Ohio Mental Health and Addiction Services (OhioMHAS)

Community Plan Guidelines SFY 2014

Environmental Context of the Plan/Current Status

I. 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.)

Wood County's population estimate is 128,200 (U.S. Census Bureau 2012 from the US Census Bureau. There has been slight population growth of 2.2% (up from 125,488) since 2010.

- Median Age is 32.6 years
- Under 5 years – 6,847
- 5 – 17 years – 20,428
- 18-24 years – 20,449
- 25-44 years – 29,533
- 45-64 years – 32,842
- 65 + years – 15,389

Racial composition is as follows:

White – 93.9% (white alone – 89.4%)

Hispanic/Latino – 4.9%

Black – 2.6%

Asian – 1.7%

American Indian/ Alaskan native – 0.3%

Unemployment Rate is 6.9% (October 2013)

Disability Rate is 9.1% or 11,719

Veteran Status is 7.2% or 9,280

High School Degree

Wood County = 92.5% Ohio = 87.8%

Bachelor or higher degree

Wood County = 30.1% Ohio = 24.55

Median Household Income

Wood County = $53,610 Ohio = 48,071

Poverty Rate

Wood County = 14.2% Ohio = 24%

Wood County uninsured rate = 15%

Bowling Green is the largest city in Wood County and the county seat with a population of 30,028. In Wood County there are 9 school districts and one five-county vocational school as well as Bowling Green State University and Owens Community College. The county is 620 square miles in size with agriculture as the central industry and 1,180 farms, averaging 228 acres each.

Wood County's economic status has improved since the submission of the FY12-13 Community Plan Amendment in terms of a lower unemployment rate (down to 6.9% as of October, 2013 according to the Ohio Labor Market Information provided by the Ohio Department of Jobs and Family Services) and an increase in county tax revenue. Businesses in Wood County have expanded and are providing greater employment opportunities according to local economic development personnel (October 2013). No significant changes in demographic measures are noted.

The Board has developed working partnerships among an increasing number of local government, social, legal, educational and faith communities to jointly address mutual issues of concern. Such areas of collaboration include addressing the needs of the mentally ill and developmentally disabled, the mentally ill involved with the criminal justice system, community safety, school-based services for the severely emotionally disturbed, and those dually diagnosed with mental illness and substance abuse issues. The Board has established improved partnerships with the Ohio Department of Mental Health and Addiction Services and other regional ADAMHS Boards. Due to these factors, Wood County continues to be poised to meet the challenges of local sweeping changes in the wake of reforms at the Federal and State level. We are committed to addressing the current and emerging behavioral health needs of our county's residents.

Assessment of Need and Identification of Gaps and Disparities

II. 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).

WOOD COUNTY NEEDS ASSESSMENT - activity and methodologies since our FY12-FY13 Community Plan include:

1. Six formal and several informational meetings with consumers were held during Fiscal Year 2013.
2. We conduct regularly scheduled meetings with Board-contracted behavioral health educators and prevention and treatment providers.
3. Contract agencies provided a written client Needs Assessment including a related Strengths, Weaknesses, Opportunities and Threats (SWOT) Assessment.
4. The Board engaged in informal conversations with a majority of law enforcement police chiefs and conducted a survey of all law enforcement officers in Wood County, with an 82% return rate.
5. Conversations and meetings were held with three judges and one recently elected judge regarding the behavioral health needs of individuals involved with the criminal justice system.
6. There were ongoing conversations and grant writing with other county stakeholders about behavioral health needs and opportunities for collaboration. This included representatives from Jobs and Family Services, the Wood County Health Department, the Cocoon Shelter (domestic violence shelter) and the Wood Lane Board of Developmental Disabilities and Wood Lane Residential Services.
7. The FY13 "Shaping Healthy Atmospheres that Promote Education and Safety (SHAPES)" survey of school children throughout Wood County was completed.
8. FY12 ADAMHS population survey of all Wood County school children in fifth through twelfth grades (9,871 students) regarding substance use, mental health, suicide and bullying. This was performed by Dr. Bill Ivoska on behalf of the Wood County ADAMHS Board and all Wood County schools. Analysis of data by Dr. Ivoska and Dr. Stacy Rychener, with the Center for Evaluative Studies at Bowling Green State University, includes comparison with previous biennial reports dating back to 2004.
9. Private interviews were conducted with two separate consumer groups, family members and all Wood County ADAMHS Board contract agencies by the Board's strategic plan consultant, Jacqui Romer-Sensky.
10. A two-day county-wide Sequential Intercept Model resource mapping by the Ohio Criminal Justice Center of Excellence was held in September 2013. Forty participants including: mental health consumers, family members, all Board contracted behavioral health providers, a municipal judge, adult and youth probation officers, the County Prosecutor, defense attorneys, law enforcement officers, Bowling Green State University researchers and ADAMHS Board staff. Results identified top needs to address known county criminogenic risks among residents with behavioral health problems.
11. An environmental scan and needs assessment training was presented by Cheri Walter, CEO of the Ohio Association of Behavioral Health Authorities in April, 2013. Responses were analyzed in the SWOT format by Jacqui Romer-Sensky, the Board's consultant for strategic planning, and provided to the Board.

12. A final report "A County-Wide Assessment of the Needs of Families and Children – Wood County, OH 2010-2011" was completed for the Wood County Family and Children's First Council by Eric Dubow, Ph.D. from the Psychology Department at Bowling Green State University.

13. An updated "Utilization and Costs" trend analysis (MACSIS data FY2005 - FY2012) was performed by Board staff.

14. The Hospital Utilization database and Crisis Intervention database was reviewed.

TOP LEVEL NEEDS ASSESSMENT FINDINGS

For Youth in Wood County

1. Alcohol use continues to decline to a greater degree than national trends. Still, up to 60% of Wood County high school seniors consume at least some alcohol annually.

2. Cigarette smoking and smokeless tobacco use continues to decline in Wood County. Rates are below national averages.

3. Marijuana use, after a long period of decline, has recently increased but the Wood County rates are below national rates.

4. Heroin use has increased according to Onsite Alcohol, Tobacco and Other Drug (ATOD) prevention specialists, substance abuse and dependence service agencies and law enforcement agencies.

5. Bullying is perceived as a serious problem by youth, with about 32% of students reporting verbal bullying. Reported bullying was associated with increased severity of mental health problems, suicide ideation and suicide attempts.

6. Almost 20% of Wood County high school students reported suicidal thinking.

7. 7.2% of youth reported making a suicide attempt.

8. 7.1% of youth reported severe or intense mental health problems and another 14.6% reported moderate mental health problems. Both of these are slight decreases from the 2010 Youth Survey, which also showed a decline from 2008. Greatly expanded school-based mental health counseling services in the last several years may have been responsible due to access to such services. This service expansion was possible due to funding from a Safe Schools/Healthy Students grant, which will end in June, 2014.

9. There is concern for youth consumers "aging out" of the child/youth services and not transitioning to adult services. These "transition-aged" youth and young adults with mental illness and substance abuse are in need of an aggressive outreach effort to assist them in coping with their symptoms and succeeding in adult living.

10. There is ongoing concern about the difficulties in providing safe residential and hospital services for

youth in crisis.

11. 22% of youth felt so sad or hopeless almost every day for two or more weeks that they stopped doing usual activities, according to the 2012 Health Survey.

12. A parent survey for the Families and Children First Council (FCFC) assessment indicated that 25% of youth experienced emotional and behavioral problems, 18% learning problems, and 14% had developmental problems or disabilities. NOTE: parents indicated that up to 50% of these youth were NOT receiving treatment.

13. The adolescent survey for the FCFC Assessment showed the five most troubling or extremely troubling problems were: anxiety, attention problems, academic stress, irritable mood and family conflict. Also:

    13.1. 17% reported feelings of self-harm

    13.2. 24% reported a family member with health or mental health problems

    13.3. 22% reported divorced parents

    13.4. 14% reported family alcohol and drug abuse problems

14. Providers, stakeholders and consumers have strongly emphasized the increasingly disruptive impact of trauma, particularly domestic violence and sexual abuse, upon those with mental illness and substance abuse. There is a need to address the issue of trauma more systematically, developmentally and with evidence-based prevention and treatment services for youth and families, as well as individual adults.

<u>For Adults in Wood County</u>

We continue to rely on national prevalence rates for estimation of behavioral health needs.

We are providing services to more clients (Medicaid and non-Medicaid) over the past several years, with Medicaid clients increasing more than non-Medicaid clients. While the number of clients served is increasing, including those with Severe Mental Disabilities (SMD), the percentage of clients with SMD (a high priority population) is not rising.

<u>Consumer Input Regarding Client Needs</u>

Client input was obtained via formal meetings with two separate groups of consumers. Meetings were conducted with Board staff and the Board's strategic plan consultant, Jacqui Romer-Sensky. Approximately 60 severely mentally ill consumers shared their views. Also, Board staff met with several clients informally.

1. Housing options are needed. Homelessness among the mentally ill is a growing concern.

2. Expand access and hours to the Drop-In Center (Connections Center). Open the Center to non-Behavioral Connections clients with expanded hours to include evenings, weekends and holidays.

3. Several consumers want a consumer-operated Drop-In Center, which would promote client

empowerment and would be open to all consumers regardless of the treatment service provider.

4. There is a lack of trauma informed treatment services for the mentally ill.
5. There is a need for prevention strategies to decrease further abuse and trauma and expand better treatment for trauma victims.
6. Transportation is a major issue and a barrier to accessing services. Also, the Connection Center has cut back on drivers and the vans are getting old. Reduced transportation has curtailed access to resources and opportunities for positive learning experiences for members of the Connection Center.
7. Increase job opportunities for the severely mentally ill.
8. Consumers want to maintain choice of providers.
9. There is a need for coordinated treatment between different provider agencies.
10. Improved coordination of care between behavioral health providers and physical doctors.
11. Outreach to the mentally ill in jails to help them successfully re-enter society.
12. More W.R.A.P. programs are needed to help consumers with their recovery and wellness.
13. More respectful behavior from adult provider towards clients.
14. Access to both medicine AND therapy, not just one or the other.
15. There is a need for better access to physicians for physical healthcare. Many physicians do not accept Medicaid or Medicare which intensifies the access problem. When an appointment can be secured with a physician, often times there is a long wait until the date of the appointment.
16. Increase outreach to African-Americans and Latinos who are mentally ill.
17. Increase the number of therapists who are multi-lingual.
18. There is growing concern and anxiety about care-taking parents and other family members who are getting older and having greater health issues.
19. There is widespread concern and fear that state cuts will eliminate essential support services, which many mentally ill persons rely on heavily.
20. It has become more difficult to get vouchers for basic needs, since basic needs services were moved to the Salvation Army.
21. There is a need for a "step-down" program or half-way house for mentally ill patients leaving the hospital. More patients are being discharged before medications are fully working and they are at risk of relapse. This raises the anxiety and fear level of clients at the Connection Center.

22. The Link (county hotline) is not part of some consumers' safety link and they requested a separate "warm line." This could be a "chat" line where someone could talk to a peer support specialist for advice without fear of hospitalization. There could be a referral to the Link if it's deemed necessary.

23. There needs to be a liaison at the psychiatric hospitals to help patients know of helpful resources when they return to their communities.

24. More consumers on the ADAMHS Board.

Client Needs in Wood County According to Provider Agencies

1. Housing is becoming a greater problem for the mentally ill, especially for those leaving jail and prison. Housing needs to be more affordable and accessible.

2. Related to the above, an expansion of 24-hour supervised residential services is also a need, in addition to independent housing. This is particularly critical for transition aged adults who are severely mentally ill.

3. Transportation is lacking in Wood County and is a major barrier to accessing services. This is especially true for discharged hospitalized clients.

4. There is a widespread need to address trauma across all ages of clients in our system of care.

5. There needs to be more outreach to educate adults and transition-aged individuals about available services and provide strong anti-stigma programming to encourage accessing services.

6. There needs to be more social and recreation programs throughout the county for the mentally ill.

7. There is a lack of coordination and cooperation among behavioral healthcare providers that is negatively impacting client care.

8. There is a need for evidence-based programs for the severely mentally ill, including:

    8.1. Assertive Community Treatment (ACT)

    8.2. Dialectical Behavior Therapy

    8.3. Trauma-Informed Therapy

9. There is concern there will be a growing need for gambling addiction services with the new gambling casino in the area.

10. There needs to be more evidence-based, mental health prevention services in all Wood County schools. The "Good Behavior Game" was singled out as a promising option.

11. There is a serious concern for the increasing need for pharmacological management services, especially

for recruiting and retaining psychiatrists.

Perceived Needs Noted by Other Stakeholders:

1. Transportation for clients to access services and resources.
2. Greater collaboration and coordination among agencies such as care coordination.
3. Evidence based Integrated Dual Disorders Treatment.

   3.1. Assertive Community Treatment.

   3.2. Evidence based trauma-informed or trauma-focused therapies.
4. More vocational rehabilitation services, especially for those in the criminal justice system.
5. Increased response time for crisis intervention.
6. Many applicants for county jobs test positive on employment drug screens. There is a need for increased access to effective substance abuse and dependence treatment services.
7. Need for a Crisis Stabilization Unit with crisis stabilization beds designed to address mental health, detox, and medical clearance.
8. Procedures need to be clarified and communicated for involuntary civil commitments (pink slip procedures), including response to suicide calls.
9. There needs to be more cross- systems training and data sharing.
10. There is an increasing need for services for the homeless.
11. Many people living in rural parts of Wood County face transportation barriers.

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

In addressing questions III, IV, and V, considers 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).***

III. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment? ***(See definition "local system strengths" in Appendix 2).***

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

Service Delivery

1. ATOD School and Community-Based Prevention services have been deemed by SAMHSA as among the very best in the country.

   1.1. Numerous evidence-based prevention programs are provided in every school in Wood County and to thousands of Wood County youth every year.

   1.2. Outcomes are routinely measured and reported and are linked to relevant Needs Assessment data.

   1.3. There is great support and collaboration with, schools, juvenile court, the county prosecutor's office, law enforcement, community coalitions and BGSU.

2. Little or no waiting time for initial services for adult behavioral health treatment services, other than Pharmacological Management.

3. New innovative consultation programming for dually-diagnosed developmentally-disabled/mentally ill residents has fostered collaboration among service providers and the creation of a "MIDD Core Treatment Team." This is provided with a shared funding partnership and was established with consultation from the Coordinating Center of Excellence for Mentally Ill and Developmentally Disabled.

4. New, full-time hospital liaison services began in the spring of 2012 with very positive results and feedback from private and state hospitals, service providers, clients and their families. The intent is to facilitate successful discharge planning in order to promote safety, successful recovery, and to eliminate recidivism. We have practically eliminated the number of hospitalized residents who leave the hospital without a known discharge plan, down from 24% in previous years.

5. New and growing collaboration with the criminal justice system began in the spring of 2012 to prepare for implementation of HB 86 and to respond to the needs of families, consumers and the criminal justice system to improve services for the mentally ill and substance dependent who are involved with the criminal justice system.

   5.1. We obtained a federal planning grant from the Bureau of Justice Assistance to plan for the implementation of the Sequential Intercept Model and to study the feasibility of a mental health court in Wood County.

   5.2. A new full time Criminal Justice Coordinator position began in the spring of 2012 to build collaboration among criminal justice agencies to implement access to appropriate services using the Sequential Intercept model. This will help to address needs identified above and the new demands on our system with the implementation of House Bill 86.

   5.3. The Coordinator has worked with many partners to initiate and oversee the new Crisis Intervention Team (CIT) trainings, including dispatcher trainings.

   5.4. We have established a Criminal Justice Coordinating Committee to plan for better coordination of

services in the jail and to plan for successful release into the community.

5.5. After meeting with most police chiefs in the county and with the help of the Sheriff's office, we performed a survey of all Wood County law enforcement officers with an 82% return rate. The survey pointed to the need for much better coordination and cross-system education. This has resulted in some improvements in understanding, cooperation in difficult cases and improved crisis intervention response time.

5.6. Board staff and contract agencies are actively involved in the county's Re-entry Coalition to address the needs of returning prisoners to the community.

5.7. Our county was trained in the Sequential Intercept Model by Dr. Mark Munetz and the Ohio Criminal Justice Center of Excellence this past September (see above).

6. Behavioral health providers have made significant reductions in expenses and have lowered most of their Usual and Customary Rates, in preparation for healthcare reform and Ohio Medicaid elevation. This preparation has resulted in positive financial audits for our two largest providers.

7. Six months ago, the county saw the initiation of an Assertive Community Treatment (ACT) team at Family Services Counseling Center.

8. Early childhood outreach and evidence based services include consultation and education to pre-schools throughout the county. The evidence based program "The Incredible Years" continues to be provided.

9. Mentally Ill residents have obtained competitive employment through the CareerLink vocational rehabilitation services program (an Ohio Rehabilitation Services Commission's VRP3 grant program).

10. The Board now funds 24-hour residential services for transition aged adults at a home operated by Behavioral Connections. Using highly qualified staff and the "Transition to Independence" evidence based approach; we are now providing residential and treatment services for very disturbed individuals. We have seen success in the graduation to less restrictive housing due to this program.

11. Thanks to the partnership between the Wood County Board and OhioMHAS, construction of an upgraded and expanded youth residential treatment unit at Children's Resource Center (CRC) in Bowling Green in well under way. This will effectively double our capacity and will increase safety of youth in the facility. Along with training of staff in the Sanctuary Model, CRC will be able to provide more effective treatment for more severely disturbed children.

<u>Planning Efforts</u>

1. The Wood County ADAMHS Board developed a new, three-year strategic plan to begin in FY14. This plan was based upon most of the Needs Assessment data referred to above. The Board determined five major goals with four-to-five major objectives for each goal. This plan is driving the work of the Board to further strengthen our system of care. Along with the strategic plan, the Board also created new mission

and vision statements, as well as a new set of Board values.

2. The Board has initiated a community-wide planning effort to systematically and developmentally address trauma across all systems of care, throughout the county. Many new partners have come to the planning table, including schools, several departments of the Bowling Green State University, faith communities, consumers, the criminal justice system, the behavioral health system, the Health Department, Wood Lane Board (of Developmental Disabilities) and the Wood Lane Residential Services, Jobs and Family Services, the Cocoon Shelter, the Commissioner's office and other governmental and service agencies.

   2.1. We are studying how to implement several evidence based prevention, education and treatment programs to raise awareness of the impact of trauma, to reduce the symptoms and build an effective treatment system and recovery support.

      2.1.1. We have invited Dr. Sandra Bloom and faculty from the Sanctuary Institute to provide community education on trauma and training in the Sanctuary Model. There will be a two day training and consultation in early April. There will be intensive five-day training for many Wood County agencies made available.

      2.1.2. We are looking at prevention programs that have shown to effectively address the symptoms seen in traumatized youth and exploring early childhood and parenting services.

      2.1.3. We are exploring a system-wide training in evidence based therapies, such as Dialectical Behavior Therapy for therapists at Board contracted agencies.

3. The Board staff continues to take an active role in implementing the new Strategic Plan of the Wood County Families and Children's First Council to collaboratively address the needs of high risk youth, their families and transition-aged individuals. This committee grew out of the Needs Assessments mentioned above.

4. The Board has formed a local Criminal Justice and Behavioral Health Collaboration Committee to determine training, education and joint programming needs to better address individuals in the criminal justice system with mental illness and substance use disorders.

5. The Board provides a leadership role in the newly formed Wood County Re-entry Coalition. This group brings many resources to the table including all components of the criminal justice system, several county departments, elected officials and Bowling Green State University.

6. The Board is working closely with its' contract providers and the Wood County Health Department on several projects related to Medical Health Homes in particular and Healthcare Reform in general.

7. In FY14, the Board will plan to implement a broad anti-stigma program and awareness program for the community. This will include:

7.1. Mental Health First Aid training. The Board supported two people to become trainers in September which was sponsored by OhioMHAS and the Ohio Association of County Behavioral health Authorities (OACBHA).

7.2. NAMI Wood County is planning a number of educational and public relations events to address stigma.

8. In FY 14 the Board will begin planning for a levy campaign slated for the November 2014 ballot.

9. The Board's Outcomes Committee will work with provider agencies to review current outcome measures and consider new measures during FY14.

Business Operations

1. The measurement of agency-client outcomes and client satisfaction were implemented in FY 12. During FY 2013, measures were used to provide indicators of quality Board-purchased services. The Board will be reviewing this system and consider possible changes if necessary.

2. Board staff is continually cross- training for operational redundancy and backup for critical operations.

3. There have been significant changes in Board staff. This has resulted in lower administration costs for our system of care.

4. The continuing implementation of a Fee-for-Service service purchasing methodology over the past three years, with concomitant reduction in service unit rates this time period, has resulted in cost savings for the system of care and we have seen stronger fiscal health for at least two of the Board contract agencies.

IV. **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).***

1. We are concerned there are not enough psychiatric beds available for residents, not only in Wood County, but across the Northwest Collaborative Board hospital region. We appreciate the discussions we have had with OhioMHAS, but the message of a lack of increased or even reduced private hospital beds is disturbing. Our concern is for the safety of clients, families and the community. While we are improving our hospital discharge planning and follow-up care, we see a need for increased bed capacity in our region.

2. Related to lack of psychiatric bed availability, there is a growing need for crisis stabilization units or programs. Such programs may prevent more restrictive hospitalizations while still providing the necessary level of care. This would be less stigmatizing for clients and would help alleviate the hospital bed shortage. The cost of stand-alone units is prohibitive for many Boards and would ask OhioMHAS to advocate for funding assistance

3. We are experiencing greater crisis/psychiatric emergency clients that have used substances. When a

disturbed individual in under-the-influence, they do not meet "medical clearance." Perhaps they fail to meet these criteria due to physical ailments, which are more common in those with severe and persistent mental illness. Given this and the recent push for integration of physical and mental health care, we urge OhioMHAS to work quickly to address this growing need by providing physical healthcare and detox services as well as dual diagnosis treatment at state operated hospitals.

4. Wood County housing options for both the severely mentally ill and substance abusing clients continues to be an obstacle.

5. We are concerned with the potential impact of recent legislative/regulatory changes upon provision of behavioral health care services. Although we mentioned these concerns in our FY12-FY13 Community Plan last year, there are growing concerns which include:

    a. Medicaid Cost Containment measures may adversely impact service delivery and client outcome.

        i. The "soft authorization" for annual limits on CPST services is necessary to keep clients in the community. We urge the Department to continue these allowances or work to remove this restriction. For "deep-end" youth, additional soft authorizations have been denied. Such a policy is likely to increase safety risk and drive hospital utilization higher.

        ii. The reduced reimbursement of CPST services after 90 minutes in one day also hampers needed services which often de-escalate crises, thus avoiding more costly and more restrictive responses. We think there are more effective ways to contain such costs.

        iii. Provider agencies have indicated that maintaining high quality, evidence-based services will be more difficult with Medicaid cost containment measures given the lower reimbursement of Medicaid rates. This would result in less cost-effective services and the likelihood of increase incarceration and hospitalization.

    b. House Bill 86 requirements, without state funding, may further strain the behavioral healthcare system. As more people are released from prisons and jails, expansion of collaboration across systems and an increase in cost-effective services, will be critical. There is concern by at least one provider that service agencies will not be able to meet demand in effective ways.

6. Transportation continues to be a barrier to accessing services not only for the ADAMHS system of care, but most other stakeholders as well.

7. There is a lack of resource knowledge available from stakeholders throughout the county, despite the No Wrong Door program and a comprehensive listing of prevention programs. This is preventing clients from accessing needed resources. We are working with FCFC and the United Way to create more modern, technological resources to address this issue.

8. There is a lack of evidence-based <u>treatment</u> services to address our most pressing needs delineated

above, especially trauma informed culture and services.

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

Client, family and community safety are significant challenges for a successful system of care. These challenges, if not met, will likely erode community confidence in our system's ability to provide sufficient services, which combined with possible "levy-fatigue" could jeopardize local levy support.

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

We would appreciate assistance in building and expanding the recovery infrastructure that is not likely to be positively impacted by healthcare reform or Medicaid expansion. This directly relates to the challenges outlined above.

Assistance with education and training in evidence based approaches for the prevention and treatment of dual diagnosed or multiple diagnosed individuals and for those impacted by trauma is a significant need. We appreciate the funding assistance for Mental Health First Aid training and for the upcoming training for SBIRT. If this could be expanded, we would be interested in such a partnership.

We would appreciate additional training and consultation in improving our system's cultural competence.

V. 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).*

In FY 2012, the Ohio Department of Alcohol and Drug Addiction Services provided two trainings in the area of cultural competence, in response to our request for technical assistance in this area in previous Community Plans. These two training events were an important beginning for us to more fully and actively improve cultural competence in our system. Consumers have asked for more bi-lingual clinicians and outreach to Hispanic/Latino and African American populations. We should note that interpretive services are readily available, when needed. We will also plan to reach out to the Islamic community to offer assistance in FY14.

Priorities

VI. Considering the Board's understanding of local needs, the strengths and challenges of your local system, what has the Board set as its priorities for service delivery including treatment and prevention and for populations? Below is a table that provides federal and state priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board's priorities, and add the Board's unique priorities in the space provided. For those federal priorities that are mandatory for the OhioMHAS and not selected by the Board, please check one of the reasons provided (e.g., no assessed local need, lack of funds to meet need, lack of necessary professional staff) or briefly describe the applicable reason.

Priorities for Wood County Alcohol, Drug Addiction and Mental Health Services Board				
Substance Abuse & Mental Health Block Grant Priorities ***Priorities Consistent OHIOMAS Strategic Plan**				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	**Providers indicate this is not a known issue.**			X_ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Provide inpatient women's treatment for chemically dependent and dually diagnosed women at Devlac Hall, operated by Behavioral Connections of Wood County	Provide gender specific, trauma informed care	# of clients engaged in treatment # verbalized triggers behavior changes needed for abstinence # successfully completed program established at discharge Outcomes using FARS.	__ No assessed local need __Lack of funds __ Workforce shortage __ 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)	Women's specific recovery with on-site childcare.	Referrals from several sources, but especially Wood County Jobs and Family Services, Youth Protection services. Inpatient treatment if necessary. Outpatient treatment according to level of care required. Intensive Outpatient Programs are available via two adult providers and one youth provider.	# of clients engaged in treatment # verbalized triggers behavior changes needed for abstinence # successfully completed program established at discharge Feedback from referral sources. Outcomes measurement using FARS	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases	This has not been seen in several years. Goal is to work collaboratively with physical health providers to achieve desired outcomes.	Appropriate Level of Care provided for substance dependence. Collaboration with physical health providers will occur.	# of clients engaged in treatment # verbalized triggers behavior changes needed for abstinence # successfully completed program established at discharge Feedback from referral sources. Outcomes measurement using FARS	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	To provide early outreach and intervention. To provide appropriate level of care,	Early Childhood identification occurs via our Early Childhood Mental Health programs.	# of clients engaged in treatment # successfully completed program established at discharge	__ No assessed local need __Lack of funds __ Workforce shortage

	including residential treatment as needed. Trauma-informed care will be provided. Evidence based treatment will be provided.	Outreach to children is provided in schools for all behavioral health problems. Trauma-informed care is provided as needed. Residential treatment is provided as necessary.	Feedback from referral sources. Outcomes measurement using CFARS.	__ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	To provide a full continuum of care; from outreach, early intervention; crisis intervention, inpatient treatment according to acuity, outpatient treatment and Recovery. Collaboration with other systems ,including criminal justice, health, Jobs and Family Services, Wood Lane Developmental Disabilities. Principles of Recovery and Trauma informed care will be implemented. Expand supervised housing.	Improved Crisis Intervention. Improved partnership with other systems via planning and care coordination efforts. Expanding evidence based treatment. Planning for expansion of housing. Planning for improvement in transportation. Maintain or expand vocational services. Expanded education for Recovery. Ongoing, regular meetings with providers and clients. Planning efforts to determine specific housing needs and resources, with the help of OMHAS and other regional Boards.	# of clients engaged in treatment # successfully completed program established at discharge Feedback from referral sources Feedback from clients. Outcomes measurement using FARS. Measurement of evidence based treatment services offered and number of clients receiving these. Feedback from NAMI and community stakeholders.	__ 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*	To improve access to physical healthcare for behavioral healthcare clients	Continue participation with planning and procedures with the county health department to develop assessment and outcomes measures.	Continue participation with planning and procedures with the county health department to develop assessment and outcomes measures.	__ 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	To support Recovery for clients by? Working to improve safe housing options. Providing trauma informed care. Working to improve transportation. Expansion of access to and	Work with local, regional and state resources to expand housing services. Work to improve transportation to services with JFS, others. Provide training in evidence based treatment.	Feedback from consumers, family members, NAMI, providers, stakeholders. Utilize Recovery measurement, perhaps using the Maine Recovery measurement tools.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

	programming at Drop-In Center(s).			
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant *Priorities Consistent OHIOMAS Strategic Plan				
Treatment: Veterans	Expand outreach to veteran's organizations.	Meet with Veterans organizations. Consider implementation of outreach and support programs. Inform of recovery supports and make available. Offer trauma informed care.	# Clients (veterans) receiving services. # successfully completed program established at discharge Feedback from referral sources. Feedback from clients. Outcomes measurement using FARS where appropriate. Measurement of evidence based treatment services offered and number of clients receiving these. Feedback from NAMI and community stakeholders.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Individuals with disabilities	Continue work with Wood Lane system of developmental disabilities.	Continue the success, or expand as needed, the Mental Health Developmental Disabilities consultation program. Expand trauma informed care treatment services and culture across both systems.	Feedback from providers and family members. Documented behavioral improvement via the DD system. Outcomes measured through the FARS, as appropriate.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	This is growing concern is being studied. The Board may work with providers to explore Medication Assisted treatment. Expand, as needed detox services and residential services as needed. Continue community education.	Work with providers and community stakeholders to explore Medication Assisted treatment and collaborative efforts to address opiate abuse and addiction. Expand, as needed detox services and residential services as needed. Continue community education.	Evidence of planning meetings. Ongoing assessment of need. Research the efficacy of various treatments.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	This is a primary Recovery goal for the Board as stated in our strategic plan. We plan to perform a thorough needs assessment in FY14. This assessment will also include regional resource mapping.	Continue with the housing needs assessment planning and implementation with OMHAS and regional boards. The Board submitted a Capital Plan to OMHAS in September with several proposed projects to address this concern.	Needs assessment to be completed by the end of the fiscal year for Board consideration of solutions.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Underserved racial and ethnic minorities and LGBTQ populations	Outreach to underserved populations. Clients have stated that this is a need for our system of care.	New suicide prevention plan (due this fiscal year) will also address these populations. Public service/education campaign to raise awareness.	Client and stakeholder feedback.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Priorities	**Goals**	**Strategies**	**Measurement**	**Reason for not selecting**
Treatment: Youth/young adults in transition/adolescents and young adults	Continue, or expand, transition age Drop-In Center and services in Bowling Green. Continue supportive housing for males. Study need and resources for supportive housing, especially for females.	Housing needs assessment with OMHAS will address this population. Expand trauma informed care. Work for smooth transition for youth in out of county placements back to the community.	Housing needs assessment data. Provider needs assessments of this population	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Early childhood mental health (ages 0 through 6)*	Continue Early childhood outreach to preschools and expand as necessary. Continue the Incredible Years programs. Continue with parent interventions. Expand trauma informed care.	Outreach via the Early Childhood education al program at CRC. Continue the Incredible Years programs. Continue with trauma informed treatment for young parents and families. Residential treatment as needed.	Incredible Years outcomes. Early Childhood program reports. Provider use of CFARS, as appropriate.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure	Working with local providers and other stakeholders, implement at public service approach to education, awareness and prevention.	The Board and NAMI are working to develop a recurring, annual program of anti-stigma and education along with the Board's Educators Committee.	Evidence of materials, publications, conferences and workshops, presentations, public service announcements.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Ensure prevention services are available across the lifespan with a focus on families with	Work closely with many community stakeholders to obtain trauma informed training across agencies.	Work with the Suicide Prevention Coalition to develop a comprehensive plan.	County Suicide Prevention Plan approved by the Board. Continued ATOD and other prevention	__ No assessed local need __Lack of funds __ Workforce shortage

children/adolescents*	Work with the Center of Excellence for Health and Wellness across the Lifespan at BGSU. Continue ATOD prevention services for all school children. Support of Healthy Ideas for older residents, provided by the Wood County Council on Aging.	Work with NAMI and Board Educators to expand public service campaign. Continue suicide prevention programming in the schools. Continue the Olweus anti-bullying program in the schools. Consider implementation with schools of the Good Behavior Game. Explore prevention programming for adult populations in local agencies and businesses.	programming. SAHPES survey of schools as a measure of need and outcome.	__ Other (describe):
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices				X No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Promote wellness in Ohio's workforce	Study and work with local business organizations to determine how the Board might assist in promoting wellness.	Will engage in outreach. There is work in this area via other agencies and BGSU. Study how the Board system might be able to contribute.	Planning meetings held.	__ No assessed local need X Lack of funds X Workforce shortage __ Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*	Continue problem gambling public service program in the community and at BGSU	Continue current programming using gambling funds.	Materials are produced and distributed.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Enhance Recovery & Support Services.	Enhance access to Drop-In Center services	1. Expand membership at Connections Center 2. Pilot transportation for Connections Center 3. Expand Connections Center days/hours	• Client satisfaction • Hospital and jail utilization and recidivism • Increased drop-in center participation,

		4. Explore expanding services 5. Explore consumer-operated center, potentially in northern Wood County	services, and hours.
Enhance Recovery & Support Services.	Explore funding arrangements for supportive housing for people with MH and AOD disorders.	1. Perform local and regional assessment of housing needs 2. Write and submit Capital Plan 3. Plan for capacity expansion	• Needs assessment published which will include resource mapping and consideration of client needs. • Capital plan submitted to OMHAS
Enhance Recovery & Support Services.	Maintain effort to create job opportunities and placements for clients	1. Expand job opportunities in the community 2. Reduce stigma among employers 3. Maintain Ohio of Rehabilitation Services grant	• # employment services clients • # successful client employment placements • Expansion of employers
Enhance Recovery & Support Services.	Increase Peer Support, empowerment and anti-stigma strategies	1. Work with Ohio Empowerment Coalition to provide peer support training 2. Expand WRAP programming 3. Develop and implement public anti-stigma plan	• Trainings provided. • WRAP programs provided • Client satisfaction • Public Awareness and anti-stigma publications, presentations, workshops.
Enhance Recovery & Support Services.	Participate in any community transportation collaboration effort and inform process with Board data	1. Perform transportation needs assessment for behavioral health clients and services 2. Work with county efforts to expand transportation system 3. Explore various cost-effective methods to increase client transportation resources	• Improvements in transportation services. • Client satisfaction.
Augment community safety through MH/AOD services.	Enhance criminal justice and behavioral health collaborations	1. Provide CIT Training for all Police Departments. 2. Collect data from participating police departments and the Court system to inform future scope and scale of CIT program	• # CIT officer per Police Department • % of PD collecting data • Court data system operational • Criminal Justice/Behavioral health

		3. Work to expand mental health and drug court dockets 4. Improve Offender Re-Entry services 5. Implement in-jail assessments and screenings 6. Work to facilitate probation department collaboration with behavioral health providers 7. Implement Sequential Intercept Model	data base created • # in-jail screenings-/-assessments • Measure implementation of Sequential Intercept Model
Augment community safety through MH/AOD services.	Expand and improve Crisis Intervention Services	1. Ongoing satisfaction data collected among stakeholders, consumers 2. Expand and improve database for CI services and hospital admissions 3. Study need and feasibility for crisis stabilization unit/services 4. Explore contracting for crisis stabilization with Wood County Hospital	• # served by Crisis Intervention Services • Satisfaction reports provided to the Board
Augment community safety through MH/AOD services.	Expand trauma-reduction programs	1. Plan for county-wide trauma informed education and training 2. Plan for development of trauma prevention programming 3. Implement training in evidence based, trauma-informed treatment for providers 4. Explore recovery supports for victims of trauma 5. Develop grant proposals to support expansion	• # served by new trauma program • County Trauma planning and grant writing team formed • Provider training in evidence-based services such as Dialectical behavior Therapy implemented • School-based program on bullying and trauma prevention implemented
Augment community safety through MH/AOD services.	Develop and implement a suicide prevention plan with The Suicide Prevention Coalition	1. Study the new national and state suicide prevention plans as a basis for local plan 2. Write plan with measureable objectives 3. Write grant proposals for supporting implementation of this plan 4. Document implementation of plan components	• Suicide Prevention Plan completed • Suicide Prevention Plan implemented
Advance high-quality and cost-effective services.	Improve the outcome evaluation	1. Work with State Department, providers, advocates and consumers to determine what is important to	• Evaluation system improvements implemented

		be measured 2. Develop plan for outcome measurement changes and implementation 3. Develop data collection and analysis capabilities as needed.	
Advance high-quality and cost-effective services.	Explore utility of technology to support medical record keeping and outcome evaluation.	1. Work with providers and community partners to explore tele-medicine/tele-health technologies for remote treatment, crisis intervention and education 2. Obtain funding for technology via grants, allocations planning 3. Develop any needed policies for implementation 4. Implement technological practices 5. Evaluation of implementation via satisfaction	• Technology assessment completed
Advance high-quality and cost-effective services.	Identify emerging mental health and addiction needs and high quality service options to meet those needs	1. Study need for post-discharge services 2. Study need for transition-aged population	• Emerging need assessment completed
Advance high-quality and cost-effective services.	Fund needed innovative primary prevention, early intervention and treatment services		• $ expended or # served in new programs
Advance high-quality and cost-effective services.	Enhance workforce development, including retaining and recruiting psychiatrists	1. Develop plan for psychiatrists 2. Develop plan for other clinicians 3. Develop plan for training of workforce in evidence based services	• # psychiatrists • # trained therapists • # clinicians trained in EBP
Assure good stewardship for financing the system of care.	Secure levy approval to meet critical MH and AOD needs and the Board mission	1. Form levy committee 2. Determine marketing survey 3. Plan for Board retreat on levy decisions 4. Develop levy campaign plan	• ADAMHS, BOCC, election vote
Assure good stewardship for financing the system of care.	Update Board reserve policy for current and emerging fiscal conditions	1. Staff will collect data on standard and best practices for system of care reserves	• Reserve Policy adopted
	Align funding to strategic plan priorities utilizing	1. Consistent with strategic plan, Board will consider	• Completion of aligned policies

Assure good stewardship for financing the system of care.	competitive processes when feasible	method of determining priorities 2. Policies developed on priorities 3. RFP process determined	
Assure good stewardship for financing the system of care.	Collaborate with the community to pursue joint ventures		• # of joint programs • $ generated/leveraged by ventures
Elevate Board operations.	Review and revise Board By-Laws, policies & procedures, meeting formats, meeting locations, committee operations		• Revised Board operational processes
Elevate Board operations.	Enhance Board member education and outreach opportunities		• # Board educational sessions
Elevate Board operations.	Review Board capacity to implement the strategic plan, including technology and staffing		• Capacity report produced
Elevate Board operations.	Implement a comprehensive marketing plan to address general education/outreach & access, levy campaign, anti-stigma effort		• Marketing plan implemented

The Board's long-term goals

The Board believes attainment of its stated goals will generate the following long-term outcomes for county citizens:

- A focus on Recovery Supports enhances client health, safety and community connections.
- Fewer clients experience criminal justice system involvement.
- Citizens share a lower prevalence of suicide ideation.
- The system of care shows increased utilization of evidence-based programs and services with quality outcomes.
- The Wood County mental health and addiction system of care provides a stable funding base for services.
- The Board is informed and accessible as it represents the needs of Wood County citizens.
- Stakeholder satisfaction will be very high.
- Consumer satisfaction and outcomes will be very high.

VII. 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)Crisis Stabilization Unit	We have a need for a crisis stabilization facility for citizens in crisis. This may involve substance intoxication and the need for detox and emergency crisis intervention and pharmacological services. We have a need for a less restrictive environment than a psychiatric hospital for a number of crisis intervention cases. In these two situations, our only option is the county jail, which is not appropriate and stigmatizing.
(2)Local psychiatric hospital beds	Local treatment would facilitate integrated psychiatric and physical health services. Local treatment would facilitate continuity of care, including the inclusion of family and significant others when appropriate. Local treatment would reduce the burden on law enforcement in terms of transportation.

VIII. 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's emphasis on collaboration has been a very high priority. We believe the information provided above describes in detail the many collaborative efforts the Board has engaged in during the last two years. These collaborative efforts include an expanding number of partners, especially as we engage more faith-based communities. Areas of concern include community safety, in response to the recent rampage killings and our assessment data of suicide ideation among youth.

Collaborative efforts have been most apparent in the growing number of grant applications written by a number of partners. We have submitted or worked on six grant projects in the past seven months. These grants target increasing collaborative efforts to meet the mutual needs of participating agencies in Wood County.

We are now completing a Federal grant project to implement the Sequential Intercept Model in Wood County. Many agencies in both the criminal justice and behavioral health arenas were actively involved, including consumers. The funding for this project is ending, but we have five ongoing workgroups available to address the identified needs and develop plans to build on those ideas.

In the past seven months, there has been a growing collaboration to address the impact of trauma on clients. A county-wide plan is being developed to introduce trauma informed care across all of the systems and faith based communities. We have arranged for Dr. Sandra Bloom to provide community education and for her to work with faculty of the Sanctuary Institute to provide community-wide education and consultation. The Sanctuary Institute will also provide their intensive five-day training in Wood County to a large number of agencies so that we might achieve the necessary culture, attitudinal and behavior changes to provide for an atmosphere of safety for clients to begin to effectively overcome the negative health and mental health impact of trauma. This planning also involves studying and implementing trauma informed, evidence based prevention, treatment and recovery services. We are happy to provide details of this developing plan.

Our collaboration successes stated or alluded to above include a number of diverse opportunities, including the work we described in our criminal justice collaborations. We also mentioned our partnership with the Wood Lane Board of Developmental Disabilities and Wood Lane Residential Services in developing a cross-systems consultation model that has facilitated new attitudes and partnerships between the two systems for the benefit of our mutual clients.

Recently, Board staff actively participated in the county-wide Wood County Health Department Community Health Improvement Process (CHIP). Wood County community leaders participated in this 5 month process that utilized current multi-system data to prioritize gaps in services with a final goal of improving the health of Wood County residents. A 2014-2016 Wood County Community Health Improvement Plan (CHIP) is currently being completed. This process exemplified the need for all key stakeholders to communicate and work together to address the important health priorities that surfaced in the CHIP.

Collaboration has also been seen with the Juvenile Justice and Youth behavioral health services and the application of several grants to promote improved partnerships and evidence based approaches to serving emotionally disturbed youth involved in the juvenile justice system.

We continue to work on implementation of the FCFC Strategic Plan with our partners of our Families and Children First Council.

Inpatient Hospital Management

IX. 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

We have described our hospital management activity and processes in previous Community Plans.

1. We have monthly Hospital Utilization Management team meetings with providers, including crisis intervention supervisors, our forensic monitor and hospital liaison.

2. We collect information from private hospitals and the state hospital as well as crisis intervention data from provider agencies. We have gathered this information in our "Hospital Utilization Management Database." For ten years, we have analyzed this information in terms of bed day trends (number of unique clients, bed days used, length of stay and costs) and post-discharge information (time from service to discharge) and recidivism.

3. We have a contract for private hospitalization with the ProMedica hospital system.

4. The Board contracts for hospital liaison services with Family Services of Northwest Ohio. This service provides a full time person to work with Wood County residents in hospitals (state and private) and work on discharge planning. We no longer have clients discharged from hospitals without contact, and in almost all cases, with a comprehensive discharge plan, which includes planning for safe housing and follow-up care. This service also maintains contact with discharged clients until they arrive for their scheduled appointments. Collaboration with the Board's Criminal Justice Coordinator has been essential for those hospitalized clients involved in the criminal justice center.

Innovative Initiatives (Optional)

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

a) Service delivery

1. Our MHDD program mentioned above is a collaborative consultation project between the developmental disabilities and the ADAMHS system.
2. Criminal Justice Coordinator position and related services including: system wide CIT coordination and training, database development, jail screenings and assessments and reentry programming back into the community as well as leading a number of collaborative committees.
3. The Sequential Intercept training, database development, resource mapping and needs assessment and ongoing workgroups across systems of care.
4. Our hospital liaison service mentioned above.
5. Our Alcohol, Tobacco and Other Drug School and Community Based Prevention Program is provided by the Wood County Educational Service Center. This nationally awarded program is believed responsible for reducing substance use among Wood County Youth.

b) Planning efforts

1. Our community wide planning for trauma informed care using the Sanctuary Model and based upon the research and writings of Dr. Sandra Bloom. We will be sharing this information at future mental health conferences in Wood County.

c) Business operations

d) Process and/or quality improvement

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

Advocacy (Optional)

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

Open Forum (Optional)

XII. 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 wavier is intended for service expenditure of state general revenue and federal block funds.**

A. HOSPITAL	ODADAS UPID #	ALLOCATION
N/A	N/A	N/A

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
N/A	N/A	N/A	N/A

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.

SIGNATURE PAGE
Community Plan for the Provision of Mental Health and Addiction Services SFY 2014

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Mental Health and Addiction Services (OhioMHAS) department a community mental health and addiction services plan for its service area. The plan is prepared in accordance with guidelines established by OhioMHAS in consultation with Board representatives. A Community Plan approved in whole or in part by OhioMHAS is a necessary component in establishing Board eligibility to receive State and Federal funds, and is in effect until OhioMHAS approves a subsequent Community Plan.

The undersigned are duly authorized representatives of the ADAMHS/ADAS/CMHS Board.

Wood County Alcohol, Drug Addiction and Mental Health Services
ADAMHS, ADAS or CMH Board Name (Please print or type)

Tom Clemons
ADAMHS, ADAS or CMH Board Executive Director

12-5-13
Date

ADAMHS, ADAS or CMH Board Chair

12-5-13
Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].

Sent via US Mail
12-6-13