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SIGNATURE PAGE  
Community Plan for the Provision of  
Mental Health and Addiction Services  
SFY 2014  
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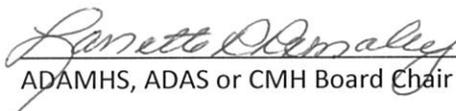
Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Mental Health and Addiction Services (OhioMHAS) department a community mental 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.

\_\_\_\_\_  
ADAMHS, ADAS or CMH Board Name    Richland County

  
\_\_\_\_\_  
ADAMHS, ADAS or CMH Board Executive Director

11-19-13  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
ADAMHS, ADAS or CMH Board Chair

11-19-13  
\_\_\_\_\_  
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. (NOTE: There will be an opportunity to discuss the possible effects of Medicaid expansion upon your local system in question #12.)**

The unemployment rate in Richland County as of August 2013 was 7.6%. Not reflected in the unemployment rate is the growing number of individuals that have ceased looking for work and are no longer receiving unemployment benefits. Business and industry in Richland County has added a number of new jobs, but they are experiencing difficulty in filling the positions. Some of this is due the positions being skilled in nature, but also in a recent community survey, it was revealed that Richland County has a 12-15% failure rate in drug screenings for new jobs. The number of residents living below the poverty level has improved to 13.4% from 14.7% in 2008, which still leaves almost 16,500 residents qualifying for indigent services.

Conversely, where poverty and unemployment rates have improved, in 2012 we have a suicide rate of 13.86 per 100,000. However, saw a significant drop in our accidental overdose rates to 6.3 per 100,000 in 2012. We are still seeing a significant demand for services and realigned funding during State Fiscal Year 2014 to try and address many of these concerns.

We are working diligently to increase the provider base for drug and alcohol treatment services as well as trying to provide a larger amount of "lower level services," to try and intervene sooner with populations that may not have been able to access services in the past. Fortunately the replacement 1 mill levy began to be collected in January of 2012 which gave us the ability to give to agencies and increase local funding for the first time in 6 or more years.

### 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)**

The Results of the Richland County Community Health Assessment were disseminated in February of 2012. The data collection was completed by the Healthy Communities Foundation of the Hospital Council of Northwest Ohio. The Assessment was collaboratively funded by The Richland County Health Department, MedCentral Hospital and this Board. The results highlighted a number of behavioral health concerns as well as some physical health concerns with a behavioral health impact. 13% of those surveyed were without any kind of insurance. 38% of Richland County adults were classified as obese which is 8% higher than the State. 41% of youth reported using alcohol with an average onset of 12 years. 13% of youth had seriously contemplated suicide with 6% having made attempts.

Based on the findings of the Community Health Assessment, a team was formulated to develop an action plan designed to address concerns over the next three years. The priorities identified were to 1) decrease obesity among adults, youth and children, 2) Increase access and awareness of mental health services and decrease violence and bullying and 3) Decrease youth and adult risky behaviors.

Based on needs presented by the Richland County Development Group the Richland County Board collaborated with the Ashland County Board to contract with Dr. Oscar McKnight to do an Employment Screening Survey. The

survey was to assess the need for a program to address potential employees failing drug screens for new positions at an alarming rate. It was reported that as high as 70% of people applying for the open positions were failing drug screens, the survey showed that number was closer to 13%. Still high enough to raise concerns, but not quite as much of a problem as perceived. Based on the results of the survey, Richland County has designed a Work Readiness program that will utilize a Screening and Brief Intervention Approach, focused specifically on two temporary employment agencies and those individuals coming off unemployment, but working with the Jobs staff at Richland County Jobs and Family Services. It is our hope to intervene before individuals have failed screens for the actual employers, so we do not risk running up against many of the zero tolerance policies.

### 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.

The strength of Richland County is the ability across systems to collaborate. We have a strong history of working together and will build on many of those collaborative efforts to address many of the concerns outlined in questions 2. For example, we have already co-located a physician from our Federally Qualified Health Center to the adult services building of Catalyst Life Services. We are currently in the process of using the same relationship to co-locate a pediatrician into the Catalyst's youth services building.

The Board is currently the chair of a Sector to address the drug screen failing issue for Richland County Development Group. We are also utilizing a number of agencies and community partners, including Jobs and Family Services, SCORE of North Central Ohio and a number of small business owners as advisors, developers and presenters for the actual Work Readiness program.

Any area where Richland County has made strides would be available to other communities for assistance. We believe, though we focus within the County lines, we are doing things to benefit Ohio as a whole.

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 largest issue facing our system currently is the funding structure outlined by the State. Though the Behavioral Health System in Ohio received \$50 Million dollars for each year of the biennium, Richland County received \$191,000 or 1/3 of 1% of these new monies. After decreases in other line items and the potential reductions from Sequestration and the, as of yet to be determined, reduction in the Substance Abuse Treatment and Prevention Block Grant funding, Richland County may actually see less overall funding from SFY 2013. Despite these reductions in funding, new and evolving needs continue to present themselves, but will need to be dealt with by re-prioritizing funding as opposed to new funding. This will mean that some programs may be reduced or discontinued in order to address areas of higher need.

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

The largest impact that will be seen in SFY 14 as a result of change in need and lack of new funding will be the elimination of Indigent Hospital funds. This program has allowed the local crisis agency to have funds to purchase local hospital beds for Richland County Residents that have no other payer source (insurance, Medicaid, Medicare)

and were at or below 200% of poverty. Starting December 1, 2013, if a Richland County resident has no other payer source and are in need of a hospital level of care, they will be placed at Heartland Behavioral Health. The remainder of the funds will be diverted to provide services in the local jail, where behavioral health needs have reached a critical level.

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

Richland County has a great working relationship with the contiguous County Boards, Boards in the Heartland Region and other member Boards of OACBHA. We have already been in contact with Boards that have greater experience in jail services and will continue to network as needed.

From the State we would like to see clearer and more definitive allocation decisions as well as the logic behind those decisions, so we can prioritize going forward. We know that we do not have the infrastructure to address all of the needs of Richland County, but the more definitive that we can be with our community partners; the more we can draw on the strength of collaboration to look for alternative methods to address critical needs.

**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 answer to all of the questions outlined in Appendix 2 "Culturally Competent System of Care" is "Yes". All Agencies, save two, are CARF Accredited and are required to meet a rigorous cultural competency standard in order to achieve re-certification. All of the contract agencies certified by CARF have received 3-Year Certifications. The only agencies not CARF Accredited are Three C Counseling, who were Certified by ODADAS in 2012 and are working on their accreditation and Mansfield UMADAOP, which is an agency that by its very nature is steeped in culturally directed services.

**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 Richland County Mental Health and Recovery Services Board**

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

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p><b>SAPT-BG:</b> Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)</p>	<p>Provide immediate access to services based on level of care. If the needed service is not available, the agency will assist the person in locating another agency that can meet the individuals need.</p>	<p>Residential, Intensive Outpatient, MAT, Out Patient, After Care, Vocational, other services as indicated.</p>	<p>Average length of stay should be between 9 months and 18 months</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p><b>SAPT-BG:</b> Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)</p>	<p>Provide access to services based on level of care. Access will be based on availability of services with first priority going to above listed programs if the needed services is not available, the agency will assist the person in locating another agency that can meet the individuals need.</p>	<p>Residential, Intensive Outpatient, MAT, Out Patient, After Care, Vocational, other services as indicated.</p>	<p>Average length of stay should be between 9 months and 18 months</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p><b>SAPT-BG:</b> Mandatory: Parents with substance abuse disorders who have dependent children (NOTE: ORC 340.03 (A)(1)(b) &amp; 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)</p>	<p>Provide access to services based on level of care. Access will be based on availability of services with first priority going to above listed programs. If the needed service is not available, the agency will assist the person in locating another agency that can meet the individuals need.</p>	<p>Residential, Intensive Outpatient, MAT, Out Patient, After Care, Vocational, other services as indicated.</p>	<p>Average length of stay should be between 9 months and 18 months</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p><b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases</p>	<p>Provide access to services based on level of care. Access will be based on availability of services with first priority going to above listed programs. If the needed service is not available, the agency will assist the person in locating another agency that can meet the individuals need.</p>	<p>Residential, Intensive Outpatient, MAT, Out Patient, After Care, Vocational, other services as indicated.</p>	<p>Average length of stay should be between 9 months and 18 months</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>

<b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Provide access based on triaged needs with constant attention paid to wait times.	Assessment, Med Somatic, Crisis Intervention, Individual Counseling, Group Counseling, Community Psychiatric Supportive Treatment, Other services as needed.	All consumers will have a treatment plan which is personally influenced by the identified consumer and parent/guardian. Treatment Plan will be evaluated a minimum of annually modified as often as needed.	No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):
<b>MH-BG:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Provide access based on triaged needs with constant attention paid to wait times.	Assessment, Med Somatic, Crisis Intervention, Individual Counseling, Group Counseling, Community Psychiatric Supportive Treatment, Vocational and Other services as needed.	All consumers will have a treatment plan which is personally influenced by the identified consumer. Treatment Plan will be evaluated a minimum of annually modified as often as needed.	No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):
<b>Priorities</b>	<b>Goals</b>	<b>Strategies</b>	<b>Measurement</b>	<b>Reason for not selecting</b>
<b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	Assess both adults and youth for potential physical health needs.	SPMI Adults will be referred to the Co-located physician at Catalyst Life Services. SED Youth will be referred, if needed, to a Licensed Pediatrician, utilizing the local FQHC when need for financial concerns. General Populations will be provided with referral information.	Agencies will track the number of SPMI, SED and General populations that are referred to a local physician or pediatrician and will also track those who follow through.	No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):
<b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	All Service Tracts will include access to vocational services in addition to other recovery supports, such as housing assistance, case management and system navigation.	Maintain adequate capacity in vocational services to accommodate all requests.	Track the number of individuals who access vocational services and the number of individuals who obtain gainful employment for 90 days or more.	No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):
<b>Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant</b>				
<b>Treatment:</b> Veterans	Utilize local community services to bolster those services offered by the local office of Veteran's Administration as well as consider gaps in VA system when addressing community needs.	Work closely with the VA to identify gaps in service or potential waiting lists that could be addressed.	Track the number of referrals from the VA system or to the VA system.	No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):
<b>Treatment:</b> Individuals with disabilities	Collaborate with the Richland County Developmental Disability Board (New	Share services, cost and enhancements for consumers that diagnosed with a	Track the number of consumers that are dually diagnosed MI/DD and the	No assessed local need ___ Lack of funds

	hope).	Developmental Disability as well as a Mental illness or substance use disorder.	services they receive.	<input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	Pilot a Medication Assisted Treatment (MAT) program with collaboration between Mansfield Municipal Court, Third Street Family Health Services (FQHC), Catalyst Life Services and the Board.	Match local funds with Indigent Driver Alcohol Treatment Funds to provide MAT to treat up to 24 Municipal Court Referrals to the Recovery to Work Program.	Track the number of participants, Cost per participants, length of stay and vocational outcome.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	Maintain 58 units of independent supported housing. Continue to work with local housing authorities and local landlords to provide housing options for individuals with mental illness and individuals with substance use disorders.	Continue to do thorough housing assessments of individuals involved in our system and utilize housing coordinators to assist in getting consumers in the most appropriate housing.	Track the number of board owned or agency owned units that are filled and track the number of individuals referred to housing coordinators and the number that find appropriate housing.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Underserved racial and ethnic minorities and LGBTQ populations	Maintain that the racial, ethnic and LGBTQ populations currently being served to closely match the breakdown of these subgroups in the Richland County Demographics.	Utilize quarterly data when possible, or consumer satisfaction surveys and referral satisfaction surveys to assess problems in addressing underserved populations.	Track racial and ethnic data and compare to 2013 demographic data for Richland County. Review consumer Satisfaction and referral satisfaction to see if there is a concern regarding the LGBTQ population being underserved.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Priorities</b>	<b>Goals</b>	<b>Strategies</b>	<b>Measurement</b>	<b>Reason for not selecting</b>
<b>Treatment:</b> Youth/young adults in transition/adolescents and young adults	Utilize TIPS Informed Staff, Provide access based on triaged needs with constant attention paid to wait times.	Assessment, Med Somatic, Crisis Intervention, Individual Counseling, Group Counseling, Community Psychiatric Supportive Treatment, Vocational and Other services as needed.	Track the number of young consumers between the ages of 16 and 24 that are able to meet personal needs, such as housing, vocational/educational, self sustaining life styles.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Early childhood mental health (ages 0 through 6)*	Currently providing the DECA as part of and ECMH Grant in collaboration with 4 other counties.	Coordinate our program with the program being funded through the pooled funding of our local Family and Children's First Council, to maximize services and avoid duplication.	Track the number of youth that are involved in ECMH program and track the identified outcomes of the program.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Adopt a public health approach (SPF) into all levels of the	All prevention providers have been trained in Strategic Prevention	Information Dissemination, Education, Community Based Process,	All Outcomes being tracked in the POPS System.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds

<p>prevention infrastructure</p>	<p>Framework and are integrating this in to their prevention approaches.</p>	<p>Environmental, Problem ID and Referral and Alternative.</p>	<p>All Outcomes being tracked in the POPS System.</p>	<p>___ Workforce shortage ___ Other (describe):</p>
<p><b>Prevention:</b> Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*</p>	<p>Both UMADAOP and CACY have implemented prevention plans that address all age groups including Elementary School, High School for CACY and Adults through the Circle for Recovery for UMADAOP. Most of the Prevention services for youth also have a parent component.</p>	<p>Information Dissemination, Education, Community Based Process, Environmental, Problem ID and Referral and Alternative.</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>	
<p><b>Prevention:</b> Empower pregnant women and women of child-bearing age to engage in healthy life choices</p>	<p>UMADAOP is a Help Me Grow Provider in the Richland System. CHAP in Richland County also provides visits for expectant mothers and The Youth and Family Council (FCFC) funds well baby visits as part of the Help Me Grow project.</p>	<p>Help Me Grow visits as per the local contract.</p>	<p>As Reported to the Family and Children's First Council (FCFC).</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p><b>Prevention:</b> Promote wellness in Ohio's workforce</p>	<p>The Richland County Board in collaboration with the County Health Department, provide the County's Wellness Program which includes a 12 week wellness class for County Employees as well as an ongoing "point tracking" incentivized wellness program for all County Employees. The Board also participates in several Wellness and Health fairs around the County.</p>	<p>The Executive Director will provide Stress and Time Management Presentation for the County Wellness Program. The Director of External Operations will involve the Board in Health Fairs from around the County.</p>	<p>1 Stress and Time Management Presentation per Year. 5 Health Fairs, including the County's Annual Minority Health Fair in April.</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p><b>Prevention:</b> Integrate Problem Gambling Prevention &amp; Screening Strategies in Community and Healthcare Organizations*</p>	<p>Implement the Richland County Problem Gambling Plan as submitted to the Department for 2014.</p>	<p>Implement Prevention and Treatment Programs as outlined in the Richland County Problem Gambling Plan.</p>	<p>Measure Outcomes as indicated in the Richland County Problem Gambling Plan.</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Work Readiness Program	Utilize a Screening and Brief Intervention approach to work with individuals who fail drug screens for employment, but screen in the low to moderate risk for developing a substance use disorder. To prepare them to reenter the work force better prepared.	Utilize the SMAST and the DAST10 to screen for enrollment, utilize a locally designed 16 hour educational program that will address substance use and other life issues that may lead to problem use or cause difficulties in gaining employment, as well as skill building, interview techniques and education on how to look for gainful employment. Utilize the approved format for the 40 hour training with NAMI as the lead agency.	Run three pilot programs, track attendees who complete all 16 hours to see how many gain and maintain employment for at least 90 days.  Train 20 additional 1 <sup>st</sup> responders.
Crisis Intervention Team Training	Complete Richland County's 16 <sup>th</sup> class of Crisis Intervention Team Training for training first responders.		
Jail Services	Provide onsite behavioral health services at the Richland County jail.	Assessments, crisis intervention, individual counseling, group counseling, case management, community psychiatric supportive treatment, and educational programming.	Track the number of units of each service provided to establish a baseline for services. Track the number of people who receive services in the jail, are referred to community treatment after release and follow through with referral.
QPR Education	Provide QPR training to community partners in conjunction with the requirements of the Margaret Clark Morgan Grant.	Provide two hour trainings with fidelity to the QPR model.	Utilizing the 6 person Richland County Team, provide 15 QPR trainings. Provide the training to 40 medical professionals and 20 education professionals.
Suicide Prevention Coalition	Maintain leadership on the Suicide Prevention Coalition.	Coalition will meet quarterly to inform the community partners of the current statistics as well as to discuss planning and implementation of community awareness programs.	Hold 4 quarterly meetings; provide community awareness at a minimum of five community events.
Linkage/ Re-Entry Program	Provide linkage to community services to consumers being released from the department of corrections that have been identified as mentally ill.	Utilizing the re-entry grant assisted the individuals to obtain services, including but not limited to assessment, counseling, med somatic, case management/CPST, housing assistance, transportation and vocational.	Assisted a minimum of 7 individuals as evidenced by successful follow through with assessment and initial treatment.
Hotline Service	Maintain a 24 hour contact line for Richland County residents to access emergency services or critical information.	Maintain the crisis line that is housed at the Crisis Stabilization Unit and is the central dispatch for crisis teams.	Maintain an average receipt of 10,000 calls per year.

Aspirations	Provide a social and vocational skills group for high functioning young adults on the Autism Spectrum.	Utilize a facilitated support group that will meet once per week for 8 weeks followed by "reunion" meetings monthly.	Serve 16 to 20 adults during SFY 2014. Evidence of successful completion will be a pre/post test measuring reports of self improvement.
MH and AOD Wrap Around Services	Provide a flexible pool of funds that can be used for behavioral health consumers to provide a myriad of "Gap filling" needs, i.e. ACF placement, detox services, medication assistance beyond central pharmacy, etc.	Services are left to the discretion of the agency. The agency takes an 8% administration fee and reports out utilization on the invoice form.	Unpredicted gaps are filled and consumers receive what they need.
Recovery to Work Program	Providing a vocational tract for individuals with substance use disorders with particular emphasis on opiate addicted and court involved.	Engage individuals who are in need of treatment, obtain a commitment to pursue employment as soon as it is clinically advised, provide them with the needed level of treatment and provided them with OOD certified vocational services.	Through OOD track the number of individuals who gain and maintain employment for at least 30 days.
Mansfield City School Program	Provide on-site professional supports for Mansfield City School SED classrooms focusing on youth 7 to 13 years of age.	Utilize the curriculum Skill Streaming	Serve approximately 40 youth.
Consumer Drop In Center OASIS Club	A Consumer Operated Drop in Center that provides peer to peer supports as well as educational program and recreational activities.	Governed by an independent advisory board, the club operates 5 days a week from 3:00pm to 7:00pm and also does outings on weekends.	The club will have a minimum of 2000 visits per year.
Mansfield Pediatric Project	Provide training and consultations between child psychiatry and local pediatricians. Also use these funds to implement an on-site pediatrician at Catalyst Life Services.	Consultation and education.	Serve 50 youth with a pediatrician that would have traditionally ended up on a waiting list to see the psychiatrist.
Navigator Program	.5 FTE of adult system navigation provided by Visiting Nurse Association of Mid Ohio and .5 FTE of Youth and Family System Navigation provided by the Richland County Family and Children's First Council.	Care Coordination for adults, youth and families that are either new to the system or struggling to navigate.	Serve 20 adults and 20 youth and/or families.
Specialty Docket Support Program	Provide a Liaison to the Municipal and Common Pleas specialty dockets including Municipal; Drug, Mental Health, Veterans and Domestic Violence courts and Common Pleas; Drug and Re-Entry Courts.	Consultation, coordination and program design.	Provide 24 to 48 Hours per year.
General System and Community Education	Provide or coordinate educational programs upon request for other systems as well as the general public. i.e., "Mental Health First Aid" for new and changing employee working for Richland County DD,	General topical education, or coordinate presenters for continuing education for professionals.	20 hours of presentations.

	<p>“Managing Holiday Depression” for the Loss of Vision support group, Professional Ethics, Recovery Summit for consumers and families, etc.</p> <p>A 12 week education program for Family members who have loved ones who suffer from a Brain Disease.</p>	<p>Interactive Education and support.</p>	<p>2 courses and 20 families</p>
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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
Maintenance of the Indigent Hospitalization Fund.	The Board had intended to make a smoother transition with the reduction of the indigent population by Medicaid Expansion and the Insurance Exchanges and not discontinue this program until both systems were fully implemented (i.e. July 1, 2014). However, due to receiving fewer funds from the 507 expansion, we needed to move funds from this program to jail services which were a higher priority.
Expand Medication Assisted Treatment Options for Opiate addicted.	We currently have a small pilot running, but the need for this service is great. I would like to be able to offer this service to a greater number of individuals.
Establish a transitional youth specific supported housing program.	In conjunction with other community partners we would like to address the number of youth that are winding up at the local homeless shelter on their 18 <sup>th</sup> Birthday. Many of them are ill equipped to be self-sufficient, but are not welcome to return to their previous homes.
Reestablish Satellite offices in both the northern and southern portions of the County.	Currently all office based services are offered in Mansfield, the center of the County, but it leaves up to a 30 mile drive for people in extreme northern and extreme southern parts of the County. These satellites closed in 2002 with the significant reduction in funding. They have never been restored, because the system has never been restored back to that level of funding.

**8. Describe the Board's accomplishments achieved through collaborative efforts with other systems, consumers and/or the general public during the past two years.**

Collaboration is one of the cornerstones of the Richland County service system. Many of these collaborative have been illustrated in question 6, so I will highlight just a few here.

1. In SFY 2012 a general practice physician from Third Street Family Health Services (FQHC) was located on-site at The Center for Individual and Family Services (now Catalyst Life Services) full time to provide physical health care to adults with Severe and Persistent Mental Illness. This was a collaborative effort between The Board, Third Street, Catalyst Life and The Richland Foundation to provide adequate funding to renovate the space and adequate procedural guidance to assure that these two systems blended appropriately. We will capitalize on the success of this program in SFY 14 to place a Pediatrician in the youth department of Catalyst Life Services.
2. In SFY 12-13 we worked with the Richland County Health Department and MedCentral Health Systems (local hospital) as well as, to a lesser degree, numerous other child and adult serving agencies and health care providers to do a County Wide Health Assessment. We have also worked with all partners to put in place a plan of action to address the needs determined by the assessment over the next three years.
3. The Youth and Family Council (Richland County FCFC) has been in existence for nearly 30 years. We re-established in SFY 2012 a pooled funding program that blends funding from This Board, DD, Children Services, Job and Family Services, Juvenile Court and in some years, schools and the Health Department. The purpose of this funding is to offer grants twice a year with a specific RFP to address identified gaps in the system or address new needs that have arisen over the previous six months. We also have two specific bodies of the Council, one is Care Management; made up of MHRS Board rep, Children Services, Juvenile Court, JFS, DD, Mansfield City School and a Family Rep from NAMI. This committee addresses immediate stop gap needs such as respite care, bed bug abatement, transportation needs, in-home mentoring, etc, for multisystem youth and families. The second body is the Diversion Committee made up of reps from MHRS Board, Children Services and Juvenile Court. This committee is charges with diverting youth from out of home placement, or if they need out of home placement, monitoring the placement and making sure that the youth returns to the community as soon as it is feasible. Both of these programs, in part or in whole benefit from the pooled funding as well.
4. In SFY 13 this Board began working the Richland County Development Group to address the concern of individuals failing drug screens for job placement at an unusually high rate. This new Sector of RCDG was developed with this Board as the Chair and made up of behavioral health agencies, small business owners, Job and Family Services, adult education folks, just to name a few. The sector has developed a 16 hour curriculum that will have its inaugural class starting January 7<sup>th</sup>, 2014.
5. In conjunction with Third Street Family Health Services, Catalyst Life Services and Mansfield Municipal Court, the Board has established a collaborative to provide a Medication Assisted Treatment Pilot. The Pilot will work with Municipal Drug Court referred opiate addicted individuals who will received their MAT services from Third Street, utilizing the FQHC purchasing power and funded by blending local funds and IDAT funds, they will also be enrolled in the Recovery to Work program for their on-going addiction treatment and eventual vocational services provided by Catalyst Life Services and funded through a blending of local funds and OOD funds.
6. In SFY 2012 and expanded in 2013 The Board jointly funded with Richland County Developmental Disability (Newhope) the Aspirations program. This program provided an evidence based curriculum out of the Nisonger Center, facilitated by staff from Catalyst Life Services to provide a life skills development and support group for adults that have been diagnosed with and Autism Spectrum Disorder. This program has given support to a

number of individuals that are living independently and attending college or working and allowed them to maintain their independence. We will be doubling this service in SFY2014.

These are truly just a sampling of the collaboration currently being undertaken either through formal or informal agreements. Richland County has never been shy about pulling together all of the involved agencies to address a particular problem and come to an agreement on how we can maximize dollars and service opportunities for the community.

### 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**

State hospital usage has been closely monitored by the Board and Catalyst Life Services. We also have an ongoing Hospital Utilization committee that meets quarterly that includes The Board, Catalyst and MedCentral (Local Hospital) to address emerging or ongoing concerns. We have worked diligently to utilize the State Hospital as a last resort and to return consumers to the community as soon as it is clinically prudent. In SFY 2012-13 the Department eliminated the SCUD and decoupled hospital usage from community funding. Creating little to no incentive to limiting the use of the State Hospital. Despite this change we continued to utilize The State Hospital as a last resort, due to distance. We have maintained a local Indigent Hospital Contract that allowed Catalyst to purchase a finite number of local hospital beds for indigent consumers, to again, help to limit the amount of State Beds used locally. This fund was established in SFY 2002-3 at that time it was estimated that the \$200,000+ commitment resulted in an average net gain if community funds (408) of \$500,000, or roughly a \$300,000 gain for community services. As local per diems have increased and State Hospital length of stays have decreased that net gain has gradually dwindled with each passing year and was completely eliminated with the changes in SFY 2012 and 13. Based on significant community needs and the lack of any real increase in state funding to Richland County for SFY 2014, a 120 day letter was issued on August 1<sup>st</sup> for The Indigent Hospital Contract. The new standard will be that all Indigent Richland County Residents in need of hospitalization will be placed at Heartland Behavioral Health and MedCentral will be encouraged to place all residents in need of hospitalization that have a third party payer on their psychiatric unit. It is estimated that that the average civil bed usage for Richland County will double starting in December from 5 to 10. This will be an increase for Richland County, but will still be 200+ beds under what should be the county's per capita usage. The dollars that remain from the Indigent Contract will be reallocated to Jail services, Crisis Supports (Primarily Ambulance transports to Heartland) and discharge transports from the State hospital.

### 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.**

Please refer to sections 6 and 8.

### **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.**

The individual success stories are innumerable and to highlight one, would seem to belittle the accomplishments of the others, however, systemically we have had a number of significant “success stories” that are worth mentioning. The Crisis Intervention Team Training program in Richland County kicked off in 2004. During the first class, we toured facilities and when we toured the Oasis Club (Consumer Drop In Center) the only person present was the Director, because consumers were not there to interact with Law Enforcement. Since that time, we have completed 16 classes and trained over 300 1<sup>st</sup> responders. We have consumers that not only greet the officers at the Oasis Club, but also volunteer to participate on the panels. When we started the program NAMI would inform families what shifts most of the CIT trained officers worked, we now have officers on every shift in every department in the County. Even if a CIT officer is not specifically requested, odds are at least one of the officers that arrive will be CIT trained. This program has reduced both officer and consumer injury, built trust between consumers and law enforcement and has built a lasting relationship between law enforcement and the behavioral health field. Another recent success has been the expansion of the Crisis Stabilization Unit. The unit was originally opened in 1992. A half of a gymnasium was converted and was designed to house up to 7 consumers. This unit has become a crucial component for both diversion of hospital placement as well as being used as a step-down from hospital placement and expediting discharges. In SFY 2013 with a combination of funding from The Department of Mental Health, Local funds and the Richland Foundation the unit was given a complete redesign, It was expanded to house 13 consumers and addressed many ongoing concerns for staff and consumer safety. This project would not have been possible if it were not for the ability for a local agency, a County Board, a Private Foundation and a State Department to work collaboratively and cooperatively. In this time of tight resources and economic deficits coupled with high social pressures and community stress, the greatest success story has been the ability to breakdown perceived barriers and accomplish something that will truly save lives.

### **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.**

No Comment.

## 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.