The Alcohol, Drug Addiction and Mental Health Services Board
Serving Athens, Hocking and Vinton Counties

COMMUNITY PLAN FOR SFY 2017

June 27, 2016
Ohio Department of Mental Health and Addiction Services (OhioMHAS)  
Community Plan Instructions SFY 2017  
Enter Board Name: ATHENS-HOCKING-VINTON

**NOTE:** OhioMHAS is particularly interested in update or status of the following areas: (1) Trauma informed care; (2) Prevention and/or decrease of opiate overdoses and/or deaths; and/or (3) Suicide prevention.

### 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: With regard to current environmental context, boards may speak to the impact of Medicaid redesign, Medicaid expansion, and new legislative requirements such as Continuum of Care.

The 317 Board serves three rural, Appalachian counties in southeastern Ohio. The area is abundant in natural beauty and rich Appalachian cultural heritage. People who live in these rural counties value their long-standing ties to land, communities and families. Athens County is home to Ohio University and Hocking College—vital assets for economic and workforce development.

This very rural, Appalachian setting (total population 107,572; 2010 U.S. Census) also features physical isolation and high poverty rates. Public transportation is limited to the cities of Logan and Athens; there is no hospital in Vinton County and large areas are without cell phone or internet access. Law enforcement officers travel as many as 30 miles to respond to domestic violence and other crisis calls. Limited employment, transportation and housing opportunities often impact service access and treatment outcomes.

The geography of the area has limited the economic development in the area. Athens and Vinton Counties are classified as “economically distressed” by the Appalachian Regional Commission (ARC) and Hocking County is considered “transitional”. The ARC defines “distressed” counties as ranking “in the worst 10 percent of the nation’s counties.” On indicators of economic well-being, all three counties are worse than state averages.

The community plan is written in an environment of relative financial and policy stability for state fiscal year 2017. However, we anticipate significant policy changes in SFY 2018 that will likely influence future plans. The key influences on planning for SFY 2017 includes:

**Medicaid Expansion:** The importance of Medicaid expansion for addressing the behavioral health needs of vulnerable people cannot be over-stated. Medicaid expansion’s biggest impact has been in creating access to substance use disorder treatment, particularly for addressing the growing population of people who are addicted to opiates. Medicaid expansion has increased access to treatment, helping people to change behavior and creating hope for a better future for individuals, families and communities who have been torn apart by addiction. Medicaid expansion has also increased mental health access, but historically this system was better financed and so the change has not been as dramatic as with addiction services.

**Continuum of Care Legislation:** The ORC 340.03 and 340.033 (Continuum of Care legislation) originally slated to take effect September 15, 2016 (delayed until July 1, 2017 per recent legislative action) is the priority for planning and service delivery
in FY 2017. The law codifies formerly indefinite language about Board responsibilities into a formalized list of services that the Board must document as available in the system of care. It also includes new service requirements specific to opiate addictions. The Athens-Hocking-Vinton Board has utilized this new requirement to assess the local system of care and to work with local providers where gaps exist.

**Recovery-Oriented System of Care:** The new paradigm of person-centered system design and service delivery is underway. Peer services, employment, housing and social and family supports are critical for achieving positive outcomes. The Athens-Hocking-Vinton Board has some significant strengths in this service area, and areas that can be further strengthened. We remain hopeful that additional sustainable investments can be made in the future.

**Criminal Justice Reform:** The state of Ohio is looking at sentencing reform and release of a large number of prisoners back to local communities. The Athens-Hocking-Vinton Board anticipates the need to work with community partners to address the needs of those with behavioral health issues. The Board has a number of successful pilots with criminal justice partners—Hocking Municipal Vivitrol Court Program, Athens County Prosecutor’s Office Vivitrol Program, and the Southeastern Ohio Regional Jail Hospital Transfer Reduction Pilot Project. These programs are demonstrating positive outcomes and funding is in place for FY 2017; sustainability will need to be addressed.

**Health Transformation:** Significant changes are underway. In FY 2017, Medicaid eligibility for those in the “spend down” population will change. The Specialized Recovery Services (SRS) will provide some additional benefits for those with Serious and Persistent Mental Illness (SPMI). We will need to assess if there will be gaps in access for those who do not meet eligibility. Medicaid providers are trying to understand the implications of coding and rate changes effective July 1, 2017. Behavioral health moving to Managed Care in January 2018 is the biggest change on the horizon and the impact of this change is not well known. All of these changes create uncertainty in the planning process. On a positive note, the Athens-Hocking-Vinton Board’s partnership with the Osteopathic Heritage Foundation of Nelsonville has created an opportunity for Boards and local health care providers to build relationships and test strategies for improved access and outcomes.

**Technology:** Technology infrastructure for data management and communications demands attention during this planning cycle. Providers have increased expenses around Electronic Medical Records; the Board needs to determine a course of action after MACSIS is no longer viable; and changing demographics and the opportunities related to telehealth and social media require the development of new skills and new avenues for communication.

**Local, State and National Policies:** Financing behavioral healthcare is a challenge given the long-standing economic vulnerabilities of the area. There are relatively high levels of community understanding and support for behavioral healthcare services as evidenced by public support for two levies in the Board area. However, continued future support is not a given, especially in light of the recent changes in state reimbursement of “property tax rollbacks”. The state’s “Healthy Ohio” Medicaid Waiver, if passed, introduces accountability measures that may restrict access and thereby transfer costs to local community resources. The national presidential election brings the possibility of additional change. The Appalachian region is particularly reliant upon a stable partnership with state and federal governments because of a limited local tax base and limited charitable foundation assets.

**Workforce Development:** Recruiting and retaining physicians, psychiatrists and clinicians has become a central challenge since Medicaid expansion. More people have insurance to cover services, but workforce shortages can create access problems.

**Opiate Addiction:** The increase in the number of people with opiate addictions continues to be a pressing problem that impacts families and communities and remains a priority for the system of care.

**Other Data:** Demographics and service utilization trends are included in Appendix A.
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, gaps in services and disparities, if any.
   
a. Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and consumers in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention [ORC 340.03 (A)(1)(a)].

The first planning priority for the AHV Board for SFY 2017 is to be in compliance with ORC 340.03 and 340.033 originally slated to take effect September 15, 2016 (delayed until July 1, 2017 per recent legislative action). The secondary planning priorities have been continued assessment of Medicaid expansion and the Affordable Care Act to determine the implications for Board investments and assessment of recovery supports in the board area. Four primary methods were used to assess need:

1. An internal staff review starting in May, 2015 of the current continuum of care available in the Board catchment area and its conformance with ORC 340.03 and 340.033.
2. Solicitation of information from each funded organization to obtain projected budget needs for SFY 17 & 18. Each organization is also presenting their accomplishments and projected needs in a presentation to the board of directors during its monthly meetings (January—June).
3. Implementation of the Recovery Oriented System of Care (ROSC) Survey online to identify strengths and areas for improvement. Over 100 stakeholders were invited to complete an online survey, including board members, providers and consumers. Those invited represent the ethnic/cultural heritage of the board area—namely Appalachia. Thirty-one people completed the entire survey; a focus group will be held at a future date to obtain additional feedback.
4. Two facilitated meetings were held in May 2016 with community stakeholders to discuss the housing needs of women who have substance use disorders in Athens and Hocking counties.

In addition to the above, the AHV Board assesses needs informally through its on-going collaboration with community partners including—opiate and suicide task forces, re-entry, court programs, housing coalitions, prevention coalitions, Family and Children First Councils, primary care organizations, meetings with provider, consumer and family organizations, state psychiatric hospital, etc.

The Board staff also participated in other local planning processes. Some of these assessments are complete at the time of this plan and others are still in process:

- Ohio Health-O’Bleness Hospital Community Health Needs Assessment (CHNA)
- Hocking Valley Community Hospital CHNA
- Hocking County Health Department CHNA
- Athens County Health Department CHNA
- Vinton County Health Department CHNA
- Ohio Healthy Youth Environments [prevention] Survey (OHYES!)
- Ohio Department of Health CHNA

An abbreviated summary of the above needs assessment findings is located in Appendix B.
b. Child service needs resulting from finalized dispute resolution with Family and Children First Council [340.03(A)(1)(c)].

There have been no disputes—we attribute this to on-going collaborative Board leadership in FCFC planning and problem-solving. The AHV Board invests into pooled funding for SED children in each county. The Board is an active partner with each Family and Children First Council and is actively involved in their annual planning process.

c. Outpatient service needs of persons currently receiving treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)].

This population continues to be a Board priority. Access to Appalachian Behavioral Healthcare (ABH) is an on-going concern as the hospital is nearly always at capacity and the only private beds are in a small geriatric unit at Hocking Valley Community Hospital. The Board is working with NAMI Ohio and AppCare (the 8 boards/21 counties that utilize ABH) on the development of a post-hospital rehabilitation unit for persons who are no longer in need of hospital level care, but who would benefit from additional support before returning home (similar to nursing home rehabilitation).

The Board worked with ABH and Hopewell Health Centers to address needs for outpatient services using Hot Spot and Community Collaborative Resources funding. The Board invested in: an aftercare liaison, wrap-around funding, additional crisis supports, and evening and weekend staff at the Blue Line/Union permanent supportive housing project. The Board has continued these initiatives and will continue to do so contingent upon funding and results. The Board is also participating in the Jail Transfer Reduction Pilot Project in collaboration with Appalachian Behavioral Healthcare. This project is showing success and will continue in FY 2017.

Another need of this population is intensive services of an ACT team. The addition of this service to the state’s Medicaid plan will hopefully mean that this service becomes available locally in FY 2017 or 2018.

d. Service and support needs determined by Board Recovery Oriented System of Care (ROSC) assessments.

The following needs were identified in the initial on-line survey; additional assessment and planning work is needed to determine strategies.

- Partnerships with local businesses to increase opportunities for employment
- Peer leaders, particularly young adults as adolescent peer support specialists
- Timely access to the services and supports, including interim services for people on waiting lists and/or those who are not ready to commit to treatment
- Active involvement of people in recovery and family members in program development and evaluation is needed

e. Needs and gaps in facilities, services and supports given the Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

The Board’s primary focus for this planning cycle has been compliance with the Continuum of Care. The Board is pleased to report that it meets basic requirements for the Continuum of Care for all services identified in 340.03 and 340.033. The Inventory of Facilities, Services and Supports Available to Residents of the Board Area—Table 1, lists these resources.

Beyond these basics, additional priorities would have been addressed if there were not resource limitations. These items are listed in the chart for question six.
2A. Complete Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area.
   (Table 1 is an Excel spreadsheet accompanying this document)

### 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.

3. **Strengths**:
   a. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment?

   Strong, stable leadership at the Board and agencies contributes to system integrity and well-being. Board and provider agencies work together to jointly address community needs. The Board has historically had strong local support, with two district levies that citizens have supported over many years.

   Collaborative partnerships with other local agencies increases the Board’s capacity and effectiveness. Areas of strength include collaborations with Family and Children First Councils, Metropolitan Housing Authorities, health care and criminal justice. The Board has a long history of effective regional partnerships to enhance funding opportunities and to increase efficiency in rural programming. Hocking College and Ohio University provide a wealth of resources and opportunities for workforce development, program development, evaluation, professional expertise on boards and student volunteer services.

   Hopewell Health Centers, the combined Federally Qualified Health Center (FQHC) and Community Mental Health Agency offers fully integrated care and is a tremendous resource in the Board area. Hopewell Health Centers has Behavioral Health Consultants in each of its Athens, Hocking and Vinton County primary care sites (as well as others beyond this Board region) and in 2015 added primary care services in its Athens County Behavioral Health Clinic. Hopewell Health Centers was awarded a federal HRSA grant to expand Medication Assisted Treatment to non-court involved patients at each of its FQHC sites. An additional federal grant to implement the health home model has been submitted.

   The Board has partnered with the Osteopathic Heritage Foundation of Nelsonville to invest in projects that integrate behavioral and primary health care. Together, the partners will invest over 1.2 million dollars over a multi-year period to provide opportunities to strengthen integrated care in the Board area. In addition to Hopewell Health Centers, the partnership funds two other partnerships: Health Recovery Services’ collaboration with Ohio Health Pain Clinic Specialty practice in Athens and Integrated Services for Behavioral Health’s partnership with University Medical Associates primary care clinic. Both Health Recovery Services and Integrated Services have additional integrated care collaborations.

   There are numerous successful behavioral health and criminal justice collaborations—Hocking County Municipal Court Vivitrol Program, Athens County Prosecutor’s Vivitrol Program, Crisis Intervention Team (CIT) for law enforcement and first responders, Athens Municipal Court SAMI program, Athens Common Pleas Court Veterans Court Program, Hocking Municipal and Common Pleas Drug Court Programs, Jail Transfer Reduction Pilot Program. Representatives from Athens and Hocking counties participated in a local “Stepping Up” meeting convened by retired Ohio Supreme Court Justice Eve Stratton-Lundberg; a self-assessment is the next action step.

   The Board is involved in Opiate Task Forces or Drug Abuse Task Forces in each of the three counties it serves. There is an active Suicide Prevention Task Force in Athens County. Bill Dunlap’s leadership in Southeast Ohio spear-headed successful Project DAWN programs in collaboration with county health departments.
There are a number of outstanding family and recovery support programs in the Board area, including NAMI Athens education and family support programs, peer-mental health programs in each county, the Athens Photographic Project, the John W. Clem Recovery House and Our House recovery house in Logan. The Gathering Place and Athens Photographic Project secured state funding in FY 2016 to coordinate peer services in the region.

Agencies are providing training to their staffs on Trauma-Informed Care. Boards and providers are involved with the Southeast Trauma-Informed Care group (SETIC). Behavioral health and law enforcement provide training on trauma-informed care for law enforcement officers.

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

The AHV Board staff is willing to assist and share information in any of the above areas.

4. Challenges:

   a. What are the challenges within your local system in addressing the findings of the needs assessment, including the Board meeting the Ohio Revised Code requirements of the Continuum of Care?

   Provision of sub-acute and ambulatory detoxification services has been a challenge. Perhaps because of the historical lack of Medicaid coverage for those with substance use disorders, this service was not well developed in the Board area. Capacity development challenges include development of protocols, workforce development and issues of scale.

   Workforce Development: Medicaid expansion has created challenges in recruiting and retaining qualified staff available to meet growing demands. Psychiatrists and other prescribers, including medical staff who are interested in working in Medicated Assisted Treatment programs and addressing ambulatory detox, has been one of the most pressing challenges.

   Scale: This is a challenge in many areas. Agencies report difficulty in achieving fidelity to intensive and evidence-based models such as Integrated Dual Diagnosis Treatment Teams (IDDT), Supported Employment (SE) or Assertive Community Treatment Teams (ACT) due to relatively small target populations. There has been some discussion with a local hospital around development of sub-acute detox, but it is not clear if there is enough demand to make a unit financially viable. Specialized Recovery Supports (SRS) of employment and peer services will be new a benefit for persons with SPMI who used to be on “Medicaid Spend-Down”. Because there are relatively few people in our catchment area who will qualify for this benefit, we wonder if agencies will find it viable to offer these services. Lack of private inpatient psychiatric beds is also impacted by scale.

   Employment Opportunities: The Board struggles to know how to move forward with supported employment efforts given the shortage of job opportunities in the catchment area.

   Policy and Funding Uncertainties: State and federal policy changes around health transformation creates opportunity and uncertainty for planning and program development. While the basics of the Continuum of
Care are in place in the board area, there are additional recovery supports, evidence-based practices and subsidized treatment capacity that are needed. Funding and policy uncertainty make it difficult to forge ahead with new services because of questions of longer-term sustainability.

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

Children, family and community health suffers when people do not have access to the help that they need. This results in a shift to more expensive acute services and other more costly societal problems.

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

- Intensive treatment, detoxification and housing services that are sustainable in rural communities or that can be developed regionally.
- State leadership on a sustainable, long-term plan for peer and recovery support initiatives welcomed.
- There is a lack of private psychiatric inpatient beds in southeast Ohio
- Workforce development—physician recruitment and training on MAT and other evidence-based models.

5. Cultural Competency

a. 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.

The AHV Board’s vision is for a person-centered philosophy of care. Board and provider agencies are immersed in the local culture and excel at having strong collaborative relationships that are the foundation of cultural competence. Provider agencies provide training to their staff on cultural competence. One of the biggest challenges is the lack of population density in some special populations and the ready availability of cultural/linguistic accommodations for those who need it. Board staff attended a training on Culturally and Linguistically Appropriate Service (CLAS) standards and has an objective related to this in the Board’s priorities.

Priorities

6. Considering the board’s understanding of local needs, the strengths and challenges of the 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 section provided. For those federal and state priorities that are not selected by the board, please check one of the reasons provided, or briefly describe the applicable reason, in the last column.

**Most important**, please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in the board’s response to question 2.d. in the “Assessment of Need and Identification of Gaps and Disparities” section of the Community Plan [ORC 340.03(A)(11) and 340.033].
<table>
<thead>
<tr>
<th>Priorities</th>
<th>Goals</th>
<th>Strategies</th>
<th>Measurement</th>
<th>Reason for not selecting</th>
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</thead>
<tbody>
<tr>
<td><strong>SAPT-BG:</strong> Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)</td>
<td>Customers are abstinent at program completion</td>
<td>Hocking County Municipal Court Vivitrol Treatment Program; Athens County Prosecutor’s Vivitrol Program; Health Recovery Services MAT program</td>
<td>Number who successfully complete treatment or continue in treatment Number with reduced criminal justice involvement</td>
<td>__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):</td>
</tr>
<tr>
<td><strong>SAPT-BG:</strong> Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)</td>
<td>Customers are abstinent at program completion</td>
<td>Funding for MAT and outpatient treatment programs Rural Women’s Recovery Program</td>
<td>Number who successfully complete treatment or continue in treatment Number of births of drug-free babies</td>
<td>__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):</td>
</tr>
<tr>
<td><strong>SAPT-BG:</strong> Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) &amp; 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)</td>
<td>Customers are abstinent at program completion</td>
<td>Continue partnership with Children Services Departments to improve access and targeting of behavioral healthcare services</td>
<td>Customers who complete treatment who are in compliance with their family preservation plan</td>
<td>__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):</td>
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<tr>
<td><strong>SAPT-BG:</strong> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</td>
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<td>__ No assessed local need __ Lack of funds __ Workforce shortage <em>X</em> Other (describe): Health Dept.</td>
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<tr>
<td><strong>MH-BG:</strong> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</td>
<td>Customers increase functioning and community stability</td>
<td>Pooled funding for Family &amp; Children First Councils in each county; Genesis child psych consult; Outpatient services for those without insurance; Youth crisis response</td>
<td>Reduced need for out of home placement</td>
<td>__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):</td>
</tr>
<tr>
<td><strong>MH-BG:</strong> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</td>
<td>Customers increase functioning and community stability</td>
<td>Outpatient services for those without insurance; Hospital liaison and aftercare; crisis services, crisis residential services; Jail Transfer Reduction Pilot Program</td>
<td>Decrease in the number of 30 day re-admits; Increase in the number of people with community stability Assessment of the impact of elimination of spend-down on local resources</td>
<td>__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):</td>
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</tbody>
</table>
### MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing

- **Customers have safe, stable housing**
- **Partnerships with Metropolitan Housing Authorities on PSH grants; Housing Assistance Program**
- **Number of people who maintain in housing or exit to other permanent housing**

### MH-Treatment: Older Adults

- **Customers maintain functioning and community stability**
- **Funding for Vinton and Hocking Senior programs**
- **Number of people who maintain housing**

### Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant

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<tr>
<th>Priorities</th>
<th>Goals</th>
<th>Strategies</th>
<th>Measurement</th>
<th>Reason for not selecting</th>
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<tbody>
<tr>
<td>MH/SUD Treatment in Criminal Justice system – in jails, prisons, courts, assisted outpatient treatment</td>
<td>Reduced criminal justice involvement</td>
<td>Hocking and Athens Vivitrol programs; Jail Transfer Reduction Pilot Program; education groups in SEORJ; SAMI Court program; CIT; Veterans Court; Prison re-entry Stepping Up Self-Assessment</td>
<td>Number with reduced criminal justice involvement</td>
<td>__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):</td>
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<tr>
<td>Integration of behavioral health and primary care services</td>
<td>Improved behavioral and physical health outcomes for vulnerable populations</td>
<td>Funding collaboration with the Osteopathic Heritage Foundation of Nelsonville investing up to 1.2 million over several years</td>
<td>Improved behavioral and physical health outcomes Improved care coordination resulting in timely exchange of patient information</td>
<td>__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):</td>
</tr>
<tr>
<td>Recovery support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support, transportation)</td>
<td>Customers increase their quality of life, have increased social supports and social connections; and are employed and have meaningful activity</td>
<td>Investments in consumer, family and community programs and supports that increase satisfaction, support recovery, resiliency and family support and stigma reduction; Continue to offer resolution of clients rights and other family concerns about access and quality of care; Develop a plan to further define and implement Recovery Oriented System of Care (ROSC) in the system of care; Consider funding to HHC for start-up costs associated Supported Employment;</td>
<td>Increase in the number of customers who report increase social connections and meaningful activity; Stigma related to behavioral health is reduced; ROSC plan is developed by June 30, 2017; Supported employment and peer recovery supports are available in the system of care;</td>
<td>__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):</td>
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<tr>
<td>Assessing access to specialized recovery supports available through the 1915(i) program</td>
<td>Resource guide developed by December 31, 2016</td>
<td>__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):</td>
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<td><strong>Promote health equity and reduce disparities across populations (e.g. racial, ethnic &amp; linguistic minorities, LGBT)</strong></td>
<td>System of care is culturally competent</td>
<td>Use Culturally and Linguistically Appropriate Service (CLAS) standards to guide service delivery; work with other health partners on resources</td>
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<tr>
<td><strong>Prevention and/or decrease of opiate overdoses and/or deaths</strong></td>
<td>Customers, family, community and first responders have access to life-saving Narcan kits</td>
<td>Continue work with county health departments to supply and distribute Narcan kits; Assess availability through private pharmacies</td>
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<tr>
<td><strong>Promote Trauma Informed Care approach</strong></td>
<td>System of care utilizes trauma-informed practices</td>
<td>Participate in Southeast Trauma-Informed Care Network; Promote capacity development around TIC</td>
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<thead>
<tr>
<th>Prevention Priorities</th>
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<tr>
<td><strong>Priorities</strong></td>
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<tr>
<td><strong>Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents</strong></td>
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<tr>
<td><strong>Prevention: Increase access to evidence-based prevention</strong></td>
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</tbody>
</table>
Prevention: Suicide prevention

Suicides are prevented
Continue to support community Suicide Prevention Task Forces and LOSS team

Other (describe):

Other (describe):

Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations

Community members are aware of the gambling addiction risks and resources for help
Health Recovery Services will continue public awareness

Number of people reached by public awareness

Other (describe):

Other (describe):

<table>
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<tr>
<th>Priorities</th>
<th>Goals</th>
<th>Strategies</th>
<th>Measurement</th>
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<tbody>
<tr>
<td>Recovery housing for women with substance use disorders</td>
<td>Recovery housing options for women and women with children in the board area</td>
<td>Work with community members to assess need and opportunities for development of new recovery housing; provide linkages to resources</td>
<td>Determine need and viability</td>
</tr>
<tr>
<td>Family Violence</td>
<td>Adults and children who are victims of domestic violence are safe and have access to needed supports</td>
<td>Funding for Edna Brooks Foundation dba My Sister’s Place</td>
<td>Number of customers who enact safety measures specific to their situation</td>
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| 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.

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<thead>
<tr>
<th>Priority if resources were available</th>
<th>Why this priority would be chosen</th>
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<tr>
<td>(1) NAMI Ohio Rehabilitation Project</td>
<td>Hospital access and step down resources are needed to improve access and outcomes. NAMI Ohio has a viable solution, but the AppCare region does not have sufficient resources to sustain this project on its own</td>
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<tr>
<td>(2) Transition age young adults</td>
<td>Traditional service system does not have the capacity to address the unique needs of this population; additional supports, specialized housing and employment and educational resources are needed</td>
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<tr>
<td>(3) Capital Investments</td>
<td>There are significant shortages of decent, affordable housing in all three counties; integrative care requires renovations to existing facilities and new facilities</td>
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<td>(4) Adult Care Facility</td>
<td>There is no ACF in the Board area</td>
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<td>(5) Assertive outreach</td>
<td>Funding for “non-productive” time to engage those who are ambivalent about engaging in treatment</td>
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<tr>
<td>(6) Regional Sub-Acute Detoxification</td>
<td>Need for beds accessible in southeast Ohio</td>
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<tr>
<td>(7) Peer supports</td>
<td>To address waiting lists and offer additional employment opportunities for peers to work</td>
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<tr>
<td>(8) Outreach</td>
<td>To engage people who are in need, but are not currently engaged with services</td>
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<td>(9) Cognitive Enhancement Therapy &amp; other new promising practices</td>
<td>New models for treatment and supports are available</td>
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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. (Note: Highlight collaborative undertakings that support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)

The AHV Board has positive ongoing communication and partnership with a broad array of stakeholders in three counties and many of these were highlighted in the description of Board strengths. Collaborative undertakings related to the continuum of care include:

• Working with Hopewell Health Centers and Health Recovery Services on ambulatory detox—to understand the barriers and problem solve around solutions. The Board has facilitated training to medical staff on ambulatory detoxification protocols.

• Working with Hocking Valley Community Hospital and Fairfield Medical Center about possibilities for acute and sub-acute detoxification.

• Engaging a consultant and working with community stakeholders to assess the need and potential for increasing options for safe, sober housing for women.

• Engagement with Hocking Municipal Court and Athens County Prosecutors office on Vivitrol programs has dramatically increased the number of people who successfully engaged in treatment for their opiate addiction.

• Working with state and local peer recovery supports to increase the ability of peers to contribute to the system of care.

• Work with county health departments to implement Project DAWN to save lives.

• The Board works collaboratively with other Boards that are part of the Appalachian Behavioral Healthcare group. The NAMI Ohio Rehabilitation project is a regional collaborative project as no board has the population or finances to support this project on their own.

Inpatient Hospital Management

9. Describe the interaction between the local system’s utilization of the State Hospital(s), Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that is expected or foreseen.

The AHV Board has a long-standing positive collaboration with Appalachian Behavioral Healthcare (ABH). Hopewell Health Centers (HHC) is the Board-designated provider of crisis response, pre-screening and discharge planning for acute and forensic patients. There is a Continuity of Care agreement among the partners.

In FY 2016, approximately 67% of all pre-screens on adults that resulted in hospitalization were sent to ABH. This is a reduction from 75% in FY 2013. While this decrease is positive, if it is the state’s goal to minimize the number of persons with Medicaid or other private insurance who utilize the state hospital system, the lack of private inpatient psychiatric
beds in southeast Ohio will need to be addressed. The Board has only one private in-patient psychiatric unit in the catchment area and it is a geriatric unit. Hopewell Health Centers makes every effort to link those with Medicaid and private insurance to private psychiatric units, but it is a time-intensive effort and often without success. Hospitals report that Medicaid reimbursement rates are a barrier to accepting Medicaid patients. Admissions to private psychiatric units located far from the board area create complications related to transportation and family support.

The Board monitors several data points to determine needs, trends and priorities:

In FY 2015, 329 persons were admitted to ABH for inpatient care with an average length of stay of 12 days and an average median length of stay of six days. The psychiatric hospital aftercare program served 184 person and 88% did not have a readmit to a psychiatric hospital in the first 30 days post discharge.

The Board was invited to participate in a Jail Transfer Pilot Project to increase services in Southeast Ohio Regional Jail in FY 16 and FY 17. There was an average of 14 jail transfers from SEORJ to ABH (FY 13-15) and the goal has been to reduce this by at least one person in each year. As of the writing of this plan the results are positive and we are on track to exceed our target to reduce the number of jail transfers.

The Board works closely with ABH to connect patients with Medication Assisted Treatment at discharge and to ensure that all AHV patients with an opiate use risk are provided with Project DAWN kits and information on how to obtain refills. We are tracking data on the number of persons with serious substance use disorders who present in crisis; some people could be diverted to more appropriate AOD inpatient treatment if this service were readily available.

In FY 2015, the Board utilized 6,412 inpatient hospital days at a state hospital—nearly equal with the three year average (FY 2011-13) target of 6452. Of these days, 793 bed days are attributed to persons from out of state; this is much higher than the 2011-13 average of 692 days. There are a handful of West Virginia residents with serious mental illness whose primary hospital is ABH when they are in need of inpatient care. The Board continues to advocate that continuity of care would be improved if the admitting board were also responsible for bed days and discharge planning.

The investments made into a designated Hospital Liaison and Discharge Planner positions at HHC have demonstrated value and will continue as priorities. In addition, investments made with Hotspot and Community Collaborative funding in FY 2015 continue as priorities: wrap-around funding, Blue Line apartments after-hours staffing and additional on-call crisis services. The Board has worked with Athens Metropolitan Housing Authority to establish a priority for persons who need housing in order to be discharged from ABH or who are at imminent risk of hospitalization due to unstable housing.

As of May 2016, the Board has four forensic patients with long inpatient stays. Three are Not Guilty by Reason of Insanity (NGRI) and one is Incompetent to Stand Trial Unrestorable (ISTU). The Board collaborates with two other Boards to employ a forensic monitor to work with patients with a forensic status. In addition to the inpatient forensic clients, five clients are monitored in the community on a conditional release plan that is supervised by one of three county Common Pleas Courts. The Board is currently seeking to identify another Board to partner with regarding a conditional release plan for a difficult to place patient.
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 is believed to benefit other Ohio communities in one or more of the following areas:
   a. Service delivery
   b. Planning efforts
   c. Business operations
   d. Process and/or quality improvement

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

NOTE: The Board may describe Hot Spot or Community Collaborative Resources (CCR) initiatives in this section, especially those that have been sustained.

- The Board targeted resources under Hot Spot or Community Collaborative Resources that have been sustained. These are described in the previous section on Inpatient Hospitalization Management.

- The Board has an innovative funding partnership with the Osteopathic Heritage Foundation of Nelsonville to invest 1.2 million in new initiatives that improve the integration of behavioral and primary health care.

- Hocking County Municipal Court, under Judge Moses, has established a Vivitrol Court Program to address the treatment needs of persons with opiate addictions who are court-involved. The Court is collaborating with Hopewell Health Centers and TASC of Southeast Ohio.

- The Board has a very strong collaborative rural CIT program that has trained over 330 officers over the past ten years.

- The Athens Photographic Project, established in 2000, is nationally recognized program offering consumer recovery through the arts. The project has recently purchased its own building with generous support of Ohio Capital funding and the program space is in the process of being renovated.

- Sojourners Generation Now provides culturally competent homeless services and transitional and permanent supportive housing options to youth and transition age young adults in seven counties in Southeast Ohio. Funding from Runaway and Homeless Youth Act provides the foundation for these vital rural services.

- Opiate Task Forces in Athens, Hocking and Vinton Counties have been established and are thriving and demonstrating the value of local citizens to organize to address a serious community issue.

- Athens County has an active Re-Entry Coalition that has successfully applied for grants to improve local response to persons returning to the county. The Re-Entry Coalition does in-reach video conferencing with prisoners prior to release to increase engagement with local services.
• Judge McCarthy, Athens Common Pleas Court, has established a Veterans Court and accepted its first Veteran in 2016.

• Hopewell Health Centers was awarded a Strong Families, Safe Communities grant to increase and improve supports for young people who present in crisis, including development of a cross-disciplinary after hours crisis response teams.

• Forensic Monitoring is shared with 2 other Boards which enables employment of a full-time person dedicated to this important function, consistent relationships with Courts and cost efficiency.

• Integrated Services for Behavioral Health (ISBH) is working with Ohio Health on the possible transfer of Doctor’s Hospital of Nelsonville to ISBH.

• Hopewell Health Centers is integrating primary care into its Athens and Hocking behavioral health sites; clinic renovations are in progress and both will be “in scope” as FQHC sites which opens the door to additional resources.

**Advocacy (Optional)**

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

**Open Forum (Optional)**

12. Please share other relevant information that may not have been addressed in the earlier sections. Report any other emerging topics or issues, including the effects of Medicaid Expansion, which is believed to be important for the local system to share with the department or other relevant Ohio communities.
Community Plan 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.

To request a waiver, please complete this form providing a brief explanation of services to be provided and a justification. 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.

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<th>A. HOSPITAL</th>
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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.

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<th>B.AGENCY</th>
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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.

Athens-Hocking-Vinton 317 Board

ADAMHS, ADAS or CMH Board Name  (Please print or type)

____________________________________________                   ______________
ADAMHS, ADAS or CMH Board Executive Director                              Date

_____________________________________________                 ______________
ADAMHS, ADAS or CMH Board Chair                     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.).]