are identified in risk assessments can be referred for intervention to address depression, and/or other mental health issues which may prevent suicide.

Action Plan: To increase the number of youth risk assessments, ODMH will:
 1. Continue funding and support of OSPF
 2. Support the OSPF in their development of a web-based tool for collecting data for Teenscreen and S.O.S. programs.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: 1.2 (a) Reduce Physical Restraint: Episodes

(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	15.80	15.50	15.10	14.60	14.20
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: NFC Goal #5 Excellent mental health care is delivered and research is accelerated. Objective: Ohio will reduce the use of physical restraint in ODMH licensed children's facilities.

Target: The target is the average number of episodes of utilization of physical restraint in ODMH licensed children's facilities.

Population: Youth in ODMH licensed residential facilities

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

Indicator:

Measure: The measure is the average number of episodes of utilization of physical restraint in ODMH licensed children's residential facilities per bed per year.

Sources of Information: Director's Flexible Performance Agreement

Special Issues:

Significance: Reduction of physical restraint will improve the personal safety of the children receiving treatment and reduce the risk of traumatizing children.

Action Plan:

1. ODMH will revise administrative rules addressing the use of seclusion and restraint and monitor the ODMH licensed residential treatment facilities' compliance with key aspects, including their development of quality improvement processes that assist in identifying opportunities for seclusion-restraint reduction.
2. Ohio will routinely provide benchmarking data to facilities so they can compare their performance with others.
3. ODMH will assist in "growing" the existing statewide Kids Coercion-Free/Violence-Free learning community through voluntary membership.
4. Ohio will assist in identifying and obtaining appropriate resources to enhance coercion-free, violence-free environments as measured by the reduction of physical restraint utilization.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: 1.2 (b) Physical Restraint: Duration in Minutes

(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	10.50	10.30	10	9.70	9.40
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: NFC Goal #5: Excellent mental health care is delivered and research is accelerated. Objective: The average duration of episodes of physical restraint in ODMH licensed children's facilities will decrease.

Target: The average number of minutes per episode of physical restraint will decrease as indicated in the table above.

Population: Youth in Ohio's residential care facilities

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

Indicator:

Measure: The measure is the average number of minutes per episode of physical restraint in ODMH licensed children's residential facilities.

Sources of Information: Director's Flexible Performance Agreement

Special Issues:

Significance: Reducing restraint improves the personal safety of children receiving treatment in ODMH licensed beds attached to children's residential facilities.

Action Plan: See action plan for previous performance indicator on reduction of restraint.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: 1.2 (c) Physical Restraint: Percentage of Beds of Members of Kids Coercion-Free Learning Community

(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	52	58	64	70	75
Numerator	N/A	N/A	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: NFC Goal #5: Excellent mental health care is delivered and research is accelerated. Objective: The number of children's residential facilities that are enrolled as members of the statewide Kids Coercion-Free Learning Community.

Target: The percentage of children's residential beds represented by one or more staff members in the statewide Kids Coercion-Free Learning Community will increase by 6% per year for FY 09 and FY 10 and by 5% for FY 11.

Population: Staff serving youth in ODMH licensed residential facilities

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

Indicator:

Measure: The measure is the percentage of the total of ODMH licensed beds attached to children's residential facilities that are enrolled as members of the statewide Kids Coercion-Free Learning Community.

Sources of Information: Director's Flexible Performance Agreement

Special Issues:

Significance: Participation of staff in the statewide Kids Coercion-Free Learning Community is expected to reduce the use of physical restraint in children's residential facilities licensed by ODMH resulting in increased safety for children. This may also prevent trauma that may be caused by restraint.

Action Plan: See action plan for 1.2 (a) Reduce Physical Restraint: Episodes

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: 1.3 Early Childhood Consultations

(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	13,330	22,207	13,335	13,340	13,345	13,350
Numerator	N/A	13,330	--	--	--	--
Denominator	N/A	N/A	--	--	--	--

Table Descriptors:

Goal: NFC Goal #4: Early mental health screening, assessment, and referral to services are common practice. Objective: ODMH will increase the number of consultations to children, ages 0-6 and their families.

Target: The number of children, ages 0-6, and their families receiving services will increase by 5 per year.

Population: Children ages 0-6 and their families.

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

Indicator:

Measure: The measure is the number of children, ages 0-6, and their families who receive mental health consultation services.

Sources of Information: ODMH Early Childhood Database

Special Issues:

Significance: ODMH early childhood mental health activities have progressively grown over the past eight years. Building on this history, the Governor’s Office launched an early childhood policy initiative aimed at increasing early childhood social and emotional development through greater early childhood consultation, parent education and improved behavioral health screening and assessment of the 0 to six year old population as well as maternal depression screening and treatment programming for identified children.

Action Plan: To increase the utilization of early childhood consultation, ODMH will:

1. Expand this consultation with accompanying improved data-gathering and reporting expectations.
2. Continue to utilize statewide Devereux Early Childhood Assessment (DECA) data as an outcome measure.
3. Increase the number of other early childhood educational offerings utilizing the Incredible Years evidence-based model which includes classroom skill-building for children, staff professional development coursework, child focused small group therapy and skill building for parents.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: 1.4 (a) Change in Problem Severity (formerly Symptom Distress)

(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	30.20	31	29.90	30	30.10	31.20
Numerator	6,559	8,256	--	--	--	--
Denominator	21,747	26,612	--	--	--	--

Table Descriptors:

Goal: NFC Goal #5: Excellent mental health care is delivered and research is accelerated. Objective: The severity of problems of children with SED will decrease with treatment.

Target: The percent of children showing 10 points or more improvement on the Problem Severity Scale as reported by staff will increase by 0.1% each year.

Population: Children with SED

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

Indicator:

Measure: The measure is the percent of children and youth consumers showing an increase of 10 or more points on the Problem Severity Scale which is considered a clinically significant decrease in problems severity.

Sources of Information: Balanced Score Card (BSC): Ohio Scales-Worker Form in Ohio Outcomes

Special Issues: Data are reported in six month intervals and are only available for the first half of the fiscal year at the time the Block Grant Implementation Report is submitted.

Significance: ODMH is partnering with boards and providers to promote using Ohio Consumer Outcomes data to inform clinical treatment planning and practices, and help clinical supervisors to use it as an effective tool for staff supervision. Research indicates that clinicians have difficulty distinguishing those consumers whose condition is deteriorating from those whose condition is merely languishing. Review of change in Ohio Consumer Outcomes can help clinicians and supervisors find cases that are deteriorating. Reviewing Ohio Consumer Outcomes changes by clinicians can also help supervisors determine which clinicians are doing well or struggling, and form mentoring partnerships to improve care. At a program level, aggregate change scores can be compared over time to assure that programs are maintaining results.

Action Plan: To decrease the problem severity of children and adolescents receiving mental health treatment, ODMH will:

1. Continue to mandate the statewide use of the Ohio Scales as the children’s mental health outcome tool.
2. Continue to provide training, informational materials, reports and technical assistance to promote worker, parent and youths’ understanding the value of reliably tracking problem severity changes during the course of treatment.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: 1.4 (b) Problem Severity (formerly Symptom Distress)

(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	89.10	89.40	88.20	88.10	88	88
Numerator	35,173	34,939	--	--	--	--
Denominator	35,173	39,074	--	--	--	--

Table Descriptors:

Goal: NFC Goal #5: Excellent mental health care is delivered and research is accelerated. Objective: Child and adolescent consumers will report that their problems have decreased in severity.

Target: The percent of children and youth consumers with scores of 41 or less on the Ohio Scales problem severity ranking will decrease by 0.1% per year.

Population: Children with SED

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

Indicator:

Measure: The measure is the number of youth consumers ages 12-17 with scores of equal to or less than 41 on the Ohio Scales Problem Severity Measures Worker Form.

Sources of Information: Balanced Score Card (BSC): Ohio Scales-Worker Form; Ohio Scales is the children and youth instrument for Ohio Consumer Outcomes and includes parent, youth, and worker instruments.

Special Issues: Data is reported in six month intervals on BSC. At the time the Block Grant Implementation Report is submitted, data from the second half of the fiscal year is not yet available.

Significance: The Ohio Consumer Outcomes process provides a systemic use of data based on the principles of recovery, resiliency and cultural competence. Additionally, this process uses individuals' Consumer Outcomes data to inform treatment planning and aggregate data to inform program and policy planning efforts at both state and local levels. This data allows the opportunity to:

- benchmark performance at state and local levels,
- assist local agencies in implementing quality improvement,
- gauge the effectiveness and cost effectiveness of therapeutic interventions, and
- evaluate the need to look for alternative approaches and/or best practices.

Action Plan: To decrease the problem severity of children and adolescents receiving mental health treatment, ODMH will:

1. Continue to mandate the statewide use of the Ohio Scales as the children’s mental health outcome tool.
2. Continue to provide training, informational materials, reports and technical assistance to promote worker, parent and youths’ understanding of the value of reliably tracking problem severity changes during the course of treatment.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: 1.5 (a) Change in Hopefulness - Parents of Youth Consumers ages 0-18

(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	44.20	44.30	45.30	45.40	45.50	45.60
Numerator	6,836	8,614	--	--	--	--
Denominator	15,457	19,423	--	--	--	--

Table Descriptors:

Goal: NFC Goal #5: Excellent mental health care is delivered and research is accelerated. Objective: Parents of children with SED will become more hopeful about the future.

Target: The percent of parents of children with SED served by the mental health system who report increased hopefulness will increase by 0.1% per year.

Population: Children with SED

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

Indicator:

Measure: The measure is the number of parents who show 2 or more points of improvement on the Hopefulness Scale.

Sources of Information: Balanced Score Card (BSC): Ohio Scales Hopefulness Scale-Parent Form in Ohio Outcomes

Special Issues: Data are reported in six month intervals and are only available for the first half of the fiscal year at the time the Block Grant Implementation Report is submitted.

Significance: ODMH is partnering with boards and providers to promote using Ohio Consumer Outcomes to inform clinical treatment planning and practices, and help clinical supervisors to use it as an effective tool for staff supervision. Research indicates that clinicians have difficulty distinguishing those consumers whose condition is deteriorating from those whose condition is merely languishing. Review of change in Ohio Consumer Outcomes can help clinicians and supervisors find cases that are deteriorating. Reviewing Ohio Consumer Outcomes changes by clinicians can also help supervisors determine which clinicians are doing well or struggling, and form mentoring partnerships to improve care. At a program level, aggregate change scores can be compared over time to assure that programs are maintaining results.

Action Plan: To increase the hopefulness of parents of children and adolescents with SED receiving mental health treatment, ODMH will:

1. Continue to mandate the statewide use of the Ohio Scales as the children’s mental health outcome tool.
2. Continue to provide training, informational materials, reports and technical assistance to promote worker, parent and youths’ understanding of the value of reliably tracking perceptions of hopefulness during the course of treatment.
3. Continue to initiate and monitor research that demonstrates using Consumer Outcomes as a collaborative process with parents and their children in assessment and treatment helps empower families. Consumers’ perceptions of service empowerment (involvement in treatment planning and monitoring) and hopefulness is highly correlated with the degree they feel their needs are met.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: 1.5 (b) Hopefulness - Parents of Youth Consumers Ages 0-18

(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	77.30	77.80	77.20	73.50	73.60	73.70
Numerator	22,540	24,398	--	--	--	--
Denominator	29,170	31,348	--	--	--	--

Table Descriptors:

Goal: NFC Goal #5: Excellent mental health care is delivered and research is accelerated. Objective: Parents of children with SED will become more hopeful.

Target: The number of parents with scores of 14 or less will increase 0.1 % per year.

Population: Children with SED

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

Indicator:

Measure: The measure is the number of parents of children and youth with average scores of 14 or less.

Sources of Information: Balance Score Card (BSC): Ohio Scales on Consumer Outcomes

Information:

Special Issues: Data are reported in six month intervals and are only available for the first half of the fiscal year at the time the Block Grant implementation is submitted.

Significance: The Ohio Consumer Outcomes process provides a systemic use of data based on the principles of recovery, resiliency and cultural competence, using individuals' Ohio Consumer Outcomes data to inform treatment planning and using aggregate data to inform program and policy planning efforts at both state and local levels. Ohio Consumer Outcomes data allows the opportunity to:

- benchmark performance at state and local levels,
- assist local agencies in implementing quality improvement,
- gauge the effectiveness and cost effectiveness of therapeutic interventions, and
- evaluate the need to look for alternative approaches and/or best practices.

Action Plan: To increase the hopefulness of parents of children and adolescents with SED receiving mental health treatment, ODMH will:

1. Continue to mandate the statewide use of the Ohio Scales as the children’s mental health outcome tool.
2. Continue to provide training, informational materials, reports and technical assistance to promote worker, parent and youths’ understanding the value of reliably tracking perceptions of hopefulness during the course of treatment.
3. Continue to initiate and monitor research that demonstrates using Consumer Outcomes as a collaborative process with parents and their children in assessment and treatment helps empower families. Consumers’ perceptions of service empowerment (involvement in treatment planning and monitoring) and hopefulness is highly correlated with the degree they feel their needs are met.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: 1.6 Number of Visits to Ohio Networks of Care Web-sites

(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	7	45	N/A	N/A	N/A	N/A
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. Objective: ODMH and county mental health boards will maintain web-sites to enable consumers to save their personal health information and advance directives.

Target: The number of visits to Networks of Care or similar web-sites will increase by 1% per year.

Population: All Ohio residents

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

Indicator:

Measure: The measure is the number of visits to Ohio Networks of Care web-sites.

Sources of Information: Trilogy

Special Issues:

Significance: Network of Care web-sites enable consumers and families to find pertinent mental health information, identify available services, supports and community resources, and keep personal records on secure servers.

Action Plan: To increase technological resources used to access mental health care, ODMH will:
 1. Continue marketing efforts to promote the adoption and/or maintenance of the Networks of Care resource.
 2. Implement ODMH web-site linkage to all county-based Network of Care sites.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

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

(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	38.25	36.60	34.10	34.20	34.30	N/A
Numerator	60,715	63,196	--	--	--	--
Denominator	174,813	172,659	--	--	--	--

Table Descriptors:

Goal: NFC Goal #2: Mental health care is consumer and family-driven. Objective: Mental health services will be accessible to children with SED in Ohio.

Target: Ohio will provide services to 0.1% more children and youth than in the previous fiscal year.

Population: Children with SED

Criterion: 2:Mental Health System Data Epidemiology

Indicator: Numerator: MACSIS
Denominator: SAMHSA NRI Tables @ <http://www.nri-inc.org/SDICC/defsdicc.cfm>

Measure: The measure is the percent of children with SED who receive mental health services in Ohio. The numerator is the number of children with SED who receive treatment in Ohio. The denominator for SFY 2006 is the estimated prevalence of youth with SED in Ohio for ages 9 to 17, upper estimate for a level of functioning score of 60.

Sources of Information: Numerator: MACSIS (ODMH's claims and enrollment computer system)
Denominator: SAMHSA NRI Tables @ <http://www.nri-inc.org/SDICC/defsdicc.cfm>

Special Issues:

Significance: The measure listed above indicates the number of children with SED who receive mental health services versus the estimated prevalence of children with SED in Ohio. Ohio uses these data to determine treatment penetration rates for children with SED as a measure of access for services.

Action Plan: To assure access to consumer and family-driven mental health care for children with SED, ODMH will:

1. Dialogue with youth consumers and their families during statewide focus groups and as they participate in ODMH work groups so their voice and choices are integral and valued to statewide policy and program development.
2. Continue partnership efforts with consumer and family advocate organizations and support of “user-friendly” and “user-guided” practice.
3. Continue collaboration with youth-focused CCOEs and Networks to promote technical assistance and training to providers on responsive culturally competent attitudes and practices to serve consumers of diverse cultures.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: 2.2.1 Penetration Rate of Services per 100,000 total population for children and youth

(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	2,430	2,422	2,430	2,430	2,430	2,430
Numerator	67,236	66,697	--	--	--	--
Denominator	2,766,471	2,753,608	--	--	--	--

Table Descriptors:

Goal: NFC Goal #2: Disparities in mental health services are eliminated. Objective: Ohio will monitor penetration rates of mental health services for all children.

Target: Ohio will maintain or increase the penetration rate of mental health services as compared to the prior fiscal year.

Population: Children with SED and Adults with SMI

Criterion: 2:Mental Health System Data Epidemiology

Indicator:

Measure: This is the rate of services per 100,000 total population receiving at least one unit of community mental health services divided by the total population in Ohio.

Sources of Information: The numerator is the unduplicated count of children and adolescents from MACSIS. The denominator is from the U.S. Census web-site.

Special Issues:

Significance: The measure listed above indicates the number of children of all ages per 100,000 in the general population that receive mental health services.

Action Plan: To track the mental health service youth population’s penetration rate, ODMH will:

1. Dialogue with youth consumers and their families during statewide focus groups and as they participate in ODMH work groups so their voice and choices are integral and valued to statewide policy and program development.
2. Continue partnership efforts with consumer and family advocate organizations and support of “user-friendly” and “user-guided” practice.
3. Continue collaboration with youth-focused CCOEs and Networks to promote technical assistance and training to providers on responsive culturally competent attitudes and practices to serve consumers of diverse cultures.
4. Use Safety Net funding to assure that county boards in financial distress maintain service accessibility to children with SED and their families.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: 2.2.2 Penetration Rate per 100,000 African Americans of 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	3,644	3,617	3,617	3,617	3,617	3,617
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: African Americans with SED will have access to mental health care.
- Target:** Ohio will maintain a treated prevalence of African Americans that is the same as or more than the treated prevalence of the general population.
- Population:** African Americans with SED
- Criterion:** 2:Mental Health System Data Epidemiology
- Indicator:**
- Measure:** This is the Treatment Penetration Rate (TPR) of African Americans. The numerator is the number of African Americans with SED who receive at least one unit of community mental health services. The denominator is the total number of Ohio African American children and adolescents. The result is multiplied by 100,000 to achieve the TPR.
- Sources of Information:** The numerator is found in MACSIS (ODMH's claims and enrollment computer). The denominator is data from the Census Bureau.
- Special Issues:**
- Significance:** This indicates the number of persons of all ages per 100,000 in the general population 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.
Ohio has some alarming outcomes for minority children and youth that cross over many family-serving systems. Ohio child fatality reviews show disproportionate numbers of deaths for African American children (33% of all child deaths), although this population group only represents 16% of the youth population. This trend holds true for medical causes of death, as well as external causes (Source 2005 Ohio Child Fatality Reviews). Forty-seven percent of youth in the state's youth correctional centers are children of color. At the sixth grade level, only one in four African American students demonstrates reading proficiencies compared to two out of three Caucasian students. African American students are much more likely to be placed in special education programs than white pupils.
- Action Plan:** To track the mental health service population's penetration rates for persons of color, ODMH

will:

1. Dialogue with youth consumers and their families of color at statewide focus groups and as participants in ODMH work groups so their voice and choices are integral and valued to statewide policy and program development.
2. Continue partnership efforts with consumer and family advocate organizations and support of “user-friendly” and “user-guided” practice free from cultural bias.
3. Continue collaboration with youth-focused CCOEs and Networks to promote technical assistance and training to providers on responsive culturally competent attitudes and practices to serve consumers of diverse cultures.
4. Continue to monitor and publicize penetration rates of the general, African American and Hispanic populations.
5. Recruit parent advocates and peer-to-peer mentors of color amongst current and former mental health service users.
6. Utilize Multi-Ethnic Advocacy for Cultural Competence (MACC) members as trainers and consultants to mental health providers, boards and other stakeholders who seek to increase their knowledge and skills in serving specific minority groups.

CHILD - 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	N/A	2,539	2,539	2,542	2,547
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 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: MACSIS

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: To track the mental health service penetration rates for Hispanic consumers, ODMH will:

1. Dialogue with Hispanic consumers and their families at statewide focus groups and as participants in departmental work groups so their voice and choices are integral and valued to statewide policy and program development.
2. Continue partnership efforts with consumer and family advocate organizations and support “user-friendly” and “user-guided” practice free from cultural bias and language barriers.
3. Continue collaboration with youth-focused CCOEs and Networks to promote technical assistance and training to providers on responsive culturally competent attitudes and practices to serve consumers of diverse cultures.
4. Continue to monitor and publicize penetrations rates of the general, African American and Hispanics populations.
5. Recruit parent advocates and peer-to-peer mentors amongst current and former mental health services users of Hispanic descent.
6. Utilize Multi-Ethnic Advocacy for Cultural Competence (MACC) as trainers and consultants to mental health providers, boards and other stakeholders who seek to increase their knowledge and skills in serving specific minority groups including Hispanics.
7. Publish public information materials in both English and Spanish.

CHILD - GOALS TARGETS AND ACTION PLANS

Transformation Activities:

Name of Performance Indicator: 4.1 Rural Youth with SED 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	32,698	33,596	32,698	32,698	32,698	32,698
Numerator	32,698	32,698	--	--	--	--
Denominator	1	N/A	--	--	--	--

Table Descriptors:

Goal: NFC Goal #3: Disparities in mental health services are eliminated. Objective: ODMH will maintain services to the same number of persons in rural areas.

Target: At a minimum ODMH will serve the same number or more rural youth with SED as in previous fiscal year.

Population: Children with SED

Criterion: 4:Targeted Services to Rural and Homeless Populations

Indicator:

Measure: The measure is the number of rural youth with SED who receive public mental health services during the fiscal year. This number includes all youth who receive public mental health services in Ohio except those residing in counties which have populations of 250,000 or more. Residents of Cuyahoga, Hamilton, Butler, Franklin, Montgomery, Mahoning, Lucas, Lorain, Stark and Summit Counties are excluded from this measure.

Sources of Information: MACSIS

Special Issues: None

Significance: A significant number of Ohio counties are designated as rural communities. Twenty-nine counties possess the Appalachian regional designation. Lack of population density, few highways, scarce public transportation and narrow economic bases, poorly funded public school systems, and a paucity of health and human service professionals create numerous barriers for these communities to overcome.

Action Plan: To reduce disparities in children’s mental health services located in rural counties, ODMH will:
 1. Continue to award Office of Children’s Services discretionary grantsmanship to a representative sampling of Ohio rural counties.
 2. Continue to invest in Ohio’s Shared Agenda for School and Mental Health Success which greatly supports rural school districts especially with school building-based Care Teams.