

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.)

Shown below is a snapshot of the three county catchment area, which illustrates the economic, social and demographic factors in this Board area. Unless otherwise indicated, data is provided according to the *U.S. Census Bureau, State & County QuickFacts, 2010*.

Sociodemographic, Economic and Cultural Snapshot Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties

	Seneca County	Sandusky County	Wyandot County
Total Population	56,745	60,944	22,615
Males (2010)	49.9%	49.2%	49.5%
Females (2010)	50.1%	50.8%	50.5%
Housing Units	24,122	26,390	9,870
Grandparents raising grandchildren, 2009*	285	382	95
Median Household Income (2006-2010)	\$42,573	\$48,056	\$47,216
Persons Below Poverty Level (2006-2010)	11.9%	10.9%	8.2%
October, 2013 Unemployment**	6.8%	6.7%	6.1%
Age	%	%	%
Birth to 5 years, 2010	6.3	6.3	6.4
5 to 9 years	6.6	6.9	6.7
10 to 19 years	14.4	13.6	13.6
20 to 64 years	57.9	58.1	57.1
65 years and over, 2010	14.8	15.3	16.3
Race/Ethnicity	%	%	%
White Persons, 2010	93.7	91.2	96.9
Black Persons, 2010	2.3	2.8	0.2
All Other Races, calculated, 2010	4.0	6.0	2.9
Persons of Hispanic or Latino origin, 2010	4.4	8.9	2.2
Educational Level ***			
No Diploma	9.3%	12.5%	12.5%
High School Graduate	34.4%	19.2%	48.9%
Some College/Associate Degree	55.2%	26.5%	23.7%
Bachelor's Degree	Not available	7.8%	7.0%
Graduate/Professional Degree	Not available	4.1%	2.8%

* The 2011-2012 PCSAO Factbook, 10th Edition

** Information from Ohio Labor Market Information, Civilian Labor Force Estimates: October 2013

*** Information from most recent Health Assessments.

The unemployment rates of the three counties are improving, albeit slowly. The counties' unemployment rates for October, 2013 are: Seneca County 6.8%, Sandusky County 6.7%, and Wyandot County 6.1%. Of concern to this Board, however, are the anecdotal stories that employers share regarding efforts to hire workers due to high failure rates at drug testing - most commonly marijuana. The Fiscal Year 2013 VRP3 Program exceeded its Competitively Employed Consumers goal by 200%. This Board has worked with the Huron and Erie/Ottawa Boards on a collaborative contract for these employment opportunities, and has been delighted that opportunities to work with businesses to find employment have been successful. The success of this program will have minimal impact on reducing rolls of recovering substance abusers. The growth creeping into the counties of prescription painkillers, which then morphs into heroin use, has become an issue for which this area will feel consequences for years to come. The September, 2013 OSAM-O-Gram shows that methamphetamine use was reported in the Toledo area for the first time in January, 2013. This will require monitoring as it has the likelihood of spilling over into Sandusky County due to its close proximity to Lucas County.

Levy funding is the most significant economic factor in this Board area. The Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties renewed individual county levies in May, 2013 in Wyandot and Seneca Counties. It has campaigned for the same five-year, 0.8 mill levy in Sandusky County eight times, with eight defeats. The additional revenue that the levy would generate in this county may be the difference in lives lost due to lack of timely mental health and substance abuse services.

These local levy funds have sustained levels of services that otherwise would have been decreased due to Federal and State budget cuts. The Board has established a process that allows local organizations to apply for local initiative funding through levy dollars, and this process has been extremely beneficial to the community. A percentage of funding is used for local initiatives, a percentage for set-aside, a percentage for Board operations, and the remainder is allocated to the Board's sole mental health and substance abuse provider, Firelands Counseling and Recovery Services. *Please see Innovative Initiatives for examples in which local planning has worked well in the Board's two levy-enhanced counties.*

Assessment of Need and Identification of Gaps and Disparities

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

The MHR SB/SSW works with the Hospital Council of Northwest Ohio to conduct a comprehensive, health assessment survey based on self-administered surveys using a structured questionnaire. The questions are modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). The HCNO collects the data, guides the health assessment process and integrates sources of primary and secondary data into the final report. Areas that are surveyed are:

- Health care issues such as cancer, diabetes, arthritis, asthma, weight;
- Behavioral health topics cover tobacco use, alcohol consumptions, marijuana and other drug use, mental health and suicide; and
- Quality of life issues such as men's and women's health, quality of life, safety, parenting.

The Partners in this process cover all areas of the community: hospitals, schools, colleges, law enforcement, juvenile/probate court, health department, Family and Children First Council, Commission on Aging, Salvation Army, United Way, OSU Extension, Department of Job and Family Services, local hospice.

Thus, this is truly a community partnership in which equal say is given to each member. Dependent upon the county, the Community Health Improvement Plan (CHIP) is completed either before or after the unveiling of the Health Assessment. This CHIP is a mandated plan by hospitals to be developed every three years; therefore, the community health assessments are scheduled to fall within that three-year timeframe.

The Health Assessment is the main document that the Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties uses to plan for services. While it studies the Family and Children First Council child service needs, and it confers with Firelands Counseling and Recovery Services on outpatient needs of individuals receiving treatment at Northwest Ohio Psychiatric Hospital, again, the assessment is the driving document for most Behavioral Health planning. All three counties' health assessments - and the Community Health Improvement Plans - are on the Board's website: mhrsbsw.org. It is interesting to note that the three counties picked substance abuse, mental health issues, and obesity as three of their top four to five priorities.

The three counties' Family and Children First Council plans indicate the same three priorities for children, and these plans are on the Board's website: mhrsbsw.org.

- Children are Ready for School;
- Children Succeed in School; and
- Youth Choose Healthy Behaviors

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*).

Strengths of the Board's local system are that the stakeholders respect one another and work together to avoid duplicating services. Because most organizations are involved in the Health Assessment process, each will inform the others if they are pursuing a grant and how each can help in obtaining the grant.

Additionally, Firelands Counseling and Recovery Services is open to writing grants that will benefit either an individual Board with which they contract, or will combine efforts to include the four Board areas when possible. These Boards cover: Erie/Ottawa; Huron, Lorain, and Seneca, Sandusky and Wyandot Counties.

1. While it has been said that this Board is limited in its choice of provider, having Firelands Counseling and Recovery Services as its main provider offers many resources. Firelands Counseling & Recovery Services is a behavioral health department within Firelands Regional Medical Center which allows access to many physical health resources. The administrative staff at Firelands Counseling & Recovery Services participates on the committees in each county that assist in completing the local needs assessment and developing strategic plans that address survey results.

Being a part of the larger hospital system allows the agency to access many resources when addressing the survey results. The agency works very closely with inpatient units, primary care physicians, health departments and the hospitals and their local emergency rooms on several projects throughout the year aligning them to further address these strategic plans. One example of this includes the CARSA Coalition of Seneca County. This is a coalition that works to reduce substance abuse within the county and has membership representation from the hospital, the local health department, both universities, law enforcement, State Highway Patrol, the Board and FCRS. The coalition is a part of the strategic

plan to address youth and adult substance abuse issues - specifically addressing the need to plan for additional SBIRT training with local physicians and emergency room staff.

Another example is the Suicide Prevention Coalition of Seneca, Sandusky & Wyandot Counties which has a similar representation of membership. This coalition will be addressing mental health issues that were identified in the strategic plan process. They will be working with local physician offices and schools to address training needs on mental illnesses as well as setting up a data collection process beyond the health assessment. The Coalition recently received a mini-grant in which it will take the online Kognito training to the three counties' largest school districts for training on identifying at-risk students.

Obesity was a major need identified in each of the counties' assessments and Firelands Counseling and Recovery Services will play an active role in addressing this problem within each of the communities as well through its health home model of care. By offering this service to their clientele, they can better address both the mental health, substance abuse and physical health issues (including obesity) of the participants.

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

The MHR SB/SSW has three staff covering a population of 140,000 individuals. Thus, limited staff precludes this Board from offering assistance that requires travel and time. If we can work with others via conference calls, we will do what we can to assist in the areas of Community Health Improvement Plans.

As Firelands Counseling and Recovery Services is a recipient of a SAMHSA grant and has already begun implementing the Health Home model of service in other Board areas, Firelands would be willing to assist other Boards/agencies on the service model.

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 Board sees two challenges within the local system: the budget reductions over the past decade and the lack of local levy funding in Sandusky County. With Seneca and Wyandot Counties passing a NEW levy with collections beginning in 2009, with five-year renewals passed in 2013 with collections beginning in 2014, the funds mitigated damage that would have been caused by budget cuts. However, Sandusky County has yet to pass the same levy in its county, which significantly limits the accessibility to services. One serious impact is that crisis intervention is extremely limited at the Rescue Crisis Intervention Center in Toledo for residents of Sandusky County. After eight attempts since November, 2006, this Board is working with its main provider to reduce its waiting list in Sandusky County in order to mitigate criticism in the community that may be fueling some of the discontent by voters. Of course, this writer also recognizes that "NO" voters will grasp onto any excuse to justify their NO vote.

Addressing the Board's main provider, Firelands Counseling and Recovery Services, concerns: Firelands Counseling & Recovery Services is a contracted provider for both mental health and substance abuse treatment and prevention services. They provide traditional outpatient services that include 1a and 1b levels of care for substance abuse. One of the findings in the local needs assessment in each county is the issue of prescription drug abuse - and it is expected with the next Needs Assessment that heroin will be very visible in overtaking prescription drug abuse - a gap in the availability of access to higher levels of care for substance dependency issues. When a resident of the county is indigent and/or without the necessary medical care coverage, often times they cannot access the higher levels of care in addressing these problems. It would be beneficial if assistance could be provided on resources that are available for

the higher levels of care for the individuals who cannot afford that treatment.

An urgent need that has been identified by Firelands if funding can be found is that of a "crisis case manager: who can relieve some of the crisis calls received. It is not unusual for Firelands staff to be called out in the middle of the night to an emergency department for a crisis call. While it is difficult for local sheriff's offices to have a deputy at the emergency department for four hours, the person on crisis call may make a trip from Wyandot County to Sandusky County in the same night. Having a crisis case manager would alleviate some of the wait time experienced by law enforcement, as well as free up those on-call to make one trip while the case manager makes the second trip.

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

Impacts upon the system without the additional \$900,000 annually that a local levy would bring to Sandusky County is seen in the area of hospitalizations and substance abuse. Individuals on a waiting list may not be seen until their mental illness symptoms are very severe, often resulting in hospitalization. Substance abusing individuals are less likely to permit being put on a waiting list after making the initial call that was extremely difficult for them. By the time their name would come up on the waiting list, they will have convinced themselves that their substance abuse isn't as severe as they thought when they made the initial call - if they haven't overdosed by then...

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

During the last levy campaign, a Letter to the Editor was written by the CEO of OACBHA, Cheri Walter. It is this writer's understanding that less than one-third of the city of Fremont, which carries 25% of the county's total registered voters, subscribes to the local newspaper. The Board's website, while less than six months online, is expected to begin reaching the population that prefers to receive its information online. Assistance from Director Plouck in writing a Letter to the Editor, which will also be placed on the Board's website, may help let the county know that eyes in Columbus are watching. Will that truly help? Don't know, but also, will it hurt?

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 Board holds cultural competency training on a consistent basis for its members. Currently, the Board is represented with ethnic representation according to the counties' general population. The Family and Children First Councils present a "Bridges out of Poverty" training, which demonstrates the values among indigent, middle class and wealthy in a way that Board members can relate. This training has been extended into a local village in Seneca County, Attica, in which all the churches collaborate in staffing a "Clothing Closet" and the Food Pantry.

The Board requires Firelands to provide routine reporting regarding how its service system provides culturally competent services. Firelands Counseling & Recovery Services addresses the cultural competency of staff by including training in this area as part of the orientation process for new hires and at least annually thereafter. All new employees are required to complete the "Cultural Considerations in Health Care" program as part of their general orientation to the organization. The curriculum shares information regarding cultural diversity issues in healthcare, including effective communication across cultures and ways to provide culturally sensitive, competent care. Participants are also required to complete a post-test with a passing score of 90% or better.

Additionally, as a department of Firelands Regional Medical Center, Firelands benefits from the hospital's

Education Department. The Education Department has developed an ongoing competency program for all employees. Age-specific competency and cultural sensitivity training are two of the topics included in this training program.

Firelands has implemented a client outcomes tool and advocated with the company (MyOutcomes) to provide Spanish versions of this tool to serve Spanish-speaking clients in a culturally sensitive manner. The company granted the agency's request and provided those tools so they would be available when this system launched early 2011.

In addition to the resources of the hospital, Firelands has purchased access to "Essential Learning," which is an on-line training service for behavioral health professionals. This service provides 24 hour access to over 300 on line training sessions. The Essential Learning Company is also accredited to provide CPEs and RCHs in Ohio. Topics included in this resource are evidenced-based practices such as SAMHSA's Illness Management & Recovery program, motivational interviewing, Stages of Change, and cultural sensitivity. An example of one of the cultural sensitivity trainings offered is, "A Culture Centered Approach to Recovery," which is a three hour course. The course description states the training includes, "...review of many dimensions of recovery; impact of worldview on psychosocial rehabilitation practice and steps to becoming a culturally competent service provider. It includes exercises which help the learner explore their own culture and worldview as well as to identify biases which could impact their relationships with others."

In addition to training, Firelands has processes in place to ensure culturally competent services. Firelands has contracted with interpreting services for non-English speaking and deaf and hard of hearing populations. Firelands has translated many forms into Spanish and developed a handout to give to family/friends if/when the consumer chooses to have them interpret for them as opposed to a professional interpreter. This handout reminds the individual that in order for the client to receive the best possible care, it is important that they translate *exactly* what is said by both parties. It also emphasizes the importance of maintaining confidentiality.

Educational materials have been acquired with respect given to the cultural differences among those who Firelands serves. Video tapes have been obtained to provide education re: ADHD to families in both English and Spanish. Written information has also been obtained in English and Spanish. Each site has a "Disaster Kit" which includes brochures in English and Spanish re: trauma and post-disaster coping. Reading materials written at the seventh grade level are also available for families with "low-level" reading abilities.

Challenges in this Board area are: the ability to recruit bilingual staff in spite of extensive, costly marketing efforts; the ability to locate an interpreter service for deaf and hard of hearing populations in Wyandot County and the cost of interpreter services. The provider is mandated to bear the full cost of interpreter services, which include travel time and direct service time. If the client attends the appointment, the interpreter fee often exceeds the billing for that service. If the client does not show for the appointment or call with adequate notice to cancel, the interpreter must still be paid.

Cultural competence is also measured as part of Firelands' annual client satisfaction survey.

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.

The Board honors those priorities in the following table as part of its core services. However, it has expanded upon this set of priorities through a process developed with the passage of levies in Seneca and Wyandot Counties, which is explained in *Board System Priorities*.

Priorities for Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties				
Substance Abuse & Mental Health Block Grant Priorities				
*Priorities Consistent OHIOMHAS Strategic Plan				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Identify persons at initial request for services.	Give an assessment appointment within 72 hours - if no appointment is available, the appointment will be scheduled with the outpatient coordinator. Link persons with area support groups identified in the community or in the State.	Track the numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team.	<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)	Identify persons at initial request for services.	Give an assessment appointment within 72 hours - if no appointment is available, the appointment will be scheduled with the outpatient coordinator. Link persons with area support groups identified in the community or in the State.	Track the numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team.	<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)	Ongoing assessment and monitoring of child neglect/abuse from intake through length of treatment.	Follow Ohio Revised Code mandated reporter rules if neglect/abuse is suspected and contact Children's Services. Link persons with area support groups identified in the community or in the State.	Letter of response from Children's Services is placed into the Electronic Medical Record	<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	Assessment at time of intake on the Health History form and/or assessment interview.	If suspected, referral to appropriate healthcare provider or Health Home Program is made. Link persons with area support groups identified in the community or in the State.	Release of Information is gathered for the healthcare provider and follow up the healthcare provider is documented.	<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-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Identify persons at initial request for services, intake assessment or referrals from the community.	Persons are offered the full array of mental health services or referred out if more intensive services are indicated. Link persons with area support groups identified in the community or in the State.	Track numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team.	<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)	Identify persons at initial request for services, intake assessment or referrals from the community.	Persons are offered the full array of mental health services or referred out if more intensive services are indicated. Link persons with area support groups identified in the community or in the State.	Track the numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team.	<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): Integration of behavioral health and primary care services*	Assessment at time of intake on the Health History form and/or assessment interview.	If suspected, referral to appropriate healthcare provider or Health Home Program is made. Link persons with area support groups identified in the community or in the State.	Track the numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team.	<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	Identify persons at initial request for services, intake assessment or referrals from the community.	Persons are offered the full array of mental health / substance abuse services or referred out if more intensive services are indicated. Link persons with area support groups identified in the community or in the State.	Track the numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team.	<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 OHIO MHAS Strategic Plan				
Treatment: Veterans	Identify persons at initial request for services, intake assessment or referrals from the community.	Persons are offered the full array of mental health / substance abuse services or referred out if more intensive services are indicated. Link persons with area support groups identified in the community or in the State.		<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Priorities	Goals	Strategies	Measurement	Reason for not selecting
Treatment: Individuals with disabilities	Identify persons at initial request for services, intake assessment or referrals from the community.	Persons are offered the full array of mental health / substance abuse services at our handicapped accessible facilities along with interpreters if language barriers are identified or referred out if more intensive services are indicated. Link persons with area support groups identified in the community or in the State.		<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*	Identify persons at initial request for services, intake assessment or referrals from the community.	Persons are offered the full array of mental health / substance abuse services including medication assisted treatment or referred out if more intensive services are indicated. Link persons with area support groups identified in the community or in the State		<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*	Identify persons at initial request for services, intake assessment or referrals from the community.	Persons are offered the full array of mental health / substance abuse services or referred out if more intensive services are indicated. CPST services work independently with persons and area housing agencies/landlords to provide linkage to housing assistance program (HAP funds), and other housing resources including homeless shelters in other counties. Link persons with area support groups identified in the community or in the State.		<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	Identify persons at initial request for services, intake assessment or referrals from the community.	Persons are offered the full array of mental health / substance abuse services or referred out if more intensive services are indicated. Link persons with area support groups identified in the community or in the State.		<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Priorities	Goals	Strategies	Measurement	Reason for not selecting
Treatment: Youth/young adults in transition/adolescents and young adults	Identify persons at initial request for services, intake assessment or referrals from the community.	Persons are offered the full array of mental health / substance abuse services or referred out if more intensive services are indicated. Link persons with area support groups identified in the community or in the State.	Track the numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team.	<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)*	Identify persons at initial request for services, intake assessment or referrals from the community.	Persons are offered the full array of mental health services, linkage to area support groups identified in the community or in the State, and education regarding parenting skills and age-appropriate child development	Track the numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team.	<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	Decrease the number of children with early onset substance use / mental health issues, identify at-risk populations and provide education on the negative consequences of substance use and/or mental health disorders.	Provide to the community residents, including schools, evidenced-based, age appropriate mental health and substance abuse education and referral information for services. Collaborate with area organizations to reach various populations in the community to promote the prevention infrastructure.	Through information entered into the PIPAR (former ODASDAS web-based reporting system for substance abuse prevention). Track the number of mental health and substance abuse prevention activities via the Electronic Medical Record billing records.	<input type="checkbox"/> No assessed local need <input 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*	Decrease the number of children with early onset substance use / mental health issues, identify at-risk populations and provide education on the negative consequences of substance use and/or mental health disorders	Provide evidenced-based, age-appropriate prevention activities from preschool age to the elderly for both substance abuse and mental health issues.	Through information entered into the PIPAR (former ODASDAS web-based reporting system for substance abuse prevention). Track the number of mental health and substance abuse prevention activities via the Electronic Medical Record billing records.	<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
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices	When such persons are identified, they will be referred to the local health department or other healthcare providers/agency including the community substance abuse treatment provider if substance abuse is indicated.	Make referrals and facilitate linkage to the area agencies or healthcare professionals when the need presents itself throughout the community.	Ongoing collaboration with the health department and local hospitals in each County's Health Assessment Process.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Promote wellness in Ohio's workforce	Increase employer / employee awareness of substance abuse and mental health issues within Firelands 1900 employee base with our Employee Wellness Program as well as with area businesses through our Corporate Health Division.	Provide substance abuse and mental health education and information to employers and employees in the community, including Firelands Counseling & Recovery employees in collaboration with Firelands Corporate Health Division.	Through information entered into the PIPAR (former ODASDAS web-based reporting system for substance abuse prevention). Track the number of mental health and substance abuse prevention activities via the Electronic Medical Record billing records. For Firelands Employees it is measured through our 5 Pillars of Health Screenings for employee insurance deductible reductions.	<input type="checkbox"/> No assessed local need <input 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*	Increase community awareness of the negative consequences of problem gambling.	The community mental health and substance abuse provider screens for problem gambling at each intake assessment for services. Provide information and education via use of media, health fairs and gambling prevention and treatment trainings for health care professionals.	Through information entered into the PIPAR (former ODASDAS web-based reporting system for substance abuse prevention). Track the number of mental health and substance abuse prevention activities via the Electronic Medical Record billing records.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Board Local System Priorities

Priorities	Goals	Strategies	Measurement
1. Those SAPT Priorities as listed above, as well as addiction and Mental Health Services listed on Fiscal Form 040.	Meet the demand for services for both addiction and mental illness as listed on the 040.	Establish baseline of waiting lists for top five services in both mental health and addictions. Release surplus Set-Aside levy funds into Seneca and Wyandot Counties, thus, relieving some state funds to be used in Sandusky County.	Monitor baseline of waiting lists to see when improvements begin and were they based upon release of Set-Aside local levy funding.
2. Health Assessments for Seneca, Sandusky and Wyandot Counties	Support Health Assessment Surveys on a three-year cycle	Pay annual dues to each Health Alliance that supports conducting surveys on a three-year cycle; funds put into escrow until year of assessment surveys	Health Assessment Surveys are conducted; CHIP process is completed; improvements in previous CHIP priorities are reached.
3. In-School Counseling	Counseling offered to K through 12 Begin with county seat schools and move out to all other schools in the county	Priority given to students with IEP; in-school counseling and case management to those referred, including parents	Child Ready for School; Child Successful in School; Child Ready for Employment Improved grades and attendance, decrease of inappropriate behaviors in class
4. Assistance given to Departments of Health or Schools for LifeSkills curriculum	LifeSkills curriculum taught in every school in Seneca and Wyandot Counties in grades 3 through 12	Offer LifeSkills Trainer classes to Health Department and School personnel; implement in every school district in Seneca and Wyandot Counties	Number of schools and grade levels in which LifeSkills is being taught; pre- and post-survey results Increased number of teachers trained in LifeSkills curriculum
5. Juvenile Court	Implement a drug court or mental health court; offer in-house counseling at youth detention centers	Remove barriers to treatment to assist youth become successful in school, employment and being good citizens	Family Intervention Court becomes self-sustaining; moving on to in-house counseling at Youth Detention Center
6. Suicide Prevention Coalition of Seneca, Sandusky and Wyandot Counties	Strengthen coalition in order to segregate them into individual counties	Host conferences in each county through rotation to offer educational opportunities for both private citizens and professionals	Success has been achieved by having representation from each county; however, when each county forms their individual coalitions
7. Crisis Intervention Teams Training for Seneca, Sandusky and Wyandot Counties	Host an annual 40-hour training in each county through rotation to reach the majority of officers and first responders	Train law enforcement and first responders (EMS, Firemen, Ambulance, Emergency Department) to the philosophy of C.I.T.	Growing number of personnel trained in C.I.T.; need for "booster" trainings
8. Community Action for the Reduction of Substance Abuse	Strengthen the drug prevention programs in Seneca County; Develop the program in Wyandot County	Apply for grants that support/sustain the coalition in each of the two counties	Sustainment of drug prevention programs
9. Assistance given to Family and Children First Councils	Identify weak areas of Family and Children First Council services	Implement program to meet the needs identified as weak areas of Family and Children First Councils	Measure success in children ready for school; successful in school; ready for employment

6. Continued

The above listed priorities are based upon SAPT priorities first, services listed on the 040 fiscal reporting form secondly, and by local organizations as described in their service proposals when they are invited to the Board's Seneca or Wyandot County levy planning meetings at the first of the year.

At the outset of the Board's new levies, with collections beginning in 2009, the Board determined that 10% of funds would be Set-Aside for emergency or R & D programming; 10% would be used for Board operations; 15% for local initiatives, and 65% for direct client services delivered by Firelands Counseling and Recovery Services. **Nota Bene:** *As school systems learn of the successes of in-school counseling, it is anticipated that more schools will submit proposals for the same. This will increase the Local Initiatives percentage, which may mean a decrease in levy-funded direct client services delivered by Firelands Counseling and Recovery Services.* The Board further determined that proposals would be submitted by all organizations interested, and priorities would be ranked by the participating organizations and finalized by the Board. It has very clearly been recognized that services to youth rise to the top of local priorities after the three-year cycle of Health Assessments.

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 first priority for this Board area is to get appropriate services to those who are assessed and treatment is indicated. The Hot Spots funding has begun the process to reduce waiting lists; however, more funding is needed to provide services to match the level of need.
(2)	Please refer to the above matrix. Priority areas have been chosen as shown. Resource limitations in Sandusky County due to lack of local Mental Health and Addiction Services levy funding is a serious issue that hinders Sandusky County from being as healthy and successful as Seneca and Wyandot Counties have become.

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 collaborative effort that has yielded benefits beyond expectations began several years ago through the leadership of the Hancock Board's Executive Director to address the closing of a provider agency that had been serving the Fostoria community. The city of Fostoria has three counties claiming residency: Seneca, Hancock and Wood. The Executive Directors of these Boards and top management staff of Fostoria Community Schools went through a two-year planning process to determine what services were being delivered, if those services were adequate/appropriate, and if additional services were needed. This process became a three-phase process:

- ✓ **Phase One:** Identification of (1) services and providers; (2) location and age groups; and (3) funding resources;
- ✓ **Phase Two:** Place a case manager and therapist in the school for smooth access to the students. By removing the barriers: (1) transportation; (2) lack of parental involvement due to many reasons; and (3) scheduling conflicts, addressing the students' behavioral health needs became possible.
- ✓ **Phase Three:** Monitoring and Evaluation of the (1) in-school counseling services; (2) school success of

those students accessing behavioral health services; and (3) improved behavioral health of students.

Throughout the planning cycle and the first three years of the in-school counseling program, the Superintendent was strong in her support and working out the logistics. FCS now has a superintendent who walked into a school system known for its less than 70% graduation rate, which prompted placing a liaison from the Governor's Office for Closing the Achievement Gap into the school system. The new superintendent "drank the kool-aid" once he saw that over \$400,000 in Medicaid-eligible mental health and substance abuse services are delivered to students and their families - at almost no expense to the school. A McKinney-Vento grant supports the school-liaison position that works closely with the therapist and case manager in the program. Although his priorities were geared towards buildings consolidation and curriculum, he now clearly recognizes the need for the students to deal with their complex issues in order for reading, writing and arithmetic successes to occur. A minimal amount of levy funds are used to reimburse for non-Medicaid prevention and educational services.

Whereas the services initially were for mental health issues, coaches approached the therapist asking if substance abuse services could be added. Medicaid-eligible students were seen, because it did not require Board funds. However, when the Superintendent discussed this at a meeting among the Boards and himself, the Boards willingly added substance abuse services to the service mix in Fiscal Year 2013.

Word got out about the Boards' willingness to serve students in multi-county school systems. The Buckeye Central school system, located in New Washington, serves students from Crawford and Seneca counties. While a minimal number of students are residents of Seneca County who require therapy and case management services, the Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties works with Community Counseling to see that the needs of these youth are met.

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

The Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties is involved in a discovery process with NPH and the Northwest Ohio Collaborative that began with a November meeting with the University of Toledo and Wright State University. This may result in an increase of doctor coverage that will reduce crisis and inpatient services, while significantly enhancing the supports to the community for those individuals who experience the effects of mental illness and/or addictions. For this Board area, we anticipate this process to impact our children's services particularly.

A few years ago, the Mercer-Van Wert-Paulding Board entered into an agreement to help support a psychiatrist through a Loan Repayment Program, who is still with the Board. The Tri-County (Miami, Darke, Shelby) Board is currently looking at a similar process. As the meeting progressed, it was suggested that the University of Toledo and Wright State University of Dayton have programs that Boards may be able to work with to alleviate their doc shortages. Three issues were touched upon at this meeting of interested Boards:

Medical Students/Residents Telemedicine Advanced Nurse Practitioners

As Boards are beginning to enter into the Health Home arena, doctors and advanced nurse practitioners are becoming a topic of significant importance. This Board is one of many in which we are designated as a Health Professional Shortage Area. As such, the National Health Services Corp (NHSC) offers a Loan Repayment Program as an incentive to recruit professionals to provide services to these underserved areas. The NHSC will pay up to \$60,000 for an initial two years of full-time clinical practice for the following

professionals:

Psychiatrists Psychologists Psychiatric Nurse Specialists and Independently Licensed Counselors, Social Workers and Marriage & Family Therapists

In order to be eligible for the Loan Repayment Program, clinicians have to be working at sites approved by the NHSC. Firelands Counseling and Recovery Services in Seneca, Sandusky and Wyandot Counties, as well as the Fostoria office, have been approved as NHSC sites since 2011. Firelands currently has several therapists successfully enrolled in the Loan Repayment Program.

Both Universities discussed their medical students and residency programs. Medical student numbers are declining, which may be part of the barrier to students choosing psychiatry. One thought offered is that providers are extremely reluctant to work with med students as it significantly decreases the providers' productivity, which is how revenues are generated. One solution may be for the Board to negotiate a payment for lost productivity when hosting a medical student if appropriate.

Discussion was held on how a Board or neighboring Boards may be able to add a residency slot to one of both of the universities. This would come at a projected cost of about \$40,000 to \$60,000 annually, but it may ensure the Board a doctor upon completion of the residency. This is all based upon the assumption that the individual enters into this agreement in full faith and trust of both parties.

The Board's Executive Director and Firelands' Vice President of Behavioral Health have been discussing how and if this is an area that needs to be further investigated in the Seneca, Sandusky and Wyandot Counties area. Firelands has a child psychiatrist that serves Seneca and Wyandot Counties, and a loco tenum psychiatrist that serves Sandusky and Erie Counties at this time. Firelands' Vice President of Behavioral Health agrees that this should be further explored.

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

The Board awarded local levy funds to the Seneca County Juvenile Court in its development and implementation of a Family Intervention Court in Fiscal Year 2009. This program has since received certification from the Ohio Supreme Court, as well as become self-sustaining. This was possible because of the initial faith and trust among the Mental Health and Recovery Services Board, the Juvenile Court and Firelands Counseling and Recovery Services. In Fiscal Year 2014, the Seneca County Juvenile Court proposed that in-house counseling be held at the Juvenile Detention Center, and again, the Mental Health and Recovery Services Board has awarded local levy funds to support this program because of the relationship among the Board, the Juvenile Court and Firelands Counseling and Recovery Services. This court provides Firelands names of all youth at the Center so that continuation of care is possible for open cases. Not having the barriers of transport and Center staff waiting during the time of providing therapy at the Firelands facility, has permitted more youth to be assessed and receive the appropriate care.

b. Planning efforts

It cannot be stressed enough that the collaboration of partners involved in the Community Health Assessments and the accompanying Community Health Improvement Plan (sometimes referred to as the strategic plan) has been significantly strengthened. As the stakeholders gathered for the

revisions of any questions of the survey, through the unveiling of the results of the survey to the community, and moving into the strategic planning that resulted in the CHIP for the hospitals and community, the networking and the in depth discussions were priceless. How the YMCA can integrate its services with the schools; how the Family and Children First Council can work with the churches has been such a delight to see. Obesity, mental illness and substance abuse are not addressed by one or two stakeholders, it is being addressed by ALL stakeholders. Churches are aware of those congregation members who are "different" and are now also aware of the numerous community resources available to assist in their care. Economic opportunities are being introduced through generational poverty programs that affect not only unemployment but mental illness and substance abuse issues.

c. Business operations

This Board has an annual agreement with the Hancock Board for an Information Systems Disaster Recovery and Emergency Mode Operation Plan in the event that either Board finds itself without network connections. Fortunately, this has not been used to date.

d. Process and/or quality improvement

The Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties contracts with Mike Witzky, Ph.D. for Peer Review audits with Firelands Counseling and Recovery Services. While it is recognized that this audit is no longer required, Dr. Witzky brings his knowledge from the field to work with Firelands in making improvements to programs or outcome measurement tools. It is telling that Firelands has no issues with Dr. Witzky making this annual trek to Northwest Ohio for Peer Review audits. The cost of this audit is borne by the Board.

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.

Returning to local levy funding of local initiatives: Prior to a new Fiscal Year, the Board invites local organizations to submit proposals for programs they are interested in implementing. They must demonstrate need, a sustainment plan and a local match of 20%. The Seneca County Family and Children First Council proposed "**Getting Ahead In a Just Gettin' by World.**" This program is a derivative of Bridges out of Poverty, which assists individuals living in poverty to evaluate their lives and develop and sustain the skills needed to survive and flourish in society. The goal is to develop a series of mental models to help individuals see a future different than their current situation. A common concern often seen at the first session is a loss of hope from struggling with inadequate resources. Most participants report they are unable to address their mental health and substance abuse needs, with few reporting they have sought treatment.

Local businesses "adopt" a participant of the program by committing \$500 to a personal savings account for the individual upon successful completion of the program. This commitment indicates several things:

- 1) The value of consistently putting a little money away for an emergency;

- 2) The value the community feels in helping its residents be successful;
- 3) The opportunity these funds give to the individual who may want to start a home-based, graphics design business (he is still working his business)
- 4) The value of business working to break cycles of generational poverty in their community

The consensus of the Board was to dedicate funding to pay for the Facilitator, Training Materials and Childcare/Transportation/Meals for the **Getting Ahead In a Just Getting' by World** program. At first, the Board grappled with the question of is this more an economic development issue than a mental health or substance abuse issue. However, seeing the numbers of participants in previous programs reporting mental health and substance abuse issues, the Board chose to support this program with the caveat that the facilitator strongly encourage assessment as participants discuss their concerns. Helping an individual address their mental health or substance abuse issues AS WELL AS their financial stability benefits the community, the Board (we now have a taxpayer) and the individual and his/her family.

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.

Medicaid expansion is too new at this point to be able to make any observations. However, it will be monitored. It is the expectation of this Board that with the number of individuals who may be covered by Medicaid with the expansion, it may free enough Board dollars to make a difference in reducing the waiting lists further, which may also reduce crises.

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.