

**MUTUAL SYSTEMS PERFORMANCE  
AGREEMENT  
FY 2006 THROUGH FY 2007**

**Between the**

**ADAMH/CMH BOARDS**

**and the**

**OHIO DEPARTMENT OF MENTAL HEALTH**

**Release Date: December 1, 2004**

**Due Date: March 1, 2005**

**ADAMH/CMH Board: Athens-Hocking-Vinton 317 Board**

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## Preface

Overview of the document and outcomes to be achieved – systemic thinking

### **Outcome 1: Meet the tenants of ORC 340**

- ⇒ Legal Authority and Responsibilities
- ⇒ Address needs of priority population established in Ohio Revised Code

### **Outcome 2: Use for planning**

- ⇒ Involvement of constituents in local planning efforts
- ⇒ Use to plan for mental health system transformation
- ⇒ Use as advocacy document re. collaboration with other systems

### **Outcome 3: Use for shared learning**

- ⇒ Use as model to inform mental health system transformation
- ⇒ Develop series of Executive Summary reports
  - Statewide issues re. housing, recovery, EBPs, etc.
  - Strategic themes – Access, School Success, etc.
  - New Freedom Commission Goals
- ⇒ Lunch and Learn (Meet-Me-Call)
  - OACBHA/ODMH sponsored
  - Focus on any identified issue in an Executive Summary that other Boards may want to know more about
- ⇒ Day of Sharing (Culture of Quality)
  - OACBHA/ODMH sponsored conference
  - Invite Boards, agencies, Networks, CCOEs, consumers, families, NAMI-O, OAMH, CSD, MACC

## **Community Mental Health Plan Requirements**

Section 340.03(A)(1)(c) of the Ohio Revised Code requires that the community mental health plans mandated by that section include the following information:

- A list of community mental health needs including:
  - The needs of all residents of the district now residing in state mental institutions
  - The needs of severely mentally disabled adults
  - The needs of severely mentally disabled children
  - The needs of severely mentally disabled adolescents
- The needs of all children subject to a determination made pursuant to section 121.38 (determination of which agency representative on Family and Children First Council will provide services or funding for services for the child) of the Revised Code;
- All the facilities and community mental health services that are or will be in operation or provided during the period for which the plan will be in operation in the service district to meet the such needs
- A statement of which of the services listed in section 340.09 of the Revised Code the board intends to provide or purchase
- An explanation of how the board intends to make any payments that it may be required to pay under section 5119.62 of the Revised Code
- A statement of the inpatient and community-based services the board proposes that the department operate
- An assessment of the number and types of residential facilities needed
- A budget for moneys the board expects to receive

## Legal Authority and Responsibilities

The legal responsibilities of the ADAMH/CMH Board and the ODMH shall be in accordance with the various requirements of the O.R.C. and the O.A.C., including but not limited to those sections that include:

- ⇒ Planning, Assessment & Auditing: O.R.C. §340.03(A)(1)(a) through (c)], [O.R.C. §340.03(A)(3), (4) and (6)]
- ⇒ Housing and Residential Services: [O.A.C. § 5122-31-01&-02] [O.R.C. §340.03(A)(5), (14)&(16) and [O.R.C. §340.09(K)]
- ⇒ Affirmative Action: [O.R.C. §340.12]
- ⇒ Consumer/Public Participation: [O.R.C. §340.011(A)(8)], [O.R.C. § 340.03(A)(15)] and [O.R.C. §340.03(E)]
- ⇒ Community Support System: [O.R.C. §5119.06(A)(1)] [O.R.C. §340.03 (A)(11)(a) through (k)]
- ⇒ Client Rights & Grievances: [O.A.C. §5122:2-1-02(H) and (I)] and [O.R.C. §5119.612]
- ⇒ Information Management: [O.R.C. §5119.61(H)]
- ⇒ Contracting and Contract Disputes: [O.R.C. § 340.03(A)(8)(a)]
- ⇒ Forensic Monitoring: [O.R.C. §5119. 57]
- ⇒ Residency Disputes: [O.R.C. §5122.01(S)]
- ⇒ Utilization Review: [O.R.C. § 340.03(A)(8)(a)]
- ⇒ Neglect and Abuse: [O.R.C. §340.03(A)(2)]
- ⇒ Incident Notification: [O.A.C. §5122-26-13(E)(F)]
- ⇒ Consumer Outcomes: [O.A.C. §5122-28-04]
- ⇒ Medicaid Contract: [O.R.C. §5111.022(E)] [O.R.C. §340.03(8)(a)]
- ⇒ Annual Reports: [O.R.C. §340.03(A)(10)]
- ⇒ The director of mental health shall ensure that at least one member of the board is a person who has received or is receiving mental health services paid for by

public funds and at least one member is a parent or other relative of such a person. [O.R.C. §340.02]

- ⇒ ODMH shall review each ADAMH/CMH Board's plan submitted pursuant to section 340.03 of the Revised Code, and approve or disapprove it in whole or in part. ODMH and the Board shall resolve any disputes related to the plan. [O.R.C. §5119.61 (I)] and [O.R.C. §340.03(A) (1)(c)].
- ⇒ This agreement may be modified, in writing, by mutual consent of the parties consistent with O.R.C. Section 340.03 (A) (1) (c).
- ⇒ ADAMH/CMH Boards shall be responsible for individuals committed to them in accordance with Revised Code Section 5122.15(C) (4) and Section 340.03(A) (12).
- ⇒ ADAMH/CMH Boards and ODMH shall work collaboratively to plan care for "the needs of all residents of the district now residing in state mental institutions" for "delayed days" as well as civil. [O.R.C. §340.03] [O.R.C. §5119.61(B)]

The legal responsibilities of the ADAMH/CMH Board and of the ODMH shall be in accordance with the various requirements of federal statute, including but not limited to:

- ⇒ Nondiscrimination in employment or the provision of services on the basis of disability - 42 U.S.C. §12111 et seq. (The Americans with Disabilities Act); 29 U.S.C. §794 et seq.; 45 C.F.R. Part 94 (Section 504 of the Rehabilitation Act of 1973).
- ⇒ Nondiscrimination in the provision of services on the basis of age - 42 U.S.C. §6101 et seq. (Age Discrimination Act of 1975).
- ⇒ Nondiscrimination in the provision of services on the basis of race, color, or national origin (Limited employment) - 42 U.S.C. §2000d-1 et seq, - 45 C.F.R. Part 80 (Title VI of the Civil Rights Act of 1964)
- ⇒ Nondiscrimination in employment on the basis of race, color, religion, sex or national origin - P.L. 88-352 (Title VII of the Civil Rights Act of 1964)
- ⇒ Nondiscrimination in housing on the basis of race, color, religion, sex, handicap, familial status or national origin. - P.L. 100-430 (Fair Housing Act Amendments of 1988).
- ⇒ The ADAMH/CMH Board shall ensure that the terms of the use of and conditions for Block Grant funds are followed appropriately throughout the system.

## **Applicable Requirements**

The ADAMH/CMH Board and the ODMH shall carry out all duties under the MSPA in a manner that promotes:

- ⇒ Mutual agreement that leads to the development, maintenance and improvement in a quality system of care. Quality elements should reflect system values and outcomes in both clinical and administrative functions.
- ⇒ The recovery and resiliency processes of adult, children and youth consumers.
- ⇒ The rights of consumers and their families as defined in applicable federal and state laws and in ODMH Certification Standards.
- ⇒ The involvement of consumers and their families in all phases of treatment, and organizational planning and evaluation and quality assurance processes.
- ⇒ The sharing of information between the ODMH and the ADAMH/CMH Board that will help to improve the quality of the system, but maintain the confidentiality of consumer records as required by applicable state and federal statutes, including O.R.C. §5122.31.
- ⇒ The cooperation between the ADAMH/CMH Board and ODMH in all monitoring activities for all services rendered, that are paid in whole or in part using state or federal public funds, including but not limited to, certification audits, program reviews, outcomes reviews, capital reviews, Medicaid reviews/audits, housing outcomes reviews, Title XX compliance reviews and fiscal audits.
- ⇒ The development and implementation of local system-wide quality improvement (QI) processes that are yet to be defined. Such QI measures shall include, but are not limited to:
  - Core service access and capacity for both SMD/SED and non-SMD/SED
  - Utilization Review
  - Client Outcomes
  - Client Rights & Grievances and Major Unusual Incident data

## SECTION ONE: Introduction

Ohio's publicly funded mental health system is at a critical juncture today—a national model of community based care facing considerable resource challenges. Compared with a decade ago, mental health services are more community based and locally managed than Ohio's other delivery systems. The Mental Health Act of 1988 enabled Ohio to reduce the size of its state hospital system so that funding could be used to provide more appropriate and cost-effective services in the community. Throughout the 1990s, state hospital downsizing and numerous state hospital closures resulted in a “devolved” system managed at the local level (including shared funding responsibility) and oriented strongly toward community care. The average daily inpatient census at state-owned psychiatric hospital facilities has decreased from 3,800 to 1,100 (71%) since 1988.

While this has been very good news for community based care, fiscal challenges now threaten the system's hard-fought progress. Hospital downsizing and consolidation has run its course as a source of new funding. Local Boards are experiencing significant financial stress from a combination of flat or reduced state and local revenues, inflationary growth, increased demand for services and escalating Medicaid match obligations. These factors reduce individuals' access to the array of safety net services they need in order to lead independent, productive lives. For children and youth, behavioral health services are too often uncoordinated with schools, child welfare and juvenile justice. In order to meet these needs we must focus prevention efforts, intervene earlier with children and families, reduce treatment gaps, and empower parents so children with behavioral disorders do not fall through the cracks, and families do not have to trade custody for care.

The problem is exacerbated by cutbacks in private sector mental health care and services paid through the mainstream Medicaid program. Particularly troubling is a pattern of closures in private hospital psychiatric units, with shorter lengths of stay and higher levels of readmissions occurring after downsizing of public hospitals was completed. The burden on emergency rooms, community mental health agencies, local law enforcement, and nursing facilities is increasing. The community mental health system is caught in a vicious spiral, with increased demand, increased Medicaid match responsibilities, and decreased resources.

The New Freedom Commission was charged to study the mental health service system and to make recommendations that would enable adults with serious mental illnesses and children with serious emotional disturbances to live, work, learn and participate fully in their communities. The Commission reported that recovery from mental illness is now a real possibility, but that for too many Americans the services and supports they need are fragmented, disconnected and often inadequate. The Commission proposed transforming the approach to mental health care to support recovery, and established six goals for this purpose: 1) Americans understand that mental health is fundamental to overall health; 2) mental health care is consumer and family driven; 3) disparities in mental health services are eliminated; 4) early mental health screening, assessment, and referral to services is accelerated; 5) excellent mental health care is delivered and research is accelerated; and 6) technology is used to access mental health information.

Successfully transforming Ohio's mental health service delivery system rests on two principles: 1) services and treatment must be consumer and family centered, geared to give consumers real and meaningful choices about treatment options and providers—not oriented to the requirements of bureaucrats; and 2) care must focus on increasing consumers' ability to successfully cope with

life's challenges, on facilitating recovery, and on building resilience, not just on managing symptoms.

This MSPA leans heavily on the recommendations and findings in the reports of the 1) New Freedom Commission on Mental Health; 2) Ohio's Commission on Mental Health; 3) Ohio Access; and 4) SFY 2004 Safety Net Survey. It is our expectation this information will be used to inform and respond to the questions embedded in Section Four: Mutual Focus Areas.

The foundation of the Mutual Systems Performance Agreement (MSPA) is quality improvement. That is, representatives of the Ohio Association of County Behavioral Health Authorities (OACBHA) and the Ohio Department of Mental Health (ODMH) agree that the ultimate goal of the mental health system is to provide accessible quality care, prevention and intervention services to persons with mental illness, measure performance, identify opportunities for improvement and actual improvements in local systems. The information and data provided through this MSPA process will be used by the Executive Policy Management Committee (EPMC) to identify statewide issues and best practices, and work collaboratively to develop a statewide approach regarding these issues.

This MSPA is also an effort to positively build upon the Community Plan requirements of the Ohio Revised Code (ORC 340.03 and 5119.61). Its intent is to create a clear and meaningful agreement regarding mutual expectations and performance, to establish a process of identifying and resolving mutual concerns and to identify local best practices, successes and exemplary programs.

The MSPA document represents one portion of those ORC requirements. Other elements of the Plan include, but are not limited to:

- 1) the local system's service plan to address the needs of the community at large, the needs of persons with a severe mental disability (SMD) and children and youth with a serious emotional disturbance (SED), DMH-FIS 040-062 Board Annual Reports, and;
- 2) the 408 Allocation forms that address inpatient needs.

The complete submission and successful review of all documents for both phases (including all appendices) will constitute the approved Mutual Systems Performance Agreement/Community Plan for the ADAMH/CMH Board. Completion and approval of the phase one documents will enable the ADAMH/CMH Board to request its first quarter allocation for SFY 2006. Completion and approval of the phase two documents will enable the ADAMH/CMH Board to request allocations for subsequent quarters.

## **SECTION TWO: Instructions For Completing The Mutual Systems Performance Agreement/Community Plan Guidelines For SFY 2006-2007**

### **Application and Approval Process**

The SFY 2006-2007 MSPA/Community Plan for ADAMH/CMH Boards is due to ODMH by **March 1, 2005**. Boards are required to submit an original and two copies of the Plan with a

completed signature page to the attention of your **Area Director** at:

**Ohio Department of Mental Health  
30 E. Broad Street, 8<sup>th</sup> Floor  
Columbus, OH 43215-3430**

ODMH staff will review the plan and notify each Board of its tentative approval or any required modifications or additions.

The MSPA/Community Plan guidelines are available on the ODMH website at: [www.odmh.state.oh.us](http://www.odmh.state.oh.us) and may be completed and submitted to your Area Director on line, with the exception of signature pages. *Signature pages must contain original signatures where noted. Plans received without original signatures will be returned.*

### **Plan Review and Questions**

The Department's Area Directors will be the primary reviewers of the MSPA/Community Plan as well as being the initial point of contact for technical assistance. Please refer questions regarding the MSPA/Community Plan to your respective Area Director or their Executive Assistant.

<b>Region</b>	<b>Area Director</b>	<b>Executive Assistant</b>
Northwest	Jessica W. Byrd <a href="mailto:byrdj@mh.state.oh.us">byrdj@mh.state.oh.us</a>	Matthew Loncaric – 614-644-7789 <a href="mailto:loncaricm@mh.state.oh.us">loncaricm@mh.state.oh.us</a>
Northeast	William Cramer <a href="mailto:Cramerb@mh.state.oh.us">Cramerb@mh.state.oh.us</a>	Matthew Loncaric – 614-644-7789 <a href="mailto:loncaricm@mh.state.oh.us">loncaricm@mh.state.oh.us</a>
Central Ohio	Somers L. Martin <a href="mailto:martins@mh.state.oh.us">martins@mh.state.oh.us</a>	Lynette Cashaw – 614-466-4742 <a href="mailto:cashawl@mh.state.oh.us">cashawl@mh.state.oh.us</a>
Southeast	Carrol Hernandez <a href="mailto:hernandezc@mh.state.oh.us">hernandezc@mh.state.oh.us</a>	Matthew Loncaric – 614-644-7789 <a href="mailto:loncaricm@mh.state.oh.us">loncaricm@mh.state.oh.us</a>
Southwest	Saundra Jenkins <a href="mailto:jenkinss@mh.state.oh.us">jenkinss@mh.state.oh.us</a>	Lynette Cashaw – 614-466-4742 <a href="mailto:cashawl@mh.state.oh.us">cashawl@mh.state.oh.us</a>

### **SECTION THREE: General Parameters**

This Mutual Systems Performance Agreement (“MSPA”) is entered into by and between the Alcohol, Drug and Mental Health/Community Mental Health (ADAMH/CMH) Board of **Athens, Hocking, Vinton 317 Board** whose primary location is, **7990 Dairy Lane, Athens Ohio, 45701** and the Ohio Department of Mental Health (ODMH).

This MSPA is part of a process between ODMH and the ADAMH/CMH Boards that defines areas of work that are of mutual concern, highlights successes and responsibilities, focuses on mutual performance, and requires submission of a document that presents the ADAMH/CMH Board's plan to advance those areas of mutual focus. The MSPA, along with other planning

documents, constitutes a proposal to ODMH by the ADAMH/CMH Board to satisfy Community Plan requirements of the Ohio Revised Code (O.R.C. 340.03 and O.R.C. 5119.61)

This MSPA shall commence on the 1<sup>st</sup> day of July 2005, and shall terminate at the end of the 30<sup>th</sup> day of June 2007.

The ADAMH/CMH Board and the Director of ODMH shall approve the formation, validity and the enforceability of this MSPA.

The ADAMH/CMH Board must submit the completed and signed MSPA, and receive ODMH approval, in order to receive funding from ODMH. In addition, the ADAMH/CMH Board must submit required reports in a timely manner to avoid potential suspended payment of allocations.

Many provisions within this Agreement contain sections and/or portions of sections of the ORC, OAC, federal statutes and regulations. Both the ADAMH/CMH Board and the ODMH agree and acknowledge that other sections and/or portions of sections of these codes that may not be referenced here may be relevant to the parties' performance of their obligations, and any omission of said sections and/or portions of sections is not intended to limit said performance of obligations.

Both ODMH and the ADAMH/CMH Board shall perform their respective duties under the MSPA in accordance with applicable requirements, including the federal statutes and regulations, ORC, OAC and ODMH Certification Standards.

## Proposed Mental Health Services to be Available in SFY 2006

**Instructions: Please indicate (x) in the chart below the mental health services the Board is planning to support for SFY 2006.**

Mental Health Services	Children & Adolescents		Adults		Forensics
	SED	Non-SED	SMD	Non-SMD	
Pharmacological Management	x	x	x	X	
MH Assessment	x	x	x	x	x
Psychiatric Diagnostic Int. (Physician)	x	x	x	x	
BH Counseling and Therapy (Ind.)	x	x	x	x	
BH Counseling and Therapy (Grp.)	x	x	x	x	
Crisis Intervention MH Services	x	x	x	x	x
Partial Hospitalization, less than 24 hrs.	x				
Cnty. Psychiatric Supportive Tx. (Ind.)	x	x	x	x	
Cnty. Psychiatric Supportive Tx. (Grp.)	x	x	x	x	
Behavioral Health Hotline Service	X	x			
Other MH Service, not otherwise spec.			x	x	x
Self-Help/Peer Services			X	x	
Adjunctive Therapy					
Adult Education					
Consultation					
Consumer Operated Service					
Employment					
Information and Referral					
Mental Health Education					
Occupational Therapy Service					
Other MH Service, non-healthcare svc.	x	x	x	X	
Prevention					
School Psychology					
Social & Recreational Service					
Community Residence					
Crisis Care	X	x	x	x	
Foster Care	X				
Residential Care	x		X		
Respite Care					
Subsidized Housing			x		
Temporary Housing	X	x	X		
Forensic Evaluation					
PASARR			x	X	
Inpatient Psychiatric Service	x	X	x	x	

## **SECTION FOUR: Mutual Focus Areas**

Public Mental Health System Focus Areas: Priorities for the next two years are designed to assist in achieving the goals of the New Freedom Commission and towards system transformation. In the effort to transform Ohio's mental health system, included in each priority area will be an overview of the goal as outlined in the New Freedom Commission Report and Ohio's Mental Health Commission and barriers identified in the Safety Net Survey and Ohio Access, where appropriate. Local system responses should focus, unless otherwise identified, on the following:

1. Successes experienced;
2. Barriers or challenges that the local system is focused on and changes that need to be made;
3. Identification of performance measures that will assist the local system in moving forward—such measures should demonstrate quality, effectiveness and efficiency; and
4. Emerging issues that exist for the local system that are not otherwise addressed in this planning document.

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### Instructions for completing the Mutual Focus Areas

This section requires a response for each of the six areas previously identified. Those areas are: Access, Quality, Recovery/Resiliency, Juvenile & Criminal Justice, Consumer Protection, and Emerging Public Policy/Service. Each Mutual Focus Area is framed by information gathered from the New Freedom Commission report and, where appropriate, the report of Ohio's Mental Health Commission. Identified in grid format is the data included from the Ohio Mental Health Commission, Ohio Access, and/or the FY 2004 Executive Summary of the Safety Net Survey. This information is intended to help inform your responses for each Mutual Focus Area. You are asked to respond to a series of questions using the information provided as well as what is currently occurring in your local system. The information you provide in this section will be used to accomplish the outcomes identified in the Preface of this document.

Responses are to be entered into the grid/matrix that follows each series of questions. **An example of a completed grid/matrix is provided here for explanation:**

Component/Area	Challenges/Barriers/Proposed Changes	Successes	Indicators
<i>Medication</i>	- Managing medications within allocations limits while experiencing increasing demand	- Implementation of medication education program for consumers has resulted in increased engagement between and among consumers and clinicians - Consumers have identified particular hours when meds are not good to be taken resulting in increased employment opportunities	- <b>Anecdotal</b> – since implementation, have noticed marked increase in understanding and awareness among consumers resulting in increased independence and quality of life - <b>Qualitative</b> – Consumer medication compliance observed through CSP reporting...Adult Consumer Outcomes indicate.... - <b>Quantitative</b> – Amount of medication line item resulted in number of people served

**ACCESS: Goal – Maintain access to care while decreasing disparities in access for diverse populations.**

All persons will receive highly personal mental health care that is respectful and responsive, taking into consideration their backgrounds and culture. In order to achieve this, the workforce should include ethnic, cultural, and linguistic persons who are trained and employed as mental health service providers. People who live in rural and remote geographic areas will have access to mental health professionals and other needed resources and that research and training be provided continuously to aid clinicians in understanding how to tailor interventions to the needs of consumers (New Freedom Commission, 2003).

Ohio’s Mental Health Commission identified appropriate access as the assurance that consumers are aware of the local array of mental health services and are afforded the opportunity to receive needed services and supports in a timely manner. Accessibility requires that community mental health services be conveniently available, culturally appropriate, financially affordable and of sufficient quality and quantity to respond to new referrals within appropriate time frames, based on acuity. Recommended time frames for initial intervention are: urgent/crisis services within three hours, emergent services within three days and basic services within 14 days.

The Mental Health Commission’s overall finding states: The public mental health safety net is stretched too thin and has holes in some places. Statewide, the supply of mental health services does not meet current demand and will not meet increasing demand in the future.

Ohio Mental Health Commission	2004 Safety Net Survey
<ul style="list-style-type: none"> <li>. mental health is a serious public health problem and people should seek help</li> <li>. shortage of well-trained clinicians</li> <li>. parity in insurance coverage</li> <li>. access to care for children with SED is substandard because services are not provided early enough or in sufficient supply</li> <li>. access to safe, decent, and affordable housing is a barrier to recovery</li> <li>. stigma, ageism, and lack of awareness are barriers in help-seeking behaviors for older adults</li> </ul>	<ul style="list-style-type: none"> <li>. local systems experience wait times in excess of 10 working days for diagnostic assessment, med-somatic, counseling, and CSP for adults and children/youth</li> <li>. funding appropriated to supported employment has increased, however, the estimated number of employed consumers remains unchanged</li> <li>. there is a decreased demand for residential placements with insufficient capacity</li> <li>.wait lists exist for public housing, sometimes in excess of one year</li> </ul>

. system is not prepared to care effectively for the increasing number of aging baby boomers with severe and persistent mental illness	
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**For the matrix below, answer these questions relative to Access for both children and adults:**

1. What are the areas that are most problematic or on which the Board is most focused? What changes have been made or need to be made?
2. What successes has the Board experienced in any of these areas? What factors contributed to the local system's ability to move forward?
3. What indicators will be measured to assist the system in moving forward? What measures will be used to demonstrate quality, effectiveness, and efficiency?

<b>Component/Area</b>	<b>Challenges/Barriers/Proposed Changes</b>	<b>Successes</b>	<b>Indicators</b>
<b><u>By Service Area (Matrix):</u></b>  Medication/Somatic	TCMHC has difficulty recruiting child and adult psychiatrists to the area. Access for non-Medicaid population is becoming more limited; this affects adults more than children since most children have Medicaid. Rule changes related to telemedicine are needed to move this option forward.	TCMHCS has been designated as a HPSA which has helped them to recruit 2 adult and 1 child psychiatrist via J-1 Visa and National Health Service Corps loan repayment programs. Telemedicine grant with SCC and collaborative practices with clinical nurse specialists.	The Athens-Hocking- Vinton 317 Board has contracted with The Rensselaerville Institute to help it develop a comprehensive system for defining program indicators and tracking program outcomes. This is a significant change in past structure and will require several years of capacity building to implement. This system will move away from tracking outcomes of each services and instead will look overall at how customer's lives

			are improved as a result of the package of services and supports they have received.
Diagnostic Assessment	Due to decreases in non-Medicaid funding, TCMHCS is limiting the number of new non-emergency, non-Medicaid clients seen each week.	Close relationship with Ohio University Depts. of Social Work and Counseling helps TCMHCS to recruit interns and qualified professional easier than other rural areas.	See Med/Somatic
CSP	TCMHCS reports high staff turnover resulting from 8 years of no rate increases for this service. Referrals are down this year for children.	ACT-like team available for adult SMD customers. Specialized geriatric team.	See Med/Somatic above.
Counseling	Due to decreases in non-Medicaid funding, TCMHCS is limiting the number of new non-emergency, non-Medicaid clients seen each week.	Close relationship with Ohio University Depts. of Social Work and Counseling helps TCMHCS to recruit interns and qualified professional easier than other rural areas.	See Med/Somatic above.
Peer Support	<b>Adults:</b> Peer Support services in Athens County are currently in flux due to organizational challenges at The Gathering Place. There is great interest in additional peer supports, but lack of non-Medicaid funding to support these efforts. <b>Children:</b> N/A	<b>Adults:</b> Two new drop in centers were developed—in Hocking and Vinton Counties; Consumer advocates have been training in WRAP facilitation; Consumer advocates attend state and national trainings; Consumer advocate is active in jail diversion efforts.	<b>Adults:</b> See Med/Somatic above. Some initial identification of outcomes includes: A. Members develop adequate, natural and supportive relationships; B. Members become regularly involved in a healthy recreational activity; C. Members will begin to

			regularly participate in the activities of the community.
Residential Treatment/Support (Crisis Care)	<p><b>Adult:</b> Crisis services are a critical component of the mental health system and are funded almost entirely with non-Medicaid dollars.</p> <p><b>Children:</b> There is a trend of increased placement/specialized residential treatment for children to occur at a younger age than has been seen in the past. There has been a need to place children in out-of-state facilities because of the need for highly specialized supports.</p>	<p><b>Adult:</b> Crisis residential is key to managing hospital census; Crisis residential enables us to have a 24/7 facility for pre-booking CIT jail diversions.</p> <p><b>Children:</b> The Board works in partnership with the Family and Children First Councils to address residential treatment needs of children.</p>	<p><b>Adult:</b> See Med/Somatic above.</p> <p><b>Children:</b> outcome tracking for residential treatment for children is tracked through Family and Children First Councils.</p>
Employment/Vocational	<p><b>Adults:</b> There is great interest in employment/vocational programs, but lack of non-Medicaid funding to support these efforts.</p> <p><b>Children:</b> N/A</p>	<p><b>Adults:</b> The drop in centers support their members to find volunteer and employment placements. Case managers work with customers to identify and find vocational opportunities.</p>	<p><b>Adults:</b> A. Members will become regularly involved in a vocational pursuit such as working, volunteering or attending school. B. Understand baseline data on employment from ODMH outcomes data.</p>
Respite Bed	N/A	N/A	N/A
Housing	<p><b>Both:</b> Stable, safe, affordable housing is a prerequisite for Recovery. Hospital stays are</p>	<p><b>Both:</b> The AHV Board success in housing is attributed to its strong collaborations with</p>	<p><b>Increase in the number of customers with stable living situations.</b> A. Understand</p>

	<p>sometimes longer than necessary because of lack of suitable housing. The AVH Board is focused on increasing:</p> <ol style="list-style-type: none"> <li>1. affordable housing options;</li> <li>2. housing with supportive services attached;</li> <li>3. housing for persons with criminal backgrounds/poor tenancy histories;</li> <li>4. home ownership for persons in Recovery and families with children with mental health disorders.</li> </ol>	<p>community housing organizations. The Board has the following housing successes:</p> <ol style="list-style-type: none"> <li>1. 2003 opening of a 5 unit, S+C, SAMI apt. bldg;</li> <li>2. Through collaboration with Athens MHA, opening of a 6 unit low-income housing in the city of Athens;</li> <li>3. Support for the Athens and Hocking Counties Continuums of Care;</li> <li>4. Collaboration with Athens COC agencies to secure OHTF homelessness prevention funding in 2005;</li> <li>5. Partnership with NAMI Ohio and Habitat for Humanity to build a home for a MI client in Athens Co. Habitat is already serving families who have children with emotional disorders;</li> <li>6. SCC has a grant to provide short term emergency shelter to youth who are homeless/run always;</li> <li>7. Training RSS providers on MI and Recovery in 2005;</li> <li>8. Beginning analysis of ODMH outcomes data related to housing.</li> </ol>	<p>baseline data on housing from ODMH outcomes; B. At least 18% of persons served in HAP will move to permanent housing (ODMH Block Grant benchmark); C. Increase in length of stay at SAMI housing units; C. Identification of persons ready for home ownership; development of partnerships to increase home ownership; D. Decrease in time persons spend in ABH because of lack of appropriate housing.</p> <p><b>Children:</b> Approx. 400 youth are served in SCC Time Out Host Network each year (SCC region figures); Decrease in the % of children with SED who are placed outside the home (OACHBA standard)</p>
Crisis Intervention	<b>Both:</b> Crisis intervention is a	<b>Both:</b> Historically have had a	<b>Both:</b> See Med/Somatic

	critical mental health service and requires significant non-Medicaid funding.	mobile team, but are limiting access to hospital ERs and jail. SCC brokers inpatient hospitalization for children through use of 4 private hospitals. SCC funds a toll-free teenline to provide information and assistance.	above. <b>Children:</b> Approx. 400 youth are served in SCC Time Out Host Network each year (SCC region figures).
Partial Hospitalization	<b>Adult:</b> Not available. <b>Children:</b> TCMHCS reports a loss of referrals to this program because schools are unable to provide the educational tutors on site which leads to a loss of educational credits. This program is at risk of closure because it cannot be sustained entirely with Medicaid funding; needs non-Medicaid funding in order to continue.	<b>Children:</b> TCMHCS partial hospitalization program, called REACH has effectively served children with SED who are not able to participate effectively in a traditional school setting.	<b>Children:</b> Positive outcomes for REACH participants and staff are being realized on a daily basis. Last year the program served 44 youth and discharged 35 youth. Of those 35 discharges, one turned 18 years old and left the program, 10 were discharged as unsuccessful due to severe problems and were either hospitalized, placed in detention, or another higher level of care was required. Out of the 35 youth 24 were discharged because of their success in the program. These youth are being reintegrated back into their homes, schools, and the community. The kids report feeling safe, they care about the staff and their peers, they increase their educational

			and social skills tremendously and, perhaps most importantly, they are able to develop a truly human caring connection with others.
Other MH Services: Prevention/Early Intervention	<b>Children:</b> Continued funding for programming is the challenge	<b>Children:</b> SCC has a highly successful initiative providing mental health professionals at Head Start sites.	<b>Children:</b> SCC early intervention initiative is one of the few in the state and is highly effective.
<u><b>By Key Areas:</b></u> Cultural Competence	Ensure work force development to include the training, awareness and sensitivity of culture specific needs. Ensure work force development to include specific cultural and age specific needs of youth in our area.	Locally sponsored training held this past year entitled “The culture of poverty”. Over 50 participants from our 3 county work force attended this training. SCC provided training on cultural competence in November 2004 and also has cultural competence training video available.	<b>Anecdotal</b> – Our Appalachian area has a very high rate of poverty, which is perhaps our biggest cultural challenge. The workshop was extremely popular and well attended and we plan to incorporate this particular presentation on a regular basis in order to enhance our work force cultural awareness.
Geographical/Rural Area	There are unique challenges for services in our rural communities, such as access to services, limited services and multiple service gaps due to insufficient funding. Transportation is a barrier with a service area of 1500 sq. miles	In order to overcome some of these challenges we have initiated creative solutions such as telemedicine, collaboration with various providers to ensure access to services and other funding resources to fill various service gaps.	We recently began the use of telemedicine service between 3 counties for psychiatric services. Ongoing collaboration with various agencies in county clusters helps coordinate services for youth. Grant funding is continually being

	and customers lacking adequate transportation.	TCMHCS has a new contract with Athens Co. Dept. of Job and Family Services to pay for transportation of Medicaid clients to Medicaid services.	sought to fill service gaps.
<b><i>Others not included in matrix:</i></b>			

**QUALITY: Goal – Improve clinical quality and system performance.**

In a transformed mental health system, consistent use of evidence-based, state-of-the-art medications, and psychotherapies will be standard practice throughout the mental health system. In a transformed system, research will be used to develop new evidence-based practices to prevent and treat mental illnesses (New Freedom Commission, 2003).

Also benefiting from these developments, the workforce will be trained to use the most advanced tools for diagnosis and treatments. Knowledge about evidence-based practices (the range of treatments and services of well-documented effectiveness), as well as emerging best practices (treatments and services with a promising but less thoroughly documented evidentiary base), will be widely circulated and used in a variety of mental health specialties and in general health, school-based and other settings. Countless people with mental illnesses will benefit from improved consumer outcomes including reduced symptoms, fewer and less severe side effects, and improved functioning (New Freedom Commission).

The Mental Health Commission recommended mental health services and interventions should reach the highest standards of quality, meet the needs of consumers, and promote recovery and resiliency. Despite pockets of excellence, the public mental health system has gaps in quality that prevent it from achieving its vision and mission.

This section should address successes, barriers, and challenges relative to implementation of Consumer Outcomes, evidence-based practices (including best practices) and quality improvement (CQRT, clinical quality and system performance).

<b>Ohio Mental Health Commission</b>	<b>Ohio Access</b>
<b>. developing and using evidence-based practices improves</b>	<b>Publicly funded long-term services and supports need to meet a</b>

<p>the quality of mental health services and promotes recovery and resiliency</p> <ul style="list-style-type: none"> <li>. research supports the use of a continuum of services for children and youth experiencing social and emotional difficulties</li> <li>. consumers and families report they are dissatisfied with their access to mental health services that are effective and individually tailored to meet their needs</li> <li>. lack of knowledge about diagnosing and treating mental illness in older adults is a major barrier that prevents them from receiving appropriate care and effective treatment from primary care providers</li> <li>. cultural competence is a key component of service quality but is not practice uniformly in the public mental health system</li> </ul>	<p>high standard of quality. Historically, “quality” has been defined as the state’s responsibility to ensure consumer safety. However, a new paradigm is emerging that expands the concept of quality to include consumer expectations about autonomy, self-direction, and choice.</p> <p>It is estimated that approximately 4,100 of Ohio’s 58,000 SMD adults either remain institutionalized or experience substantial disruption in community settings because services of the required intensity and structure are not available.</p>
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**For the matrix below, answer these questions relative to Quality for both children and adults:**

1. What are the areas that are most problematic or on which the Board area is most focused? What changes have been made or need to be made?
2. What successes has the Board experienced in any of these areas? What factors contributed to the local system’s ability to move forward?
3. What indicators will be measured to assist the system in moving forward? What measures will be used to demonstrate quality, effectiveness, and efficiency?

Component/Area	Challenges/Barriers/Proposed Changes	Successes	Indicators
<u>CCOE/EBP:</u>	Do not have sufficient resources to implement this practice locally.		

Center for Innovative Practices Multi-Systemic Therapy (EBP) <a href="http://www.cipohio.org">www.cipohio.org</a>			
Illness Management Recovery <a href="http://www.mco.edu/deptspsych/ccoe/">www.mco.edu/deptspsych/ccoe/</a>	Have not yet utilized—will request information and evaluate how this can be used locally.	Dr. Buck is a trainer for the Recovery Model and has trained agency personnel and AHV 317 Board on the model.	
IDDT <a href="http://www.ohiosamiccoe.cwru.edu">www.ohiosamiccoe.cwru.edu</a>	Coordinating services between two providers biggest challenge. Through housing project for SAMI clients we hope to bridge communication and service coordination gap	Some improvement in working with SAMI clients between agencies. Clinical leadership for both agencies are coordinating through case managers multiple service needs. Have received an ODMH grant to foster development of SAMI court in Athens County.	There is a weekly SAMI housing meeting that convenes in order to coordinate housing for SAMI homeless population of our 3 counties. There is collaboration on additional mutual clients that are not in the housing initiative. Are in process of developing outcomes measures for SAMI unit.
OMAP <a href="http://www.psychiatry.uc.edu/cqir/omap/newhome">www.psychiatry.uc.edu/cqir/omap/newhome</a>	Adult psychiatrists have reviewed OMAP and believe the algorithms are out of date before they are published. They believe they would be most useful with psychiatrists whose prescribing practices do not follow the current research, literature and manufacturer recommendations.		
SAMI Supported Employment (EBP)	Supported employment requires non-Medicaid funding to		

<a href="http://www.ohiosamiccoe.cwru.edu">www.ohiosamiccoe.cwru.edu</a>	implement—not available in our system at this time.		
Criminal Justice <a href="http://www.neoucom.edu/CJCCOE">www.neoucom.edu/CJCCOE</a>	The challenge with implementing many of the evidence-based practices is the lack of financial resources, not just the lack of information. The expertise at CJCCOE, combined with funding assistance from ODMH Office of Forensic Services Jail Diversion grants, NAMI Ohio’s Byrne grant and Federal MH Court funding is the key to implementation. The Board finds there are better outcomes when both expertise <i>and</i> financial assistance are available.	CJCCOE facilitates information sharing among CIT projects which is very helpful. The AHV Board has successful CIT and mental health court programs.	See criminal justice section for more details.
Clusters <a href="http://www.ohiocouncil-bhp.org/ohiocluster.htm">www.ohiocouncil-bhp.org/ohiocluster.htm</a>	This model was reviewed in the past and determined not to be feasible because of staffing issues in rural agencies—staff must work more as generalists in rural areas because of lower staffing levels.	TCMHCS does have a highly effective geriatric csp team.	
MI/MR <a href="http://www.ohiomimrdd.org">www.ohiomimrdd.org</a>	Two different departments often have different goals for same client. It is essential we better coordinate services for these individuals. No current system to collaborate with MR/DD for adults. Children are addressed through the 3 County clusters.	Our coordination in all three counties with MR/DD is improving. Recently assigned new director in Vinton County is very active and involved in Cluster of that county, where	Several children over the past year have had special needs related to MR/DD issues and both MI and MR staff have participated at county cluster meetings to coordinate client needs. Funding is always a

		previous director was absent. Children's needs are being addressed, while adults are not as effectively managed.	concern and eligibility for MR services are often not available for those who border on meeting eligibility criteria.
C-CAT <a href="http://www.ccatoolkit.com">www.ccatoolkit.com</a>	We have been unable to participate in the C-Cat initiative due to reduced number of Board staff and increased Departmental mandates.	We have attempted to meet cultural competency needs of our area as outlined in cultural competence initiatives listed above.	We have been able to train cultural competence related to "culture of poverty" with 50 staff across the three counties.
Center for Learning Excellence <a href="http://cle.osu.edu">http://cle.osu.edu</a>	The Board had provided leadership to a regional school-based mental health initiative (Oho Action Network), but because of lack of funding for implementation, has decided to decrease involvement in the regional group and focus attention on All Hazards and FAST programs.	There are alternative schools in Athens and Hocking counties. Partnership for Success community planning in Hocking County and Communities that Care planning groups in Athens and Hocking Counties.	Most recent report figures in process of being compiled.
Assertive Community Treatment (EBP) <a href="http://www.healthfoundation.com">www.healthfoundation.com</a>	ACT fidelity measures are not feasible for rural communities. There is an ACT-like team in Athens County, however current reimbursement levels do not provide enough compensation to meet all program requirements.	An intensive case management team, similar to ACT, is available in Athens County.	The general outcome indicator for customers on ACT team include decreased hospitalization. Efforts are currently underway to look more thoroughly at outcomes for all programs.
<b>Other EBPs or best practices used:</b>	Program is funded by Athens	From University of	Have very positive

<b><u>Strengthening Families</u></b>	County Children Services. Continuation is dependent upon this grant funding.	Illinois successful parent/child program. Evening consists of child group, separate parent group, coming together over a meal, gas vouchers and payment for successful completion.	anecdotal outcomes, but no formalized outcomes measures to report.
<b><u>Outcomes:</u></b> Adult Consumer Outcomes	TCMHCS reports hearing more reports of discontent from customers who have to complete outcomes measures. It often takes repeated sessions just to complete one “administration”; this takes time away from other immediate needs of customer. There is a need to increase administrative support costs for outcomes at a time when there is decreased funding for services.	TCMHCS is moving forward with implementation.	The Board has contracted with The Rensselaerville Institute to help develop a system for utilizing outcomes data.
Ohio Scales	Tim and cost to administer	TCMHCS is moving forward with implementation. Dr. Ben Ogles is great local resource—training materials available from SCC.	The Board has contracted with The Rensselaerville Institute to help develop a system for utilizing outcomes data.
<b><u>Other Outcomes:</u></b> The Rensselaerville Institute Program Outcomes	Movement towards an outcomes-based system represents significant cultural change and	The Board has contracted with The Rensselaerville Institute	Every contract agency of the Board will submit an outcomes management plan

	will take time to build capacity. It is difficult to ask providers to focus on outcomes when the financing system (Medicaid) is focused on billable units.	to assist the Board and providers to develop reasonable, usable outcomes management. We are moving forward in a planned, developmental process that will build capacity over time.	for one of their programs for FY 06.
<b><u>Quality Improvement:</u></b> <b>CQRT</b>	Transition from NEO/CQRT to QSAN.  Access to Significant Others for Kids survey.  Collaborate with agencies to increase access to significant others.	Transition completed in early 2005. QSAN Staff scheduled to meet with area agency to enhance access to significant others in early March 2005.	<b>Anecdotal-</b> data and reports are now being received on a regular basis. Moving forward. <b>Qualitative-</b> websites established with real time data for review. <b>Quantitative-</b> real numbers being reviewed for system improvement.
<b><u>Other QI/PI Methods Used:</u></b>	We continue to maintain an audit and medical necessity review of the three major contract agencies. During these reviews a helping attitude is maintained and any concerns related to clinical concerns are presented to the agencies. A challenge to affecting positive change in clinical records revolves around the limited power of the Board to impose sanctions for failure to comply with	The audits of all three agencies have continued to improve over the past 6 years. The error rate for all Medicaid categories is less than 1% for all agencies. Clinical issues have been identified related to case management notes and agencies are working to correct these concerns	99% accuracy rate across all three agencies.  All clinical assessments and treatment plans address and meet medical necessity criteria.  Improvement is apparent in quality and appropriateness of progress notes and they reflect more closely the

	expected standards of excellence in clinical records keeping.	with internal trainings and corrective actions.	goals established within the treatment plans. There is still much room for improvement in this area.
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**RECOVERY/RESILIENCY: Goal – Increase the provision of emerging best practices for children, youth and adults that maximize the quality of life.**

In a transformed mental health system, the early detection of mental health problems in children and adults—through routine and comprehensive testing and screening—will be expected and a typical occurrence. At the first sign of difficulties, preventive interventions will be started to keep problems from escalating. For example, a child whose serious emotional disturbance is identified early will receive care, preventing the potential onset of a co-occurring substance abuse use disorder and breaking a cycle that otherwise can lead to school failure and other problems (New Freedom Commission).

Quality screening and early intervention will occur in both readily accessible, low-stigma settings, such as primary health care facilities and schools, and in settings in which a high level of risk exists for mental health problems, such as criminal justice, juvenile justice, and child welfare systems (New Freedom Commission).

An individualized plan of care will give consumers, families of children with serious emotional disturbances, clinicians, and other providers a valid opportunity to construct and maintain meaningful, productive, and healing relationships. Opportunities for updates—based on changing needs across the stages of life and the requirement to review treatment plans regularly—will be an integral part of this approach. The plan of care will be at the core of a consumer-centered, recovery-oriented mental health system. The plan will include better treatment, supports, and other assistance to enable consumers to better integrate into their communities; it will allow consumers to realize improved mental health and quality of life (New Freedom Commission).

Giving consumers the ability to participate fully in their communities will require a few essentials: access to health care; gainful employment opportunities; adequate and affordable housing; and the assurance of not being unjustly incarcerated (New Freedom Commission).

<b>Ohio Mental Health Commission</b>	<b>Ohio Access</b>
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<p>. Low employment rates for people with mental illness is a statewide problem. Consumers want to work but currently receive little employment support and face a series of obstacles.</p> <p>. Mental health services should be flexible to account for the schedules of consumers who work and who are transitioning to work.</p> <p>. The public mental health system should improve the rate of hiring qualified people with a mental illness.</p> <p>. Access to adequate, decent, and affordable housing is a key component to recovery for people with a mental illness.</p>	<p>Most people between the ages of 21 and 64 work (77% according to the 2000 Census). Having a job and being economically self-sufficient are important aspects of personal independence and overall quality of life. However, many people with a disability who want to work are forced to make an economic decision not to because additional income would threaten their health care benefits. In order to support the critical link between work and self-sufficiency, there must be adequate focus placed on these priorities: Access to Better Care (ABC), Supported Employment, and the increase in community-based services for behavioral health.</p>
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Please indicate (x) which of these models and/or Networks currently being used in your system or that you would like to see used in your system:

Component/Area	Currently Use:	Would Like to Use:
<b><u>Recovery Models:</u></b>  Emerging Best Practices in Mental Health Recovery <a href="http://www.mh.state.oh.us">www.mh.state.oh.us</a>	<u>X</u>	
WRAP		X
Family-to-Family	X	
Hand-to-Hand		X
BRIDGES	X	
BCPR		
Other models: Behavioral Health Emergency Response	X	
<b><u>Resiliency Models:</u></b>		

Creating Lasting Family Connections All Stars Strengthening Families Program The Incredible Years	<u>X</u>	
<b><u>Networks:</u></b>	<u>X</u>	
Adult Recovery Network <a href="http://www.mentalhealthrecovery.org">www.mentalhealthrecovery.org</a>		
Mental Health Housing Leadership Network <a href="http://www.namio.org">www.namio.org</a>	X	
IHCBS	X	
Other: Medicaid Business Plan; All Hazards Training Network; Returning Iraqi Veterans Network;	X	
Other: Cemetery Restoration Committee	X	

**For the matrix below, answer these questions relative to Recovery/Resiliency for both children and adults:**

1. What data does the Board use to ensure consumers have a voice in their own recovery planning?
2. How does the system foster and support resiliency for children and adolescents? For multi-need, multi-system children and adolescents?
3. How does the system assist youth in transitioning from the child to the adult service system?

Component/Area	Challenges/Barriers/Proposed Changes	Successes	Indicators
<p>#1 The Medicaid auditor and Medical Necessity reviewer is also the Board Client Rights officer. During those two reviews he ensures all treatment plans are recovery plans that include client involvement.</p>	<p>There are only a limited number of records reviewed by the audit and medical necessity review. The bulk of all records are not reviewed only a sample can be thorough evaluated for this involvement.</p>	<p>Of all records reviewed over the past several years there have been very few that do not have client/consumer involvement in development of their recovery plan.</p>	<p>The rate for signatures and client involvement in treatment planning documentation has been at 100% over the past three years at all contract agencies for all records that have been reviewed.</p>
<p>#2. The Board attends all county cluster meetings and supports least restrictive interventions. Wraparound services, which include all forms of support are used in order to empower children and keep them in their home environment. Any service or support that encourages resiliency is included in these wraparound services.</p>	<p>Funding for special needs of this population are scarce however with the recent FAST 05 \$ there has been some creative work to help a few children become more resilient and recover in their home environment</p>	<p>There are 8 FAST 05 families in our 3 counties that are benefiting from these dollars. There are significant hardships due to economic and behavioral health issues.</p>	<p>All 8 of these children are currently being maintained in their homes thanks to recent expansion of services through the wraparound model. At least 2 of the 8 would probably already been removed if we had not started these expanded services when we did.</p>
<p>#3 Transitioning to adulthood from youth services is a potentially devastating process for our children. Organizations represented at cluster work very close and are proactive in coordinating and supporting children moving into the adult system</p>	<p>Accessing adult services in a system with a limited service capacity is difficult. There are service gaps and other limitations in both systems that have to be navigated and coordinated.</p>	<p>Recent successes for adolescents with multiple problems and concerns have resulted in appropriate placement for children in at least one of our three counties.</p>	<p>A child from Hocking County who required extensive services, for the past 6 years, has successfully transitioned into the adult system. He remains in the community &amp; will no longer require institutional care.</p>

**JUVENILE AND CRIMINAL JUSTICE: Goal – Reduce criminalization of persons with mental illness while promoting public safety via improved forensic services and monitoring.**

Too often, the criminal justice system unnecessarily becomes a primary source for mental health care. It is important to keep adults and youth with serious mental illnesses who are not criminals out of the criminal/juvenile justice systems. The potential for recovery for the offender with mental illness is too frequently derailed by inadequate care and the superimposed stigma of a criminal record. With the appropriate diversion and re-entry programs, these consumers could be successfully living in and contributing to their communities (New Freedom Commission).

The Commission recommends widely adopting adult criminal justice and juvenile justice diversion and re-entry strategies to avoid the unnecessary criminalization and extended incarceration of non-violent adult and juvenile offenders with mental illness (New Freedom Commission). Every Board or Board area should have an oversight or task force committee that meets regularly to collaboratively plan for local mental health, juvenile and criminal justice issues. The Mental Health Commission identified the use of diversion, linkage, and education programs for people with a mental illness—in coordination with adequate housing and treatment services—decrease inappropriate incarceration and recidivism. The Criminal Justice/Mental Health Consensus Project overview also provides good and useful strategies for use with this population. The report may be downloaded from [www.consensusproject.org](http://www.consensusproject.org).

<b>Ohio Mental Health Commission</b>
<ul style="list-style-type: none"><li><b>. Collaboration with the criminal/juvenile justice systems</b></li><li><b>. Nonviolent mentally ill persons should be diverted when possible from the criminal justice system to supervised treatment.</b></li><li><b>. The public mental health system should increase the housing and treatment service capacity and responsiveness to offenders with mental illness who are transitioning from prison to the community.</b></li></ul>



1. What are the areas that are most problematic or on which the Board area is most focused? What changes have been made or need to be made?
2. What successes has the Board experienced in any of these areas? What factors contributed to the local system's ability to move forward?

3. What indicators will be measured to assist the system in moving forward? What measures will be used to demonstrate quality, effectiveness, and efficiency?

**For the matrix below, answer these questions relative to Juvenile and Criminal Justice for both children and adults:**

<b>Component/Area</b>	<b>Challenges/Barriers/Proposed Changes</b>	<b>Successes</b>	<b>Indicators</b>
<b><u>Taskforce Oversight:</u></b>	N/A	Athens County has a committed, on-going task force that meets regularly. Partnerships between criminal justice and mental health are well-established in Board area.	Continued bi-monthly meetings.
<b><u>Reducing Recidivism:</u></b> - Services in Jails - Community Re-Entry	There is awareness of need for increased services in the jail, but lack of non-Medicaid funding to pay for these services. AODA services that were available in the jail have been discontinued d/t lack of funding. Community Re-Entry numbers are small and manageable.	Dr. Roy Bontrager, jail physician has raised community awareness about the value of jail-based services for reducing recidivism. TCMHCS provides on-going weekly assessments in the jail and crisis services as needed.	Grant writing, collaborations to find funding for increasing services in the jail.
<b><u>Diversion:</u></b> - CIT - Mental Health Court - Court Liaison/Boundary Spanner	Lack of stable, on-going funding for both staff <i>and</i> services is the biggest challenge for sustaining these programs.	Athens area CIT program is strongly supported by local community agencies. 40 officers from 10 different departments have been trained; CIT officers David Malawista and Steve Noftz were	A. Increase in the number of customers who have no new arrests at completion of program; B. Decrease in jail days for those who go through a jail diversion program.

		recognized by NAMI Ohio as CIT Officers of the Year in 2004; Mental Health Court was established in all three counties in 2003-05.	
<b><u>Juvenile Justice:</u></b>	Lack of funding	Drug courts for juveniles in Hocking and Vinton Counties; DYS Re-Entry has been successful in AHV Board area.	A. Increase in the number of customers who have no new arrests at completion of program; B. Decrease in jail days for those who go through a jail diversion program.
<b><u>Other Psychiatric Services in the Jail</u></b>	Lack of funding	TCMHCS is able to free up 2 hours of psychiatric time for work in the jail, however there is no funding to pay for this service.	

<b>Forensic Monitor</b>	<b>Community Linkage Contact</b>
<b>Name: *Becky Grashel (retiring 3/1/05)</b> <b>Address: P.O. Box 147, Portsmouth, OH 45662</b> <b>Phone No.: 1-800-706-4772</b>	<b>Name: Terry Hayes, Ph.D. Clinical Director</b> <b>Address: TCMHCS, 90 Hospital Drive, Athens, OH 45701</b> <b>Phone No.: 740-594-5045</b>

**CONSUMER PROTECTION: Goal – Assure adequate protections to persons with mental illness within the Board area.**

In a mental health system that has transformed, the rights of consumers will be protected and enhanced. Implementing the *1999 Olmstead v. L.C.* decision will allow services to be delivered in the most integrated setting possible—services in communities rather than in institutions. And services will be readily available so that consumers no longer face unemployment, homelessness or incarceration because of untreated mental illnesses. No longer will parents forgo the mental health services that their children desperately need. No longer will parents face the dilemma of trading custody for care. Families will remain intact and issues of custody will be separated from issues of care (NFC).

Consumers’ rights will be protected concerning the use of seclusion and restraint. Seclusion and restraint will be used only as safety interventions of last resort, not as treatment interventions. Only licensed practitioners who are specially trained and qualified to assess and monitor consumers’ safety and the significant medical and behavioral risks inherent in using seclusion and restraint will be able to order these interventions (NFC).

The hope and the opportunity to regain control of their lives—often vital to recovery—will become real for consumers and families. Consumers will play a significant role in shifting the current system to a recovery-oriented one by participating in planning, evaluation, research, training, and service delivery (NFC).

**For the matrix below, answer these questions relative to Consumer Protection for both children and adults:**

1. How is the Board using complaints and grievances data to improve consumer protection?
2. What mechanism is the Board using to assure the health and safety of consumers in the areas of community living, treatment services, and support services? How is data used for quality improvement purposes?
3. Describe the activities the local system has been engaged in relative to suicide prevention.

<b>Component/Area</b>	<b>Challenges/Barriers/Proposed Changes</b>	<b>Successes</b>	<b>Indicators</b>
#1. The Board uses complaints and grievance information to dialogue with agencies about the issues and concerns presented by consumers	All agencies have their own client rights officer and there appears to be reluctance to share (with the Board) any complaints or grievances filed at the agency level. Major Unusual Incident Reports are the majority of contact initiated by the agencies while complaints and grievances are	Those client complaints and grievances received by the Board are quickly resolved with the agencies participation. All informal and formal phone and written complaints and grievances are immediately discussed with staff of the agency concerned. All official grievances submitted to the	Recently there were several grievances filed against one employee of one of our contract agencies. Because of the severe nature of the allegations against this employee several grievances were filed directly to the client rights officer at the Board. This clearly indicated that these clients felt safe and

	dealt with internally. A barrier seems to be the client's reluctance to file formal complaints or grievances.	Board are documented as being resolved once consumer satisfaction has been obtained.	capable in filling a grievance to the next higher level, in order to obtain satisfaction for their concerns.
#2 Safety is a major concern for the consumers in our area. For children we have a safety net that we participate in through each county cluster. We participate to make sure our children receive all service needs and to identify the gaps that may impede meeting this safety goal. There are no additional programs or services monitored by this Board to ensure that level of support for adult consumers. However, there are client rights reviews conducted annual at each agency to ensure rights are being given to consumers to ensure they know what their personal rights are and where to go in order to get help.	For children there is a county wide system to ensure adequate support is provided. For adults there is a much more disconnected system of support except for agency case management. This case management effort is not often coordinated as fully as it could be outside of the agency due to the lack of a formal system of support	We are providing significant support for children in all 3 counties. All appropriate agencies are involved with these trouble youth, and it is rare that a child does not get the support they need in order to thrive. Adult safety is maintained through the complaint and grievance process however there is little formal support available	High success in keeping children safe as reflected in the numbers of children maintained in the home instead of foster care and residential treatment.  Adult successes revolve around the settling of grievances and complaints within a timely manner.
#3 The Board did not take funding offered by the department to formalize a suicide prevention program due to reduction in staff and inability to meet reporting	Insufficient staff at the Board to initiate any extensive community suicide prevention coordination effort. Continue to support agencies in their efforts to eliminate suicide in our	There have been very few suicides in our immediate 3 county area over the past year. The crisis hotline has continued to provide support and help for those in crisis which is a large	As an example of the support being provided to the community related to crisis intervention and suicide prevention we submit the following :

requirements and expectations associated with the grant funding. However there is continued support to agencies and the community to educate people about suicide, depression, and the possible signs and symptoms a person might demonstrate if contemplating suicide.	communities by supporting the crisis hotline and any other trainings and supports their staff members need. Some limited outreach into the community is an important next step for this Board related to suicide prevention.	part of our success in limiting suicides in our area.	Dec 2004 Emergency contacts: 467 Emergency screens: 116 Admissions diverted: 58 Admitted respite: 32 Crisis plan developed: 71 Hospitalized: 13
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<b>Board Client Rights Officer</b>
<b>Name: Roger Buck, Ph.D</b> <b>Address: AHV 317 Board, 7990 Dairy Lane, Athens, OH 45701</b> <b>Phone No.: 740-593-3177</b>

**EMERGING PUBLIC POLICY/SERVICE ISSUES: Goal – Identify the unintended consequences, especially as they relate to consumer and/or societal risk, of current public policy/services and actions needed to mitigate that risk.**

Without question, resource availability remains the greatest ongoing challenge to fulfillment of a transformed mental health system. The distribution of scarce resources is also a challenge. During SFY 2003, funding for primary and secondary education and Ohio’s Medicaid program comprised nearly half of Ohio’s annual spending.

Inflation creates additional challenges for non-entitlement services and supports for people with disabilities, including programs such as non-Medicaid behavioral health services, early intervention for children, and human services subsidy payments to local governments. Even if budgets are not reduced, these programs are affected adversely by flat funding.

Given these fiscal challenges, resources from local levies are critical for new continued provision of many long-term services and supports. When authorized and reviewed, levies provide valuable support for services to individuals who may be quite seriously ill but not Medicaid eligible, and for services Medicaid cannot reimburse, such as housing employment supports, respite and prevention.

**What emergent issues exist for your system identified above or not otherwise addressed in this document? Describe the following in your response:**

- a. Current state;
- b. How the local system plans to or is currently addressing these issues;
- c. What performance indicators will be used to monitor movement toward resolution of these emergent issues?
- d. What is necessary for the local system to achieve the desired state/outcome?

<b>Emerging Issue</b>	<b>Plans to Address</b>	<b>Performance Indicators</b>	<b>Technical Resources Required</b>
Public Policy Issues: Mental Health Parity & Medicaid Buy In	Educate and Advocate about the value of these policy changes with the administration and legislators	Passage of legislation	ODMH leadership
Disproportionate responsibility for out of state hospital days relative to other Boards.	Working through Board Association and with ODMH towards a stop-loss mechanism	Policy change	ODMH support

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## SECTION FIVE: Information and Reporting

The ADAMH/CMH Board shall provide the following information and reports to ODMH for **SFY 2006 and 2007**.

DMH-FIS-040 (Actual) - FY 2004 ADAMH/CMH Board Actual **is due by January 4, 2005**; FY 2005, **January 4, 2006**; and FY 2006, **January 4, 2007**.

DMH-FIS-062 (Actual) - FY 2004 Agency Actual **is due by January 4, 2005**; FY 2005, **January 4, 2006**; and FY 2006, **January 4, 2007**.

Housing Outcomes Performance Evaluation (HOPE) Report: This report includes reporting for board-determined allocations for HAP and SHOP. One report per fiscal year will be required by ODMH. This report will combine year-end report for **FY 2005** and projections for **FY 2006**. Mid year report will be required only if changes are made to board-determined allocations for HAP and SHOP activities (fiscal and/or program). First quarter funds for **FY 2006** would be made available immediately; draw down for remaining quarters remains contingent upon submission, review and approval by ODMH of the combined **FY 2006 outcomes projection report and FY 2005 HOPE Year End Report due August 15, 2006**.

Block Grant Annual Reports (for special funded projects only) **shall be submitted as instructed in NOFA** (Notice of Funding Award).

Agency Fiscal Audit Report **is due within six months of end of agency's fiscal year**.

ADAMH/CMH Board Annual Report is **due within 30 days of completion** for each respective fiscal year.

Community Capital Plans for the **FY 2007 - 2012** biennium will be **due September 2005**.

Community Forensic Risk Management and System Development (Line Item 401 C) year-end report due in the Office of Forensic Services by **September 10, 2004, September 10, 2005 and September 10, 2006**.

Community Medication Subsidy **FY 2006** Central Pharmacy-Agency Allocation (Form PSC-042) **due September 2, 2005**, for FY 2007 **due September 2, 2006**, and for FY 2008 **due September 2, 2007** to Patrick Mascaro, Office of Support Services, Medical Complex, 2150 West Broad Street, Columbus, Ohio 43223-1200.

Block Grant Assurance Statements **are due before MSPA can be finalized** (see Section 7, Appendices 1 & 2).

Board Appointment Data Sheets **are due before the MSPA can be finalized** (see Section 7, Appendix 3).

Ohio Mental Health Consumer Outcomes data, in accordance with 5122-28-04.

The ODMH shall provide the following information and reports to the ADAMH/CMH Board for SFY 2006 and 2007:

- ⇒ Weekly MACSIS claims status reports.
- ⇒ Biweekly MACSIS member maintenance reports.
- ⇒ Weekly MACSIS member and claims extracts.
- ⇒ Monthly and yearly Patient Care System admission, discharge and resident day reports.
- ⇒ Daily access to the Patient Care System as consistent with applicable state and federal laws, and if desired by the ADAMH/CMH Board
- ⇒ Meetings with BHO staff, upon request of the ADAMH/CMH Board, to discuss the continuum of care of individuals being served by the BHOs.
- ⇒ Quarterly Outcomes Missing Data Reports and Quarterly Benchmarking Reports from the Statewide Outcomes Database.
- ⇒ MSPA summary information.
- ⇒ EPMC will develop a process to determine additional information/reports needed under this section.

**SECTION SIX: Signatures**

These affixed signatures indicate the complete and successful submission of information that, together, constitutes an approved Community Plan.

ADAMH/CMH Board: Athens-Hocking- Vinton Alcohol, Drug Addiction and Mental Health Services Board

\_\_\_\_\_  
Earl L. Cecil, Executive Director  
Athens-Hocking- Vinton 317 Board

\_\_\_\_\_  
Roger Stivison, Board Chair  
Athens-Hocking- Vinton 317 Board

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
\*\* Michael F. Hogan, Ph.D., Director  
Ohio Department of Mental Health

\_\_\_\_\_  
Date of Signature

**NOTES:**

- \* Please provide a copy of the ADAMH/CMH Board motion approving submission of this MSPA to the ODMH.
- \*\* Upon submission, please provide the signatures of the ADAMH/CMH Board Executive Director and Chair. After ODMH review and any further clarification requested, the Director of ODMH shall affix his signature.
- \*\*\* Please mail hard copy of signatures to your Area Director at ODMH

## **SECTION SEVEN: Appendices**

Appendix 1 : Block Grant Assurances- Certifications

Appendix 2 : Block Grant Assurances- Non-Construction Programs

Appendix 3: Board Data Appointment Sheet

Appendix 4: Client Rights and Grievance Annual Report

## CERTIFICATIONS

### 1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to be best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

- (a) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;
- (b) have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- (c) are not presently indicted or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- (d) have not within a 3-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation as to why should be placed after the assurances page in the application package.

The applicant agrees by submitting this proposal that it will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transactions" in all lower tier covered transactions (i.e.,

transactions with sub-grantees and/or contractors) and in all solicitations for lower tier covered transactions in accordance with 45 CFR Part 76.

### 2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing an ongoing drug-free awareness program to inform employees about—
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
  - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
- (d) Notifying the employee in the statement required by paragraph (a) above, that, as a condition of employment under the grant, the employee will—
  - (1) Abide by the terms of the statement; and
  - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

- (e) Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
- (f) Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d)(2), with respect to any employee who is so convicted—
  - (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

For purposes of paragraph (e) regarding agency notification of criminal drug convictions, the DHHS has designed the following central point for receipt of such notices:

Division of Grants Policy and Oversight  
 Office of Management and Acquisition  
 Department of Health and Human Services  
 Room 517-D  
 200 Independence Avenue, SW  
 Washington, DC 20201

### 3. Certification Regarding Lobbying

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence," agreement must disclose lobbying undertaken with non-Federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93).

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his/her knowledge and belief, that:

- (a) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (b) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
- (c) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S.C. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### 4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties.

The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

**5. Certification Regarding Environmental Tobacco Services**

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for

inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offeror/contractor (for acquisitions) or applicant/grantee (for grants certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

By \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Official Authorized to Sign Application)

For \_\_\_\_\_  
(Name of Grantee)

Note: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

---

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal, gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§ 4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§ 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29.S.C. § 794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§ 6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L.92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970- (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§ 523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. 290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§ 3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§ 1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. §

874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally assisted construction subagreements.

10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under Coastal Zone Management Act of 1972 (16 U.S.C. §§ 1451 et. Seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§ 7401 et. Seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et. Seq.) Related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. § 470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et. seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§ 2131 et. seq.) Pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4831 (b) et. seq.) Which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE  EXECUTIVE DIRECTOR	
APPLICANT ORGANIZATION  ATHENS-HOCKING-VINTON ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD		DATE SUBMITTED

Appendix 3

Board Appointment Data Sheet

List all members – use additional pages as needed. This form can be printed and completed, or word processed for electronic transfer via e-mail. If word processed, replace the appropriate checkbox with an “X.”

Board Name AHV 317 Board				Date Prepared 2/10/05	
Board Member Tammy Baumgartel		<u>Appointment</u> ODMH DADAS X County		<u>Sex</u> Male X Female	
Mailing Address (street, city, state, zip) 4850 Alton St. Albany, OH 45710		Chairperson		<u>Ethnic Group</u> African-American Hispanic Alaskan Native Asian or Pacific Islander Native American Other _____	
Telephone (include area code) 740-698-8306		County of Residence Athens		<u>Representation: "X" Only One</u>	
Occupation Self-Employed		<u>Mental Health</u> Consumer Family Member MH Professional Psychiatrist Physician		<u>Alcohol/Drug Addiction</u> Consumer Family Member Professional Advocate	
<u>"X" One</u> Partial Term    X First Full Term    Second Full Term		Year Term Expires 2008			
Board Name AHV 317 Board				Date Prepared 2/10/05	
Board Member Michele Biddlestone		<u>Appointment</u> ODMH X ODADAS County		<u>Sex</u> Male X Female	
Mailing Address (street, city, state, zip) 13 Fairview Ave. Athens, OH 45701		Chairperson		<u>Ethnic Group</u> African-American Hispanic Alaskan Native Asian or Pacific Islander Native American Other _____	
Telephone (include area code) 740-592-3284		County of Residence Athens		<u>Representation: "X" Only One</u>	
Occupation Lactation Consultant		<u>Mental Health</u> Consumer Family Member MH Professional Psychiatrist Physician		<u>Alcohol/Drug Addiction</u> Consumer Family Member Professional X Advocate	
<u>"X" One</u> Partial Term    X First Full Term    Second Full Term		Year Term Expires 2007			
Board Name AHV 317 Board				Date Prepared	
Board Member Polly Creech		<u>Appointment</u> ODMH DADAS X County		<u>Sex</u> Male X Female	
Mailing Address (street, city, state, zip) 3375 Factory Rd. Albany, OH 45710		Chairperson		<u>Ethnic Group</u> African-American Hispanic Alaskan Native Asian or Pacific Islander Native American Other _____	
Telephone (include area code) 740-698-7045		County of Residence Athens		<u>Representation: "X" Only One</u>	
Occupation		<u>Mental Health</u> Consumer Family Member MH Professional Psychiatrist Physician		<u>Alcohol/Drug Addiction</u> Consumer Family Member Professional Advocate	
<u>"X" One</u> Partial Term    X First Full Term    Second Full Term		Year Term Expires 2008			
Board Name AHV 317 Board				Date Prepared	
Board Member Kim Lassiter		<u>Appointment</u>		<u>Sex</u>	
				<u>Ethnic Group</u>	

Mailing Address (street, city, state, zip) 6 Dove Dr. Athens, OH 45701			ODMH X DADAS County	Male X Female	African-American Hispanic Alaskan Native Asian or Pacific Islander Native American Other _____
Telephone (include area code) 740-597-1251		County of Residence Athens		Representation: "X" Only One	
Occupation Director of Social Work , OU			<u>Mental Health</u> Consumer Family Member MH Professional Psychiatrist Physician		
"X" One Partial Term    X First    Second Full Term    Full Term			Year Term Expires 2008		
			<u>Alcohol/Drug Addiction</u> Consumer Family Member X Professional Advocate		

DMH-ADM-036

Board Name AHV 317 Board			Date Prepared 2/10/05		
Board Member Sandi Krivesti			<u>Appointment</u> ODMH DADAS X County	<u>Sex</u> Male X Female	<u>Ethnic Group</u> African-American Hispanic Alaskan Native Asian or Pacific Islander Native American Other _____
Mailing Address (street, city, state, zip) 11135 Salem Rd. Athens, OH 45701			Representation: "X" Only One		
Telephone (include area code) 740-592-5701		County of Residence Athens		<u>Mental Health</u> Consumer Family Member MH Professional Psychiatrist Physician	
Occupation Financial Aid Accounting Associate			<u>Alcohol/Drug Addiction</u> Consumer Family Member Professional Advocate		
"X" One Partial Term    First    X Second Full Term    Full Term			Year Term Expires 2006		

Board Name AHV 317 Board			Date Prepared		
Board Member Kathryn Lad			<u>Appointment</u> ODMH XDADAS County	<u>Sex</u> Male X Female	<u>Ethnic Group</u> African-American Hispanic Alaskan Native Asian or Pacific Islander Native American Other _____
Mailing Address (street, city, state, zip) 11360 Jackson Drive The Plains, OH 45780			Representation: "X" Only One		
Telephone (include area code) 740- 797-2783		County of Residence Athens		<u>Mental Health</u> Consumer Family Member MH Professional Psychiatrist Physician	
Occupation Finance Director			<u>Alcohol/Drug Addiction</u> Consumer Family Member Professional X Advocate		
"X" One X Partial Term    First    Second Full Term    Full Term			Year Term Expires 2007		

Board Name AHV 317 Board			Date Prepared		
Board Member David Rickard			<u>Appointment</u> ODMH X ODADAS County	<u>Sex</u> X Male Female	<u>Ethnic Group</u> African-American Hispanic Alaskan Native Asian or Pacific Islander Native American Other _____
Mailing Address (street, city, state, zip) 1AA Spring St. Athens, OH 45701			Representation: "X" Only One		
Telephone (include area code) 740-593-8243		County of Residence Athens		<u>Mental Health</u> Consumer Family Member MH Professional Psychiatrist Physician	
Occupation Psychology Assistant			<u>Alcohol/Drug Addiction</u> X Consumer Family Member Professional Advocate		
"X" One X Partial Term    First    Second Full Term    Full Term			Year Term Expires 2005		

Board Name AHV 317 Board			Date Prepared 2/10/05		
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Board Member Claudia Shealy				<u>Appointment</u> X ODMH	<u>Sex</u> Male	<u>Ethnic Group</u> African-American
Mailing Address (street, city, state, zip) 507 Richland Ave. Athens, OH 457				DADAS	X Female	Hispanic
Telephone (include area code) (W) 740-593-8001 (H) 740-592-5869		County of Residence Athens		Chairperson		
Occupation Director of Special Education				<u>Mental Health</u> Consumer	<u>Alcohol/Drug Addiction</u> Consumer	
"X" One Partial Term		First Full Term	X Second Full Term	X MH Professional	Family Member	
			Year Term Expires 2005	Psychiatrist	Professional	
				Physician	Advocate	
Board Name AHV 317 Board					Date Prepared 2/10/2005	
Board Member Valerie Six				<u>Appointment</u> ODMH	<u>Sex</u> Male	<u>Ethnic Group</u> African-American
Mailing Address (street, city, state, zip) Box 287 Carihfield Dr. Nelsonville, OH 45764				DADAS	X Female	Hispanic
Telephone (include area code) 740-753-2765		County of Residence Athens		X County	Alaskan Native	
Occupation Program Coordinator				Chairperson		
"X" One X Partial Term		First Full Term	Second Full Term	Representation: "X" Only One		
			Year Term Expires 2005	<u>Mental Health</u> Consumer	<u>Alcohol/Drug Addiction</u> Consumer	
				Family Member	Family Member	
				MH Professional	Professional	
				Psychiatrist	Advocate	
				Physician		
Board Name AHV 317 Board					Date Prepared 2/10/05	
Board Member Patricia Smith-Hunt				<u>Appointment</u> ODMH	<u>Sex</u> Male	<u>Ethnic Group</u> African-American
Mailing Address (street, city, state, zip) 14 Elmwood Pl. Athens, OH 45701				DADAS	X Female	Hispanic
Telephone (include area code) 740-592-6168		County of Residence Athens		X County	Alaskan Native	
Occupation Head, Preservation Dept., OU				Chairperson		
"X" One Partial Term		First Full Term	X Second Full Term	Representation: "X" Only One		
			Year Term Expires 2006	<u>Mental Health</u> Consumer	<u>Alcohol/Drug Addiction</u> Consumer	
				Family Member	Family Member	
				MH Professional	Professional	
				Psychiatrist	Advocate	
				Physician		
Board Name AHV 317 Board					Date Prepared 2/10/05	
Board Member Teena Stambaugh				<u>Appointment</u> ODMH	<u>Sex</u> Male	<u>Ethnic Group</u> African-American
Mailing Address (street, city, state, zip) 13522 Strouds Run Rd. Athens, OH 45701				DADAS	X Female	Hispanic
Telephone (include area code) 740-593-8400		County of Residence Athens		X County	Alaskan Native	
Occupation Teen Pregnancy Prevention Coordinator				Chairperson		
"X" One Partial Term		X First Full Term	Second Full Term	Representation: "X" Only One		
			Year Term Expires 2007	<u>Mental Health</u> Consumer	<u>Alcohol/Drug Addiction</u> Consumer	
				Family Member	Family Member	
				MH Professional	Professional	
				Psychiatrist	Advocate	
				Physician		

Board Name AHV 317 Board				Date Prepared 2/10/05	
Board Member Roy Bontrager				<u>Appointment</u> X ODMH	
Mailing Address (street, city, state, zip) 842 Wood St. Logan, OH 43138				<u>Sex</u> X Male	
Telephone (include area code) 740-385-4528		County of Residence Athens		<u>Ethnic Group</u> African-American	
Occupation Retired				DADAS	
"X" One Partial Term		X First Full Term		Female	
		Second Full Term		Hispanic	
		Year Term Expires 2007		Alaskan Native	
				Chairperson	
				Representation: "X" Only One	
				<u>Mental Health</u>	
				<u>Alcohol/Drug Addiction</u>	
				Consumer	
				Consumer	
				Family Member	
				Family Member	
				MH Professional	
				Professional	
				Psychiatrist	
				Advocate	
				X Physician	
Board Name AHV 317 Board				Date Prepared 2/10/05	
Board Member Roger Stivison				<u>Appointment</u> ODMH	
Mailing Address (street, city, state, zip) 35884 Moore Rd. Union Furnace, OH 43158				<u>Sex</u> X Male	
Telephone (include area code) 740-385-3251		County of Residence Hocking		<u>Ethnic Group</u> African-American	
Occupation Equipment Operator				DADAS	
"X" One Partial Term		First Full Term		Female	
		X Second Full Term		Hispanic	
		Year Term Expires 2008		Alaskan Native	
				X County	
				X Chairperson	
				Representation: "X" Only One	
				<u>Mental Health</u>	
				<u>Alcohol/Drug Addiction</u>	
				Consumer	
				Consumer	
				Family Member	
				Family Member	
				MH Professional	
				Professional	
				Psychiatrist	
				Advocate	
				Physician	
Board Name AHV 317 Board				Date Prepared 2/10/05	
Board Member Donna Voelkel				<u>Appointment</u> X ODMH	
Mailing Address (street, city, state, zip) 23032 Buena Vista Rd. Rockbridge, OH 43149				<u>Sex</u> Male	
Telephone (include area code) 740-385-0552		County of Residence Hocking		<u>Ethnic Group</u> African-American	
Occupation Retired				DADAS	
"X" One Partial Term		First Full Term		X Female	
		X Second Full Term		Hispanic	
		Year Term Expires 2007		Alaskan Native	
				Chairperson	
				Representation: "X" Only One	
				<u>Mental Health</u>	
				<u>Alcohol/Drug Addiction</u>	
				Consumer	
				Consumer	
				Family Member	
				X Family Member	
				MH Professional	
				Professional	
				Psychiatrist	
				Advocate	
				Physician	
Board Name AHV 317 Board				Date Prepared 2/10/05	
Board Member David Williamson				<u>Appointment</u> ODMH	
Mailing Address (street, city, state, zip) 1207 Church St. Logan, OH 43138				<u>Sex</u> X Male	
Telephone (include area code) 740-385-8575		County of Residence Hocking		<u>Ethnic Group</u> African-American	
Occupation				DADAS	
"X" One X Partial Term		First Full Term		Female	
		Second Full Term		Hispanic	
		Year Term Expires 2007		Alaskan Native	
				X County	
				Chairperson	
				Representation: "X" Only One	
				<u>Mental Health</u>	
				<u>Alcohol/Drug Addiction</u>	
				Consumer	
				Consumer	
				Family Member	
				Family Member	
				MH Professional	
				Professional	
				Psychiatrist	
				Advocate	
				Physician	

Board Name AHV 317 Board				Date Prepared 2/10/05	
Board Member Jeff Griffith				<u>Appointment</u> ODMH DADAS X County	
Mailing Address (street, city, state, zip) 34283 Vinton Station Rd. McArthur, OH 45651				<u>Sex</u> X Male Female	
Telephone (include area code) 740-596-5836		County of Residence Vinton		<u>Ethnic Group</u> African-American Hispanic Alaskan Native Asian or Pacific Islander Native American Other _____	
Occupation Attorney				Chairperson	
<u>"X" One</u> Partial Term    X First    Second Full Term    Full Term				Representation: "X" Only One	
Year Term Expires 2007				<u>Mental Health</u> Consumer Family Member MH Professional Psychiatrist Physician	
				<u>Alcohol/Drug Addiction</u> Consumer Family Member Professional Advocate	
Board Name AHV 317 Board				Date Prepared 2/10/05	
Board Member William Hughes				<u>Appointment</u> X ODMH DADA S County	
Mailing Address (street, city, state, zip) 63847 Frazee Lane McArthur, OH 45651				<u>Sex</u> X Male Female	
Telephone (include area code) 740-596-4417		County of Residence Vinton		<u>Ethnic Group</u> African-American Hispanic Alaskan Native Asian or Pacific Islander Native American Other _____	
Occupation None				Chairperson	
<u>"X" One</u> Partial Term    X First    Second Full Term    Full Term				Representation: "X" Only One	
Year Term Expires 2007				<u>Mental Health</u> X Consumer Family Member MH Professional Psychiatrist Physician	
				<u>Alcohol/Drug Addiction</u> Consumer Family Member Professional Advocate	
Board Name AHV 317 Board				Date Prepared	
Board Member Mary Ann Simmons				<u>Appointment</u> ODMH DADAS X County	
Mailing Address (street, city, state, zip) 63027 US Hwy. 50 McArthur, OH 45651				<u>Sex</u> Male XFemale	
Telephone (include area code) 740-596-4866		County of Residence Vinton		<u>Ethnic Group</u> African-American Hispanic Alaskan Native Asian or Pacific Islander Native American Other _____	
Occupation Reading First Regional Consultant, Southeast				Chairperson	
<u>"X" One</u> Partial Term    X First    Second Full Term    Full Term				Representation: "X" Only One	
Year Term Expires 2007				<u>Mental Health</u> Consumer Family Member MH Professional Psychiatrist Physician	
				<u>Alcohol/Drug Addiction</u> Consumer Family Member Professional Advocate	

**Client Rights and Grievance Annual Summary**

The ADAMH/CMH Board's Client Rights and Grievances Annual Summary for the biennium SFY 2006 - 2007 has a specified format. The first due date for submitting the Annual Summary using this format will be September 2005 for the period of SFY 2005. [O.A.C Sections 5122:2-2-1-02 (G) (H) & (I)]

Using SFY 2005 data for consumers' grievances, complete the attached matrix:

Types of Grievances by <b>Client Rights Categories</b> (See below for which of the 22 Rights fall into which category)	Number of grievances received.		Resolution status of grievance, i.e., number of grievances resolved to the satisfaction of the consumer.		Number of grievances resolved within 20 working days from the date of filing.	
	Agencies	Board	Agencies	Board	Agencies	Board
Right to Dignity and Respect						
Right to Informed Choice and Treatment						
Right to Freedom						
Right to Personal Liberties						
Right to Freely Exercise All Rights						

**Client Rights Categories**

There are 22 rights outlined in Ohio Revised Code and Ohio Administrative Code that apply to consumers receiving public community mental health services. These mental health rights fall into the **following major categories:**

***The Right to Dignity and Respect***

- Dignity, Respect, Autonomy, and Privacy – Right #1
- Service in a Humane Setting with the Greatest Possible Freedom – Right #2

***The Right to Informed Choice and Treatment***

- Information of Current/Suggested Services – Right #3
- Accept or Reject Any Service – Right #4

***The Right to Informed Choice and Treatment (continued)***

- Current, Written, Individualized Service Plan – Right #5
- Active and Informed Participation – Right #6
- Participation in Any Service Even if Other Services are Refused – Right #9
- Advance Notice if Any Services Are to be Discontinued – Right #15
- Clear Explanation of Denial of Any Service – Right #16

***The Right to Freedom***

- Unnecessary Medication – Right #7
- Unnecessary Restraint and Seclusion – Right #8
- Unusual or Dangerous Treatment – Right #10
- Intrusion of One-Way Mirrors, Photographs, Tape Recorders (audio or visual) and Movies - Right #11

***The Right to Personal Liberties***

- Consultation – Right #12
- Confidentiality – Right #13
- Read and Get Copies of Psychiatric, Medical or Other Treatment Records – Right #14
- Non-Discrimination – Right #17
- Know the Cost of Services – Right #18

***The Right To Freely Exercise All Rights***

- Fully Informed of All Rights – Right #19
- Exercise Any and All Rights Without Being Threatened or Punished – Right #20
- File a Grievance – Right #21
- Have Oral and Written Instructions for Filing a Grievance – Right #22