

# Ohio Mental Health and Addiction Services (OhioMHAS) Community Plan Guidelines SFY 2014

## Environmental Context of the Plan/Current Status

1. Describe the economic, social, and demographic factors in the Board area that will influence service delivery. (NOTE: There will be an opportunity to discuss the possible effects of Medicaid expansion upon your local system in question #12.)

### ***Economic, Social, and Demographic Factors influencing Service Delivery:***

HOUSEHOLD INCOME: In 2012 the Ohio median household income was \$47,385. Miami (\$51,507) and Shelby (\$48,087) counties both experienced a decrease in median household incomes even though they remain above the state's median household income. Darke County residents continue to earn 6.6% below the Ohio median income (\$44,280). Across all 3 counties, the per capita personal income was 7.2% below the state average of \$37,836.

% OF POVERTY: On average 28% of the residents of Darke, Miami, & Shelby counties live below 200% of the poverty level. Based on this %, we can estimate approximately 3 out of every 10 people seeking MH or AoD services in the 3 counties live below 200% of the poverty level thus qualifying them for the Board's sliding fee scale based on family size & income.

EMPLOYMENT/INSURANCE: From 2011 to October 2013, the average unemployment rate decreased from 7.67% to 6.23% for the combined three counties which is slightly below Ohio's overall unemployment rate of 7.5%. Of those adults who are employed, 37% do not have employer funded health insurance. This equates to 33% of children in the 3 counties who are not covered by employer funded health insurance.

In FY12, 55% people presenting for MH and/or AoD services had Medicaid. Of the services provided, 60% of the services were re-imbursed by Medicaid. The remaining 40% of services were paid for with Board levy funds, private pay insurance, Medicare, and/or other contracts, etc.

RURAL SERVICE DELIVERY: All of our service providers are having challenges recruiting and retaining employees who are able to bill Medicare and especially 3<sup>rd</sup> party private insurance – especially psychiatrists, advanced practice nurses, LISWs. Additionally, agencies continue to report increase # of adults and families presenting with much more complex needs. Agencies are reporting a higher percentage of people/families being served with multiple needs – e.g. problems with finances and employment, housing, mental health, drug abuse, parenting skills, physical healthcare needs, lack of social support, and any combination of the above. This has led to agencies having difficulty providing services to all who are eligible, triaging of services to specific populations based on safety and health risk, and at times being placed on waiting lists for high in demand services (psychiatric care and CPST). Adults and families find it difficult at times to access services they need in a timely manner.

## Assessment of Need and Identification of Gaps and Disparities

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gap issues and disparities, if any. (NOTE: ORC 340.03 requires service needs review of: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils; and, (2) outpatient service needs of persons currently receiving treatment in state Regional Psychiatric Hospitals)

The Board is involved in two strategic planning processes – one focused on treatment delivery and one focused on

prevention services. The treatment delivery strategic planning process began in the Spring of 2013. The plan uses SAMSHA's "Description of a Good and Modern Addictions & Mental Health Service System" as a core focus for delivery of services in the TCB area. An environmental scan was completed overlaying current treatment service provision within the TCB system into the 11 domains of a good and modern system. Community forums were held with stakeholders to gather additional data. Identified areas for potential services expansion include (in no particular order):

- Co-location of BH & primary care services
- Mental Health First Aid
- Coordinated Tri-County mental health & alcohol/drug prevention plan
- Gambling prevention & treatment
- Pharmacotherapy including medication assisted therapy (MAT)
- Psychiatrist recruitment/retention
- Guardianship services
- Alcohol/drug residential
- 23 hour crisis stabilization services
- Integrated dual diagnosis treatment (IDDT)
- Continuing care for substance use disorders (including aftercare)
- Benefits coordination and navigation services

The prevention strategic planning process began in the Fall of 2013. An environmental scan was completed overlaying current MH promotion and AoD prevention services into the 6 CSAP strategies. Agency stakeholders are participating in workgroups to further develop the 5 Board priorities for prevention services for FY15-16. The 3 substance abuse prevention priorities are: underage consumption of alcohol, youth opiate use (both non medical use & illicit), and adult opiate use (both non medical use & illicit). The MH promotion priorities are: youth depression and adult depression. The workgroup is meeting through December 2013 and January 2014 to further develop these priorities by using the SPF-SIG model to identify strategies, intervening variables, and measurable outcomes. The prevention strategic plan is expected to be complete by Spring of 2014 and will be implemented beginning FY15.

### Strengths and Challenges in Addressing Needs of the Local System of Care

In addressing questions 3, 4, and 5, consider service delivery, planning efforts, and business operations when discussing your local system. Please address client access to services and workforce development. (*see definitions of "service delivery," "planning efforts" and "business operations" in Appendix 2*).

3. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment? (*see definition "local system strengths" that is readily available to a local system of care. in Appendix*
  - **Board Governance:** We have strong support from all 3 counties as evidenced by many board members serving multiple terms on the board of directors. We are fortunate to have banking administrators, city planning directors, law enforcement representatives, attorneys, and family members serving on our board.
  - **Board Administration:**
    - **Leadership:** Our executive director, Mark McDaniel, has over 15 years of experience in leading a multi-county board in addition to experience as an agency director. His knowledge of our local system as well as where the state and federal government is headed in the future with behavioral healthcare is very valuable. In addition, his experience in building positive relationships with other county partners (county commissioners, JFS, FCFC, CSB, etc) is of benefit.
    - **Fiscal Knowledge & Experience:** Our fiscal director, Terri Becker, who is a CPA, has 25+ years of experience working at the ADAMHS board. She is extremely knowledgeable about budgeting at

both the board and provider level. In addition, she is experienced in Utilization Management, a qualification along with her fiscal experience and certification that qualifies her to complete agency fiscal and service audits.

- **Information Technologies:** We are fortunate to have a full time director of information technologies, Jerry Hill who has been at the Board of 18 years. He is MCSE certified and is very knowledgeable in database design and management.
- **Planning & Evaluation:** While we are a small board in terms of size, we are fortunate to have a director of clinical services & evaluation who holds dual licensure as a LISW-S and LICDC-CS. Jodi Long has 16 years of experience working at various levels and positions in community behavioral health including mental health & addictions therapist, CPST supervisor, agency director and now board staff. She brings a wealth of experience and knowledge about the internal and external needs of our system. She partners with the Fiscal Director to complete agency audits.

- **Non-Medicaid Claims Processing:** Our board provides contractual services to another two ADAMHS boards for their MACSIS billing, agency compliance reviews, and AoD peer review services. We will be continuing to provide MACSIS processing for non-Medicaid claims for Allen-Auglaize-Hardin and Putnam Counties. This includes file testing, preparation of reports, reports processing and claims processing.
- **Crisis Intervention Team (CIT) Academy:** Under the direction of Jodi Long, our director of clinical services and evaluation, our CIT Academy has expanded from the foundation course for law enforcement to include 5 additional CIT companion courses for other system professionals including dispatchers, correction officers/court personnel, community college faculty & staff, middle & high school teachers/administration, and behavioral health professionals.
- **Peer Operated /Consumer Operated Service Centers:** Our Board has assisted in the development of 3 peer operated service centers in each of the three counties we serve. It is one of the longest existing COSO's in the state of Ohio. The agency recently collaborated with a mental health agency to create a consumer operated business – SafeHaven Shine - which provides cleaning services to local businesses.
- **Housing:** Our Board has experience in developing, managing, and operating a variety of housing supports ranging from congregate to subsidized apartments to contracts with adult care facilities. We've designed a recovery support services program for clients in adult care facilities that assist them in learning necessary skills for independent living.

- a. Identify those areas, if any, in which you would be willing to provide assistance to other boards and/or to state departments.
  - Our board would be willing to offer technical assistance to other boards and/or to state departments in all of the areas listed above.

4. What are the challenges within your local system in addressing the findings of the needs assessment? (*see definition of "local system challenges" in Appendix 2*).

*Challenges:*

● **Affordable Care Act/Private Insurance:** It is still somewhat of an unknown of the full impact of the Affordable Care Act implementation to our local system. Many of our providers have limited staff paneled with private insurance (and in some cases are even eligible to be paneled). Our system is in need of a health insurance specialist who can assist provider agencies and their staff in becoming paneled.

● **Coordinated MH & AoD Prevention Services:** Our system will likely experience growing pains as the Board begins to drive prevention services through a coordinated plan that includes a mental health and alcohol/other drug focus.

● **Expansion of AoD services:** As we re-align funding to more fully develop our continuum of services for AoD treatment

beyond traditional outpatient, we expect to have more demand for such services as residential, detox, aftercare, MAT than we have funding to purchase services.

a. What are the current and/or potential impacts to the system as a result of those challenges?

- Provider agencies historically have been dependent on the board as their primary source of funding. This has already changed with the elevation of Medicaid. The Board foresees purchasing less indigent care services with the full implementation of the Affordable Care Act. We will need a total overhaul of our sliding fee scale/indigent procedures. The provider agencies need to become more pro-active in preparing themselves for the changing healthcare environment.

- In regards to increased AoD continuum of care services, we will have to create some type of triage process in order to identify those most at risk for detox, residential, and MAT services.

- The Board will most likely begin to provide mental health & AoD prevention services in FY15 in conjunction with the agencies.

- When ODMH stopped mandating the use of the OH Outcome Scales, the TCB area lost its only coordinated outcome measurement system. As part of the strategic plan for 2014-16, the Board will develop a uniform and standardized Outcomes management system.

b. Identify those areas, if any, in which you would like to, receive assistance from other boards and/or state departments.

We would be interested in any resources available for the provider agencies in regards to how to become more successful at becoming paneled with insurance companies. We would like to receive copies of any triage processes other Boards have developed in regards to AoD detox, residential, MAT services, etc. if there are boards similar to ours in demographics we would be interested in what type of outcomes they monitor on an ongoing basis.

5. Describe the Board's vision to establish a culturally competent system of care in the Board area and how the Board is working to achieve that vision (*see definitions of "cultural competence" and "culturally competent system of care" in Appendix 2*).

The Board has access to data which allows for the review of caseload demographics comparisons to the entire community. Provider agencies are all CARF accredited which requires recommended services be responsive to each adult, child, and family's cultural preferences. Board and provider staff attends trainings as required by their licensure that includes training on the theory and practice of cultural competence. Outreach services are available upon request by any racial, ethnic, and cultural groups in the community.

## Priorities

6. Considering the Board's understanding of local needs, the strengths and challenges of your local system, what has the Board set as its priorities for service delivery including treatment and prevention and for populations? Below is a table that provides federal and state priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board's priorities, and add the Board's unique priorities in the space provided. For those federal priorities that are mandatory for the OhioMHAS and not selected by the Board, please check one of the reasons provided (e.g., no assessed local need, lack of funds to meet need, lack of necessary professional staff) or briefly describe the applicable reason.

Priorities for (enter name of Board)				
Substance Abuse & Mental Health Block Grant Priorities *Priorities Consistent OHIOMAS Strategic Plan				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Reduce # of overdose &/or overdose deaths in the 3 counties	Implement a NARCAN program similar to Project Dawn possibly in partnership with other community partners	<ul style="list-style-type: none"> <li>•# of overdoses per capita</li> <li>•# of overdose deaths per capita</li> </ul>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG:</b> Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Ensure access to AoD treatment services within 5-7 calendar days of referral	<ul style="list-style-type: none"> <li>•Continued used of triage protocol at the provider agency level</li> </ul>	<ul style="list-style-type: none"> <li>•# of days from referral to intake appointment</li> </ul>	<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG:</b> Mandatory: Parents with substance abuse disorders who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Ensure access to AoD treatment services within 5-7 calendar days of referral	<ul style="list-style-type: none"> <li>•In development with local CSB agencies</li> <li>•Continued use of triage protocol at the provider agency level</li> </ul>	<ul style="list-style-type: none"> <li>•# of days from referral to intake appointment</li> </ul>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Ensure access to treatment services (counseling, CPST, and pharmacotherapy) within 5-7 calendar days of referral	Continued use of triage protocol at the provider agency level	<ul style="list-style-type: none"> <li>•# of days from referral to intake appointment</li> <li>•Wait time for 1<sup>st</sup> appt with psychiatrist</li> </ul>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-BG:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Decrease # of state and local psychiatric hospital days  Ensure access to treatment services (counseling, CPST, and pharmacotherapy) within 5-7 calendar	Expansion of Community Stabilization Program to all 3 counties to assist with discharge planning  Continued use of triage protocol at the provider agency level	<ul style="list-style-type: none"> <li>•# of state civil hospital days utilized</li> <li>•# of indigent hospital days utilized</li> <li>•# of days from referral to intake appointment</li> <li>•Wait time for 1<sup>st</sup> appt with psychiatrist</li> </ul>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

	days of referral			
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	Provide co-location of BH & primary care services in Miami Co., the largest county served by the Board	Design a one stop shop where the Board, provider agencies, and other community services providers will be co-located	Meet projected deadlines as established in the planning process for the one stop shop	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	Ensure access to peer operated centers for adults living with SMI	Continue to fund SafeHaven in all 3 counties	<ul style="list-style-type: none"> <li>•Daily average attendance, # of groups offered, # of field trips, # of meals served, # of rides provided</li> </ul>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant</b>				
<b>*Priorities Consistent OHIOMAS Strategic Plan</b>				
<b>Treatment:</b> Veterans				<input checked="" type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Individuals with disabilities				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	2) Expand AoD service continuum to include detox, residential , MAT, and additional recovery housing	<ul style="list-style-type: none"> <li>•Establish contract for residential treatment services</li> <li>•Explore opportunities to implement MAT &amp; additional recovery housing</li> </ul>	<ul style="list-style-type: none"> <li>•Completion &amp; implementation of contract for residential treatment services</li> <li>•# of people served in residential tx services</li> </ul>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	Decrease # of people with serious & persistent mental illness and/or addiction who are homeless	<ul style="list-style-type: none"> <li>•Continue to fund board owned &amp; privately owned subsidized apartments, group homes, and congregate homes</li> <li>•Develop &amp; implement a recovery house managed by CHI</li> <li>•Continue to provide funding &amp;</li> </ul>	<ul style="list-style-type: none"> <li>•# of people identified by the Continuum of Cares in all 3 counties who are identified as SMI and/or addicts during annual point and time study</li> <li>•# of people served by existing housing services</li> </ul>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		support for the Shelby Recovery House & MCRC's Men's Recovery House		
<b>Treatment:</b> Underserved racial and ethnic minorities and LGBTQ populations				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>Treatment:</b> Youth/young adults in transition/adolescents and young adults				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Early childhood mental health (ages 0 through 6)*				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Adopt a public health approach (SPF) into all levels of the prevention infrastructure	Complete combined BH & AoD prevention strategic plan based on SPF SIG model	Implement FY15 Board prevention strategic plan	<ul style="list-style-type: none"> <li>•Monitor implementation process</li> <li>•Collect data as identified in the plan</li> <li>•Statistics collected within PIPAR</li> </ul>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*	Complete combined BH & AoD prevention strategic plan based on SPF SIG model	Implement FY15 Board prevention strategic plan	<ul style="list-style-type: none"> <li>•Monitor implementation process</li> <li>•Collect data as identified in the plan</li> <li>•Statistics collected within PIPAR</li> </ul>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Empower pregnant women and women of child-bearing age to engage in healthy life choices				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Promote wellness in Ohio's workforce	Complete combined BH & AoD prevention strategic plan based on SPF SIG model	Implement FY15 Board prevention strategic plan	<ul style="list-style-type: none"> <li>•Monitor implementation process</li> <li>•Collect data as identified in the plan</li> <li>•Statistics collected within PIPAR</li> </ul>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<p><b>Prevention:</b> Integrate Problem Gambling Prevention &amp; Screening Strategies in Community and Healthcare Organizations*</p>	<ul style="list-style-type: none"> <li>• Increase gambling screenings at all provider agencies</li> <li>• Increase awareness of primary care doctors to risks, factors, and warning signs of problem gambling</li> </ul>	<ul style="list-style-type: none"> <li>• Implement SOGS as part of the intake process at all provider agencies</li> <li>• Provide gambling prevention kits to all primary care doctors in the 3 county area</li> </ul>	<ul style="list-style-type: none"> <li>• # of SOGS completed</li> <li>• # of people referred for gambling treatment</li> <li>• # of doctors who receive gambling prevention kits</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No assessed local need</li> <li><input type="checkbox"/> Lack of funds</li> <li><input type="checkbox"/> Workforce shortage</li> <li><input type="checkbox"/> Other (describe):</li> </ul>
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Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Promote & maintain an effective and efficient service delivery system responsive to the needs of Darke, Miami, and Shelby counties	Establish a behavioral health “one stop shop” model program in Miami county	<ul style="list-style-type: none"> <li>•Articulate plan and implement one stop shop</li> <li>•Establish coalition of community partners in the planning &amp; implementation process</li> </ul>	Completion of strategies
	Expand the current addictions continuum of care funded by the Tri-County Board	<ul style="list-style-type: none"> <li>•Expand recovery housing, MAT, NARCAN project, AoD residential treatment, ambulatory detox services, etc.</li> <li>•Ensure the prioritization of levels of care with identified time tables for implementation</li> <li>•Ensure the full spectrum of levels of care for opioid addiction treatment</li> </ul>	Completion of strategies
	Explore opportunities to develop/expand benefits coordination	<ul style="list-style-type: none"> <li>•Based on analysis, identify and implement expanded benefits coordination activities</li> </ul>	<ul style="list-style-type: none"> <li>•Increase # of staff trained in Expedited SSI/SSDI application process</li> <li>•Increase # of people enrolled in Medicaid</li> <li>•Assist individuals in applying for insurance under the Affordable Care Act</li> </ul>
	Increase pharmacological services capacity within the service delivery system	<ul style="list-style-type: none"> <li>•Develop and implement pharmacological services plan to recruit, hire, and retain psychiatrists</li> <li>•Develop and implement pharmacological services plan to recruit, hire and retain physicians assistants, advanced practice nurses with demonstrated competencies in psychiatry</li> </ul>	Completion of strategies
	Maximize Mental Health First Aid opportunities throughout the three (3) county area	<ul style="list-style-type: none"> <li>•Develop and implement a plan to expand the MHFA program in all counties</li> </ul>	Train a minimum of 4 more trainers
	Ensure availability of Survivor of Suicide (SOS) support groups throughout the three (3) county area	<ul style="list-style-type: none"> <li>•Provide support to organize and maintain SOS support groups in all counties</li> </ul>	Completion of strategies
	Create & facilitate a behavioral health training opportunities to school systems in the three (3) county area	<ul style="list-style-type: none"> <li>•Ensure the availability and follow up provision of BH training opportunities to interested school districts in the three (3) county area</li> </ul>	Completion of strategies
	Evaluate the need for discharge/transition planning for individuals released from local county jails	<ul style="list-style-type: none"> <li>•Utilize funding through the Community Innovations grant process</li> <li>•Complete an evaluation of need of inmate discharge/transition planning, and if indicated,</li> </ul>	Completion of strategies

		develop and implement a plan in conjunction with the courts and local law enforcement	
	Explore the expansion of specialized dockets for Darke & Shelby County court system.	<ul style="list-style-type: none"> <li>•Collaborate with court system stakeholders to determine the need &amp; desire to develop specialized dockets in Darke &amp; Shelby Cos.</li> <li>•Identify availability &amp; secure funding for developing &amp; implementing specialized dockets in the 2 cos.</li> </ul>	Completion of strategies
	Explore requiring evidence based best practice models for treatment & prevention activities	<ul style="list-style-type: none"> <li>•Evaluate the feasibility of requiring evidence-based best practice models of the organizations providing treatment &amp; prevention services. If feasible, develop plan &amp; implement requirements</li> </ul>	Completion of strategies
Ensure safe, effective and efficient facilities are available for coordination of Tri-County Bd. initiatives	Create facility to establish a successful one stop shop project	<ul style="list-style-type: none"> <li>•Develop &amp; implement a ground up construction plan for the one stop shop</li> <li>•Explore additional capital projects to ensure financing</li> <li>•Engage project management entities to ensure coordination and timely completion within established budget requirements</li> </ul>	Completion of strategies
Ensure documented effective quality improvement and promotion/use of information technology to improve and support Board and service delivery system activities	Create uniform and standardized Outcomes management system	<ul style="list-style-type: none"> <li>•Facilitate collaboration with service delivery system stakeholders to participate in the identification and development of system wide outcome measures for treatment and prevention</li> <li>•Create &amp; implement an outcomes management system plan</li> <li>•Monitor ongoing validity, reliability, and effectiveness of the system performance on the established outcome measures</li> </ul>	Completion of strategies
	Transition QI process and information into an all-electronic based format	<ul style="list-style-type: none"> <li>•Develop QI electronic transition plan and implement</li> </ul>	Completion of strategies
	Facilitate the full implementation of the telehealth capability system wide	<ul style="list-style-type: none"> <li>•Develop system wide training &amp; utilize telehealth technology</li> <li>•Facilitate training opportunities and offer via telehealth technology</li> </ul>	Completion of strategies
	Revise and update the “dashboard” reporting format	<ul style="list-style-type: none"> <li>•Identify prioritized data sets to include within the “dashboard” report and implement</li> </ul>	Completion of strategies
Strengthen the Tri-County Board of Recovery & MH Services “Brand” and advocacy roles in the	Create a comprehensive and targeted community relations plan	<ul style="list-style-type: none"> <li>•Identify specific public relations target areas, develop and implement strategies to penetrate the Tri-Cty</li> </ul>	Completion of strategies

community		<p>market area</p> <ul style="list-style-type: none"> <li>•Identify and prioritize specific population/special population groups or segments to target outreach and community relations efforts. Implement as indicated.</li> <li>•Identify new and emerging corporate and public partnerships.</li> <li>•Research/identify philanthropic foundations within the catchment area, develop &amp; implement a planned approach to generating capital from the private sector for special projects.</li> <li>•Develop &amp; implement system-wide cross training modules to improve better understanding and collaboration between mental health and addictions providers. Utilize Telehealth capabilities</li> </ul>	
Implement combined BH & AoD prevention strategic plan based on SPF SIG model in FY 15	<p><u>Adults &amp; Opiate Use, Misuse:</u> Reduce accidental &amp; unintentional overdose deaths in adults linked to the misuse of prescription &amp; illicit opiates.</p> <p>Increase awareness to the general public about the dangers of prescription opioid misuse and the transition to heroin abuse.</p> <p>Increase awareness to the general public about opioid (prescription and illicit) risk for misuse, abuse and addiction.</p> <p>Increase opportunities for the general public to destroy old/unused prescriptions in private homes while educating them about the connection to the opiate abuse epidemic &amp; keeping old/unused Rx in their homes.</p>	<ul style="list-style-type: none"> <li>•Explore interest, opportunities &amp; partnerships needed to implement Project Dawn in all three counties</li> <li>•Partner with local law enforcement departments for National Drug Take Back Events</li> </ul> <p><b>Environmental</b></p> <ul style="list-style-type: none"> <li>• PSA (See Info Dissem.)</li> <li>• Web campaigns</li> <li>• Articles</li> <li>• Environmental Scans</li> </ul> <p><b>Community Based Process</b></p> <ul style="list-style-type: none"> <li>• TBD</li> </ul> <p><b>Information Dissemination</b></p> <ul style="list-style-type: none"> <li>• PSA</li> <li>• Social marketing messages</li> <li>• Staffed information booths</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>• TBD</li> </ul> <p><b>Alternatives</b> TBD</p> <p><b>Problem Identification &amp; Referral</b></p>	TBD as part of the SPF SIG process

		TBD	
	<p><u>Youth &amp; Opiate Use &amp; Misuse:</u> Increase awareness of school age youth about opioid risk for misuse, abuse, and addiction.</p> <p>Increase opportunities for school age youth to build pro-social, resiliency skills</p>	<p>•Partner with schools to implement the “StartTalking” Campaign</p> <p><b>Environmental</b></p> <ul style="list-style-type: none"> <li>• PSA (See Info Dissem.)</li> <li>• Web campaigns</li> <li>• Articles</li> <li>• Environmental Scans</li> </ul> <p><b>Community Based Process</b></p> <ul style="list-style-type: none"> <li>• TBD</li> </ul> <p><b>Information Dissemination</b></p> <ul style="list-style-type: none"> <li>• PSA</li> <li>• Social marketing messages</li> <li>• Staffed information booths</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>• Participate in school health classes</li> <li>• Peer leader &amp; peer educator programs</li> <li>• Education programs for community groups</li> </ul> <p><b>Alternatives</b> TBD</p> <p><b>Problem Identification &amp; Referral</b> TBD</p>	TBD as part of the SPF SIG process
	<p><u>Youth &amp; Underage Alcohol Consumption</u> Decrease opportunities for youth to purchase alcohol related products</p> <p>Increase awareness of youth that the majority in our community do not consume alcohol underage.</p> <p>Increase opportunities for school age youth to build pro-social, resiliency skills</p> <p>Increase awareness of parents &amp; other adults that</p>	<p>•Explore opportunities with schools and communities to develop and implement “We are the Majority”(Drug Free Action Alliance) activities in the community</p> <p>•Explore opportunities with local law enforcement departments to complete Compliance Checks with local vendors who sell alcohol</p> <p><b>Environmental</b></p> <ul style="list-style-type: none"> <li>• PSA (See Info Dissem.)</li> <li>• Web campaigns</li> <li>• Articles</li> <li>• Environmental Scans</li> </ul>	TBD as part of the SPF SIG process

	<p>decreased access to alcohol decreases risk for use, abuse, and addiction.</p>	<p><b>Community Based Process</b></p> <ul style="list-style-type: none"> <li>• TBD</li> </ul> <p><b>Information Dissemination</b></p> <ul style="list-style-type: none"> <li>• PSA</li> <li>• Social marketing messages</li> <li>• Staffed information booths</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>• Participate in school health classes</li> <li>• Peer leader &amp; peer educator programs</li> <li>• Education programs for community groups</li> </ul> <p><b>Alternatives</b></p> <p>TBD</p> <p><b>Problem Identification &amp; Referral</b></p> <ul style="list-style-type: none"> <li>• TBD</li> </ul>	
	<p><u>Youth Mental Health Promotion:</u>          Adopt and implement evidenced based programs that address how to increase youth resiliency.</p> <p>Increase knowledge &amp; skills of youth &amp; adults on how to intervene when a youth is experiencing a mental health crisis .</p> <p>Promote a common set of healthy beliefs and standards in the TCB area about youth taking care of their mental wellness.</p>	<p><b>Environmental</b></p> <ul style="list-style-type: none"> <li>• PSA (See Info Dissem.)</li> <li>• Web campaigns</li> <li>• Articles</li> <li>• Environmental Scans</li> </ul> <p><b>Community Based Process</b></p> <ul style="list-style-type: none"> <li>• Explore the need and purpose for developing a TCB Prevention Advisory Board</li> </ul> <p><b>Information Dissemination</b></p> <ul style="list-style-type: none"> <li>• PSA</li> <li>• Social marketing messages</li> <li>• Staffed information booths</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>• Participate in school health classes</li> <li>• Peer leader &amp; peer educator programs</li> <li>• Education programs for community groups</li> </ul>	<p>TBD as part of the SPF SIG process</p>

		<p><b>Alternatives</b></p> <ul style="list-style-type: none"> <li>•TBD</li> </ul> <p><b>Problem Identification &amp; Referral</b></p> <ul style="list-style-type: none"> <li>•Increase # of trained facilitators who can offer the Mental Health 1<sup>st</sup> Aid for Youth curriculum</li> <li>•Offer the MHFA curriculum to schools, churches, and other community organizations</li> </ul>	
	<p><u>Adult Mental Health Promotion:</u> Increase educational opportunities for individuals, primary care providers, businesses/EAP, and the community at large about depression and associated risk factors among adults</p> <p>Increase public awareness of the signs &amp; risk factors for depression and suicide and how/where to seek help</p> <p>Increase knowledge &amp; skills of youth &amp; adults on how to intervene when a youth is experiencing a mental health crisis.</p>	<p><b>Environmental</b></p> <ul style="list-style-type: none"> <li>• PSA (See Info Dissem.)</li> <li>• Web campaigns</li> <li>• Articles</li> <li>• Environmental Scans</li> </ul> <p><b>Community Based Process</b></p> <ul style="list-style-type: none"> <li>• TBD</li> </ul> <p><b>Information Dissemination</b></p> <ul style="list-style-type: none"> <li>• PSA</li> <li>• Social marketing messages</li> <li>• Staffed information booths</li> </ul> <p><b>Education</b></p> <ul style="list-style-type: none"> <li>• Education programs for community groups</li> </ul> <p><b>Alternatives</b></p> <ul style="list-style-type: none"> <li>•TBD</li> </ul> <p><b>Problem Identification &amp; Referral</b></p> <ul style="list-style-type: none"> <li>•Increase # of trained facilitators who can offer the Mental Health 1<sup>st</sup> Aid curriculum</li> <li>•Offer the MHFA curriculum to businesses, community organizations, and the general public</li> </ul>	TBD as part of the SPF SIG process

**Priorities (continued)**

7. What priority areas would your system have chosen had there not been resource limitations, and why? If you provide multiple priority areas, please prioritize.

Priority if resources were available	Why this priority would be chosen
(1) Additional access to AoD residential care & recovery housing	We know there is more demand for this level of care than what we are currently able to purchase.
(2) Integrated BH & primary care services in Darke & Shelby Cos.	Research shows that rural access to both BH & primary care services is limited and often lacks coordination. Integration of physical health care into existing BH services in Darke & Shelby counties would provide better care to the people served.
(3) Anything Else We want to include here?	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	

## Collaboration

8. Describe the Board's accomplishments achieved through collaborative efforts with other systems, consumers and/or the general public during the past two years.

During the last 2 years, many of our ongoing collaborative efforts from previous years have continued or been expanded.

**Private Hospitals:** In last 2 years, we have contracted with an additional 2 private hospitals for indigent psychiatric care, bringing the total to 4 (Access Hospital, UVMC, Kettering BH, and St. Rita's). This brings our total indigent psychiatric contracts to \$xxxxxx per year.

**Sheriff Departments:** We have transportation contracts with 2 of the 3 local sheriff's departments to provide transportation to and from the private hospitals and NOPH. In the last 2 years, the DC jail has been entered into a central pharmacy contract. This means now all 3 of our jails have central pharmacy contracts and we share in the costs of psychiatric medications for inmates.

**Juvenile, Municipal, and Common Pleas Court:** In Miami County, the municipal and common pleas drug courts continue to operate. The juvenile drug court was discontinued due to funding changes. These partnerships have greatly increased the number of people successfully establishing recovery and completing their probationary requirements. In Darke Co., the juvenile court and the local mental health agency co-funds a court liaison position to work specifically with youth who have mental health issues. In Miami Co. the Tri-County Board and the Miami Co. Municipal Court co-fund a court liaison position to work specifically with adults charged with misdemeanor crimes who are connected to or may benefit from mental health/addiction services. Miami Co. Recovery Council collaborates on a criminal justice grant with the Sidney Municipal Courts & was awarded funding to provide liaison and additional clinical services to those with mental health and AoD needs who are involved in municipal court.

**Law enforcement, Jails, 911 Dispatch:** The 4 largest police departments, all 3 sheriff departments, as well as several other smaller police departments, and Edison Community College have strongly supported CIT for the last 7 years. We have collaboratively developed CIT Companion courses for court officers, dispatchers, college professors/faculty, and a cross training for behavioral health professionals.

**Family & Children First Council:** The Board regularly participates in the executive committee as well as full council of all 3 FCFCs.

**Continuum of Care:** We have Board representatives regularly attending all three continuums of care groups that address homelessness in the tri-county area.

**NAMI:** In FY13, the Board added a part time position for a NAMI coordinator to assist the local chapters in coordinating their efforts of advocacy, education, and support. The Tri-County Board continues to offer office and training space at no charge, as well as a small annual grant to NAMI in order that they can continue serving the Tri-County area. This supports Family to Family being able to be offered 2x a year as well as monthly space for the NAMI parent support group to meet and the NAMI Connections support group for consumers to meet.

## Inpatient Hospital Management

9. Describe the interaction between the local system's utilization of the State Hospital, Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that you expect/foresee

With the addition of the Access Hospital (Dayton OH) indigent contract, our civil state hospital usage in FY13 and currently in FY14 has dropped to record lows. The only challenge with Access Hospital is they are not able to accept Medicaid due to the federal law that prohibits a private free standing psychiatric hospital to bill Medicaid for people between ages 21-64. We have seen an increase in state hospital forensic usage yet we have little ability to intervene in these admissions. All 3 cmhc provider agencies now have a designated discharge planner/community stabilization staff person whose role is to coordinate a person's entire discharge needs from aftercare, housing, benefits, etc.

In FY14, the Board experienced difficulties with NOPH in moving forward with a NGRI-CR release. After much advocacy by Board staff this patient was successfully discharged back into the community in early December 2013.

NOPH has readily admitted they are not able to adequately treat dual diagnosis patients – many reasons have been given yet considering the recent merger at the state level – our Board hopes to see an increased focus on integrated dual diagnosis care for those who are NGRI, SMI, and are currently hospitalized at a state hospital.

We foresee a continued increase of forensic patients placed at the state hospital via the municipal and common pleas courts as Judges become more diligent in diverting people with SMI from jails and prisons. With Access Hospital being willing to take more difficult and challenging patients, we hope to continue to divert the majority of our civil admissions from the state hospital.

### Innovative Initiatives (Optional)

10. Many boards have implemented innovative programs to meet local needs. Please describe strategies, policy, or programs implemented during the past two years that increase efficiency and effectiveness that you believe could benefit other Ohio communities in one or more of the following areas?

- a. Service delivery
- b. Planning efforts
- c. Business operations
- d. Process and/or quality improvement

Please provide any relevant information about your innovations that might be useful, such as: how long it has been in place; any outcomes or results achieved; partnerships that are involved or support it; costs; and expertise utilized for planning, implementation, or evaluation.

**Community Stabilization Program:** We used the OMHAS Incentive funding to develop and implement in FY13 and then maintain in FY14 a community stabilization program. The original goal of the program was to decrease the # of civil admissions to the state hospital (NOPH). We met our outcome – we decreased our state hospitalization civil admissions from 47 in FY12 to 10 in FY13 and currently are at 2 for FY14 (as of Dec 2013). The targeted population for this program is: Identified Tri-County residents who meet eligibility for SMI/SPMI, have had repeated civil commitments to NOPH or indigent private psychiatric hospitalizations over the last 5 years, are on a forensic status in the community or at NOPH, or have been identified by the Board. Services include: The coordinator will serve as the treatment team leader and provide

direction to the CPST & RN regarding service establishment and coordination for identified clients and all NOPH and private psychiatric hospital discharges. This person will also be responsible for providing home based therapy services as clinically indicated for identified clients. The coordinator will provide monthly statistics to the Tri-County Board including but not limited to any barriers in discharging people from the state hospital as well as any barriers limiting a person's ability to live in the community. The CPST worker will provide CPST services according to the ORC including but not limited to addressing activities of daily living, connection to natural social supports in the community, and benefit establishment/analysis/review that support independent living & decreases the risk for re-hospitalization. The RN will provide in home nursing duties that support living independently in the community and reduces the risk for re-hospitalization. The funding supported billable activities performed by identified staff that isn't traditionally able to be billed to other sources such as Medicaid ( transportation, services to unopened individuals, etc.). (Total Project: \$21,362; Estimated Savings: for FY14 \$425,500 (37 admissions @ \$575 x 20 days)

**Prevention Strategic Plan using the SPF-SGI model:** In FY13, we used a portion of the Tri-County Bd. SFY12 SPF-SIG funds plus additional Board levy funding to enter into an agreement with Ohio University/Holly Raffle for consultation services to assist the TCB in developing a Board prevention strategic plan using the SPF-SGI model. (Total Project: \$8000)

**TeleHealth Project:** In FY 13, we used a combination of Hot Spot funding plus additional Board levy funding to equip all of our provider agencies with telehealth hardware and the MegaMeeting application. This funding: equipped 45 staff across 7 agencies with mobile devices & connectivity for telehealth services and equipped 6 agencies with telehealth conference rooms. (Total Project: \$102,168)

### Advocacy (Optional)

11. Please share a story (or stories) that illustrate the vital/essential elements you have reported on in one or more of the previous sections.

**Client Advocacy - Community Stabilization Program/NGRI client:** We had been monitoring a patient at NOPH who had been hospitalized under a NGRI commitment since March of 2011 who had both a SPMI as well as residual cognitive deficits due to a stroke. In July of 2013, after the patient had been granted Level 5, and had been working through the community stabilization program, the TCB and its cmhc felt the community was prepared to meet the patient's treatment needs and was ready to move forward with a conditional release plan. At the same in July, the patient was moved to a new unit with a new psychiatrist who at a treatment team meeting stated the patient "would be at NOPH for months and months and months" because he had been allowed to return to the county jail for his level 5 hearing without his psychotropic medications. The TCB staff advocated with NOPH adamantly for several months around our belief that the least restrictive environment for the patient was the community & we were adequately able to meet all of his behavioral health and physical health care needs. In mid December 2013, the patient was released from NOPH into the community on a conditional release plan. Without the TCB's advocacy efforts & regular participation in forensic treatment team meetings, this patient would likely have remained at NOPH for months if not years longer than necessary.

**Service System Advocacy - Prevention Strategic Plan:** The Board's advocacy efforts with the provider agencies to participate in a combined 3 county planning effort around a BH & AOD prevention strategic plan was successful due to the Board taking the lead in the project. It was board staff who took the initiative to speak with OMHAS about alternative options of how to expend the remaining FY12 SPF-SIG funds. The provider agencies plan for

initiatives within their own agencies but are less successful in planning across agencies and/or counties.

### Open Forum (Optional)

12. Please share other relevant information that may not have been addressed in the earlier sections. Report any other emerging topics or issues, including the effects of Medicaid Expansion, which you believe are important for your local system to share with the Departments or other relevant Ohio Communities.

## Appendix 1: Alcohol & Other Drugs Waivers

### A. Waiver Request for Inpatient Hospital Rehabilitation Services

Funds disbursed by or through OhioMHAS may not be used to fund inpatient hospital rehabilitation services. Under circumstances where rehabilitation services cannot be adequately or cost-efficiently produced, either to the population at large such as rural settings, or to specific populations, such as those with special needs, a Board may request a waiver from this policy for the use of state funds.

Complete this form providing a brief explanation of services to be provided and a justification for this requested waiver. **Medicaid-eligible recipients receiving services from hospital-based programs are exempted from this waiver as this wavier are intended for service expenditure of state general revenue and federal block funds.**

A. HOSPITAL	ODADAS UPID #	ALLOCATION

### B. Request for Generic Services

Generic services such as hotlines, urgent crisis response, referral and information that are not part of a funded alcohol and other drug program may not be funded with OhioMHAS funds without a waiver from the Department. Each ADAMHS/ADAS Board requesting this waiver must complete this form and provide a brief explanation of the services to be provided

B.AGENCY	ODADAS UPID #	SERVICE	ALLOCATION

## Appendix 2: Definitions

**Business Operations:** Shared Resources, QI Business Plan, Financial Challenges, Pooled funding, Efficiencies, Strategic Planning, Contracts, Personnel Policies, etc.

**Cultural Competence:** (Ohio's State Inter-Departmental Definition) Cultural competence is a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services.

**Culturally Competent System of Care:** The degree to which cultural competence is implemented as evidenced by the answers to these questions:

- Is leadership committed to the cultural competence effort?
- Are policies and procedures in place to support cultural competence within the system, including policies and procedures to collect, maintain and review caseload cultural demographics for comparison to the entire community?
- Are the recommended services responsive to each adult, child and family's culture?
- Is the client and family's cultural background taken into account in determining when, how, and where services will be offered?
- Is staff reflective of the community's racial and ethnic diversity?
- Is staff training regularly offered on the theory and practice of cultural competence?
- Are clients and families involved in developing the system's cultural competence efforts?
- Does Behavioral Health staff interact with adults, children and families in culturally and linguistically competent ways?
- Is staff culturally sensitive to the place and type of services made available to the adult, child and family?
- Does the system of care reach out to the diverse racial, ethnic, and cultural groups in the community?

**Local System Strengths:** Resources, knowledge and experience that is readily available to a local system of care.

**Local System Challenges:** Resources, knowledge and experience that is not readily available to a local system of care.

**Planning Efforts:** Collaborations, Grant opportunities, Leveraging Funds, Data Collection (e.g., Key Performance Indicators, Outcomes), Trainings

**Service Delivery:** Criminal Justice, School Based or Outreach, Crisis Services, Employment, Inpatient/Residential Services, Housing, Faith Communities, etc.