

**Ohio Mental Health and Addiction Services (OhioMHAS)- The Mental Health & Recovery Board of
Wayne/Holmes
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.) <http://quickfacts.census.gov/qfd/states/39/39169.html>

The Mental Health & Recovery Board of Wayne and Holmes Counties serves a two county area - Wayne and Holmes Counties. The two counties share a contiguous east-west border in mid-north central Ohio. The two counties are home to a population of 159,818 people – Wayne 115,514 & Holmes 44,304 (2014 Census estimates) that are largely English speaking. Most of these descended from English, Irish, German and Scotch immigrants to America. Our largest ethnic minority is the Amish, an estimated 23,000–33,000 individuals, who speak English as a second language. The Amish culture is a separatist religious tradition. Amish people tend not to participate in the activities of non-Amish groups; however, their separation does not prevent alcohol/drug abuse addiction or mental illness. Their culture is very strong in southern Wayne and Eastern Holmes counties and has a significant influence on the values of the general area. The African American population is 1.26% of the total; the combined Hispanic group is 1.4%, and Asian, .01%. The area is peppered with small communities ranging from 300 – 25,000 in population and all of these have discrete family, church and community traditions built around community and for taking care of our own.

The area is extremely scenic with many beautiful pastoral settings. Tourism focused on the Amish culture has become a major industry in eastern Holmes County. The people of the area keep up their properties, both from pride and in the interest of tourism. The horse and buggy culture, gentle rolling hills sprinkled with haystacks, quality farms, homes and efficient looking factories are a pleasure to view.

Throughout the area, the varied religious traditions include conservative, liberal Christian and non-Christian denominations. The faith-based communities are strongly inclined toward church-centered lifestyles.

However, recent reports by the Wayne County Economic Development Council confirm considerable growth in manufacturing locally with local employers struggling now to get enough quality workers to meet this growth. One of the commonly heard complaints is that employers cannot get enough drug free individuals through the hiring process to meet their employment needs. For the sixth consecutive year, Wayne County was named one of the top two micropolitan areas in the country for new business growth by Site Selection magazine. In four of these years, Wayne County was also the top micropolitan in the Midwest. Contrary to trends in Ohio and the Midwest in general, Wayne County's manufacturing employment and income is now increasing. The area is home to one of the nation's top technology incubators and research parks. The magazine's selections are determined by new or expanded facility projects that either add 20,000 or more square feet of space, are worth \$1 million or more in capital investment or create 50 or more new jobs. The Wayne County list included projects from Akron Brass, ABS Materials, Artiflex, Baekert, Certified Angus Beef, FEW, Frito Lay, Global Body, JLG, LuK, Metal Dynamics, Quality Casting, Seaman Corp., Tekfor, Venture Products, Wayne Insurance Group, Wholesome Pets and Wooster Brush. Daisy Brand, the nation's largest sour cream manufacturer recently announced plans to locate a third production facility in Wooster, Ohio to serve the Midwest and east coast markets. With this decision, Daisy Brand joins a vibrant, global community of distinguished food production companies operating in Wayne County including J.M. Smucker, Smith Dairy, Frito Lay, Purina and Mars.

The Ohio Agricultural Research and Development Center is currently completing the first phase of BioHio, an incubator and research park modeled after the Innovation Place Research Park in Saskatoon, Canada.

The area is home to one of the highest ranked liberal arts colleges in the country, the College of Wooster, and two technical schools, the University of Akron, Wayne College, and the Agricultural and Technical Institute of Ohio State University. The academic recruitment done by these three educational institutions results in the recruitment of an internationally diverse group

of individuals in our community.

Economic Conditions and the Delivery of Behavioral Health Care Services

The history of our local economy is largely agricultural and Wayne and Holmes Counties' economy continues to have a strong farm economy. However, only 4.8% of the workforce in the two counties is now employed directly in agriculture.

Economically, light industrial manufacturing, i.e. Smucker's, and a wide variety of commercial business has replaced farming as the major industry. The 2009 downturns in the economy had a negative impact on the plastic/steel related light industry in particular. These downturns and other shifting in the economy due to globalization have affected the sense of permanence with the family farm; the more recent generations of farm families no longer have the opportunity to continue farming. This represents a form of "Future Shock", Alvin Toffler, 1970 i.e.

"the change overwhelms people, he believed, the accelerated rate of technological and social change leaving people disconnected and suffering from "shattering stress and disorientation"—future shocked."

Young parents and children, disconnected from their historical roots and pressing to survive in an economy where the demand for talent is subject to shifts in the global economy struggle for ways to provide their children direction from their natural heritage. They are cut off. Often the alternative is to use electronic media as a substitute for activity and direction. This is a difficult proposition to face and a difficult population to serve. One which takes a caring and culturally sensitive team of caregivers to provide.

There are at least three (3) commonly stated indicators relevant to the Board's role in insuring access to mental health and addiction recovery services for those who cannot afford them. These are: 1) Unemployment - reflecting the relationship between employment and health coverage, 2) Poverty that can interfere with both maintaining health and access to health care and 3) Medicaid, eligibility for public insurance to reimburse eligible services. The Wayne-Holmes area statistics are generally lower than the state average in all of these areas, as listed below:

UNEMPLOYMENT: Unemployment has gone down in both Wayne and Holmes Counties during the last year. The current unemployment rate in Wayne County is 6.2 %. The unemployment rate in Holmes County is 4.6%. Both counties are under the state averages with Holmes reflecting the lowest rate in the state mainly because of the large number of farm, household and cottage industries in the eastern half of Holmes County, where the Amish culture dominates. As of **August 2013**, Ohio's non seasonally adjusted unemployment rate was 6.9 % and the nation as a whole was 7.3 %.

POVERTY: According to the most recent census extrapolations published by the U.S Census Bureau, the poverty rate in Wayne County is currently 10.4% and 11.47 % in Holmes Co. while the state of Ohio as a whole is 11.7%.

MEDICAID EXPANSION: In planning for and initiating the Wayne Holmes FY14 plan, the Board has anticipated the impact of Medicaid elevation and Medicaid Expansion by developing funding plans that cautiously assumed the expansion would occur. However, the Board has also been active in looking at the insurance options of the ACA in an effort to understand the financial impact of either expansion or subsidized commercial coverage. It is widely believed that the full impact of expansion on coverage and the board's role will be better understood in the coming biennium.

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)

There were no disputes with either the Wayne or Holmes County Family and Children First Councils to resolve in alignment with ORC 121.37.

The Board's work resolving the ongoing needs of persons who received treatment in the state Regional Psychiatric Hospital is described in full in Section 9. **Inpatient Hospital Management.**

The Mental Health & Recovery Board of Wayne and Holmes Counties viewed the extensive needs assessment that was done for the FY13 update as having continued value for its FY14 planning. This section of the FY13 plan has been included as **Appendix 4.** to this document because of its continued value to this Board's current planning activity. However, many additional assessment activities occurred during the course of FY13 that informed the Board's planning for FY14. These are:

- Three Opiate Epidemic Community Fact Finding meetings led by Representative Ron Amstutz with one of these including Representative Dave Hall.
- Testimony from LuK, Inc. the largest manufacturing employer in Wayne County along with Tekfor and other companies about the large number of job applicants who are failing company drug tests. A meeting involving the local commissioners and Economic Development was held with Board representation. The Board has follow-up to this statement of need providing the leadership to develop a robust workforce project underway with local business and education that addresses drug abuse and social emotional concerns. Combined with this and with respect to the correctional system, the Board is also providing leadership with respect to persons returning to the community through the Re-entry Coalition. We are collaborating directly with our local economic development councils, chambers of commerce and school superintendents towards these actions. Recently we provided the leadership in an effort to bring business and education leaders together for a presentation by a nationally known speaker on workforce development.
- A study was completed by the Wayne County Children Services Board Director regarding the relationship between parental Opiate Dependency and the increase in child custody cases in Wayne County, and the implications for out-of-home placements. The study was presented to the Mental Health & Recovery Board at its May 2013 meeting. A copy of a point in time survey by the Board's contracted service providers showing the increase in opiate treatment cases over the last three years is included as **Appendix 3.**
- The Board's FY13 Retreat's featured speaker was Dr. Michael Hogan. Dr. Hogan addressed the need for integrating behavioral health care with physical health care as being driven by the economics and health concerns of the Affordable Care Act. Dr. Hogan instructed the Board about the preparations it needed to consider to prepare for the health care reform era.
- The need for Health Care Navigation and Care Coordination in Behavioral Healthcare: The Wayne Holmes Board led a process, which produced a two and ½-day training for the Heartland Boards in N.E. Ohio. The training focused on Care Coordination and Health Care integration as a means of initiating both health homes and integration at the Board and Agency level. The training determined the need to engage local physical and behavioral health care systems in long term planning around integration and information sharing.
- An Assessment of Needed Funding/Project Support for Mental Health and Substance Abuse Services compiled by the Board's staff with assistance from the directors of those agencies contracting with the Board. This study identified access, and service gap issues

and disparities in the current board funded service array. The study was done to advocate for legislative action during the FY14 state budget hearings and was requested by the Ohio Association of Behavioral Health Authorities. Please see **Appendix 5.** to view this document.

- A study regarding the utilization of the correctional facilities of Wayne and Holmes Counties by individuals with mental health or substance abuse disabilities. The brief study indicated that as many as 77% of those people held in the county correctional facilities had either a MI or SA diagnosis and are not considered to be intentional criminals.
- Participation in a FY12 Community Report of the Wayne County, Ohio Family and Children First Council titled, “And How are the Children?” This report is completed annually per our Child and Family Health Services grant and is an extensive review of child and family health, education, safety and at risk behavior indicators and outcomes in Wayne County. Please see **Appendix 6.** for this report.
- The needs assessment for a proposal to the Ohio Departments of Developmental Disabilities and Mental Health and Addiction Services for helping Ohio’s children and youth in crisis. The proposal was a partnership between the Stark, Columbiana, Portage and Wayne/Holmes Boards. The assessment identified that our most challenging youth and young adults are MI/DD or MI/borderline DD youth. The Departments funded the project proposal.
- Studies were completed by:
 1. The Community Care Board of the Holmes County Family and Children First Council;
 2. The Holmes and Wayne County Juvenile Courts and the Mental Health & Recovery Board of Wayne and Holmes Counties
 3. A placement study by the Wayne County Family and Children First Council

All of the three studies noted just above were about the need for out-of home placements for youth referred to Diversion and the ability to meet that need with evidence based in home education and treatment services. These studies resulted in a proposal to OHIO MHAS and the Department of Youth Services for a two-year grant to provide Multi Systemic Therapy to Holmes and Wayne Counties, which the two departments funded.

- A study and plan regarding the Community Capital Needs in Wayne and Holmes Counties for the SFY 15-16, 17-18, 19-20 Biennium that resulted in the identification of 10 needed projects of which the Board categorized 4 as priority one projects, these being: Permanent Supportive Housing for young men over the age of 18, Emancipated Teens transitioning to adulthood, an integrated health care facility in Holmes County, and a MH Recovery Health Center in Wayne County. Permanent Supportive Housing for women in recovery from addiction with children in Wayne County was also highly ranked. A graph displaying these projects as they were prioritized by the Board has been included as **Appendix 7.** to this plan.
- The need for Medically Assisted Treatment (MAT) and psychiatric services provided through Tele-conferencing (health) medium. The Board has participated in an ongoing needs assessment and planning activity by NIATX (Network for the Improvement of Addiction Treatment) and had a project approved by the Margaret Clark Morgan Foundation for developing medically navigated psychiatric services through Summa Health Systems in Akron, Ohio.
- The Board is involved with an ongoing assessment of the Civil and Forensic placement rates of the Wayne/Holmes District with the Heartland Behavioral Health Center (HBH) in Massillon, Ohio. This assessment has reviewed placement patterns, the process for developing “Pink Slips”, the timeline for admissions to HBH and the need for specialized medical clearances at local hospitals.

- The Board's Suicide Prevention Coalition has continued to assess the suicide rates in Wayne and Holmes Counties including the need for specialized suicide prevention training to target groups, i.e. caregivers and colleges/universities and middle-aged men. The largest increase in suicide has been in the middle-aged men category.
- The need for Recovery Services: the Mental Health & Recovery Board of Wayne/Holmes has participated in an annual recovery conference (RSVP) for many years that has been co-sponsored by the Wayne/Holmes, Ashland and Richland Boards to promote a greater understanding of recovery from mental illness. These conferences have required increased attention to assessing the recovery needs of those receiving treatment services through the Board's contracts. This now includes substance abuse services as well. Through planning and participating with this conference and the consumers at the local NAMI chapter, the Board has been developing a focus on providing recovery-oriented services, such as consumer operated services and supported employment as a means of developing a local recovery system during and post treatment for persons with mental illnesses and addictions. Supported employment includes a focus on young people aged 14-26 and their transitional needs to adulthood, as funded by the 505 hotspot grant.

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. The Board has a 10 year, 1 mil operating tax levy enabling continued, balanced operations during the state funding cuts over the past 6 years.
- B. The Board’s current Mental Health & Recovery system of care is developed around a set of six non-profit Medicaid and Non Medicaid service provider organizations with unique missions and approaches. Four of these agencies have been in operation from 30 – 60 years, with the exception of Wayne Holmes NAMI. These organizations are:
- 1.) The Counseling Center Of Wayne/Holmes Counties
 - 2.) ANAZAO Community Partners
 - 3.) OASIS Recovery Center
 - 4.) STEPS at Liberty Center
 - 5.) Every Woman’s House
 - 6.) Wayne Holmes NAMI
 - 7.) Catholic Charities of Wayne County
 - 8.) Consumer Operated Services Political Advocacy
- C. These agencies are strong and comprehensive resources that use Evidence Based Programs and Best Practices with protocols and two of them have used the NIATx QI system to improve their operations. The system of care delivers psychiatry, addictionology, supportive health care services and recovery support services through a methodology driven by best practice and evidenced based practices.
- D. **Grantsmanship Success:** The Board has been very successful in obtaining state, federal and private foundation grants for housing projects, re-entry programming, suicide prevention, community coalitions and school and employment related programming and many other projects. In the last four years, the Board’s system of care has received a total of \$1,505,307 of grants awards. \$655,037.00 of these occurred during the last year. Local agencies have also had much grant success and The Counseling Center of Wayne and Holmes Counties was recently awarded a total of \$1,800,000 for a capital housing project for young adults with a serious mental disability. \$500,000.00 of this was from the Ohio Department of Mental Health.
- E. **Comprehensive System Collaboration Systems: The Wayne/Holmes Board’s MH/SA System of care** is augmented by two very historically, effective Family and Children First Councils and a series of collaborations involving businesses, health department, courts and the schools. The Mental Health & Recovery system of care has provided services to a wide range of mental health and substance abuse consumer groups including the most seriously in need of both populations. Over the years, the Board has collaborated with providers in maintaining consistency and quality community efforts. Each of the contract agencies is nationally accredited and well respected in the community. Together, the Board and the providers have weathered severe budget cuts; yet continue to provide services through inventiveness and successful acquisition of grants and donations. The Wayne and Holmes Mental Health & Recovery system of care includes positive minded, quality and experienced staff. This system of care has earned positive recognition from numerous foundations, state authorities, federal grantors and local organizations, i.e. Chambers of Commerce, for its consistent innovation and excellence.
- F. **Strong fiscal management** The Board has maintained financial stability during preceding years of funding reductions from the state and federal governments, because the Board responded immediately, by making cuts to services when we received major

Liberty Center Connections

cuts to our system in FY07-09 and FY10. In FY12 the Board flat funded its agencies, but in FY13 the Board felt that additional cuts were needed in order to contain deficit spending. With continued prudent management, the Board realized surpluses in both FY12 and FY13. With this strong fiscal management, the Board may be able to avoid passing 100% of the Federal cuts onto the agencies in FY14 and FY15.

G. Partnership and Collaboration with Neighboring Boards: The Wayne Holmes Board has collaborated with a group of Boards known as the Heartland Collaborative to monitor Board interests, create Heartland East, a behavioral health and claims system, and recently the 505 Regional Hot Spots grant.

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

- FCFC Collaborations
- Agency Partnerships
- Recovery Consumer Conference planning
- Youth Diversion System Planning
- Cultural Competence with Amish persons
- Transition To Independence (TIP)
- Mental Health First Aid
- Wrap-Around Services
- Strategic Planning
- Employment One Stop Collaborations
- Question, Persuade and Refer (Suicide Prevention Gatekeeper Training).
- Multisystemic Therapy
- Evidence Based Supportive Employment Services
- Telemedicine/Teleconferencing

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 because of those challenges?**

- The Board needed to use reserves to create pilot projects to meet the opiate treatment needs in the community with children services and job seekers.
- The Board worked with the Heartland Group of ADAMHS Boards to prepare for Health Care Reform related to Health Homes, Care Coordination and Integration between primary care physicians and behavioral health care.
- The Board identified a list of services activities lost since 2009 to meet the growing demand for services.
- The Board pursued and won an OH MHAS grant to "Close the Revolving Door" with local corrections with respect to local corrections serving as a *de facto* residential treatment facility for persons with severe mental illness and addiction problems.
- The Board has used the data in this review to make arguments for improved funding and evaluation of services to young people.

- The Board has been able to use the Safe Families/Safe Communities OH MHAS award to develop a system for providing MH and wraparound services to young people with dual DD and MI diagnosis in both Wayne and Holmes counties.
- The Board was able to organize a two county collaborative to pursue a grant for Multi Systemic Therapy services to young persons who have been adjudicated by either the Holmes or Wayne County Juvenile Court. This response has also been very promising with respect to meeting the needs of some very expensive placements with in home care.
- The Board identified 10 needed capital projects for MI or SA persons (adults/juveniles) in Wayne/Holmes Counties.(See Page 6. Grantsmanship Success).
- The Board purchased tele conferencing equipment to be able to import needed psychiatric and medical care from outside the boundaries of Wayne and Holmes Counties to limit the market constraints of our local geography.
- The Board became involved, successfully, with discussions about procedural issues around medical clearances; and admissions to Heartland Behavioral Hospitals as a means of reducing dangerous delays and the time for admissions.
- The Board has continued with its focus regarding suicide prevention as a means of educating the public about the importance of quality mental health care in the community.
- The Board has continued to educate itself and the community about the importance of a Recovery emphasis in the changing landscape of health care services in the era of health care reform.
- Temporary or long term losses in SAPT funding resources will create gaps in high intensity services to women for which we will need to find additional resources

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

- i. Preparing for meeting the unmet needs of the mentally ill and addicted persons before and after the Affordable Care Act is instituted.
- ii. Legislative advocacy for providing adequate resources to enable the Boards to serve the Federal and State priority populations, i.e. people who were homeless, in poverty, women with children, individuals in the criminal justice system, children from troubled homes and individuals with severe mental illness or co-occurring mental illness and drug addiction who were carriers of serious contagious diseases, such as HIV, Hepatitis, Tuberculosis.
- iii. Assistance in providing/acquiring primary care, housing, employment and re-entry services to people who are not eligible for Medicaid.
- iv. Certified Peer Supported Services and Consumer Operated Services.

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*).

Cultural Competence – Narrative includes review of Board activity and citation of national standards

The Board’s approach to cultural competence is one that connects the way that stigmatization infiltrates interpersonal relationships to create both personal and cultural barriers for persons in need of mental health and addiction services. These barriers inhibit persons with these needs from accessing services and inhibit the dominant cultures in the community from facilitating access when services are readily

available. Cultural competence in this light is the use of a set of concepts to develop the skills necessary to liberate those in need and those who are able to help them from this stigmatizing process (**National CLAS Standard 1**).

The Mental Health & Recovery Board of Wayne/Holmes FY14 plan for addressing the development of this competency at the Board level has involved featuring a presentation at its FY14 Annual Dinner on Cultural Competency by LaVina Miller Weaver, RN, PCC-S the Executive Director of Springhaven Counseling Center, Inc. of Holmes County, a non-for-profit agency designed, supported and used by the Moravian (Amish) culture of Holmes County for the purpose of meeting the mental health population of that county (**National CLAS Standard 4**). Ms. Weaver has a passion for effectiveness in cross cultural client care. Her Amish background has led her to serve the world's populations in countries such as Albania, Thailand and Haiti. She has been the Executive Director of Springhaven since 2008.

According to Ms. Weaver, stigma is a pervasive issue in the fields of mental health and addiction - in fact, it is one of the top reasons that persons with mental illness will not pursue treatment. Stigma often is the result of miscommunication or the perpetuation of (incorrect) stereotypes. Equipped with this knowledge, it is important to understand that there are ways to decrease stigma and improve mental health and addiction service quality. Cultural competence, which refers to the ability one has to understand and appreciate those from other cultures, is one such way to decrease stigma (**National CLAS Standard 1**). By seeking to better understand other cultures, the stigma related to mental illness and addiction can be reduced considerably. The presentation to the Board provided a comprehensive overview of cultural competence for behavioral health and its relationship to stigma, quality of care, and community. The foundation of the presentation was an explanation of trans-cultural competency, exploring the notion that there are five stages of trans-cultural competence.

Trans-Cultural Competence Stage	Explanation
Stage 1 – Ethnoentropy	Understand little of one's self or own culture; avoid other ethnic groups when possible – alienated from self/others
Stage 2 – Ethnocentrism	Belief in own culture's superiority/inferiority of others
Stage 3 - Ethnosyncretism	Beginning awareness and acceptance; begin accepting outside perspectives and critiques on own culture
Stage 4 – Transethnicity	Move beyond own culture to significantly experience another ethnic group
Stage 5 – Panethnicity	Transcendent worldview; willing to dialogue and explore

Trans-cultural competence reflects the idea that all persons are unique, worthy individuals regardless of their differences. Persons who are trans-culturally competent believe that all persons have the ability to develop to their highest capacity, and seek to inspire others to be the best that they can be. Ethnicity and cultural differences would be seen as an opportunity for growth rather than a hindrance. Cultural competence provides the opportunity for stigma reduction. When there is a lack of cultural understanding, there is a greater risk of unintentionally hurting clients. Clients who feel unsafe may choose to not seek out services. By exploring concepts unique to Amish culture such as Gellassenheit, Ms. Weaver emphasized how having a significant subculture (see Environmental Context) up to 20% of population, present in Wayne/Holmes provides the unique opportunity for learning to reduce stigmas related to the other cultures in the area as well.

Wayne and Holmes counties are a multi-ethnic area, even though many of the cultures are small in number. These include Appalachian,

African American, German, Hispanic, Iranian, and more. The academic community of the College of Wooster recruits international educators. New technological development in Wayne County at the Ohio State University Agricultural Technical Institute (OSU ATI), results in recruitment of international leaders in research and innovation and new businesses development in the Wooster area attracts worldwide expertise and diversity.

Individuals learn best within the context of their culture. Cultural competence is a continuous learning process that builds knowledge, awareness 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 (**National CLAS Standard 2-3**).

The Board budgets an annual allocation for interpreters that is used by the agencies when clients from non-English cultures present themselves for services. Our provider agencies strive to be linguistically competent and uses this allocation as is needed (**National CLAS Standards 5-8**).

National Standards of Cultural Competence

The Board acknowledges cultural competence as a priority not only at the local and state level, but also nationally. To this point, it is crucial that the standards of cultural competency with which the Board and its provider agencies operate also align with nationally regarded standards. Through discussion with Multiethnic Advocates for Cultural Competence (MACC), the Board chose to compare its program on cultural competency with the national standards which MACC endorses – the National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care.

The National CLAS Standards reflect a commitment to cultural competence. The principal standard is to “provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs” (The Office of Minority Health, U.S. Department of Health and Human Services, 2013). Following this principal standard are fourteen other standards, categorized into sections such as “Governance, Leadership and Workforce; Communication and Language Assistance; and Engagement, Continuous Improvement and Accountability.”

Among the standards that align the MHRB’s Annual Dinner presentation with the national standards endorsed by CLAS and MACC are those related to education and workforce development. By developing this program on cultural competence and making it readily available to local provider agencies and community members, the Board acknowledges its responsibility to provide education on this topic. This event provided the opportunity for agency staff development, which in turn promoted a culturally competent, educated system of care for Wayne and Holmes Counties.

While ultimate cultural competence, or what Ms. Weaver referred to as Panethnicity, may not ever be fully achieved, it is the intent of the Wayne/Holmes MHRB that alignment with national and state standards of cultural competence will enable our system as a whole to continuously strive for cultural appropriateness.

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 Ohio MHAS 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.

To determine these priorities, the Wayne Holmes Board staff considered:

- **All the elements noted in the Assessment of Need and Identification of Gaps and Disparities sections above.**
- **The known needs of collaborative constituents/partners for MI and SA services**
- **Needs assessment statements in recently funded grants**
- **Priority input from service providers**
- **Assessments from other initiatives currently being undertaken by the Board**
- **The strategies noted in the Business Model PowerPoint attached to this plan.**

Priorities for (The Mental Health & Recovery Board of Wayne Holmes)

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)	•			<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): Population is served under parents (below and as one of the additional priorities under opiate addicted)
SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	<ul style="list-style-type: none"> • Wean to MAT with Opioids • Managed Withdrawal • Abstinence • Drug Free Babies 	<ul style="list-style-type: none"> • Assessment • Appropriate LOC • Engage in Long term Tx • Engage in recovery community 	<ul style="list-style-type: none"> • Stages of Change • Performance Target Benchmarks and Milestones, Rensselaerville Model • NOMs • Recovery Activities Record 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory: 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)	<ul style="list-style-type: none"> • Engagement at CSB Substations • Wean to MAT with Opioids • Managed Withdrawal • Abstinence • Involvement with Recovery Communities 	<ul style="list-style-type: none"> • Assessment • Appropriate LOC • Engage in Long term Tx • Engage in recovery community 	<ul style="list-style-type: none"> • Stages of Change • Performance Target Benchmarks and Milestones, Rensselaerville Model • NOMs • Recovery Activities Record 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases	•	•	•	<input checked="" 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	<ul style="list-style-type: none"> • Appropriate medical (including psychiatric) and physical health 	<ul style="list-style-type: none"> • Diagnosis and integrated assessments 	<ul style="list-style-type: none"> • Improvement in Ohio Scales • Youth NOMS 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds

Disturbances (SED)	<ul style="list-style-type: none"> care Safe and stable living environment Informed Parental Monitoring and action 	<ul style="list-style-type: none"> Medical Care Parental education and treatment (stages of change) Stabilization Planning Transitional planning 	<ul style="list-style-type: none"> Movement to Action Indicators on Stages of Change 	<ul style="list-style-type: none"> ___ Workforce shortage ___ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	<ul style="list-style-type: none"> Appropriate medical (including psychiatric) and physical health care Safe and stable living environment Post Treatment Involvement with Recovery Communities 	<ul style="list-style-type: none"> Diagnosis and integrated assessments Medical Care Stabilization Planning Stages of change tx Transitional planning for employment and housing Engage in recovery community 	<ul style="list-style-type: none"> NOMS Movement to Action Stage Indicators on Stages of Change Involvement with Recovery Center 	<ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	<ul style="list-style-type: none"> Accomplish, at minimum, the level of Close Collaboration Integrated, SAMHSA Model Develop Board Centric Health Navigational system 	<ul style="list-style-type: none"> Learn Care Coordination /Integrated Care Work Group between BH providers and representatives of local hospitals. 	<ul style="list-style-type: none"> Evaluation of Progress toward models by development of MOU between BH and Primary Care Services 	<ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):
MH&SAPT-BG: Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	<ul style="list-style-type: none"> Navigate Pathways to Recovery as Board Model Focus on Board Recovery Business Plan Consumer Operated Services 	<ul style="list-style-type: none"> NAMI Workforce Program William White (Great Lakes Addictions) Training OASIS as nexus of AOD Community Recovery Certified Peer Support Training 	<ul style="list-style-type: none"> Stages of Change Performance Target Benchmarks and Milestones, Rensselaerville Model NOMs Ohio Scales 	<ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
*Priorities Consistent OHIOMAS Strategic Plan				
Treatment: Veterans	<ul style="list-style-type: none"> Treat Veterans who request MI or SA services based on Intensity of Need Study general service flow to determine any special project needs 	<ul style="list-style-type: none"> Develop Service Navigation strategies Develop funding and services targets as appropriate within local, state and federal veterans services systems Veterans: Warriors' Journey 	<ul style="list-style-type: none"> Stages of Change Performance Target Benchmarks and Milestones, Rensselaerville Model NOMs Ohio Scales(when appropriate) 	<ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):

		Home operated by NAMI		
Treatment: Individuals with disabilities	<ul style="list-style-type: none"> Promote evidence based wraparound treatment services for MIDD children and their families in Wayne and Holmes Counties. Treat individuals with disabilities who request MI or SA services based on Intensity of Need 	<ul style="list-style-type: none"> Develop Service Navigation Strategies Develop funding and services targets as appropriate within local systems 	<ul style="list-style-type: none"> Stages of Change Performance Target Benchmarks and Milestones, Rensselaerville Model NOMs 	<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*	<ul style="list-style-type: none"> Provide Medically Assisted Treatment to Opiate Dependent Individuals seeking employment. Provide Medically Assisted Treatment to Opiate Dependent Individuals seeking employment. 	<ul style="list-style-type: none"> Engagement at CSB Substations Wean to MAT with Opioids Managed Withdrawal Abstinence Involvement with Recovery Communities Telehealth Services 	<ul style="list-style-type: none"> Stages of Change Performance Target Benchmarks and Milestones, Rensselaerville Model NOMs 	<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*	<ul style="list-style-type: none"> Treat homeless persons who request or need MI or SA services based on Intensity of Need Study general service flow to determine any special project needs 	<ul style="list-style-type: none"> Develop Service Navigation strategies Develop funding and services targets as appropriate within local, state and federal veterans services systems 	<ul style="list-style-type: none"> Stages of Change Performance Target Benchmarks and Milestones, Rensselaerville Model NOMs Ohio Scales(when appropriate) 	<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 checked="" type="checkbox"/> Other (describe): Prioritizing system involved providers, didn't rank at top
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Treatment: Youth/young adults in transition/adolescents and young adults	<ul style="list-style-type: none"> Continue to implement Transition to Independence process (TIPS) for youth/young adults into our treatment 	<ul style="list-style-type: none"> Provide Ongoing Training and Education in TIPS Use 505 Hotspots funding for youth employment, service 	<ul style="list-style-type: none"> Employment Ohio Scales Reductions 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):

	<p>culture.</p> <ul style="list-style-type: none"> Develop youth employment and family therapy projects with TIPS 	<p>coordination and family therapy projects.</p>		
<p>Treatment: Early childhood mental health (ages 0 through 6)*</p>				<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): Ranked low in our assessment, but is being addressed by a closely aligned constituent of Board</p>
<p>Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure</p>				<p><input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): Ranked low in our assessment of Intensity of Need</p>
<p>Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*</p>	<ul style="list-style-type: none"> Provide Useful Information Inform the public Use Targeted Strategies Develop Resources within targeted constituencies 	<ul style="list-style-type: none"> Skill Building Alternatives (assets & reinforcement strategies) Education (empowerment) Culturally competent messaging 	<ul style="list-style-type: none"> School based asset/use studies Long term research Generation of resources 	<p><input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices</p>	<ul style="list-style-type: none"> Educated women of child bearing ages and pregnant women regarding healthy Food and dietary Supplement Choices 	<ul style="list-style-type: none"> Using Child Family Health Services Project to input this education into the local prevention, treatment and recovery services cultures 	<ul style="list-style-type: none"> CFHS Goals 	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>Prevention: Promote wellness in Ohio's workforce</p>	<p>See Below Under 7. What priority areas would your system have chosen had there not been resource limitations, and why?</p>			<p><input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*</p>				<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): Ranked Low in our assessment. No casino here and gambling</p>

				addiction still relatively not understood.
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Board Local System Priorities (add as many rows as needed)				
Advocate and Develop Reliable Means For Accessing, Providing and Increasing Core Services To Those Who Seek Services From Our System Focusing First On The Following List (As Determined By Our Needs Assessments and The Federal/State Priorities)				
Priorities	Goals	Strategies	Measurement	
<ul style="list-style-type: none"> Individuals in Crisis 	<ul style="list-style-type: none"> Provide 24/7 availability for persons & their families with MH or SA crisis in Wayne/Holmes 	<ul style="list-style-type: none"> Maintain a Crisis Service Team Provide appropriate linkage to medical and BH Care 	<ul style="list-style-type: none"> Quantified <ol style="list-style-type: none"> Crisis Stabilization De-escalation Hospitalization 	
<ul style="list-style-type: none"> Individuals w/co-occurring mental illness and substance abuse disorders 	<ul style="list-style-type: none"> Provide an evidenced based treatment pathway for individuals with MH and SA diagnosis. 	<ul style="list-style-type: none"> SBIRT Assessment Stages of Change IDDT Treatment 	<ul style="list-style-type: none"> Stages of Change Performance Target Benchmarks and Milestones, Rensselaerville Model NOMs 	
<ul style="list-style-type: none"> Individuals involved with the criminal justice system who have MI or SA issues. 	<ul style="list-style-type: none"> Reduce the use of the criminal justice system for housing the mentally ill and chronically addicted 	<ul style="list-style-type: none"> Screen for SPMI, SMD and Severely Addicted persons Crisis Intervention Training Loss Teams in the Jails Create discharge plans for successful community re-entry including Rx treatment Navigate re-entry 	<ul style="list-style-type: none"> Stages of Change Performance Target Benchmarks and Milestones, Rensselaerville Model NOMs 	
<ul style="list-style-type: none"> Individual at risk of suicide 	<ul style="list-style-type: none"> Informed front line medical and treatment Early identification of suicide risk 	<ul style="list-style-type: none"> Train frontline medical and BH treatment staff Create special strategy for middle aged men 	<ul style="list-style-type: none"> Suicide attempt studies Coroner reports 	

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) Prevention: Promote wellness in Ohio's workforce	Board is working with constituents and partners interested in wellness in the workforce. Board is embracing a model of a collaborative approach to business community about investing in workforce development including wellness. Funding would come from local businesses rather than public sector. This investment is seen as necessary for business involvement and should not be publicly funded.	This was moved from the Prevention section above because of the point of seeking funds from the private sector relative to the Board's business model.

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.

The Board plays a leadership/membership role in collaborations with the following:

The Ohio Department of Mental Health and Addiction Services
The Wooster Area Chamber of Commerce
The Holmes County Chamber of Commerce
The Wayne County Economic Development Council
The Wayne County Common Good - Employment/Employer Service Providing Organizations
The Multi County Juvenile Attention System (five counties – Wayne, Tuscarawas, Carroll, Stark, Columbiana) Detention and Residential Treatment Services for youth
The Corporation for Supportive Housing
The Wayne County Commissioners
The Holmes County Commissioners
The Wayne County Health Department and Child Fatality Review Committee
The Holmes County Health Department and Child Fatality Review Committee
The Wayne and Holmes County Family and Children First Councils
The Wayne/Holmes County Behavioral Health Care Providers
The Holmes County Board of Developmental Disabilities
The Wayne County Board of Developmental Disabilities
The Holmes County Juvenile Court
The Wayne County Juvenile Court
The Wayne County Sheriff's Department
The Holmes County Sheriff's Department
The Community Corrections Board of both Wayne and Holmes Counties
The Wayne County Common Pleas and Municipal Court Mental Health HOPE Court
The Wayne/Holmes Re-Entry Coalition
The Wayne County Community Foundation
The RSVP Regional annual consumer recovery conference, a joint effort of our district Ashland and Richland Counties
Early childhood collaboration with CFHS consortium, ODJFS XX, 21st Century in Wayne County
The Wayne County Housing Coalition
Wayne County Metropolitan Housing
The Suicide Prevention Coalition
The Holmes County Child and Family Health Consortium
National Alliance for the Mentally Ill (NAMI) Wayne/Holmes Cos.
The Ohio National Alliance for the Mentally Ill
The Wayne/Holmes Emergency Coalition (includes emergency room services for Wooster, Orrville and Millersburg)
Heartland Behavioral Health Collaboration
Heartland East Data Systems
Wooster Community Hospital
Aultman Orrville Hospital
Joel Pomerene Hospital
The Cleveland Clinic
The Vi Startzman Clinic
Margaret Clark Morgan Foundation
SUMMA Health Systems
The Ohio Association of Community Behavioral Health Authorities

Family and Children First Collaboration: The Mental Health & Recovery Board's participation with Family and Children First Councils in Wayne and Holmes Counties is emblematic of the way in which this Board interacts with the community generally. The Council partners' collaboration is exemplary in both counties. Attendance is always good and both Councils have a comprehensive system of working committees. Each Council has a unique format for revenue pooling and cost sharing for youth placement operations and projects.

The AOD & MH agencies and the Board regularly take projects to the Council for endorsement and approval. For example, the Councils have both approved the Asset Development approach for prevention and treatment services for children, which is family based and multidisciplinary in scope. By working with the membership of the Family and Children First Councils in Wayne and Holmes Counties, the Board and the community have been able to institute a groundbreaking model for completing student surveys. The survey itself may be unparalleled in the United States and represents a substantial shift in the Board's approach to prevention capacity building. The survey process uses an electronic survey tool, i.e. "survey monkey" paired with a doctoral research project, by one of the Board's contracted agency Quality Assurance directors. The survey results are a valid measure of the value of asset building to prevent alcohol and drug use by school age students from the 6th to 12th grades. This survey combined an asset survey, with drug use data derived from the Search Institute's work by a researcher in Oklahoma (Youth Asset Survey), and drug use questions from the Pride Instrument. The results, using these integrated tools, communicate increased data and information about the impact of an effective prevention strategy.

The Family and Children First Councils value and coordinate alcohol & other drugs (AOD) and mental health (MH) treatment services with other elements of the community service system structure in a collaborative, multidisciplinary manner. The Council endorses the perspective that youth with complex needs justify multidisciplinary planning. This communicates the value of a powerful treatment model. There is a managed tension between a provider's need to practice via the information sharing regulations and ethical norms for MH and AOD treatment, while maintaining a multidisciplinary approach with the membership. The Family Council's Executive Committee expects all members, including AOD & MH service providers, to be outcome focused, asset and family approach based, and collaborative team players. Historically, both the AOD and MH agencies are heavily utilized by the Councils to provide both prevention and treatment services.

In Wayne County, each Family Council partner who contributes to a service coordination plan commits to a percentage contribution of the child's placement costs. Typically, this involves the Juvenile Court, the local Children Services Board (CSB), county Department of Job & Family Services (DJFS), the Wayne/Holmes MHRB and the local schools. Developmental Disabilities (DD) and others, including parents, may contribute on a case-by-case basis. Agreements for each child's treatment plan costs are developed and contributors sign a joint agreement that outlines the percentage of costs of care that each will cover. In Holmes County, the mandated treatment partners pool funds and then purchase services from the pool. The Family Councils in each county have designed Service Coordination agreements to coordinate cases and divert youth from high-end care by designing and purchasing wrap-around services, i.e. after school family assistance, respite care, day camp, YMCA memberships etc.

Youth placements are collaboratively funded. The MHRB, Juvenile Court, Children Services and Developmental Disabilities have each historically contributed a percentage of the cost per case. Due to the state budget cuts in behavioral health care in FY09 and FY10 our Board worked collaboratively with our contributing partners to decrease the Board's percentage of the placement costs, and more recently in FY13 our Board again had to decrease its placement contributions.

In addition to the Family Councils, the Mental Health & Recovery Board has extensive formal and informal community collaborations, creating an integrated system of care. These broad community partnerships result in a public awareness and passion for overcoming the stigma and root causes of AOD or MH issues in the wider community.

The Holmes and Wayne Juvenile Courts: Early in FY14, the Board created a partnership with the Holmes and Wayne Juvenile Courts and the respective Family and Children First Councils of both counties to meet the treatment and support needs of juvenile offenders with serious behavioral health disturbances. The project also targeted the youths' families by using evidence-based practices,

which are designed for effective assessment and treatment for troubled youth, and their families, i.e. Multi Systemic Therapy (MST) .

The Target Population for the Holmes/Wayne MST Partnership is male and female youth ages 10 to 18 from either Holmes or Wayne County. The included youth will have diagnosed Axis I and/or Axis II disorders, which create substantial disruption to their behavioral, cognitive and/or affective domains and a high intensity of the behavioral health need. These youth often have co-occurring mental illness and substance abuse diagnosis, records of violent behavior with criminal histories. They are juvenile court youth who are in danger of an out-of-home placement, or youth returning from an out-of-home placement. The partnership formed a Memorandum Of Understanding with the Crisis Intervention and Recovery Center in Canton, Ohio for two slots in an existing 4 person MST team, with one of the slot's (MST) therapists to be active in Holmes County and the other in Wayne County.

The County Board of Developmental Disabilities (both Wayne and Holmes). Starting in FY14 the Mental Health & Recovery Board of Wayne/Holmes Counties, through a multi county grant to Stark, Portage, Columbiana and Wayne-Holmes Counties, began to work with the County DD Boards on cases involving youth with both mental illness and developmental disabilities. The premise for this work is that youth with disabilities who also have mental health difficulties need collaborative care for this diagnosis that currently does not exist. Developmental disabilities may well increase the probability of some forms of mental illness and families with young people suffering these difficulties do need additional support. The project, Safe Families/Safe Communities was designed to develop cases on a wrap-around construct, as wrap-around builds on and strengthens the family's natural ecology around the youth. The Board advocated and took measures to assure that the project would be active in both counties and contracted with a local provider with experience in both MI and DD to coordinate the program and services.

Heartland East: The Board participated in an ASO/administrative service organization of Mental Health & Recovery Boards known as the Heartland East Administrative Services Center (HE) for claims payment, utilizing the MACSIS system. This collaboration is an effective operation. The reports, research, innovations and efficient response of the HE organization decrease the MHRB's administrative costs. The Board can receive same day report generation, if necessary, to prepare for grants, state data requests, partner data requests, or prepare planning documents. HE does data mapping and creates routine monitoring reports for the Board and their contract agencies and manages HIPAA privacy notices. Monthly claims reports monitor the contract agency claims. This multiple county ASO could easily be a model for all ADAMHS Boards to manage scarce resources regionally. Recently, the HE collaborative has been working on issues related to linking with provider EHR and developing an area wide utilization of a single Health Integration Exchange (HIE) as a way to find a new means to develop information for the system.

Adult Criminal Justice System Services: Mental illness and drug addiction are neurobiological, psychosocial behaviors that include impaired judgment and anti social behaviors that result in social problems. Eighteen years ago, local criminal justice programming became jail-based or jail related due to legal actions against the counties for not providing adequate care and services. As a result, service has grown since then to include various probation referral programs as well. The Board is not officially involved in any DUI programming since the courts handle these privately with various providers. The Board draws down funds from county-based funds created by H.B.131 legislation. The Board can charge this fund for service provided to individuals charged with more than one "Driving Under the Influence" (DUI) offense and a diagnosis of alcohol dependency, if the individual is indigent. The Board staff has seats on the County Corrections Boards of both Wayne and Holmes Counties. In conjunction with this, the Board has provided assistance for CIT (Crisis Intervention Training) for local law enforcement officials, a valued local program. Wayne County: Programs developed by this Board, in conjunction with the Ohio Office for Criminal Justice Services and the Wayne Co. Commissioners, provide for jail-based services, primarily funded by the Commissioners.

Over the past few years, the Board has spearheaded an effort to develop a Re-Entry Coalition (Second Chance Act) in Wayne and Holmes Counties. The Board submitted and received two grants to develop a coalition to address the re-entry of juveniles from detention, state youth services and residential treatment programs. Adults in corrections, with children in the home, are an additional target for this coalition. An innovative aspect of this coalition includes addressing the various issues surrounding re-entry, including the stigma of a criminal history in addition to mental illness and addiction. The Re-Entry Coalition is now one of Ohio's recognized re-entry

coalitions.

Starting in FY14, the Board has begun to work with the Corrections Departments of both the Wayne and Holmes Sheriff's Departments. The focus of this work is to address those individuals in corrections with mental health or substance abuse issues. We are collaborating with corrections on this due to the circumstance that corrections have become informal residential centers for the MH and SA populations, locally and nationally. It is our belief that as many as 20% of these individuals, which in total are 77% of the corrections population, are unintentional criminals, who will continue to recycle if no intervention occurs. We are intervening with case management, navigation and psychiatric services.

The Suicide Prevention Coalition: The Mental Health & Recovery Board of Wayne and Holmes Counties has made suicide prevention a top priority with the QPR (Question, Persuade, Refer) training process, which is considered a best practice by the Suicide Prevention Resource Center. QPR is used to train individuals to recognize the signs of suicide, persuade a suicidal individual to seek help, and refer persons in need to the appropriate services. This is possible through grants provided by the Margaret Clark Morgan Foundation, the Ohio Program for Campus Safety and Mental Health (SAMHSA funds), and the Wayne County Community Foundation. The Wayne/Holmes MHRB has been able to partner with three other area boards, the local Suicide Prevention Coalition, and many health service providers in the community to offer QPR trainings for medical professionals, school personnel, local college students, and community members. QPR training emphasizes that anyone could have the opportunity to intervene in the life of someone who is suicidal. While QPR is not the only method of suicide prevention that the Wayne/Holmes MHRB offers, it has proven incredibly successful and far-reaching in its effects.

The Hard-to-Employ/Welfare Reform: Since the onset of Welfare Reform, which began before 1997, the Wayne and Holmes Departments of Job and Family Services (CDJFS) continues to work directly with the Mental Health & Recovery Board to create and fund service contracts with local agencies to address the complex needs of people struggling with poverty. Complications stemming from mental illness and alcohol and drug addiction can create additional poverty issues for clients and families. This creates a need for intersystem coordination between behavioral health and the local departments of job and family services. The Mental Health & Recovery Board values this partnership as an example of community members collaborating for improved client support. The implementation of AoD counseling, intervention services, and behavioral/cognitive treatment approaches is essential to improved client outcomes, increased employment and decreasing the costs to the communities for these disabilities. The Board has re-implemented a supported work program through the Recovery to Work RSC grant in FY12, including both MH and AoD treatment services and vocational services.

Business and Commercial Ventures: The Board has provided leadership in the development of the Wayne County Common Good, a collaboration of agencies/services around employer/employee issues, which has led to many exciting ventures and spin off activities related to "results" work. The Board became involved with The Renaissance Institute's Outcome Framework activity through the State Common Good team. The Common Good has been the local leader in promoting the Employment and Training One Stop as the Employment and Training Connection (ETC) of Ashland, Wayne and Holmes Counties. The Board played a key role in the design and continuation of this framework for ETC's business, and job seeker networks.

The Board meets regularly with the Wayne County Economic Development Council and has also met with the Wooster Area Chamber of Commerce, the Holmes County Chamber of Commerce, and the Holmes County Amish Safety Council and worked with the Orrville and Dalton Chambers to make the business case for behavioral health assisting with the goals of the business community. This role includes improving productivity, employee assistance, saving employers health care costs and collaborating with the public schools & universities regarding the preparation of the future workforce. The Board supports the local economy, commerce and future development in this area through this ongoing collaboration.

The Wayne/Holmes County Behavioral Health Care Providers And Consumers: Collaboration as a word, does not predefine the act of working together. Historically, this Board has had a tradition of working with its contracting providers in a collaborative fashion. However, this working relationship has improved greatly over the past two years when the executive leadership of the Board identified the system of care model implemented through a collaborative business plan. The Board is working to assure that the system of care is based on

intersystem trust and strong, collaborative working relationships between the Board, the contract providers and consumers. The executive staff implemented actions to build that understanding by developing relationships with local service providers utilizing regular meetings, joint planning and well-coordinated partnerships. This partnership development has been critical for achieving operational success in a wide variety of projects recently, and has become a trusted local model for approaching the uncertain future our field currently faces.

Collaboration conclusion: In conclusion, the Board is able to address the stigma of mental illness and AoD abuse/addiction through these collaborations functionally by meeting needs, rather than simply distributing articles or making speeches on the subject. This collaborative work involves Children Services, Adult and Juvenile Courts, the schools, economic councils, Department of Job and Family Services, and ultimately the public, which is after all where stigma lives and takes its toll. This is a good example of collaboration empowering community interaction to address the major social issues of our time.

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

During FY13 and now into FY14, the Mental Health & Recovery Board of Wayne and Holmes Counties (WHMHRB) has worked very deliberately with both OHMHAS and the administration at Heartland Behavioral Healthcare (HBH) on several critical issues. These include finding agreement about the proper research based protocol and practices around medical clearance; in depth discussions about the pragmatics of the "pink slip" process and time use analysis regarding access to beds at HBH. HBH initiated time use study to discover unusual patterns in the progression from point of entry to arrival at HBH as a means of working in partnership with the Board to reduce dangerous delays in access. The results of this activity have been productive. The Board discovered that Medical Clearance was being attenuated by unnecessary procedures, which created unnecessary delays and expense, and as a result, the Board and HBH medical clearance process is more efficient. One of the results of the time study has been to discover that the most practical actions that could be taken in making the access time more efficient were not mechanical issues as much as case assistive. The Board discovered that when the staff at HBH worked with the referring agency at the case level, the result was that patients got the care they needed efficiently.

The Board remains in contract with Heartland Behavioral Healthcare (HBH) (via the Continuity of Care Agreement), as the primary behavioral health inpatient treatment facility for the Wayne/Holmes region. Additional adult inpatient beds at a community hospital are contracted outside of our board counties and our local mental health provider, The Counseling Center (TCC), manages utilization.

The Mental Health & Recovery Board of Wayne and Holmes Counties contracts, with the Counseling Center of Wayne & Holmes Counties, for provision of comprehensive behavioral health crisis services and hospital prescreening services for the two county region. The Counseling Center has outpatient offices in numerous outlying areas including two major offices in Wooster and Millersburg (Holmes County), with additional offices in Rittman and Orrville, *etc.*

TCC's comprehensive hospital pre-screening assessments consider the most appropriate hospital placement, financial resources available, and hospital bed availability then TCC coordinates admission to treatment, considering the level of care needed to provide the best client outcome. The MHRB manages hospital utilization through a service broker fund, through which the Board provides financial allocations for TCC to pay for indigent clients in private hospitals, i.e. Barberton Hospital, as clinically indicated. The Counseling Center's

role is to pre-screen, coordinate hospitalization, monitor and coordinate discharge planning for all admitted clients.

TCC crisis staff responds to emergency clients at each of the medical surgical hospitals in the two county region including Wooster Community Hospital, Aultman Orrville Hospital, and Pomerene Hospital (in Millersburg). Prior to hospitalization at Heartland Behavioral Healthcare, medical clearance is coordinated via the appropriate medical hospital. TCC coordinates ambulance transport to HBH utilizing the broker fund.

Utilization patterns have varied throughout the year. Our Board expects no radical changes in community hospital availability or immediate change in rate structure; however, potential changes in the market are possible. Our FY13 hospital utilization did increase above our prior four-year average.

Our FY14 plan is to increase the monitoring of our Private Hospital Days utilization in a monthly process, similar to the process we utilize for state hospital days and detoxification days. We will be monitoring all inpatient utilization monthly, including HBH civil, civil long term, forensic days; private hospital days, and detoxification days. Monitoring will include noting patterns and trends, increased utilization needs, and length of stay. The Board will continue to monitor financial patterns, rates, percentage paid per year monthly and plan for any longer term civil hospital clients needing intensive discharge planning. Additionally, the Board and HBH will continue to discuss other needs or gaps in service levels with HBH administration with both civil and forensic placements and appropriate community placement.

Additionally, any increased program need, unmet need due to hospital capacity, out of county referrals due to bed unavailability (at HBH), will be addressed and a meeting with Heartland CEO arranged.

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

1. A meaningful and sustainable response to the opiate addiction epidemic in Ohio within Wayne and Holmes Counties through partnerships, tele health systems, evidence based medically assisted treatment.
2. A comprehensive approach to workforce development including Supported Employment, Employment Readiness for persons in recovery, and system development with the Wayne Economic Development Council, the Employment and Training Connection and the local chambers of commerce

b. **Planning efforts**

1. Creation of a means to achieve meaningful cross systems integration between the behavioral health and primary care health services in Wayne and Holmes Counties which will include consideration of creating connections with agency electronic health records, working with the Heartland group on developing an HIE, a meaningful navigation system and use of tele health technology.

c. **Business operations**

1. Creating a productive board business model related assessment regarding the MH and SA needs of the Board's many collaborative constituents and service targets in the Wayne/Holmes area for the purpose of developing resources and producing valued outcomes. **FY14-15 Business Model – Electronic – See Narrated Power Point included in WinZip File**
2. 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)

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

STEPS at Liberty Center – Treatment for Drug Addiction

Consumer Testimony: "In August of 2012, I came home from work and found the eviction notice on the door and I pondered how I was

going to tell my wife and children that I had spent the rent money on dope again. I was driving around town on my suspended license looking for my next fix. I found it and on the way home got arrested. I bonded out of jail the next day and proceeded to spend the next night drowning my problems in drugs again. I woke up the next morning and felt like I had been run over by 5 trucks. I remember feeling so bad, that I was actually contemplating suicide. For the first time, I sat down and talked to my wife and begged that she help me. I told her "I do not know how to fix this, but I would do whatever I could to straighten out my life." My wife and her mother took me to the hospital where they referred me for detox. My wife then discovered STEPS while I was in detox. When I got out of detox, I relapsed in a three day period, got signed up for an assessment, started treatment just following the assessment—Choices. I was also lucky enough to get started on Suboxone at the same time. In attending treatment and meetings faithfully, things just started to get better. I now have 13 months sober and I feel absolutely amazing. My wife couldn't be happier. In the last 13 months I have gotten a valid driver's license, a promotion at work, bills paid, children's needs plus met, and my life back. I couldn't ask for anything more."

STEPS at Liberty Center – Treatment for Drug Addiction

"Nichole" was 20 when she came to us desperate for help with her addiction to methamphetamine and other drugs. Nikki was being abused and manipulated by some very violent drug dealers. She has family, but they have their own addiction issues, and haven't been involved in her recovery. She entered the facility with no high school diploma, a third grade reading level and a strong desire for a better life. Once here for a few months, she was able to enroll in GED classes and has since won a poetry contest sponsored by the State of Ohio, been published, and her reading is now at high school or college level. She is working part time, attending GED classes and working towards self-sufficiency. She is in STEPS' transitional living program and doing an excellent job. She has accomplished much in her time here and hopes to continue achieving the goals she has set for herself. She is a role model to her peers and is sponsoring others in her 12 step program. She has done all of this without support from her family, but with the help of the STEPS Beacon House program, has matured into a very grateful recovering adult.

STEPS at Liberty Center – Treatment of Prescription Drug Abuse

In April 2012, "Jessica" decided to come to STEPS because she had lost her job and then her home as a result of addiction. For three years prior to that she believed everything was under control because she was prescribed Oxycontin while in pain management. In trying to control the addiction, she quit going to pain management and the addiction spiraled out of control. She was inducted just following her assessment into the MAT (Medicated Assisted Therapy) program and started meeting with the doctor, her counselor, and attending Choices within a week's time. From going to group, she learned much about herself, including how to be honest to others and to herself. She regained employment and has her own place again. She attends self-help support groups regularly. Her recovery has not only helped her, but her children as well. She has a closer relationship with them than she has ever had. She and her eldest daughter see a trainer and both have lost a significant amount of weight—about 30 pounds each. She stated, "Recovery gave my life back. I have my recovery and self-esteem back."

Catholic Charities of Wayne County – Preventing Out-of-Home Placement

A family we worked with in Orrville has an autistic little boy, age 8. He is not able to communicate verbally. He pulls Mom to what he wants, points and has temper tantrums to get his point across. This is often not successful, hence his tendency to become very frustrated and subsequently become physically aggressive with his Mom by biting, hitting and pinching her. She has sustained many bite marks and bruises during the time we have worked with her. His doctors continue to work towards finding a therapeutic level of medication for him.

We have worked with "John" and his Mom in their home for the last year and a half. The journey has been quite tumultuous at times, due to Mom's mental health issues, including her struggle with Bi-polar disorder, her periodic non-compliance with prescribed medication, her troubled marriage, her tendency to deal with her unhappiness in inappropriate ways, John's challenging behaviors and the lack of reciprocal communication from John, that most of us are fortunate to experience with our own children.

The overall goal in working with this family has been to maintain him in his home setting, by working with Mom on effective parenting

skills, realistic expectations for John with regards to behavior and communication, organizational skills, medication compliance, linkage with needed community services, as well as providing her with ongoing emotional support.

When looking back over the last year and a half, there have been many reasons to celebrate success:

- Mom has become much better at setting boundaries for herself as well as with others.
- She is currently working with a couple of doctors with regards to medication to control her Bi-polar symptoms as well as possible sleep apnea.
- She has kept John compliant with all of his prescribed medications
- John has good attendance at school and is subsequently receiving the therapy that he needs in all areas of development.
- John's episodes of aggression have decreased significantly in intensity and frequency.
- John continues to be maintained in his own home with his family.

The Counseling Center of Wayne and Holmes Counties – Treatment for SPMI and Substance Abuse

“Jenny” has been receiving services at TCC consistently for the past seven years. Prior to entering treatment, she was regularly hospitalized for mental health concerns and struggled with addiction. Through attending mental health treatment groups, Jenny has been able to develop her social skills and interact more effectively with others. Jenny speaks highly of her case manager, who she meets on a weekly basis. Her case manager assists her in scheduling and attending physician appointments, and Jenny mentioned that: “Working with [my case manager] has made life so much easier. I can talk to her about anything.” Jenny also sees a TCC staff psychiatrist once a month and utilizes TCC's pharmacy to obtain her medications. While remembering to take medication consistently was once a struggle for Jenny, she explains that having the medication delivered to her home weekly has allowed her to worry less and take her medication regularly. Jenny has not been hospitalized in over a year, and credits her participation in the TCC SAMI (Substance Abuse and Mental Illness) group with assisting her in achieving her first full year of sobriety. Jenny has found her services at TCC to be “consistent and reassuring” and says that TCC “helps keep [her] on track.”

STEPS at Liberty Center – Treatment for Alcohol Addiction

Consumer Testimony: “My story started at 17 years old. At that time I had never imagined myself in AA or having a problem with drugs and alcohol. It was an occasional solution to the huge hole inside of me that I was trying to fill. It seemed to be the only temporary fix that I could find. The progression of my disease got worse and I could not stop. I tried to do it on my own and I couldn't. I took my son to counseling, told his counselor I had a problem, and that I needed help. He referred me to STEPS and that is where my journey began. Through STEPS I got a counselor who is great and she helped me so much. I also attended different classes [groups] to learn to deal with situations in everyday life. STEPS directed me to AA where I have worked the 12 steps, got a sponsor, and now sponsor others. I have a year sober as of November 19. I give back to STEPS and AA every chance I get. I can't give enough. Thanks to STEPS for helping me get my life back. I am so grateful today for the person I have become. All my thanks go to STEPS!”

STEPS at Liberty Center – Treatment for Opiate Addiction

Consumer Testimony: “In March 2012, my mother had called everywhere to get me into treatment and we found out that STEPS was the only one who would take my insurance. I also found out that I could get the medication needed to keep me from going into withdrawal from the effects of using heroin. I started meeting with my counselor, the doctor, and attending the Choices group. I struggled for about 6 months really trying to grasp everything and I missed a lot of group. I also relapsed but with the encouragement of my group, my counselor, and the doctor, I really started to focus on my AA meetings. I started paying attention. I have been clean for a year. In getting clean, I now take better care of myself. I am on the proper mental health medications. I had contracted Hepatitis C and because of my recovery, I sought medical attention and I have been on a medication that has cleared the virus from my body. I am not done with my recovery. I still have a lot of work, but I am so

much more serene today because of my experiences with treatment and the 12 step program.”

Open Forum (Optional)

11. 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.

**AOD TREATMENT SERVICES TREND ANALYSIS FOR FY 12 AND FY13 -
WAYNE/HOLMES**

FY13 - FY10 STEPS & YHRC			FY10- FY12	%
Primary Diagnosis	FY 10 1st Quarter	FY 13 1st Quarter		Change
Alcohol related	303.54	316.91	13.37	4%
Amphetamine	0.22	18.92	18.70	8643%
Cannabis	90.86	141.90	51.04	56%
Cocaine	60.03	52.03	-8.00	-13%
Other substance/ poly substance	23.53	33.11	9.58	41%
Tobacco	5.41	4.73	-0.68	-13%
Opioid	87.21	179.74	92.53	106%
Total	570.80	747.34	176.54	31%

Appendix 4 : FY13 Board Community Plan Needs Assessment

NEEDS ASSESSMENTS: The Mental Health & Recovery Board of Wayne and Holmes Counties completed a thorough needs assessment process for the two county area during FY 11 and 12 by segmenting the task into treatment and prevention. The Board completed four different needs assessments in treatment and seven different forms in prevention. The following is a listing of these assessments by treatment and prevention and a description of the findings

I. TREATMENT: The Board used four different Methods of Assessing Treatment Need

This plan assesses treatment need in four ways, outlined below. The needs assessment logic that is being utilized is a combination of studying met need, studying unmet need, delayed access to treatment, our key constituent' views and unsolicited community input to assess the importance of our services¹

- A. Treatment Rates
- B. Point in Time Assessment of Service Waiting and Access Times
- C. Community Assessment of Treatment Importance, People in Need and Barriers to Treatment (Survey Monkey)
- D. Needs Communicated to the Board Without Solicitation

A. Treatment Rates

The Board studied FY11 data and information. FY12 information is not complete; this information will be assessed when completed. It appears that treatment data is comparable to that of FY11.

- In FY 11 there were 5,173 persons served by contract agencies of the Board or by out-of-county providers. These were both Medicaid and Non Medicaid.
- 3,857 or 75% of those served were adults and 1,296 or 25% were children.
- 1,242 or 24% were treated for serious mental illness.
- 551 or 11% met criteria for Seriously Emotionally Disturbed.
- 1,602 adults were treated for Substance abuse or issues contributing to substance abuse.
- 277 children or youth were treated for substance abuse or behaviors that put them at risk for substance abuse.
- 200 of all those youth were under the age of 17.
- 84% of all clients had both substance abuse and mental illness issues
- 52% of the 5173 were eligible for Medicaid benefits.
- Now that Medicaid has been elevated to the state, the Board will pay for services to ½ of the number of people that had been documented in FY11, those receiving Non Medicaid services only. In FY13, the Board is no longer responsible for paying the Medicaid match.
- Provider agencies will continue to provide Medicaid & Non-Medicaid services, however the state is providing a lower level of funding to this Board area to meet the needs of the Non-Medicaid eligible persons. This could potentially create a disparity between the two populations based on limited available resources.

B. Assessment of service Waiting and Access Times

WAIT LIST: The "Point-In-Time" Waiting List analysis conducted in late April of 2012 by the Board reflects another disparity with respect to people who are in need of services, but must wait to receive them. The Board and its contract agencies also noted that measuring those who received treatment measured "Met Need" only. The needs assessment must also measure unmet need. The Board also attempted to measure unmet need by evaluating waiting lists, in addition to evaluating the time that elapses while accessing services, even when there is no waiting list. From this perspective, the waiting list is considered a measurable indicator of persons not able to receive service in a timely manner.

The Board, in partnership with the contract agencies charted all Board funded services by wait time for each service and waiting lists for mental health services were the most significant. Psychiatric Assessment-Pharm Management, Employment,

¹ Note, this section also includes a comprehensive prevention needs assessments

and the CPST (Community Psychiatric Supportive Treatment) were the services with the highest numbers of people waiting. Employment Services stands out on this list, other significant services were related to psychiatric services. The total number of people waiting for services at this point in time was measured at 305. The survey asked for the expense that would be required to reduce this waiting list to 0. The estimated cost to achieve no waiting list was in excess of \$300,000. In checking, the Board was assured that the actual "wait time" per individual for psychiatric care was:

- One month for a Non Emergency Adult
- Three weeks for a Non Emergency Youth
- Three days for an Emergency Youth
- Immediate Access for an Emergency Adult

DAYS TO ACCESS SERVICES. Time to access services applies to services that, due to organizational service design, do not have a specific wait list; but do have a time of delayed access, i.e. the service is only available on a certain schedule. As a Treatment Need Issue, research suggests that delayed access can affect service engagement and acts as a barrier to engaging clients who are in need of immediate care. Delayed access also affects referral source satisfaction. Delayed access data was measured differently from the waiting list. The Board decided to measure what resources would be required to reduce the scheduled **access time**. Providers documented that additional staff are required to improve timely access to a particular service. Additional staff would increase the scope of a program and provide immediate access to services (increasing engagement to newly admitted clients). The recommended resources included the costs for those additional staff services. For example, even if a provider could more efficiently increase access to initial assessment services, this accomplishment would require more staff to provide follow-up counseling. Access to counseling would require more counselors to eliminate this disparity. The measurement grids included all services and asked six questions:

- 1) Does Access Regularly Take Longer Than 14 Days?
- 2) What is The Average Number of Days to Service Access?
- 3) What Is The Estimated Number of Annual Service Units Needed to Bring Access to Less than 14 Days?
- 4) What Is The Estimated Number of Additional Staff Needed to Meet Access Need?
- 5) What Is The Additional Personnel Cost of Meet Access Need?
- 6) What Are The Additional Other (Non-Personnel) Costs Needed to Meet Access Need?

Jointly, the Waiting List report and the Time to Access report demonstrate a gap or disparity in service delivery time for individuals experiencing mental health or addiction issues being able to receive needed services quickly. This waiting list or access need is labeled as **Unmet Need** in our planning.

Though the sum of the time to access services is about 1/3 the time people spend on the waiting list, the amount of financial resources required to reduce access time to zero is \$411,850.00. Again, even though this is not a traditional waiting list, the amount of time between initiating access to services and receiving services is longer than desired, by clients, providers or the MHRB.

These service waiting lists and delays are painful for persons/families suffering from mental illness and/or drug or alcohol addiction. However, per this needs assessment, the cost for eliminating the waiting lists and delays for our system for this unmet need would be over \$700,000.00 per year. Additional state funding is required to meet the needs of the constituents of our two county regions.

C. Community Needs Assessment Mental Health & Recovery Board of Wayne and Holmes Counties

In May of 2012, the Board surveyed Community members, providers, consumers and referral sources for the community's perception of needed services. The areas that the Board surveyed are listed below. The survey was done using an email survey device. The Wooster Chamber of Commerce, The Wayne County Economic Council, The Wayne County Department of Health, The Holmes County Health Department, and the Family and Children First Councils of both Wayne and Holmes individually; as well as the contract agencies of the Mental Health & Recovery Board were surveyed. The Survey requested the following information:

1. What was the Breakdown of respondents by Age, Gender, Area of Employment and familiarity with the agencies?
2. Populations you believe current services are meeting the local need.
3. Populations, which you believe additional service development, should be a MHRB priority.
4. For the Respondents to rank the importance of services for Adults with mental illness or substance abuse issues that are supported by the local Mental Health and Recovery Board.
5. Ranked the importance of services for youth with mental illness or substance abuse issues that are supported by the local Mental Health and Recovery Board
6. Rated the list of treatment services supported by the local Mental Health and Recovery Board to how important it is for our community.
 - 24 hour Crisis Intervention.
 - Psychiatric Assessment and Medication
 - Mental Health Counseling
 - Inpatient Psychiatric Treatment
 - Case Management
 - Substance Use Counseling
 - Group Homes for Individuals with Mental Health Issue
 - Home Based Treatment
 - Alcohol and Drug Detoxification
 - Inpatient Treatment for Chemical Dependency
 - Employment Services
 - Peer Support Services
 - Group Homes for Individuals with Substance Abuse Issues
 - Recreational/Social Activities list of barriers that sometimes keep people from getting the services they need.
7. Broke out the measures listed above by the way the respondents categorized themselves, either as one of the following:
 - Consumer
 - Provider
 - Community Member
 - Referral Source
 - Other

The Survey in its entirety is included with this plan as an attachment. The survey was well done and its key findings are described below.

Individuals in Crisis and Crisis Intervention ranked first in terms of both priority need and importance. The survey measured eleven groups of individuals and found seven of them indicated that current services were meeting local need for:

- Individuals with Mental Illness - 44%
- Individuals in Crisis - 38%
- Lesbian, gay, bisexual, and or transgender individuals w/MI or SA disorders - 28%
- Individuals involved with the criminal justice system that have MI or SA issues - 26%.
- Individuals w/co-occurring mental illness and physical health issues - 24%
- Survivors of Traumatic events - 23%
- Veterans w/mental health and or SA illness - 23%

It is interesting to note that none of these was at 50% of **met need**, even though they were the populations with the highest percentages. This is a very serious indicator about the quantity of available services. It is equally interesting that the same list measured the individuals for whom the current services were most **not meeting the need**. These were:

- Individuals with Substance Abuse disorders - 27%.
- Individual's w/co-occurring Mental Illness and Substance Abuse disorders - 22%.
- Individuals w/co-occurring Mental Illness and Developmental Disabilities - 21%.
- Homeless individuals w/Mental Illness or Substance Abuse issues - 34%.

Summarizing:

1. Only seven of the eleven groups listed on the survey in the community who need our services were ranked over 50% in getting that need met.
2. Four of these eleven groups of individuals, including, three of those ranked higher in getting their needs met also had significantly high scores for **“Not having their needs met.”**

The two questions that asked respondents to rank the importance of services for Adults and then Children/Youth with mental illness or substance abuse issues that are supported by the local Mental Health and Recovery Board also produced an interesting result. The survey indicates that there is a great deal of agreement in the community about what the most important services are:

1. Counseling Intervention
2. Counseling for mental health problems
3. Case management to support those with severe conditions
4. Psychiatric assessment and medication

In terms of importance, respondents ranked counseling for substance abuse issues fifth for adults and sixth for youth.

The question on **Barriers that sometimes keep people from getting the services needed** produced a result that was consistent with other assessment and statements made in the Environmental section. The chart from the survey has been placed below. It is very apparent that four of the eight choices are commonly recognized as barriers. They are Waiting Lists; Transportation; No Health Insurance, and Limited Income. These barriers are clearly related to issues for the community in general and the Board's struggle to maintain funding for non-Medicaid services.

Overall Responses	Not a Barrier	Extreme Barrier
Don't know where to get services	15%	19%
Hours of operation	27%	8%
Waiting lists	6%	40%
Transportation	6%	49%
No health insurance	10%	51%

Lack of childcare	9%	23%
Limited income	11%	44%
Stigma	15%	28%

The subgroup of respondents who labeled themselves as Community Members had a very encouraging response to the question on Populations you believe current services are meeting the local need. This chart, taken from Community Needs Assessment has been included below.

6.4. Referral Source For each group, indicate the degree to which you believe additional service development should be a MHRB priority.

	High priority	Medium priority	Low priority	
Individuals with Mental Illness	69%	31%	0%	These Community members selected 63% of the services as a priority of at least 56% and there were no responses less than 36%. This suggests that there is significant support for these services in the community.
Individuals with Substance Abuse disorders	55%	45%	0%	
Individuals w/ co-occurring MI and SA disorders	73%	28%	0%	
Individuals w/ co-occurring MI and physical health issues	54%	38%	8%	
Individuals w/ co-occurring MI and developmental disabilities	41%	49%	10%	
Homeless individuals w/ MI or SA issues	58%	40%	3%	
Individuals involved w/ the criminal justice system who have MI or SA issues	48%	53%	0%	
Survivors of traumatic events	56%	36%	8%	
Veterans w/ mental health and or SA illness	38%	44%	18%	
Lesbian, gay, bisexual and/or transgender individuals w/ MI or SA disorders	36%	46%	18%	
Individuals in crisis	73%	25%	3%	

II. PREVENTION: During the early months of FY12, the Wayne Holmes Mental Health and Recovery Board followed through with plans it made in the FY12/13 Community Plan to do a complete prevention needs assessment throughout the Wayne/Holmes area. Ultimately, the Board conducted seven studies in the area during year. These were as follows:

- A. Three Community Readiness Surveys, completed by mail in Doylestown, Millersburg and Wooster, Ohio by the Minnesota Institute for Public Health to determine the level of readiness in the community to undertake prevention initiatives did these surveys.
- B. Oscar McKnight of Ashland University Conducted a Public Perception Study of Wayne/Holmes done by, which was a “Man on the Street” interview study of over 600 interviews in the two county area.
- C. A survey regarding prevention and treatment effectiveness was completed at the Board’s Fair booths during the county fairs in each county in the fall of 2010 and 2011.
- D. The Wayne Holmes Prevention Survey Finding by Dr. Michael Vimont which included a review of work that was completed in seven school districts over several years involving 3008 students and the linkage between asset development and alcohol/drug prevention.
- E. The Suicide Prevention Needs Assessment

These are described below.

The purpose of completing these assessments was to determine community readiness and commitment for taking on the responsibility for behavioral health related prevention services. The Board completed these as a feasibility study regarding a strategy designed to encourage communities to take the responsibility for prevention initiatives without ongoing financial support from the Board. State funding cutbacks to the Board over the past four years have led to the Board cut the prevention programs it previously funded in order to continue to provide support for the more intensive mental illness and addiction services, as required by state statute.

The Minnesota Institute's Community Readiness surveys produced findings in five areas.

1) Perception of Alcohol, Tobacco and Other Drug (ATOD) Problems within Community

Regarding perception of an ATOD problem, the local communities are reflecting a lower level of readiness than the national norm established by the institute. While some citizens have made some connections between ATOD use and subsequent consequences, more awareness needs to be developed.

2) Permissive Attitudes towards Alcohol, Tobacco and Other Drugs (ATOD)

Regarding the permissive attitudes domain, the three communities are less permissive than the norms that Minnesota has discovered on ATOD use. While this does mean that some of the public may tend to believe that some level of substance abuse is "okay" for either young people or adults at times, it also indicates that most people in the Wayne/Holmes area do not believe that substance abuse is acceptable.

3) Support for ATOD Policy and Prevention

There is some level of support for ATOD prevention among these communities. This support was strong in Millersburg; however generally, the scores are slightly lower relative to other communities the institute has surveyed.

4) Youth Access to Alcohol and Tobacco

The three local (Doylestown, Wooster, and Millersburg) communities' scores varied compared to the average of other communities the Institute has studied. Perception of access is strong, but not particularly strong, especially with respect to prescription drug abuse. Without this perception, the community's interest in the current trend towards preventing prescription drug abuse may be small.

5) Perception of Community Commitment

The greatest challenge and strength to implementing prevention in the community is commitment. The Wayne/Holmes scores are higher compared to other communities the Minnesota Institute has surveyed.

- that residents perceive an ATOD problem;
- do not hold permissive attitudes toward ATOD use;
- have relatively high support for prevention;
- acknowledge the access adolescents have access to alcohol, tobacco,

However, even with all of that, the Institute noted that prevention efforts might be significantly less supported due to a degree of community apathy.

The Institute closed its report by summarizing that the focus for prevention efforts now, as indicated by these data, should be to:

1. Increase perception of youth access to alcohol and tobacco products,
2. Support and expand the level of community commitment, and
3. Address norms and attitudes about ATOD use.

General Support: The findings and conclusion of the Institute's report focused on perception about access to drugs, support for prevention efforts and a willingness to commit to prevention undertakings. It is interesting to note that some of the findings from the various studied did not always come out the same.

Both, the Wayne and Holmes Fair surveys found a very high level of support for prevention of drug abuse:

- 91% of those completing that survey stated that they believed something could be done to prevent drug abuse.
- 62% of those completing believed that mental illness could be prevented.
- the public is aware of alcohol, tobacco and drug abuse by young people,
- The McKnight study shows that there is an increased awareness about prescription drug abuse by teens and younger adults,
- The Institute's study in which older people were more represented, show less awareness about the current trend towards prescription abuse.

Perhaps the most significant question raised by these assessments and prevention is that about who/what are the most effective ways to do the work of prevention. The McKnight Man-on-the-Street survey clearly indicates a finding that people believe that prevention should be the work of professionals. The Institute's study indicated something very similar. The respondents clearly indicate that the principal actors in the prevention process should be the schools (because youth are being taught there), where the role of individual community member's responsibility to be involved with prevention is seen as much less.

In planning, the Mental Health & Recovery Board of Wayne and Holmes Counties developed a FY12/13 Community Plan in the fall of 2011. In this plan, the Board identified the need to develop capacity for shared responsibility for primary prevention with the entire community, not just the schools. The Board has decreased local funding for primary prevention due to focus on needs that are more intensive. This process began during FY09 during the planning period for the FY10/11 Community Plan. The Board referenced the methodology of the Intensity of Need or ION. We have included this chart as an attachment to this plan.

In developing this plan, the Board also noted that a natural linkage exists between one of the more promising prevention approaches, asset development, and a volunteer prevention model of community coalitions. The commonality between Asset Building and Community Coalitions is that non-professional members of the community can undertake both effective & evidence-based outcomes. Of equal significance was the finding that asset development, prevention activities are of value to all youth, not just the high-risk youth. The following four actions were noted as important:

- Efforts are targeted toward all youth based on the concept that they need to acquire *developmental youth assets* in order to thrive.
- Intervention is the responsibility of everyone in the community.
- Targets for change, if needed, are located at all levels of the community (or ecological system).
- The goal is the acquisition of developmental youth assets.
- If the public starts to view prevention as a process of building on youth strengths and helping all youth develop assets, all community members to participate in prevention efforts.
- The communities appear to be ready, now is the time to act.
- Activities to develop assets do not require large amounts of time or money.
- Community groups, churches, or groups of interested people that come together for a common cause, can undertake asset strategies.

E. The Suicide Prevention Needs Assessment

In September of 2011, the Wayne County Coroner attended the Wayne/Holmes Suicide Prevention Coalition meeting held at the Mental Health & Recovery Board of Wayne/Holmes to express concerns over the increase in number of suicides in Wayne County during 2011. There had been approximately a 40% increase in suicides from 2010 to 2011 as of November 4, 2011.

In response, the Wayne County Suicide Prevention Coalition, of which the Board is a leading member, has taken several steps to meet this need. Public awareness materials have been revised and distributed, additional community members have been recruited, information on the survivors of suicide self-help group have been given to the Coroner, training and formation of a Loss team has been completed, and a grant has been obtained from the Margaret Clark Morgan Foundations for gatekeeper training specifically focused on health professionals. Gatekeeper training was completed to numerous groups five years ago, but has not been repeated except for in the schools. The Wayne County Coroner has recommended that the grant be used for physician and

other health care personnel training in identifying depression and suicidal ideation in patients. The American association of Sociology reports that up to 45% of individuals who die by suicide visit their primary care physician within one month of their death (20% within 24 hours) and primary care is the number one source of mental health treatment in the United States.

The Wayne/Holmes Suicide Prevention Coalition included three Boards that share contiguous borders, i.e. The Wayne/Holmes Mental Health & Recovery Board, The Mental Health & Recovery Services of Richland County and The Ashland County Mental Healthy & Recovery Board partner, to coordinate and carry out this suicide prevention effort regionally, in an on-going sharing of training, expertise and other prevention strategies.

Health care personnel from Wooster Community Hospital, Cleveland Clinic Wooster, Joel Pomerene Hospital in Millersburg, Med Central Hospital in Mansfield and Samaritan Hospital in Ashland and all area medical practice will be invited to attend presentations on recognizing and responding to suicide risk.

III. Needs Communicated to the Board Without Solicitation

- A. Need to integrate mental health and substance abuse care at the Viola Startzman Community Clinic.
- B. Need for Transportation services to service providers and recovery centers. Many consumers are disabled by mental illness or substance abuse and cannot drive, or are without access to public transportation, which affects access to consumer-supported services.
- C. Employer access to drug free employment applicants. Many positions at local businesses are unfilled simply because the applicants for the jobs are unable to pass a drug screen. This results in losses in production, sales and profits for local businesses.
- D. Hospital emergency rooms are overworked due to individuals seeking pain-reducing drugs due to drug dependency rather than meet a specific health need.

Need for integrated care. Hospital emergency rooms and primary care physicians are facing an increased demand to address mental illness or substance abuse cases rather than the traditional medical conditions

Appendix 5: FY13 Board Assessment of Needed Funding/Project Support for Mental Health and Substance Abuse Services

Description of Needed Funding Support for Mental Health and Addiction Services to the Ohio Legislator by the Mental Health & Recovery Board of Wayne/Holmes Counties

1. **Balance the budget** (elimination of current deficit): The Mental Health & Recovery Board of Wayne and Holmes Counties operated at a deficit during FY13 due to the great demand for services in the two county area. The Board had cut less intensive services starting in 2008-11 and has been providing services to the most in need since that time. The deficit includes providing additional revenues for a higher rate of youth placements than in previous years, and the addition of extra staff at the Board.
2. **Two Percent Salary Adjustments for Service Providers:** The Board has not provided its contractors funds for its share of the program salaries since the time the state cutbacks began. The providers have been having a much more difficult time in maintaining their staffing, particularly at the senior levels.
3. **Additional Opiate Treatment Services:**
 - a. **STEPS - One additional Opioid Treatment specialist** to serve in Wayne County to provide additional Medically Assisted Treatment and Medical Supervision for the caseload of the Opioid Specialist with the assumption that the supervision will be conducted through both Tele Conferencing and contracting with local doctors (Cleveland Clinic, etc). The project will include the cost of the medications used in Medically Assisted Care, assuming both Medicaid and client based payments are a part of the payment formula.
 - b. **A “Children Services Board, Service Station”** serving both Wayne and Holmes Counties to provide rapid response, comprehensive treatment interventions and care coordination to maintain a Recovery Community Network for clients recovering from Opioid addiction and who have involvement with the Wayne County Children Services Board or Holmes County Children Services. The Service Station encompasses a twofold approach to delivering a comprehensive, integrated intervention strategy. The Station treatment specialist will have a demonstrated knowledge of SBIRT (interventions) and a proven record of accomplishment in substance abuse assessments that is consistent with the protocols for Medication Assisted Treatment (MAT).
 - c. **Shared Recovery Community Network position** between STEPS at Liberty Center and Your Human Resource Center. This position will develop a recovery network on the principles for Recovery Community as outlined by William White in the paper, LINKING ADDICTION TREATMENT & COMMUNITIES OF RECOVERY: A PRIMER FOR ADDICTION COUNSELORS AND RECOVERY COACHES by William White, MA • Ernest Kurtz, PhD

The purpose of this position will be to work with the existing recovery communities of the area, and OASIS in terms of promoting proven, data based recovery community. The position will work with the

Board, the local medical community and the two agencies in exploring and developing a shared Health Information Exchange for creating a process that will extend through the years to track the relapse and recovery process of the enrolled consumers.

- 4. Juvenile Re-entry Services:** The demand for re-entry services has exploded within the last few years and one can contemplate about different variables that have increased the number of juveniles in out of home placement. “Family oriented, home based, concrete, clinical case management services are perceived by the state agencies as the family’s last and best chance for reunification” (Fein and Staff, 1993). Catholic Charities has been working with youth residing at residential programs such as Parmadale, to shorten the length of stay and ease the transition of youth back into the community. In doing so, we have found that some of the residents can be discharged sooner if they have some additional community supports in place to help with the transition. Shortening the length of stay is certainly more cost effective and is in keeping with our principle to serve the client in the least restrictive setting. Over the past years, we have made efforts to address the transition issues and be more planful with clients returning to the community. Youth reentering our community have significant barriers in multiple life domains. It is crucial that a Re-entry services coordinator assist youth and their families for a successful transition. Some of these are:
- a. Strained family relationships and lacking structure/support
 - b. Parents lacking successful parenting techniques
 - c. Substance abuse and/or mental health issues
 - d. Underemployed
 - e. Vocational / educational and stable housing needs
 - f. Stigma and self identity related concerns
 - g. Lack of “life skills”, i.e.: problem solving, anger management, budgeting, etc.
- 5. Workforce Development:** The Mental Health & Recovery Board of Wayne and Holmes Counties, in collaboration with its partnership with the Wayne County Common Good, and the Employment & Training Connection, One Stop Employment Center has been developing a multi-pronged approach to assist local business with their workforce needs. These include informing the public regarding testing drug free for the job application process, and maintaining a drug free workplace. This effort has also focused on relationship building between local businesses and the local school superintendents through the Wayne County Schools Career Center and the two technical colleges: Agricultural & Technical School (O.S.U.), and Wayne College, University of Akron, to develop career pathways to manufacturing and industry starting at the elementary level.
- 6. Employment Support Services - The Counseling Center (TCC) of Wayne and Holmes Counties:** This is an annualized version of the employment program operated by the Counseling Center, which uses the Supportive Employment Model. The program was put in place during FY13 to replace the RSC employment program at mid-year and has consistently exceeded the state and national placement rate. The design of the program is to utilize a holistic and integrated approach to delivering a comprehensive sequence of services designed to promote recovery and improve a person’s employability, independence and self-sufficiency. Services are provided in a manner consistent with the principles of empowerment, recovery, permanence, integration and normalcy. International Association of Psychosocial Rehabilitation Services Core Principles are consistently met and maintained. The program services include Job Assessment, Job Development, Job Placement and Retention services and these are provided based on evidence-based practice for Supported Employment (OHIO SE CCOE).

7. TCC Waiting List Reduction Services: For multiple years in a row, The Counseling Center and the local MHRB system have been forced to maintain a significant waiting list for key services. Since a significant proportion of all persons who were screened as needing additional services needed at least some public subsidy to make those services affordable and accessible, and since the public funds available to provide such a subsidy were capped, the Center did not have the resources to hire the additional staff that would be necessary in order to assure timely access to those in need. These services include psychiatry, adult CPST, children’s CPST, and HBI. In addition, the wait for an intake assessment for a non emergency situation has, at times, been nearly four weeks which significantly exceeds recommended levels and delays access to those in need. In order to deal with this chronic problem and provide more timely and appropriate access to the services named above the Center would need to hire the following staff:

- a. One Advance Practice Nurse
- b. One Licensed Practical Nurse, to support the additional work in psychiatric services
- c. One Adult (CPST)
- d. One Child (CPST)
- e. One HBI to support more immediate access to diagnostic assessment services and more ready follow up care
- f. One Therapist
- g. One Support

The specific wait lists by program for the last fiscal year are summarized below:

Service	FY12 Wait List Range	FY12 Wait List Average
Adult CPST	3-65	36
Child CPST	Unknown	15
Psychiatry	31-145	86
Home Based Intervention	12-28	15
Counseling	0-86	12

8. Transportation – The Counseling Center: One of the main reported reasons that indigent and low-income consumers do not show up for their mental health appointments for medication or counseling is either a lack of transportation or unreliable transportation. As a result, these persons often miss medication appointments with the psychiatrist – leading to unplanned medication non-compliance and possible relapse. They also tend to miss more counseling appointments, which interrupts their mental health treatment, and have difficulty accessing regular medical care from their primary care physician, which complicates their overall health care and their ability to maintain good physical health. In addition, transportation in and of itself is not included as a billable service in the definition of CPST, so even those clients with outreach staff assigned often do not have the medical transportation that they need. This proposal includes the annual costs for four part-time drivers working an estimated 20 hours a week each, or a total of 80 hours of availability per week.

9. Wayne-Holmes Mental Health Coalition - Peer Support Services: The Wayne Holmes Mental Health Coalition provides a number of services under this umbrella. MOCA House is the largest of these and is a recovery program

for adults with severe and persistent mental health concerns. Consumers can attend MOCA House Monday – Thursday from 12 noon to 5:00pm and on Friday from 11am to 4:00pm. During the 25 hours that MOCA House is open per week, approximately 15 – 20 participants attend educational/support group activities or participate in socializing activities such as Wii, arts & crafts, board games, MOCA House clean up and maintenance. Participants learn WRAP (Wellness Recovery Action Plan) to support their individual recovery. WRAP is the best practice service offered by MOCA House. The consumer base and monthly attendance has grown steadily since MOCA House opened its doors in August 2010. There are a wide array of educational and support programs that make up the remainder of the programs under the Wayne Holmes Mental Health Coalition. These programs include NAMI Family Support and Amish Family Support, Writing for Wellness and Persons Affected by Suicide Loss (PALS). In addition, courses on Crisis Intervention Training for first responders (police and firefighters) are offered annually.

- 10. Housing/Residential Subsidies:** Housing is a key commodity for individuals recovering from mental illnesses, addiction or re-entering the community from the adult criminal justice system. As the Board looks to the future and its role with the Affordable Care Act, Medicaid Expansion and Insurance Parity, it has realized that it will be required to invest many more dollars in affordable housing. There are currently several group homes and ACF in the network, but there is a need for much more housing for these distinctly different populations.
- 11. Increased coverage of FCFC Diversion and Service funding costs:** The Board shares in the out-of-home treatment placement costs for children in Wayne and Holmes Counties served by mental health, alcohol & drug, Children Services, Juvenile Courts, Board of Developmental Disabilities and the public schools. These costs are up 20% from the budget costs for FY13. The Mental Health & Recovery Board of Wayne & Holmes Counties has received considerable assistance with its share during the last few years due to state cutbacks and is interested in contributing its share of these increases and more to act in full faith to the Family and Children First Council's partnership.
- 12. Information Exchange Access:** The Board's future emphasis on the non insured, non-Medicaid clients and the supportive care needs for Medicaid clients, as they are integrated with medical health care is going to require a good deal of information. Much of this information is currently not available to the Board and each of the contract providers with the Board use different electronic health records. Health Information Exchanges are electronic systems that collect and transfer information from a wide variety of EHRs including those used by local hospitals. Usually access to HIE systems requires payment of a Vendor's fee. The Board is exploring these at this time in anticipation of collecting needed information.
- 13. Targeted Prevention Services –** The Board cut most of its prevention services in the 2008 -2011 period during the period of state retrenchments. Many of these services were a long-standing model of traditional alcohol and drug prevention programs in the school and suicide prevention programming. The Board is interested in creating new programming around suicide prevention; promoting early childhood mental health services and working with local businesses to develop educational programs that would go into the lower grades to prepare students for careers in business and industry, as a long term prevention process aimed at applied learning and learning reinforcements as an alternative to drug induced rewards created by alcohol and drug use.

Appendix 6: And How are the Children?" (see Win Zip File)

Appendix 7.

Mental Health & Recovery Board of Wayne & Holmes Counties
OHIO MENTAL HEALTH & ADDICTION SERVICES
(OHMOMHAS)

3 Biennium **COMMUNITY**
CAPITAL PLAN

AGENCY	TYPE	Activity	PROJECT LIST Amount	Years and Priorities					
				15-16	Pr	17-18	Pr	19-20	Pr
The Counseling Center	PSH	New Construction	\$ 500,000.00	X	1				
STEPS Women/Children	PSH	Purchase/renovation	\$ 150,000.00	X	2				
STEPS Reentry	PSH	New Construction	\$ 100,000.00			X	2		
NAMI Recovery Center	Space	New Construction	\$ 500,000.00					X	1
TVN Independent Living	PSH	New Construction	\$ 300,000.00			X	1		
TVN Vocational	Space	Addition to existing	\$ 250,000.00			X	3		
TVN Health & Wellness	Space	Addition to existing	\$ 1,250,000.00			X	4		
TVN Integrated care	Space	New Construction	\$ 2,000,000.00	X	3				
Holmes HealthClinic/YHRC	Space	New Construction	\$ 300,000.00			X	1		
Wayne Metropolitan Housing	PSH	New Construction	\$ 400,000.00					X	2
			\$ 5,750,000.00						