

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.)

Census data places Preble County's current population at approximately 41,886. Preble County citizens are racially homogenous with reportedly 97.5% of the population as Caucasian. There are, however, sizable populations of German Baptist and Appalachian decent. The county values can be characterized as "conservative" and "independent". A strong work ethic and a determination to "take care of our own" permeate county economic pursuits and politics.

Housing issues and an inadequate job supply continue to be barriers to stability for many of the families we serve. Based upon July 2013 data, the unemployment rate for Preble County was 7.7%, higher than both Ohio (7.2%) and the Nation (7.4%). In addition, the foreclosure rate continues to be a major issue for our county.

With the decrease in local resources has come a higher demand placed on mental health and substance abuse treatment agencies, food banks, children services and other social service agencies. As resources to social services continue to decline, many families are suffering without a basic safety-net to keep them stable. In addition, individuals who have never used our services in the past are now in need of care due to the stress and despair stemming from the inability to provide for themselves and their families.

Budget cuts over the last several years have had a significant impact upon service delivery in Preble County. The Preble County Mental Health & Recovery Board (PCMHRB) has had to maintain a Non-Medicaid benefit plan. This plan limits Non-Medicaid services for those who are indigent. In addition, those who have insurance with mental health benefits no longer qualify for Board subsidy (except for crisis services) despite a small number of private practitioners (including no Psychiatrist) who currently practice in the county and accept insurance. This has forced many families to seek care outside of our county.

Another significant impact on our community has been an inability to attract Psychiatrists, Advanced Nurse Practitioners, or LISW's. This has resulted in a huge barrier for our Medicare consumers needing care as their insurance will only allow for terminally licensed providers.

In an effort to continue a safety-net of vital services for the community, the PCMHRB has taken numerous steps to ensure efficiency within our system. We have reduced administrative positions, contracted with other Boards for overlapping administrative functions and taken on the responsibility for the Preble County Family & Children First Council to reduce overhead. This has allowed the PCMHRB to push additional dollars into direct services.

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

The PCMHRB has adopted a continuous Quality Improvement Plan (QIP) to consistently assess the needs of the community and areas for improvement both within the Board and throughout the Preble County system of care. Vital components of the plan include: Qualitative and quantitative data sets; consumer and family participation; key informant surveys; information sharing among collaborative partners. Information obtained throughout the year as specified in the QIP is shared at least quarterly with the PCMHRB Behavioral Health Committee for review and systemic change within our system of care as indicated. This committee is also responsible for evaluating information obtained through the various resources and identifying the PCMHRB priorities for each fiscal year.

As part of our QIP, quarterly, the PCMHRB Executive Director meets with Agency staff to assess current utilization of services and identify any gaps that may exist. Data reviewed includes agency unit review by service type to date, source of funds review by service type to date, quarterly behavioral health data, outcomes data (as applicable), client and referral source satisfaction results, grievances/complaints filed, major unusual incidents filed, peer review data and wait time management lists.

In addition, the PCMHRB collaborated with the Preble County General Health District to fund an Adult and Youth Health Survey that was conducted by Wright State University Center for Urban and Public Affairs. The adult survey was a random sample phone survey (which included some cell phones) of Preble County residents weighted according to age, race and gender distribution of the county. As a follow-up to survey results, the PCMHRB utilized funds received through the Strategic Prevention Framework Grant to contract with Wright State University to conduct focus groups including youth and adults to gain additional knowledge regarding drug and alcohol use prevalence in our county, as well as to gauge their response to strategies currently being used to prevent use and strategies under consideration for future programming.

The PCMHRB also sponsored implementation of the Signs of Suicide Programming in local classrooms. All five community school districts participated for the 12/13 school year. Programming includes a depression and suicide lethality screening as well as information regarding the signs and symptoms of depression provided to middle and high school youth.

Finally, the PCMHRB staff participates on many collaboratives where key stakeholder information is obtained. The Board Executive Director currently serves as the Chair of the Family & Children First Council, is an active member of the Chamber of Commerce, serves on the Child Fatality Review Board, the local housing Continuum of Care collaborative, Emergency Food and Shelter Board, Domestic Violence Advisory Board and local Corrections Board. Many of these organizations collect needs assessments data which is shared with the PCMHRB for planning purposes.

Information obtained through local health assessment surveys shows that few adults surveyed admit to

having a mental health or substance abuse disorder. In addition, the majority of respondents were able to identify an appropriate person or agency to notify in the event that help was needed. Few adults also report that their children had any mental health or addiction issues, however many felt that addiction was a significant issue in our community for other families. Results from youth surveys showed a significant number of children reporting signs of depression, suicidal thoughts, alcohol and marijuana use. Clearly there is a major disconnect between what adults believe their children are experiencing and what they actually are. Educating adults on this disparity has been a major area of focus for the board over the last year. This will continue to be a priority area during the next biennium.

The Preble County Family & Children First Council did not receive any requests for dispute resolution during 2012 or 2013 to date. In addition, all consumers leaving the state hospital were linked to local services within the past year.

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*).

Preble County is a very close community. Providers work very well together to identify and address needs. In addition, due to necessity, providers also work well to ensure services are not duplicated and to ensure that consumers do not inappropriately use local resources.

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

Due to a very limited amount of staff, it would be difficult to set aside staff time for the purpose of training other boards and/or the state department. The Executive Director will continue to participate on statewide committees to share program ideas, and advocate for services for Preble County citizens.

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*).

Resources. Because of the small, rural nature of our community, Preble County citizens do not oftentimes have access to more specialized services found in larger communities. Also, there is no affordable public transit to assist citizens in obtaining services outside of their community.

In addition, our providers have found it very difficult over the last couple of years to attract Psychiatrists, Nurses with prescriptive authority, and LISW's to work in Preble County. And we have not been

successful in locating a physician within our county that is interested in implementing an MAT protocol.

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

Many citizens with significant behavioral health challenges will not get their needs met. Data shows that consumers with an untreated mental health or addiction disorder oftentimes end up negatively impacting other local systems.

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

We would welcome an opportunity to discuss other ways to implement an MAT protocol using a physician from outside the county. In addition, we would also welcome additional funding for more specialized treatment services from the state. As it is doubtful additional funding will be made available, we would also be interested in exploring how the board can access residential treatment services using Women's set aside funding that is grant funded to providers in contiguous counties. This board believes that there should be capacity set aside per board area, similar to state hospital capacity, given that the intent of the set aside grants was for regional utilization.

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

The PCMHRB relies upon the expertise of its mental health and substance abuse treatment and prevention provider agencies to attract and train staff necessary to meet the individualized needs of its consumer base. Based upon most recent consumer satisfaction surveys, 99% of consumers report feeling respected regarding their cultural/ethnic/racial needs. In addition, the PCMHRB has not received any consumer grievances noting dissatisfaction in their provider agency respecting these needs and/or their ability to respond to the consumer's specialized needs.

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)	Maintain a core level of services for board priority populations.	Intravenous and injection drug users will be offered an assessment appointment within 7 days of request for services.	Average days to intake as reported in agency quarterly report.	<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)	Maintain a core level of services for board priority populations.	Women who are pregnant and have a substance use disorder will be offered an assessment appointment within 7 days of request for services.	Average days to intake as reported in agency quarterly report.	<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)	Maintain a core level of services for board priority populations.	Parents with a substance abuse disorder who have dependent children will be offered an assessment appointment within 7 days of request for services.	Average days to intake as reported in agency quarterly report.	<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	Maintain a core level of services for board priority populations.	Individuals with tuberculosis and other communicable diseases will be offered an assessment appointment within 7 days of request for services.	Average days to intake as reported in agency quarterly report.	<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)	Maintain a core level of services for board priority populations.	Children with Serious Emotional Disturbances who fall within board benefit plan will be offered an assessment appointment within 10 days of request for services.	Average days to intake as reported in agency quarterly report.	<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)	Maintain a core level of services for board priority populations.	Adults with Serious Mental Illness who fall within board benefit plan will be offered an assessment appointment within 10 days of request for services.	Average days to intake as reported in agency quarterly report.	<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*	Maintain a core level of services for board priority populations.	Adult SMI consumers with a co-occurring significant physical health disorder will be offered in-home crisis prevention services from the staff nurse.	Number of consumers receiving crisis prevention services during the fiscal year.	<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	Maintain a core level of services for board priority populations.	-Adult SMI consumers will have access to the Jefferson Clubhouse. -The Board will continue to seek housing options for consumers with disabilities.	-Number of consumers attending Jefferson House. -Number of consumers receiving housing supports.	<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	Maintain a core level of services for board priority populations.	Veterans who fall within board benefit plan will be offered an assessment appointment within 10 days of request for services.	Average days to intake as reported in agency quarterly 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: Individuals with disabilities	Maintain a core level of services for board priority populations.	Individuals with disabilities who fall within board benefit plan will be offered an assessment appointment within 10 days of request for services.	Average days to intake as reported in agency quarterly 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: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	Maintain a core level of services for board priority populations.	Individuals seeking substance abuse treatment services will be offered an assessment appointment within 7 days of request for services.	Average days to intake as reported in agency quarterly 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: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	Maintain a core level of services for board priority populations.	The Board will continue to offer Shelter Plus Care vouchers obtained through HUD for permanent supportive housing.	Number of consumers receiving SPC vouchers.	<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	Maintain a core level of services for board priority populations.	Individuals who fall within the board benefit plan will be offered an assessment appointment within 10	Average days to intake as reported in agency quarterly report.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		days of request for services.		<input type="checkbox"/> Other (describe):
Treatment: Youth/young adults in transition/adolescents and young adults	Maintain a core level of services for board priority populations.	Individuals who fall within the board benefit plan will be offered an assessment appointment within 10 days of request for services.	Average days to intake as reported in agency quarterly 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)*	Maintain a core level of services for board priority populations.	Individuals who fall within the board benefit plan will be offered an assessment appointment within 10 days of request for services.	Average days to intake as reported in agency quarterly report.	<input type="checkbox"/> No assessed local need <input 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*				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices				<input 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*				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

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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)	The Board Behavioral Health Committee is in the process of developing a list of priority areas should additional funds become available through Medicaid expansion or other venues. As this is likely not to occur in FY14, we have no additional information to add in this section.
(2)	
(3)	
(4)	
(5)	
(6)	
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(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	

(15)	
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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.

One of the most noteworthy accomplishments of this board over the last two years has been the implementation of the Crisis Intervention Team training. Since 2011, we have trained more than 80 first responders using this evidence based approach. Anecdotally, we have heard that not only has this completely changed the way first responders approach our consumers, but system partners are working together in a coordinated manner more effectively than ever before. This has been a wonderful addition to our system of care at a time when additional services simply aren't possible.

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 .

This Board has an excellent working relationship with area private hospitals and our designated state hospital. Recently the private hospital that we generally use for medical clearance and care for those with insurance, opted to close their inpatient unit. In conjunction with our mental health treatment agency, we convened a meeting of staff at a different private hospital in the area who agreed to work with us in the same manner as the previous hospital. As a follow up, we plan to update law enforcement staff of this change through our next Crisis Intervention Team Refresher Training.

The most significant change we have seen in utilization at our state hospital has been with the forensic population. Because we are such a small county, anyone placed on the forensic unit results in a significant increase in our bed day utilization. And unfortunately, with the legal status in which these consumers are entering, there is little we can do to reduce the length of stay.

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 – In order to foster an efficient system of care, several years ago this board opted to contract with the Montgomery County ADAMHS board for many business operations. This includes management of most MACSIS functions, legal services, and cross-systems training. We are very fortunate to have this partnership which has allowed this board to push significantly more dollars into our system of care in lieu of higher business operations.
- d. Process and/or quality improvement

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

Advocacy (Optional)

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

Open Forum (Optional)

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

Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	ODADAS UPID #	ALLOCATION

B. Request for Generic Services

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

B.AGENCY	ODADAS UPID #	SERVICE	ALLOCATION

Appendix 2: Definitions

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

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

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

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

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

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

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

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