

**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.

Union County is a great place to live with a history of people and progress, business and industry, suburban and rural. It is adjacent to Franklin County and home to Honda of America Manufacturing, Inc., among other industries. Yet 74% of land in Union County remains dedicated to agricultural interests. Our county seat, Marysville, was named one of the “Best Affordable Suburbs in America” by Business-Week in 2010. Our population, 52,300 (2010 Census) increased 61% since 1990.

Union County has a low rate of unemployment, 5.8%, 3rd in the state, a high medium income, \$68,279, 3rd in the state, a relatively low crime rate, and only 6.7% live below the poverty level. Those are all great things unless you happen to be one of the 6.7% that live below the poverty level. And, if you have a severe mental illness with a social security disability or if you are unemployed because you are struggling with addiction, then you are part of that 6.7%. What do you do if you are below the poverty level in a relatively affluent county? What do you do when you make less per month than the average rent on an apartment and many of the county residents do not acknowledge there is a problem because it is only 6.7%?

Union County does not have a housing authority or a homeless shelter or a federally qualified health center. Outside of the Union County Agency Transportation Services, which will transport Medicare/Medicaid clients to health care appointments, Union County does not have public transportation. Because of these realities, the Mental Health and Recovery Board have taken a more active role to address a wider spectrum of services to meet the needs of our clients in Union County. We cannot just provide treatment services and assume our clients will be able to navigate the rest of their needs on their own. We recognize the importance of safe affordable housing, transportation, socialization, and supported employment as important components in a client’s overall successful recovery.

Population

Union County continues to be the third fastest growing counties in the State of Ohio. More than half of the county’s gain over the past decade was in Marysville (+6,152). The portion of Dublin within Union County jumped from a handful of households to more than 2,300 people. These trends are expected to continue, resulting in major growth for Union County over the next two decades. The Ohio Department of Development projects the county’s population to surpass 64,000 by 2020. Union County’s age distribution is similar to the state overall, but a somewhat larger percentage of its total population is “middle age” (35-54) and a somewhat smaller percentage is age 65 and over. Four of every 10 households (41%) have a person under age 18, and 1 of every 5 households (19%) has a person age 65 or over. Union County has 18,065 households. Three of every 4 households (76%) in Union County are family households, while 1 in 5 households (20%) are a person living alone. Among family households, 8 out of 10 are married couples (83%). There are 1,459 families (11%) with either a female or male householder raising children with no spouse present.

Union County’s population is predominately white (93%). The Asian and black/African American populations are the largest racial minority groups, yet these groups total only 1,428 and 1,231 persons, respectively. Marysville is the county’s center of racial/ethnic diversity, as home to 82% of the county’s black population and 59% of the Hispanic population.

Housing

Three out of every 4 Union County householders (77%) own their home. Three out of 4 homeowners (75%) have a primary mortgage, and 1 out of 4 homeowners (27%) has a secondary mortgage or home equity loan or line of credit. Eight in 10 homes (82%) are single-unit detached structures. Over 90% of the county’s multi-unit housing is located in Marysville. The county also has nearly 1,000 mobile homes. A wage of \$14.87 (per hour for an average of 40 hours per week) is required to afford a two-bedroom apartment at the Fair Market Rent of \$773.

Economy, workforce, and income

Most (72%) of Union County's 755 private sector employers are small businesses of fewer than ten employees. However, the county does have 34 companies employing at least 100 people each and five companies with 500 or more employees. From 2006 to 2008, Union County averaged 81 new business starts per year. The county remains mostly agricultural with 74% of the land dedicated to farming. Employment within Union County is dominated by the manufacturing industry, which represents 4 out of every 10 private sector jobs (40%). Honda of America Mfg., Inc., The Scotts Miracle-Gro Company, Veyance Technologies, Nestle Products Technology Center are some of the largest employers. Together the manufacturing facilities in Union County supply over 7,500 jobs. As of July 2013, the unemployment rate was just 5.8% in Union County. Since 1980, wage growth in Union County is ranked first in the Columbus region and in Ohio.

Community affordability

The self-sufficiency standard is the amount of income needed for a household to sustain itself without public or private assistance. According to a recent update of Ohio data, a household of one adult and no children would need \$19,313 per year to be self-sufficient, while a household of two adults, one preschooler, and one school age child would require \$46,937 per year to be self-sufficient living in Union County. The median household income is \$68,279 with 6.7% of the population living below the poverty level.

Assessment of Need and Identification of Gaps and Disparities

1. 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) i service needs of persons currently receiving treatment in state Regional Psychiatric Hospitals)

Service Needs Assessment

In October, 2011, the United Way of Union County completed a Strategic Planning Process through Community Research Partners(CRP), a nonprofit research center. CRP approach included identifying key questions, selecting the methods to address the questions and collecting and analyzing the data. CRP reviewed annual reports of service providers, conducted four 60 minute focus groups with clients, service providers and local funders and did on-line surveys.

Areas of Perceived Need:	Percent of Responses
• Affordable Housing	57%
• Shelters	43%
• Transportation Services	41%
• Mental Health/Counseling and Case Management	41%
• Utility Payment Assistance	35%
• Assistance Applying for Benefits	35%
• Assistance with Rent Payments	32%
• Alcohol and Drug Services	30%
• Employment Services	27%
• Access to Healthy and Nutritious Food	24%

The survey concluded:

- Limited public awareness of community services in Union County
- Affordable housing is a priority
- Transportation is likely barrier to service access and employment
- Increasing levels of demand from the senior citizen population

Meetings with Key Stakeholders

In Collaborative meetings with key stakeholders in our community including the courts, drug courts, law enforcement, schools and Children's Services we have identified the need for more interventions for the younger age levels, for family counseling, sober housing and home based services that are often not Medicaid billable. The one county agency is located in the City of Marysville resulting in gaps of service delivery to both the northern and southern parts of the county. The southern part is adjacent to Franklin County, but the northern section is underserved. Transportation in that part of the county becomes a barrier for some families.

Point in Time Survey

The Board coordinates the Point in Time (PIT) survey required annually by HUD to access homelessness in our community. The PIT survey conducted January 22, 2013 found 13 individuals in Union County to be unsheltered homeless, most living in their cars. Of the unsheltered homeless, 9 were men and 4 were women. Thirteen family units, a total of 47 individuals of which 28 were under 18 years old were classified as sheltered homeless living in various emergency shelters. Another 10 individuals were sheltered homeless with 5 of them living in the board's transitional housing.

Strategic Plans for Housing

The MHRB commissioned a Strategic Plan for Housing completed in August, 2013. They researched existing housing both in the county as a whole and current board housing options, examined waiting lists at the agency and talked with various county Agencies involved with our clients. Identified was the overall need for affordable housing options in our county, the need for additional permanent supported housing for the mental health and addicted clients and suggested an apartment complex with efficiencies and a commons area that could be used as a quasi-group home for our clients needing more than just supported housing.

As one of the founders of the Union County Housing Coalition, the MHRB participated along with other key community leaders in the Strategic Planning for Housing facilitated by the Housing Advisory Committee of Union County in February, 2013. The need for affordable housing was clearly identified as a significant need in our county. Along with the lack of affordable housing, the number one challenge to affordable housing is the lack of community will and the negative image of affordable housing in our county. Also cited as a challenge was that transportation is not sufficient in our county.

Meeting with consumers

The Board meets informally and regularly with consumers. In talks with them, the need for more hands on supports and activities to benefit SPMI consumers generally and the residents of the permanent supported housing specifically was most often cited. They also identified a need for additional case managers.

Meeting with Agencies

The Board meets regularly with the provider agency to discuss rising trends, gaps in service, staffing patterns and funding sources available. The Agency noted the requests they have received for a local detox facility or ambulatory detox and a medication assisted therapy option. Because of the increase in hospitalizations and the time and effort it takes to find a suitable facility, an in-county crisis stabilization or respite option was suggested. They also discussed the need for additional case managers and crisis workers willing to work on call.

Youth Risk Behavioral Assessment

The Union County Drug Free Coalition began as a subcommittee of the local Family and Children First Council. The MHRB provides staff to coordinate work of the Coalition using the SPF model. The Youth Risk Behavior Survey is given every two years to determine local substance abuse rates among youth. It was last administered in April 2012 to 7th, 9th and 11th grade students in all three public school districts in Union County.

Current data indicates that the top four most widely used substances reported among youth in Union County are alcohol, tobacco, marijuana and prescription drugs in that order. The Union County Drug Free Coalition has prioritized alcohol, marijuana and prescription drug abuse as target areas for youth prevention programming.

Alcohol remains the number one abused substance of youth in Union County. When considering high risk use, over 50% of students who reported drinking in the past 30 days, also reported having used on three or more occasions during that period. When asked how they get alcohol, over 50% of students who reported drinking indicate that they get alcohol from their friends/peers while another, 30% indicate they get it from their parents.

Past 30 Day Use	7th grade	9th grade	11th grade
Alcohol	8.2%	20%	36.1%

After tobacco use, marijuana use is the next highest abused substance of youth in Union County. Of those who indicated using marijuana in the past 30 days, 57% said they got the marijuana from their friends/peers. 4.4% of students reported an adult in their home used marijuana within the past 30 days.

Past 30 Day Use	7th	9 th	11 th
Marijuana	1.6%	11.5%	14.4%

Prescription drug abuse remains the fourth most frequent substance abused among youth in Union County. Forty-five percent of youth who reported misusing prescription drugs, used the medications that were prescribed by their doctor to “get high”. An additional 29.4% indicated they got the prescriptions from a friend. Several students reported that they were given a significant number of pills or a very strong medication for a sports injury.

Past 30 Day Use	7th	9 th	11 th
Prescription Drugs	1.8%	5.8%	5.1%

Prevention strategies to target youth awareness and skills have been identified as a priority. Additionally, environmental strategies that address access to these substances, increased awareness of risk and harms associated with substance abuse among parents and local monitoring of trends are part of the community prevention plan.

Community Health Improvement Plan

In 2013, the Union County Health District completed a Community Health Improvement Plan (CHIP) which included review of access to mental health services. The recommendations from the CHIP process included increased access to mental health services for youth in school settings and an increase in education programming for suicide prevention for youth. The MHRB is coordinating the Suicide Prevention Task Force to develop and implement an action plan for increasing awareness, intervention and support services based on the National Strategy for Suicide Prevention.

Opiate drug use is an on-going treatment need in Union County as it is in other communities. Maryhaven at the Mills, currently has a caseload of 160 with 81 presenting with an opiate addiction. Only a handful of their clients have a primary prescription drug use issue. The development of the Juvenile Drug Court and Common Pleas Drug Court has been addressing this issue by providing treatment in lieu of incarceration which is integrated in their court processes. Over the last 3 years the adult drug court has processed 110 cases, 70 of them terminated with 45% terminated unsuccessful. The average age of cases is 27, 60% male and the primary drug abused is heroin. There is a clear recognition that participants have serious co-occurring mental health and drug addiction problems.

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).

2. 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).

Vision

The strength of our local system is the overall vision of our Board to project needs into the future, the quality of our staff, our hands on involvement with clients, our willingness to seek outside funding opportunities, the dedication and commitment of other community leaders and our belief that collaboration with other agencies and systems provides greater insight and allows us to achieve common goals.

Our Board area has been fairly progressive in many ways. Even though we work closely with our provider agency to plan, develop and find ways to fund identified services, we also are involved in other projects to provide a continuum of services for our clients, including housing, supported employment, peer support, youth prevention services, transportation and socialization.

Housing

We have long realized the necessity of safe, affordable housing as an important component of a client’s recovery process and have worked to support housing needs among county residents with mental illness or substance abuse addition for the past 25 years. Even though our county does not have a local public housing authority, we took the lead in establishing and remain an active member of the Union County Housing Coalition.

Our Board itself owns and oversees the management of our housing units and HUD Grants. We currently receive 3 HUD grants, one for our 5 bed transitional house, one for 6 permanent supported housing apartments and a Shelter Plus Care grant to provide permanent supported rental assistance for 3 families.

Our permanent supported housing is for mental health consumers who are able to live independently only with some assistance with their daily life activities. The supported housing environment also offers a community atmosphere with group meals and socialization opportunities to relieve their isolation. They are visited daily, provided transportation for shopping, coordination with their medical appointments and assistance with their medications.

The transitional house is for mental health and/or alcohol drug clients who are either homeless or are being released from an institution with no place else to go. New residents are taken to a local health clinic for a checkup, provided meals, taken to local Job and Family Services to sign up for benefits, helped to develop a resume, referred to services to our provider agency, encouraged to find a job.

The 9 bed recovery house is for clients with an alcohol or other drug issue who are getting prepared to return to the workforce and community. While there, they are supervised, must remain drug/alcohol free, continue with services, have a job or volunteer, receive peer support from other residents, and pay minimal rent. When ready to move on, they are jump started with a security deposit and first month’s rent. Having a common need, the Union County Drug Court has agreed to help with the funding of our recovery house and we are working on an additional funding from the Family Court.

The three houses are supervised 24/7. Providing housing options for our mental health clients keeps them out of much

more expensive institutional settings and increases their quality of life. The recovery housing is also a cost effective way to help clients maintain their sobriety and return to functional members of society.

Drug Free Coalition

The Mental Health Board was instrumental in developing the Union County Drug Free Coalition and funds the coordinator position. The Coalition is a collaboration of individuals and systems throughout Union County to create community conditions that empower youth and families to choose healthy behaviors and live drug-free lives. It is comprised of one or more individuals from these community partners:

- Mental Health and Recovery Board of Union County
- United Way of Union County
- Maryhaven at the Mills Center
- Council for Union County Families
- Union County Health Department
- Marysville Exempted Village Schools
- North Union Local Schools
- Fairbanks Local Schools
- Marysville Honda
- Union County YMCA
- Union County Sheriff's Office
- Marysville Police Department
- Union County Prosecutor's Office
- Agape Community Fellowship Church
- Dave's Pharmacy
- Union County Drug Court
- Union County Probate & Juvenile Court
- City of Marysville
- State Representative Dorothy Pelanda
- State Representative Dave Burke
- Union County Board of DD
- Marysville Journal Tribune
- Marysville City Council
- Union County Commissioners
- Big Brothers Big Sisters of Union County
- Community Action
- Here4Hope
- Memorial Hospital of Union County

Coalitions by nature do not provide direct service, but establish and strengthen collaboration among diverse sectors of the community in order to support their efforts. Long term, the goal of the Union County Drug Free Coalition is to reduce substance use among youth, and over time, reduce substance abuse among adults by addressing the factors within our community that increase that risk and promoting the factors that minimize it. We recognize that no single approach to addressing substance abuse will create lasting community change and are willing to explore many diverse possibilities. Successful strategies that impact community conditions recognize that risks associated with substance use are in

part a function of the interplay between the environment and the individual who uses them. Community coalitions support both strategies, but work to change community conditions through environmental change.

Suicide Prevention Task Force

When the need to increase education programming for suicide prevention was identified in the Community Health Improvement Plan, the Board assigned a staff position to reorganize the Union County Suicide Prevention Task Force which had been dormant and the LOSS Team for post suicide support services.

The Task Force works to pursue coordinated prevention, intervention and “postvention” strategies in order to educate and increase public awareness that suicide is a preventable public health problem. Additionally, the UCSPTF is committed to reducing stigma, which helps increase people's ability to seek help and ultimately prevent the loss of life. The Task Force will continue to meet to build capacity of the membership, review local data for needs, develop plan of action, implement and expand services as needed and track data for change over time. Current participants include:

- Memorial Hospital of Union County
- NAMI
- Here4Hope/Hope Center
- Maryhaven at the Mills Center
- North Union Local Schools
- Marysville Exempted Village Schools
- Fairbanks Local Schools
- Union County Coroner's Office
- Mental Health and Recovery Board
- Council for Union County Families
- Mental Health America, Inc.

Employment

The consumer operated service that is part of the Wings Enrichment Center has spent several years establishing a woodworking/craft shop finished off with hand painting from Artists in Recovery. Products are constructed, painted then marketed at fairs, flea markets and consignment shops. This began as a way to provide opportunities for consumers with disabilities but expanded to work with residents of our housing program who had been homeless to instill basic work skills, teach them what they need to maintain a job, train them on using some specialized equipment, exposure to sales and has been a springboard to getting clients back to work. The Board participated in the Recovery to Work Grant. However, since there was no in-county employment service available, all referrals for employment services were made out-of-county, even though some of the services were what was rendered already at Wings. In order for the program to become self-sustaining, the MHRB worked closely with Wings to develop a strategy to insure money to pay for activities. Wings recently became CARF Accredited to provide employment services in December, 2013. Now they are able to be paid through the Opportunities for Ohioans with Disabilities Department for the services that they are providing and be able to expand services with the influx of additional funds. In time, Wings will become more of an employer as their business develops.

Youth Crisis Beds

Our 505 collaborative developed a short term crisis stabilization program for youth in cooperation with the Nationwide Children's Hospital. The service provides two crisis stabilization beds that are in addition to two similar beds that are

currently being purchased by the Franklin County ADAMH Board. Access to crisis services as well as longer term treatment for youth is sometimes difficult to find and challenging to find a way for the community to afford. In SFY 13, Union County utilized 5 visits and 19 days for youth crisis beds.

Underserved Areas

Union County has one community behavioral health agency located in its central city, Marysville. The northern part of Union County was identified as being underserved where transportation becomes a barrier. The MHRB, the Superintendent of the North Union Local Schools, the County Commissioners and Maryhaven worked collaboratively to fund a counselor designated to seeing students in the schools. The Board will provide office space that will be certified for services. We will track the Medicaid/insurance billings that will be generated by the position and the three entities will guarantee the actual costs are covered to make this happen. We anticipate other school districts in our county will try to achieve similar arrangements to bringing counselors into the schools in the future.

Peer Support Specialists/Peer Run Respite

To address the issue of over-utilization of the hospital bed days, our Board worked with our provider agency, Maryhaven at the Mills Center, and our consumer agency, the Wings Enrichment Center, to develop a program to use peer supports to provide services to clients to divert from hospitalizations when warranted or to work closely with clients who have been hospitalized, accompanying them to the hospital, visiting them while there, contacting them when they are released, and encouraging them to ensure they follow-up with the agency after release to reduce the incidents of re-hospitalization.

The community apartment of our supported housing units is in the process of being converted to include up to two respite beds. Clients will be referred to respite when in danger of being hospitalized supervised by peer supports working closely with the therapists.

In addition, we began working last year fine tuning a peer support system that links clients with qualified peer supports to enhance the work of case managers, to provide services not currently Medicaid billable, but important to the clients. The original goal was to intercede and prevent a client from losing their housing, but has proven to be a valuable resource in the overall well-being of both the peer supports and the clients they are serving.

We also plan to use peer supports to work at our consumer organization, the Wings Enrichment Center to increase varied social, recreational activities; organize new peer support groups; arrange physical activities like exercise sessions, Wii Game, yoga, sports, YMCA visits; do awareness and outreach to SPMI population; provide transportation; encourage the supported housing residents to be involved with the goal to increase the usage and options available at Wings by SPMI consumers. With this effort, we hope to increase social interactions of our consumers, reduce hospitalizations, enhance client lives and with the increase in exercise activities, improve the physical health of the clients as well as their mental health.

Transportation

Union County has adapted two strategies to deal with the lack of public transportation in our county. As part of our HUD grant for permanent supported housing, we lease a vehicle that is use to provide transportation to the residents. In addition, the MHRB and the Wings Enrichment Center purchased a used van in 2012 driven by peer supports which is used to pick up clients interested in visiting the Wings Enrichment Center or attending any of the special events and support

groups that are offered.

Gambling

The MHRB is working with the local service provider, Maryhaven at the Mills, to assess incoming clients using the South Oaks Gambling Screen to determine if specific services are required to address a gambling addiction. This process also allows the MHRB to determine the need for additional services to address this issue. Maryhaven is one of the regional facilities that provide specific treatment for problem and pathological gambling. In the past, problem or pathological gambling has not been determined to be a significant issue in Union County. The increased screening will allow for a better determination of need for services.

North Star Center

The North Star is a drop-in center located in the underserved northern part of the county where youth can play games and participate in activities in a pro-social environment complete with positive adult role models. Additionally, each day staff facilitates structured enrichment activities during the hour-long Leadership Academy. The program is an activity-based social and emotional health development program which is based on best practices from the 40 Developmental Assets and Youth 2 Youth.

Youth who visit North Star will benefit from positive adult role models and pro-social engagement. Visitors will demonstrate increased leadership skills, increased community connectedness and increased perception of harm associated with alcohol, tobacco and other drug use.

The success of the North Star is determined in large part by the number of youth who attend; this information is tracked with a daily sign-in log. Another indicator of success for the North Star Center is survey administered quarterly. This survey attempts to gauge the effectiveness of efforts and activities intended to create bonding between staff and youth, peer bonding, community engagement, opportunities for creativity and skill development, and avoidance of risky behaviors. Results are used as a baseline and a guide for future improvements to the program.

The introduction of the Leadership Academy at North Star has proven to be very successful since it began in March of 2013. The Leadership Academy provides youth an opportunity to learn about Developmental Assets through hands-on activities. The discussion opportunities afforded these young people doesn't always happen in many other venues. During Leadership Academy covered topics include self-esteem, positive peers, role modeling and community engagement.

The North Star is funded by both the Mental Health and Recovery Board and a United Way grant and is staffed by employees of Maryhaven at the Mills. We had hoped to be able to provide a similar meeting place for the youth located in Marysville, but now will be working with the Hope Center to promote the youth center they are developing.

Intensified Home Based Services

The Home Based Services program is a program that only exists because of the collaboration between the Union County Juvenile and Probate Court, the Commissioners, Job and Family Services, Childrens Services, the Mental Health and Recovery Board and Maryhaven at the Mills. It is also one of the programs that will not be self-sustaining by Medicaid/Insurance billings and will have to be subsidized in order to continue.

The program is designed to serve Union County families that have multiple problems and which are involved with other child-serving systems. It is designed to serve "high-end" families in terms of their problems, specifically where there is an

identified risk of out-of-home placement, such as in a juvenile detention center/correctional facility, residential treatment center, or foster home setting. The program helps youth and families to deal with a variety of behavioral and emotional problems such as substance abuse and psychiatric disorders, family conflict, delinquent behavior, school difficulties, and child abuse, neglect and dependency. The families referred frequently have severe economic problems as well.

Some of the distinguishing features of the HCBS Program include the following:

- Non-traditional approach—unlike the traditional “medical model,” the HCBS model views the entire family as the client. The intent is to improve overall family members functioning and happiness as well as the functioning and happiness of individual family members.
- Flexibility in service provision—intensity of service and length of stay in treatment is molded to families’ needs. Commonly, services are initially intensive, perhaps multiple days and many hours per week, and then they taper down as families begin to function better. Service hours are also tailored to meet families’ needs, including evenings and weekends. The program has a high degree of responsiveness to families’ crises.
- Setting—unlike traditional office-based therapists, HCBS Program staff see families and individual clients in the community, in client homes, schools, court rooms, service agencies, and other places in clients’ “natural environment.”
- Use of evidence-based practices—the services of the HCBS program are informed by evidence-based community and family treatment models including Multisystemic Therapy (MST), Functional Family Therapy (FFT), and others. An eclectic approach is followed, though, without rigid conformity to a particular model of practice. An essential element of all home-based models is that they focus on families’ strengths, capabilities, and preferences. They empower families.
- Team approach—the HCBS workers function as a team; as a norm more than one worker is assigned to assist the family and individual family members with their multiple needs.
- Collaboration—the HCBS model is community-based, sometimes called ecological in that the therapists work in close collaboration with the other child-serving systems involved with families (e.g. Juvenile Court, children protective services, schools, other supportive organizations).

Children’s Services and the North Union Schools district both identified the need for more home based services for earlier interventions with youth and families who are deemed at risk of engaging in behaviors that may result in parents losing custody due to a drug or alcohol issue. We are in the process of staffing that position with additional funding from the County Commissioners.

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

Our Board is on the cutting edge in our staffing and support of the Union County Drug Coalition to coordinate and bring together various community leaders in the planning and implementation of strategies to address the addiction issue utilizing the SPF model and seeking out additional funding.

In a separate area, our Board has been working with our local provider agency and our peer support center to train certified peer support specialists and to utilize them in various functions to assist other consumers with the ultimate goal to reduce hospitalizations.

Our peer support center, Wing Enrichment Center just received their CARF Accreditation to begin providing Employment Services through OOD, Opportunities for Ohioans with Disabilities, a move that we anticipate will make them self-sustaining in the future and reduce the need for board support.

3. 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).

Funding limits

One of the most obvious challenges is the lack of sufficient funding to be able to provide all the services that we would like to be able to do. We work closely with the agency to identify and prioritize the needs. Over the balance of this fiscal year and into next, the Board will closely monitor the fiscal impact of enhanced Medicaid and the Affordable Health Care act to determine how much funds can be diverted to support non Medicaid services that are needed.

Limited need for specialized services

Being a small community, sometimes there is not enough demand for specialized services that warrant a full time program or staff person to address. The board will continue to work closely with the agency to identify and underwrite services that are not self-sustaining on their own, but considered a priority.

Community attitudes

One of the big challenges that we experience as a board is the reality that there are members of our community who do not want to accept that there are some problems and areas that need to be addressed. Some of the thinking is probably because we are still a rural community and do not experience a lot of the serious crimes that bigger cities take for granted. Or, we don't want to admit that we do have homeless individuals in our community, or that we do have drug use or individuals who present themselves with suicide ideations in the emergency room.

The impact of the heroin and prescription drug problem has been extremely difficult to keep pace. The Juvenile and Common Pleas Courts have added treatment components to their internal programs with some collaboration with the agency-based alcohol and drug treatment programs.

Affordable housing

The community is very generous when it comes to United Way or Care Train donations, but unwilling to believe there is a need for an emergency shelter in our county or to allow more affordable housing units. Finding affordable housing for our clients with a social security disability and those who are recently recovering from alcohol and/or drug use without a good job becomes a big challenge for our board area.

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

Our Board is always open to receiving assistance from other boards and/or the state department, to learn what works or does not work in other areas, to listen to other ideas and to glean from them concepts that would benefit our area. The idea to use peer support specialists to interface with hospitalized consumers came from a presentation by Heartland Hospital.

We would be interested in innovative ways to provide more supported housing in our board area as that is always a critical concern. We see a need in our county for a local group home or more single apartments with group dinners and

activities. We would welcome insight into ways to increase and enhance our recovery housing program.

Since we are a small area and may not have the volume to offer specialized programs, we would be interested in learning more about Telemedicine to be able to serve more clients.

With the changes in Medicaid and insurance in the future, we would like more discussion on the changes that may necessitate in the relationship between the Board and providers. Perhaps some long-range direction as to the role Board's need to play in the mental health and addition services.

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

The challenges will force us to continue to seek out more collaborative efforts with other community partners and investing in board staff personnel to seek out other funding opportunities and or grants. The challenge will be in having qualified staff to accomplish that. If we are unable to provide services within our county, we will be forced to send residents out of county to get the treatment services they need.

4. 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).

Union County's population remains predominately white (93%). The Asian and black/African American populations are the largest racial minority groups, yet these groups total only 1,428 and 1,231 persons, respectively. Marysville is the county's center of racial/ethnic diversity, as home to 82% of the county's black population and 59% of the Hispanic population. The necessity for cultural competency will grow as diversity grows and it is incumbent on the vision of the leadership of our mental health system to provide continuing focus on racial changes and integrate competence within the agency staff. Our provider agency annually revises their continuing education and in-service to look at cultural training in specific areas.

As far as the boards vision for cultural competency it is not just having staff that are trained in various cultures, but to have staff that represent various cultures and minorities and to have them in leadership roles. That vision extends into our community. In order for Union County as a whole to grow and diversify, it is important for the county to employ individuals of all cultures. Our Agency, Maryhaven, has a diversified work force including key leadership personnel that speaks for itself in promoting cultural competency.

Our Board has a history of employing staff based on abilities and through the years have had diverse representation on our board of directors.

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 Mental Health and Recovery Board of Union County

Substance Abuse & Mental Health Block Grant Priorities

***Priorities Consistent OHIOMAS Strategic Plan**

SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Successfully treat the community's population of IV heroin users	Identify and treat IV drug users with medication assisted treatment and detoxification programs	Number of IV drug users who cease IV drug use	<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, screen and link pregnant women with substance use disorders to appropriate level of care treatment programs	Outreach through the Union County Drug Free Coalition; screening and referral/linkage of identified pregnant drug users	Number of pregnant drug users identified and linked to services	<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)	Increase collaboration with UCDJFS Child Protective Services to identify and link to treatment parents whose substance abuse disorders puts their children at risk of parental abuse or neglect	Work collaboratively with the county commissioners, the Juvenile Court, Drug Court and Children's Services to develop and fund intensive home and community based treatment to families in danger of losing their children due to drug/alcohol issue. Provide community based adolescent drug treatment /prevention. Expand services to refer families at an earlier stage when there is a suspected problem.	Number of referrals received and cases open via referral from UCDJFS Child Protective Services Reduction in placements by childrens services, referrals to criminal justice system.	<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	Screen and link individuals with tuberculosis and other communicable diseases to public health providers in conjunction with their AOD treatment	Incorporate health screenings into admission and assessment process; maintain active referral/linkage with public health entities	Number of persons screened, referred, and linked to needed health services	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Provide evidence-based mental health treatment for youth of all ages who have Serious Emotional Disturbances (SED)	Provide play therapy, cognitive behavioral therapy (teens)); individual, group, and family therapy; home and community-based program; integrated AOD/MH treatment; CSPT; Pharmacological Management	Number of SED children and their families that are served; reduction in out-of-home placements	<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)	Provide comprehensive services for adults with SMI	Provide CPST; Pharmacological Management; individual, group, and family counseling; housing; vocational services; peer support program; linkage to primary healthcare services	Number of SMI adults served; reduction in hospitalizations (number and duration); number of SMI adults with a medical home	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	Link all adults with SMI and youth who have SED to a primary care physician in the community to address their total mental and physical health	<p>Form partnership with community healthcare providers and clinics who will accept as patients adults with SMI and youth who have SED</p> <p>Direct Therapists, case managers to ask clients for the name of their physicians. Request release of information form from client to contact physician for records.</p> <p>Have case managers follow up to ensure clients are receiving primary health care.</p> <p>Use certified peer specialists accompany clients to medical appointments if needed.</p> <p>Require supported and transitional housing residents to have medical examinations. New residents without insurance are taken to clinic run by health department.</p> <p>Have nurse available at the mental health agency.</p>	MOU between behavioral healthcare and medical providers; number of adults with SMI and youth who have SED who have a primary care physician; reduction in use of hospital emergency department by MH system patients	<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	Provide and/or link clients to recovery support services for individuals with mental or substance use disorders. Increase socialization opportunities for consumers, improve overall health.	<p>Refer clients to the Wings Enrichment Center which is a peer support facility that recently received CARF accreditation to provide supported employment services.</p> <p>Expand the activities, groups and</p>	Reduction in hospitalizations of SPMI. Increase in attendance at Wings Enrichment Center. Number of successful transitions from addiction, treatment, recovery and reentry into the community.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		<p>consumer run services at Wings. Use Peer Support Specialists to reach out to the SPMI population, increase social, recreational opportunities to them, engage them in physical activities.</p> <p>Use our step down housing primarily for alcohol and drug clients to provide a semi-supervised, sober environment to allow them time to complete treatment, go through recover, work with them to seek employment, give them security deposit and first month's rent when ready to resume living in the community.</p> <p>Use the Wings Enrichment Center Employment Services to advocate for and assist recovering addicts, especially with an opiate addiction to find employment.</p>		
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant *Priorities Consistent OHIOMAS Strategic Plan				
Treatment: Veterans	Identify veterans, Improve their access to services, link them to organizations to maximize benefits available.	Refer veterans to therapists who have prior experience in their needs. Provide for housing, employment supports and opportunities	Number of veterans served by agency	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Individuals with disabilities	Accommodate the needs of all individuals	Link with counselors trained and sensitive to disabilities	Number of individuals with disabilities receiving services.	<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*	Improve access to services for individuals who are opiate-dependent (upon prescription drugs or heroin)	Increase medication assisted treatment (MAT) services; make available residential and outpatient detoxification for opiates	Number of persons receiving MAT and detoxification services; number who remain in treatment and abstain from opiate abuse	<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*	Enable individuals with a mental illness or addiction to be able to live in a safe supported environment within our community	Board prioritizes housing, we 6 permanent supported housing units staffed 24/7 providing group meals/transportation for residents and assistance to allow them to live independently. In addition, the board has a shelter plus grant that provides rental assistance with supports.	Number of individuals who live in our housing instead of being institutionalized or placed in group homes.	<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	Acceptance and understanding of the needs of all individuals and how their cultural differences contribute to service delivery	Provide annual trainings for all therapist on understanding cultural differences	Number of minorities receiving services at the agency`	<input type="checkbox"/> No assessed local need <input checked="" 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.	Resources and supports to teach adolescents coming out of institutions or foster care to re-enter the community	Provide environment to teach them life skills that are needed Provide counseling services as they transition	Increase in number who are able to live independently	<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)*	To increase social and emotional skills among preschool age children	Provide Incredible Years Dina Classroom programming in preschool classrooms to at risk populations (Head Start).	Increase in protective factors and decrease in behavior problems as measured three times a year on the Devereux Early Childhood Assessment.	<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.	Increase capacity and infrastructure of Union County Drug Free Coalition to address substance abuse.	Continue training and use of SPF for assessing, planning, implementing and evaluating.	Sustainability of prevention strategies through community support, financial support and policy change.	<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	Utilize SPF model of prevention planning with focus on environmental	Conduct annual strategic planning and data collection with Union County Drug	Annual review of Coalition Action Plan and long term Strategic Plan.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds

focus on families with children/adolescents*	strategies.	Free Coalition and community partners.		<input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices.	Children born as healthy as possible.	Outreach and referral to information regarding the consequences of inappropriate life choices	Reduction in the preventable health issues of newborns	<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 understanding of legal and operational challenges that prescription drug abuse and marijuana use has among the workforce. Increase use of SBIRT .	Provide series of trainings through Chamber of Commerce to small business employers.	Number of small business trained that change procedures to include SBIRT.	<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*	Screen all adults receiving AOD services for problem gambling. Increase awareness of problem gambling warning signs.	Use of SOGs with AOD assessments to screen all adults for problem gambling Promote problem gambling information to targeted populations.	Number of referrals and positive screens for problem or pathological gambling.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Respite	Reduce hospitalizations	Provide Respite bed monitored by peer support specialists of clients in danger of being hospitalized.	Reduction in bed days between fiscal years.
Peer Support Specialists – Hospitalizations	To Reduce re-hospitalizations	Use Peer Support Specialists to visit hospitalized client, call on day released, visit at home within first week and provide assistance to ensure client shows up for follow-up appointment at agency	Reduction in number of re-hospitalizations between fiscal years.
Peer Support Specialists – Enrichment	Reduce hospitalizations , improve socialization opportunities for consumers, improve health	Use Peer Support Specialists to reach out to the SPMI population, increase social, recreational opportunities to them, engage them in physical activities.	Reduction in hospitalizations of SPMI. Increase in attendance at Wings Enrichment Center.
Recovery Housing	Safe, affordable, sober, healthy environment to facilitate recovery. Reduce incarcerations.	Use Peer supported housing with supervised programs to provide housing, help with employment so clients	Number of residents to successfully leave program.

		can return to the community.	
Group Home	Provide viable housing options for mentally ill or addicted clients in our county.	Board would like to establish a group home located in our county for those clients that require that level of care. There are none currently available.	Reduction in number of out-of-county placements in group homes.
Medicaid Assisted Treatment Services	Reduce drug usage, overdoses, incarceration	Provide MAT services to drug court referrals or clients enrolled in intensive outpatient treatment	Increase in individuals who remain drug free.
Transportation	Increase activities of clients, reduce trauma of being transported to hospital in cruiser.	Develop peer support specialist to provide transportation for clients to attend activities at our peer support center and options for clients being transported to the hospital outside of riding in law enforcement cruiser when applicable.	Increase in clients attending Wings Enrichment Center.
Supported employment Services	Assist clients in services needed to obtain employment to gain self-sufficiency.	In conjunction with the recovery to work grant, our peer support agency is in process of being CARF accredited to provide employment services.	Number of successful closures.
Union County Drug Free Coalition	Prevent and reduce substance use/abuse among youth.	Use environmental strategies to impact alcohol, marijuana and prescription drug use among youth.	Rates of reported 30-day use among youth on Youth Risk Behavior Survey.
Suicide Prevention Task Force	Reduce stigma and increase the number of people seeking assistance.	Group meetings for survivors of suicide. Help packet of information for families of individuals who have completed suicide. Working with school age individuals.	Decrease numbers reporting suicide ideations
Intensive Home Based Services	Reduce children being removed from their homes due to drug/alcohol use of parents.	Increase staffing of intensive home based services to deal specifically with families identified through Children's Services.	Reduction in out-of-county placement costs.
Integration with Physical Health	Improve overall physical and mental health of clients	Taking clients to clinic for exams, working with health department to schedule hours for nurse in behavioral health agency. Working with clients to link them to primary care doctor.	Reduction in visits by clients to emergency rooms
Trauma informed treatment	Assist clients to make positive behavioral choices, reduce crisis	Promote trainings by therapist to a person-centered, trauma-informed approach to care	

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)Permanent Supported Housing	Demand for this type of housing is more than we can handle and we are forced to place clients out of the county.
(2)Residential Detox Program	No options available in Union County
(3)Crisis Stabilization Bed	Very difficult endeavor to hospitalize a client with the amount of time they spend in the emergency room and the trip to the hospital handcuffed in the back of a cruiser to transport to another county, a crisis stabilization bed would be a kinder alternative.
(4)	
(5)	

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.

Our Union County Drug Free Coalition has undertaken a coalition building and community prevention process using the SPF model and the federal Drug Free Communities environmental strategies. This process brings together various key stakeholders, community agencies and the general public to craft a community response to youth substance abuse and environmental factors that affect all illegal drug use.

Over the past 10 years, we have a home based program that was developed and funded through the collaborative efforts of the Mental Health and Recovery Board, the County Commissioners, the Juvenile Probate Court, Jobs and Family Services and our local treatment Provider to provide intensive home based services to identified families in danger of either losing their children to a drug and/or alcohol issue or having them placed in an institution. As the program has been revamped, we will be receiving additional funds this year to support another staff person in this program. This program has been very successful in reducing out of home placement costs and working directly with juveniles to keep them from more serious offenses.

Our Board is part of Behavioral Health Generations in collaboration with 6 other boards that shared development of our MACSIS system for processing claims from the agency and provides peer reviews, reducing the need for the board alone to perform these functions.

In process of collaborating with the County Commissioners, the local agency and a local school district to jointly fund a school counselor.

Board is beginning a collaborative effort with the Common Pleas Drug Court to provide housing opportunities for alcohol and drug clients.

The board recognized the difficulty some mental health clients without family members available have to find a guardian when needed. We were instrumental in developing and continue to support the Voluntary Guardianship Program in Union County consisting of representatives of other county agencies that deal with guardians, the Council on Aging, the Board of Developmental Disabilities, the County Hospital, and the Probate judge. Voluntary Guardians have expanded to include trained staff and have organized a system to provide clients with appropriate, trained guardians when needed.

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 local system will use private psychiatric hospitals for all Medicaid clients unless the psychiatric conditions are such that the state hospital is deemed a more appropriate option. Our local agency has a therapist designated as the liaison to the hospital who visits the clients and develops their release strategy, linking them up with outpatient services and/or housing when released. The Board does not anticipate any significant changes in our hospitalizations in the coming year.

Innovative Initiatives (Optional)

10. Many boards have implemented innovative programs to meet local needs. Please describe strategies, policy, or programs implemented during the past two years that **increase** efficiency and effectiveness that you believe could benefit other Ohio communities in one or more of the following areas?

- a. Service delivery
- b. Planning efforts
- c. Business operations
- d. Process and/or quality improvement

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

Advocacy (Optional)

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

Open Forum (Optional)

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

Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

Complete this form providing a brief explanation of services to be provided and a justification for this requested waiver. **Medicaid-eligible recipients receiving services from hospital-based programs are exempted from this waiver as this 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.