

Fairfield County
Alcohol, Drug Addiction, and Mental Health Services (ADAMH) Board

COMMUNITY PLAN FOR SFY 2012-2013

August 22, 2011

MISSION STATEMENT

To reduce the impact of mental illness, substance abuse and family violence in Fairfield County.

VISION STATEMENT

The Fairfield County ADAMH Board will be well informed and motivated to meet the challenges that confront the behavioral health care system in our community. The Board will understand the principles of governance, ethics and quality improvement and will apply them in a manner consistent with the interests of the organization.

Staff will operate in an environment that is appealing and conducive to productivity. Each staff person will have a clear understanding of their role and will be supported by the Board and administration.

The Board and staff is committed to making the Fairfield County ADAMH Board an agent of positive change for people experiencing mental illness, substance abuse and family violence.

VALUE STATEMENTS

The Board will seek to be impartial in its decisions.

The Board will allocate its resources in a manner that best meets the needs of our community and consumers it serves.

In the lack of clear and convincing data, the Board will act in a constrained manner to avoid doing unintended harm.

SIGNATURE PAGE

Community Plan for the Provision of Alcohol, Drug Addiction and Mental Health Services
SFY 2012-2013

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 Department of Alcohol and Drug Addiction Services (ODADAS) and the Ohio Department of Mental Health (ODMH) a plan for the provision of alcohol drug addiction and mental health services in its area. The plan, which constitutes the Board's application for funds, is prepared in accordance with procedures and guidelines established by ODADAS and ODMH. The Community Plan is for State Fiscal Years (SFY) 2012 – 2013 (July 1, 2011 to June 30, 2013).

The undersigned is a duly authorized representative of the ADAMHS/ADAS/CMHS Board. The ADAMHS/ADAS Board hereby acknowledges that the information contained in this application for funding, the Community Plan for SFY 2012 - 2013, has been reviewed for comment and recommendations by the Board's Standing Committee on Alcohol and Drug Addiction Services, and is complete and accurate.

FAIRFIELD COUNTY ALCOHOL, DRUG ADDICTION, & MENTAL HEALTH BOARD

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

Rhonda Myers
ADAMHS, ADAS or CMH Board Executive Director

8/23/11
Date

K. Jay Bakken
ADAMHS, ADAS or CMH Board Chair

8/23/11
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.)].

I. Legislative & Environmental Context of the Community Plan

- A. Economic Conditions**
- B. Implications of Health Care Reform**
- C. Impact of Social and Demographic Changes**
- D. Major Achievements**
- E. Unrealized Goals**

SECTION I: LEGISLATIVE AND ENVIRONMENTAL CONTEXT

Legislative Context of the Community Plan

Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards, Alcohol and Drug Addiction Services (ADAS) Boards and Community Mental Health Services (CMH) Boards are required by Ohio law to prepare and submit to the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and/or the Ohio Department of Mental Health (ODMH) a plan for the provision of alcohol, drug addiction and mental health services in its service area. Three ADAS Boards submit plans to ODADAS, three CMH Boards submit plans to ODMH, and 47 ADAMHS Boards submit their community plan to both Departments. The plan, which constitutes the Board's application for funds, is prepared in accordance with procedures and guidelines established by ODADAS and ODMH. This plan covers state fiscal years (SFY) 2012 – 2013 (July 1, 2011 through June 30, 2013).

The requirements for the community plan are broadly described in state statute. In addition, federal requirements that are attached to state block grant dollars regarding allocations and priority populations also influence community planning.

Ohio Revised Code (ORC) 340.03 and 340.033 – Board Responsibilities

Section 340.03(A) of the Ohio Revised Code (ORC) stipulates the Board's responsibilities as the planning agency for mental health services. Among the responsibilities of the Board described in the legislation are as follows:

- 1) Identify community mental health needs;
- 2) Identify services the Board intends to make available including crisis intervention services;
- 3) Promote, arrange, and implement working agreements with social agencies, both public and private, and with judicial agencies;
- 4) Review and evaluate the quality, effectiveness, and efficiency of services; and
- 5) Recruit and promote local financial support for mental health programs from private and public sources.

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Section 340.033(A) of the Ohio Revised Code (ORC) stipulates the Board's responsibilities as the planning agency for alcohol and other drug addiction services. Among the responsibilities of the Board described in the legislation are as follows:

- 1) Assess service needs and evaluate the need for programs;
- 2) Set priorities;
- 3) Develop operational plans in cooperation with other local and regional planning and development bodies;
- 4) Review and evaluate substance abuse programs;
- 5) Promote, arrange and implement working agreements with public and private social agencies and with judicial agencies; and
- 6) Assure effective services that are of high quality.

ORC Section 340.033(H)

Section 340.033(H) of the ORC requires ADAMHS and ADAS Boards to consult with county commissioners in setting priorities and developing plans for services for Public Children Services Agency (PCSA) service recipients referred for alcohol and other drug treatment. The plan must identify monies the Board and County Commissioners have available to fund the services jointly. The legislation prioritizes services, as outlined in Section 340.15 of the ORC, to parents, guardians and care givers of children involved in the child welfare system.

OAC Section 5122-29-10(B)

A section of Ohio Administrative Code (OAC) addresses the requirements of crisis intervention mental health services. According to OAC Section 5122-29-10(B), crisis intervention mental health service shall consist of the following required elements:

- (1) Immediate phone contact capability with individuals, parents, and significant others and timely face-to-face intervention shall be accessible twenty-four hours a day/seven days a week with availability of mobile services and/or a central location site with transportation options. Consultation with a psychiatrist shall also be available twenty-four hours a day/seven days a week. The aforementioned elements shall be provided either directly by the agency or through a written affiliation agreement with an agency certified by ODMH for the crisis intervention mental health service;
- (2) Provision for de-escalation, stabilization and/or resolution of the crisis;
- (3) Prior training of personnel providing crisis intervention mental health services that shall include but not be limited to: risk assessments, de-escalation techniques/suicide prevention, mental status evaluation, available community resources, and procedures for voluntary/involuntary hospitalization. Providers of crisis intervention mental health services shall also have current training and/or certification in first aid and cardio-pulmonary resuscitation (CPR) unless other similarly trained individuals are always present; and
- (4) Policies and procedures that address coordination with and use of other community and emergency systems.

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HIV Early Intervention Services

Eleven Board areas receive State General Revenue Funds (GRF) for the provision of HIV Early Intervention Services. Boards that receive these funds are required to develop HIV Early Intervention goals and objectives and include: Butler ADAS, Eastern Miami Valley ADAMHS, Cuyahoga ADAS, Franklin ADAMHS, Hamilton ADAMHS, Lorain ADAS, Lucas ADAMHS, Mahoning ADAS, Montgomery ADAMHS, Summit ADAMHS and Stark ADAMHS Boards.

Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant

The federal Substance Abuse Prevention and Treatment (SAPT) Block Grant requires prioritization of services to several groups of recipients. These include: pregnant women, women, injecting drug users, clients and staff at risk of tuberculosis, and early intervention for individuals with or at risk for HIV disease. The Block Grant requires a minimum of twenty (20) percent of federal funds be used for prevention services to reduce the risk of alcohol and other drug abuse for individuals who do not require treatment for substance abuse.

Federal Mental Health Block Grant

The federal Mental Health Block Grant (MHBG) is awarded to states to establish or expand an organized community-based system for providing mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). The MHBG is also a vehicle for transforming the mental health system to support recovery and resiliency of persons with SMI and SED. Funds may also be used to conduct planning, evaluation, administration and educational activities related to the provision of services included in Ohio's MHBG Plan.

Environmental Context of the Community Plan

A. Economic Conditions and the Delivery of Behavioral Health Care Services

Fairfield County has a total area of 505 Square miles and is positioned between Columbus and Ohio's rural Appalachian region. The northern portion of the county is relatively flat with the southern portion mostly hilly. Although not officially part of the state or federally defined Appalachian region, certain areas of Fairfield County—particularly south of U.S. 22 — bear a distinctly Appalachian feel in both physical geography and demographics.

The 2010 Census population estimate for Fairfield County is 146,156 residents. This constitutes a 19.1% increase in population since the last formal Census count of 2000. Ohio's rate of growth for that same period was approximately 1.6%. While White (non-Hispanic) persons (90.2%) comprise the majority of residents, Fairfield County is now much more ethnically diverse than in previous decades: African-American/Black (6.0%), Hispanic or Latino (1.7%), Bi-racial/Multi-racial (1.9%), Asian (1.1%), and American Indian/Alaskan Native (0.2%). (Reference: <http://quickfacts.census.gov/qfd/states/39/39045.html>)

Analysis of educational statistics shows that Fairfield County has a higher percentage of high school graduates (aged 25+) than state average (90.9% vs 86.8%) and a negligible amount less of college graduates than state average (23.2% vs 23.6%). On average the Fairfield County worker spends 19% more time commuting to work than the average Ohio worker.

(Reference: <http://quickfacts.census.gov/qfd/states/39/39045.html>)

In 2008, Fairfield County and the State of Ohio had unemployment rates of 5.7% and 6.6% respectively. Labor force statistics (June, 2011) indicate an 8.1% non-seasonally adjusted unemployment rate for Fairfield County and a 9.2% seasonally adjusted unemployment rate for the State of Ohio.

(Reference: <http://ohiomli.com/laus/ColorRateMap.pdf>) This represents a 42% increase in unemployment in Fairfield County and a 40% increase in the State of Ohio unemployment between 2008 and 2011.

(Reference: <http://lmi.state.oh.us/laus/CLFE/AnnualAverages/2008Ranking.pdf>)

The percentage of persons below poverty in Fairfield County increased from 6.9% in 2003 to 11.8% in 2009: this represents an approximate 71% increase in persons living below the poverty level. Roughly fifteen percent (15%) of persons in Ohio lived below the poverty level in 2009. (Reference: <http://quickfacts.census.gov/qfd/states/39/39045.html>)

Household income is lower and the percentage of persons living in poverty is higher for the city of Lancaster, the county seat, than Fairfield County. The vast majority of Fairfield County residents seeking behavioral health services live in the Lancaster area.

It is important to note that (2005-2009) Fairfield County median home values are lower in Lancaster (\$121,000) (Reference:

[\[The City of Pickerington \\(Pop. 18,291\\) is roughly half the size of Lancaster, the county seat. The median household income \\(\\\$75,985\\) tends to be larger than that\]\(http://factfinder.census.gov/servlet/ACSSAFFFacts?_event=Search&geo_id=01000US&geoContext=01000US&_street=&_county=Fairfield+County&_cityTown=Fairfield+County&_state=04000US39&_zip=&_lang=en&_sse=on&ActiveGeoDiv=geoSelect&_useEV=&pctxt=fph&pgsl=010&_submenuId=factsheet_1&ds_name=ACS_2009_5YR_SAFF&_ci_nbr=null&qr_name=null®=null%3Anull&_keyword=&_industry=\) The rate of home ownership across the county \(2005-2009\) was 77.0%; this is approximately 7.5% higher than the state average.</p></div><div data-bbox=\)](http://factfinder.census.gov/servlet/ACSSAFFFacts?_event=ChangeGeoContext&geo_id=16000US3941720&_geoContext=&_street=&_county=Lancaster%2C+Ohio&_cityTown=Lancaster%2C+Ohio&_state=&_zip=&_lang=en&_sse=on&ActiveGeoDiv=geoSelect&_useEV=&pctxt=fph&pgsl=010&_submenuId=factsheet_1&ds_name=ACS_2009_5YR_SAFF&_ci_nbr=null&qr_name=null®=null%3Anull&_keyword=&_industry=) than median home values in the county as a whole ($166,600) (Reference:</p></div><div data-bbox=)

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of Lancaster or Fairfield County residents in general. Roughly 82% (81.9%) of homes are owner occupied with median home values roughly of \$187,400.

Almost one-third (31.9%) of Pickerington residents are under the age of 18.

(Reference:

<http://www.ci.pickerington.oh.us/sections/community/demographics.asp>)

The Fairfield County ADAMH system passed a replacement levy in FY 2006, providing an opportunity to both: 1) again provide services on a sliding fee scale to low income residents without [adequate] health insurance, and 2) deploy several innovative programs targeted at a) opiate users and b) youth at risk of depression and suicide. It is important to note that reductions in state allocations and increased demand for Medicaid match over the past biennium have resulted in a virtual elimination of sliding fee scale mental health and drug and alcohol services, including the innovative Suboxone® program.

Fairfield County has several homeless shelters and transitional housing for persons who are without a place to live. Anecdotal evidence suggests that persons from contiguous counties without such resources come to Fairfield County to obtain these, and subsequently, other social services.

Analysis of jail days for the ten year period starting January 2000 suggests that former residents of the Community Transitions Center, a halfway house program funded by the Ohio Department of Corrections, accounted for more than 63,000 jail days during that period.

The Community Transition Center and homeless shelters while valuable and important programs for our state and region, are creating increased demand for mental health and substance abuse services that would not otherwise exist in our community. ODMH and ODADAS should take such factors into consideration and provide some degree of financial compensation for those communities that have accepted the burden of providing services to persons originating from other counties.

The ADAMH Board has eliminated some of its administrative capacity, transferred a position from outside the organization to inside the organization to increase efficiency, and anticipates a future reduction in staff due to attrition by the middle of SFY 2013. These reductions have made it more challenging to provide a high level of community education and planning services which have been the hallmark of this organization. It will be very difficult to incur additional cuts to the ADAMH Board, given the limited staff capacity that currently remains, if Medicaid enrollment and claims responsibilities continue beyond SFY 2012.

B. Implications of Health Care Reform on Behavioral Health Services

The Fairfield County ADAMH Board has many more questions than answers about federal healthcare reform and how it will impact behavioral health services in our community. The Board is considering the potential benefits and liabilities of each of the following federal and state trends:

1. Expanded health coverage for transition age youth (18 – 25) if their parents have health insurance and add the youth to the policy. The Board is guardedly optimistic that this particular aspect of healthcare reform will diminish the overall demand for publicly funded services by increasing the number of persons covered by private insurance. Historically, clients of public behavioral health services tend to come from households that are uninsured or underinsured. It is possible that this expanded benefit will have a negligible impact on the demand for local services.
2. General commitment to integrate physical and behavioral medicine, with each patient having a medical home. The medical home concept is beneficial and important from a quality of patient care perspective. Medicaid-only services do not constitute a continuum of care approach.
3. Expansion of federally qualified health centers (FQHC). Local FQHCs are a potential important source of behavioral health services in the future given the decline in current state and county resources. However, they too, have experienced funding reductions in the past year.
4. Ohio Medicaid Reform. A single state Medicaid Agency that bears the responsibility for all Medicaid match outside of mental health and substance abuse treatment dollars would have ideally freed-up other funding streams to provide care to indigent, non-Medicaid eligible persons in need of treatment. This event did not occur, with the concomitant ability to set cost containment measures, until after significant resources designated to the community were absorbed as Medicaid match over the years.

C. Impact of Social and Demographic Changes (Key Factors that Will Shape the Provision of Behavioral Health Care Services in the Board Area)

1. Social and Demographic Characteristics of Consumers/Client Served
 - a. *Increase in Persons Needing Services without the Resources to Pay for Needed Services.* During 2004, resources were no longer available for sliding fee scale services. It was with great relief when the Fairfield County ADAMH Board passed a replacement levy, with a concomitant increase in revenue, in the fall of 2005 and agencies were once again able to offer services to the community based on a person's ability to pay for the service(s).
 - i. **Mental Health Treatment Services.** Since then, resources for mental health treatment services on a sliding fee scale have been

challenged to keep up with the requests for services. As the unemployment rate has skyrocketed over the past several years, demand has drastically increased for mental health treatment services that are available at little or no cost. Despite temporary increases in the federal financial participation (FFP) rate over the last 18 months, the combination of out-of-county Medicaid match obligations and state budget reductions have once again made sliding fee scale services unavailable upon request in Fairfield County. Medicare and Medicare/Medicaid clients both require a subsidy for the agency to receive its full payment for service and as such are considered sliding fee scale clients as well. Sliding fee dollars are used for existing mental health clients, and a few new slots are reserved for persons in extenuating circumstances, such as: 1) Persons needing to be discharged from the state hospital, or 2) persons seen by the mental health hospital pre-screener in the Emergency Room and deemed in need of services to ameliorate future danger to self/others.

ii. **Substance Abuse Treatment Services.** In the last half of SFY 2010, out-of-county Medicaid costs and state budget reductions resulted in the discontinuation of medication assisted treatment with Suboxone for persons with an opiate addiction. Starting in SFY 2011, substance abuse treatment services in Fairfield County are only available to persons with Medicaid coverage. Fairfield County has a significant number of young adults with an opiate addiction and/or poly-substance abuse. The person with the addiction or family/friends of the person with the addiction are able to receive an initial assessment, treatment recommendations, and referrals to parent, family, or self-help groups, but no ongoing substance abuse treatment. These individuals continue to remain at high risk for heroin-related and opiate analgesic-related morbidity and mortality.

- b. *Opiate epidemic.* Fairfield County is in the midst of an opiate epidemic. The non-medical use of prescription drugs is frequently perceived as less dangerous, from an addiction standpoint, than are illicit drugs. Persons who develop an addiction to opiate analgesics often later learn heroin is a less expensive alternative than the costly acquisition of prescription medications; they begin to use heroin intravenously, risking increased mortality and morbidity. The VRP3 Project is intended to help indigent persons in need of substance abuse treatment and employability services to receive both aod treatment (including MAT) and vocational rehabilitation services.

Results of the 2010 Fairfield County Youth Survey revealed that while prescription drug use had declined, Fairfield County High School Seniors reported having ever used (lifetime prevalence) or used in the

last thirty days (30 day prevalence) heroin at higher rates than a nationwide sample of 2009 Monitoring the Future respondents' results). Twelfth graders in 2010 reported an increased ease of access (very easy or somewhat easy access) at the following rates: prescription drugs (+0.4%), and heroin (+14.5%). The significant increased percentage of seniors and sophomores reporting very or somewhat easy access to heroin, (+14.5%) and (+8.6%) respectively, is of grave concern.

2. Strengths, Weakness, Opportunities, Threats (SWOT) Analysis

a. *Strengths*

i. **Principled decision making about system retrenchment.**

A bio-ethicist led a workshop with the Board, key stakeholders, and constituents in late January, 2011 on the ethics of service prioritization and distribution in an environment of scarcity.

ii. **Medication Assisted Treatment Expertise.** Oral Suboxone® treatment, a partial mu-agonist, became an integral part of successful treatment for persons struggling with an opioid addiction in 2007. The Recovery Center has the expertise and infrastructure to provide this important service. [Due to SFY 2010 budget reductions, Suboxone® is now available only to persons with Medicaid coverage or who are eligible for VRP3 services.]

iii. **Community Collaboration and Support.**

The ADAMH Board has effective working relationships with other community organizations and governmental entities. The community as a whole has a “working together” approach to solving community problems/needs. One example of this collaboration is the Opiate Task Force initiated by the ADAMH Board in the Fall of 2009. The Opiate Task Force has a diverse membership, including: Fairfield Medical Center, Community Physicians, the School System, Social Service Organizations, Law Enforcement, Courts, elected representatives, the local newspaper, and the Lancaster-Fairfield Chamber of Commerce.

iv. **Research, Program Evaluation, and Data Analysis. Capabilities.**

Research and evaluation is an area of special interest for the Fairfield County ADAMH Board. Administrative staff of the Board are thoroughly grounded in research principles and methodology and use research and evaluation technology in the management and evaluation of funded services.

b. *Weaknesses.*

i. **Reductions in Organizational Capacity.** Due to state budget cuts, and the need for mental health and substance abuse treatment services to Medicaid match the Board staff has been reduced over

the past biennium.

ii. **Continuum of Care Gaps.** At this time, sliding fee scale services are available only in emergency situations. In addition, the local ADAMH system continues to lack some of the more important intensive services such as mental health respite for persons who have a serious mental illness and local AoD residential services for addicted individuals who need intensive interventions to recover.

Recently, the Board has identified two important populations that are now at serious risk due to the lack of sliding fee services. Persons returning from the military and from a state prison

c. *Opportunities.*

i. **New Federally Qualified Health Center.** A new federally qualified health center opened in the county seat in 2010. It provides an array of medical services to persons with limited income. New Horizons Youth and Family Center has a mental health counselor on site one day per week. Co-location of physical and mental health services promotes greater integration to the benefit of the client and service providers.

ii. **Mental Health and Alcohol and Other Drugs Services' Medicaid Match Paid for from State Medical Services Match.** Medicaid match becoming the sole responsibility of the state of Ohio, under the medical services match funding line item, includes cost containment authority that local communities were not permitted to enact.

d. *Threats*

i. **Mental Health and Alcohol and Other Drugs Services' Medicaid Match Paid for from State Medical Services Match.** Medicaid cost containment decisions made at the local level would have facilitated both the conservation of non-Medicaid treatment resources and the best use of Medicaid dollars.

ii. **Increasing Unemployment.** The roughly 70% increase in unemployment over the past two years has resulted in many more requests for sliding fee scale services.

iii. **Increasing Poverty.** Fairfield County experienced a roughly 78% increase in poverty over the past biennium, resulting in more persons potentially eligible for Medicaid services. Increased service delivery to persons with Medicaid, increases the need for Medicaid match.

iv. **Medicaid Match Responsibility Staying with Local Boards.**

A number of community services have been reduced in availability or eliminated due to escalating Board Medicaid match requirements and reductions in state funds over the past biennium:

aa. Subsidized Emergency Apartments. The availability of one-person subsidized emergency apartments facilitated persons leaving the state hospital with a secure and stable living environment upon hospital discharge.

bb. Elimination of Most New Sliding Fee Scale Service. Deteriorating ability to provide needed community supports to help persons get and stay out of the hospital and in the community.

cc. Elimination of Local HAP Program. Although the ODMH Housing Assistance Program (HAP) had ended, short term rent subsidies were still offered to consumers from local funds until the SFY 2012 revenue reductions.

iv. Prescription Drug and Heroin Use by School Age Youth.

aa. Prescription Drugs. The percentage of high school seniors reporting daily use of someone else's prescriptions increased slightly between 2008 (0.8%) and 2010 (1.3%). Overall, high school seniors and sophomores in the 2010 Youth Survey reported lower levels of non-medical prescription drug use than did 10th and 12th graders in the 2008 Youth Survey.

bb. Heroin. High school seniors reported slight increases between 2008 and 2010 in daily (from 0.4% to 0.6%) and weekly (from 0.4% to 0.5%) use of heroin. Increases for high school sophomores between 2008 and 2010 were seen for daily (from 0.3% to 0.6%), weekly (from 0.2% to 0.5%), and monthly (from 0.1% to 0.3%) use of heroin.

v. Ongoing Stigmatization of Persons with Alcohol and Other Drugs and/or Mental Health disorders.

During February, 2010, the Fairfield County ADAMH Board, together with a group of concerned citizens, conducted a random telephone survey to collect baseline data about residents' (N=431) knowledge and beliefs about mental health/mental illness and addiction. More than half of respondents indicated that neither mental illness nor addiction is a weakness and that mental illness and addiction to alcohol or other drugs is a disease of the brain: a significantly larger percentage of respondents expressed those beliefs about persons with mental illness than about persons with a substance abuse problem.

Major Achievements and Significant Unrealized Goals of the SFY 2010-2011 Community

Plan

D. Major Achievements of the SFY 2010-2011 Community Plan

1. Opiate Task Force.

a. *Background.* The non-medical use of prescription drugs, particularly opiate analgesics, was identified as a significant concern in the SFY 2010 – 2011 Fairfield County Community Plan. To address this concern, the ADAMH Board formed an Opiate Task Force, with 5 sub-committees, comprised of key community stakeholders from a wide variety of vocations and interests.

b. *Organizations Represented on the Task Force.* Leadership from the following organizations are represented on the task force: the Lancaster Fairfield Chamber of Commerce, Fairfield Medical Center, the Lancaster-Eagle Gazette, the Fairfield County Sheriff's Office, the Lancaster Police Department, The Recovery Center, Job and Family Services, the Prosecuting Attorney's Office, Prevention Works, Representative to the Ohio House, Lancaster City Mayor, Lancaster City Schools, United Way, Pastoral Community, FACF, Prevention Works, the Fairfield Foundation, and the Lancaster Municipal Court.

c. *Opiate Task Force Sub-Committees.* The five sub-committees include the following:

- i. Community Awareness and Education.
- ii. Medical Professionals.
- iii. Corrections & Treatment.
- iv. Measurement.
- v. Fundraising.

d. *Accomplishments.*

The collective accomplishments of the Opiate Task Force since its inception include:

- i. Tour de Cause. An one hundred mile cycling event, the Tour de Cause, held in July raised roughly \$40,000 for opiate addiction treatment at The Recovery Center in 2010 and @\$60,000 in 2011.
- ii. Physician's Education Programs. The ADAMH Board has 2 physicians with expertise and experience in the use of opiate analgesics and Suboxone® treatment. A number of state and local education events were held with physicians to inform them of current opiate abuse trends in the community and considers in prescribing opiates. FMC held an OARRS enrollment drive in the spring of 2011 to increase the number of community physicians who monitor opiate prescriptions.
- iii. Documentary/Community Presentations. Community/neighborhood/school presentations held around Fairfield County using a professionally produced, 40 minute documentary

(“Hooked: Rx for Pain and Suffering”) describing the opiate addiction problem in the community, recruitment and training of local speakers bureau regarding opiate and heroin addiction, and development and distribution of population-specific materials. “Hooked” has been viewed over 100 times in Fairfield County and has also been screened at state conferences and workshops.

iv. Support Group for Families/Friends of Opiate Addicted Individuals. A support group for the loved ones of opiate addicted persons began in August, 2010.

v. Measuring Community Attitudes. The ADAMH Board conducted a community attitudinal survey in February, 2010 to determine community attitudes about opiate and heroin use and to estimate the prevalence of opiate addiction in our county. The findings from this study will serve as a baseline, when the study is repeated over time, to determine the effectiveness of opiate awareness and treatment intervention in our community.

vi. Widely Disseminated Publication. The ADAMH Board worked closely with FMC, which published and distributed a magazine quality publication, that was distributed to 59,000 households in Fairfield County and surrounding communities.

2. Wrap-Up and Evaluation of Two Federal Drug Court Grants

The Fairfield County ADAMH Board, The Recovery Center, and each the Fairfield County Municipal Court and the Fairfield County Family Court completed a summative evaluation of the federal drug court grants received as implementation funds for these local drug courts. Both programs demonstrated success in decreasing costs to the public (for example reduced days in jail or reduced days in foster care placement).

3. OACBHA Certification.

The Fairfield County ADAMH Board achieved a two year certification by the Ohio Association of Community Behavioral Health Authorities (OACBHA) in January, 2009. This required the Fairfield County ADAMH Board to undergo a review by its peer boards and be found in substantial compliance with OACBHA quality standards (pertaining to laws, rules, regulations, good business practice, etc.).

4. Reduction in Stigma of Seeking Care.

a. *Public Relations.* The ADAMH Board’s public relations agenda was scaled back as staff resources needed to be diverted to assure essential financial transactions were continued when state budget reductions resulted in a reduction in the Board Staff capacity. Nevertheless, the ADAMH Board has had several successful events over the past biennium:

i. **Lancaster Festival Art Walk.** During The Lancaster

Festival each July, business and organizations in downtown Lancaster open their buildings to the public and host artists' paintings, photography, drawings, and other similar media. The ADAMH Board, 211 of Fairfield County, and the local Family, Adult, and Children First Council have adjoining offices in the downtown area of Lancaster and have participated in the Art Walk each of the past 3 years. The Art Walk facilitates more than 3,000 people to come through the ADAMH Board's door during the Lancaster Festival.

ii. **Booth at County Fair.** The ADAMH Board's presence at the local County Fair in October provides an opportunity for fair goers to learn about the ADAMH Board, its contract agencies, and available services. It also serves to present mental health and substance abuse education and awareness information.

b. *Community Attitudinal Survey.* The Fairfield County ADAMH Board, with the help of trained volunteers, conducted a random telephone survey in the Winter of 2010, to collect baseline data about residents' (N=431, $\pm 5\%$) knowledge and beliefs about mental health/mental illness and addiction. The survey will be administered again in February, 2011.

i. **Drug and Alcohol Addiction.** More than one-half (50%) of respondents indicated that addiction is: aa) *not* a weakness (53.1%), bb) drug and alcohol addiction are diseases of the brain (54.7%), cc) a person with an addiction who completes treatment can become a productive citizen (95.1%), dd) health insurance should cover the cost of treating addictions to alcohol and other drugs (73%), and ee) non-violent, first time criminal offenders who are addicted to alcohol or other drugs should receive treatment instead of going to prison (70.1%).

Seventy-seven percent (77.1%) of respondents agreed with the statement: "I have a friend or family member who has received a pain medicine from a medical professional during the past year", and 22.4% admitted having a friend or family member that had used pain medicine without a prescription during the past year. Thirty-five percent (35.4%) of survey participants indicated having a family or friend with substance abuse problems. These figures roughly resemble those found in a random, statewide telephone survey conducted with the same instrument by the Ohio Association of Community Behavioral Health Authorities (OACBHA), with one exception. When asked

“What is the most serious drug problem in your community?”, the combined categories of prescription drugs (19.7%) and heroin (16.7%) in Fairfield County was roughly thirty-six percent (36.4%), while across the state it was only 24.7%. Board Staff attribute the difference in the scores to the work done by the Fairfield County Opiate Task Force to inform the community about the opiate addiction problem in our community.

ii. **Mental Illness.** The majority of respondents indicated that mental illness is not a weakness (86.6%), persons with mental illness are not dangerous and in need of hospitalization (83.7%), mental illness is a disease of the brain (82.6%), persons with mental illness can recover with treatment and medication (85.0%), persons with mental illness are able to work (86.4%), and health insurance should cover the cost of treating mental illness (94.8%). Almost thirty percent (28.9%) of those answering the survey, incorrectly believed that persons with mental illness have the same expected life span as someone without a mental illness.

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<u>2010-2011 Community Plan</u>	<u>Goal</u>	<u>Update</u>
Fairfield County ADAMH Board Capacity Targets which Contribute to ODADAS Capacity Targets (Section II, C1)	Goal 1: Reduce stigma.	A random telephone survey of Fairfield County residents (N=431), to collect baseline data about community attitudes, knowledge, and beliefs about mental health/mental illness and addiction, was conducted in February, 2010. The survey will be administered again in 2011.
	Goal 2: Increase the diversity of revenue sources to support Ohio's alcohol and other drug system of care.	The Board worked with County Commissioners and the criminal justice system to determine the feasibility of a day reporting center for opiate and other drug addicted offenders. The new service would have been funded through reduced expenditures on out-of-county jail days.
	Goal 3: Increase the use of data within the AOD system to make informed decisions about planning and investment.	Studied impact of opiate addiction on incarceration rates and know what % of jail days are accounted for by opiate addicts and what % of opiate addicts who are incarcerated are repeat offenders. The Board also studied the impact of intensive outpatient therapy, drug court, and medications assisted treatment (M.A.T.) (Suboxone®) for opiate addicted drug court participants.
Fairfield County ADAMH Board Capacity Targets which Contribute to ODMHS Capacity Targets (Section II, C2)	Goal 4: Reduce the stigma of seeking care.	A random telephone survey of Fairfield County residents (N=431), to collect baseline data about community attitudes, knowledge, and beliefs about mental health/mental illness and addiction, was conducted in February, 2010. The survey will be administered again in 2011.
	Goal 5: Adult and family of youth consumers report that they are satisfied with the quality of their care and participation in treatment planning.	Fairfield County Adults reported higher levels of positive satisfaction (94.2%) with the quality and appropriateness of their cares when compared with state (93.4%) and national (88%) respondents.

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Fairfield County ADAMH Board Prevention Priorities (Section III, #2(a), ODADAS)	Goal 6: Reduce the use of prescription drugs among Fairfield County Adolescents.	30-day Prevalence of Other Person's Prescription Drug Use 12 th Grade – Decreased from 7.2% to 5.7% 10 th Grade – Decreased from 5.9% to 4.6%
	Goal 7: Reduce the use of marijuana among Fairfield County Adolescents.	30-day Prevalence of Marijuana Use 12 th Grade – Increased from 15.8% to 20.3% 10 th Grade – Decreased from 14.6% to 12.6%
	Goal 8: Reduce the use of tobacco products among Fairfield County Adolescents.	30-day Prevalence of Tobacco Product Use 12 th Grade – Decreased from 34.9% to 33.5% 10 th Grade – Increased from 21.6% to 21.8%
	Goal 9: Reduce the use of alcohol among Fairfield County Adolescents.	30-day Prevalence of Alcohol Use 12 th Grade – Increased from 31.2% to 34.7% 10 th Grade – Decreased from 21.2% to 17.4%
Fairfield County ADAMH Board Prevention Priorities (Section III, 2(b), ODMH)	Goal 10: Adolescents who are depressed or suicidal.	Percent Reporting Thoughts of Suicide in Past Month: 12 th Grade – Decreased from 10.4% to 9.5% 10 th Grade - Decreased from 12.1% to 9.7%
	Goal 11: Parents who are dealing with behaviorally difficult children and adolescents.	Home-Based Therapy provides opportunities for families to maintain children and adolescents with behavioral difficulties in a home environment rather than a residential or institutional setting.

	Goal 12: Parents who require relationship assistance to avoid separation or divorce.	The Health Marriage Initiative and Community Marriage Policy promote stable, relationally healthy home environments.
Fairfield County ADAMH Board Prevention Investor Targets (Section III, 3(1))	Goal 13: Programs that increase the number of customers who avoid AOD use and perceive non-use as the norm.	See PIPAR.
	Goal 14: Increase the number of customers who perceive alcohol and other drug use as harmful.	See PIPAR.
	Goal 15: Programs that reduce the number of customers who misuse prescriptions and/or over-the-	Suboxone is not available for most non-medicaid patients and many Medicaid patients are forced to wait for medication due to limited physician

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	counter medications.	oversight capacity.
	Goal 16: Programs that decrease the numbers of persons at risk for developing mental health problems and/or at risk for suicide.	Teen Screen is a self-administered questionnaire that helps to identify in-school youth who may be experiencing mental health problems (ie. depression).
Fairfield County ADAMH Board Treatment & Recovery Support Priorities (Section IV, B(2))	Goal 17: Refine Suboxone® protocol for the purpose of assisting in the rehabilitation of heroin and other opiate addicted persons.	Fairfield County is fortunate to have two addictionologists on the ADAMH Board. Both have been active in educating other physicians about opiate abuse and the use of Suboxone.

	Goal 18: Increase the availability of Suboxone® for persons who are addicted to heroin and other opiates.	The availability of Suboxone® was increased early in the biennium, but subsequent reductions in Board revenues and increases in Medicaid match and state hospitalization expenses eliminate this as an option for self-pay patients.
	Goal 19: Develop a Recovery Rights Advocate Position responsible for the development and implementation of a consumer empowerment plan.	Recovery Rights Advocate position established at Fairfield County Family, Adult, and Children Services Council in SFY 2011. Position moved to Board Office for SFY 2012 for increased efficiencies.
	Goal 20: Re-establish an independent drop-in center that can operate at sustainable cost levels.	The Fairfield Mental Health Consumer Group (FMHCG) provides an array of services to consumers at its former location, pending the re-establishment of an independent drop-in center that can operate at sustainable levels. The current services provided by FMHCG include: payeeship services for at least 18 consumers at any given time, two 1½ hour Craft Groups (one on a weekly schedule a second on a bi-weekly schedule) that encourage peer support; 1½ hours Bingo every two weeks; 2 hours per week Mountains and Valleys, which is a support group for persons with bi-polar disorder; 2 hours per week BRIDGES education and support group, and a creative writing class for 2 hours per week. The Recovery Rights Advocate provides support and technical assistance to FMHCG.

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	<p>Goal 21: Develop a clinical team that will screen all referrals for out-of-county Medicaid services.</p>	<p>This committee has been active since the beginning of SFY 2011. Participating agencies include: The ADAMH Board, The Recovery Center, The Municipal Drug Court, the Family Drug Court, Jobs & Family Services, Mid-Ohio Psychological Services, and New Horizons Youth & Family Center. Reports have been designed and are being reviewed by staff to identify outliers and educate referral sources.</p>
	<p>Goal 22: Develop a more effective partnership between the Fairfield Mental Health Consumer Group and New Horizons Youth and Family Center.</p>	<p>At the beginning of SFY 2010, the consumer group experienced a dramatic allocation reduction by the ADAMH Board due to losses in state funds and significant increases in out-of-county Medicaid. New Horizons and the consumer group are currently co-located in the same facility. This has resulted in a stronger, more effective working relationship between the two organizations.</p>
<p>Fairfield County ADAMH Board Treatment & Recovery Support Investor Targets (Section IV, C(1))</p>	<p>Goal 23: Number of customers who are abstinent at the completion of the program.</p>	<p>The ADAMH Board has monitored and verified the abstinence of drug court participants and has found that persons addicted to opiates who participate in drug court, intensive outpatient, and receive Suboxone® graduate from drug court above 60% of the time.</p> <p>The majority of opiate addicted persons who are referred to residential programs are terminated from drug court due to relapse and other court violations. Local services help a consumer to learn skills to cope with his/her actual environment and Suboxone® is critical in ameliorating cravings so the consumer can concentrate on the non-MAT addiction treatment components.</p>
	<p>Goal 24: Increase competitive employment.</p>	<p>The ADAMH Board had a two year contract with COVA to provide vocational rehabilitation services to persons with severe mental disabilities. Due to budget cuts, services were discontinued for SFY 2012.</p> <p>The VRP3 Project will assist eligible persons who have an addiction and are in need of vocational services.</p>
<p>Fairfield County ADAMH Board Evaluation (Section VI, C1))</p>	<p>Goal 25: Outcome evaluation of drug court services (including the effectiveness of Suboxone® and intensive outpatient).</p>	<p>Outcome evaluations of both the Family Drug Court and the Municipal Drug Courts were completed and results submitted to the grantor, the Bureau of Justice Assistance. .</p>
	<p>Goal 26: Effectiveness of out-of-county residential services for</p>	<p>The ADAMH Board has found out-of-county residential services to be ineffective 85% of the time</p>

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	women with alcohol and other addiction disorders.	for opiate addicted drug court participants.
	Goal 27: The Board will also study the feasibility of adopting a brief outcome measure such as CDOI. Any outcomes measure adopted by the Board will be done in collaboration with providers. The selection of an outcomes process will seek to balance the need to determine how effective services are with the cost of collecting and analyzing data.	A representative from both the Board and Agency in a Board area, that is currently using the CDOI, attended a monthly meeting of Board Staff/Agency Directors. Both the Board and Agency spoke highly of the CDOI instrument/process. The Board is currently evaluating the CDOI process through a statistical comparison of client satisfaction data for CDOI and non-CDOI agencies. The results of that analysis will be reviewed by the CHC.
	Goal 28: The Board also plans to work with local providers to assure that BH Module data is completed for all clients in treatment so that a more comprehensive and meaningful Rates Under Treatment process can be developed.	The Fairfield County ADAMH Board, with the passage of a replacement levy in 2005, provided incentive funds to all in-county provider agencies to collect Behavioral Health Module data. With the increased demand for out-of-county Medicaid match and state budget cuts, the Board has had to redirect these incentive funds to purchase basic services.
	Goal 29: The Board will continue to collect and report system-wide client satisfaction survey data.	The ADAMH Board has collected system-wide client satisfaction data on a bi-annual basis for the last two years. Fairfield County agency's data, and data from the agencies within the two Public-Private Solutions (PPS) partner boards, is combined. Detailed agency level reports include comparative data for the Fairfield County Board, the PPS region, the state of Ohio, and the U.S. (the later two data points obtained from other sources).
	Goal 30: The Board will continue to collect and report referral source satisfaction data.	The Fairfield County ADAMH Board conducted a Referral Source Satisfaction Survey in January, 2011. The survey identified strengths and areas for improvement for SFY 2012-2013.

E. Significant Unrealized Goals

1. Annual Transition of \$300,000 from Approved Protective Services Levy
 Proceeds from a newly approved protective services levy began to be collected in early 2010. The ADAMH Board had anticipated a \$300,000 annual income stream for children's mental health and substance abuse treatment services. Due to budget reductions experienced by the local job and family services organization, the organization now required this money to maintain its services and this new revenue stream was not realized by the ADAMH Board.

II. Needs Assessment

- A. Needs Assessment Process**
- B. Needs Assessment Findings**
- C. Access to Services: Issues of Concern**
- D. Access to Services: Crisis Care Service Gaps**
- E. Access to Services: Training Needs**
- F. Workforce Development & Cultural Competence**
- G. Capital Improvements**

SECTION II: NEEDS ASSESSMENT

A. Needs Assessment Process

Fairfield County ADAMH Board needs assessments conducted over the past biennium include:

1. Youth Behavioral Survey.
 - a. *Data Source.* A locally developed instrument based on the University of Michigan's Monitoring the Future, the survey was reviewed and approved by the Battelle Institute. The instrument has a level of internal consistency and reliability over four biennial administrations, both locally and in comparison with national results.
 - b. *Data Type.* Quantitative, anonymous.
 - c. *Methodology.* Surveys were distributed to all 10th and 12th graders in Fairfield County public and private schools.
 - d. *Time frames.* Data collected in May, 2010; data entered in June, 2010; analysis conducted in July-early August, 2010; Youth Summit held August 18, 2010.
 - e. *Stakeholders.* Stakeholders involved include: every public and private school district in Fairfield County, The ADAMH Board, The Opiate Task Force, FACF, Prevention Works Coalition, The Recovery Center, and New Horizons Youth & Family Center.
2. Community Attitudinal Survey.
 - a. *Data Source.* Survey instrument collaboratively developed with and used by the Ohio Association of Community Behavioral Healthcare Providers to conduct a statewide attitudinal survey.
 - b. *Data Type.* Quantitative, confidential.
 - c. *Methodology.* Polled via telephone over 400 randomly selected households to estimate the number of households impacted by mental health and addiction issues.
 - d. *Time frames.* Data collected in February, 2010.
 - e. *Stakeholders.* Stakeholders involved include: The ADAMH Board, The

Opiate Task Force, FACF, Prevention Works Coalition, The Recovery Center, and New Horizons Youth & Family Center.

3. Fairfield Medical Center and Fairfield Department of Health Study.

a. *Data Source.* Detailed epidemiological data collected by the Fairfield County Health District and Fairfield Medical Center.

b. *Data Type.* Quantitative.

c. *Methodology.* Two methodologies were used: 1) Adult Survey was based on a random survey of 379 Fairfield County households, and 2) Youth Survey was based on a random selection of almost 400 students from grades 6 through 12 throughout Fairfield County.

d. *Time frames.* Data collected in May, 2010; data entered in June, 2010; analysis conducted in July-early August, 2010; Youth Summit held August 18, 2010.

e. *Stakeholders.* The Fairfield County ADAMH Board was a stakeholder and not a primary funder.

4. Utilization Review of Psychiatric Hospitalization.

a. *Data Source.* Clinical Records.

b. *Data Type.* Quantitative and qualitative.

c. *Methodology.* Clinical Chart Review.

d. *Timeframes.* Every person assessed for psychiatric hospitalization during a 3 month period during SFY 2010.

e. *Stakeholders.* The ADAMH Board, New Horizons Youth & Family Center, and Fairfield Medical Center.

5. Expert Witness.

This is an informal process used by the ADAMH Board to solicit input from physicians and other clinical experts in the area of addiction and mental health treatment. This includes two physicians certified in addiction medicine who are currently members of the Fairfield County ADAMH Board.

Informal feedback is received from callers to the Board seeking treatment for themselves or a loved one and representatives from other community organizations.

B. Needs Assessment Findings

1. Findings of the Needs Assessment as it Pertains to ODMH identified Populations.

a. *Adult residents of the district hospitalized at the Regional Psychiatric Hospitals.*

i. Reduced Supply of Private Inpatient Psychiatric Hospital Beds. A reduction in the overall supply of available private psychiatric hospital beds has placed an increased demand on admissions to the state regional psychiatric hospital. The ADAMH Board and the Agency Hospital Pre-Screeners seek out a private psychiatric inpatient bed when possible.

ii. Hospitalized Persons Frequently Lack Resources. Persons who are

hospitalized at the Regional Psychiatric Hospital frequently have multiple needs and few resources. Lack of resources is a major barrier to discharge, for example: 1) homeless (and barred from a return to the local homeless shelter) and, 2) no income (need housing deposits/rent, transportation to seek work and attend counseling/medication appointments, money for psychotropic medication if central pharmacy resources are exhausted). Persons held in the regional psychiatric hospital for extended periods due to lack of adequate resources to be discharged, causes the community increased hospitalization costs and in turn reduces future money available for community resources.

iii. No Integrated Dual Diagnosis Inpatient Treatment. It appears increasing numbers of persons in need of psychiatric hospitalization also have a concomitant substance abuse disorder. Integrated inpatient treatment for persons with both a severe mental illness and a substance use disorder are not typically available to adequately address the needs of these patients.

b. *Adults with severe mental disability (SMD) and children and youth with serious emotional disturbances (SED) living in the community.*

i. Persons with Severe Mental Disabilities. Fairfield County ADAMH system has experienced a significant increase in psychiatric hospitalization over the past two fiscal years and completed an analysis of emergency mental health service contacts to determine what factors might account for this trend. Our data suggests that multiple factors may account for the increased use of public and private psychiatric hospitalization: 1) Persons who are addicted to opiates or other substances are reporting suicidal ideation when treatment for their addiction is not available, 2) The treating practices of Athens Mental Health Center have resulted in longer lengths of stay than were previously experienced when Twin Valley was the Board's primary admitting facility, 3) and increased economic pressures have resulted in more persons seeking mental health care.

ii. Youth with Serious Emotional Disturbances. No specific needs assessments were conducted for this population during the reporting period. However, detailed needs assessment data were collected for adolescents in general through the Fairfield County Youth Behavioral Risk Survey and the Fairfield Medical Center/Health Department Survey. Results of those surveyed indicate that depression and suicidal ideation among adolescents in our community remains very high. More SED-specific data will be collected in the upcoming biennium.

c. *Individuals receiving general outpatient community mental health services.*

i. Adults. Heavy cuts to state mental health dollars in 2009 and 2010 coupled with rising Medicaid match demands, reduced the availability of outpatient mental health services to a few special populations and current, higher need consumers.

ii. Youth. General outpatient services for youth are similarly scarce.

d. *Availability of crisis services to persons without Medicaid and/or other insurance.*

Hotline and crisis intervention services are available twenty-four hours a day, seven days a week to adults and youth regardless of ability to pay.

- e. *Adults, children and adolescents who abuse or are addicted to alcohol or other drugs.*

i. Adults. Feedback from provider agencies, other community organizations (eg. law enforcement, child protective services, courts, Family, Adult, and Children First/Prevention Works, etc.) and callers seeking treatment highlight a large unmet demand for addiction treatment.

ii. Youth.

aa. 2010 Youth Survey. Findings from the 2010 Youth Survey, a census of 10th (N=1405) and 12th graders (N=1128) in all schools in Fairfield County, revealed:

(1) Lifetime Prevalence of Drug Use. Fairfield County High School Seniors reported having ever used (lifetime prevalence) alcohol, tobacco, marijuana, cocaine, heroin, methamphetamines, and steroids at higher rates than a nationwide sample (2009 Monitoring the Future results). Inhalants was the only category of substances with a higher nationwide prevalence (2009 Monitoring the Future results) than Fairfield County. Fairfield County lifetime prevalence of prescription drug use by 12th graders (20.3%) was roughly equivalent to the 2009 YRBSS national lifetime prevalence (20.2%). Fairfield County 2010 12th graders reported using cocaine, sedatives, and inhalants at a statistically significant lower level than did 12th graders in 2008.

(2) Thirty Day Prevalence Drug Use. Fewer Fairfield County 12th graders reported using alcohol (34.7%), marijuana (20.3%), inhalants (0.8%), and cocaine (1.2%) during the past 30 days than did seniors across the United States (2009 Monitoring the Future). Tobacco (22.5%), Heroin (1.4%), Methamphetamines (1.0%), and Steroids (1.9%) were reported to be used at a greater rate by Fairfield County Seniors than across the nation (2009 Monitoring the Future results). Nationwide prescription drug thirty day prevalence rates were not available to compare with the Fairfield County (5.7%) rate.

(3) Perception of Harm. Twelfth grade students rated their perception of the harm of use for a number of substances on a scale of 1 to 3, with 1 representing the lowest harm and 3 the greatest harm. Decreased perceived harm of alcohol use since the 2008 survey was (-.03) and marijuana (-.24). Perceived harm of use increased slightly for tobacco (+.06), prescription drugs (+.03), and heroin (+.01). It is important to note that

students' perceive the harm of prescription drugs (2.49) as lower than that of heroin (2.93).

(4) Age of Onset. Twelfth graders in 2010 reported an earlier age of onset for alcohol (14.05 years), tobacco (14.01 years), marijuana (14.65 years), and prescription drugs (14.84 years) than did high school seniors in the 2008 survey. Seniors in 2010 reported using prescription drugs at an earlier age (roughly 9 months) than did seniors in 2008.

(5) Access to Substances. Students were asked to rate how easy it is to obtain various substances on a 5 point scale. Percentage of 2010 seniors, contrasted with 2008 seniors, reported an increased ease of access (very easy or somewhat easy access) at the following rates: tobacco (+9.0%), marijuana (+6.9%), prescription drugs (+0.4%), and heroin (+14.5%). The percentage finding easy access to alcohol decreased slightly (-0.9%). The significant increased percentage of seniors and sophomores reporting very or somewhat easy access to heroin, (+14.5%) and (+8.6%) respectively, is of grave concern.

(6) Source of Prescription Medication Used Non-Medically. "Friends" (39.7%) was the category chosen most frequently by students when they were asked the source of their prescription drugs taken non-medically. Took from family/friend (27.3%), parent gave (12.3%), bought from other (8.7%), bought from friend (7.7%), and another family member gave (4.3%) followed.

(7) Party Attended Where Parents Allowed Alcohol. Almost fifty-five percent (54.7%) of 12th graders acknowledged having attended a party where the parents allowed alcohol; the percentage was 38.8% for 10th graders. A 2010 Parents Who Host Survey conducted by Fairfield County Prevention Works found that only 15% of parents believed that their child had attended a party where a parent allowed alcohol. Further work is needed to reduce the number of parties where parents permit alcohol.

(8) Binge Drinking. Fifty-three percent (52.6%) of seniors and (39.4%) of sophomores reported "Binge Drinking", defined as having 5 or more drinks within a few hours. Binge drinking on college campuses is said to occur in about half of the students. It appears binge drinking is a behavior that begins before attending college for many students.

bb. Feedback from provider agencies, other community organizations (eg. law enforcement, child protective services, courts, Family, Adult, and Children

First/Prevention Works, etc.) and callers seeking treatment highlight a large unmet demand for addiction treatment.

f. Children and Families receiving services through a Family and Children First Council.

ADAMH Board staff participate in the monthly Children's Cluster Executive Committee meeting. The Executive Committee reviews and approves funding for residential or individual placements, recommends policy to the Family, Adult, and Children First Council (FACF) Executive Committee, provides pooled funding for services delivered by the cluster, and discusses inter-system issues among Child Protective Services, Juvenile Court, Developmental Disabilities, and New Horizons Youth & Family Center.

g. Persons with substance abuse and mental illness (SA/MI)

Persons with both a substance abuse disorder and a mental illness may receive the Integrated Dual Diagnosis Treatment (IDDT) Program at New Horizons Youth and Family Center. Medication Assisted Treatment in the form of Suboxone®, for opiate addiction, is available at The Recovery Center. The demand for these services from persons without insurance or Medicaid significantly exceed the demand. Suboxone will be available for indigent persons in need of vocational services, if eligible for the Vocational Rehabilitation Program (VRP3), at The Recovery Center.

h. Individuals involved in the criminal justice system (both adults and children)

The ADAMH Board has worked closely with the Municipal Court and Common Pleas Courts. Two federal drug court programs (Family Court and Municipal Court) ended in late 2009. The Courts and the ADAMH Board completed final program evaluations for each one. The Recovery Center provides treatment services to persons participating in the Family Court, the Municipal Drug Court Program, and the Common Pleas Drug Court Program. Jail-based aod services are urgently needed but funds are not currently available.

The ADAMH Board, The Recovery Center, and Grace Haven Ministries have collaborated to provide a local alternative to out-of-county residential treatment services for women. Grace Haven Ministries is a local faith-based organization that provides safe, sober living accommodations for women in need of such a setting to support recovery. The women receive needed treatment services from The Recovery Center.

The ADAMH Board provides funding to New Horizons Youth & Family Center (NHYFC) for jail-based mental health services. NHYFC reports that the cost of the program was more than double the Board's allocation for that program. As a result of the actual cost and SFY 2012 funding reductions, mental health services in the jail are now limited to hospital pre-screenings.

Persons exiting State Prisons are generally not Medicaid eligibility, nor do they

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have health insurance upon release. ADAMH Board funds to subsidize care are significantly inadequate to meet current demands. The recently passed Sentencing Reform Legislation will release to/divert to the community many individuals in need of addiction or mental health treatment according to the local ReEntry Coalition. There appears to be a wide-spread misperception, from television and newsprint, that such services are available in the community.

Youth involved with the court system and in need of mental health or addiction treatment receive their services through the Juvenile Court. Juvenile Court does participate in the multi-system youth cluster.

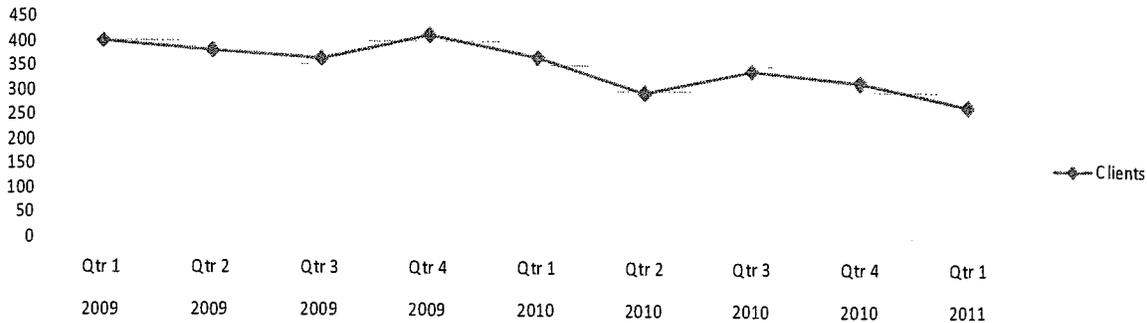
i. Veterans, including the National Guard, from the Iraq and Afghanistan conflicts. The Veterans Administration Hospital is located in a county contiguous to Fairfield. There is also an outpatient mental health/substance abuse treatment services clinic located in Lancaster. Crisis services are available for all veterans but unfortunately there are no specialized programs in place.

C. Access to Services: Issues of Concern

Major issues or concerns for individuals attempting to access behavioral health prevention and treatment services in the Board area include:

1. Behavioral Health Treatment Services for persons without financial or medical insurance resources is severely limited in scope and quantity. State budget cuts and out-of-county Medicaid match demands have severely restricted the Fairfield County ADAMH Board's ability to provide funds for sliding fee scale services over the years. Currently, persons in need of mental health treatment can receive outpatient sliding fee scale services only if they: 1) are a current client of the agency receiving services on a sliding fee scale basis, 2) are exiting the state hospital and in need of follow-up care, or 3) are seen by the hospital pre-screener through the local emergency room and deemed a priority for the few dollars of sliding fee scale resources available to support ongoing outpatient services.

Fairfield County Sliding Fee Client Count by Fiscal Years



2. Alcohol and Other Drug Treatment Services for persons without financial or medical insurance resources is severely limited in scope and quantity. As with mental health treatment services, alcohol and other drug treatment resources that are available to persons without financial or medical insurance resources include: 1) an initial assessment and treatment recommendations, 2) time-limited treatment readiness groups, 3) family group, and 4) referrals to self-help groups and other resources.

3. Ex-Offenders and Offenders. Ex-offenders' and offenders' access to mental health and drug and alcohol services is constrained by their ability to pay for needed services. As described in #1 and #2 (above), ADAMH Board funds to subsidize care have shrunk significantly and are inadequate to meet the demand.

4. Persons Released from State Prisons without Medicaid Eligibility. Persons exiting State Prisons are generally not Medicaid eligibility upon release. As described in #1, #2, and #3 (above), ADAMH Board funds to subsidize care are significantly inadequate to meet the demand. It is of grave concern that none of the anticipated savings from the Sentencing Reform Legislation were earmarked for community behavioral healthcare services. Studies have demonstrated that offenders can be maintained successfully in the community rather than in a prison setting, however, that outcome is contingent upon adequate participation in mental health and aod treatment services.

D. Access to Services: Crisis Care Service Gaps

The continuum of resources available to address the needs of persons in crisis are limited in Fairfield County. Gaps include lack of access to a short-term crisis unit, respite, crisis housing options, and emergency room physicians who are trained in psychiatry. Historically, the Fairfield County ADAMH Board has expended significant resources to access, purchase, and divert persons to private psychiatric hospitals for observation or short term stays. Reductions in SFY 2012 financial resources have necessitated a proportional reduction in the purchase of these services as well as community treatment services.

E. Access to Services: Training Needs

To assist provider agencies in meeting the training needs of its staff, the Fairfield County ADAMH Board provides each agency with free access to an online training service, Netsmart University. Mid-Ohio Psychological Services (MOPS), an agency in the local provider network, has opened its online and group training sessions to staff of other agencies. Netsmart University and MOPS provide continuing education units for social workers, counselors, and psychologists.

The Fairfield County ADAMH Board defines its role as estimating community needs, purchasing services, establishing standards, and measuring the effectiveness of services. It is not within the scope of the Board's authority to plan or mandate how individual agencies will address specific recruitment and training issues.

F. Workforce Development and Cultural Competence.

Cultural Competence is a set of attitudes, skills, behaviors, and policies that enable organizations (e.g., Boards and Providers) and staff to work effectively in cross-cultural situations (*see Appendix D for State of Ohio definition).

The cultural competence of the Fairfield County ADAMH Board's provider network is measured by consumer responses to the adult (MHSIP) and family (Youth Satisfaction Survey – Family) client satisfaction survey question: there is a specific question that asks about the cultural competence of staff. Agencies that do not meet expected cultural competence thresholds will provide the Board with an improvement plan.

G. Capital Improvements.

The need for capital improvement funds will be included in SFY 2012-2013 needs assessment activities.

III. Priorities, Goals and Objectives for Capacity, Prevention and Treatment and Recovery Services

- A. Determination Process for Investment and Resource Allocation**
- B. Goals and Objectives: Needs Assessment Findings**
- C. Goals and Objectives: Access and State Hospital Issues**
- D. Goals and Objectives: Workforce Development and Cultural Competence**
- E. Goals and Objectives: ORC 340.033(H) Programming**
- F. HIV Early Intervention Goals**
- G. Civilly and Forensically Hospitalized Adults**
- H. Implications of Behavioral Health Priorities to Other Systems**
- I. Contingency Planning Implications**

Section III: Priorities, Goals and Objectives for Capacity, Prevention, Treatment and Recovery Services

A. Determination Process for Investment and Resource Allocation

The Fairfield County ADAMH Board engaged a nationally known bio-ethicist for its January, 2011 annual Board training. The day-long training included the attendance of all ADAMH Board members, provider agencies, and ADAMH Board staff. The bio-ethicist provided a framework for an “Ethics of Scarcity” discussion and policy template samples. The ADAMH Board has developed a draft “Ethics of Scarcity” policy based on one of the templates and has solicited key stakeholder feedback. The development of a draft procedure to operationalize the policy was begun by provider agency and ADAMH Board staff. Given time constraints and the generosity of the Community Mental Health and Recovery Services Board of Licking-Knox Counties to share their technology that has been developed over the past several years, a draft service prioritization schemata is in place. A more complete application of the adopted CHHRSB of Licking-Knox model will be applied in SFY 2013. The Board will conducted some town hall meetings this fall to gather input from key community stakeholders including referral sources, consumers, family members, and other key entities to inform service prioritization for SFY 2013.

These discussions have influenced some of the decisions for SFY 2012, for example eliminating or phasing out several small non-core, non- treatment programs in order to preserve as much funding as possible for allocations for direct mental health and alcohol/other drug treatment services. The goal for SFY 2012 is to provide as much stability as possible to treatment service agencies amidst a significant array of changes to the environment: for example state Medicaid cost-containment measures, reductions in state and local revenue available to fund service providers, general declines in other non-mental health/aod community resources, and increased demand for services. Current mental health service providers received proportional reductions in non-Medicaid funds and no new service providers will be considered for funding in SFY 2012.

B. Goals and Objectives: Needs Assessment Findings

Behavioral Health Capacity, Prevention, and Treatment and Recovery Support Goals and Objectives

<u>Goals</u>	<u>Objectives</u>	<u>Measurement</u>	<u>Milestones/ Achievement Indicators</u>
<p>Goal 1. Promote stability of the local mental health/aod service delivery system among the myriad of environmental changes it will experience in SFY 2012.</p>	<p>Collaborate with providers and key stakeholders to the extent resources are available: A. Identify and maintain access to core treatment programs/services in SFY 2012, and B. Plan smooth transitions to what services will be purchased in SFY 2013 (see Goal 2).</p>	<p>A. SFY 2012 budget allocations. B. Documentation of plans for transitions to SFY 2013 services (see Goal 2).</p>	<p>A. SFY 2012 allocations will maintain access to core treatment programs/services to the extent resources are available, and B. Providers and key stakeholders will receive adequate time for transitions to SFY 2013 programs/services (see Goal 2).</p>
<p>Goal 2. Resource allocations for behavioral health services in Fairfield County will be made in a manner consistent with an “Ethics of Scarcity Model” for SFY 2013.</p>	<p>Develop, in conjunction with key stakeholders, an Ethics of Scarcity policy and process to allocate scarce resources.</p>	<p>Documentation of stakeholder input and a written policy and procedure.</p>	<p>SFY 2013 allocations will be made using an Ethics of Scarcity model as documented in Board Committee and Board meeting minutes.</p>
<p>Goal 3. Reduce stigma in general and in seeking mental health/aod services.</p>	<p>Participate in community events to help educate community about brain disorders.</p>	<p>Community Attitudinal Survey.</p>	<p>Increase in persons who identify mental health and aod disorders as brain disorders. Increase in persons who select non-stigmatizing responses.</p>
<p>Goal 4. Increase the availability of formal and informal mental health and substance abuse prevention, intervention, treatment, and support resources in Fairfield</p>	<p>A. Increase public awareness of the role of the ADAMH Board and the value it ascribes to benefits it provides via provider agency services. B. Identify, explore, and secure additional sources</p>	<p>A. Community Awareness Survey. B/C. Documentation of: investigative</p>	<p>A. Increase in number of persons who are aware of and value benefits ADAMH providers. Passage of replacement levy by 2015. B/C. Documentation of: investigative activities</p>

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<p>County and Ohio's behavioral health system of care.</p>	<p>of funding for mental health and substance abuse services in Fairfield County.</p> <p>C. Investigate non-traditional partnerships and methods to expand behavioral health service availability.</p> <p>D. Administration of the VRP3 project, in conjunction with The Recovery Center, to provide a full array of vocational and aod treatment services to eligible persons who are addicted to heroin and other opiates.</p> <p>E. Provide support to Fairfield Mental Health Consumer Group.</p> <p>F. Provide support to NAMI.</p>	<p>activities and resources earned/obtained/received.</p> <p>D. Services/program report for VRP3 funding.</p> <p>E. Documentation of: i. Board support activities (eg. Consumer Advocate), and ii. FMHCG programs/activities.</p> <p>F. Documentation of: i. Board support activities (eg. Consumer and Family Advocate), and ii. FMHCG programs/activities.</p>	<p>and resources earned/obtained/received.</p> <p>D.</p> <p>i. Array of AOD services provided with VRP3 funding.</p> <p>ii. Percentage of VRP3 participants who obtain competitive employment.</p> <p>iii. Increased number of indigent persons receiving MAT.</p> <p>E.</p> <p>i. Supports received as reported by FMHCG.</p> <p>ii. Increased FMHCG programs/activities.</p> <p>F.</p> <p>i. Supports received as reported by NAMI, and</p> <p>ii. Increased NAMI programs/activities as reported by NAMI.</p>
<p>Goal 5. Increase the use of data within the MH and AOD systems to make informed decisions about planning and investment.</p>	<p>A. Incorporate new features of MUNIS to enhance revenue and expenditure forecasting.</p> <p>B. Evaluate availability</p>	<p>A. MUNIS reports produced with new features (eg. accounting of funds by cash and accrual methods; revenue projections).</p> <p>B. Meeting discussions</p>	<p>A. Use of reports in planning process.</p> <p>B. Identification and</p>

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	<p>and utility of crisis services data in collaboration with NHYFC.</p> <p>C. Study the feasibility of adopting a brief outcome measure such as CDOI in collaboration with service providers.</p> <p>D. Determine feasibility of collecting BH Module data to improve Rates Under Treatment studies.</p> <p>E. Implement SPF-SIG Data Committee.</p> <p>F. Identify a set of measures, in collaboration with the Opiate Task Force, that will identify successes of OTF.</p>	<p>documentation.</p> <p>C. Review analysis by PPS Partner Board of CDOI comparative outcome analysis in collaboration with agency providers.</p> <p>D. Documentation of discussion at monthly CHC (Directors) meeting.</p> <p>E. Documentation of Data Committee meetings.</p> <p>F. OTF completed strategic plan.</p>	<p>implementation of useful CI data by NHYFC & Board Staff.</p> <p>C. Analysis completed that includes recommendations.</p> <p>D. Analysis completed that includes recommendations.</p> <p>E. SPF-SIG reports include Data Committee contribution.</p> <p>F. OTF Annual Report.</p>
<p>Goal 6. Provide services that adult and family of youth consumers rate with high positive satisfaction for the quality of their care and participation in treatment planning.</p>	<p>Collaborate with provider agencies, families, and adult consumers to promote service satisfaction.</p>	<p>Client Satisfaction Survey.</p>	<p>Fairfield County Adults and Parents/Families of Youth will report high levels of positive satisfaction with the quality and appropriateness of their care.</p>
<p>Goal 7. Reduce the use of selected drugs among Fairfield County Adolescents.</p>	<p>Provide/promote prevention services.</p>	<p>Compare Youth Survey Results (2010/2012)</p>	<p>A. Use of Other Person's Prescription Drugs 12th Grade – Decrease from 5.7% 10th Grade – Decrease from 4.6%</p> <p>B. 30-day Prevalence of Marijuana Use 12th Grade – Decrease from 20.3% 10th Grade – Decrease from 12.6%</p>

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			<p>C. 30-day Prevalence of Tobacco Product Use 12th Grade – Decrease from 33.5% 10th Grade – Decrease from 21.8%</p> <p>D. 30-day Prevalence of Alcohol Use 12th Grade – Decrease from 34.7% 10th Grade – Decrease from 17.4%</p>
<p>Goal 8. Reduce Adolescents who are depressed or suicidal.</p>	<p>Provide/promote prevention services.</p>	<p>Compare Youth Survey Results (2010/2012)</p>	<p>Percent Reporting Thoughts of Suicide in Past Month: 12th Grade – Decrease from 9.5% 10th Grade - Decrease from 9.7%</p>
<p>Goal 9. Reduce the use of opiate prescription drugs in Fairfield County.</p>	<p>Collaboration with the Fairfield County Opiate Task Force.</p>	<p>OARRS quarterly data.</p>	<p>Reduced number of opiate-related prescriptions filled in Fairfield County pharmacies.</p>
<p>Goal 10. Referrals for out-of-county Medicaid services will be appropriate.</p>	<p>Participating agencies' (ADAMH Board, The Recovery Center, The Municipal Drug Court, the Family Drug Court, Jobs & Family Services, Mid-Ohio Psychological Services, and New Horizons Youth & Family Center) collaborative clinical team continues to monitor out of county Medicaid utilization to identify outliers and educate referral sources.</p>	<p>Documentation of outliers and education of referral sources.</p>	<p>Appropriate referrals for out-of-county Medicaid services.</p>

C. Goals and Objectives: Access and State Hospital Issues

Access to Services

<u>Goals</u>	<u>Objectives</u>	<u>Measurement</u>	<u>Milestones/ Achievement Indicators</u>
Goal 1. Increase the availability of formal and informal mental health and substance abuse prevention, intervention, treatment, and support resources in Ohio's behavioral health system of care.	See above Goal III(B)(3).		
Goal 2. Maintain timely access to state hospital inpatient services.	Collaborate with boards in state psychiatric hospital region to contain use of hospital to 95% of capacity to assure continual access to inpatient care.	Documentation of collaboration and review of hospital data with partner boards and state hospital staff.	Documentation of year-end meeting between boards and hospital staff that timely access to state hospital inpatient services was maintained.

D. Goals and Objectives: Workforce Development and Cultural Competence

Workforce Development and Cultural Competence

<u>Goals</u>	<u>Objectives</u>	<u>Measurement</u>	<u>Milestones/ Achievement Indicators</u>
Goal 1. Provide access to ongoing continuing education opportunities for all provider agency employees.	A. Fund Netsmart University. B. Monitor the use of Netsmart University.	A. Payment of bill for Netsmart University. B. Identify number of continuing education hours taken by those enrolled in Netsmart University.	A. Include provision to fund in provider agency-Board contract. B. Send information to each provider agency regarding its staff's use of Netsmart University. C. Discuss ongoing use of Netsmart at monthly CHC (Directors) meeting.

E. Goals and Objectives: ORC 340.33 (H) Programming
ORC 340.033(H) Goals

<u>Goals</u>	<u>Objectives</u>	<u>Measurement</u>	<u>Milestones/ Achievement Indicators</u>
Goal Provide funding to Multi-System Youth Committee via Cluster in collaboration with Fairfield County Job & Family Services, FC Family Adult & Children First Council, FC Development Disabilities Board, and FC Juvenile Court.	A. Ongoing discussions with community partners. B. Analyze Board revenues and needs assessment data.	A. Executive Cluster Meeting Minutes. B. Inclusion of allocation in ADAMH Board Annual System Budget.	Board Meeting Minutes indicating approval of annual allocation.

F. HIV Early Intervention Goals

HIV Early Intervention Goals. While Fairfield County is not one of the Boards funded for HIV Early Intervention, the Board in collaboration with its many community partners does address prescription drug abuse and its trajectory to intravenous drug use (heroin).

G. Civilly and Forensically Hospitalized Adults

Addressing Needs of Civilly and Forensically Hospitalized Adults.

<u>Goals</u>	<u>Objectives</u>	<u>Measurement</u>	<u>Milestones/ Achievement Indicators</u>
Persons in need of medication via court order receive medication in a timely manner.	Reduce time required for court order to be processed.	Number of days for court to process.	Quarterly analysis of data reveals a decrease in process time from SFY 2011 to 2012.

H. Implications of Behavioral Health Priorities to Other Systems

Implications of Behavioral Health Priorities to Other Systems. Reductions in non-Medicaid mental health and aod treatment services will have adverse impacts on the many other interdependent systems. For example: 1) the Board has seen its use of the state psychiatric hospital increase over the last several years as the availability of community treatment resources has plummeted. SFY 2012 reductions will exacerbate this problem, and 2) similarly, Board dollars to purchase private hospital stays for indigent persons also will be reduced in SFY 2012, which is anticipated to increase demand for state psychiatric hospital use. Additionally, non-

Medicaid funds will now be needed to assist providers to pay for adequate hospital discharge activities for Medicaid consumers – services once completely covered by Medicaid for Medicaid beneficiaries.

I. Contingency Planning Implications

Contingency Plan: Implications for Priorities and Goals in the event of a reduction in state funding. Reductions to state funding for the SFY 2012-2013 planning cycle have been factored into the priorities and goals contained in this document.

IV. Collaboration

A. Key Collaborations

B. Customer and Public Involvement in the Planning Process

C. Regional Psychiatric Hospital Continuity of Care Agreements

D. County Commissioners Consultation Regarding Child Welfare System

SECTION IV: COLLABORATION

A. Key Collaborations (Key collaborations and related benefits and results)

1. Fairfield County Drug Courts. The ADAMH Board collaborates with the 3 drug courts located in each Common Pleas, Family Court, and Municipal Court. Results: 1) The Family Court and the Municipal Court each partnered with the ADAMH Board to apply for and receive federal Drug Court grants. Roughly \$900,000 additional money was available to initiate these drug courts. This partnership benefit the local drug court and substance abuse treatment system. The Drug Court handled the legal proceedings, The Recovery Center provided clinical services, and ADAMH provided project/fiscal grant management, routine reporting based on agency and drug court data, and completed summative program evaluations for both grants. The final evaluations were submitted to the Bureau of Justice Assistance in September, 2010 and December, 2010; 2) The organizations collaboratively investigated the feasibility of a day reporting center, and it was determined not to be an option at this time.

2. Fairfield Medical Center (FMC). The ADAMH Board and FMC have collaborated on a number of occasions in the past. Current efforts include the Emergency Services/Intersystem Meeting, Interface with the FMC Psychiatric Hospitalization Unit, and The Opiate Task Force. Results: 1) ADAMH Board Staff, Staff from New Horizons Youth and Family Center Crisis Intervention/Hospital Pre-Screening Staff, FMC Psychiatric Unit Staff, and other agencies involved in the Pre-Screening/Emergency Hospitalization process meet to discuss issues, situations, procedures, and so forth that impact the quality, efficiency, and effectiveness of this critical part of the system.

3. Fairfield County Mental Health Consumer Group (FMHCG). FMHCG held a professionally facilitated strategic planning session this spring. The group will provide a second day of programming at the Center of Hope in the upcoming biennium; filling a gap left by New Horizons Youth and Family Center due to budget-related staffing reductions. FMHCG offers much needed payeeships for consumers in need of such service. The organization also provides a number of other important support and advocacy opportunities. The provision of Peer Support services, funded by Medicaid, is under consideration by the group.

4. Fairfield County NAMI. The Fairfield County National Alliance for the Mentally Ill (NAMI) met with Board Staff in the fall and early winter to discuss their plans for increased outreach and family support efforts in the upcoming biennium. NAMI produced a budget/budget narrative and met with the Board Finance Committee who provided a small grant for the group's work. NAMI leadership has an array of promotional activity plans in progress and has been successful in securing private donations. Board Staff believes the organization will provide increased, cost-effective family supports over the upcoming biennium.

5. Fairfield County Behavioral Health Service System Providers. The Executive Directors of the Fairfield County ADAMH Board provider agencies (The Recovery Center, New Horizons Youth & Family Center, The Lighthouse, and Mid-Ohio Psychological Services) and Board Staff meet on a monthly basis as the Community Health Coalition (CHC). The CHC environment has been productive in system collaborations. For example, planning (SFY 2012 budget planning), evaluation planning/implementation (Client Satisfaction Surveys and Referral Source Satisfaction Surveys), achieving efficiencies (Board purchase of Netsmart University services for system), and so forth.

6. Fairfield County Children's Cluster. The ADAMH Board works with the Children's Cluster and partner agencies on the Executive Committee (Fairfield County Child Protective Services, Fairfield County Developmental Disabilities, Fairfield County Juvenile Court, and New Horizons Youth and Family Center) to review the circumstances of children in need of high cost, more restrictive treatment environments as recommended by the Cluster Coordinator. Results: Most children's needs are able to be addressed without the need for high intensity services.

7. Fairfield County Family, Adult, and Children's First Council (FACF). ADAMH Board Staff attend FACF meetings. The meetings are an opportunity to exchange information, both formally and informally with other community agencies. The ADAMH Board, FACF, and Prevention Works join together to produce a biennial youth survey report that is subsequently shared with the community at large. The data is then used by local schools, government, organizations/agencies when local data about youth behaviors in the community is needed. This collaboration, started in 2004, has been beneficial to FACF, Prevention Work, and the community; prior to that time this work was undertaken solely by the ADAMH Board.

8. Lutheran Social Services. Lutheran Social Services (LSS) Lancaster Office, transitional apartments, and homeless shelter are located on property adjoining the the location of buildings owned by the Board via an ODMH Capital Grant. The Center of Hope is used by New Horizons Youth and Family Center for group CPST services and the Fairfield Mental Health Consumer Group for its programs and activities. LSS manages the two residences, one of which houses 3 women

and one that houses 4 men, near the Center of Hope.

9. Southeastern Ohio Legal Rights Services. During the past biennium, Southeastern Ohio Legal Rights (SEOLS) initiated a Medical – Legal partnership with the Board and its contract agencies. SEOLS provided a designated attorney to work with individual consumers, referred by the agencies, who had a variety of legal issues, including eligibility for Medicaid and Social Security Disability. Unfortunately, due to a shortage of SEOLS funding, the program was discontinued in late 2010.
10. Fairfield County Re-Entry Coalition. The ADAMH Board is a member of the Fairfield County Re-Entry Coalition. It participates both on a micro-level (eg. Citizen Circle) and a macro level (promoting advocacy in regard to the Sentencing Reform bill not containing a provision for treatment funds).
11. Opiate Task Force.
Please see I(D)(1) and II(A)(2).
12. Prevention Works for Fairfield County.
Please see I(D)(1) and II(A)(2) and II(D)(1).
13. School Systems (Public and Private) in Fairfield County.
Please see II(D)(1).

B. Customer and Public Involvement in the Planning Process

Interested stakeholders and constituents were invited to the day-long training with a bio-ethicist to discuss service planning in an environment of scarcity. The Board's draft Ethics of Scarcity Policy was circulated to key stakeholders for review and to propose modifications.

A poll of 400 Fairfield County households was conducted in February, 2010. Please see II(A)(2).

C. Regional Psychiatric Hospital Continuity of Care Agreements

The Appalachian Behavioral Healthcare Hospital located in Athens and the Boards within its catchment area meet on a quarterly basis to discuss topics of mutual interest to improve the quality, efficiency, and effectiveness of the interface between the two service delivery systems.

The ADAMH Board is in the process of revising its current Continuity of Care Agreement with ABH to reflect changes in community procedures.

D. County Commissioners Consultation Regarding Child Welfare System

The Fairfield County ADAMH Board works closely with the County Commissioner's via the Children's Cluster. The Board, Fairfield County Developmental Disabilities, Juvenile Court, Family, Adult, and Children First Council, and Fairfield County Children's Services, and New Horizons Youth and Family Center. ADAMH provides funding to the Children's Cluster, along

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with other community partners. The Children's Cluster Coordinator works with the various partners to screen families with at-risk children and arrange funding for children who have a need for intensive services. Executive Cluster, of which ADAMH is a member, approves funding for individual children as recommended by the clinical cluster partners.

V. Evaluation of the Community Plan

- A. Description of Current Evaluation Focus**
- B. Measuring Success of the Community Plan for SFY 2012-2013**
- C. Engagement of Contract Agencies and the Community**
- D. Milestones and Achievement Indicators**
- E. Communicating Board Progress Toward Goal Achievement**

SECTION V: EVALUATION OF THE COMMUNITY PLAN

A. Description of Current Evaluation Focus

The Fairfield County ADAMH Board's current evaluation focus, to ensure an effective and efficient system of care with high quality, encompasses the following:

- i. Client Satisfaction.
 - a. *Data Type.* Quantitative.
 - b. *Data Source.* MHSIP (Adult & Youth/Parent) Ohio Version.
 - c. *Methodology.* Board provides surveys to provider agencies who collect data. Board gathers completed surveys, completes data entry, and runs reports via PPS utility.
 - d. *Timeframe.* Bi-annual.
 - e. *Stakeholders.* Consumers, Families, Agency Providers.

- ii. Referral Source Satisfaction.
 - a. *Data Type.* Quantitative.
 - b. *Data Source.* Questionnaire.
 - c. *Methodology.* Sets of 5 surveys mailed to key stakeholders with cover letter requesting distribution of survey to key staff. Individual SASE included for anonymous return of each survey. Envelopes are tracked separately from surveys for the purposes of mailing second response requests.
 - d. *Timeframe.* Annual.
 - e. *Stakeholders.* Key community stakeholders including mental health/alcohol and other drug agency service providers.

- iii. Community Attitudinal Survey.
 - a. *Data Type.* Quantitative.
 - b. *Data Source.* Questionnaire. Local replication of state survey and prior local 2010 survey.
 - c. *Methodology.* Telephone Interviews.
 - d. *Timeframe.* Annual.
 - e. *Stakeholders.* Community Residents.

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- iv. Youth Survey – Census of All Schools in the County.
 - a. *Data Type.* Quantitative.
 - b. *Data Source.* Questionnaire.
 - c. *Methodology.* Surveys distributed, completed, and collected in school classrooms.
 - d. *Timeframe.* Biennial survey.
 - e. *Stakeholders.* Community persons and organizations interested in serving youth population.

- v. Major Unusual Incidents.
 - a. *Data Type.* Quantitative.
 - b. *Data Source.* Agency incident reports.
 - c. *Methodology.* Agency sends incident report to Board Client & Family Advocate.
 - d. *Timeframe.* As specified in the Ohio Administrative Code (OAC).
 - e. *Stakeholders.* Consumers, Family Members, Community Organizations.

- vi. Client Grievances.
 - a. *Data Type.* Quantitative.
 - b. *Data Source.* Consumer or family member.
 - c. *Methodology.* Consumer, potential consumer, or family member lodges complaint with Agency or Board Client Rights Officer.
 - d. *Timeframe.* As needed and/or specified in OAC.
 - e. *Stakeholders.* Consumers, potential consumers, family members, community organizations.

- vii. OARRS Data.
 - a. *Data Type.* Quantitative.
 - b. *Data Source.* State Pharmacy Board.
 - c. *Methodology.* Mg/mcg and doses of prescriptions filled for selected categories of pharmaceuticals in Fairfield County.
 - d. *Timeframe.* Quarterly.
 - e. *Stakeholders.* Community, Opiate Task Force.

B. Measuring Success of the Community Plan for SFY 2012-2013

Determining Success of the Community Plan for SFY 2012-2013. Please see Tables in Section III for measurements associated with goal areas.

C. Engagement of Contract Agencies and the Community

Contract Agency Provider Executive Directors/CEOs and Board Staff meet on a monthly basis to collaborate on the coordination, quality, efficiency, and effectiveness of the mental health and behavioral health service delivery system. The Client Satisfaction Survey process solicits feedback from consumers on the accessibility and acceptability of treatment services. Referral Source Satisfaction Surveys request input from community partners on the strengths and areas in need of improvement in the local service delivery system. ADAMH Board Staff participate in a variety of community forums designed to enhance the integration of the behavioral health system

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with other important community systems (egs. Re-Entry Coalition, Emergency Services Intersystems Committee, etc.).

The ADAMH Board intends to hold Town Hall Meetings this fall to obtain qualitative input into the Board's planning process.

D. Milestones and Achievement Indicators

Please see Tables in Section III for milestones and achievement indicators associated with goal areas.

E. Communicating Board Progress Toward Goal Achievement

The ADAMH Board communicates its progress toward goal achievement by formal and informal means. For example, Board Staff interaction with other community organizations and systems present venues to update important community partners on the Board's activities. The ADAMH Board also produces formal notification of its accomplishments through its annual report and community plans.