

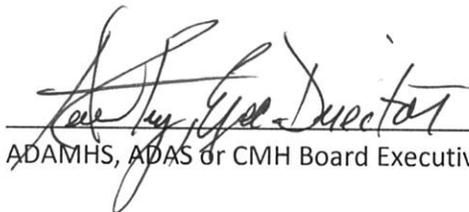
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SIGNATURE PAGE  
Community Plan for the Provision of  
Mental Health and Addiction Services  
SFY 2014  
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Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Mental Health and Addiction Services (OhioMHAS) department a community mental health and addiction services plan for its service area. The plan is prepared in accordance with guidelines established by OhioMHAS in consultation with Board representatives. A Community Plan approved in whole or in part by OhioMHAS is a necessary component in establishing Board eligibility to receive State and Federal funds, and is in effect until OhioMHAS approves a subsequent Community Plan.

The undersigned are duly authorized representatives of the ADAMHS/ADAS/CMHS Board.

Van Wert, Mercer, Paulding Cos. ADAMHS Board

ADAMHS, ADAS or CMH Board Name (Please print or type)

  
ADAMHS, ADAS or CMH Board Executive Director

12/6/13  
Date

  
ADAMHS, ADAS or CMH Board Chair

12/6/13  
Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].



**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.

This Board is comprised of three rural counties with a combined population of 89,000. Minorities comprise only 2% of the population. There exists a rural cultural value of "we'll take care of our own" which at times is a barrier to accessing services in a timely manner.

The recession was severe with a lasting impact in this area due to the number of firms that have permanently closed. A greater percentage of the population is now uninsured.

For FY'14, State GRF funding to this Board was significantly increased which will allow this Board to actively recruit psychiatrist(s). One of our current physicians is 72 years old and will retire soon. It will be a challenge to recruit an individual to practice community psychiatry in a rural area.

**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)

Currently unable to maintain appropriate access to services for Non-Medicaid/non-Insured populations. We have attempted to manage issues with the institution of a benefit plan for this population and referral to faith based counseling after triage.

Other local systems, especially child serving systems and law enforcement, have also received budgetary cuts which impact this system. Local law enforcement has a diminished capacity to transport aggressive clients and we are experiencing limited ability of community partners to provide resources for youth. There is no Children's Services Levy. We are very concerned about the ability to fund appropriate youth residential treatment/inpatient when clinically necessary. Minimal access to child/adolescent psychiatric services while access for adult psychiatric services is 43 days.

Access to residential treatment and/or halfway houses for those suffering from addiction is basically non-existent due to budgetary cap of \$30,000. This also holds true for medical detoxification.

During the past year, this Board worked with OMHAS staff to place two long-term State Hospital clients in the community. The attending psychiatrist deemed it was clinically necessary for these individuals to be in secure facilities in the community. The only allowable secure facility in the community for the mentally ill are nursing homes. Thus, community care systems do not have the required tools to appropriately serve many individuals in the community who currently reside in State Hospitals and require secure community setting.

Needs Assessment Methodology

- A.1 - The following Board policy is used in our annual contracting process.

Each year the Tri-County Board will make decisions concerning services, which will be purchased, the capacity level of the service, and the selection of providers responsible for the delivery of the service.

Procedures, processes, and mandates, which may be utilized to determine the service and program mix funded, include the following:

- Mandates of state or federal law
- Requirements of the respective State Departments
- Collaboration and coordination with other entities and groups such as judicial, law enforcement, human services, schools, consumers, family members, contract providers, and individuals with professional expertise.
- Review and consideration of the cost effectiveness of services provided by existing contract agency or agency under consideration for contract, and the agency's quality and continuity of care.
- Locally identified need for services or programs.

Due to the finite nature of available financial resources, the Tri-County Board shall balance the implementation of new services or programs while also giving consideration to the maintenance and capacity expansion of existing programs and services.

The last paragraph is a hallmark for decision making by this Board with special focus on “the maintenance and capacity expansion of existing programs and services”. Addressing identified unmet consumer need is not a singular event. To state a service is available, appropriate, and affordable does not address the question of accessibility or adequate service capacity to address the identified service need. On-going review of adequate service capacity to address previously identified need is critical in conjunction with a prioritized plan of new service implementation.

The Board is an active participant in the following formal groups: Family Children’s First Council, Local Community Corrections Boards, and Child Fatality Review Boards. Information and input is provided from participation in these groups in the form of citizen surveys performed by the group as a whole or individual member entities of the group. Participation in these groups provides timely information and early identification of trends.

#### Involvement of Consumers and General Public

The Board is in attendance at the Consumer Drop In Center and reviews input from that group for incorporation into service system. The Board has two members who are active in the A/D recovering community and bring that perspective into formal decision making. Several community needs assessments have been conducted by Family Children’s First Councils and Health Departments providing for input by the community at large. The Board provides input in development of surveys and participates in community collaborations to address unmet needs.

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

This Board has a formal prioritized plan which addresses who gets what, how much they get, and when they get it. This focus and awareness that we cannot be all things to all people has served us well in service provision during a difficult financial environment.

In addition, this Board uses the following guidelines in budget development, "Due to the finite nature of available resources, the Tri-County Board shall balance the implementation of new services or programs while also giving consideration to the maintenance and capacity expansions of existing programs and services.

Addressing identified unmet consumer need is not a singular event. Simply stating that a service is available, appropriate, and affordable does not address the question of accessibility.

The institution of capped benefit plan for non-Medicaid service provision in combination with development of non-traditional work force clergy will assist in continued provision of service to non-Medicaid population.

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).*

Primary challenge is recruitment and retention of adult psychiatrist to replace retiring physician.

Child/Adolescent Psychiatric resources are difficult to access on a contract basis either locally or regionally. None of the counties have a local Children Services Levy, thereby placing more financial costs on this Board for non-Medicaid Services for both M.H. and A.D.

This Board is working with the Northwest Collaborative and meeting with Medical Schools. The goal is to expand both adult and child psychiatric access through telemedicine.

For the past eight years, we have been using local clergy and members of peer support groups as a non-traditional work-force.

We are beginning to face the question of how much more we can reduce local provider non-Medicaid contracts. At some point the system becomes totally crisis oriented. The loss of access to acute care psychiatric beds at local hospital forces more demand on state hospital which has no excess capacity available.

We must also address the issue of sober housing recovery supports across all populations and funding of medical detox when appropriate.

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

High probability both MH and AD clients will become involved in criminal justice system. The community

will demand more secure/inpatient treatment settings.

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

Physician recruitment.

- 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*).

This catchment area does not contain a significant population as to cultural or racial diversity. This Board has and will continue to support our local providers in accessing culturally specific services on a case by case basis. In the past, we have assisted in attainment of bilingual services, Native American Services, and residential A/D treatment for the deaf population. Local providers annually have in service trainings as part of accreditation process which address "cultural competence."

### 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 (Van Wert, Mercer, Paulding Cos. ADAMHS Board)**

**Substance Abuse & Mental Health Block Grant Priorities  
\*Priorities Consistent OHIO MAS Strategic Plan**

Goals	Strategies	Measurement	Reason for not selecting
Individuals attain abstinence and function in community.	Drug Court, MAT, Intensive Outpatient, Recovery Supports including Peer Support.	Case Western Drug Court Outcomes. Local Providers' Clinical Outcomes.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Women attain abstinence. Healthy babies born.	As above and use of specialized women's residential program.	Health Department Reports. Local Providers' Clinical Outcomes.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Attain abstinence and become responsible parents.	Engage and retain in appropriate treatment modality.	Local JFS Reports. Local Providers' Clinical Outcomes.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
			<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Attain optimal level of functioning.	Provide access to appropriate continuum of care.	Local Providers' Consumer Satisfaction Surveys and Clinical Outcomes.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Attain optimal level of functioning.	Provide access to appropriate continuum of care.	Local Providers' Consumer Satisfaction Surveys and Clinical Outcomes.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Goals	Strategies	Measurement	Reason for not selecting

				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input checked="" type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
	See MH-BG			<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant</b> <b>*Priorities Consistent OHIO/MAS Strategic Plan</b>				
				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
in	See SAPT-BG			<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
nic				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
			Goals	Reason for not selecting
			Strategies	Measurement

				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
th				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
ge				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
g	Individuals will abstain from behavior.	Access to appropriate treatment and local community education programming.	Providers' Outcome Reports and Utilization.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):





## 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.

### Key Collaborations and Related Benefits and Results

This Board and local providers are represented on the County Community Corrections Boards, Family Children's First Councils and the Executive Director is a member of the county's Child Fatality Review Board. Ongoing issues identified and addressed by involvement include:

- Provision of diversion services to individuals under intensive supervision of the Courts.
- Issue of adolescent deaths and identification of prevention programming as they relate to suicide, deaths in regards to operating motor vehicles.
- Identifying gaps in service system and discussion as to resources to fill gaps.
- Initiation of on-going services to youth in alternative school settings.

In the past year, this Board has worked with Mercer County Common Pleas Court for the establishment of a Drug Court and treatment program using Medication Assisted Treatment.

This Board is also an active participant in the Northwest Board Collaborative. The following outcomes were achieved through collaborative participation:

- Local utilization of Telemedicine.
- Increased access to Youth Crisis Stabilization Services.
- Increased access to physicians via medical schools.
- Training for provision of clinical best practices addiction intensive outpatient program.

## 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

In addition to St. Rita's private adult psychiatric hospital, the Board also added Defiance adult hospital as additional private provider for acute psychiatric inpatient capacity. The local system is attempting to utilize the State Hospital for medically indigent clients and those that have a "police hold" for which private hospitals will not accept. These actions are an attempt to reduce utilization at NOPH.

### 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 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.