

**Greene County Educational Service Center  
Mental Health Services  
Strategic Action Plan - Revised 2021**

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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 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
  - Input from persons served
    - i. Parent Satisfaction Surveys
    - ii. Children Satisfaction Surveys

- iii. Suggestion box
- iv. Complaint & grievance procedures
- v. DA, ISP preferences
- Input from schools
  - i. Teacher Satisfaction surveys
  - ii. District Satisfaction surveys
  - iii. On-going consultation & collaboration with school staff
  - iv. Annual review of service delivery data with stakeholders
- Input from staff
  - i. Surveys
  - ii. Staff meetings
  - iii. Supervision
- Input from other stakeholders
  - i. Surveys
  - ii. Participation in community initiatives, needs assessments, coalitions & service planning
  - iii. CMT input
  - iv. Suggestion box
- Demographic Assessment
  - i. EHR report analysis
- Feedback Informed Treatment Outcome Measures

#### 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 meeting and exceeding 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, "Feedback in Treatment" Outcome Measures, 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 Services  
Dawn Tharp & Casey Aldrich - Supervisors  
Amanda Castro - Grants & Special Projects Manager  
Bethany Finkbeiner & Wendy Wooten - Administrative Assistants  
Grace Schoessow - Director, Social Emotional Learning & Development

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

Anya Senetra  
Casey Aldrich  
Bethany Finkbeiner  
Wendy Wooten  
Dawn Tharp  
Jeff Conrad  
Arianne Koon  
Jennifer Mills  
Jenn Lawson  
Amanda Castro

**Record Control Officer**

Wendy Wooten

**Billing Manager**

Bethany Finkbeiner

**Greene County ESC Superintendent**

Terry Strieter

**Greene County ESC Treasurer**

Robert Arledge

**Greene County ESC Technology**

Del Pakar

**Greene County ESC Learning Center Safety Officer**

Brad Kayata

**Greene County ESC Compliance Officers**

Dr. Amy Baldrige

Dr. Kathy Harper

**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	Timeline
<b>Goal I</b>	<b>Actively promote health, well-being and dignity in our community</b>		
Objective 1	Expand trauma focused treatment & consultation		
Strategy A	Increase staff training specific to screening, assessment and treatment of trauma	L	5 years
Strategy B	Vet and incorporate trauma screening and symptom checklists for monitoring incidence and outcomes	L	1 year
Strategy C	Provide trauma focused training and consultation to gatekeepers and stakeholder organizations	L	on-going
Objective 2	Increase awareness of childhood mental health		
Strategy A	Develop & provide trainings to meet district & community partner needs	L & C	on-going
Strategy B	Provide on-going consultation to gatekeepers and stakeholders to increase identification and support of youth impacted by mental illness	L & C	on-going
Objective 3	Increase cultural competency		
Strategy A	Integrate cultural humility and awareness discussions into on-going team and staff meetings	L & C	1 year
Strategy B	Provide training opportunities for staff to expand exposure to and understanding of different cultures in service community	L	on-going
<b>Goal 2</b>	<b>Enhance clinical effectiveness</b>		
Objective 1	Employ clinically effective interventions/approaches		
Strategy A	Evaluate current outcome measures for clinical effectiveness	L, C, QA/PI	1 year
Strategy B	Expand staff understanding & use of impact measures for symptom-specific monitoring and outcomes	L	1 year
Strategy C	Refine process for staff use of safety & support planning with persons served	L & C	1 year
Objective 2	Enhance access to services		
Strategy A	Refine referral processes	L	1 year
Strategy B	Expand consultation and outreach services	L & C	on-going
Strategy C	Maintain web-based documentation and secure telehealth platforms	L & ESC	on-going
Strategy D	Regularly update & analyze accessibility barriers impacting service delivery & experience	L & QA/PI	quarterly



<b>Goal/Objective/ Strategy</b>	<b>Description</b>	<b>Staff Responsible</b>	<b>Timeline</b>
Objective 3	Enhance competency based supervision practices competency based	L	2 years
Strategy A	Tie annual employee goal setting, monitoring and evaluation to clinical competencies	L	on-going
Strategy B	Focus supervision, team meetings & trainings toward enhancing clinically effective interventions	L	on-going
Strategy C	Provide opportunities for competency specific training, supervision & support tied to annual employee goals	L	on-going
Objective 4	Improve family engagement		
Strategy A	Increase active family participation in treatment of persons served	L & C	1 year
Strategy B	Increase family participation in feedback surveys	C	1 year
Strategy C	Increase family participation in Strategic planning process	L & C	2 years
<b>Goal III</b>	<b>Develop streamlined processes that maintain sustainable business practices</b>		
Objective 1	Maintain financial sustainability through refining financial planning & management		
Strategy A	Quarterly review/analysis of revenue/expenses, trends, challenges, and opportunities with ESC Superintendent & Administrative team	L & ESC	quarterly
Strategy B	Quarterly review of billing reports & client records to ensure accuracy	L & QA/PI	quarterly
Strategy C	Quarterly review of potential revenue losses in billing & documentation	L & QA/PI	quarterly
Strategy D	Use accessibility grid to inform business practices	L & QA/PI	on-going
Strategy E	Explore and seek grants and endowments	L & QA/PI	on-going
Objective 2	Refine policy & procedures review & revision process		
Strategy A	Develop policy & procedures to standardize processes for revision and review of policies & procedures	L & QA/PI	6 months
Strategy B	Develop tracking of policy changes and review at least annually	L & AA	
Strategy C	Annually review policies & procedures to ensure adherence to accrediting & regulatory body changes & appropriate to the needs of persons served.	L & QA/PI	annually
Objective 3	Maintain active processes for strategic planning		
Strategy A	Evaluate need for full strategic planning process in 2022	L, ESC, QA/PI	1 year

<b>Goal/Objective/ Strategy</b>	<b>Description</b>	<b>Staff Responsible</b>	<b>Timeline</b>
Strategy B	Evaluate the need for inclusion of emergent practices in Strategic Plan and accreditation umbrella	L, ESC, QA/PI	1 year
Strategy C	Increase involvement of stakeholders in planning and monitoring process	L & QA/PI	2 years
<b>Goal IV</b>	<b>Ensure health &amp; safety of staff &amp; persons served</b>		
Obj 1	Maintain healthy & safe work environments		
Strategy A	Improve physical safety measures in ESC & LC	L, C, QA/PI	2 years
Strategy B	Improve competency-based training & practices for staff targeted towards potential threats	L & ESC	on-going
Obj 2	Enhance safety & risk reduction practices		
Strategy A	Refinement of safety checklists for annual review	L & AA	6 months
Strategy B	Enhance record keeping practices & analysis process for safety practices, reduction of risks, and concern for health and safety of all stakeholders.	L & AA	6 months
Strategy C	Review & analyze safety drills, practices and procedures	L & QA/PI	quarterly
Obj 3	Enhance tracking and analysis critical incidents		
Strategy A	Create consolidated tracking process for reporting critical incidents	L & AA	6 months
Strategy B	Review and analyze critical incident data for trends	L & QA/PI	quarterly
Strategy C	Utilize critical incident data to inform health and safety practices	L, QA/PI, ESC	on-going
Responsible Staff Key	L = MH Leadership Team		
	C = Clinicians		
	ESC = ESC Leadership Team		
	QA/PI = Quality Assurance & Performance Improvement Team		
	AA = Administrative Assistants		

