

**Ohio Mental Health and Addiction Services (OhioMHAS)
Butler County Alcohol and Drug Addiction Services Board
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.)

State and federal per capita funding to the Butler County Alcohol and Drug Addiction Services Board for addiction services has been inadequate and funding levels uncertain for several years. The Board's treatment providers are limited in two major ways by this fact: 1. Residential level care is extremely limited due to the fact that the Board is the only source of funding for non-Medicaid reimbursable costs for this level of care, 2. Individuals without Medicaid coverage requesting treatment far exceed the funds available for their treatment. While state funding was increased significantly for the current biennium, the state's planned reduction in federal allocations in the coming fiscal year will much more than offset the temporary increase in state funding.

The main factor affecting treatment and prevention service delivery remains the influx of opiate addicts who are difficult to treat and often need their treatment assisted by medication which is available for a limited number of non-Medicaid covered clients. This is the major demographic change in our system obscuring all other changes to the socio-demographic shifts in the county which are minor in comparison in their impact.

Assessment of Need and Identification of Gaps and Disparities

- 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 utilizes a continuous monitoring approach to needs that includes the following sources of information and data:

- Any available national household surveys that monitor issues related to substance abuse such as the annual National Survey on Drug Use and Health (NSDUH).
- Any available surveys of targeted populations such as the PRIDE survey of youth.
- Any available local surveys that monitor issues related to substance abuse.
- The OACBHA Community Attitudes Survey data.
- Monitoring of demographic changes including population shifts, economic indicators such as unemployment, alcohol related car crashes, accidental deaths, and other factors that can impact service needs and approaches.
- Client data characteristics.
- Continuous monitoring of provider waiting lists.
- Annual surveying of all referral sources to our provider network.
- Annual prevention program summaries that include numbers and types of individuals served and outcomes achieved.
- Annual investor target and other outcome reports from all providers.
- Quarterly monitoring of quality assurance efforts on the part of treatment providers and concrete results achieved.
- Utilization reviews and clinical audits of client charts of all treatment programs six times a year (more if needed).

- Personnel retention and qualifications via reports submitted annually by all providers.
- Semi-annual client satisfaction and quarterly client grievance and complaints reports.
- Input from the Board’s contract providers and from coalition organizational partners and concerned citizens.

Findings of the needs assessment

- High levels of binge drinking (higher than state average) and other drug use by adults aged 18 to 25.
- Increase in individuals needing residential care.
- Need for increased support and supervision of clinical staff.
- Increases in school reports of behavior problems related to substance use.
- Increase in opiate abuse (prescription drugs and heroin) resulting in increased need for addiction treatment as well as increase in overdose deaths and in spread of contagious diseases related to I.V. drug use.
- Increased access to gambling sites (casinos and racinos), low public awareness of problem gambling among general public, high incidence of problem gambling found among at risk youth.
- Increase in marijuana use by school age children.

Access to Services

- Access to services is most problematic at the adult residential sites. Numbers on the waiting list have increased by over 100% in the past two years. This presents the biggest problems accessing services for the Board’s typical indigent male client. These clients are often offenders some of whom have been released from prison/jail.
- Access to prevention services for high risk young adult drinkers is a major gap in services.
- Access to education and problem identification services to youth diminished when expansion was needed.
- Need for additional information, support, and treatment services for family members of addicted persons.
- Need for supportive housing and transportation services.
- Need for peer recovery support and other recovery support 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).*

2. 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).*
 - a. Identify those areas, if any, in which you would be willing to provide assistance to other boards and/or to state departments.
 - The Board has three federally funded coalition grants active in the county and five coalitions total resulting in experience coordinating the efforts and collaboration of coalitions.
 - Early implementation of medication assistance for opiate addicts resulting in several years of experience treating this population.
 - Integration of specialized courts with the treatment system.
 - School based prevention services throughout the county.
 - Policy governance based board management.

3. 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*).
 - What are the current and/or potential impacts to the system as a result of those challenges?
 - Staff expertise with supervising and providing services to opiate addicted clients.
 - Expansion of residential care requires the facilities to provide safe, dignified treatment.
 - Funding for non-Medicaid covered clients.
 - Identify those areas, if any, in which you would like to receive assistance from other boards and/or state departments.
 - As needs arise we are able to get the assistance needed from other boards, the state or OACBHA.

4. 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’s vision of a culturally competent system of care is for each client to be assessed and treated as an individual, with an individualized treatment plan, viewed within the context of their family history and structure. The Board has required its providers to include family in treatment or meet established minimal attempts to do so in 80% of cases. Charts are reviewed for family inclusion and individualized treatment plans. Client demographics are collected and reviewed annually. At the level of client populations, programs, services, and strategies are designed or adapted for specific populations. For example, we have specific programs designed for and sensitive to the needs of specific populations such as women, adolescents, young adults, court-involved persons, etc. In addition, tailored communications include educational materials translated into Spanish and use of social media to reach young adults. Hence, our Board’s approach to cultural competency involves culturally sensitive individualized services complemented with programmatic and structural service elements designed or adapted for specific populations and sub-populations.

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)	<ol style="list-style-type: none"> IDU clients are prioritized for admission to treatment IDU clients receive information about health risks of IDU 	<ol style="list-style-type: none"> Moved to priority status on waiting lists Prevention program on IDU integrated into treatment sites 	<ol style="list-style-type: none"> Monthly monitoring of treatment waiting lists by board staff Monthly and annual reporting of IDU programming 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	<ol style="list-style-type: none"> Pregnant women are prioritized for treatment Pregnant women are provided with interim services while waiting for treatment Pregnant SA women are a target for outreach, case management, and specialized prevention services 	<ol style="list-style-type: none"> Moved to priority status on waiting lists Case management is provided while waiting for treatment Perinatal Prevention Program funded by state and board 	<ol style="list-style-type: none"> Monthly monitoring of treatment waiting lists by board staff Annual reporting by Perinatal Prevention Program 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> 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)	<ol style="list-style-type: none"> County children's services entity maintains several direct contracts with treatment and prevention providers for priority treatment slots and prevention services for clients who need SA assistance 	<ol style="list-style-type: none"> Direct contractual access to services bypasses regular waiting lists Specialized programming, and reporting to children's services entity 	<ol style="list-style-type: none"> Several measureable requirements in contracts with providers by children's services entity 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases	<ol style="list-style-type: none"> TB screening of treatment clients TB written information provided to treatment clients 	<ol style="list-style-type: none"> Providers must include TB screening and information dissemination as part of programming 	<ol style="list-style-type: none"> Reviewed by board's clinical director in QI meetings and chart audits 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): ADAS Board
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds

				<input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): ADAS Board
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	1. Work with Primary Health Solutions (FQHC) to implement SBIRT into routine primary care at their community health centers.	1. Integrate SA screening into the major primary health care entity for low income clients 2. Review charts to insure treatment providers assist clients with primary health needs	1. # SA screenings completed by PHS 2. Percentage of treatment clients receiving primary health care as part of treatment	<input type="checkbox"/> No assessed local need <input 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	1. Implement supportive housing in former minimum security facility	1. Apply for capital grant from state 2. Work with provider to provide RSS in facility	1. Funds obtained 2. Facility renovated 3. Programming implemented	<input type="checkbox"/> No assessed local need <input 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 type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): Veterans are served by the VA in Cincinnati
Treatment: Individuals with disabilities	1. Provider system with accessible facilities 2. Provider system that has available strategies for treating disabled clients (e.g. hearing impaired/deaf)	1. Providers are contractually required to have accessible facilities and to provide treatment to disabled clients	1. Annual board monitoring of facilities and contract compliance	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	1. Opiate addicted clients will receive the most effective treatment available 2. Reduction in the incidence of drug overdose deaths	1. Medication assisted treatment for opiate addicted clients whenever possible 2. Improve access to treatment	1. Board staff are involved in developing, monitoring, and funding of medication assistance and psychiatric services for clients on a case by case basis	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

			2. Specialized sources of funding used to treat opiate addicted clients	
Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	<ol style="list-style-type: none"> 1. Residential care will be part of the board's continuum 2. Long term case management will include assistance with housing for SAMI clients 	<ol style="list-style-type: none"> 1. Clients graduating from residential care will have safe housing at discharge 2. SAMI case managers will address housing needs of clients 	1. Chart review and QI monitoring by board staff	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): ADAS Board
Treatment: Underserved racial and ethnic minorities and LGBTQ populations	Monitored annually but not a board priority at this time			<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):
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Treatment: Youth/young adults in transition/adolescents and young adults (This is also a Board priority for all adults)	<ol style="list-style-type: none"> 1. Abstinent at treatment episode discharge 2. Abstinent at 90 days post discharge 	1. Effective proven treatment strategies such as CBT and MET	<ol style="list-style-type: none"> 1. Urine screen 2. Client report 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Early childhood mental health (ages 0 through 6)*				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): ADAS Board
Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure	<ol style="list-style-type: none"> 1. Reduce stigmatization of substance abuse 2. Utilize SPF for planning, implementation, evaluation of prevention services 	<ol style="list-style-type: none"> 1. Utilize community coalitions to educate public and facilitate cross-sector implementation of environmental change strategies 2. Support schools in enhancing their effectiveness as critical prevention partners (school system wide approaches to prevention, increased universal education) 	1. Coalition measures related to significant contributions to positive change	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<p>Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*</p>	<ol style="list-style-type: none"> 1. Reduced use by adolescents 2. Increase knowledge by family members of resources available 3. Increase low risk use across lifespan 	<ol style="list-style-type: none"> 1. School based services 2. Insure organizations that serve families at risk have updated information about resources 3. Offer MR/ML curriculum 	<ol style="list-style-type: none"> 1. Annual school surveys 2. Contacts with family serving organizations 3. Annual provider reporting 	<p> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): </p>
<p>Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices</p>	<ol style="list-style-type: none"> 1. Pregnant women will increase knowledge of substance use effect on baby 	<ol style="list-style-type: none"> 2. Outreach and education to high risk pregnant women by specialized perinatal program 	<ol style="list-style-type: none"> 3. Pre and posttest measurement reporting by provider 	<p> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): </p>
<p>Prevention: Promote wellness in Ohio's workforce</p>				<p> <input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): </p>
<p>Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*</p>	<ol style="list-style-type: none"> 1. Identify treatment provider 2. Develop treatment service capacity 3. Implement community awareness campaign 4. Implement prevention services targeted toward at risk youth 	<ol style="list-style-type: none"> 1. Screen at all providers for problem gambling behaviors in existing client populations 2. Provide training to key staff 3. Integrate into treatment services 4. Utilize range of media to promote community awareness 5. Integrate problem gambling prevention services into addiction prevention services currently provided for at risk youth 	<ol style="list-style-type: none"> 1. Treatment provider for problem gambling identified to the community using multiple methods 2. Amount of training provided 3. Ability of staff of provider to admit, screen, and treat problem gambling clients 4. Media utilized 5. At risk youth receiving problem gambling prevention services 	<p> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): </p>

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)Recovery Support Services	To increase the likelihood that clients will remain in recovery longer after being discharged from treatment
(2)Expansion of outpatient and residential services for adult non-Medicaid men and women	Waiting lists for treatment perpetuate use and decrease the likelihood of effective treatment
(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.

The Board's major treatment collaboration is with the criminal justice system. About 45% of referrals come from this system making it the Board's largest referral source. The Board has developed Family Court, SAMI Court, Drug Court, and Juvenile Court programs. These specialized courts result in better integration of the criminal justice and AoD systems' goals for clients that holds them more accountable and results in improved treatment outcomes. Currently the Board is working with the local mental health board on development of services targeted to ex-offenders.

The Board's treatment providers have direct contracts for services with the local childrens services entity.. The funding has created a more seamless, coordinated system of care that has resulted in custody issues being resolved more quickly as CS clients access treatment without long waiting periods.

The Board has a close working relationship with Interact for Health in Cincinnati. This organization has funded crucial pilot programs over the past several years that allowed the Board's provider system to implement new treatment techniques including medication assisted, NIATx incentives for treatment retention, acupuncture, and multiple DUI offenders. These techniques have achieved improved outcomes and access to services. Interact for Health is also an important resource to the Board and its providers for assistance with planning, training, and evaluation. This is important when funds for these types of services are for all intents and purposes unavailable. More recently Interact for Health has been a major promoter of integration of primary health into our services and has funded a planning effort that the Board and Primary Health Solutions (FQHC) are involved in to integrate screening and brief intervention for substance abuse into primary health care for low income patients.

Prevention services integration into the school system have resulted in consistent positive outcomes for the services and assistance and continued service provision to the schools in the aftermath of the loss of Safe and Drug Free Schools funding. Besides the relationship that the Alcohol and Chemical Abuse Council has with each of the ten school districts in the county there is a consortium organized by the Council of the schools that allows for county-wide initiatives such as Prom and Graduation Night education events to be easily coordinated and effectively coordinated. The Sheriff's Department as well as the Prosecutor's Office are also involved in these county-wide efforts. Prevention efforts are also integrated into two local community centers.

The Board has utilized the county and local coalitions as vehicles for mobilizing collaborative initiatives that cross community sectors to improve public health and safety and promote wellness.

Consumers have three main avenues for participation in the Board's planning process: Client complaint, client grievance, and client satisfaction surveys. The Board's associate executive director handles client complaints and grievances on a case by case basis according to established policies and procedures and monitors client grievances at the agency level quarterly. Individual complaints may lead to broader system improvement efforts that are initiated and monitored by the Board's Continuous Quality Improvement (CQI) Committee. Client satisfaction surveys are administered by the providers and summarized for the Board's Director of Quality and Program Improvement twice a year. Issues that arise in these summaries also spur system improvement initiatives that are handled by the Board's CQI Committee.

The Board, prior to its last community plan development, conducted a series of interviews with members of the community and results were submitted with the last plan in May 2009. More recently the Board has looked to its Coalition

for increased inclusion of general public input.

The Board has worked with the county commissioners in continued co-funding and monitoring the effectiveness of the drug court. The Board has also been working with the commissioners to identify possible uses for the currently unused facility that was a minimum security prison.

The Board's ongoing contractual relationship with the Rehabilitation Services Commission in funding treatment access as well as providing job training and linkage for eligible clients grew over the past two years and allowed several individuals who were not Medicaid eligible to access treatment and gain employment.

The Board is partnering with the Butler County Coalition for Healthy, Safe, and Drug-free Communities, the Alcohol and Chemical Abuse Council, and Miami University – Hamilton Campus in the SPF-SIG project designed to reduce binge drinking among 18-25 year old students at the Miami University – Hamilton campus.

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
Not applicable. ADAS only Board.

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?
- Service delivery – The Board is a long term implementer of medication assisted treatment.
 - Planning efforts – The Board is looking forward to responding to Medicaid expansion and other health care changes and plans to respond as needed to expand services to potential emerging client populations.
 - Business operations – The Board is on schedule with development of an “in-house” claims system.
 - Process and/or quality improvement – The Board utilizes policy governance in its management of Board oversight.
- 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.
No comments here

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.

While the effects of Medicaid expansion and the rollout of the Affordable Care Act remain uncertain, the following considerations are offered. Medicaid expansion is expected to pay for some addiction treatment services that have been paid for by the board. However, it remains uncertain how many low income persons (i.e., under 200% of federal poverty guidelines) who are not eligible for Medicaid will seek treatment and will be without private health insurance or with very limited private health insurance. In addition, as capacity develops to respond to a growing need for residential treatment, the board’s payment of non-Medicaid covered room and board costs will increase. Hence, it is not clear if Medicaid expansion will really result in the availability of significant board funds for much needed other services (e.g., housing services, family services, peer recovery support services, harm reduction services, etc.)

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 is intended for service expenditure of state general revenue and federal block funds.**

None needed

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

None needed

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.