

**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.)

Per the U.S. Census Bureau, Washington County is still predominantly rural area (population 61,778 in 2010, a decrease of 1,473 from 2000, or 2.3%) within the 29 counties that constitute the Appalachian Region of Ohio. Washington County is on the Ohio River bordering West Virginia. The economic indicators for Washington County include the following:

The 2002 per capita income was \$25,230. As late as 2013 it was estimated to be only \$23,404, a decrease of 7.3%. Washington County per capita income is 8.6% less than the Ohio average of \$25,618.

The median family income for Washington County in the 2012 census estimate was \$43,829, compared to \$48,246 for the entire state of Ohio.

Children under 18 are still overrepresented in the poverty designation with a poverty rate of 21.5%, up from 15.7% in 2000.

The population in Washington County is getting older, with 18.4% of the population 65 years old or over, compared to 14.9% in 2000. The majority of that age group is now living on a fixed income.

Racially, Washington County is also still relatively homogeneous with 96.5% of the residents reporting themselves as “white” in the 2012 census estimate. Culturally, the predominant subculture is Appalachian.

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 most recent Needs Assessment for Washington County was completed in 2011. The survey was conducted October 12 through December 22 of 2011. Survey was delivered to community members, agencies, schools, organizations, businesses, etc. via emails, websites, and Facebook with a Survey Monkey link to complete online. Paper format was also distributed at eight community events and to families without access to computers. Approximately 750 people completed the full survey.

Notable findings for the board :

- A. Washington County population is declining and aging.

- B. Per capita, a larger percentage of those under the age of 18 are living in poverty than at the state and federal levels.
- C. Ohio Works First and Temporary Assistance to Needy Families assistance to children increased while it decreased to the adult population in the county.
- D. Food assistance has trended upward.
- E. Number of uninsured adults and children has increased.
- F. Washington County has higher rates of abuse and neglect of children of all ages than the state.
- G. Our population is aging and the incidence and severity of their disabilities is increasing.

Strengths and Challenges in Addressing Needs of the Local System of Care

In addressing questions 3, 4, and 5, consider service delivery, planning efforts, and business operations when discussing your local system. Please address client access to services and workforce development. *(see definitions of “service delivery,” “planning efforts” and “business operations” in Appendix 2).*

3. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment? *(see definition “local system strengths” in Appendix 2).*
 - a. Identify those areas, if any, in which you would be willing to provide assistance to other boards and/or to state departments.

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).*
 - a. What are the current and/or potential impacts to the system as a result of those challenges?
 - b. Identify those areas, if any, in which you would like to receive assistance from other boards and/or state departments.

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).*

Currently, the Board Executive Director meets monthly with directors from Family and Children First, Board of Developmental Disabilities, Children Services, our local provider, and the Probate Judge, all at the same table. We have a very good working relationship with all those involved. Discussions include what particular “outside of the box” cases are going on and whether each department may be able to provide additional services or input. We also bring each other up to date about potential funding sources and programs each have.

Lack of funding is the primary challenge the board has to provide both services and help to populations that are suffering per the needs survey. In our case, lack of funding keeps people from receiving mental health services that would help them overcome issues and avoid further problems that may arise from their mental illness. We have had to cut-off admissions to our provider for those who cannot pay on their own for services. The current caseload is all the public funding can cover. Only if someone presents in crisis can they get further treatment at our contracted provider. We have had to regress to the point of just trying to maintain people in their mental illness with medicine and little face-to-face interaction with a counselor, mostly to keep them from declining to

a crisis situation and possible hospitalization. Of course, as a result, more individuals who have never been “in the system” are presenting at the local Emergency Department in crisis. From July 1 through December 31, 2013, a full 57% of our mental health funding for the local provider has been to pay for crisis services.

Like other parts of Ohio, Washington County has been losing jobs that pay wages at a level that supports a family. Several manufacturing plants in the area have closed and those relatively high wage jobs were lost to other areas. New jobs that have come to the county have been in low paying retail operations. The “War on Coal” has caused one power plant to close and be torn down, while another is slated for closure in 2014. A number of single and dual parent working families have found that their children are eligible for Medicaid because of the low wages paid. The “fracking” industry that has arrived in Ohio has really done nothing for local jobs. Almost all the workers that are here to help build the infrastructure are from out of state or other counties, as witnessed by the parking lots at the local hotels and motels. Three new hotels have been built in Marietta in the last four years near the I-77 exit for Marietta. Thus far, the largest number of jobs that have been created locally are for bartenders, waitresses, and maid services for these hotels and surrounding restaurants.

There are only two counties in the state that receive less funding on a per capita basis from ODMHAS. No one seems to know why there is such a disparity. On a comparative basis, Jefferson County, also in southeast Ohio, receives \$1,367,955 Continuum of Care mental health dollars for a population of 68,389 residents, which breaks down to \$19.87 per resident. Washington County receives \$304,667 from the same funding stream for its 61,475 residents, or \$4.96 per person.

Because of funding disparities like that mentioned above, we have been forced to make cuts to basic services, while some boards have not had to. This is unfair to our residents. Just ten short years ago, we used to help fund twenty four apartment units for individuals, couples, and families, who suffered from the effects of mental illness. Now we only have two transitional units for people getting out of the state hospital. We contracted with our local hospital for 200 bed days for indigent people seeking chemical dependency detoxification. Now we buy eighteen bed days for the entire year at a facility 45 miles away. We also used to pay for placement of individuals with mental illness into group homes. These are but a few of the services that have been cut or eliminated.

A “Culturally Competent System of Care” is already in place here in Washington County. Our provider is doing an excellent job working with the board to maintain as many people as possible. Both the provider and board would like to offer these services to more people, but the funding levels prevent that from happening. Our “vision” is to allow access to treatment for indigent and the working poor in our county.

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.

able to currently spend funds on non face to face services.

Priorities for Washington County Behavioral Health Board

**Substance Abuse & Mental Health Block Grant Priorities
*Priorities Consistent OHIOMAS Strategic Plan**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Assure treatment services are available and accessible.	Provider knows population is a top priority and will not refuse services to.	Provider feedback	<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)	Assure treatment services are available and accessible.	Provider knows population is a top priority and will not refuse services to.	Provider feedback	<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)	Assure treatment services are available and accessible.	Provider knows population is a top priority and will not refuse services to.	Provider feedback	<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	Assure treatment services are available and accessible.	Provider knows population is a top priority and will not refuse services to	Provider feedback	<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)	Assure treatment services are available and accessible.	Provider knows population is a top priority and will not refuse services to	Provider feedback	<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)	Assure treatment services are available and accessible.	Continue to treat those already being seen at local provider. Access for new clients mostly limited to those presenting in crisis.	Provider billing. Crisis interventions. Enrollments	<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*	People being seen by provider for mental health or substance abuse services also has access to primary care physician.	Infrastructure has been in place since April 1, 2013. Just waiting for state go ahead.		<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				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant *Priorities Consistent OHIOMAS Strategic Plan				
Treatment: Veterans	Assure treatment services are available and accessible.	This population seen at the local Veterans Administration.		<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	Assure treatment services are available and accessible. This population treated same as any other.	Continue to treat those already being seen at local provider. Access for new clients mostly limited to those presenting in crisis.	None.	<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*	Assure treatment services are available and accessible	MAT program in place	Program limited now to 20 slots. Program full.	<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*	Assure treatment services are available and accessible.	Continue to treat those already being seen at local provider. Access for new clients mostly limited to those presenting in crisis. Refer to local Community Action for housing needs	Provider feedback	<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				<input checked="" 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	Assure treatment services are available and accessible.	Continue to treat those already being seen at local provider. Access for new clients mostly limited to those presenting in crisis.	Provider enrollments, billing.	<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)*	Assure treatment services are available and accessible.	Local provider trying to hire child psychiatrist.		<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input checked="" type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices	Empower pregnant women and women of child-bearing age to engage in healthy life choices	Prevention programming in schools, juvenile center, and women's shelter		<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	Educate younger population negative effects of drug usage on job prospects	Prevention programming in schools, juvenile center, and women's shelter		<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*				<input checked="" 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 (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) Integrated healthcare	
(2) More intensive services	Give people more tools to enable them to overcome limitations their own mental illness has on themselves. Currently seems we are just maintaining people where they are in their struggle to prevent them from possibly getting worse.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	

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.

Washington County is part of the Eastern Collaborative. During the first year, the collaborative contracted for step down beds with providers in the collaborative area. Few of these beds were actually used however. It was found that clients who were being screened needed the level of care only available at the state hospital in Athens. This past year the collaborative allocated the funds on a per capita basis to each board, to be used as that board saw fit. We now use those funds to have next day services available locally for clients presenting in a crisis situation. This helps us diffuse a situation that may have otherwise resulted in hospitalization at the state hospital. As always, if a person is ready to leave the state hospital, but has no home to be released to, we have our transitional apartments available. A case manager then works with that client to find housing and community resources so they can move out of the transitional apartment. Our number one priority is to prevent using the state hospital. Or second priority is to get the client out of the hospital as soon as possible when the caregivers there say the person is ready for release.

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

Very few private hospitals will accept a client with medicaid. If it is deemed a person in crisis is at risk to harm themselves or someone else, hospital placement is recommended. Very few private hospitals will accept a person whose payment source will be medicaid. Those hospitals want more than the medicaid reimbursement rate. Currently, if a patient has medicaid, calls are made to private hospitals for placement. If beds are unavailable, patient is then sent to state hospital. We are finding there are a lot of people going to state hospital even though they do have medicaid. The board receives daily reports of individual on rolls at the local State Hospital. Board and hospital work closely to be sure patient is receiving appropriate care, and release is timely with a continuum of care plan in place. In the absence of increased funding, we expect hospital utilization to increase, as the number of people presenting in crisis increases.

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.