

III. COMMUNITY PLAN TEMPLATE

FOR COMPLETING THE SFY 2009 COMMUNITY PLAN

Click on box to enter Board name.

BOARD NAME: Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County

A. Mission, Vision and Values Statements. Please provide the Board’s mission, vision and values statements (see Appendix C for planning terms):

Click on gray box to enter text.

MISSION STATEMENT:

The commitment of the Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County in partnership with providers, other social services organizations, the community, and our families is to provide necessary behavioral health care and AOD services. The residents of Putnam County believe in and promote strong family ties. We believe our future is dependent upon the well-being of our families. As their needs are effectively met, individuals and families will develop to their fullest potential and the community will build on the renewed strengths of the residents.

VISION STATEMENT:

Ohioans believe in their families, children, and communities. The best hope for the future is the well-being of Ohio’s families. Ohio will be a place where families can build their heritages and cultures, feel secure in the present and reach for the future. Families will accept responsibility for meeting their needs. Ohioans will develop to their full potential and communities will support and build upon the strengths of their residents. The Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County strives toward this vision at the local level.

VALUES STATEMENT:

The Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County believes in a network of care that makes a difference in peoples’ lives. We believe in the honesty and integrity of our system and the individuals we serve.

“Caring, Wellness, Recovery, Resilience”

B. Description of Current State. Provide a brief narrative that describes relevant information about the Board area in response to the items below:

1.0 Population priorities. Please review information in Appendix E about the Board’s existing MACSIS business rules for covered benefits to service populations. To what extent are the existing business rules aligned with current population and service priorities for non-Medicaid expenditures by the Board?

Click on gray box to enter text.

Boards description of current State:

The Board’s plan is to maintain a behavioral health system where children and adult core services are available to all residents: crisis intervention, medication, diagnostic assessment non-physician, diagnostic assessment physician, individual counseling, group counseling, community support individual, community support group.

Putnam County experienced an extreme disaster in SFY 2008. The Board is concerned and is monitoring behavioral health needs of our community. (Further explanations section 12 “Anything Else”). By providing core services and outreach services we feel our value statement can be achieved. As a result of the disaster the community experienced an increase in behavioral health services. The provider agencies, as the results of the disaster made progress in decreasing stigma and the importance of their commitment to the community. The Board is concerned about disaster recovery and is the community watch dog for behavioral health services.

The Board’s MACSIS business rule identified in Appendix E provides an acceptable community standard for Putnam County.

2.0 Recovery supports. What are some notable achievements and trends for the Board in the area of Recovery supports?

Recovery supports are strategies and services designed to foster empowerment and quality of life for persons with severe mental illness. Best practices include culturally competent services, supported housing, supported employment, consumer operated services, and self help/peer services. Examples of programs include Wellness Management and Recovery, WRAP, Bridges, NAMI Family to Family, Clubhouse. Prevention, consultation, and education (P,C&E) programs that *target persons with severe mental illness* might also be included under the Recovery supports umbrella. An example of a P,C&E program of this nature is the Network of Care web site. P,C&E programs for the general public, however, should be discussed under that section of the outline.

Best Practices in Recovery: Funding source is often a difference between best practices in Recovery support and best clinical practices, with Recovery supports primarily funded as non-Medicaid-reimbursable services.

Click on gray box to enter text.

Best Practices in Recovery:

1. Network of Care.
2. Duluth Model Domestic Violence.
3. Linkages with family physicians, vocational services, access to medication and other community resources.
4. Education to SMI consumers wanting employment, the effects of earned income on benefits. WISE (Work Incentives for Successful Employment) strategies, adult participation ranges from 17 to 25.
5. Consumer centered recovery approaches.
6. Consultation and collaboration with community agencies focused on prevention.
7. Consumer directed individual service plans and treatment objectives.

2.1 Recovery Supports: Housing

Supported Housing is a specific program model in which a consumer lives in a house or apartment or similar setting, alone or with others, and has considerable responsibility for residential maintenance, but receives periodic visits from mental health staff or family for the purpose of monitoring and/or assisting with residential responsibilities. Criteria identified for supported housing include: housing choice, functional separation of housing from service provision, affordability, integration with persons who do not

have mental illness, right to tenure, service choice, service individualization, and service availability. The Mental Health Housing Leadership Institute operated by NAMI Ohio provides consultation and training.

a. Do you offer **supported housing** service?

Click on gray box to select answer.

Yes	2.1.a
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b. If yes, do you have wait lists for **supported housing**?

Click on gray box to select answer.

Yes	2.1.b
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c. With regard to **supported housing**, which of the following categories comes closest to the average wait time for most consumers? *Please select only one response category.*

Click on gray box to indicate "Yes" with an "X."

10 working days or less	Up to 1 month	1-3 mos.	4-6 mos.	7-9 mos.	10-12 mos.	More than One Year	Don't Know /NA	2.1.c
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

d. Of all consumers for whom supported housing would be an appropriate service, how many are currently waiting for **supported housing**?

Click on gray box to enter number.

0 Consumers Waiting	2.1.d
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The **Housing Assistance Program** (HAP) provides temporary rental subsidies and no-interest loans to assist persons with severe mental illness and their families with obtaining permanent, safe, decent and affordable rental housing until a permanent subsidy can be obtained (Section 8 voucher), or until a person's income increases sufficiently so that a rental subsidy is not needed, or until person owns their own home.

e. Do you have wait lists for HAP?

Click on gray box to select answer.

Yes	2.1.e
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f. For most consumers waiting for access to HAP in your area, which of the following categories comes closest to the average wait time? *Please select only one response category.*

Click on gray box to indicate "Yes" with an "X."

10 working days or less	Up to 1 month	1-3 mos.	4-6 mos.	7-9 mos.	10-12 mos.	More than One Year	Don't Know /NA	2.1.f
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

g. Of all consumers for whom HAP is appropriate, how many are currently waiting for access?

Click on gray box to enter number.

1 Consumers Waiting	2.1.g
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Public Housing is defined as housing subsidized by the federal government, such as but not limited to Section 8. People on HAP are likely to be on public housing wait lists, but HAP is not public housing.

h. For most consumers waiting for public housing in your area, which of the following categories comes closest to the average wait access time? *Please select only one response category.*

Click on gray box to indicate "Yes" with an "X".

Up to 1 year	1-2 yrs.	3-4 yrs.	5-6 yrs.	7-8 yrs.	9 yrs. or more	Don't Know /NA	2.1.h
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

i. Of all consumers for whom public housing is appropriate, how many are currently waiting for a place to live?

Click on gray box to enter number.

3 Consumers Waiting	2.1.i
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The **Homeless Housing Status National Outcome Measure (NOM)** reported to SAMHSA by ODMH refers to adults, aged 18+ with severe mental illness (SMI), who have identified themselves as homeless on an administration of the Adult Consumer Survey in the Ohio Outcomes System. For SFY 2007, Ohio reported a Homeless Housing Status NOM to SAMSHA of **2,879** persons with SMI. Board level data for Ohio's SFY 2007 Homeless Housing Status NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

j. To what extent are the Board level data reported in Appendix B for homeless adults with SMI an accurate reflection of the number of such individuals served by the Board in SFY 2007?

Click on gray box to enter text.

No homeless individuals reported at this time.
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j.a. If the Board does not use Outcomes data to estimate number of homeless persons with SMI, what data source does the Board use to plan for services to this population?

Click on gray box to indicate "Yes" with an "X". Indicate all that apply.

<input type="checkbox"/>	Continuum of Care	2.1.ja
<input type="checkbox"/>	PATH	
<input checked="" type="checkbox"/>	BH Mod (Behavioral Health Module)	
<input type="checkbox"/>	HMIS (Homeless Management Information System)	
<input checked="" type="checkbox"/>	Other, please specify: Networking with community resources- CAN groups.	

j.b. If the information in Appendix B is inaccurate, what was the number of homeless persons with SMI served by the Board in SFY 2007?

Click on gray box to enter number.

0 Homeless persons with SMI	2.1.jb
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j.c. Is there anything else important to know about the current state of housing strategies and services in your Board area?

Click on gray box to enter text.

Due to the community disaster (flood) there has been a decrease in rentals. Public Housing Authority in Putnam County does not exist.

2.2 Recovery supports: Employment

The **Employment Status NOM** reported to SAMSHA by ODMH refers to adults, aged 18+ with severe mental illness, who have identified themselves as employed full-time or part-time through an administration of the Adult Consumer Survey in the Ohio Outcomes System. For SFY 2007, Ohio reported an Employment Status NOM to SAMSHA of **24,068** persons with SMI. Board level data for Ohio's SFY 2007 Employment Status NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

a. To what extent are Board level data reported in Appendix B for employed adults with SMI an accurate reflection of the number of such individuals served by the Board in SFY 2007?

Click on gray box to enter text.

It is accurate.

a.a. If the Board does not use Outcomes data to estimate the number of employed persons with SMI, what data source does the Board use to plan for services?

Click on gray box to enter text.

Outcome data is used.	2.2.aa
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a.b. If the information in Appendix B is inaccurate, what was the number of full-time and part-time employed persons with SMI served by the Board in SFY 2007?

Click on gray box to enter number.

12 Employed persons with SMI	2.2.ab
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b. Please describe existing activities related to helping consumers identify, determine, or achieve their employment goals. The continuum of activities may include referral to the Rehabilitation Services Commission (RSC), service planning and coordination through CPST, vocational counseling service, supported employment programs, agency employment of peer support specialists, or any other Board strategies aimed at helping consumers achieve employment goals.

Click on gray box to enter text.

CPST is discussed with all consumers. Education and consultation networks such as Job and Family
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Services, Rehabilitation Services Commission, Workforce Investment Act, Blanchard Valley Rehabilitation. Agency reviews the outcome data to select appropriate networking.

3.0 Resilience supports. What are some notable achievements and trends for the Board in the area of resilience supports?

Resilience supports include strategies for school success, early childhood intervention, transitional living, system of care coordination, wraparound, mentoring, family support and education, and family advocacy. Examples of programs and activities in these areas include Network for School Success, ABC, FAST, Incredible Years, Big Brothers/Big Sisters, Triple P, Family Advocates, NAMI Hand to Hand. Funding source is the major difference between best practices in Resilience support and best clinical practices, with the Resilience support primarily funded as non-Medicaid reimbursable services.

There is overlap between Resilience Supports and Prevention, Consultation, and Education (P,C&E). Boards can discuss programs such as BB/BS, Triple P, Family Advocates, Early Childhood Screening, etc., as a Resilience Support or under the narrative for Section 10: P,C&E.

Click on gray box to enter text.

Resilience supports have been established in the county through collaboration with consumers and referral sources through surveys, discussions with the nine school districts, preschools, private and public and three private schools, the county ESC, and committee work with Family and Children First Council, Healthy Start, Partnership for Success, the Putnam County Health Awareness Committee, the County Courts and probation, and the Social Services Committee. Services designed to strengthen resilience include the Incredible Years (IY), the IY Dinosaur Program, counseling services provided daily at the Alternative Opportunity Center, “How to Be a Better You”, the “Friends” Program, suicide prevention presentations with Dr. Ellen Anderson, WRAP Around services in all nine districts and social skills groups. All services are designed to promote family advocacy and establish resilience supports and prevention strategies.

Resilience Supports are integral services in Putnam County as evidenced by an increase in numbers served in School Based Prevention Services as well as Early Childhood Education and Support Services. Social Skills Training, Incredible Years, DECA Assessments for Early Childhood, WRAP Around Services; promote, prioritize, collaborate, and implement prevention and early intervention services in schools, day care and preschool settings, and primary health care settings, Children's Services, and Help Me Grow Centers. Resiliency Supports are essential to the long term well being of all children and families served.

Several Programs are currently in existence in the area of early childhood intervention. Mental Health consultation service for Head Start has been ongoing for many years. More recent implementation of early childhood intervention includes: The Incredible Years Parenting Program, Cross System training for Early Childhood Staff, Devereux Early Childhood Assessment (DECA), Preschool/Parent Consultation, and 1-2-3 Magic. The Dina Dinosaur Social Skills Program is in the process of being implemented. Collaboration will continue with Putnam County: Job and Family Services, Court Systems, Health Department, Help Me Grow, Children and Family First Council, Partnerships for Success, Head Start, Preschools, Teachers, and Allen & Hancock County Early Childhood Mental Health Consultants.

Supports available to High School students:

Pathways Counseling Center delivers the Putnam Adolescent Response Team for Youth (PARTY) program to high school aged youth within the Putnam County community. Lasting the entire year, this community-based program targets a universal population through both primary and secondary programming. Through community-based process and environmental strategies, youth work directly with community leaders to organize educational seminars, gain information about local and state law and provide a youth perspective on issues regarding drug and alcohol prevention and intervention. Youth provide education to peers and younger children while being positive role-models. With a lack of youth entertainment (no mall, movie theatre, youth facility, etc.), PARTY also works to create alternatives for youth to participate. PARTY is an open group in which all high school students are invited to attend. It is required that those participating in weekly meetings and activities are alcohol and drug free.

Goals:

- 1) Increase resistance skills to high school youth who are currently not using.
- 2) Provide training and education to those youth so they might apply and disseminate that information to others.
- 3) Provide the community coalitions with youth input to assist in environmental strategies.
- 4) Increase number of alternative activities for youth.
- 5) Increase the utility of identified protective factors within the community.
- 6) Decrease risk factors in schools and the community.
- 7) Maintain compliance with ODADAS goals and guidelines.

Strategies: PARTY works to analyze needs assessments and use surveys (e.g. Pride survey) to monitor the consumption of alcohol and the illicit use of drugs in the local schools. PARTY youth synthesize a strategic plan based upon the given information and peer discussions. Meeting weekly, the open group discusses the progress of the current initiatives and plan new awareness campaigns, strength-based peer prevention programs, and drug-free alternative activities for the youth of the community based on results.

Measurable Objectives:

- 1) Maintain youth numbers attending drug-free activities and PARTY meetings and events.
- 2) Continued collaboration with community agencies and school districts.
- 3) Maintain prevention programming in all nine (9) local school districts.
- 4) Customer satisfaction survey.

Discussions/Collaboration: PARTY collaborates with the following agencies to ensure quality, non-duplicated programming to the community: Putnam County Task Force for Youth, Putnam County Task Force Youth Advisory Board, Putnam County Sheriff's Office, Putnam County STAND, Putnam County local schools, and Putnam County Health Department.

Supports available to Jr. High Students:

Pathways Counseling Center delivers the How to Be a Better You program to a universal target population within grades 7 and 8. The program is in collaboration with other social service providers and targets five subject areas over five (5) weeks: anger, suicide/depression, alcohol use/abuse, sexual abstinence, and peer pressure. A sixth (6) session is used to determine the consumers' increase in knowledge about the five subjects. Pathways Counseling Center educates the consumers on alcohol use/abuse and suicide/depression. The alcohol section focuses on the continuum of dependence and the consequences of underage use and abuse. The suicide/depression section increases student awareness to warning signs and ways to get help for both depression and

suicide. Consumers are admitted into the program based upon a request by the school to have the information presented to the classroom. Parents have the option to remove their child from the program for any and all subject areas without repercussion.

Goals:

- 1) Increase knowledge about social, psychological, and physical dependence to alcohol.
- 2) Increase knowledge regarding the continuum of use of alcohol.
- 3) Increase knowledge regarding warning signs of suicide and depression.
- 4) Increase skills for requesting help regarding suicide or depression.
- 5) Maintain compliance with ODADAS goals and guidelines.

Strategies: Prevention staff present education using research-based materials and structured curriculum and presentation over six weeks. The service is presented within the consumer's classroom.

Measurable Objectives:

- 1) Maintain program in all local and private schools in Putnam County.
- 2) Customer satisfaction survey.

Discussions/Collaborations: This program is a collaborative effort between Pathways Counseling Center, Putnam Educational Service Center, Project Respect, and the local school districts.

Supports for the Elementary Students:

Pathways Counseling Center delivers the Friends program to a universal target population within grades 1 - 6. The program targets a variety of subject areas, with an overall goal to increase socialization and the acceptance of difference, while decreasing barriers between students and incidences of bullying. These areas are 1) friendship, 2) peer pressure, 3) anger, 4) cultural diversity, 5) family, 6) feelings, 7) healthy choices, 8) bullying, 9) character building, and 10) conflict resolution. Schools must decide what areas they would like to be presented, which grades will participate, and how often each group will meet. A final session is used to monitor the amount of information gained by the consumer. Consumers are admitted into the program based upon a request by the school to have the information presented to the classroom. Parents have the option to remove their child from the program for any and all subject areas with out repercussion.

Goals: Based on topics each school elects

- 1) Increase knowledge about positive and negative qualities of friendship.
- 2) Increase resistance to negative peer pressure and unhealthy choices.
- 3) Increase skills for anger management.
- 4) Increase acceptance of differences among students.
- 5) Increase socialization among students.
- 6) Increase resiliency and character skills in students.
- 7) Decrease bullying.
- 8) Maintain compliance with ODADAS goals and guidelines.

Strategies: Prevention staff present education using research-based materials and structured curriculum and presentation over six weeks. The service is presented within the consumer's classroom.

Measurable Objectives:

- 1) Maintain collaboration with local school districts.
- 2) Customer satisfaction survey.

Discussions/Collaboration: The FRIENDS program is a collaboration between Pathways Counseling Center and local school districts in Putnam County. This was once a program for 4 – 6 grade students and in 2006/2007 was broadened to include grades 1-6, based on school input and requests.

3.1 Resilience supports: School Suspension and Expulsion NOM

The **School Suspension and Expulsion NOM** reported to SAMSHA by ODMH refers to children and adolescents, aged 18 or less, with serious emotional disturbance (SED), who have been identified as having been suspended or expelled from school through administration of a survey in the Ohio Outcomes System. For SFY 2007, Ohio reported a School Suspension and Expulsion NOM to SAMSHA of **8,187** persons with SED. Board level data for Ohio’s SFY 2007 School Suspension and Expulsion NOM is found in Appendix B. (Syntax for calculation of this NOM can be obtained from the Community Plan website.)

- a. To what extent Board-level data reported in Appendix B for school attendance an accurate reflection of the number of such individuals served by the Board in SFY 2007?

Click on gray box to enter text.

The Board believes that this number is not accurate reflection of such individuals served by the Board SFY 2007.

After consulting with the superintendent of the Educational Service Center and after reviewing consumer rosters for provider agencies, the Board feels the statistics in Appendix B are inaccurate. The number of suspensions and expulsions reported in Appendix B would be closer to the number of total suspensions and expulsions in the entire Board area.

- a.a. If the Board does not use Outcomes data to estimate school suspensions and expulsions among children and adolescents with SED served in your area, what data source does the Board use to plan for services that support school success?

Click on gray box to enter text.

The Board and provider agencies use information from the monthly Family Coordination meetings to plan for services that support school success. Members include Family and Children First Council, Job and Family Services, mental health providers, representatives from the judicial system, Educational Service Center representatives, and WRAP Around coordinator. Information concerning SED and all students needing services, whether suspended or expelled, is provided by the Educational Service Center or home school.

3.1.aa

- a.b. If the information in Appendix B is inaccurate, what was the number of persons with SED served by the Board in SFY 2007 who were suspended or expelled?

Click on gray box to enter number.

5	3.1.ab
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4. Inpatient Care

Please complete the table below for the past two fiscal years. *See Appendix F for past Board purchased state hospital bed days and admissions. These data are included to help complete the public portion of this table.*

a. Inpatient Care

Click on gray boxes to enter numbers.

Board Purchased Inpatient Care	FY 06 Bed Days	FY 07 Bed Days	FY 06 Admissions	FY 07 Admissions	4.a
State Hospitals	170	233	12	5	
Private Psychiatric Hospitals: Adults	0	0	0	0	
Private Psychiatric Hospitals: C&A	0	0	0	0	

b.a. Please describe how the provision of Board purchased inpatient care occurs in your Board area. What is the nature of the relationship between the Board and private hospitals?

Click on gray box to enter text.

The Board does not purchase inpatient bed days with private hospitals. The Board plans for an allotment of state hospital days yearly. The Board establishes a reasonable “purchase” of state hospital “inpatient” bed days. Currently the Board has informally requested inclusion into the Hancock County Blanchard Valley Hospital Collaboration. This request has not been officially responded to at this time.	4.ba
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b.b. Do you have a continuity of care agreement with your designated state hospital?

Click on gray box to select answer

Yes	4.bb
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5. Residential Treatment Centers (RTCs).

a. During SFY 2007, how many children and adolescents (C&A) from the Board area were funded for mental health services while living in a residential treatment facility?

Click on gray box to enter number.

0 C&A Consumers in SFY 2007	5.a
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b. How many children and adolescents from the Board area were placed in RTCs located outside of your service area in a 12-month period?

Click on gray box to enter number.

0C&A Consumers place out of county in SFY 07	5.b
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c. How many of the C&A consumers identified above involved Board participation in the placement decision?

Click on gray box to enter number.

0 Out of county placements involved the Board	5.c
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d. For SFY 2007, how would you describe the local trend in placements at Residential Treatment Centers? *Please select only one answer.*

Click on gray box to indicate "Yes" with an "X."

Use is increasing	Use is about the same	Use is decreasing	5.d
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

e. How does the Board understand the trend in RTC placements indicated above?

Click on gray box to enter text.

The Board views the trend in RTC placement as stable. Since the implementation of the WRAP Around Program, RTC placements have been reduced. WRAP Around is collaboration between mental health, the schools, Family and Children First Council, Job and Family Services, the courts, and probation designed to reduce out of home placements in youth. Over the past three years, there has been a reduction for all of the above entities. The Board sees this as continuing.	5.e
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6. Crisis/Emergency Care.

a. 1. Access & Capacity. For each of the following emergency services that are available in the Board area, please indicate "Yes" with an "X."

Click on gray box to indicate "Yes" with an "X."

Service Area	Service Available?	6.a.1
24/7 Hotline	<input checked="" type="checkbox"/>	
Warm Line	<input type="checkbox"/>	
Adult Consumers		
24/7 On-Call Staffing by Psychiatrists	<input type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input type="checkbox"/>	
Crisis Care Facility	<input checked="" type="checkbox"/>	
Hospital Emergency Department with Psychiatric Staff	<input type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input checked="" type="checkbox"/>	
Respite Beds	<input type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input checked="" type="checkbox"/>	
Other (Please Specify):	<input type="checkbox"/>	
Child & Adolescent Consumers		
24/7 On-Call Staffing by Psychiatrists	<input type="checkbox"/>	
24/7 On-Call Staffing by Clinical Supervisors	<input type="checkbox"/>	
24/7 On-Call Staffing by Case Managers	<input checked="" type="checkbox"/>	
Mobile Response Team	<input type="checkbox"/>	
Crisis Care Facility	<input checked="" type="checkbox"/>	
Hospital Emergency Department with Psychiatric Staff	<input checked="" type="checkbox"/>	
Hospital contract for Crisis Observation Beds	<input type="checkbox"/>	
Respite Beds	<input type="checkbox"/>	
Transportation Service to Hospital or Crisis Care Facility	<input checked="" type="checkbox"/>	
Other (Please Specify):Hospital access to crisis observation beds		

a.2. Crisis Bed Days. If the Board contracts for crisis beds, please indicate utilization for Adults and Children & Adolescents in SFY 2006 and SFY 2007:

Click on gray box to enter number.

	SFY 06 Crisis Bed Days	SFY 07 Crisis Bed Days	6.a.2
Adults	0	0	
Children & Adolescents	0	0	

b. Discuss achievements and trends in crisis care services that have been areas of focus for the Board.

Click on gray box to enter text.

Pathways and First Call for Help maintain regular communication and evaluation of protocols specific to the admission process to Northcoast (NBH-Toledo) from the community when necessary. Pathways routinely meets with other community partners i.e.: law enforcement, probate court, physician groups and local emergency room staff, to improve crisis protocols that streamline the crisis identification thru hospitalization

admission process. Also to improve discharge referrals for continuity of care. Crisis assessments and procedures are reviewed at clinical staff meetings.

c. Crisis and Emergency Initiatives. Briefly describe achievements and trends in the following areas:

1. Police Coordination/CIT

Click on gray box to enter text.

The Board has provided CIT training opportunities through NAMI and has an open invitation to law enforcement in the county to request this training. Some training opportunities have been in conjunction with neighboring counties due to the difficulty in freeing enough officers for a one county training. These trainings are open to all persons associated with police related activities. Trainings have also been offered to attorneys, court house employees, school personnel and probation officers. Annual meetings are held with the county sheriff, the courts, and probation. Additional meetings are scheduled at the request of the either the Board, provider agency or the law enforcement entity. Needs, changes and programs are cooperatively developed among all parties. Services provided include “in jail” services to inmates at no cost to the jail. Currently, sixteen (16) of the forty (40) inmates attend this program.

Additional programming has been provided to law enforcement through a locally funded suicide prevention task force. “Understanding Mental Illness and Responding to Suicide in the Criminal Justice System” has been available to all local law enforcement and related positions. This program was presented by Dr. Ellen Anderson, who designed Suicide Prevention Strategies for the State of Ohio. “Working with People with Mental Illness in the Criminal justice System” is another program that has been offered to law enforcement and related positions. This program was offered through NAMI-Ohio.

All of these programs and trainings have been made available to appropriate personnel in neighboring counties. These programs will be available in the future for those unable to attend previous sessions, new employees, and those wishing a review.

2. Disaster Preparedness

Click on gray box to enter text.

The vast majority of Board staff and provider agency staff have participated in the Disaster Preparedness Crisis Counseling Training offered by the State of Ohio. The provider agency participates in the Putnam County Emergency Preparedness Committee, a committee of agencies that will be called upon during a disaster. This committee is under the leadership of the Putnam County Office of Public Safety and the Putnam County Health Department. Both county and village representatives participate on this committee. The provider agency has staff trained in Disaster Protocol through ODMH and staff trained in Crisis Communications through the Public Information Officers of Northwest Ohio and Bowling Green State University.

Proof of disaster preparedness came in August of 2007 when Putnam County was the victim of the worst flooding since 1913. Over 900 people were evacuated from their homes, the entire Ottawa downtown business district was flooded, and many jobs were lost. The Board and provider agency was contacted by National Red Cross and asked for disaster mental health services in the local Red Cross Shelter. This call came after the Board had already

dispatched clinicians to the shelter. Clinicians were also on site prior to the call from ODMH asking if a plan was in place for crisis counseling.

What are your estimates of staff for the following areas?

Click on gray box to enter number.

	Local Disaster Response	Statewide Disaster Response	6.c.2
Trained	21	21	
Currently Available	15	15	

3. School Response, including prevention, consultation and education:

- a. Universities & Colleges
- b. Secondary and Primary Schools

Click on gray box to enter text.

a) College/University
 Although there are no colleges or universities located in Putnam County, there are classes held in the Educational Service Center by several schools. If assistance or services were required, they would be offered as needed. One example of a recent situation took place in the spring of 2007. Bluffton University's baseball team was involved in a deadly bus accident in Georgia. The Board and provider agency offered assistance to the college in counseling students or whatever help they needed. Since most of the students had already left the school for spring break, school counselors and Allen County providers were able to handle the situation.

b) Primary/Secondary
 The Board and provider agency are very active in prevention, education, and consultation services with primary and secondary schools. As mentioned in (3.0) Resilience Supports, programs, collaboration, and services to primary and secondary schools, students, staff, and parents are numerous. Assistance in crisis situations is handled by offering services to the school. Recently, the Board became aware of an accident involving four county students. The provider agency contacted the school involved and offered assistance.

Daily counseling at the AOC and sponsorship of a Teen Group based on abstinence are examples of the WRAP Around extensive education programs offered to primary and secondary schools. The Board is involved in the Regional Risk in Education Seminar and a co-sponsor of the suicide prevention seminar offered in August 2008.

7. Outpatient Services.

- a. **Intensive Care.** For each of the following services that are available in the Board area, please mark (X) under the column indicating approximately how many working days(wd) adult consumers wait for admission. The forms below allow you to report wait times for up to three providers of a service or program.

Please use the “Snap Shot in Time” Methodology for determining Wait Times. During the month of January, ask providers to answer the following question: “Assuming the individual is not in crisis, how many days from today can you schedule an appointment for the following service?”

a.1. Adult Intensive Care

Click on gray box to indicate “Yes” with an “X.” Additional rows of wait time allow you to report known wait lengths for up to three providers of a service or program.

Service Area	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.a.1
ACT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type I	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
PH Program Type II	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive Pharm. Mgt	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Intensive CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

a.2. Which intensive outpatient services for adults have been area(s) of focus for the Board? *If an agency uses a triage system to schedule services, please discuss the Board’s oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that are a current area of focus.

Click on gray box to enter text.

Pathways' CPST coordinator works with NBH-Toledo treatment team for discharge planning, referral to supportive living services (CPST intensive in-home services) and ongoing communication and clinical review, coordinates services with Pharmacological management and outpatient counseling services. Access to CPST is immediate for consumers admitted to NBH-Toledo if not currently a Pathways' client. Capacity per SLS-intensive CPST is limited by funding availability.

a.3. Child & Adolescent Intensive Care

Click on gray box to indicate “Yes” with an “X.” Additional rows of wait time allow you to report known wait lengths for up to three providers of a service or program.

Service Area	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.a.3

IHBT / MST	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PH Program Type I (Time limited)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PH Prgm. Type II (School-based)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PH Prgm.Type III	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapeutic Pre-School (PH)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intensive Pharm. Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functional Family Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

a.4. Which intensive outpatient services for children and adolescents have been area(s) of focus in the Board’s current planning? *If an agency uses a triage system to schedule services, please discuss the Board’s oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that are a current are of focus.

Click on gray box to enter text.

N/A

b. Routine Outpatient Care. For each of the following services that are available in the Board area, please mark (X) under the column indicating approximately how many working days adult consumers wait for admission. The forms blow allow you to report wait times for up to four providers of a service or program.

Please use the “Snap Shot in Time” Methodology for determining Wait Times. During the month of January, ask providers to answer the following question: “Assuming the individual is not in crisis, how many days from today can you schedule an appointment for the following service?”

b.1. Adult Routine Outpatient Care

Click on gray box to indicate “Yes” with an “X.” Additional rows of wait time allow you to report known wait lengths for up to four providers of a service or program.

Service	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.b.1
Diagnostic Assessment -- Physician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Diagnostic Assessment – Non-Physician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pharm. Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Counseling/ Psychotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

b.2. Which routine outpatient services for adults have been area(s) of focus for the Board? *If an agency uses a triage system to schedule services, please discuss the Board’s oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that have been an area of focus.

Click on gray box to enter text.

Through the use of anonymous client satisfaction surveys, we are able to measure access to all routine, outpatient services. We gathered data on the following questions: Were you able to schedule an appointment in a timely manner? Were appointments made at times convenient to you? Were rescheduled appointments completed in a timely manner? We also addressed the issue of special requests where a client or potential client asked for a certain clinician or day and time when another clinician or time could be provided more expediently.

The directors of outpatient services established 80% as the target goal where 80% or more clients would answer the above questions favorably. The End Of Year Outcomes Report showed that 99% or more clients reported favorably to the questions. This is an example of consistent and clear communication and diligence by the service staff and their supporting members.

The Board also uses the Outcomes Data Mart to establish inferences about clients’ perception of their Quality of Life, friendship, financial status, freedom, and relationships. While the Outcomes Data Mart is unable to produce trends on a per-client basis, it can be used to compare service trends from year to year. The next Outcomes report is due in March of 2008. With that report, we can compare service trends between calendar year 2006 to calendar year 2007. We will use the data to guide our quality improvement efforts.

Another area of focus is the maintenance of excellent pharmacological services. Due to a shortage of

psychiatrists in our rural area, finding a physician to provide services in our county has proven to be difficult. We worked with a nearby hospital and eventually contracted with them to provide coverage for our pharmacological program. This effort helped enhance continuity of care for the people we serve.

The Board has been working with provider agencies to secure the services of additional psychiatric services. As evidenced by surrounding Boards' efforts and needs, this is a common problem in Northwest Ohio.

The Board's efforts have centered on collaboration with Hancock County. The Provider Agency has been successful with Blanchard Valley Health Associates (Hancock County) in securing the contract services of a psychiatrist. Contacts have been made with Defiance County, but the need for an additional doctor does not exist at this time. Future efforts will center on Allen and Van Wert Counties.

b.3. Child & Adolescent Routine Outpatient Care

Click on gray box to indicate "Yes" with an "X." Additional rows of wait time allow you to report known wait lengths for up to four providers of a service or program.

Click on gray box to enter text.

Service	Service Available?	Don't Know /NA	Up to 10 wd	11 to 15 wd	16 to 20 wd	21 to 30 wd	31 to 60 wd	61 to 90 wd	91 wd or more	7.b.3
Diagnostic Assessment -- Physician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Diagnostic Assessment – Non-Physician	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Pharm. Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Counseling/Psychotherapy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CPST	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

b.4. Which routine outpatient services for children have been area(s) of focus for the Board? *If an agency uses a triage system to schedule services, please discuss the Board's oversight role in planning and delivery of triaged services.* Discuss access, capacity, and quality improvement achievements and trends in service areas that have been an area of focus.

Click on gray box to enter text.

Through the use of anonymous client satisfaction surveys, we are able to measure access to all routine, outpatient services. We gathered data on the following questions: Were you able to schedule an appointment in a timely manner? Were appointments made at times convenient to you? Were rescheduled appointments completed in a timely manner? We also addressed the issue of special requests where a client or potential client asked for a certain clinician or day and time when another clinician or time could be provided more expediently.

The directors of outpatient services established 80% as the target goal where 80% or more clients would answer the above questions favorably. The End Of Year Outcomes Report showed that 99% or more clients reported favorably to the questions. This is an example of consistent and clear communication and diligence by the service staff and their supporting members.

We also measured service effectiveness in two main areas: functioning (how well a child is functioning in the day-to-day activities) and problem severity (client's perception of how behavior and attitude negatively affect their functioning in day-to-day activities). The data from the Ohio Outcomes instruments are used.

In both areas, children and their parents reported positive changes. Over time, functioning improved and negative symptoms decreased. While the data from the Outcomes Data Mart cannot be used for per-client comparisons, it is useful in determining year to year trends. The Outcomes Report for

calendar year 2007 will be finished in March of 2008. We will then compare trends from calendar year 2006 to calendar year 2007.

The Board has been working with provider agencies to secure the services of additional psychiatric services. As evidenced by surrounding Boards' efforts and needs, this is a common problem in Northwest Ohio.

The Board's efforts have centered on the collobartion with Hancock County. The Provider Agency has been successful with Blanchard Valley Health Associates (Hancock County) in securing the contract services of a psychiatrist. Contacts have been made with Defiance County, but the need for an additional doctor does not exist at this time. Future efforts will center on Allen and Van Wert Counties.

c. Best Clinical Practices. (See Appendix C for definition and examples.) What, if any, Best Clinical Practices for Adults and/or Children and Adolescents have been area(s) of focus for the Board? Briefly discuss achievements and trends in these areas.

Click on gray box to enter text.

The clinical team endorses the Cognitive Behavioral approach to treatment. Social Skills Groups are provided to children with behavioral problems in the classroom. WRAP Around Services and other strengths-based approaches promote family unity and client success.

Clinicians also use the Duluth Model to deal with perpetrators of Domestic Violence. This group-based approach enhances the participant's awareness of abuse and provides resources useful in ending the cycle of abuse. Domestic Violence victims are counseled using Moving Beyond Program. information provided through CCOE (Coordinating Centers of Excellence).*

8. Staff Capacity & Workforce Development.

a. How many of the following staff positions for adults were budgeted (047) in the Board area during SFY 2007?

Click on gray boxes to enter number of FTEs.

Pharm. Management Practitioner FTEs:*	0.36	8.a
CPST FTEs:	4.88	
Counselor/Therapist FTEs:	1.28	

*Includes Advanced Nurse Practitioners with prescriptive authority.

b. How many of the following positions for child and adolescent consumers were budgeted (047) in the Board area during SFY 2007?

Click on gray boxes to enter number of FTEs.

Pharm. Management Practitioner FTEs:*	0.13	8.b
CPST FTEs:	1.42	
Counselor/Therapist FTEs:	1.16	

*Includes Advanced Nurse Practitioners with prescriptive authority.

c. Please describe any areas of focus for the Board regarding **workforce development**. For help with framing a response on this topic, Boards are encouraged to review Appendix G: *An Action Plan for Behavior Health Workforce Development* from the Annapolis Coalition.

Click on gray box to enter text.

In cooperation with provider agencies, the Board has promoted Workforce Development in numerous ways. Current staff is provided in-service locally, regionally and statewide. Paid leave and tuition/registration/expenses reimbursement is provided for applicable training. Fair compensation practices have been a part of the strategic plan of the provider agency for the past three years. This is supported by the Board. In addition, salary increases are offered for additional education and licenses achieved by current employees. This allows the provider agency to diversify and meet changing needs with current employees. These practices have contributed to a stable workforce. The only new hire in the provider agency during the past year was due to a retirement. Expanding the area for advertising open positions was instituted three years ago. This expansion in advertising has lead to a somewhat larger number of applications being received for open positions. An area of concern is the lack of applications received from minority candidates and the shortage of licensed clinicians wanting to practice in Northwest Ohio. The Board will continue to encourage a reduction in the regulatory restraints that cause people to pursue other careers.

The provider agency also encourages youth to consider careers in mental health as a long range workforce development effort.

Pathways Counseling Center, Inc. screens potential employees to ensure 1) they received their education from a certified Behavioral Health program or equivalent, and 2) they have a license in good standing in the state of Ohio. Furthermore, all of the directors are involved in the interview process.

The agency allots \$500 per employee per year for continuing education credit hours. Physicians also are invited to give in-house presentations on state-of-the-art pharmacological therapy.

Professionals are actively involved in regional training programs.

9. Inter-system Collaboration

a. Discuss achievements and trends in the following areas.

1. Adult Justice/Court Coordination, Recidivism and Diversion.

Click on gray box to enter text.

Contacts with adult criminal justice system has been encouraging over the past several years. The Board operation and the mental health system has become more familiar to county officials. This has occurred due to Board's and agency's direct engagement with judges, probation officers, and Crime Victim Services.

GOALS:

- Engaging all players in the system.
- Strategies- contract with Crime Victim Services.
- Objectives- transitions to appropriate services.
- NOMS- increase access to services- decrease court appearances.

Through consultation achievements, we have seen an increased involvement with local and state

level court systems. These systems appear to have increased knowledge of mental health and alcohol and drug issues. We are getting more referrals and court ordered assessments. There appears to be more enforcement by courts of agency recommendations. The courts have been inviting us to educational events that they sponsor. Recidivism, we appear to be seeing longer periods between legal infractions. We accept referrals from detention centers such as The Worth Center, boot camps, and State Correctional Facilities.

Trends: In recent years, there has been increased utilization of services by ethnic minorities. There has also been an increase in drug involved clients in this rural environment. There has been an increase in female clients seeking services. There has been an increase in co-occurring disorders and more severity as well as, with more complicated cases. This has to do with the spread of cocaine use in the area as well as other drugs.

At the request of the Common Pleas Court, we are involved with the Family Responsibility Counseling along with 3 other agencies. We also collaborate with the Putnam County Correctional Board which includes judges, clerk of courts, law enforcement (both county and village), probation, and parole, private attorneys, prosecutors, Crime Victim Services, Job and Family Services, county commissioners, private mental health clinicians, as well as the provider agency for this Board.

Board & agency have representation on the County Correctional Board which includes law enforcement, judges, probation, parole, attorney, Crime Victim Services, and prosecutors. In addition we serve on the common pleas judges "Family Responsibility Counseling Committee."

2. Juvenile Justice/Court Coordination, Recidivism and Diversion.

Click on gray box to enter text.

Since the election of a new juvenile judge and his commitment to our local Family Coordination team, we have had increased participation by all players in the Family Coordination team. This participation has had a marked impact on services made to juvenile offenders. Most notable service is WRAP Around .

GOALS:

- Maintain working relationship with judges and probation officials.
- Strategies- continuous monthly Family Coordination Team Meetings.
- Objectives- Probation teams meet, school success, family stabilization.
- Collaborative- Family Coordination team.
- NOMS- decrease juvenile justice involvement- increase involvement in family stabilization program.

Achievements: In recent years, we have seen an increased involvement with local and state level court systems. These systems appear to have increased knowledge of alcohol and drug issues. We are getting more referrals and court ordered assessments. There appears to be more enforcement by courts of agency recommendations. The courts have been inviting us to educational events that they sponsor. Recidivism, we are seeing longer periods between legal infractions.

Trends: In recent years, there has been increased utilization of services by ethnic minorities. There has also been an increase in drug involved clients in this rural environment. There has been an increase in female clients seeking services. There has been an increase in adolescent clients seeking services. There has been an increase in co-occurring disorders and more severity as well as, with more complicated cases. This has to do with the spread of cocaine use in the area as well as other drugs.

b. Have any of the following areas been a focus for the Board? Discuss achievements and trends in those areas, if applicable.

1. Jails

Click on gray box to enter text.

The Board & agency have provided in-services to correction officers. CIT has been made available to officers through collaboration. The ongoing goal of the Board is to decrease adults, who have behavioral health issues, from being incarcerated.

The Board & agency have a good working relationship with the local jail officials. We make available services if at all possible and if appropriate to the jails. We facilitate a recovery group for one hour a week at the local jail. We do assessments and individual therapy at the jail at the request of the probation or parole officers or the detainee. We have also been asked to provide educational services to the county sheriff's office in the area of responding to concerns of inmates who have possible mental health or drug or alcohol issues or both. One of our goals is to increase the knowledge of the jail staff and local law enforcement. Criminal Justice CCOE.

2. Detention Centers

Click on gray box to enter text.

This has not been a focus of the Board.

Reason: The Board/agency is intensively involved with adult/youth with mental illness prior to placement. Rarely is there such a placement.

2. Homeless, Runaway & Domestic Violence shelters

Click on gray box to enter text.

Homeless and Runaways are not a focus of the Board. The Board contracts with local Crime Victim Services for domestic violence shelter. Crime Victim Services uses Pathways Counseling Center personnel for domestic violence counseling services.

3. Nursing Homes

Click on gray box to enter text.

Develop relationships with local nursing care facilities regarding availability of services.

A collaborative effort exists between Pathways Counseling Center and multiple care systems for the elderly population. Pathways provide representation on the Health Assessment Committee for the Council on Aging as well as the Long Term Recovery Committee for the 2007 flood disaster. Additionally, a contract exists with one local nursing home to provide consultation services within the nursing facility. A licensed social worker is available for consultation with the nursing staff, social services staff, and to the elderly and rehabilitative residents on a weekly basis to address mental health needs and to ensure referral to available services within the community.

4. Prison Reentry

Click on gray box to enter text.

Not a focus of the Board. There have been no inquiries to the Board over the past ten years or more.

6. Physical/Mental Health Integration (Specify whether adult and/or child & adolescent.)

Click on gray box to enter text.

The SOQIC forms and C.A.R.F. certification emphasized the necessity of whole-health treatment. All clients, adult and adolescent, complete a physical health assessment in the orientation process.

This assessment is reviewed by the agency nurse. During the diagnostic assessment, clients are screened for drug and alcohol use as well as exposure to drugs and alcohol (either second-hand or pre-natal). Service providers also work closely with physicians in the community to ensure our clients are maintaining good physical health patterns (i.e. yearly check-ups, medication compliance, etc.)

Such thorough practices help the primary service provider gain a more complete picture of the clients' needs and concerns.

The following applies to both adults and child and adolescents (C & A) unless stated otherwise.

The SOQIC Health assessment form is completed for all consumers during the initial assessment. This form is updated yearly for active consumers. In addition, for C & A, a growth chart is maintained for consumers ages 12 and under if receiving medications.

The nurse records blood pressure and weight at least every three months for those consumers seeing the psychiatrist. In addition, height is recorded for C & A consumers.

For consumers being prescribed medications, the psychiatrist educates them on adverse affects of the medication and the possible need for lab work and/or other diagnostic tests. The doctor also reviews all medications prescribed by other physicians to avoid adverse reactions between medications. Drug and alcohol assessments are also reviewed. Education is provided by the doctor on "appropriate sleep hygiene."

The nurse also reviews the purpose of medications, side affects, and proper administration of prescribed medications.

All this information is documented on clients' chart and/or records.

7. Other.

N/A

10. Prevention, Education & Consultation (P,C&E). *Discuss achievements and trends in the following areas:*

- a. Suicide Prevention
- b. Any local or state P,C&E services of relevance to the Board.

Click on gray box to enter text.

Suicide Prevention- Through the "Suicide Foundation" the Board and agency have developed an ongoing suicide coalition.

Putnam County now has a coalition to address the problem of suicide. Representatives from numerous agencies (Family & Children First Council, Putnam County Job and Family Services, Health Department, Big Brothers Big Sisters, Educational Service Center, Juvenile and Adult Probation, Council on Aging, Alcohol and Drug Prevention Specialist, Community Mental Health, Survivor of Suicide and Depression, school teachers and guidance counselors, School Psychologists, Faith Community, Putnam County Home Care and Hospice, Community Action Commission, St. Rita's Medical Center, and Law Enforcement) formed the framework on which a plan was built for

the unique needs of the residents of Putnam County. The plan promotes suicide prevention and depression awareness in all age groups, from the very young to the elderly, and focuses primarily on our county's richest resource: children.

To develop the plan the members relied upon the expertise of Ellen Anderson, Ph. D. Dr. Anderson spent 24 years in the mental health field, first as a school psychologist and school counselor. In the past three (3) years, she has worked with more than 24 local coalitions to develop strategic and action plans for suicide prevention and depression education. Dr. Anderson presented over ten (10) suicide and depression awareness programs to various audiences in the Board area.

11. Cultural Competency: *Discuss achievements and trends in any of the following areas:*

- a. Consumer satisfaction with services and staff
- b. Staff recruitment
- c. Staff training.
- d. Addressing disparities for cultural groups in access and outcomes
- e. Other

Click on gray box to enter text.

Agency and Board surveys include the opportunity for consumers to comment on Cultural Competency related to services and staff. Those surveys, included in (attachments 1-3) demonstrate satisfaction in the area of cultural competency. Any issues arising from these surveys or from consumers, including those involving cultural competency, are dealt with immediately.

As mentioned in the workforce development section, even though advertising for open positions has been expanded locally to major cities surrounding the Board area and statewide, through the use of the Ohio Council Job Listings, the provider agency has not received minority applications. Candidates who are interviewed are screened and questioned in the area of cultural competency.

As stated in the workforce development section, staff is provided in-service locally, regionally and statewide. This includes training in cultural competency.

Staff is aware of the cultural issues that need to be addressed in outcomes and programming: stigmatism, cultural isolation, religious background, self-sufficiency, and familial structure. Issues and concerns are resolved as they surface. Consumer satisfaction surveys would indicate success in resolving these issues.

12. Other: Please use this area to discuss achievements and trends and other current state issues of concern to the Board.

Click on gray box to enter text.

Achievements and trends:

1. Outreach counseling provided by the Board and agency during our recent disaster.
2. Ability to maintain core services during a period of financial recession.
3. Enhance services to children and family by engaging numerous social service agencies. (See C)
4. Develop and maintain natural connections with community by reaching out to all facets of our community such as faith based, disaster recovery team, and other area task force.

Current state issues of concern to the Board:

1. Medicaid structure/finances.
2. Closing of state hospitals.

C. Needs Assessment.

Describe the processes the board used to determine its current needs in crisis care, clinical services, recovery, resilience, prevention, consultation and education services. Include any data sources and types, methodology, time frames, stakeholders, collaborative partners and methods of prioritizing. Examples of needs assessment processes include, but are not limited to: surveys, focus groups, expert panels, key informants, penetration rates, demographic and social indicators. The board must employ at least **one** of the above approaches and at least **one** approach that involves consumer participation.

Click on gray box to enter text.

The Board is continuously assessing the needs of our community. Daily, weekly, and monthly reviews are made of crisis care, clinical services, recovery, resilience, prevention, consultation, and education. The process of collecting data is achieved by many avenues. These avenues include outcome data, consumer surveys (attachments 1-3), various needs assessments, and community surveys. (see E-2)

The following needs assessments and surveys are integral to the Board's assessment process.

1. Community Health Assessment - Developed and authored in 2005. This assessment is a continuous process that is reviewed and reported on quarterly.

2. Partnership for Success – The goals in the need assessment phase of the planning process is to establish a data informed profile of the community that is consistent with local values in order to select targets for system change. (Centered around families)

Step 1: Collection and examination of existing data and trends.

Step 2: Family values survey.

Step 3: Agency/organization surveys.

Step 4: Engaging existing coalitions.

- Resource assessment and gap analysis process.

3. Pride Survey: provided to all students in grades 4, 6, 8, 10, and 12.

4. Core group H.B. 289 process – Family and Children First Council.

5. Agency Consumer satisfaction survey (attachments 1-3).

6. Coalition Initiative – Northwest Housing, Suicide Prevention, Disaster Outreach (Volunteer Connection, Long –Term Recovery, Faith Based Initiative, Family Coordination Team, Workforce Investment team, Job & Family Services Planning Initiative, Community Health Assessment Team) See other groups identified throughout the plan.

Monthly reporting to the Board by Contract agencies. (attachments 4-7)

Finally the nature of our community allows for one-on-one contact on a daily basis. Due to that ability, a natural follow of information is readily available for review and assessment. The Board

uses a person centered approach to cultural competence that is i.e. religious, ethnicity, etc.

D. Community Plan for SFY 2009. (Desired State)

Please refer to “Planning Terms” in Appendix C.

1. Planning Processes. Describe the process utilized by the Board to determine its priorities for SFY 2009. How did the Board decide the most important areas in which to invest their resources?

Click on gray box to enter text.

The Board directs the Executive Director to actively participate in community social service groups as well as community activities (Chamber, Rotary, etc.). The Director attends Job & Family Services planning, Workforce Investment, Family Coordination Meeting, N.W. Ohio Housing Coalition, Family & Children First Council, Putnam County Health Assessment Collaborative, Disaster Recovery Committee (Medical Reserve Corp.), Senior Citizen, Volunteer Connection, Alternative Opportunity Center, and Partnership for Success. The Executive Director provides the Board and its committees with information and data required to make sound program planning decisions. The Community Health Assessment, the Partnership for Success planning and annual report along with local surveys and consumer evaluations are reviewed monthly and annually at Board meetings.

Natural connections with local social service and contract agencies provide valuable input. The data collection process provides useful data for identifying gaps and priorities. (Information provided by data mart, continuity of care reporting and other state reports.) Example, the directors participation in the family coordination program. Which brings together many social service agencies, criminal justice, schools, and working with individuals and families.

The End Of Year Outcomes report relies heavily on the data collected and processed in the Ohio Outcomes Data Mart. The information gathered in the Data Mart is from the Ohio Scales (for adolescents) and the Ohio Consumer Outcomes (for adults). Every client at our agency is asked to participate in the outcomes process. Data is also collected from agency-designed surveys administered in regular intervals throughout the year. Through this process, the agency staff receives feedback on service delivery in the following areas: Access, Effectiveness, Efficiency, and Input from Stakeholders.

The agency directors arbitrarily chose “Target Goal Expectancies” for each domain. These choices were influenced by past measurements of performance. The data from the outcomes forms is used in two ways: 1) as a tool for establishing treatment direction and 2) as a means to enhance the overall performance of the agency. Clinicians record the individual outcome scores in the clients’ diagnostic assessment and subsequent scorings are included in the chart. By comparing these scores the clinicians may make inferences about a client’s progress and may make suggestions about his or her treatment direction. Corporately, the overall scores from the instruments are gathered and compared to the goals set by the agency staff and directors. This comparison gives rise to suggestions of how to enhance treatment delivery in certain areas. This process reminds the staff of the value of teamwork and of the need to support one another in our efforts to provide excellent behavioral health services to the communities of Putnam County.

2. Recovery Supports. Using the format below, please describe goals, strategies, and measurable objectives for SFY 2009 for housing, employment, including supported employment, and other recovery supports of relevance to the Board, such as Wellness Management and Recovery, WRAP, Bridges, Networks of Care, Peer Support Services, etc. (See Appendix C for definition of recovery supports and

examples of strategies and programs.) Based on identified needs, rank priorities as high, medium or low. What systems/entities/providers/consumer groups will the board collaborate with or have discussions, and what benefits/results are expected?

Items with an asterisk (*) must be addressed, even if this is a low priority area and planning is minimal.

Click on gray box to indicate priority level.

2.a. EMPLOYMENT*

Priority: **Medium**

Goals: *Click on gray box to enter text.*

SMI consumers, in their initial CPST outpatient interview have employment and vocational goals discussed, RSC services explained including access and referral.

Strategies: *Click on gray box to enter text.*

CPST refers consumers to RSC and also provide benefits/work incentive consultations.

Measurable Objectives: *Click on gray box to enter text.*

15 SMI consumers expressing a desire for employment/vocational development will be referred to RSC.

Discussions and/or Collaborations: *Click on gray box to enter text.*

CPST maintains informed coordination with RSC counselors and provider agencies for support of vocational development of individual consumers.

2.b. WELLNESS MANAGEMENT & RECOVERY*

Priority: **High**

Goals: *Click on gray box to enter text.*

Wellness management and recovery are incorporated into each ISP in order to maintain the consumer in the least restrictive level of care.

Strategies: *Click on gray box to enter text.*

As part of routine CPST services, in coordination with pharmacological management services and other services as necessary, consumer's ISP will address linkage to community services and benefit programs to maintain community based living. This includes focus on developing and maintaining housing, financial stability, access to medical care and medications and other support as necessary, appropriate, and available.

Measurable Objectives: *Click on gray box to enter text.*

Number of consumers who obtain and maintain housing, income support and medical and medication insurance programs. CCOE as our support mechanism.

Discussions and/or Collaborations: *Click on gray box to enter text.*

CPST offers payer representative services and authorize representative services for JFS programs as necessary and appropriate. Education to consumers on utilization of community services/programs and recovery needed to maintain community tenure.

2.c. HOUSING

Priority: **Low**

Goals: *Click on gray box to enter text.*

Stable housing for ten (10) SMI clients' in least restrictive level of care.

Strategies: *Click on gray box to enter text.*

CPST with each individual client, family and/or other community parties will determine level of care and need of support for clients unable to maintain totally independent housing.

Measurable Objectives: *Click on gray box to enter text.*

Number of clients who maintain stable housing for 12 months. All active participants are maintaining.

Discussions and/or Collaborations: *Click on gray box to enter text.*

CPST will 1) refer clients to Housing Authorities available to Putnam County and assist and coordinate services; 2) Refer clients to SLS with intensive CPST in-home services; 3) Utilize H.A.P. services as appropriate and available; 4) Assist clients in stabilizing finances as necessary to maintain housing; and 5) Refer to 24/7 supervised housing as needed, appropriate, and available. CCOE

Click on gray boxes to name Recovery Support area and indicate priority level.

2.d. OTHER: N/A

Priority: Low

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

Click on gray box to enter text.

2.e. OTHER: N/A

Priority: Low

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

Click on gray box to enter text.

2.f. OTHER: N/A

Priority: **Low**

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

2.g. Other. If you need additional space for discussion of Recovery Supports planning:

Click on gray box to enter text.

N/A

3. Resilience Supports. Using the format below, please describe goals, strategies, and measurable objectives for SFY 2009 for school success, ABC, and any other Resilience supports of relevance to the Board, such as Transition Age Programs, Parent Advocacy, etc. (See Appendix C for definition of resilience supports and examples of strategies and programs.) Based on identified needs, rank priorities as high, medium or low. What systems/entities/providers/consumer groups will the board collaborate with or have discussions, and what benefits/results are expected?

There is overlap between Resilience Supports and Prevention, Consultation, and Education (P,C&E). Boards can discuss programs such as BB/BS, Triple P, Family Advocates, Early Childhood Screening, etc., as a Resilience Support or under the narrative for Section 10: P,C&E.

Click on gray box to indicate priority level.

3.a. SCHOOL SUCCESS

Priority: **High**

Goals: *Click on gray box to enter text.*

To maintain positive behaviors and choices to minimize the risk of out of home placement.

Strategies: *Click on gray box to enter text.*

WRAP Around works with schools, families, teams of professionals, court systems, and community agencies to develop plans to help in the success of individuals by assessing for needs and linking to resources to meet those needs. Teams, home visits, office appointments and court advocacy are all part of the strategies used to meet the needs of clients to be successful in the school setting. WRAP Around is a strengths based approach used to build on existing abilities of clients. An example of a strategy used would be linking a child to a tutor or mentor to meet specific needs to enhance academic success.

Measurable Objectives: *Click on gray box to enter text.*

Include a family development matrix used monthly by WRAP Around which allows the family and client to enter a number on how they think the individual is doing in academics. Out of home placement numbers are used as a measure also since the primary goal of WRAP Around is to reduce the risk of this.

Discussions and/or Collaborations: *Click on gray box to enter text.*

WRAP Around in Putnam County is made possible by a partnership and collaboration of the following agencies: Putnam County Family & Children First Council, Putnam County Educational Service Center, Putnam County Job & Family Services, Putnam County ADAMHS Board, Pathways Counseling Center, United Way, Putnam County Juvenile Court and Probation and Parent Representatives.

3.b. EARLY CHILDHOOD CARE

Priority: **High**

Goals: *Click on gray box to enter text.*

Facilitate parents and early childhood staff in learning effective discipline and supporting positive parenting skills.

Strategies: *Click on gray box to enter text.*

Implementation of the following programs to address identified needs-
Incredible Years
Devereux Early Childhood Assessments (DECAS)
Dina Dinosaur Program
123 Magic Program
Cross system trainings for teachers

Measurable Objectives: *Click on gray box to enter text.*

Number of parents, children and programs served and evaluation tools.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Continued Collaboration with Putnam County Job and Family Services, Court Systems, Health Department, Help Me Grow, Children and Family First Council, Partnerships for Success, Head Start, preschools, teachers, other community service providers, as well as Allen & Hancock County Early Childhood Mental Health Consultants and families.

Related NOMS: Continued assess to services

3.c. TRANSITION AGE CARE

Priority: **Low**

Goals: *Click on gray box to enter text.*

Not a focus of the Board

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

Click on gray boxes to name Recovery Support area and indicate priority level.

3.d. OTHER: N/A

Priority: Low

Goals: *Click on gray box to enter text.*

N/A

Strategies *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

Click on gray box to enter text.

3.e. OTHER: N/A

Priority: Low

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

Click on gray box to enter text.

3.f. OTHER: N/A

Priority: Low

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

3.g. Other. If you need additional space for discussion of Resilience Supports planning:

Click on gray box to enter text.

N/A

4. Inpatient Care. Please complete the table below to estimate planned utilization for the next year, as best you can, even though final plan for SFY 2009 use of state hospital days is not due until May 1. Note that the state hospital per diem will be fixed for SFY 2009 at \$481. (Please note Appendix F for additional state bed day utilization data.)

Click on gray box to enter number.

Board Purchased Inpatient Care	SFY 2009 Bed Days	SFY 09 Admissions
State Hospitals	150	5
Private Psychiatric Hospitals: Adults	0	0
Private Hospitals: Children & Adolescents	0	0

Using the format below, please discuss goals and strategies regarding **inpatient care** in your Board area and identify anticipated discussions or initiatives with inpatient providers. Also, please describe any future goals and strategies to assess and improve **continuity of care** between inpatient and community mental health providers. Finally, please discuss any planning for patients discharged from inpatient care with serious **somatic health care** needs.

Address as many of the following questions as possible in your discussion of inpatient care, continuity of care, and somatic health care planning:

- i.** Are you developing new or modified community based services which are expected to reduce your current inpatient bed day utilization?
- ii.** If you do not have a continuity of care agreement (see Appendix J) with your local state hospital, will you be addressing this issue with them in the next year?
- iii.** Are you planning future activities to improve linkage and follow up of discharged patients from inpatient care with serious somatic health care needs to general health care services?

4.a. INPATIENT CARE

Priority: High

Goals: *Click on gray box to enter text.*

To continue to reduce state hospital admissions and length of stay for adults.

Strategies: *Click on gray box to enter text.*

To maintain our association with Neighborhood Properties- Fostoria Junction. To continue our contract with Innovative Support Services to develop appropriate residential treatment. To monitor medications through contracts with providers.

Measurable Objectives: *Click on gray box to enter text.*

Bed day utilization at Northcoast in Toledo.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Continue our work with providers, crisis care, appropriate social services, and Board.

4.b. CONTINUITY OF CARE

Priority: **High**

Goals: *Click on gray box to enter text.*

To maintain our Continuity of Care agreement with Northcoast in Toledo.

Strategies: *Click on gray box to enter text.*

Review and develop agreement with Northcoast.

Measurable Objectives: *Click on gray box to enter text.*

Obtaining a consensus on the agreement.

Discussions and/or Collaborations: *Click on gray box to enter text.*

When a client is admitted into the state hospital (adult) or Kobacker Center (adolescent) CPST Provider at Pathways Counseling Center (Pathways) receives a copy of the hospital's admission interview/diagnostic assessment. Prior to release, the CPST worker works with hospital treatment staff to establish a protocol of discharge. When the client is released from services, the hospital contacts the Clinical Director or the primary service provider at Pathways to establish a follow-up care plan. This plan usually includes a scheduled session with a clinician or physician at Pathways. The hospitals also, with appropriate releases, send the record of the clients' stay to the service provider who is responsible for the follow-up services. Discussions are held with consumers and families.

4.c. SOMATIC HEALTH CARE

Priority: **Medium**

Goals: *Click on gray box to enter text.*

Maintain current integration with local somatic health care professionals.

Strategies: *Click on gray box to enter text.*

All consumers to complete the Health Care Assessment which is reviewed by the nurse and also the Psychiatrist. Appropriate referrals and releases of information are obtained during the Diagnostic Assessment. These efforts combined insure the integration of physical and mental health services.

Measurable Objectives: *Click on gray box to enter text.*

Obtaining referral source surveys. When appropriate, the number of consumers engaged in somatic and mental health services.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Family physicians and Health care professionals in the Putnam County community. Family physicians, consumers and families.

4.d. Other. If you need additional space to discuss planning in the area of inpatient care, continuity of care, or somatic health care:

Click on gray box to enter text.

N/A

5. Residential Treatment Centers. Using the format below, please discuss the Board’s goals and strategies to *reduce* Residential Treatment Center placements of children and adolescents in SFY 2009. Has the Board set any targets for evaluating the effectiveness of those strategies in reducing RTC placements?

5.a. Residential Treatment Centers

Priority: **High**

Goals: *Click on gray box to enter text.*

To maintain low out of home placements.

Strategies: *Click on gray box to enter text.*

By working with a team of professionals, the client and their family; needs are assessed and ideas are organized to develop a plan to meet the client and family needs to reduce the risk of out of home placement. Such strategies include team collaboration, community resource linkage, anger management tools, and developing goals with the individuals. A Family Coordination team exists to determine the best approach to helping clients and their families, and this team consists of Putnam County Family & Children First Council, Putnam County Educational Service Center, Putnam County Job & Family Services, Putnam County ADAMHS Board, Pathways Counseling Center, United Way, Putnam County Juvenile Court, and Probation. Home visits and office appointments are held with clients and families on a regular basis to keep consistent on needs assessments.

Measurable Objectives or Targets: *Click on gray box to enter text.*

Include the numbers of individuals placed out of their home within a fiscal year at a residential center.

Discussions and/or Collaborations: *Click on gray box to enter text.*

WRAP Around in Putnam County is made possible by a partnership and collaboration of the following agencies: Putnam County Family & Children First Council, Putnam County Educational Service Center, Putnam County Job & Family Services, Putnam County ADAMHS Board, Pathways Counseling Center, United Way, Putnam County Juvenile Court and Probation, and Parent Representatives.

5.b. Other. If you need additional space to discuss planning in the area of residential treatment for children and adolescents:

Click on gray box to enter text.

N/A

6. Crisis Care. Using the format below, please discuss the Board’s plan in SFY 2009 for areas of relevance in crisis care, e.g., hotline, warm line, 24/7 staffing, mobile response, crisis facility, contract for observation beds, respite/emergency beds, transportation service, or other. *It is not necessary to discuss all listed programs and services. This is primarily a place to discuss planned expansion or contraction of capacity in crisis care services and programs. Please discuss only those areas that are a focus of current planning.*

6.a. Adult Consumers

Click on gray boxes to select area of crisis care and priority level.

6.a.1. Area of Adult Crisis Care:

Priority:

Goals: *Click on gray box to enter text.*

Maintain existing crisis care programs 24 hours hotline.

Strategies: *Click on gray box to enter text.*

Continue existing contract, provide marketing program to increase awareness of services.

Measurable Objectives

Number of individuals treated or referred for hospitalization.

Discussions and/or Collaborations

Hospitals, agencies, and law enforcement, consumers and public forums.

6.a.2. Area of Adult Crisis Care:

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

6.a.3. Area of Adult Crisis Care:

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

6.a.3. Other. If you need additional space to discuss planning in the area of adult crisis care:

Click on gray box to enter text.

N/A

6.b. Child & Adolescent Consumers

Click on gray boxes to select area of crisis care and priority level.

6.b.1 Area of C&A Crisis Care:

Priority:

Goals: *Click on gray box to enter text.*

Maintain existing crisis care programs 24 hours hotline.

Strategies: *Click on gray box to enter text.*

Continue existing contract, provide marketing program.

Measurable Objectives: *Click on gray box to enter text.*

Number of individuals treated or referred for hospitalization.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Hospitals, agencies, and law enforcement.

6.b.2. Area of C&A Crisis Care:

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

6.b.3. Other. If you need additional space to discuss planning in the area of C&A crisis care:

Click on gray box to enter text.

N/A

6.c. Planned Crisis Bed Days. If the Board contracts for crisis beds, please indicate projected utilization for Adults and Children & Adolescents in SFY 2008 and SFY 2009:

Click on gray box to enter number.

	SFY 2008 Crisis Bed Days	SFY 2009 Crisis Bed Days
Adults	0	0
Children & Adolescents	0	0

6.d. Crisis Response. Using the format below, please discuss the Board’s plan for SFY 2009 in the following areas. Items with an asterisk (*) must be addressed, even if this is a low priority area and planning is minimal.

6.d.1. CIT/POLICE COORDINATION*

Click on gray box to select priority level.

Priority: Medium

Goals: *Click on gray box to enter text.*

To offer the opportunity for additional officers, both village and county, to receive CIT Training and other trainings as requested by law enforcement. Both locally and regional.

Strategies: *Click on gray box to enter text.*

Through NAMI and the Suicide Coalition, contract for trainings requested by law enforcement.

Measurable Objectives: *Click on gray box to enter text.*

To provide as many of the trainings requested by law enforcement as budgets allow.

Discussions and/or Collaborations: *Click on gray box to enter text.*

In the past, we have had an excellent working relationship with law enforcement. We have been able to provide all requested trainings and a few that were initiated on the part of our provider agencies. Currently, the budgets for law enforcement in the Board area have been cut. Lack of funding may not permit officers the time for in-service opportunities.

6.d.2. DISASTER PREPAREDNESS*

Priority: Medium

Goals: *Click on gray box to enter text.*

To continue to work to strengthen and improve the Board area Disaster Preparedness Committee.

Strategies: *Click on gray box to enter text.*

Participate in the regular planning meetings and tabletop exercises of the local Disaster Preparedness Committee.

Monitor ODMH Disaster Preparedness information and implement procedures that will strengthen an already effective committee.

Encourage provider agencies to continue participation in the Long Term Recovery Committee formed after the August 2007 Disaster.

Measurable Objectives: *Click on gray box to enter text.*

Continued participation by the Board and provider agencies.

Note: Although you are never 100% effective in all you do, the results of the Disaster Preparedness Committee during the flood of 2007 demonstrated this coalition was prepared and provided services, including mental health crisis counseling, in the shelters before it was requested by the National Red Cross and before ODMH contacted the local Mental Health Board to see if they had a plan for such services.

Discussions and/or Collaborations: *Click on gray box to enter text.*

The Board and provider agencies will continue to cooperate and work with the County Disaster Preparedness Committee. This group, involving multiple agencies and communities has avoided the “turf wars” that often plague multi-agency groups in a common effort to help the people of this county during disasters.

6.d.3. COLLEGES & UNIVERSITIES*

Priority: **Medium**

Goals: *Click on gray box to enter text.*

To continue providing aid, when needed/requested, to surrounding Board areas.

Strategies: *Click on gray box to enter text.*

As stated earlier, there are no colleges or universities in the Board area. Aid has been offered during times of crisis to those universities in neighboring Board areas.

Measurable Objectives: *Click on gray box to enter text.*

To be prepared should aid be requested.

Discussions and/or Collaborations: *Click on gray box to enter text.*

The Boards in Northwest Ohio are aware that help will be available from other Board areas should the need arise. Examples include aid provided Van Wert during the tornado in 2002 and the aid provided this Board area from Mercer and Van Wert Counties during the flood of 2007.

6.d.4 PRIMARY & SECONDARY SCHOOLS

Priority: **High**

Goals: *Click on gray box to enter text.*

To maintain the involvement provider agencies have with all nine public and three private school districts in the Board area. This involvement centers on education in the mental health field, the WRAP Around Program, counseling at the Alternative Opportunity Center, Early Childhood Intervention in the pre-schools and kindergartens and in-service opportunities for all educators.

Strategies: *Click on gray box to enter text.*

To continue to improve programs and services provided schools in the Board Area.
To continue providing information to school district personnel regarding opportunities available through provider agencies.

Measurable Objectives: *Click on gray box to enter text.*

Schools will continue current levels of service or increase the services used through provider agencies.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Programs provided schools are evaluated by provider agencies and the schools on a yearly basis. Changes are made based on these evaluations.

6.3.5. Other. If you need additional space to discuss Crisis Response planning:

Click on gray box to enter text.

N/A

7. Outpatient Services. Using the format below, please discuss the Board’s plan for relevant outpatient “services as usual,” e.g., Diagnostic Interview-Physician, Diagnostic Assessment, Pharmacological Management, CPST, Counseling, Partial Hospitalization. *It is not necessary to discuss all listed services. This is primarily a place to discuss planned expansion or contraction of capacity in routine outpatient services. Please discuss only those areas that are a focus of current planning.*

7.a. Adult Services.

Click on gray boxes to select service area and priority level.

7.a.1. Area of Adult Services: **Counseling**

Priority: **High**

Goals: *Click on gray box to enter text.*

Continued refinement of all adult outpatient services in the areas of Access, Efficiency, Effectiveness, and Stakeholder Input.

Strategies: *Click on gray box to enter text.*

The clinical staff will refine their approach to services through the use of the quality improvement suggestions in the End of Year Outcomes Reports and the Quality Assurance plans.

Measurable Objectives: *Click on gray box to enter text.*

Client surveys and outcomes measures will meet or exceed outcome goals set by the agency directors.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Pathways Counseling Center, Inc. agency directors. CCOE, consumers and families, suicide coalition, Ohio Advocates for Mental Health.

7.a.2. Area of Adult Services:

Priority:

Goals: *Click on gray box to enter text.*

Secure inter-agency pharmacological/med-somatic care by board certified psychiatrists and/or physicians.

Strategies: *Click on gray box to enter text.*

Continued collaboration with Blanchard Valley Hospital.

Measurable Objectives: *Click on gray box to enter text.*

The number of hours/week available for physician assessment and pharmacological management services.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Pathways Counseling Center, Inc., Blanchard Valley Hospital, ODMH, and NAMI.

7.a.3. Area of Adult Services:

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

7.a.4. Other. If you need additional space to discuss planning in the area of adult “services as usual”:

Click on gray box to enter text.

N/A

7.b. Child & Adolescent Services.

Click on gray boxes to select service area and priority level.

7.b.1 Area of C&A Services:

Priority:

Goals: *Click on gray box to enter text.*

Continued emphasis on early intervention and prevention services to engage the community to think of healthy and viable life choices before problems arise.

Strategies: *Click on gray box to enter text.*

Early Childhood programming, social skills groups, Suicide Prevention Education activities and community outreach, school-based prevention services.

Measurable Objectives: *Click on gray box to enter text.*

The number of participants/schools/community agencies involved in prevention activities/programs.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Pathways Counseling Center, Inc., Putnam County Educational Service Center, area schools, Family and Children First Council, all CCOE and consumers and families.

7.b.2 Area of C&A Services:

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

7.b.3. Area of C&A Services:

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

7.b.4. Other. f you need additional space to discuss planning in the area of child & adolescent “services as usual”:

Click on gray box to enter text.

N/A

7.c. Best Clinical Practices for Adults, Children & Adolescents. What are the Board’s plans for SFY 2009 regarding Best Clinical Practices? The term “best practices” includes both promising and evidence-based practices. Examples of Best Practices include, but are not limited to: Assertive Community Treatment, Intensive Home Based Treatment, Intensive Dual Disorder Treatment (IDDT), Early Childhood Assessment, Functional Family Therapy, Treatment Foster Care, Physical/Mental Health Services Integration, Trauma-focused Community Based Treatment (TF-CBT), Dialectical Behavior Therapy (DBT), Trauma Screening and Assessment, Telemedicine, Tobacco Dependence Treatment, Older Adult care, Integrated Care for persons with MR/MI. (See definitions in Appendix C.)

Items with an asterisk (*) must be addressed, even if this is a low priority area and planning is minimal.

7.c.1. INTEGRATED DUAL DIAGNOSIS TREATMENT (IDDT)*

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

Click on gray box to enter name of practice:

7.c.2. PRACTICE:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

Click on gray box to enter name of practice:

7.c.3. PRACTICE:

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

Click on gray box to enter name of practice:

7.c.4. PRACTICE: N/A

Priority: **Low**

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

Click on gray box to enter name of practice:

7.c.5. PRACTICE: N/A

Priority: **Low**

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

7.c.6. Other. If you need additional space for planning in the area of Best Clinical Practices:

Click on gray box to enter text.

N/A

8. Staff Capacity and Workforce Development. Using the format below, please describe the Board’s plan for workforce development in SFY 2009. For help with identification of goals, see Appendix G: **An Action Plan for Behavioral Health Workforce Development.**

Click on gray boxes to enter workforce development area and priority level.

8.a.1. Area of Workforce Development:

Priority:

Goals: *Click on gray box to enter text.*

To provide in-service to agencies in the area of best-practices and the delivery of services using best-practices.

Strategies *Click on gray box to enter text.*

Using information from consumers, provider agencies, and referral sources, determine the needs for in-service opportunities.

Measurable Objectives: *Click on gray box to enter text.*

Number of trainings provided and number of providers attending the trainings.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Coordinate with provider agencies and others interested in the training to select the most beneficial trainings and allow optimal attendance at the trainings. CCOE

Click on gray boxes to enter workforce development area and priority level.

8.a.2. Area of Workforce Development:

Priority:

Goals: *Click on gray box to enter text.*

To maintain the highly qualified personnel currently working in the provider agencies.

Strategies: *Click on gray box to enter text.*

Work with the Board to provide funding that allows provider agencies to compensate employees in a manner that will keep them in the mental health field. Work through state organizations to reduce regulatory requirements of provider agencies that devour funding dollars in non-direct service activities.

Measurable Objectives: *Click on gray box to enter text.*

Number of staff turnover in provider agencies. Comparison of similar agency compensation rates.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Working with state agencies and the state legislature to minimize regulatory requirements that add to the cost of services, but are not related to direct services. CCOE

8.a.3. Other. If you need additional space to discuss planning in the area of workforce development:

Click on gray box to enter text.

N/A

9. Inter-system Collaboration. Using the format below, please describe the Board’s plan for SFY 2009 in the following areas.

9.a. Adults

9.a.1. ADULT JUSTICE/COURT COORDINATION

Click on gray box to indicate priority level.

Priority: **High**

Goals: *Click on gray box to enter text.*

- 1. Continue to provide rapid intervention and assessment to individuals with mental illness (and substance abuse/dependence) in the justice system with legal involvement.
- 2. Maintain the low number of adults involved with a severe and persistent mental illness who are involved with the criminal justice system.

Strategies: *Click on gray box to enter text.*

1 & 2 Provide the opportunity to increase the number of officers trained in Crisis Intervention training.

Measurable Objectives: *Click on gray box to enter text.*

- 1. Response time to services will remain in the ten (10) working day time frame.
- 2. Maintain low number of adults with a severe and persistent mental illness whose current living arrangements are a correctional facility, as per BH forms.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Collaboration with court services to determine actions or programs needed to meet the above goals. NAMI, Ohio Criminal Justice CCOE.

9.a.2 ADULT RECIDIVISM

Priority: **High**

Goals: *Click on gray box to enter text.*

To maintain low level of recidivism.

Strategies: *Click on gray box to enter text.*

To work with corrections to provide services, to maintain current client employment.

Measurable Objectives: *Click on gray box to enter text.*

Maintain low number of adults with a severe and persistent mental illness whose current living arrangements are a correctional facility, as per BH forms.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Board & provider agencies are represented on the County Correction Board This Board includes law enforcement, judges, probation, parole, attorney, Crime Victim Services, and prosecutors. In addition we serve on the common pleas judges Family Responsibility Counseling Committee developed by the Common Pleas judge. CCOE

9.a.3. ADULT DIVERSION

Priority: **High**

Goals: *Click on gray box to enter text.*

Maintain accountability for adults within the justice system and behavioral health service agency collaboration.

Strategies: *Click on gray box to enter text.*

Continue to support consistent communication between the courts and behavioral health treatment agencies.

Measurable Objectives: *Click on gray box to enter text.*

Record the number of participants in Intensive Outpatient Therapy, Anger Management Group meetings, and Domestic Violence group meetings.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Adult Parole Office, Putnam County Courts, Adult Probation, Putnam County Jail.

9.a.4. Other. If you need additional space to discuss planning in the area of Justice/Court Coordination, Recidivism or Diversion:

Click on gray box to enter text.

N/A

9.b. Adolescents

9.b.1. ADOLESCENT JUSTICE/COURT COORDINATION

Click on gray box to indicate priority level.

Priority: **High**

Goals: *Click on gray box to enter text.*

To enhance justice system services designed to prevent the incarceration of adolescents.

Strategies: *Click on gray box to enter text.*

Consultations with the courts including direct contact with juvenile probation officers is a regular strategy used to help organize plans and determine needs of individuals. The WRAP Around coordinator and the probation officers work as a team, going to schools and making home visits to talk to individuals to assess for needs and check progress. The WRAP Around Coordinator attends probation appointments for clients as needed.

Measurable Objectives: *Click on gray box to enter text.*

Out of home placement numbers are used as measures of success, as well as juvenile court involvement.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Juvenile justice, WRAP coordinator, Family Coordination team, Ohio Criminal Justice CCOE.

9.b.2. ADOLESCENT RECIDIVISM

Priority: **High**

Goals: *Click on gray box to enter text.*

Maintain low number of children placed outside the home.

Strategies: *Click on gray box to enter text.*

Support strengths-based, team oriented WRAP Around services for adolescents in danger of being removed from their place of residence.

Measurable Objectives: *Click on gray box to enter text.*

Record the number of adolescents who remain in their residence in spite of being deemed at risk for removal.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Family and Children First Council, Family Coordination, Pathways Counseling Center, Alternative Opportunity Center.

9.b.3. ADOLESCENT DIVERSION

Priority: **High**

Goals: *Click on gray box to enter text.*

Work with social service providers to provide early intervention.

Strategies: *Click on gray box to enter text.*

Maintain Family Coordination team and Partnership for Success.

Measurable Objectives: *Click on gray box to enter text.*

Outcomes from Family Coordination services will show interventions have been provided. These interventions will indicate a continuation of low out of home placement.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Juvenile justice, Family Coordination, mental health providers, Family and Children First Council, and families.

9.b.4. Other. If you need additional space to discuss planning in the area of adolescent Justice/Court Coordination, Recidivism or Diversion:

Click on gray box to enter text.

N/A

9.c. Other Inter-System Collaboration. What, if any, are the Board's plans for SFY 2009 in the following areas?

9.c.1. JAILS

Click on gray box to indicate priority level.

Priority: **Medium**

Goals: *Click on gray box to enter text.*

Maintain assessment/counseling capability at the Putnam County Jail.

Strategies: *Click on gray box to enter text.*

Establish funding line for successful programming.

Measurable Objectives: *Click on gray box to enter text.*

Number of prisoners who involuntary/voluntary seek service.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Criminal justice personnel, local providers, Ohio Criminal Justice CCOE.

9.c.2. DETENTION CENTERS

Priority: **Medium**

Goals: *Click on gray box to enter text.*

Maintain relationships with detention personnel.

Strategies: *Click on gray box to enter text.*

Contacted through WRAP coordinator.

Measurable Objectives: *Click on gray box to enter text.*

Number of contacts made by staff and reduction of use.

Discussions and/or Collaborations: *Click on gray box to enter text.*

WRAP coordinator, social service agencies, mental health providers, Ohio Criminal Justice CCOE.

9.c.3. SHELTERS (Includes Homeless, Runaway, Domestic Violence)

Priority: **Medium**

Goals: *Click on gray box to enter text.*

Maintain contract with Crime Victim Services.

Strategies: *Click on gray box to enter text.*

Contracts with Crime Victim Services for counseling services.

Measurable Objectives: *Click on gray box to enter text.*

Number of individuals and families seeking service (see table).

Discussions and/or Collaborations: *Click on gray box to enter text.*

Community agencies, churches, Crime Victim Services, mental health providers, consumers and families.

9.c.4. NURSING HOMES

Priority: **Medium**

Goals: *Click on gray box to enter text.*

To make services available to those in the nursing homes who cannot secure the services they need within the nursing facility.

Strategies: *Click on gray box to enter text.*

Continue to provide information of available services to the nursing homes.

Measurable Objectives: *Click on gray box to enter text.*

In person contact and/or mailing of information regarding available services to the nursing homes.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Collaboration with the Council on Aging, PSA 3 Agency on Aging, long-term nursing care facilities, and other social service agencies that serve the elderly population.

Related NOMS: Continued access to services.

9.c.5. PRISON RE-ENTRY

Priority: **Low**

Goals: *Click on gray box to enter text.*

Maintain existing coordination and planning with the criminal justice system.

Strategies: *Click on gray box to enter text.*

To be aware of potential discharges at least nine (9) months in advance.

Measurable Objectives: *Click on gray box to enter text.*

Number of prisoners successfully returned to the community.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Board, Department of Rehabilitation, mental health providers, local law enforcement, Ohio Criminal Justice CCOE.

9.c.6. PHYSICAL & MENTAL HEALTH INTEGRATION

Priority: **High**

Goals: *Click on gray box to enter text.*

To maintain the high compliance rate by consumers in meeting the physical health recommendations of the psychiatrist.

Strategies: *Click on gray box to enter text.*

Maintain current procedures for educating, informing, and monitoring client compliance.

Measurable Objectives: *Click on gray box to enter text.*

Consumers will keep appointment with the doctor; comply with doctor's recommendations concerning both mental and physical health, and take medications as directed. Compliance/non-compliance will be recorded in the psychiatrist's notes.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Continuation of discussions with family practitioners and clinics, consumers and families.

Click on gray box to area of cross-system collaboration:

9.c.7. OTHER:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

Click on gray box to enter text.

9.c.8. OTHER:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

Click on gray box to enter text.

9.c.9. OTHER:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

9.c.10. Other. If you need additional space to discuss plans involving significant inter-system collaboration:

Click on gray box to enter text.

N/A

10. Prevention, Consultation and Education (P,C&E). What are the Board’s plans for SFY 2009 in the following areas? It is not necessary to discuss all prevention programs funded by the Board. Please discuss P,C&E planning of most salience or strategic importance to your system.

10.a. SUICIDE PREVENTION

Click on gray box to enter priority level.

Priority: **High**

Goals: Click on gray box to enter text.

Educate Putnam County community members about Suicide Prevention and Depression Awareness.

Strategies: Click on gray box to enter text.

Provide Gate-Keeper trainings to community leaders who work with at-risk populations (teenagers, elderly, etc.) and contract with Dr. Ellen Anderson to provide trainings and education seminars. Support the purchase of advertisements, activities, and handouts that promote suicide awareness.

Measurable Objectives: Click on gray box to enter text.

The number of community members that attend the seminars/meetings. Maintain a low number of suicides in the county.

Discussions and/or Collaborations: Click on gray box to enter text.

Family & Children First Council, Putnam County Job and Family Services, Health Department, Big Brothers Big Sisters, Educational Service Center, Juvenile and Adult Probation, Council on Aging, Alcohol and Drug Prevention Specialist, Community Mental Health, Survivor of Suicide and Depression, School teachers and Guidance counselors, School Psychologists, Faith Community, Putnam County Home Care and Hospice, Community Action Commission, St. Rita’s Medical Center, and Law Enforcement.

Click on gray box to enter name of P,C&E activity:

10.b. OTHER: N/A

Priority: **Low**

Goals: Click on gray box to enter text.

N/A

Strategies: Click on gray box to enter text.

N/A

Measurable Objectives: Click on gray box to enter text.

N/A

Discussions and/or Collaborations: Click on gray box to enter text.

N/A

10.c. OTHER:

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

10.d. Other. If you need additional space to discuss planning for prevention, consultation and education:

Click on gray box to enter text.

11. Cultural Competency: What are the Board's plans for SFY 2009 to increase cultural competence? Please discuss the areas of most salience or strategic importance to your system.

11.a. CONSUMER SATISFACTION WITH SERVICES AND STAFF

Priority:

Goals: *Click on gray box to enter text.*

Strategies: *Click on gray box to enter text.*

Measurable Objectives: *Click on gray box to enter text.*

Discussions and/or Collaborations: *Click on gray box to enter text.*

11.b. STAFF RECRUITMENT

Priority:

Goals: *Click on gray box to enter text.*

of our provider agencies.

Strategies: *Click on gray box to enter text.*

Encourage and fund in-service in the area of cultural competency. Encourage applications from a more culturally diverse group for open positions in provider agencies.

Measurable Objectives: *Click on gray box to enter text.*

Number of in-services completed and number of attendees in the area of Cultural Competency. Continue the wide area of solicitation of applications for open positions in provider agencies.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Encourage attendance at related in-service opportunities by current provider agency staff. Seek appropriate applications through college placement offices and continue statewide advertising of open positions. MAC group.

11.c. STAFF TRAINING

Priority: **Medium**

Goals: *Click on gray box to enter text.*

To continue developing cultural competency awareness and skills for the current staff and new hires of our provider agencies.

Strategies: *Click on gray box to enter text.*

Encourage and fund in-service in the area of cultural competency. Encourage applications from a more culturally diverse group for open positions in provider agencies.

Measurable Objectives: *Click on gray box to enter text.*

Number of in-services completed and number of attendees in the area of Cultural Competency. Continue the wide area of solicitation of applications for open positions in provider agencies.

Discussions and/or Collaborations: *Click on gray box to enter text.*

Encourage attendance at related in-service opportunities by current provider agency staff. Seek appropriate applications through college placement offices and continue statewide advertising of open positions. NAMI, Ohio CCOE, MAC group.

11.d. ADDRESSING DISPARITIES IN ACCESS AND OUTCOMES

Priority: **Low**

Goals: *Click on gray box to enter text.*

Not a focus of the Board.

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

Click on gray box to enter text.

11.e. OTHER:

Priority:

Goals: *Click on gray box to enter text.*

N/A

Strategies: *Click on gray box to enter text.*

N/A

Measurable Objectives: *Click on gray box to enter text.*

N/A

Discussions and/or Collaborations: *Click on gray box to enter text.*

N/A

11.f. Other. If you need additional space to discuss planning in cultural competency:

Click on gray box to enter text.

N/A

12. ANYTHING ELSE? Are there are other Board plans for SFY 2009 not covered by the outline? Is there any other information pertinent to the Community Plan that the Board would like to share?

Click on gray box and enter text.

FOCUS POTENTIAL TRENDS

SFY 2008 was a year for the record books. On August 21, 2007 heavy rain fell on Putnam County and counties upstream of the Village of Ottawa. Approximately 950 residential homes and businesses were partially or totally destroyed. During this period of time, the mental health system of Putnam County was on call and present in all emergency shelters. Coverage of this severe natural disaster continued until the shelters were closed on September 3, 2007.

Since that time, with a FEMA grant, and the resource commitment of the Board, outreach services have continued to be provided to the residents of Putnam County in particular Ottawa, Ohio.

Even though six months have passed since the initial disaster, many families' lives are still in disarray. The Board, agency, and neighboring counties have been proactive in responding to the mental health needs of our residents. The Board has reviewed the possible long-term effects and potential needs of our community. We have used data provided by other states with similar disasters and the federal government data to plan for services our residents may require. As per this information, we are aware of the potential increases in:

- Suicides
- Job loss
- School truancy
- Behavioral health problems (ie. anxiety, hopelessness, depression, etc.)

Our plan is to be a stabilizing force over the next few years. The Board will provide core services and prevention education opportunities for residents. The Board will also provide resources for behavioral health care givers and other community entities (police, fire dept) . As a mental health community, we will be maintaining a watchful eye on the behaviors and needs of our residents. The Board will attempt to be the source of trust, security, and hope.

Caring, Recovery, and Resilience

13. Projected Budget. *Please refer to the following link:*

<http://www.mh.state.oh.us/cmtypolicy/planning/guidelines/2009/budget-template.xls>

Using the Board’s submitted SFY 2007 FIS-040 report as a baseline and for comparison purposes, please complete the Community Plan Budget excel spreadsheet for SFY 2009 (if desired, your SFY 2007 FIS-040 may be obtained from Holly Jones at joneshm@mh.state.oh.us). **The Excel spreadsheet must be included with the Word form template, when submitting your Community Plan electronically.** Please indicate how the Board plans to purchase services by fund source.

14. Business Rules. Identify any changes in the Board’s business rules (See Appendix E. Business Rules for MACSIS) that will be necessary to accomplish the Board’s Plan for non-Medicaid reimbursable services and services to consumers that are ineligible for Medicaid.

Click on gray box and enter text.

We plan on no change in our business rule.

E. Evaluation of Plan Implementation.

E.1. How does the Board plan to evaluate services, pursuant to ORC 340.03?

<http://codes.ohio.gov/orc/340.03>

Click on gray box and enter text.

<p>The Board plans on marketing its natural connections with the community to evaluate programs and services. The Board will continue its evaluation process by using tools discussed in 12c Needs Assessment. (Outcome Indicators, Continuity of Care, Data Mart information, local data information, MACSIS, etc.) It is the Board's intent to meet the requirements of ORC 340.03 to the best of its ability.</p>	<p>E.1</p>
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E.2. How does the Board plan to develop and use various databases, (e.g, MACSIS, Outcomes, Behavioral Health Module) to evaluate the effectiveness and efficiency of services?

Click on gray box and enter text.

<p>This performance report relies heavily on the data collected and processed in the Ohio Outcomes Data Mart. The information gathered in the Data Mart is from the Ohio Scales (for adolescents) and the Ohio Consumer Outcomes (for adults). Every client at our agency is asked to participate in the outcomes process. Data is also collected from agency-designed surveys administered in regular intervals throughout the year. Through this process the agency staff receives feedback on service delivery in the following areas: Access, Effectiveness, Efficiency, and Input from Stakeholders.</p> <p>The agency directors arbitrarily chose “Target Goal Expectancies” for each domain. These choices are influenced by past measurements of performance. The data from the outcome forms is used in two ways: 1) as a tool for establishing treatment direction and 2) as a means</p>	<p>E.2</p>
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<p>to enhance the overall performance of the agency. Clinicians record the individual outcome scores in the clients' Diagnostic Assessment and subsequent scorings are included in the chart. By comparing these scores, the clinicians may make inferences about a client's progress and may make suggestions about his or her treatment direction. Corporately, the overall scores from the instruments are gathered and compared to the goals set by the agency staff and directors. This comparison gives rise to suggestions of how to enhance treatment delivery in certain areas. This process reminds the staff of the value of teamwork and of the need to support one another in our efforts to provide excellent behavioral health services to the communities of Putnam County.</p>	
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E.3. To what extent does the Board need technical assistance concerning compliance with ORC 340.03? (Guidelines for ORC 340.03 appear in Appendix D.)

Click on gray box and enter text.

<p>The Board will continue its working relationship with the Department concerning compliance with ORC 340.03. The Northwest area coordinator has offered her assistance throughout this new planning process. The assistance was greatly appreciated.</p>	E.3
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Form 1

Board Appointment Data Sheet

Form 2

Community Board Resources

a. Please provide the name, address, phone number, and email of the Board's Forensic Monitor:

Name	Street Address	City	Zip	Phone Number	Email
Kara E.A. Marcianai	Eastway Corporation 12 West Wenger Rd.	Englewood	45322-2722	937-832-2200	

b. Please provide the name, address, phone number, and email of the Board's Community Linkage Contact:

Name	Street Address	City	Zip	Phone Number	Email
James Buetler	Hertiage Lane	Ottawa	45875	419-523-3208	

c. Please provide the name, address, phone number, and email of the Board's Client Rights Officer:

Name	Street Address	City	Zip	Phone Number	Email
Michael J. Ruhe	835 North Locust Street	Ottawa	45875	419-523-0027	mruhe@pathwaysputnam.org

Form 3

Planned State Inpatient Bed Days

BOARD NAME Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County	
2009 Planned Use of State Inpatient Days	
Northcoast-Toledo	150

Northcoast-Toledo	
Northcoast-Toledo	
Northcoast-Toledo	
Total Inpatient Days	

Signed _____
Board Executive Director

I anticipate contracts for CSN services to some degree.

- Yes
 No

Form 4

Notification of Election of Distribution – SFY 2009

The Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County (Board) has passed a resolution making the following:

- The Board plans to elect distribution of 408 funds.
- The Board plans not to elect distribution of 408 funds

Signed:

Michael J. Ruhe (Name)
Executive Director
Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County

(Board)

Date: