Green Country Behavioral Health Services

ANNUAL
Organizational Plan
&
Performance Improvement Plan

FY2014
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Purpose

This Annual Plan promotes the mission of Green Country Behavioral Health (GCBHS) by establishing a formal, organization-wide system to plan, assess, monitor, and continuously improve outcomes and services. This will be established in the following pages by providing the reader the following:

- An introduction to the agency, with information about our governing structure, mission, and planning processes.
- Annual goals and objectives for our agency and programs
- The Outcomes Management Plan with performance indicators for program evaluation.

This plan is available to GCBHS staff on the internal web site and is available to the public, upon request.

Governing Body

Green Country Behavioral Health is a private non-profit organization. An eight member board of directors maintains fiduciary responsibility for GCBHS. The Board meets statutory and agency regulations as indicated in the agency By-laws. Although GCBHS offers programs directly in the areas of behavioral health and substance abuse, we also serve as grantee for early childhood education programs. Those programs, Head Start and Early Head Start, operate under joint governance through collaborative efforts between the GCBHS Board of Directors and the Muskogee County Head Start Policy Council. The GCBHS Director is hired by the Board of Directors and serves as chief executive officer. The Leadership Team of the agency is comprised of Directors and Officers who are responsible for the fiscal management and overall direction of the agency.

Leadership Summary

Our Leadership Team is comprised of staff with many years of experience in the behavioral health care and early childhood educational fields. Our philosophy revolves around our organization’s tag line, which is; caring people, caring for others. Our perspective is this: we serve our staff, our community, our clients and our industry. We are focused on providing a welcoming environment, free from judgment and based on a belief in recovery and early intervention. Leadership Team meets weekly and generally follows an agenda. However, as situations arise, we make decision informally throughout the week as needed.

Leadership Team

Our leadership team consists of our Chief Financial Officer, Compliance Officer, Head Start Director, Clinical Director, and Information Technology Director. All members of the leadership team, along with the Human Resources Director, report to the Chief Executive Officer. Addendum A is the most current organizational chart, listing agency positions. The tenure of leadership totals more than 100 years of experience with our organization. That history and expertise are invaluable to the success of our organization.

Organizational Structure

The agency’s organizational structure follows a typical tier based structure of leadership, supervisors, and direct care staff. The Head Start structure is based on a “public school” model of administration and various school sites.
Financial Accountability Plan
GCBHS financial projections are based upon conservative forecasts in alignment with the current year’s numbers, both revenue and expenses. The GCBHS Board approves the annual agency budget, within the financial statement for July each year. Finance and other staff follow internal control policies, also approved annually by the agency’s Board of Directors. Certified public accountants Sartain, Fischbein & Company of Tulsa conduct an annual fiscal audit of Green Country Behavioral Health and Muskogee County Head Start funds. Audit reports are presented to the agency’s governing body and approved annually by the GCBHS Board of Directors. It has been our experience, and it continues to be our expectation, that audit results will show no issues of non-compliance and no material weaknesses.

In January 2013, the GCBHS financial software was upgraded to a package used successfully by several other community mental health centers across Oklahoma and nationally. This has been a forward process for GCBHS.

Organizational Needs Assessment/Community Needs Profile
The initial step toward our annual strategic plan, outlined in the next section, is identifying organizational and community needs. This is done through (1) a collection of information from many groups that we serve and (2) through the processing of program outcomes and chart reviews conducted by the GCBHS Performance Improvement (PI) Committee. We conduct quarterly client satisfaction surveys on all GCBHS programs, with the exception of our Crisis Stabilization Unit (CSU). Although CSU client satisfaction surveys are compiled quarterly, they are completed at the time of discharge, so that any identified concerns may be addressed with the client personally, before he or she leaves the unit.

Head Start parents participate in a survey process at least annually, and annual stakeholder surveys are completed by Board and Policy Council members, other community agency staff, and client family members. Additionally, our employees have input through on-going scheduled meetings, such as the GCBHS/Head Start monthly full-staff meeting, weekly clinical staffing, doctors’ staffing and quarterly supervisors’ meetings. Data collected from these sources is compiled and shared with the PI Committee, leadership, and the Board of Directors. PI Committee members utilize this information for changes and/or improvements in our performance and to increase the quality of services to our clients.

A Community Needs Assessment is also conducted periodically. GCBHS has obtained and utilized a Community Profile report during three of the past four years. These reports provide a good overview of the service needs in our county and throughout rural Oklahoma. All of this information is considered during annual strategic planning.
The Strategic Planning Process/Outcomes Reporting
A team of GCBHS staff, including all leadership members, a variety of departmental supervisors, and a representative from the agency’s Performance Improvement Committee, met in April 2013 to conduct a strategic planning session. This process begins with a review of specific documents which contain data collected from our clients, Board and Policy Council members, and other stakeholders. To complete this comprehensive needs assessment, additional data is collected through discussion with staff at routine meetings, staff surveys, and the PICIS system. Because we believe that the best measure of our program success is the satisfaction of our clients, we conduct satisfaction surveys and analyze the results on a quarterly basis. For strategic planning, we also access documents which provide an assessment of the community we serve; this year, our community assessment report was compiled in November 2012.

At year-end, an Annual Report is published which contains performance improvement outcomes and outlines the success of programs. Both the GCBHS Annual Plan and the GCBHS Annual Report are available to staff, the Board, any interested contract agencies, and the general public, upon request.

Specific areas considered throughout our planning process this year included the following:

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In addition, we reviewed and/or revised the following:

**GCBHS Mission statement:** A Mission Statement is a clear and succinct representation of the organization’s purpose. A mission statement is general, and represents all departments within the organization.

**Mission Statement**

*Green Country Behavioral Health strives to create a safe, supportive and welcoming environment where the people we serve can gain the skills and resources necessary to lead self-sufficient, productive lives.*

**GCBHS Vision:** Our Vision Statement outlines what we want to be. It concentrates on the future, and is, hopefully, a source of inspiration for all of our employees. It provides clear decision-making criteria.

**Vision**

*Our vision is to be the team of excellence and leaders in the provision of quality services*

**Values:** Organizational values define the standards that govern the culture of our organization. Without values our employees will adopt values that may not necessarily align with the values of the organization. As we provide services to our clients and interact with each other, GCBHS employees are committed to the following core values:

**Values**

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**Annual Objectives:** Objectives are guideposts that define standards of what our organization should accomplish in areas such as customer service, stewardship, safety etc. Departmental Supervisors and Leadership are able to evaluate performance on a regular basis, based on how well we are moving towards our objectives.

**Goals:** Organizational goals define the desired results that we hope to realize and achieve annually. Our goals should be both long-term and short-term.

**Success Factors:** Critical success factors are key organizational factors that should be addressed if we are to achieve our vision and mission. Critical success factors might include:

- Maintaining quality standards
- Having / Finding needed resources
- Establishing internal and external communication standards
- Establishing cost-effective operations
- Establishing a continuous improvement policy and plan for reviewing and evaluating progress
- Development of a system that documents processes so others can be trained
- Achieving buy-in from all levels of the company, which helps understanding and acceptance through participation
- Establishing a financial plan that ensures enough cash flow and revenue to grow the company effectively
- Developing a plan to deal with downturns should they occur
- Employing systems and administrative policies to enhance employees to do their jobs effectively

**Strategies:** Strategies are created by evaluation of decision within the organization that will enable long-term objectives to be achieved. Strategies may define the resources that are needed to implement the organizational objectives.

**PERFORMANCE IMPROVEMENT**

The Performance Improvement Team is the primary group which provides review and adaptation of functions and processes to increase the probability of achieving desired outcomes to better meet the needs of persons served and to improve the overall quality of services we provide our community. Through collaboration across disciplines and departments, the PI team will identify and prioritize important areas for improvement based on organizational goals and those areas that are high volume, high risk and problem prone. A written report with recommendations will be given to or presented to Leadership, at a minimum, on a quarterly basis.

The PI team will, at a minimum, review and provide analysis in the following:

- Aggregate data collection to be used for trending, and identification of outcomes (for the people we serve as well as agency outcomes).
- Individual cases or events that require a quality improvement review.
- Suggestions & Methods to improve the overall quality of services we provide.

Upon review, the findings and recommendations will be reported to staff members on a need to know basis, with attention to privacy rules.
Performance Improvement Team:
The PI team consists of staff from all clinical departments as well as other essential staff. New clinical staff will rotate attendance in PI throughout their first quarter of employment. Non clinical departments will have a representative attend PI as requested from the chairperson.

The Performance Improvement Chairperson
The PI team is chaired by the Performance Improvement Analyst. She began chairing this committee in April of 2013. Having consistent leadership devoting much of her time to this task will allow our agency to have a concentrated effort directed at overall agency improvement. In addition, the chairperson will, in accordance with national outcome measures:

- Provide guidance and consultation to department heads, staff, and Leadership regarding current best practice information, and
- Monitor reports and meeting minutes from all departments for the assessment of data and status of outcomes, and
- Provide reports to Leadership noting status of improvement measures and outcomes

Goals of Performance Improvement

- Assess and improve clinical, managerial, and support processes to ensure efficiency and effectiveness at the highest level.
- Utilize multidisciplinary approaches for improvement of client care.
- Manage improvement efforts within reasonable limitations of resources and restrictions of regulations and laws.

Objectives Of Performance Improvement

- Provide ongoing education to the organization’s Leadership and staff regarding outcomes and programmatic challenges.
- Prioritize activities that are designed to improve client care.
- Relay communication regarding issues of effectiveness, efficiency, client satisfaction, to the Leadership Team.
- Make recommendations for inclusion in the annual management report.
- Coordinate the collection, management, and analysis of all data needed for quality improvement, and outcomes management.

Performance Improvement Processes

In conjunction with Leadership, departmental supervisors, and committee chairs performance improvement plans will be developed, alongside goals and objectives, which identify and define the scope of care, organizational functions and important processes.

Performance Improvement Activities

PI activities will consist of monitoring for efficiency & effectiveness, at a minimum, the following areas:
- Medical Services
- Clinical (includes both outpatient, CSU, & discharge)
- Human Resources (specific to turnover rates & retention)
- Medical Records
- Information Technology (includes ALL technology – EMR, phones, etc.)
- Data Processing – for efficiency & effectiveness
- Utilization Management – of resources (primarily staff & space, but could include LOS norms)

Methods to assess data will include but are not limited to the following:
- Comparing data trends regarding processes and outcomes over time
- Intensive assessment when undesirable variation in performance occurs
- Single events and patterns/trends that significantly vary from those expected

Analysis of the program will begin with areas that are considered high volume, high risk, and problem prone or have occurred unexpectedly with serious consequences which require a more in-depth analysis. Self-assessment measures (which may be linked to tier measures and NOMS) to assist in determining progress toward agency and programmatic goals will be utilized, when applicable. Some examples of areas that would require root-cause analysis include but are not limited to the following:

- Sentinel events
- Engagement
- Follow-up
- Crisis Services
- Medication errors
- Client injuries
- Staff injuries
- Accessibility
- Trauma Informed Services
- Co-Occurring capabilities
- Wellness Services

**Planning Process for Performance Improvement**
GCBHS recognizes that in order to develop a strong organizational plan, input from persons served, service providers, employees, and the community is a necessary and valuable source of information. The following will be considered in developing performance improvement measures and organizational planning:

- Client surveys
- Employee Surveys
- Stakeholder Input
- Complaints & Grievances
- Critical Incident Reports
- Client Data (demographics and service utilization)
- Performance Improvement Reports
- Financial Reports
- Medication Reports
Areas For Improvement Identified

1. Increase licensed or licensed eligible staff in order to expand service capability to identified resources, such as schools.
2. Increase the number of persons served
3. Increase the number of clinical staff to coincide with increasing our client count.
4. Increase staff competencies in the area of motivational interviewing.
5. Access and retention to services as indicated by an annual “walk through” of the screening and assessment process.
6. Utilize PI reports for more comprehensive analysis of programmatic needs.
7. Increase the use of computer generated reports for trend analysis and NOM identification.
8. Establish protocol for recruitment, retention, and rewarding staff.

PROGRAM EVALUATION

Annual review of the PI program shall include evaluation of the objectives, organization, and effectiveness of the activities to design, measure, assess, and improve the quality of services. This evaluation shall be performed by Leadership Team. Program revisions will be made based on this evaluation.

INFORMATION MANAGEMENT

GCBHS adheres to the mandates of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), State Law 43A, the DMHSAS standards, as well as other regulating agencies. In addition GCBHS follows those mandates requiring stricter regulation of information as prescribed by 42 CFR and 45CFR.

SERVICES

It is expected that all GCBHS programs will welcome adults, children and their families who are in need of assistance due to behavioral health and/or substance abuse issues. Individuals deserve a helpful and appropriate response when seeking assistance from our agency. Services that are culturally relevant, trauma sensitive and evidenced based are paramount to our success. We believe recovery is possible! We are looking for possibilities! Conservatively, we estimate that by June 2014 we will be serving a minimum of 1000 consumers on any given day. In FY12 we provided services to 4,218 people through a variety of contracts. Of that number, we had repeat services with persons “open” in our system to approximately 837 individuals.

The targeted population served by GCBHS is those persons presenting for behavioral health and/or substance abuse concerns. Services are available to all residents of Muskogee and McIntosh counties with priority given to children who are seriously emotionally disturbed, and adults who are seriously mentally
ill. Persons not living in our identified counties are also eligible for services at our facility, upon request. In the adult population, individuals with psychosis who have severe or moderate impairment and those persons being released from inpatient or crisis units are given priority. In addition, persons presenting with substance abuse disorders will be given priority as follows:

- Pregnant, injecting drug users
- Pregnant, substance abusers
- Injecting drug users
- Women with dependent children
- Persons with HIV/AIDS or Hepatitis C

These services shall include the provision of HIV education, training and counseling services for drug dependent persons. This may be accomplished through staff providing basic education and / or referring the person to recognized agencies for the same. The counseling may involve the persons significant others. Referrals to testing and counseling will also be provided to the person.

Outpatient services may include individual, group and / or family therapy. Psychological evaluations and testing may be administered at the agency’s discretion (discretion depends upon staff availability and client status). Clinicians providing this service are licensed mental health professionals, as defined by state standards, with knowledge of co-occurring issues and education and/or training adequate to meet the needs of the target population.

GCBHS core services include:

- Screening, assessment, and referral
- Emergency services, which include crisis intervention, emergency examinations, and emergency detention
- Case management services
- Medication clinic
- Therapy (individual, group, family, & marital)
- Services to homeless individuals
- Psychiatric rehabilitation services
- Peer recovery support services
- Wellness activities and support
- Follow-up services

All clinical program staff is trained in the role trauma plays in the process of recovery. Additional training in culturally competent approaches, client driven services, and co-occurring needs have been obtained by all direct care staff. Behavioral health service plans and arrangements for integrated services will be documented in the client’s record.

**PERFORMANCE IMPROVEMENT OUTCOME MEASURES**

**PROGRAM COMPONENTS**

GCBHS provides a wide array of services to individuals and families, adults and children. Green Country Leadership has always been proud to have a talented, diverse, well trained staff in all of our programs,
ready to meet the needs of our clients and community. In FY2014, the following GCBHS programs will work to meet the needs of our community by meeting the following agency and program goals:

**FY2014 Agency Goals**

To provide effective therapeutic services in a friendly, relaxed and confidential setting. During FY2014, GCBHS staff will continue this mission as well as strive toward the following agency goals:

**Goal 1:** Develop policies & procedures and be utilizing our Health Home by January 2014.
**Objective:** Identify persons needing a health home to meet their physical and mental health needs.
**Objective:** Reduce cost and improve outcomes for persons eligible for health homes by coordinating prevention & wellness services, acute care, and disease management.
**Target Date:** December 2013.
**Responsible Staff:** Health Home Supervisor, Leadership

**Goal 2:** Identify data related to tobacco use, fitness, and nutrition among our clients and staff.
**Objective:** Implement surveys at designated intervals to clients and staff related to their knowledge, attitude, and behaviors related to tobacco, fitness, and nutritional practices.
**Target Date:** Quarterly, beginning 2nd quarter fy2014 through June 2014.
**Responsible Staff:** PI Chair, Leadership team

**Goal 3:** Increase the number of clients and/or staff referred to the Oklahoma Tobacco Helpline by 15% by June 2014.
**Objective:** Identify and remove barriers to access.
**Objective:** Implement Great American Smoke-out Competition to encourage referrals.
**Objective:** Supply clients & staff with health communication materials for waiting rooms, cafeteria, and screening areas.
**Target Date:** June 2014
**Responsible Staff:** All agency staff

**Goal 4:** Train 25% of staff in the provision of Tobacco Cessation, Fitness and Nutrition services by June 2014.
**Objective:** Locate curriculum for Wellness Programs and train staff.
**Target Date:** June 2014
**Responsible Staff:** Leadership, PI Chair

**Goal 5:** Educate all staff in best practices regarding tobacco cessation, fitness and nutrition by June 2014.
**Objective:** Educate staff on ways to incorporate Fitness & Nutrition opportunities for clients and staff into the built environment of our facilities through the Wellness Providers of Excellence and Health Home Networks.
**Target Date:** June 2014
**Responsible Staff:** Health & Wellness Team

**Goal 6:** By June 2015, as an agency we will implement one component from each of the three levels of the CDC Workplace Health Model (Assessment, Planning/Implementation, Evaluation)
**Objective:** Develop policies that encourage physical activity utilizing the CDC Community Strategies & Measurement Guidelines.
Objective: Develop policies that improve nutritional habits of employees utilizing the CDC Community Strategies & Measurement Guidelines.
Target Date: June 2015
Responsible Staff: Leadership, Assigned Staff

Goal 7: Increase the positive perception of treating persons experiencing mental health and/or co-occurring issues with respect and dignity through awareness and understanding of the dynamics of mental illness.
Objectives: Provide education / training opportunities to the general public as requested or as possible.
Target Date: On-going, Review Quarterly
Responsible Staff: Leadership, Other identified staff
Objective: Allow for training to all staff in co-occurring, trauma informed, client centered, culturally competent, and wellness dynamics.
Target Date: On-going, Review Quarterly
Responsible Staff: Leadership, Clinical Director

Goal 8: Recruit and maintain licensed, quality staff for all agency departments and/or programs.
Objective: Provide supervision for licensed eligible staff to assist with licensure and certification requirements.
Target Date: Ongoing
Responsible Staff: Leadership, All Licensed Staff eligible to provide supervision
Objective: Review and compare salary scale to other similar businesses
Target Date: Review Annually
Responsible Staff: Leadership, CEO
Objective: Review and assess current employee benefits
Target Date: October 2013
Responsible Staff: Leadership
Objective: Continue collaboration with area Universities for internship opportunities.
Target Date: Ongoing
Responsible Staff: Leadership, Clinical Director
Objective: Provide opportunities for staff to attend continuing education offerings to increase job skills and Licensure requirements.
Target Date: June 2012
Responsible Staff: Leadership

Goal 9: To be capable across various agency programs using newer technology.
Objectives: Provide for the transition to an electronic health record.
Target Date: On going, Review Semi-annually
Responsible Staff: Leadership, Primarily Information Technology Director

Goal 10: Maintain strong financial stability.
Objectives: Increase Medicaid billing opportunities
Target Date: June 2014
Responsible Staff: Leadership

Objective: Maintain required accreditations and certifications.
Target Date: on-going
Responsible Staff: Leadership, all staff
Objective: Increase DMHSAS ETPS funds through monitoring all measurable outcomes
Target Date: Review quarterly
Responsible Staff: Clinical Director

Objective: Monitor DMHSAS fee-for-service contract utilization for maximum contract revenue
Target Date: Review monthly
Responsible Staff: Clinical Director

Effectiveness Measures
Goal
Clients discharged from GCBHS services will demonstrate improvement in their overall functioning.

Objectives
Persons discharged from services will average a rise in GAF score by at least 5 points.
Persons will report the services they received met their needs.
Persons served will report being better able to cope with problems as a result of services they received.

Efficiency Measures
Goal
Follow-up will occur as soon as possible either of a missed appointment or upon discharge to inquire about services.

Objectives
GCBHS will designate staff to follow-up for missed appointments within 24 hours of the original scheduled appointment.
GCBHS staff will follow-up with clients upon discharge.

Client Satisfaction
Goal
Individuals receiving services from GCBHS will be 100% satisfied with services they receive.
Objective
Persons served will be able to report overall satisfaction with all services received while at GCBHS.

Safety / Environment
Goal
GCBHS will provide a safe environment for its clients, staff and visitors
Objective
GCBHS’ Safety Officer will conduct routine safety drills to ensure staff readiness, to include, fire, tornado, bomb, hostage threats. In addition, Building Monitors in each building will make a written report to the safety officer on a quarterly basis stating the condition of their building and report needed repairs. (Immediate needs are to be reported as they occur to the Operations Manager through our share-point system). The Safety Officer and Operations Manager will provide a written report to the PI Committee on a quarterly basis on each building’s condition.

Human Resources
Goal
All personnel files will be in compliance with all required standards to include competency and training requirements.
Objective
Personnel files will be maintained at 100% of required content.

Information Technology Services
Goal
Maintain the integrity of information stored on the network server. Review the integrity of our catastrophic plan and report annually to the PI Committee.
Objective
A daily back-up will occur of data stored on the network server.

Medical Records
Goal
All clinical files will be maintained in an orderly fashion with easy access to those authorized to use them.
Objective
Medical records will be held to the highest possible standard as compliant with all HIPAA regulations.

Program Specific Information

All clinical staff will continue to have training in the area of crisis intervention theories and application. Licensed staff throughout the organization will continue to have training in the applicable laws with regards to orders of detention. Persons meeting criteria for detention and those experiencing a mental health or substance dependence crisis will take precedence over any scheduled appointment, wherever the person presents.

In addition, the Clinical Director has ultimate responsibility over all clinical programs. Furthermore, the clinical director assists, approves, and provides support to each program supervisor and staff as needed for education, guidance, feedback, and lastly client care.

Community Based Structured Crisis Care
(CSU)

Program Description

The Crisis Stabilization Unit provides crisis intervention, medication stabilization, and medically supervised detox. Services include evaluation, stabilization, therapy (individual, group, & family), rehabilitation, case management, discharge planning, referral, and follow-up services. The unit is accessible 24 hours a day and offers both voluntary and involuntary treatment. Persons admitted to CSU range in age from 18 to approximately 65 years old. Persons older than 65 are closely screened due to the possibility of age related issues. The CSU does not treat persons with dementia or cognitive related illnesses, in addition, alternate placement may be available to those persons old enough to have Medicare benefits. If so, those persons are referred to medically based facilities for proper treatment. Assessments and referrals to appropriate treatment facilities are provided 24 hours a day for those who are under the age of 18.

CSU is staffed 24 hours a day with licensed nurses, clinicians (Bachelors level, and/or Master’s level), psychiatric technicians, and other support staff (a supervisor, administrative assistant, and a cook). The
Crisis Stabilization Unit’s medical consultation services are provided by a board approved, licensed psychiatrist. The current medical director for this facility is Dr. Jeffery McIlroy MD.

**Program Philosophy**

We believe that clients receiving crisis intervention services are best served in the community where they reside. Family and/or other support systems are a vital part of this care, and are more readily available to provide support to their loved ones if they are in the same community or relatively close.

The Crisis Stabilization Unit is a structured psychiatric and medically supervised detoxification program designed to provide sub-acute intervention when necessary. Individuals experiencing a mental health crisis, alcohol and/or drug problem(s), co-occurring concerns, or in need of medication stabilization due to decompensation and/or negative side effects are eligible for this program. Treatment is short-term with an average stay of three to five days. The structured milieu is focused on helping the person return to a pre-crisis state by providing therapeutic intervention, case management, and rehabilitative services. Discharge planning includes referrals to less restrictive settings in the community.

**Admissions Criteria**

- Persons must be 18 and older; and
- Must be medically stable; and
- Must have a mental illness, substance use, or co-occurring disorder diagnosis and at risk of deterioration without intervention;

**Exclusionary Criteria**

- Persons not medically stable;
- Persons that require a higher level of care;
- Anyone under the age of 18;
- Persons currently incarcerated or currently a resident at a nursing facility.

**Access**

Persons may be admitted on a voluntary or involuntary basis. Referrals are accepted through a variety of avenues such as: law enforcement, judicial system, family, other services agencies, clinical staff and self-referral.

**Mission**

The mission of the program is congruent with the agency mission which is:

*Green Country Behavioral Health strives to create a safe, supportive and welcoming environment where the people we serve can gain the skills and resources necessary to lead self-sufficient, productive lives.*
**FY 2014 Goals & Objectives**

**Goal:** To provide the highest quality of care to the greatest number of clients in an efficient & effective manner.

**Objective 1:** To provide best practice interventions in a recovery oriented welcoming environment which will increase positive outcomes and reduce recidivism rates.

**Activities:**
1. The overall level of functioning will increase by, at least 5 points from admit to discharge.
   - Target Date: June 2014
   - Responsible Staff: All staff; discharging clinicians

2. 100% of clients returning to GCBHS for aftercare will receive a follow-up service within seven (7) days of discharge.
   - Target Date: June 2014
   - Responsible Staff: clinicians

3. Less than 25% of clients discharged from CSU that are GCBHS clients will return to the unit within six (6) months.
   - Target Date: December 2013
   - Responsible Staff: all staff

4. 95% of clients will be able to report that they agree, if not strongly agree, that they are able to handle day-to-day living better because of the services they received while on the unit.
   - Target Date: review quarterly
   - Responsible Staff: all staff

5. At least 90% of clients being discharged will be able to identify one method from the Seeking Safety curriculum.
   - Target Date: review quarterly
   - Responsible Staff: clinicians

6. All tobacco using clients will be encouraged to enroll in the cessation program upon discharge.
   - Target Date: December 2013 and June 2014
   - Responsible Staff: all staff

**Objective 2:** Quality outcomes will be measured by length of stay norms as well as operational costs.

**Activities:**
1. Length of stay norms will be maintained at a three (3) to five (5) day stay.
   - Target Date: June 2014
   - Responsible Staff: all staff

2. Ninety five (95)% of clients will report they agree, if not strongly agree, that they would refer a friend or family member to CSU for services.
   - Target Date: review semi-annually
3. Ninety Five (95)% of clients being discharged will be able to report that the staff showed concern and respect for them as a person.
   Target Date: review quarterly
   Responsible Staff: all staff, supervisor review

4. Operating expenses for the unit will decrease by 7% during this fiscal year without compromising client care.
   Target Date: June 2014
   Responsible Staff: supervisor

Goal Attainment

Obviously, we understand the nature of crisis work lends itself to high stress, disappointment, and anxiety. That being said, Green Country Leadership is committed to making a positive impact in the delivery of all of our services. We employ a multi-disciplinary team of individuals with a variety of talents and skills. Staff is taught our “No Wrong Door” philosophy from the beginning of employment and throughout. In addition, a welcoming environment that fosters respect, reverence, and recovery is expected at all levels. Staff is provided training opportunities throughout their tenure to learn about best practices, suicide prevention, seeking safety, motivational interviewing, and a litany of other topics. Staff is expected to be able to demonstrate learning through observation, dialogue, and direct practice. GCBHS’ Clinical Director provides educational opportunities throughout the year.

The nursing staff is educated annually in regards to detoxification and withdrawal signs and symptoms. In addition, they have resources to learn about current practices and trends relative to psychiatric nursing. Clinical staff is currently utilizing Seeking Safety as a curriculum for persons on the unit. Our Clinical Director is able to provide education related to evidenced based interventions and best practice theories.

There is a monthly staffing for ALL staff in which concerns, practices, and opportunities are discussed and agreed upon. Each staff member has specific duties assigned in their daily exchanges with the people we serve. Obviously, due to the nature of this work, we must remain flexible with the routine schedule; however, we have a posted schedule and structured milieu that we make every effort to follow.

We believe, at all levels that where the client is – is where they’re supposed to be. We believe and support the belief that persons seeking treatment for co-occurring services are ready for change, regardless of past treatment or relapses.

Mobile Crisis Services

Program Description

The Adolescent Department serves clients up to age 18 with our mobile crisis team. Persons served may be seen for reasons ranging from social, emotional, or behavioral reasons to substance use / abuse/ dependence concerns and may need intervention or assessment. Clients are referred to the program through school systems, outpatient facilities, private facilities, or any other service provider such as the Department of Human Services or the Office of Juvenile Affairs. Services are provided seven days per week, twenty-four hours per day, 365 days per year. Every attempt will be made to meet the client in an
environment that is closest to their location when the event occurs as long as the environment is deemed safe for all persons involved. The crisis team will respond to all crises in Muskogee within one hour of the initial contact. The team is capable of providing intervention, assessment, referrals, and even therapeutic services in the interim should available outpatient services not be attainable within a week’s time.

Mobile Crisis services are provided by staff with a Master’s Degree in a mental health related program and licensed or currently under supervision to be licensed in the State of Oklahoma (LMHP/LBHP’s).

Program Philosophy

It is the philosophy of the team to make the crisis situation as smooth and simple for the client and their family as possible. With this in mind, the crisis team is capable of responding to multiple locations such as client’s homes, schools, or various sites within the community. The response time will be as short as possible, but within the hour, thus providing prompt services with the hope that the client can maintain until the team arrives. All persons will have access to case management services in order to help them maintain in the community, if possible. Should a client need insight oriented services (individual, group, or family therapy), the mobile crisis team may provide until the persons choice of provider can start treatment.

Admission Criteria

- Persons between the ages of 2 and 18; and
- Medically stable; and
- Influenced by complications with social, emotional, behavioral, academic, financial, or substance related problems.

Exclusionary Criteria

- Over the age of 18;
- Not medically stable;

Access

All children and adolescents, both voluntary and involuntary may be seen for mobile crisis services. Location is dependent upon where the child is as long as it is a safe place.

FY14 Goals & Objectives

Goal: Persons needing this service will be seen by a team member within one hour of initial contact.

Objective 1: To provide the most efficient service in the most confidential manner, the crisis team will travel to the safest location where the child can be seen.

Activities: Mobile crisis team staff will travel to the safest and closest location to where the persons is at least 80% of the time.
Target Date: review quarterly
Responsible Staff: mobile crisis team
Goal Attainment

In order for this service to be attainable it is crucial to have on-going discussions with the various school systems we partner with. School personnel understand the services we provide and how it may help the student remain in the classroom setting. In addition to the school setting, other community partners, such as juvenile justice and the department of human services have also been informed of this service and how we can assist them.

Screening, Assessment, & Referral Services

Program Description

Our Screening, Assessment & Referral Department provides a single point of entry into our agency. Staff is educated as to the dynamics trauma plays in the recovery process. Persons served are welcomed in an empathetic, non-judgmental, and confidential manner. Persons presenting with co-occurring issues, trauma issues, and / or require culturally specific services are screened and given information at this juncture. Staff is trained in the application of the ASI and ASAM criteria. Staff facilitates an atmosphere of welcoming, support and hope as a person initiates treatment. The screening staff will determine eligibility for services based upon clinical need, level of functioning, and income guidelines. If accepted, a tour of the buildings is provided to familiarize clients to our agency.

Once eligibility has been determined through screening, an assessment is completed or scheduled in order to gather comprehensive information and prepare for the individualized behavioral service plan. Persons served are also educated about treatment advocates and are encouraged to bring their advocate with them to assist in the development of the service plan. Each person served is actively involved in determining the direction of his or her treatment. Planning is person-centered, recovery oriented, and goal directed. Clients are linked to a case manager and/or therapist for services. Contact with one of our Peer Recovery Support Specialists (RSS) is available and encouraged throughout the course of treatment for support and advocacy.

No one is turned away from the opportunity to have a screening or crisis services. The screening process determines clinical and financial eligibility. We do not exclude persons from services based on their active substance use or their history of use/abuse.

Screening is available on a walk-in or phone basis, Monday through Friday from 8:00a.m. to 4:00p.m. A 24-hour crisis line is available to assist persons who need immediate assistance after hours. Crisis intervention is available to individuals and/or families who may be experiencing a psychiatric and/or substance abuse crisis. Referrals to other community resources are provided to any persons whose needs are not within our scope of practice or to those who do not meet our eligibility guidelines.

Staff providing Screening will have, at least, a Bachelor’s Degree in a mental health related field (BHRS’). Assessment services are provided by staff with a Master’s Degree in a mental health related program and licensed or currently under supervision to be licensed in the State of Oklahoma (LMHP/LBHP’s). Recovery Services staff have, at a minimum, a high school diploma or GED and have knowledge in the area of mental health and substance use recovery. RSS’ must meet ODMHSAS requirements and are certified through the same.
Program Philosophy

We believe that the first contact is paramount in establishing a partnership with the client. We believe there is “no wrong door” and our goal is to provide services in a welcoming environment, one that fosters a sense of safety, trust, and hope. We believe in providing recovery oriented, trauma informed, and co-occurring services to persons served starting with Screening, Assessment & Referral. Most of all, we believe recovery is possible!

All persons, adults, children or adolescent's, presenting for services will be screened for appropriateness of need. Persons must have a clinical need, be able to benefit from services, and if no payer source – the person must meet indigent criteria as set forth by the ODMHSAS.

We also receive referrals for Employee Assistance counseling from a variety of organizations. A memorandum of understanding (MOU) or contract is in place and approved by the Clinical Director. These services are available as staffing allows.

Admission Criteria

- Medically Stable
- Must have a diagnosable mental illness, substance use, or co-occurring disorder
- Be at risk of deterioration without intervention
- Willingness to be involved in a treatment program

Exclusionary Criteria

- Persons unable to cognitively benefit from services
- Persons not meeting clinical criteria
- Persons not medically stable
- Persons that require a higher level of care
- Persons currently incarcerated or residing in a nursing facility

Access

Persons may walk-in or schedule an appointment for screening. In addition, screening may also take place over the telephone. Furthermore, persons walking-in will be seen by a clinical person this day.

FY14 Goals & Objectives

Goal: To provide services in a welcoming and client-centered environment, in the most timely and efficient manner.

Objective 1: Staff will provide clients with prompt, competent, & recovery-oriented, client driven care.

Activities:

1. To provide recovery-oriented services, at least 90% of our clients will be seen by a PRSS each month.
   Target Date: review quarterly
   Responsible staff, supervisor(s), PI analyst

2. Clients will be able to report they agree, if not strongly agree, that staff showed respect on 95% of satisfaction surveys.
3. In an effort to engage new clients in services, clients will be scheduled for at least 4 services within the first 45 days of screening.
   Target Date: June 2014
   Responsible Staff: assessment supervisor, clinical staff

4. In order to provide efficient linkage to medication, staff will refer and link new clients to medication clinic appointments at the time of screening.
   Target Date: review quarterly
   Responsible Staff: assessment staff; supervisor

5. Clients will be able to report they agree, if not strongly agree, that they would refer, friends and/or family to GCBHS for services on 90% of satisfaction surveys.
   Target Date: quarterly
   Responsible Staff: supervisor, PI team

6. Clients will agree, if not strongly agree, that they services they received had a positive impact on their life at least 90% of the time.
   Target Date: quarterly
   Responsible staff: supervisor, all staff

Children and Family Services

Program Description

The Children and Adolescent Department serves children ages 2-24 and their families. Persons are screened for any social, emotional, or behavioral problem that is causing difficulty for the child in a variety of settings and children who are deemed at risk by any number of referring agents, family, school, physician, and/or another mental health facility.

We serve children who have experienced ongoing abuse, trauma, or neglect through specifically designed sensory interventions addressing their developmental needs. These children are identified through exhibited social, emotional, or behavioral problems, as well as through parental interviews confirming the presence of chronic abuse, trauma, or neglect present in the child’s life. Hours of operation include Monday through Thursday from 8:00 a.m. to 7:00 p.m. and Friday 8:00 a.m. to 6:00 p.m. depending on need. After hours phone calls may be answered by staff on call for emergencies or may be referred to the crisis unit for further assessment. Staff is Licensed Behavioral Health Practitioners or under supervision for licensure (LMHP/LBHP’s), Behavioral Health Rehabilitative Specialists (BHRS’), or Behavioral Health Aides (BHA’s) and may also be case management certified allowing adequate resources to be available to support the needs of those we serve. Clients are seen in confidential settings with staff who are welcoming and non-judgmental.

Program Philosophy

We believe that the first contact is paramount in establishing a partnership with the client. We believe there is “no wrong door” and our goal is to provide services in a welcoming environment, one that fosters
a sense of respect, safety, trust, and hope. We believe in providing recovery oriented, trauma informed, and co-occurring services to children and their families.

Admission Criteria

- Medically Stable
- Must have a diagnosable mental illness, substance use, or co-occurring disorder, and/or
- Evidenced behaviors of academic, peer, social and/or family concerns
- Willingness to be involved in a treatment program

Exclusionary Criteria

- Persons unable to cognitively benefit from services
- Persons not meeting clinical criteria
- Persons not medically stable
- Persons that require a higher level of care

Access

Persons may walk-in or schedule an appointment for screening. In addition, screening may also take place over the telephone. Furthermore, persons walking-in will be seen by a clinical person the same day of their request.

FY2014 Goals & Objectives

Goal: To provide respectful, caring, quality clinical services within our communities, that is strengths based, recovery focused, and trauma informed.

Objective 1: By providing quality care, clients will exhibit improvement in overall daily functioning.

Activities:

1. Children’s services will have at least 30% of clients who show an increase of at least 5 points in their level of functioning prior to discharge.
   Target Date: June 2014
   Responsible Staff: all children’s staff

2. Clients will at least agree, if not strongly agree, that the services they received had a positive impact on their life at least 85% of the time.
   Target Date: review quarterly
   Responsible Staff: all staff

3. Clients will at least agree, if not strongly agree, that children’s services staff seemed to respect them as a person at least 85% of the time.
   Target Date: review quarterly
   Responsible Staff: all staff; supervisor
4. Clients will report they agree, if not strongly agree, that they would refer a friend or family member to children’s services if they were having a problem on 90% of satisfaction surveys.
   Target Date: review quarterly
   Responsible Staff: all staff, supervisor

Objective 2: To provide trauma informed care that includes specialized treatment to address sexual abuse and crisis intervention, that is strengths based, trauma informed, and recovery focused.

Activities:

1. All staff will attend at least one specialized training for the treatment of sexual abuse/crisis services
   Target Date: June 2014
   Responsible Staff: all staff

2. Clients will agree, if not strongly agree, they are better able to cope with crisis at least 85% of the time.
   Target Date: quarterly
   Responsible Staff: all staff

3. Clients that report a history of trauma will report at least a 20% decrease in symptoms during the fiscal year.
   Target Date: 6.30.14
   Responsible Staff: all staff

4. All clients who have a score of 30 or higher in domain 3 on their treatment plan will be scheduled for a T-ASI.
   Target Date: 6.30.14
   Responsible Staff: all staff

5. Outreach will be provided to Head Start Families, Housing Authority, Physician’s offices, and schools.
   Target Date: 6.30.14
   Responsible Staff: all staff

Therapy Services

Program Description

Therapy (which includes co-occurring services) is aimed at improving the client’s individual functioning and/or functioning within the family system through individual / interactive, group, and family therapy.

Eligibility is determined through Screening. However, referrals are also received from Case Management, EAP contractors and/or our treatment partners.

These trauma informed services are based on an understanding of the vulnerabilities and triggers trauma survivors experience so that services can be more therapeutic and avoid re-traumatization. An atmosphere
that is respectful for the need for safety, respect and acceptance, emphasize strengths, highlighting adaptations over symptoms and resilience over pathology is paramount.

Services are available Monday through Friday from 8:00a.m. - 5:00p.m, with a limited number of evening therapy appointments to assist those needing after hour treatment. A 24-hour crisis line is available to assist persons in crisis. Services are provided in a confidential setting as each staff has an office or access to a private room with appropriate space for group activities.

Staff providing Therapy have a Master’s Degree in a mental health related program and they are either licensed or currently under supervision to be licensed in the State of Oklahoma.

**Program Philosophy**

Therapy services emphasize recovery by instilling trust and hope. Services are designed and implemented to support recovery, enhance quality of life, and build resilience and to help the person gain insight into their own recovery. We are person-centered and provide care in an individualized and respectful manner.

**Admission Criteria**

- Medically Stable
- Must have a diagnosable mental illness, substance use, or co-occurring disorder, and/or
- Cognitive capacity to benefit from therapy; and
- Willingness to participate in treatment planning & implementation

**Exclusionary Criteria**

- Persons not medically stable; and/or
- Persons that require a higher level of care; and/or
- Persons who cannot cognitively benefit from and participate in insight oriented treatment; and/or
- Persons living in nursing facilities

**Access**

Persons are referred for therapy services through Assessment. Persons who may be involved in other areas of services may be referred by their primary clinician, case manager, or nurse.

**FY2014 Goals & Objectives**

**Goal:** To provide the highest quality of care to the greatest number of clients one the most efficient budget.

**Objective 1:** To provide evidence-based psychological therapy to persons served in order to promote understanding, hope and recovery.

**Activities:**

1. Clients will report they agree, if not strongly agree, that the staff seemed to respect them as a person on 95% of satisfaction surveys.
   Target Date: review quarterly
   Responsible Staff: all staff, supervisor
2. Clients will at least agree, if not strongly agree, that the services they received had a positive impact on their life at least 90% of the time.
   Target Date: review quarterly
   Responsible Staff: all staff, supervisor

3. Clients will report they agree, if not strongly agree, that they would refer a friend or family member for outpatient treatment if they were having a problem on 90% of satisfaction surveys.
   Target Date: review quarterly
   Responsible Staff: all staff, supervisor

4. In an effort to increase the number of consumers served, staff will provide at least 2 outreach services per week.
   Target Date: 6.30.14
   Responsible Staff: all staff, supervisor

Goal 2: To increase agency competency in regard to working with individuals with Co-occurring disorders by developing clear policies and forms, orientation practices and training practices

Objective 2: To increase competencies of staff to provide co-occurring treatment

Activities:

1. Each clinical employee will attend at least one training specific to enhancing their co-occurring knowledge.
   Target Date: 6.30.14
   Responsible Staff: staff, supervisor(s)

2. Staff will provide outreach within the community at least once per month to ensure that community partners are aware that substance abuse services are available at the agency.
   Target Date: 6.30.14
   Responsible Staff: all staff, supervisor(s)

3. Ensure that the agency continues to have staff trained and available to provide ASI and ASAM assessments.
   Target Date: 6.30.13
   Responsible Staff: supervisor(s)

4. Continue to provide co-occurring assessment and implementation as part of the client orientation packet.
   Target Date: 6.30.14
   Responsible Staff: supervisor(s)

5. Conduct quarterly chart reviews of clients billed under the Substance Abuse contract to ensure that Co-occurring services are being provided appropriately.
   Target Date: quarterly
   Responsible Staff: performance improvement committee

6. At least 50% of clients being seen for substance use will be able to report a reduction in drug use during the next fiscal year.
   Target Date: 6.30.14
   Responsible Staff: all staff
CASE MANAGEMENT SERVICES

Program Description

Case Management services are designed to provide linkage, advocacy and referral to persons served with an emphasis on recovery. The majority of our clients receive case management services. Case managers work to establish resources with the client, to assist the client in identifying natural supports, and advocates for the clients as needed. Intensive case management services are available and are encompassed within our adult case management program.

Staff providing case management services must be certified through the Oklahoma Department of Mental Health and Substance Abuse Services as a Behavioral Health Case Manager. All services are provided in a private, confidential, welcoming, respectful manner.

Children / Adolescent Population

Case Management services are designed and delivered as described above with the inclusion of the family.

Program Philosophy

Case Management services are delivered from a strengths based-perspective with emphasis on recovery. Our aim is to focus on client strengths, rather than their illness, in order to assist them in reaching their goals. Services are client driven and person centered with guidance and support from staff, in an effort to help people maintain their highest level of functioning within their community.

Admission Criteria

- Persons who have already been admitted as clients in our system and need case management services, to include emergent needs.
- Persons who have difficulty obtaining resources on their own or lack the natural supports to obtain such services.

Exclusionary Criteria

- Clients who refuse assistance through the case management program.

Access

Persons enter this program through screening. Persons may also enter this program via referral from other departments within the agency.

FY2014 Goals & Objectives

Goal: To provide the highest quality of care to the greatest number of clients one the most efficient budget.

Objective 1: To promote self-sufficiency in consumers by providing goal-oriented and individualized services.
Activities:

1. Increase the number of home visits provided to clients by 20% during the fiscal year  
   Target Date: 6.30.14  
   Responsible Staff: case managers, supervisor(s)

2. Clients will report they agree, if not strongly agree, that the staff seemed to respect them as a person on 95% of satisfaction surveys.  
   Target Date: quarterly  
   Responsible Staff: all staff

3. Clients will at least agree, if not strongly agree, that the services they received had a positive impact on their life at least 90% of the time.  
   Target Date: review quarterly  
   Responsible Staff: case managers, supervisor(s)

4. By providing smoking cessation, GCBHS will see at least a 25% increase in the number of Quit line Referrals.  
   Target Date: 6.30.14  
   Responsible Staff: case managers, supervisor(s)

5. Clients will report they agree, if not strongly agree, that they would refer a friend or family member for services if they were having a problem on 90% of satisfaction surveys.  
   Target Date: review quarterly  
   Responsible Staff: case managers

6. In an effort to increase the number of clients served, staff will provide at least 2 outreach services per week.  
   Target Date: 6.30.14  
   Responsible Staff: case managers, supervisor(s)

Objective 2: Retain qualified staff who are Recovery-Oriented, Trauma-Informed, Culturally Competent, and Co-Occurring Capable to ensure that clients receive the best care possible.

Activities:

1. To ensure that Case Managers are provided with appropriate developmental tools, the supervisor will provide training at least once a month.  
   Target Date: monthly  
   Responsible Staff: case managers, supervisor(s)

2. In an effort to enhance domestic violence awareness, Case Managers will attend at least one training a year related to domestic Violence.  
   Target Date: 6.30.14  
   Responsible Staff: case managers
3. By providing thorough follow-up care to clients discharged from CSU, the Case Management Department will reduce the recidivism rates to CSU or any other inpatient facility within 180 days by 10%.
   Target Date: 12.30.14
   Responsible Staff: case managers, supervisor(s), CSU staff

4. In an effort to improve the overall wellness of our clients, staff will increase the number of wellness services provided by 25%.
   Target Date: 12.30.14
   Responsible Staff: case managers

**Medication Clinic**

**Program Description**

Medication clinic is offered to persons involved in clinical services. Clients are seen by the medical staff for pharmacological services. Each client is prescribed medications based on diagnosis, severity of symptoms and medical/behavioral health history. During the visit with the medical provider the needs and preferences of the client are addressed.

Medication clinic may be offered five days a week. A walk-in clinic is offered on an “as needed” basis. Clients and their family members attending medication clinic are provided medication education and support by the medication clinic staff.

**Program Philosophy**

Based upon the needs of the clients, all persons screened are eligible for evaluation with the medical provider. We concur with the best practice model that a combination of treatment and medication is proven to be the most effective for success in recovery.

**Admission Criteria**

- Clients involved in clinical services are eligible for the medication clinic.
- Clients who have essentially completed treatment but remain in need of medication management.

**Exclusionary Criteria**

- Clients who refuse evaluation and services through medication clinic will not be seen.

**Access**

Upon screening, clients may be seen in medication clinic.

**FY2014 Goals & Objectives**

**Goal:** To provide medication services to the greatest number of clients, in the most efficient amount of time and within the allocated budget.
Objective 1: Promote Health and Wellness in an effort to increase client awareness.

Activities:

1. Clients without prescription drug coverage or those that cannot afford medications will be linked to the Patient Assistance Program.
   Target Date: 6.30.14
   Responsible Staff: case managers

2. Reduce cost of weekly medication orders by 10% without compromising client care.
   Target Date: 6.30.14
   Responsible Staff: psychiatric staff, med clinic staff

3. New clients will have an appointment to see the medication provider within 14 days of screening.
   Target Date: 6.30.14
   Responsible Staff: med. clinic staff

4. Medication clinic staff will introduce 3 new wellness activities that will be available to clients.
   Target Date: 6.30.14
   Responsible Staff: med. clinic staff

Objective 2: Enhance Med Clinic services to provide a more client-friendly environment.

Activities:

1. Clients will report they agree, if not strongly agree, that they would refer a friend or family members for outpatient treatment if they were having a problem on 90% of satisfaction surveys.
   Target Date: 6.30.14
   Responsible Staff: all staff

2. Clients will report they agree, if not strongly agree, that the Med Clinic staff seemed to respect them as a person on 95% of satisfaction surveys.
   Target Date: 6.30.14
   Responsible Staff: all staff

Transitions Program

Program Description

Systems of Care Transitions program serves clients ages 16-24. Persons served within this program may be enrolled in a school setting, not engaged in school due to behaviors, having dropped out, or having graduated, or are being seen for reasons ranging from social, emotional, or behavioral reasons to substance use/abuse/dependence and academic difficulties. Clients are referred to the program through the school systems, outpatient facilities, private facilities, or any other service provider such as the Department of Human Services or the Office of Juvenile Affairs. These clients are deemed “at-risk” by the system and are found to be in need of assistance in their lives to maintain within their natural environment. Services are provided Monday through Friday with varying hours based on clients’ needs (may be from 8:00 AM
until 8:00 PM and on weekends). Any needs after hours are routed through an agency cell phone carried by staff or routed to the crisis stabilization unit for further assessment, if needed. The Wellness, Recovery, Action, Plan (WRAP) philosophy is an integral aspect of this program.

**Program Philosophy**

It is the philosophy of the transition program to meet clients where they are and assist them in getting stabilized within the community by locating the resources including: educational, housing, medical, financial, and transportation. The aim of this program is to equip these clients with the tools they need in order to live independently as they transition into adulthood.

**Admission Criteria**

- Clients who are referred to the program may be between the ages of 16 and 24. Their families may also be offered services if deemed appropriate.
- Clients may be impacted by problems with social, emotional, behavioral, academic, financial, or substance related problems.
- Clients may need to be involved with at least two systems (such as DHS, behavioral health, medical, education, etc.)

**Exclusionary Criteria**

- Persons not meeting the age requirements
- Community team does not accept referral

**Access**

Persons access this program through a referral from the local Systems of Care Team. However, any person meeting age criteria may be evaluated for this service.

**Goal:** To assist young adults in need of Wraparound Support to obtain the resources necessary to allow for successful integration into the community.

**Objective:** Young adults enrolled in the Transitions Program will become successful functioning members of the adult community.

**Activities:**

1. 80% of families enrolled in Full Wraparound will successfully graduate within 9-14 months of enrollment.
   - Target Date: 6.30.14
   - Responsible Staff: transitions coordinator, FSP, supervisor

2. Clients will report by satisfaction survey they agree, if not strongly agree, that the staff seemed to respect them as a person on 85% of satisfaction surveys.
   - Target Date: review quarterly
   - Responsible Staff: SOC staff, supervisor

3. Clients will report they agree, if not strongly agree, that they would refer a friend or family member to Transitions if they were having a problem on 85% of satisfaction surveys.
4. Clients will at least agree, if not strongly agree, 85% of the time that they are able to handle day-to-day living better because of the services they received with Transitions.
   Target Date: review quarterly
   Responsible Staff: transitions staff

5. The number of days of homelessness for clients enrolled in the Transitions Program will decrease by 25% during the fiscal year.
   Target Date: 6.30.14
   Responsible Staff: transitions staff

6. Transitions Coordinator will successfully complete an application for a Transitional Housing Grant.
   Target Date: 6.30.14
   Responsible Staff: transitions coordinator

**Systems of Care Program**

**Program Description**

Systems of Care serves clients ages 2-17 within this program who are at risk of being placed out of their home for reasons ranging from social, emotional, or behavioral reasons to substance use/abuse/dependence and academic difficulties. Clients are referred to the program through the school systems, outpatient facilities, private facilities, or any other service provider such as the Department of Human Services or the Office of Juvenile Affairs. These clients are deemed “at-risk” by the system and are found to be in need of assistance. Services are provided Monday through Friday with varying hours based on client’s needs (may be from 8:00 AM until 8:00 PM and on weekends). Any needs after hours are routed through an agency cell phone carried by staff or the crisis stabilization unit for further assessment, if needed.

**Program Philosophy**

Systems of Care (SOC) utilizes the wrap-around approach (WRAP) to encircle clients with informal supports in order to assist them in maintaining within their community setting versus being placed outside the home or in a higher level of care. The program is strictly strengths based, family and child centered, and community based. It is SOC’s philosophy to bring the services to the family to strengthen and empower them to maintain without continual community supports.

Persons served within this program will be provided the following services as needed: individual and group services that are either therapeutic or educational in nature; case management services to help them maintain with the community setting; crisis intervention or assessment; family support; and medication clinic.

**Admission Criteria**

- Clients who are referred to the program may fall between the ages of 2 and 17. Their families may also be offered services if deemed appropriate.
- Clients may be impacted by problems with social, emotional, behavioral, academic, financial, or substance related problems.
- Clients may need to be involved with at least two systems (such as DHS, behavioral health, medical, education, etc.) in order to “qualify” for admission to this program.

**Exclusionary Criteria**

- Persons not meeting the age requirements
- Community team does not accept referral

**Access**

Those persons referred through the local referral community team are eligible for this program.

**FY2014 Goals & Objectives**

**Goal:** To assist children families and transitions youth in need of Wraparound Support to obtain the resources necessary to allow for successful integration into the community.

**Objective 1:** Engage the families and youth with assessment development of a care plan and family team with formal and informal supports, to help the families complete their program to graduation

**Activities:**

1. 80% of families enrolled in Full Wraparound will complete 4 program milestones.
   Target Date: 6.30.14
   Responsible Staff: SOC staff

2. 80% of families enrolled in Full Wraparound will successfully graduate within 9-14 months of enrollment.
   Target Date: 6.30.14
   Responsible Staff: SOC staff

3. SOC Staff will meet monthly with Community Partners to maintain professional working relationships and develop supports for consumers.
   Target Date: 1 time a month
   Responsible Staff: SOC staff, community team members

4. Clients will report they agree, if not strongly agree, that they would refer a friend or family member for SOC if they were having a problem on 85% of satisfaction surveys.
   Target Date: review quarterly
   Responsible Staff: SOC staff

5. Clients will at least agree, if not strongly agree, 85% of the time that they are able to handle day-to-day living better because of the services they received with SOC.
   Target Date: review quarterly
   Responsible Staff: SOC staff
6. Clients will report on client survey they agree, if not strongly agree, that the staff seemed to respect them as a person on 85% of satisfaction surveys.
   Target Date: review quarterly
   Responsible Staff: SOC staff

7. Staff will meet required Wraparound Benchmarks for 90% of clients enrolled in Wraparound.
   Target Date: 6.30.14
   Responsible Staff: SOC staff

*Outcome measures for all clinical programs will be evaluated through the following measures and client satisfaction.*

Program goals inherent to **All CLINICAL PROGRAMS** will be to provide the best possible clinical care. Monitoring will be established in the following ways.

**Measures of Effectiveness**

- Clients will report an overall decrease in difficulties as evidenced by an increase in overall GAF/LOF scores of no less than 3 points from the beginning of treatment to discharge.
- Continued education for staff is expected to impact all aspects of treatment including the stigmatization of seeking help, the provider/client relationship, quality of care, and progression in treatment.
- Fewer out of home placements including foster care placements, crisis stabilization units, and long term residential treatment facilities.
- Clients will report increased physical health, improved sleep patterns and an increase in daily functioning.
- A documented decrease in the number of children who have behavioral disciplinary actions from the time of admittance into the counseling program to the time of discharge.
- Provide at least quarterly community outreach by making on-site contacts with possible referral sources/agencies.
- A decrease in the number of individuals reporting continued homelessness and drug use within six months and one year of admission into services.

**Measures of Efficiency**

1. The “wait-time” from screening to assessment will not exceed 5 working days.
2. The “wait-time” from initial contact to treatment will not exceed 14 days.
3. GCBHS will maintain sufficient staff to meet departmental needs.
4. Perspective clients will receive a follow-up for all missed appointments within twenty-four hours.
5. No-show rates will decrease in all departments.
6. Staff turnover will be reduced by 25% in comparison to the previous fiscal year.
7. Staff turnover, due to job dissatisfaction, will encompass less than 15% of all staff turnover.
**Measures of Client Satisfaction**

Responses from our client satisfaction surveys provide valuable information regarding our services; quality, delivery, and impact. We expect no less than 100% satisfaction in the following areas:

1. Clients served were treated with dignity and respect.
2. Clients served were actively involved in decisions about their treatment.
3. Clients served were able to handle day-to-day living better because of the services at Green Country.
4. Clients served would send a friend or family member here for help if they had a problem.
5. Clients will at least agree, if not strongly agree, that CSU services had a positive impact on their life at least 90% of the time.
6. Clients will report they agree, if not strongly agree, that they were treated with respect at CSU on 99% of satisfaction surveys.