

**Greene County Educational Service Center
Mental Health Services
Strategic Action Plan - Revised 2024**

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Prepared by Anya Senetra MSW, LISW-S., Director of Mental Health Services & Prevention Services, and Quality Assurance/Performance Improvement (QA/PI) Committee members:

Casey Aldrich, Wendy Wooten, Bethany Finkbeiner, Rachel Miller, Grace Schoessow & Dawn Carl.

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Table of Contents

Description	Page
Mental Health Services Vision	3
Mental Health Services Mission	3
Greene County ESC Vision	3
Greene County ESC Mission	3
Mental Health Services Core Values	3
Strategic Planning Process	4
Strategic Planning Methods	4
Mental Health Services Strategic Planning Team Members	7
Key Staff Roles	7
Strategic Plan Goals, Objectives & Action Grid	8
Organization Map	11

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:

A. 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.

- 1) Current Methods for Assessing Stakeholder Needs and Preferences
 - a) 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
 - b) 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
 - c) Input from staff
 - i) Surveys
 - ii) Staff meetings
 - iii) Supervision
 - d) Input from other stakeholders
 - i) Surveys
 - ii) Participation in community initiatives, needs assessments, coalitions & service planning
 - iii) CMT input
 - e) Demographic Assessment
 - i) EHR report analysis
 - ii) community demographic makeup
 - iii) school report cards
- 2) Domains of Agency Capabilities

<ul style="list-style-type: none"> a) Leadership & Governance b) Staff & Human Resources c) Services & Program Structure d) Continuum of Services e) Clinical Practice Guidelines f) Technologies g) Continued Quality Improvement 	<ul style="list-style-type: none"> h) Data Collection i) Outcome Performance j) Response to Customer Needs k) QA/PI l) Policy & Procedures m) Marketing n) Decision Making
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B. 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.

C. 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.

D. 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.

E. 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

2024 Mental Health Services QA/PI Committee

Anya Senetra	
Grace Schoessow	Amanda Opicka
Dawn Carl	Samantha Perry
Casey Aldrich	Heidi Wade
Rachel Miller	Bess Johnson
Bethany Finkbeiner	Courtney Borgerding
Wendy Wooten	Melanie Estes

Greene County ESC Superintendent

Terry Strieter

Greene County ESC Treasurer

Kasey Mahaffey

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

Wendy Wooten

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
Goal I	Promote the mental health and wellbeing of youth in our community.		10/2023		
Objective 1	Expand trauma focused treatment & consultation		10/2021		
Strategy A	Increase staff training specific to screening, assessment and on-going monitoring of trauma treatment	L	10/2021	5 years	90 % of staff trained in one EBP; Over 50% of staff trained in two or more
Strategy B	Provide trauma focused training and consultation to gatekeepers and stakeholder organizations	L	10/2021	on-going	JC, CSB & Police Departments being trained
Objective 2	Increase awareness of childhood mental health		2018		
Strategy A	Develop & provide trainings to meet district & community partner needs and provide on-going consultation to stakeholders to increase identification and support of youth impacted by mental illness	L & S	2018	on-going	
Objective 3	Embed Cultural Competency practices in organizational processes		10/2023		
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	Goal not met, expend another year, and reevaluate approach

Goal II	Enhance clinical effectiveness		2018		
Objective 1	Monitor effectiveness of clinical interventions & approaches		10/2023		
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	Monitor active family participation in treatment of persons served	L & S	10/2021	ongoing	
Objective 2	Enhance access to services		2018		
Strategy A	Expand consultation and outreach services	L & S	10/2021	on-going	Consultation reporting & tracking refined
Strategy B	Regularly update & analyze accessibility barriers impacting service delivery & experience	L & QA/PI	10/2021	quarterly	Reported in QA/PI
Goal III	Maintain sustainable business practices		10/2023		Revised
Objective 1	Maintain financial sustainability through refining financial planning & management		10/2021		
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 and potential revenue losses in billing & documentation	L & QA/PI	10/2021	quarterly	
Strategy C	Use Walker Business & Accessibility grid to inform business practices and need for additional funding	L & QA/PI	10/2021 & 10/2023	on-going	
Objective 2	Maintain active processes for policy & procedural		10/2021		

	review and integration into strategic planning				
Strategy A	Annually review accreditation & regulatory body policy changes for revision/inclusion in agency policies & procedures and strategic planning	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
Goal IV	Ensure health & safety of staff & persons served				
Objective 1	Maintain healthy & safe work environments		10/2021		
Strategy B	Provide competency-based training & practices for staff on potential threats at both the ESC and host facilities	L & QA/PI	10/2023	On-going	
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	
OBJECTIVE 2	Improve competency-based training & practices to reduce the impact of vicarious trauma and enhance workforce wellness related to secondary trauma and compassion fatigue.	L & QA/PI	10/2023	2 years	
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	
Objective 3	Enhance safety & risk reduction practices		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		
Objective 3	Enhance tracking and analysis critical incidents		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				

Mental Health and Prevention Department
2024-2025

