

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.)

The catchment area of Gallia, Jackson and Meigs counties lies in the heart of southeastern Appalachian Ohio and is historically plagued by high poverty and unemployment rates that precede the current economic downturn. This region has long been identified as having limited employment options as well as substandard pay and benefits. Although statistics fluctuate monthly, counties in this region are consistently among those with unemployment rates well above the state average. Most recent statistics would indicate (on average) that more than 20% of families in our counties are living at or below poverty level. This is further complicated by low educational attainment whereby nearly 27% of those 25 years and older have not completed a high school diploma. As is common to much of Appalachia, this Board area has essentially no public transportation services, resulting in social isolation and difficulty accessing services.

Historically, Appalachia is the last to experience the benefits of a recovering economy, creating a pervasive sense of powerlessness, apathy and low expectations for the future. With the exception of senior centers, school construction and health departments, most tax levies are defeated by large margins. While there is little doubt that the behavioral health system is in dire need of a levy, the majority of social services levies have failed in all three counties. Therefore, the expense of a campaign seems an unwise investment when considering the almost certain failure at the polls.

Across the spectrum of behavioral health needs and services in Gallia, Jackson and Meigs counties, this Board is challenged to find new funding streams, build on new and existing cross-system partnerships and make every effort to correct inefficiencies. During the past two biennial budgets, Board staffing changes were implemented and, with Medicaid elevation, some previously outsourced functions were assigned to Board staff in order to reduce administrative overhead. Board staff have also assumed managerial/oversight responsibilities for special grants and programs wherever possible; thereby allowing provider agencies to benefit from increased service capacity without increased administrative burden.

In the arena of substance abuse services, funding levels have sharply declined while addictions and associated social problems are at crisis proportions. Although the Board and provider agencies have made good use of funds related to the well-documented "Opiate Epidemic", our budgets fall far short of meeting consumer demand for detox, residential treatment and other non-Medicaid services. Telephone inquiries from family members, courts, medical providers and other public/private entities remain a daily occurrence with the vast majority of individuals having no means of payment for needed services. The Rural Women's Recovery Program and Bassett House (adolescent residential), both provided by Health Recovery Services are available on a limited basis to residents of our catchment area. Neither of these programs provides services for adult males, detox services, Medication Assisted Treatment or length of stay typically considered adequate for prescription drug/opiate addictions.

At the writing of this plan the new Southern Ohio Treatment Center, operated by Health Recovery Services, is

fully operational and serving 77 clients from a 10 county catchment area. Although the center was initiated (and funding secured) by ODADAS, this Board has directed Access To Recovery and Central Pharmacy resources toward a plan of sustainability. The SOTC exists as the only Ohio MHAS certified MAT provider within our system of care, ensuring affordable care with full accountability to the highest standards in the field. Although geography and transportation issues previously mentioned will create significant barriers, this Board is committed to assisting Health Recovery Services in all efforts toward sustainability.

For mental health services, this Board's one major contract provider was able to successfully respond to a \$1.2 million budget cut in FY 2010, and an additional reduction of approximately \$500,000 in FY 2012 as a result of Medicaid cost containment limits and tiered rates. However, sustaining core services has continued to be a struggle. There is growing concern that the traditional "safety net" provided by community mental health centers is virtually non-existent as we no longer have adequate funding for indigent care. A dramatic increase in new first-time clients; rising homelessness among the most seriously mentally ill; decreased housing options for those dually diagnosed with developmental disabilities and/or severe addictions; increased numbers of mentally ill jail inmates; increased reports of death by suicide and increasing requests for acute crisis stabilization have elevated the Woodland Centers Crisis Stabilization Unit (CSU) to an absolutely essential service. However, funding for the CSU represents a significant strain on system resources requiring continuous oversight and revenue adjustments between the Board and Woodland Centers.

The primary strength of the Appalachian culture lies in local partnerships and cooperative relationships across systems. In Gallia, Jackson and Meigs Counties a small town atmosphere still prevails. Consumers are rarely defined as "yours" or "ours", but as individuals who may need to attain services from a menu composed of many providers. Although this Board will continue to seek state and federal funds, we have become adept at finding ways to increase or maintain capacity through joining efforts with community partners and other Boards. Collaborative partnerships are a highly valued tradition and will continue to enhance our ability to provide responsive, culturally appropriate behavioral health services in Gallia, Jackson and Meigs Counties.

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)

Sharply restricted budgets coupled with having no levy funds, has restricted this Board's options providing for planning beyond crisis response and core services. Therefore it would be fiscally irresponsible to conduct a formal needs assessment outside of those currently presenting for services from our system. Therefore our Needs Assessment, as such, consists of analyzing service needs and requests as noted by providers and community partners as well as ability to provide core services and services prioritized by federal and state requirements.

This Board's primary mental health provider, Woodland Centers, reports serving approximately 3,000 unduplicated clients annually. These clients can basically be divided into 3 broad categories:

- A. Nearly 60% of clients served by the agency are adults, who are experiencing life stressors, crisis, interpersonal problems or depression. Many of these problems are intensified by socioeconomic factors such as poverty, domestic violence, sexual abuse, substance abuse, unemployment/under-employment, etc. Mental health diagnoses include depressive disorders, anxiety disorders, substance abuse disorders and a variety of other "non-psychotic" illnesses.
- B. Approximately 15% of clients present as adults with Severe and Persistent mental Illness (SPMI) or Serious Mental Illness (SMI). A significant number within this group are dual-diagnosed Mentally Ill/Developmentally Disabled or Substance Abuse/Mentally Ill. Many have had one or more psychiatric hospitalizations with a small percentage being "revolving door" hospital admissions. Functional limitations vary but all meet OMHAS criteria as SPMI or SMI and all need some level of maintenance and support services to be able to live in their community. Due to the intensity and duration of services needed to stabilize this population, more than 60% of agency resources are spent to provide services for the SMI/SPMI clients.
- C. Children and adolescents (ages 3 – 18) represent approximately 25% of clients seen by Woodland Centers, Inc. These clients present with a variety of behaviors/problems exhibited at home or school. Many are victims of physical/sexual abuse or neglect. Socioeconomic factors are identical to those described for the general adult population, however there is a much higher likelihood of children having Medicaid and easier access to treatment. Approximately 15% of these children have a Severe Emotional Disturbance (SED). Many are involved with other systems such as Children's Services or Juvenile Justice.

Although cultural norms preclude listing suicide as cause of death, the Board receives anecdotal information that suicide rates have likely tripled in the past two years. As noted under Question #1, the suicide rate is one of a number of factors that have elevated the significance of the Woodland Centers Crisis Stabilization Unit. The Board and Woodland Centers are hopeful that new partnership strategies through the 505 regional collaborative will provide increased fiscal stability for this vital service. Woodland Centers and Board staff have initiated partnerships and training initiatives such as Crisis Intervention Teams (CIT), Mental Health First Aid and court or jail-based service delivery in attempts to alleviate added stress to community partners when our system is unable to meet demand for services.

The Gallia-Jackson-Meigs catchment area, similar to many other areas, is experiencing a critical shortage of Psychiatrists. Recruiting efforts over the past several years have proven to be largely fruitless. The last two Psychiatrists came into our area only because they married physicians at the local medical center. One of those recently left our area. Our system is almost completely dependent upon telemedicine for psychiatry services. Access to psychiatry is clearly an issue to mental health consumers also, representing an estimated 75% of consumer calls to the Board. These calls are usually related to personality conflicts and requests to be referred to a different Psychiatrist. Although this shortage presents difficulties in scheduling, this Board is assured that consumer medication needs are being met.

Children's mental health services have been somewhat less impacted due to the fact that the majority of referred children are Medicaid eligible. Our primary access-related concern is access to psychiatric hospital beds.

Although our utilization is relatively low, in the event of an acute crisis, it often takes several hours or as many as two days to find an available hospital bed. When a placement is confirmed, families and caseworkers usually have to drive a minimum of two hours for the admission. As mentioned under Question #1, we have strong collaborative partnerships in all three counties. This is especially true in the children's arena; largely due to Family & Children First Councils and intersystem collaborative teams. The lack of available and/or accessible acute care beds puts a strain on all our system partners. There have been no requests involving the FCFC Dispute resolution Process.

Overall, adults with SMD as well as youth and children with SED have expressed satisfaction with core services. This population has generally had higher access to services due to being "priority populations". Changes in Medicaid has caused agencies to make more use of group therapies and less availability of community-based CSP, however consumers seem to be adapting and there have been few complaints.

Meanwhile in the substance abuse arena, our two primary provider agencies continue to describe a "typical" consumer as "male between the ages of 19 and 34, underemployed with low wages and no benefits". The reason for seeking services is most often a court mandate. Diagnoses will usually fall within one of three categories: Alcohol Dependence, Opioid Dependence or Cannabis Dependence. Nearly one-third of these consumers will also carry a mental health diagnosis of Adjustment Disorder or Attention Deficit Disorder.

The rapidly escalating need for substance abuse treatment is a matter of grave concern to this Board. Devastating budget cuts have placed one of our two provider agencies in jeopardy of closing their doors. The Board has worked closely with agency administration to assist them in reorganizing, adjusting treatment modalities and accessing a variety of funding streams. The larger of our two providers has maintained more stability through federal grants, provision of VRP3 services (largely Medication Assisted Treatment) and reduction of staff. Although our provider agencies seem to be fiscally viable in this biennium, we are acutely aware that consumer need is largely unmet.

It is a well-documented fact that our catchment area lies within a region that has been most impacted by the "opiate epidemic". Overdose death rates and per capita consumption of opiates are among the highest in the state. Discussions with our county coroners and 911 staff have confirmed our belief that actual death rates are much higher than reported. County budgets are too small to allow the toxicology tests necessary to confirm the coroners' suspicions, but the stories are widely known in our small towns. Members of our three Opiate Task Forces/Community Coalitions have taken up the prevention message with much enthusiasm, while meeting agendas are still driven by concern for intervention/treatment services. Many churches and other faith-based organizations have begun to offer recovery support groups and even have plans for residential facilities. Chambers of Commerce are expressing concern that economic development is being stifled by a workforce that cannot pass required drug screens. Even DJFS and Community Action work programs have been plagued by drugs on the job sites and failed drug screens. County highway crews, convenience store employees and groups doing community services are now having to address safety issues related to "shake and bake" meth labs and discarded needles. School administrators have expressed fear due to the known presence of heroin in schools, empty pill capsules discarded on buses, and even elementary children caught with marijuana bagged and ready for sale at school. Meigs and Jackson County Children's Services reported that of children in custody, 78% and 65% respectively are due to drug-related issues. Burglaries, home invasions, drug-related murders and armed robberies have become daily occurrences while budget cuts have reduced law enforcement to only one or two deputies on duty across an entire county at times. On any given day, there are 3 -5 telephone calls to the Board

office from individuals or family members requesting detox and residential treatment for substance abuse. This Board has absolutely no funds available to pay for either of those 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 challenges of maintaining a service delivery system within Appalachia are well-documented. However, the strengths of the culture are key to our survival in difficult times. Resiliency, personal ties with community, career longevity, and willingness to seek opportunities outside of traditional roles are traits inherent to this region. This is the reason that people are still able to receive quality locally-driven services from a grossly underfunded and understaffed human services system.

Every week gives us countless examples of frontline staff from various entities “tag teaming” for supervision of a particularly difficult child in order to keep them in the family home, schools using grant funds to help with the costs of training Mental Health First Aid trainers; civic clubs and the local hospital providing materials, food and space for CIT training; church members gathering to make home repairs for families not known to their congregation; a Juvenile Judge making after-hour personal visits to inform local merchants of the dangers of K2 and bath salts; groups of police officers, school personnel, church members and general public providing food and supervised entertainment for kids in an effort to enhance local prevention efforts; mental health crisis workers and sheriff’s deputies meeting informally to discuss ways to better support one another in times of crisis; drug treatment providers sending staff into schools with no real assurance of actual “billable” services; a psychologist from the community mental health center offering to “stop by” the county jail on his way home in order to provide on-site consultation if needed; and staff from Appalachian Behavioral Health offering to provide telephone assistance to sheriff’s deputies in certain difficult circumstances. These are just a few examples of what makes our system resilient. No person in need of services is defined as belonging to a system, but rather seen as the responsibility of all to whatever extent possible. Discussions of service gaps and needs nearly always result in offers to extend the services of one agency to stand in the gap for another.

Although we do not have staff capacity for formalized strategic planning, daily contact with community partners and the general public serves to keep Board staff well aware of service needs, gaps and strengths. Planning efforts are generally conducted in conjunction with other service entities (informally) so as to be mindful of potential impacts or enhancements to other systems. Board fiscal and management staff meet monthly with provider agencies, making budget adjustments as needed and seeking ways to provide more support as needs are identified. Some programs which were funded in the past through annual contracts, are now beginning the fiscal year with a funding amount that is revisited and adjusted throughout the year (as trends in service need and available funds become clearer).

In recent years, judges in all three counties have developed improvised versions of behavioral health courts. These arrangements differ from county to county but are proving to be valuable to both the courts and the behavioral health system. Referral Source Surveys conducted by the Board show increased satisfaction from the court systems. In Gallia Municipal Court new grant funding has been awarded for SFY '15, due to a proven track record.

With healthcare reform on the horizon, Board staff and agency administrators have held meetings with Holzer Health Systems regarding emergency services, co-location of offices, efforts to stem the flow of opiates and other addictive prescription drugs and even the potential for sharing a psychiatrist (should one be successfully recruited to this area). Holzer has recently opened an inpatient Geriatric Behavioral Health Unit which is anticipated to provide some relief in use of State Hospital beds for this population. As a direct result of this unit opening, Holzer requested an on-site CIT training. As previously mentioned, they provided both food and facilities for training their own security staff as well as officer and court personnel from surrounding communities. One AOD provider, Health Recovery Services, is now providing an on-site counselor in the outpatient OB/GYN offices at Holzer Clinic. We are hopeful that more partnerships and mutually-beneficial service arrangements will ensue as opportunities arise.

Beyond our catchment area, this Board is supported and strengthened by partnerships, technical assistance and frequent interaction with other "Southeast Collaborative" Boards. The demise of the Southern Consortium for Children was a crippling blow the southern Ohio Boards as we lost capacity to attract federal grant funds (due to small population size). Again, personal relationships, devoid of territorial concerns, are leading to partnerships for VRP3 management, increased crisis bed capacity, more efficient management of hospital utilization, development of a CIT program, shared technology services and cost savings in Board administration.

In all 3 counties, Opiate Task Forces, with active participation by Board staff, are conducting community meetings, facilitating Drug Take-Back efforts and partnering with local law enforcement for increased community presence and awareness.

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

In our experience, effective collaborative projects are unique to community circumstances and personalities of leaders. Although it would be difficult to generalize our practices, Board staff are willing and available to discuss implementation and other considerations for the projects requiring community collaboration.

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 most significant challenges facing our local system of care are directly related to sharply decreased funding. We firmly believe that we have committed experienced staff (with the exception of psychiatric capacity), culturally appropriate services, strong collaborative partnerships, efficient service delivery and careful system management sufficient to meet community needs if adequately funded.

Having said that, we would acknowledge that effective prevention and intervention in the rampant drug abuse problem is much more complicated than having adequate funding. This issue seems to be baffling to national experts and is certainly a challenge to local providers. However, access to medical detox, long-term residential

treatment and a variety of recovery supports would be a very good start for those who are truly seeking recovery.

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

With our primary overarching challenge being fiscal, the risk to the system lies in potential for program and/or agency closures. One agency director expressed that she cannot see community mental health centers existing as stand-alone services beyond the next 2 or 3 years.

Both Board and providers are preparing ourselves to move into the new world of healthcare reform. We remain concerned however, that behavioral health will remain underfunded and of relative unimportance to State and national decision makers. Our consumers are at great risk for neglect with tragic consequences should a locally managed and monitored system go by the wayside.

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

Any assistance with securing new revenue sources, perhaps in partnership with the state or other Boards, would be of greatest benefit at this time.

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*).

In largely homogenous rural Appalachia, cultural competence can take on many meanings to many individuals. Our workforce is largely composed of available people with appropriate training. It would be a rare occurrence to have the luxury of selecting a workforce to reflect special populations. However, our commitment is to assure, to the greatest degree possible, a system of care that can be flexible to meet the needs of our primary Appalachian culture as well as the various minority and special populations.

With consultation and technical assistance from OACBHA staff, the Gallia-Jackson-Meigs Board recently completed a redesign of our website while adding new Facebook and Twitter accounts. Our goals are to increase behavioral health awareness, reduce stigma, encourage information-sharing among community partners and provide a vehicle for consumer groups to build support.

Since we are not large enough to have special programs, the Board has dedicated the services of our Community Educator to assist in training agency staff regarding specialized needs and considerations.

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 Gallia-Jackson-Meigs Board of ADAMHS

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)	➤ Available treatment resources for the Gallia-Jackson-Meigs catchment area will be designated for treatment of intravenous/injection drug users.	The Board’s RFP process solicits proposals from treatment agencies, identifying this priority target population.	Contract agencies report fiscal/treatment activity in monthly meetings with 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):
SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Available treatment resources for the Gallia-Jackson-Meigs catchment area will be designated for treatment of women who are pregnant and have a substance use disorder.	The Board’s RFP process solicits proposals from treatment agencies, identifying this priority target population.	Contract agencies report fiscal/treatment activity in monthly meetings with 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):
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)	Available treatment resources for the Gallia-Jackson-Meigs catchment area will be designated for treatment of “parents with substance abuse disorders who have dependent children”.	The Board’s RFP process solicits proposals from treatment agencies, identifying this priority target population.	<ol style="list-style-type: none"> Contract agencies will report all fiscal and treatment activity in monthly meetings with Board staff. Board staff will meet with treatment agencies, County Commissioners and Children’s Services staff in all 3 counties in order to update current procedures and agreements. 	<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	Available treatment resources for the Gallia-Jackson-Meigs catchment area will be designated for treatment of “individuals with tuberculosis and other communicable diseases”.	The Board’s RFP process solicits proposals from treatment agencies, identifying this priority target population.	Contract agencies will report all fiscal and treatment activity in monthly meetings with 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):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Available resources for the Gallia-Jackson-Meigs catchment area will be designated for treatment of “Children with Severe Emotional Disturbances.	The Board’s RFP process solicits proposals from treatment agencies, identifying this priority target population.	Contract agencies will report all fiscal and treatment activity in monthly meetings with 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):

MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Available treatment resources for the Gallia-Jackson-Meigs catchment area will be designated for treatment of "Adults with Serious Mental Illness".	The Board's RFP process solicits proposals from treatment agencies, identifying this priority target population.	Contract agencies will report all fiscal and treatment activity in monthly meetings with 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):
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	Board staff provide technical assistance and linkage to contract agencies as they move forward in integration with primary healthcare.	Assist agencies with linkage, contract negotiations, advocacy and seeking funds necessary to achieve integration.	All Board contract agencies will meet legal requirements for integration within established deadlines.	<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				<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	The Board uses mini-grants from the Ohio Suicide Prevention Foundation education and linkage with veterans through the university of Rio Grande and local Veterans Administration offices.	Board has applied for a new Suicide Prevention mini-grant to expand services to the Meigs County branch of University of Rio Grande and the Meigs County VA office	Report of grant activities and budget as required in grant application.	<input 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				<input type="checkbox"/> No assessed local need <input checked="" 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. The Board will contract a portion of Central Pharmacy funds for purchase of Suboxone for the Southern Ohio Treatment Center in Jackson.	1. Allocate a portion of Central Pharmacy funds within the contract with Health Recovery Services 2. Board staff will assist Health recovery Services to identify	Health Recovery Services will report all fiscal and treatment activity in monthly meetings with 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):

	2. The Board will continue to seek adequate treatment resources for the Southern Ohio Treatment center as grant funding diminishes.	available state, federal and/or grant funds to assist with operational costs of the SOTC.		
Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	A portion of Board funds will be used subsidized housing as provided by Woodland Centers.	The Board's contract with Woodland Centers includes an allocation directed to the agency's subsidized housing services.	Woodland Centers will report use of funds during the monthly meeting with 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):
Treatment: Underserved racial and ethnic minorities and LGBTQ populations	A Suicide Prevention Grant will be used to provide suicide prevention services to the LGBTQ population at the University of Rio Grande	A \$1000.00 Suicide Prevention grant has been awarded to the Board for provision of Suicide Prevention activities at the University of Rio Grande	At the end of SFY '14, a full report of grant activities will be submitted.	<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
Treatment: 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):
Treatment: 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):
Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure				<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: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*	1. Board will contract for evidence-based prevention programs through state and federal prevention allocations and grants. 2. Board provides grant-based support for community coalitions. 3. Board will provide Information	1. Through the Board's RFP process, agencies contract to provide specific evidence-based prevention programs 2(a). Board supplies small grants to Opiate Task Forces in all 3 counties. 2(b). A federal Community Coalition grant is implemented in Gallia County.	1. Agencies report according to measurement defined in evidence-based programs. 2. Agencies report through web-based systems as required by state and federal agencies. 3. Agencies report fiscal and program	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

	Dissemination. 4. Board will contract for Youth mentoring services.	3(a). Board's Community Educator conducts trainings in community agencies and organizations. 3(b). Board's Community Educator distributes information from a booth at county fairs, festivals and health fairs. 3(c). Board staff participate in community coalitions and Opiate Task Forces in all 3 counties 4. Through Youth Mentoring grants, agencies will contract to provide youth mentoring activities.	activity in monthly meetings with Board staff.	
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices				<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: 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*	Board will contract for community-based Problem Gambling Prevention, Screening and Treatment	Through a contract with Health Recovery Services, community education sessions, community awareness activities and multi-media awareness messages will be provided across the 3 counties.	Health Services will provide a full report of fiscal and program activities at year-end.	<input 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

CIT Training	Board staff will participate in planning, implementing and seeking funding for CIT trainings as requested in community-based planning groups.	<ol style="list-style-type: none"> 1. Apply for funding support through NAMI Ohio 2. Board staff will teach 2 training sessions 3. Board staff will assist in arranging for location, food, trainers, etc. 4. Board staff will assist in soliciting financial support from various community organizations. 5. Board will assist in collecting funds and purchasing supplies in accordance with donations. 	Each community planning team will provide a report as to number of participants completing training, satisfaction surveys, donations and funds spent.
Mental Health First Aid Training	The Board has one Certified Trainer for Mental Health First Aid who will provide 3 trainings in Calendar Year 2014	<ol style="list-style-type: none"> 1. Advertise training through social media, community meetings and personal contacts. 2. Schedule trainings as requested 	Board staff will report training outcomes as required for mental Health First Aid.

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)	
(2)	
(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.
 - A. In collaboration with local NAMI chapters, Family & Children First Councils, law enforcement and provider agencies, three (3) CIT trainings and one (1) Youth CIT training have been conducted for Gallia and Meigs counties. The Meigs County Sheriff's Office reports 100% of staff are CIT trained, Gallia County Sheriff has estimated 75% of staff are trained. There are plans to implement Jackson County's first CIT training in December, 2013.
 - B. A Gallia/Meigs CIT Planning Team meets on a monthly basis in order to problem-solve issues that arise in jail crises, hospital admission procedures, emergency room procedures, crisis unit admissions, jail consultations, etc. This commitment to cooperation has resulted in nearly eliminating law enforcement officers directly "pink slipping" to the State Hospital.
 - C. The Gallia County Opiate Task Force/community coalition implemented prevention and awareness activities at Homecoming Dances in the 3 county high schools. Local businesses contributed a large number of door prizes as incentives for kids to stay at the dance. The DJ's integrated prevention messages into their programs throughout the dances.
 - D. The Meigs County Opiate Task Force has conducted 3 community/neighborhood Town Hall Meetings designed to increase awareness as well as empower citizens to take effective and appropriate actions toward addressing illicit drug abuse and its related consequences.
 - E. Combined contributions from two Gallia County school districts, along with assistance from Ohio Association of Behavioral Health Authorities (through state partnerships), resulted in five (5) fully certified mental Health First Aid instructors for the Gallia-Jackson-Meigs area.
 - F. Jackson County Opiate Task Force, Holzer Health Systems and State Representative Ryan Smith hosted a community hearing of the House Prescription Drug Addiction and Healthcare Reform Study Committee. The Board assisted in arranging for community testimony. Board Executive Director Ron Adkins also provided testimony. Earlier in 2013, Representative Smith conducted a Gallia-based forum focused on the impact of drug abuse on school systems. Representative Smith has been in frequent contact with Mr. Adkins regarding Medicaid Expansion, behavioral health in the stet budget, as well as issues of substance abuse.
 - G. Having implemented a modified Behavioral Health Court for 3 years with no dedicated funding source, the Gallipolis Municipal Court, Board staff and 3 Board contract agencies wrote a successful application for grant funding from OhioMHAS. In July, 2014 this practice will become a funded program allowing for expansion of support services necessary for success.

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 exception of a newly opened geriatric inpatient unit at Holzer Health Systems, the Gallia-Jackson-Meigs Board area has no local capacity for private hospital beds. For those consumers who have appropriate resources, referrals are generally made to Adena in Chillicothe. Woodland Centers' staff coordinates discharge planning and aftercare just as if the consumer was in ABH.

Interactions between Board, ABH and Woodland Centers are at least a daily occurrence. Reports of admissions and discharges are sent each morning, discharge planning begins upon admission and system-wide issues are addressed at monthly Board/agency/hospital meetings.

Hospital utilization had been steadily decreasing in the past four years as Woodland Centers implemented changes to increase capacity and strength of the Crisis Stabilization Unit. However this calendar year has brought a disturbing increase in young acutely ill adults with SMI/SPMI who are previously unknown to our system. At the time of writing this plan, we have seen a hospitalization rate that is more than double our projected rate. Effective and efficient operation of the CSU is becoming even more critical as we struggle to manage hospital utilization. Both the Board and Woodland Centers remain committed to seeking all possible revenue sources to maintain the CSU.

Our Southeast Regional Collaborative has selected this particular service area for use of 505 funds. Through this partnership, we will be able to assist other Board areas in decreasing hospital bed days, while providing added financial stability to our own CSU.

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

1. Placement of a substance abuse counselor on location at a local OB/GYN outpatient clinic.
2. One AOD provider has co-located services with our primary Mental Health provider in two counties. They are currently seeking space sufficient for co-location in the third county.
3. After updating teleconferencing equipment, our primary MH provider is exploring opportunity to place the old equipment within the Meigs County Jail. If this can be accomplished, crisis response and consultation barriers will be greatly decreased.

b. Planning efforts

c. Business operations

1. The previously referenced co-located providers are now sharing fiscal and administrative support staff.

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.

While Medicaid Expansion affords us an opportunity to enhance a primary revenue source, clients that have been unserved or at least underserved will absorb any non-Medicaid funds previously used by clients who are now Medicaid-eligible. While Medicaid Expansion will certainly increase access to treatment for many, there remains a backlog of people who will not be Medicaid eligible and will fill the limited treatment slots provided by non-Medicaid funding sources. This factor alone precludes any consideration of flexibility to develop any new non-Medicaid services or supports.

We will continue to be challenged to adequately provide “core” treatment services while remaining unable to consider many non-Medicaid supports and services (housing, employment, non-treatment crisis services, etc.) that are known to be essential to a full continuum of care.

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.**

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.