

**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.)

Our Board area covers 1,400 square miles in rural southeastern Ohio. Our population is aging with a high percentage of families with children living below poverty levels. According to USDA statistics poverty levels are as follows: Belmont 14.6%, Harrison 19.4%, Monroe 16.3%. Our Board area's population continues to decline. Our counties' unemployment rates are all above Ohio's rate. They are as follows: Belmont 7.8%, Harrison 7.7%, Monroe 15.6% according to the Ohio Labor Market Information.

Belmont County, along with Monroe and Harrison Counties, top the state of Ohio in terms of natural gas production according to new data from the Ohio Department of Natural Resources. The ODNR report lists production data for 245 Ohio wells.

The unemployment rates for Belmont and Harrison Counties have decreased since our last community plan submission. This is in large part due to the oil and gas industries increasing presence in our communities. Monroe County has not experienced the decrease in unemployment rates since they have hundreds of citizens who lost their life-time jobs due to the closing of Ormet, an aluminum production plant in the county.

The Board provided information to Ormet's laid-off employees about the services and supports in our community system. Our provider agencies are tracking service requests from this population. To date requests have been limited.

The three counties should see economic improvement due to the implementation of the oil and gas industries. To date our system has not seen a significant increase in service demand. Court referrals for the Driver's Intervention Program (DIP) have notably increased.

We have two dually certified agencies, one AOD certified agency, one mental health certified agency and a school based prevention agency. Through the utilization of reserve funds, our system has maintained a consistent volume of service delivery.

We monitor access to service on a monthly basis. Our access target is fifteen working days which is being achieved with a few limited exceptions. Targeted community education is utilized along with publicizing agency locations and phone numbers to make potential consumers aware of available services.

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)

Our system uses many sources to determine service needs and gaps in our community system. However, no formal needs assessment has been completed. The process of obtaining information from our community partners is ongoing, pragmatic and has a problem solving focus. We are at many community tables and continuously solicit input. In all three counties, there is a sense of cooperation and familiarity with many of the same people at different meetings focused on varying community problems and/or projects. Local needs arise and are recognized on an ongoing basis through the numerous community forums mentioned below.

A prime example of the effectiveness of this approach is being awarded the Strong Families, Safe Communities Grant in conjunction with the BHN Alliance, our Developmental Disabilities partner. In an attempt to prevent out of home placement, our systems had been meeting for several years around intensive and expensive service needs of dually diagnosed children and adolescents. The grant provided an opportunity to expand our collaborative work.

Community organizations involved in our Board's planning efforts include, but are not limited to: Departments of Job and Family Services, Children's Services Departments, Juvenile Courts, Adult Court systems, Family and Children First Councils, Provider staff and their governing Boards, DD systems, state hospital staff and school personnel.

The planning process does not start with a blank page each year, but is affected by system requirements, recognized community needs and financial realities. Several years ago in response to significant funding decreases our Board in cooperation with our system's contract agencies worked together to implement treatment service reductions and eliminate services to target populations. At that time, prevention services were discontinued except for prevention services in schools.

Obviously, finances will be a driving force in determining our Board's ability to meet existing and increasing service needs. Our Board system continues to stabilize service delivery through utilizing substantial Board reserves on an annual basis. This approach cannot be continued indefinitely because available resources will be exhausted. Allocations to contract agencies has not increased in six years. In FY13, two agencies exceeded their non-Medicaid allocation. Cooperatively the Board paid half of the overproduction and the agencies did uncompensated care for half of the overproduction. Our community system will be forced to balance community needs with insufficient funding. It should be noted that our rural Board area maintains a fairly complete array of mental health and AOD treatment services.

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” in Appendix 2).

The strengths of our local system that will assist in addressing recognized community needs are:

- Cooperative and interactive relationship with agencies
- Collaboration between our Regional Psychiatric Hospital, Board and agency staff on a structured and regular basis, the focus of which is discharge planning and community system needs
- The function of the children’s clusters in all three counties is exemplary. In each county there is a comprehensive array of community organizations participating. Decisions around the needs of children are jointly made and funded. The funders include Departments of Job & Family Services, Juvenile Court systems, Developmental Disabilities Systems and the Board
- Our system has a strong working relationship with the criminal justice systems in all three counties
- Committed and involved Board Members
- Long-tenured and knowledgeable Board staff
- Supportive and cooperative relationship with OhioMHAS personnel
- Advocacy and assistance from OACBHA

- a. Identify those areas, if any, in which you would be willing to provide assistance to other boards and/or to state departments.

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).

The main challenge in responding to service needs is the current fiscal position of the Board.

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

The drastic cuts to funding from FY08 to FY09 was ameliorated by our system’s decision to utilize monies from the Board’s fund balance. It was decided to utilize fund balance resources until the cash flow needs of the system would be in jeopardy. The estimated timeframe for this course of approach was 3 to 4 years. FY14 is the 6th year utilizing this approach, and it is expected we will be able to proceed for 2 to 3 more years. We have been able to continue this approach longer than expected due to unanticipated revenues and provider agencies not expending their non-Medicaid allocations. (Two provider agencies exceeded their non-Medicaid allocation in FY13, and the Board reimbursed them 50% of the uncompensated care provided.)

To date the Board has utilized \$906,141.00 of Board reserves through FY13. The projection for FY14 is \$215,745.00.

This has enabled service delivery to be stable from FY09 to the current year. However, services continue at a significantly reduced level from FY08.

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

Pursue funding for supportive housing and intensive outpatient wrap-around services.

- 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*).

Our Board area has a very homogeneous population which is almost totally white Appalachian. Nevertheless, our agencies conduct numerous cultural sensitivity trainings throughout the year. Satisfaction surveys are utilized to elicit responses from clients regarding the cultural sensitivity of staff persons with whom they had contact during their period of treatment.

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
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)				X No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)				X No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: 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)	<ul style="list-style-type: none"> Prevent removal of children from their home Reunification of families where children have been removed. 	<ul style="list-style-type: none"> Provide timely and appropriate services Continue funding to the Belmont County Juvenile Court's Family Drug Court Continue participation in Belmont-Harrison-Monroe Counties' children's cluster process 	<ul style="list-style-type: none"> Number of families successfully reunified Number of families successfully completing drug court 	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases				X No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	<ul style="list-style-type: none"> Provide adequate funding through prioritizing service delivery in our system Maintain children in their own homes 	<ul style="list-style-type: none"> Timely provision of appropriate services to children and families Successful implementation of Strong Families, Safe Communities Grant Provision of intensive home based services 	<ul style="list-style-type: none"> Reduce or not increase the number of children in residential placement Increase intensive home-based services to this population Monitor access time to services on a monthly basis 	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		<ul style="list-style-type: none"> • Timely and appropriate crisis response • Continued participation in the cluster process in all three counties 		
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	<ul style="list-style-type: none"> • Reduce state hospital utilization • Enhance system progress to a more recovery focused approach 	<ul style="list-style-type: none"> • Continue monthly Board, Provider Agency, and State Hospital staff meetings to discuss discharge planning of consumers • Provision of timely & appropriate services • Continue annual multi-Board Recovery Summit conference for consumers • Timely & appropriate crisis response • Maintain crisis stabilization unit 	<ul style="list-style-type: none"> • Maintain or improve current hospital utilization trends • Stable community housing placements • Monitor access to services on a monthly basis 	<input 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
MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH&SAPT-BG: Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
*Priorities Consistent OHIOMAS Strategic Plan				
Treatment: Veterans				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Treatment: Individuals with disabilities				X No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	<ul style="list-style-type: none"> • Timely and appropriate delivery of services to this population • Adequate funding for services to this population 	<ul style="list-style-type: none"> • Design a specific treatment strategy for this population • Train staff in identification of this addiction during the assessment process • Coordinate adherence to the treatment plan when court has ordered treatment 	<ul style="list-style-type: none"> • Successful completion of the treatment plan • Compliance with treatment recommendations 	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*				__ No assessed local need __ Lack of funds __ Workforce shortage X Other (describe): Response for SMI included in MH-BG above
Treatment: Underserved racial and ethnic minorities and LGBTQ populations				X No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Treatment: Youth/young adults in transition/adolescents and young adults				X No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Early childhood mental health (ages 0 through 6)*				__ No assessed local need X Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure				__ No assessed local need __ Lack of funds __ Workforce shortage

				X Other (describe): Other approaches being utilized.
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: 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):
Prevention: Promote wellness in Ohio's workforce				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement

(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	

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.

Rural areas such as ours have long recognized the benefit of intersystem collaboration.

Community organizations involved in our Board's Collaborative efforts include, but are not limited to: Departments of Job and Family Services, Children's Services Departments, Juvenile Courts, Adult Court systems, Family and Children First Councils, Provider staff and their governing Board, Developmental Disabilities systems, state hospital staff, and school personnel. In all three counties, there is a sense of cooperation and familiarity with many of the same people at different gatherings focused on varying community problems and/or projects. The following represent important collaborations in our system:

- Currently in all three counties the Juvenile Court Judges, the Directors of Job and Family Services, the MHR Board Director and the Directors of DD "manage" residential placements. This represents a long-tenured successful collaborative effort. Representatives from these entities work in unison in the community cluster process to keep placements costs within a predetermined allocation. The Juvenile Court does not make direct placements outside of this arrangement, and the per diem placement costs are shared between the entities, as appropriate. Since the inception of this collaboration, residential costs have significantly declined.
- Strong collaboration between two of our provider agencies, juvenile court and common pleas court in Belmont County have established long-tenured and successful drug courts.
- Our Board's first successful CIT training was held in August, 2013. Sixteen officers from five law enforcement agencies in Belmont and Harrison counties attended the training. The training provided the officers an opportunity to build upon their knowledge of mentally ill individuals; increased their skills in assessing situations quickly and de-escalate those situations. The training also resulted in strengthening the relationship between law enforcement and our community system. The training was a joint collaborative effort between our Board, Belmont County Sheriff's Department, Harrison County Sheriff's Department and NAMI Ohio.
- Hot Spot funding enabled our Board and the Jefferson County Board to contract with Trinity Hospital in Steubenville, Ohio to establish a 4-bed crisis stabilization unit. This is a service that both community systems have long recognized as a need. The initiative was successful because of a truly collaborative effort on the part of the Hospital, the Boards and their contract agencies.
- Our Board in conjunction with the BHN Alliance was awarded a Strong Families, Safe Communities Grant to provide intensive home based treatment services for youth at high-risk of out-of-home placement. The established relationship between our Board and the Developmental Disabilities system was instrumental in this collaborative initiative.

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

The Regional State Hospital system, our contract agency and Board staff hold regular teleconference meetings to facilitate discharge planning which includes individual strengths and weaknesses and community resources. Our approach has been and continues to be highly successful. Since the significant change from the Opt-In/Opt-Out approach to the Participation Agreement concept, our system has been successful in managing hospital utilization. We reduced our bed usage below our three year average in FY13 and are on track to do so in FY14. When the final incentive for managing hospitals bed days was significantly changed, our system did not change our approach to client care.

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.

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.

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 waiver is 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.