

**Greene County Educational Service Center  
Mental Health Services  
Strategic Action Plan - Revised 2023**

Last approved by the Greene County ESC Governing Board: 11/9/2023.

Prepared by Anya Senetra MSW, LISW-S., Director of Mental Health Services and Quality Assurance/Performance Improvement (QA/PI) Committee members: Casey Aldrich, Wendy Wooten, Bethany Finkbeiner, Michele Kattine, Grace Schoessow, Peggy Roesser, Jenn Driver, Jeff Conrad, Melanie Estes & Dawn Carl.

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**Mental Health Services Vision**

*GCESC-MHS envisions a community in which the mental illnesses that impact our children, teens and families are prevented and cured.*

**Mental Health Services Mission**

*Our mission is to support youth and families in maximizing their potential and enhancing their wellness in the natural environments of school, family, and community through advocacy, mental health services, and education.*

**Greene County ESC Vision**

*The Greene County ESC will continue to develop and provide creative, efficient, and customized shared services to our stakeholders. We aspire to create opportunities for innovation in the delivery of services that will benefit students, families, our partners in education, regional organizations and communities.*

**Greene County ESC Mission**

*The mission of the Greene County ESC is to promote widespread success for our students by providing essential, effective, specialized, and innovative services that foster collaborative, valued partnerships amongst all stakeholders.*

**Mental Health Services Core Values**

- Respect for the dignity and worth of all individuals and cultures
- Reduce the suffering and distress of those impacted by mental illness
- Empower persons served to ensure self-determination
- Service provision that is child centered, family driven, and community based
- Collaboration and inclusion of persons served, their families and natural support systems
- Provide intervention at the earliest point of distress
- Strive for excellence and continuous improvement of services
- Remove barriers to access of services
- Advocate for clients needs, rights and services
- Provide scientifically sound and effective clinical practices
- Engage in fiscally accountable, transparent and sustainable business practices

## **Strategic Planning**

The Greene County ESC Mental Health Services fulfills its mission through ongoing strategic planning and improvement of service delivery that is aimed at meeting the following goals:

1. Actively Promote Health, Well-being and Dignity in our Community
2. Enhance Clinical Effectiveness
3. Develop Sustainable Business Practices
4. Ensure a Healthy & Safe Environment for all Stakeholders

The Greene County ESC Mental Health Services strategic planning process involves appraisal of the environment, goal setting, monitoring of goal achievement, recommending enhancements for each of the strategic issues, and implementing those enhancements.

The leadership team, made up of the Director of Mental Health Services, Supervisors, key Administrative Support Staff and direct service staff representatives, are responsible for overseeing the strategic planning and monitoring. The QA/PI committee is the primary vehicle for ensuring the implementation of the strategic goals and initiatives.

## **Methods**

The Greene County ESC Mental Health Services develops, implements and evaluates strategic goals and objectives and outcomes through the following methods:

### **1. Assessment of Need & Agency Capabilities**

The Greene County ESC Mental Health Services' core purpose is developed through an ongoing assessment of the environment. Understanding the needs and preferences of all stakeholders, including persons served, their families, school districts, teachers, staff and other community providers, allows us to map the best direction to take.

Assessing our agency capabilities in meeting the needs of the stakeholders provides leadership the data necessary for enhancing service delivery and business practices through the strategic planning process. The QA/PI Committee is responsible for analyzing the data gathered from service delivery utilization, outcomes, staff and stakeholder input, and environmental assessments to make changes and enhancements to the agency's strategies for fulfilling its mission, minimally on annual basis. The input is used in program planning, performance improvement, strategic planning, organizational advocacy, financial planning, and resource planning.

#### **A. Current Methods for Assessing Stakeholder Needs and Preferences**

1. Input from persons served
  - i. Outcome measures implemented at regular intervals that track changes in functioning, symptom reduction and satisfaction with services
  - ii. Suggestion box

- iii. Complaint & grievance procedures
- iv. DA, ISP preferences
- 2. Input from schools
  - i. District staff and administration satisfaction surveys
  - ii. On-going consultation & collaboration with school staff
  - iii. Annual review of service delivery data with stakeholders
- 3. Input from staff
  - i. Surveys
  - ii. Staff meetings
  - iii. Supervision
- 4. Input from other stakeholders
  - i. Surveys
  - ii. Participation in community initiatives, needs assessments, coalitions & service planning
  - iii. CMT input
  - iv. Suggestion box
- 5. Demographic Assessment
  - i. EHR report analysis
  - ii. community demographic makeup
  - iii. school report cards

#### B. Domains of Agency Capabilities

- Leadership & Governance
- Staff & Human Resources
- Services & Program Structure
- Continuum of Services
- Clinical Practice Guidelines
- Technologies
- Continued Quality Improvement
- Data Collection
- Outcome Performance
- Response to Customer Needs
- QA/PI
- Policy & Procedures
- Marketing
- Decision Making

### **2. Meeting and Exceeding Regulatory Standards**

The Greene County ESC Mental Health Services fulfills its mission by adherence to the standards set forth by the Ohio Department of Mental Health and Addiction Services (OMHAS) and the Commission on Accreditation of Rehabilitation Facilities (CARF). The Mental Health Leadership team ensures adherence to standards through regular review and analysis of requirements and trends in service delivery needs. This team is responsible for ensuring the agency maintains certification and accreditation.

### **3. Commitment to Risk Management**

The Greene County ESC Mental Health Services engages in a coordinated set of activities designed to control threats to persons served, staff members, property, income, goodwill, and ability to accomplish goals. The risk management activities are reflected in the Greene County ESC Mental Health Services Risk Management Plan, Mental Health Policy & Procedure Manual and the Greene County ESC Governing Board Policies.

#### **4. Continuous Performance Improvement**

The Greene County ESC Mental Health Services stays on target with strategic goals through ongoing assessment of performance. The agency's strategies for performance improvement are reflected in the Performance Measurement & Management Plan. Measures of performance include, but are not limited to EHR reports on services & trends, Outcome Measurement and analysis, and Stakeholder Satisfaction Surveys.

#### **5. Use of Technology to Further Goal Achievement**

The Greene County ESC Mental Health Services is committed to using technologies to support and advance its mission and purpose. The agency's strategies related to technology are outlined in the Greene County ESC Technology Plan.

**Mental Health Services Strategic Action Planning Team Members**

**Mental Health Services Leadership Team**

Anya Senetra - Director of Mental Health & Prevention Services

Grace Schoessow - Early Childhood Mental Health Director

Dawn Carl - Mental Health Supervisor

Casey Aldrich - Mental Health Supervisor & QA/PI Database Analyst

Rachel Miller - Prevention Services Supervisor

Bethany Finkbeiner - Billing Manager & Administrative Assistant

Wendy Wooten - Records Control Officer & Administrative Assistant

**2021 Mental Health Services QA/PI Committee**

Anya Senetra

Wendy Wooten

Grace Schoessow

Jeff Conrad

Dawn Carl

Peggy Roesser

Casey Aldrich

Jenn Lawson

Rachel Miller

Michele Kattine

Bethany Finkbeiner

Melanie Estes

**Greene County ESC Superintendent**

Terry Strieter

**Greene County ESC Treasurer**

Chad Hill

**Greene County ESC Technology**

Giles Harrell

**Greene County ESC Learning Center Safety Officer**

Brad Kayata

**Greene County ESC Compliance Officers**

Dr. Amy Baldrige

Brad Kayata

**ESC Mental Health Services Health & Safety Officer, Client Rights Officer,  
Cultural Officer, Corporate Compliance Officer**

Anya Senetra

### Strategic Plan Goals, Objectives & Action Grid

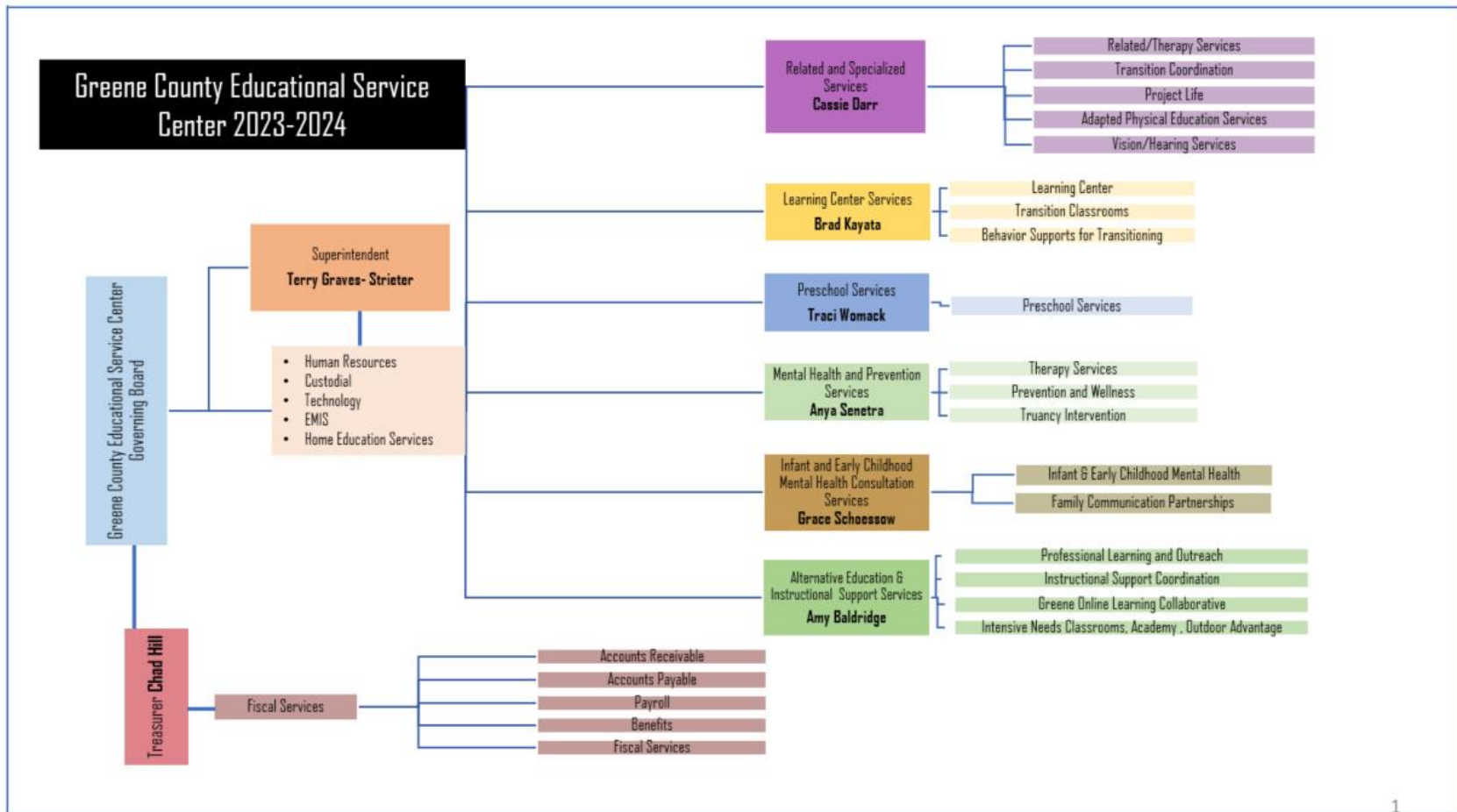
Goal/Objective/ Strategy	Description	Staff Responsible	Initiated	Timeline	Status
<b>Goal I</b>	<b>Promote the mental health and wellbeing of youth in our community.</b>		<b>10/2023</b>		
<b>Objective 1</b>	<b>Expand trauma focused treatment &amp; consultation</b>		<b>10/2021</b>		
Strategy A	Increase staff training specific to screening, assessment and treatment of trauma	L	10/2021	5 years	Over 50% of staff trained
Strategy B	Provide trauma focused training and consultation to gatekeepers and stakeholder organizations	L	10/2021	on-going	JC, CSB & Police Departments being trained
<b>Objective 2</b>	<b>Increase awareness of childhood mental health</b>		<b>2018</b>		
Strategy A	Develop & provide trainings to meet district & community partner needs	L & S	2018	on-going	
Strategy B	Provide on-going consultation to stakeholders to increase identification and support of youth impacted by mental illness	L & S	2018	on-going	Consultation reporting & tracking refined
<b>Objective 3</b>	<b>Embed Cultural Humility, Inclusion &amp; Diversity practices in organizational processes</b>		<b>10/2023</b>		
Strategy A	Provide training opportunities for staff to expand exposure to and understanding of different cultures in service community	L	2018	on-going	Incorporated into Annual Opening Days training
Strategy B	Establish a QA/PI subcommittee to annually assess staff composition & client population in comparison to regional demographics to examine trends in service provision, needs and programming.	L, QA/PI	10/2023	1 year	



<b>Goal II</b>	<b>Enhance clinical effectiveness</b>		<b>2018</b>		
<b>Objective 1</b>	<b>Monitor effectiveness of clinical interventions &amp; approaches</b>		<b>10/2023</b>		
Strategy A	Regularly analyze outcome and service utilization data	L & QA/PI	10/2023	quarterly	
Strategy B	Utilize outcome and service utilization data to refine clinical documentation, interventions and approaches	L, QA/PI & S	10/2023	quarterly	
Strategy C	Increase active family participation in treatment of persons served	L & S	10/2021	ongoing	
<b>Objective 2</b>	<b>Enhance access to services</b>		<b>2018</b>		
Strategy A	Expand consultation and outreach services	L & S	10/2021	on-going	Consultation reporting & tracking refined
Strategy B	Maintain web-based documentation and secure telehealth platforms	L & ESC	10/2021	on-going	Changed telehealth platform to include secure texting
Strategy C	Regularly update & analyze accessibility barriers impacting service delivery & experience	L & QA/PI	10/2021	quarterly	Reported in QA/PI
<b>Goal III</b>	<b>Maintain sustainable business practices</b>		<b>10/2023</b>		Revised
<b>Objective 1</b>	<b>Maintain financial sustainability through refining financial planning &amp; management</b>		<b>10/2021</b>		
Strategy A	Quarterly review/analysis of revenue/expenses, trends, challenges, and opportunities with ESC Treasurer & MH Leadership Team	L & ESC	10/2021 & 10/2023	quarterly	Revised
Strategy B	Quarterly review of billing reports & client records to ensure accuracy	L & QA/PI	10/2021	quarterly	
Strategy C	Quarterly review of potential revenue losses in billing & documentation	L & QA/PI	10/2021	quarterly	

Strategy D	Use Walker Business & Accessibility grid to inform business practices	L & QA/PI	10/2021 & 10/2023	on-going	
Strategy E	Explore and seek grants and endowments	L & QA/PI	2018	on-going	
<b>Objective 2</b>	<b>Ensure policies &amp; procedures reflect service delivery needs, regulatory standards &amp; laws, and agency processes</b>		<b>10/2023</b>		
Strategy A	Create a tracking system for annual policy reviews and revisions.	L & QA/PI	10/2023	1 year	
Strategy B	Annually review policies & procedures to ensure adherence to accrediting & regulatory body changes & appropriate to the needs of persons served.	L & QA/PI	10/2021	annually	
<b>Objective 3</b>	<b>Maintain active processes for strategic planning</b>		<b>10/2021</b>		
Strategy A	Engage in ongoing evaluation of the strategic plan to identify when updates are warranted	L & QA/PI	10/2023	on-going	
Strategy B	Evaluate emergent practices for inclusion in Strategic Plan and accreditation umbrella	S, L & QA/PI	10/2023	on-going	
Strategy C	Build involvement of families & stakeholders in planning and monitoring process	L & QA/PI	10/2021	ongoing	Families added from old Goal II, Obj 4, Str C
<b>Goal IV</b>	<b>Ensure health &amp; safety of staff &amp; persons served</b>				
<b>Objective 1</b>	<b>Maintain healthy &amp; safe work environments</b>		<b>10/2021</b>		
Strategy A	Identify and provide competency-based non-violence de-escalation and crisis intervention training to replace CPI for clinical staff.	L	10/2023	2 years	
Strategy B	Provide competency-based training & practices for staff on potential threats at both the ESC and host facilities	L & QA/PI	10/2023	1 year	

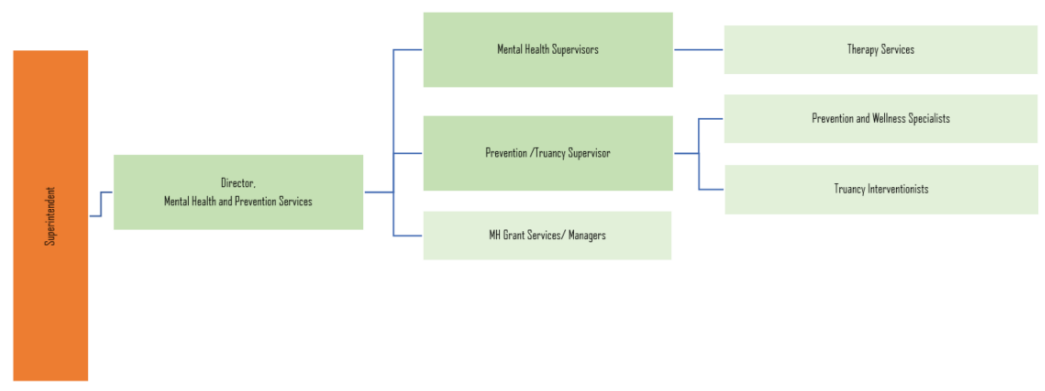
Strategy C	Enhance and expand competency-based training on aftermath protocols and processes at both the ESC and host facilities.	L & ESC	10/2023	2 years	
<b>OBJECTIVE 2</b>	<b>Improve competency-based training &amp; practices to reduce the impact of vicarious trauma and enhance workforce wellness related to secondary trauma and compassion fatigue.</b>	<b>L &amp; QA/PI</b>	<b>10/2023</b>	<b>2 years</b>	
Strategy A	MH leadership training on supervision & organizational secondary trauma	L	10/2023	2 years	
Strategy B	Expand and enhance reflective supervision practices.	L	10/2023	2 years	
Strategy C	Expand opportunities for team building and staff supports	L	10/2023	2 years	
<b>Objective 3</b>	<b>Enhance safety &amp; risk reduction practices</b>		2018		
Strategy A	Review & analyze safety drills, practices and procedures	L & QA/PI	10/2021	quarterly	
Strategy B	Annual staff training on identified risks and emergent safety procedures.	L	10/2023		
<b>Objective 3</b>	<b>Enhance tracking and analysis critical incidents</b>		10/2021		
Strategy A	Review and analyze critical incident data for trends	L & QA/PI	10/2021	quarterly	
Strategy B	Utilize critical incident data to inform health and safety practices	L, AA & QA/PI	10/2021	on-going	
Responsible Staff Key	L = MH Leadership Team; AA = Administrative Assistants S= MH Staff (clinical, prevention, ECMH & prevention) ESC = ESC Leadership Team QA/PI = Quality Assurance & Performance Improvement Team				



July 2023

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**Mental Health and Prevention Department  
2023-2024**



July 2023

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