

# Ohio Mental Health and Addiction Services (OhioMHAS) Community Plan Guidelines SFY 2014

## Environmental Context of the Plan/Current Status

1. Describe the economic, social, and demographic factors in the Board area that will influence service delivery. (NOTE: There will be an opportunity to discuss the possible effects of Medicaid expansion upon your local system in question #12.)

The Muskingum Area Mental Health and Recovery Services Board (Board) contracts with a local network of agencies to provide services in Coshocton, Guernsey, Morgan, Muskingum, Noble and Perry Counties. These counties are in rural Appalachia, and they have chronically and historically high unemployment and poverty levels. According to Ohio's Department of Job and Family Services, In Ohio, Appalachia encompasses 32 counties in the southern and eastern parts of the state. This portion of Ohio ranks as the poorest economic region in the state. As reported by the Ohio Department of Job and Family Services in October 2013, Ohio's seasonally adjusted unemployment rate was 7.5 percent. This is the same as the national average. The unemployment rates for our six counties for October 2013 are as follows:

Coshocton	8.7	Muskingum	9.0
Guernsey	7.5	Noble	9.6
Morgan	9.8	Perry	8.5

According to the Bureau of Labor Statistics, Ohio ranks 30<sup>th</sup> out of the 51 states in unemployment. In the Ohio Department of Job and Family Services Ranking Report, Ohio Unemployment Rates by County, five of the six counties we serve are ranked in the top seventeen. In addition, fifteen of the top seventeen highest county rates are Appalachian counties.

Throughout its history, Appalachia has faced chronically high rates of poverty, unemployment, substandard housing, low educational attainment and poor health care. These challenges continue to be concerns as is evident in the recent findings of an Appalachian Regional Commission report (2010) entitled, Socioeconomic Overview of Appalachia 2010:

- 116 counties with a poverty rate 1.5 times the U.S. average
- Lower college completion rate than U.S. at large (17.6% Appalachian)
- Lower per capita market income than U.S. ( \$24,360 Appalachian to \$32,930 U.S.)
- Two-thirds of Appalachian counties now have higher unemployment rates than the United States as a whole (276 of 420 counties)
- More Appalachians have become discouraged workers and have given up searching for jobs.
- Between 2000 and 2007 Appalachia lost more than 35,000 jobs in farming, forestry and natural resources and another 424,000 jobs in manufacturing (22% loss)

According to America’s Health Rankings, 2012. Ohio ranked 35<sup>th</sup> in the nation for overall healthiness. The County Health Rankings & Roadmaps, A Healthier Nation, County by County, further describes the overall health of the six counties the Board services. The breakdown in our six county area for overall Health outcomes, (how healthy a county is) is as follows:

Coshocton	64	Muskingum	73
Guernsey	48	Noble	21
Morgan	62	Perry	69

The ranking for health factors that influence the health of a county are as follows:

Coshocton	71	Muskingum	59
Guernsey	73	Noble	72
Morgan	76	Perry	68

Health behaviors, access to clinical care, education, income, family and social support along with one’s physical environment greatly affects the outcome of the health of our service population.

The Board is responsible for the largest ADAMHS Board geographic catchment area in Ohio serving the relatively sparse and predominately rural, white population of 228,051 residing in six of Ohio’s 29 designated Appalachian counties.

The 2,977.4 square miles represents 7.3% of Ohio’s total 401,952.6, with the 228,051 population representing 2.0% of Ohio’s total 11,540,000. In other words, the catchment area population density is 76.2 persons per square mile compared to Ohio’s 280.3 persons per square mile.

County	Square Miles	% Rural
Coshocton	564.1	65.6
Guernsey	522.0	69.9
Morgan	417.7	100.0
Muskingum	664.6	67.4
Noble	399.0	100.00
Perry	410.00	75.5
Catchment Area	2977.4	79.7

One of the main barriers to health care utilization and care in many of our locations is lack of transportation to medical facilities. Rural isolation is often a factor characterized by large distance between place of residence and medical service sites, as well as poor roads, isolation, and lack of public transportation. Average commuting to work time is as follows for each of our six counties:

County	Average Commute Time
Coshocton	24.5 minutes
Guernsey	22.3 minutes
Morgan	34.3 minutes
Muskingum	24.3 minutes
Noble	26.6 minutes
Perry	32.7 minutes

In Ohio, about one in 10 residents live in an area underserved for primary care. Our service area could see some of the state's largest enrollments of new Medicaid patients per capita under the expansion. With that being said, physician recruitment in our service area has been difficult. According to the Health Resources and Service Administration, each of the six counties that the Board services fall in a Health Professional Shortage Area for one or more of the identified areas: mental health, primary care and dental care.

According to the Ohio Substance Abuse Monitoring Network, during the months of June 2011 through January 2012, the six county region has experienced an increased availability of heroin and Suboxone. Opana continues to gain in popularity as a replacement for OxyContin. Increased scrutiny in emergency rooms means that users are looking elsewhere to obtain prescription opioids and crime lab reports dozens of non-controlled chemical analogues similar to bath salts.

According to the Ohio Department of Health, Office of Vital Statistics and Ohio Department of Public Safety, Ohio Traffic Crash Facts, for the first time, in 2007 unintentional drug overdose exceeds MV traffic crashes as the overall leading cause of injury death in Ohio. This trend has continued through 2011. As revealed in the July 2011's report by the House Health and Aging Committee, "Attacking the Opiate Epidemic" there has been a significant rise in opiate abuse and dependent persons in treatment. In 2001, according to MACSIS member enrollment for those in treatment with an opioid-related diagnosis for our six county area was 3% or below. In 2003, Guernsey county rose to 3.1% with the remaining 5 counties at 3% or below. In 2005, Coshocton, Muskingum and Perry counties rose to between 3.1%-6.7percent. Guernsey and Noble counties between 6.8% - 34.4percent. In 2007, Coshocton's admissions decreased to 3% or below, Noble county's admissions declined to that of the remaining 4 counties at 3.1%-6.7percent. In 2009, Guernsey, Muskingum and Perry's admissions increased to between 6.8%-34.4 percent, Morgan, Noble and Coshocton's numbers remained the same. In 2011, Coshocton and Morgan counties were between 3.1%-6.7 percent. The 4 remaining counties were between 6.8%-34.4percent. Data shows that in 2011, the Appalachia region had the highest increase of unintentional drug overdose deaths at a rate of 17 per 100,000.

It has been noted that hospitalizations as a result of Neonatal Abstinence Syndrome and drug use among pregnant women in Ohio have been steadily on the rise since 2004. The number of pregnant or parenting women with an opiate diagnosis in SFY 2011 by county of residence is as follows: Coshocton-13, Muskingum-33, Perry-22, Morgan-10, Noble-10 and Guernsey-39. The percentage of change between SFY 2004-2011 is as follows: Coshocton, Morgan and Noble counties are between 0.0%-101.6percent. Muskingum, Guernsey and Perry counties fall between 101.7% -374.9percent. NAS has taken a heavy toll on Ohio's healthcare system and our six county region has not been unaffected. We are beginning to see the impact of the state's opiate epidemic on our infants, economy and healthcare system.

In 2012, Ohio had a population of 11.54 million; 2.21 million represented the average number of Ohioans enrolled in Medicaid at any one time. Fifty – 74 percent of the children served in our six county area, ages 0-4, were enrolled in Medicaid in SFY 2011. Twenty-five – 49 percent of Children in Coshocton, Morgan and Noble counties, ages 0-19, were enrolled in Medicaid, while 50%-74 percent of children in Muskingum, Guernsey and

Perry were enrolled during SFY 2011, according to Ohio Department of Job and Family Services. Ohio's Medicaid enrollment trends have been steadily climbing upward each year, as reported from ODJFS in 2010-2012

## Assessment of Need and Identification of Gaps and Disparities

2. **Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gap issues and disparities, if any. (NOTE: ORC 340.03 requires service needs review of: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils; and, (2) outpatient service needs of persons currently receiving treatment in state Regional Psychiatric Hospitals)**

The Board conducts outreach meetings bi-annually throughout the region to survey consumers, family members, parents, provider boards/staff, and collaborative partners about needs, access, outcomes, and satisfaction relative to behavioral healthcare services. Various client government, dual diagnosis treatment, vocational, Adult Care Facility (ACF), Drop In Centers, NAMI, criminal justice, social services, and victim assistance, groups are among those surveyed. The Board's Director, Staff, Care Management Council, Quality Improvement Council (QI), and Recovery Advisory Council members participate not only in framing survey questions asked in the meetings but are also among the groups surveyed.

Most recently our outreach meetings were held SFY 2011/2012. Meetings for SFY 2013/2014 will take place in the Spring 2014. Information documented in this plan will reflect the information gathered during SFY 2011/2012's survey and current input from community stakeholders, partners, contract agencies and staff.

The Board's Youth and Family Services Coordinator is the official representative of the Executive Director spends over 85% of his time participating in monthly meetings for the Family and Children First Council and Creative Options Team as a means to ensure smooth community linkage to timely access to resources for children and families. Input from several community partners are gathered during these meetings.

Six County Inc. (SCI), a contract agency of the Board, employ the services of a State Hospital Liaison to assist with discharge planning and community linkage for persons receiving treatment and returning to the community. Information gathered from hospital staffs, SCI's hospital liaison, consumers and families are considered in the Board's planning efforts for this specific service.

**Transportation** has been an ongoing barrier throughout our service area for consumers who live outside Zanesville. Consumers expressed concerns related to same. Recently Muskingum County's public transportation system, South Eastern Ohio Transportation (SEAT) went through restructuring. Transit services were combined with Guernsey county to assure continued services in the adjacent county. According to the Ohio Department of Transportation's Transit Needs Study, the department's 2013 budget is 85% less than that of 2000. Survey results also reveal SEAT is considered a small, fixed route with ODOT's rural classification. Perry County signifies a service area with a large demand response. Morgan county has a medium demand response. Coshocton and Noble counties have no available data regarding transportation services in their area. Unemployment and the current economy also negatively impact our consumer's ability to pay for transportation services when they are available

in their communities.

**Physician recruitment and retention** of licensed social work staff have had a direct impact on the length of time it takes a consumer to receive services. While Six County has no wait list for mental health assessments due to their open access efforts, the length of time for medication services is directly impacted by the amount of physician time each county has available. Currently, Guernsey, Morgan, Muskingum and Perry counties have wait list for medication services. The length of wait and waiting list for pharmacologic management services reflect a national shortage of psychiatrists and doctors specializing in the treatment of mental health issues. Our six service areas have been designated underserved communities according to U.S. Department of Health and Human Services Health Resources and Service Administration. Contract agencies are taking advantage of the Federal government's scholarship and national loan repayment programs to attract licensed clinical staff and medical professionals. Recruitment remains challenging despite these efforts. As of November 14, 2013, there are currently approximately 3,700 Mental Health HPSAs. Mental Health HPSAs are based on a psychiatrist to population ratio of 1:30,000. In other words, when there are 30,000 or more people per psychiatrist, an area is eligible to be designated as a mental health HPSA. Applying this formula, it would take approximately 2,400 additional psychiatrists to eliminate the current mental HPSA designations. The Board has no active HRSA grants for health professionals in our area.

Efforts are being directed toward exploring the possibilities of Tele-medicine to enhance access. Thompkins Treatment, Inc. has successfully integrated this method of service delivery at their offices for several years now. Being able to address this need is vital, especially for those consumers being released from the local psychiatric inpatient unit and Appalachian Behavioral Healthcare. These consumers leave each facility with a 2-week supply of medication or prescriptions. The same is often true for people released from state prisons. Our ability to offer a seamless transition into our continuum of care is vital for these consumers success.

**Genesis Behavioral Health Services** is undergoing a \$160 million dollar construction project that will result in the facility becoming a state-of-the-art medical facility utilizing best practice design principles from hospitals across the country. As a result, the hospital will be relocating their psychiatric services, including their inpatient units, to a free standing facility in the Spring/Summer of 2014. This move will result in a loss of psychiatric beds on the adult and children's units. Currently Six County hospitalizes approximately 70% of all patients admitted to the unit. Genesis Psychiatric Unit continues to lose revenue as has been stated in earlier plans. Efforts are ongoing to "stop the bleeding" in this area and prevent a possible closure of a much needed service in our area. Collaborative meetings continue to address these concerns. Each of the participating agencies in the Bridge Builders project explore ways to improve access, improve continuity of care for high-utilization consumers and provide alternative solutions to crisis situations. Six County is currently restructuring their crisis stabilization unit to increase the ambulatory care options for people in crises.

**AoD Residential Treatment** needs continue to be a primary request from consumers and families within and outside our service area. The Board receives, on average, 5 calls per week from individuals and community partners requesting assistance with/for referrals, generally to inpatient treatment. Medical detoxification services are non-existent in our area unless circumstances are severe. It has been noted in previous plans that consumers go to great lengths to get admitted to the inpatient psychiatric unit to address detox needs. The rise in women pregnant and receiving treatment for drug abuse has been briefly discussed along with the rise in infants born with Neonatal Abstinence Syndrome (NAS). This coincides with the alarming trends in drug overdose over the last decade. Further undergirding our communities need for these resources. Continual cuts to funding the Alcohol

and Drug Agencies receive further complicate the growing need for, not only, residential services but recruitment of trained professionals to handle this need. The Board presently contracts with a neighboring counseling center outside of our service area for one male bed and Stanton Villa (women's residential program) in Perry county. Stanton Villa expressed concerns that often admission to the program is delayed due to health issues discovered at intake that need to be addressed prior to receiving AoD treatment. The closest residential AoD treatment facility for children is in Athens, Ohio. Admission to this service is usually arranged through juvenile court or another agency.

**Managing Civil commitments** has been challenging this year. Currently our Net bed days for FY 2013 are 4,960. As of November 30, 2013 we have used 2,637 Net days which is 53.2% of our projected days. Our target number of residents, at any one time, is 14. Currently we have 19 on the roster and have remained over much of the year. In comparison to years past, Net days for FY 11 were 2,053, as of 11/30/10. Net Days for FY 12 were 2,502, as of 11/30/11. Residents tend to require a much longer period of time to stabilize. As of this report, we are 570 days over projection.

**Medicaid Cost Containment** has affected our ability to manage civil commitments successfully in the community due to caps set on case management services. SCI has been approved for approximately 20 prior authorizations to prevent service interruptions.

**Veterans Services** requests are on the rise. This is largely due to an increase in service men and women returning from the Iraq and Afghanistan Wars. Post-Traumatic Stress and Traumatic Brain Injury concerns have presented themselves more frequently than in times past. Requests for training, at a community level, have increased from local law enforcement, community partners and within our network of care to address this population of consumers and trauma-informed care. This has been consistent with what is being implemented across the state and across the nation.

Criminal Justice Collaborative members discussed the importance of locally addressing the needs of Veterans returning from Iraq and Afghanistan, particularly in view of some Veteran's repetitive court appearances for various misdemeanor offenses.

**Permanent and Supportive Housing** remains challenging in light of the recent increase in oil and gas drilling activity in our six county area. Housing cost has skyrocketed. The cost to secure office space has increased. This makes it extremely difficult to secure housing for consumers on fixed incomes or considered indigent. In most cases, rental prices are out of our consumers' reach, if available open units can be found at all.

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

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

**3. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment? (*see definition “local system strengths” in Appendix 2).*)**

As previously described in the Community Plan for SFY 2012-2013, the Board utilizes a continuous quality improvement approach by working as a partner and collaborator with provider agencies, a variety of community organizations and coalitions/committees in each of our six counties, and state level entities. This has been noted, on various levels, as one of this Board’s strongest organizational philosophies.

One such collaboration which began in the spring of 2011, driven by a desire to improve consumer care, is the Six Entity Behavioral Health Consortium. Members include, the Board, Genesis Healthcare System, Muskingum Valley Health Center (Federally Qualified Health Center), Six County, Inc.(SCI), Muskingum Behavioral Health(MBH), and Thompkins Treatment, Inc. (recently changed name from Thompkins Child and Adolescent Services, Inc.) They contracted with Tech Solve Healthcare Solutions (Lean Six Sigma Black Belt experts) to complete a needs assessment of each entity and utilize Lean 6 Principles to address identified needs and gaps in services. In addition, to sustain these changes and continue the collaborative improvement effort, one or more representative from each entity continues to meet monthly. This group is known as the Lean Behavioral Coalition. The Steering Committee (Directors from each entity) continues to meet monthly as well.

Prior to 2014, efforts of this group focused on providing services to Muskingum County residents only. Current efforts are being directed toward expanding these services to two additional counties in our region with a more concentrated emphasis on integrating mental health and recovery services with comprehensive primary care services. Together, the Steering Committee has submitted a proposal to assist with the development and implementation of a Rural Health Network in our region.

The Board, contract providers and community stakeholders continue to “think outside the box” to address identified needs within our region and accomplish mutual goals. This concept has afforded The Muskingum Area Behavioral Health Network the opportunity to collaborate on the development of a network of behavioral health providers and the integration of primary care in behavioral health care settings through a behavioral health home model.

SCI continues to be a front runner with Cluster-Based Planning and outcomes management. They have also worked with Coordinating Centers of Excellence (CCOE) on Integrated Dual Diagnosis Treatment (IDDT). Cluster-Based Planning can be used to help identify service gaps and needed programs, develop agency budgets, service plans and setting organizational goals and priorities. It can assist with improving client assessment, Individual

service/recovery planning, integrating consumer outcomes with service planning and re-engineering services to meet consumer needs. Resource management improves as Cluster-based planning can help focus recruitment & staff development and identify facility and other resource needs. Quality management and improvement can incorporate structuring agency data collection activities, analyzing and using: outcome, consumer feedback, service utilization, incidents/risk, and cost data. This can begin to provide our system of care with answers to the question of What Works, For Whom, and At What Costs?

In an effort to bring contract agencies together to foster an attitude of collaboration verses competition and focus on evidence-based skill development, the Board sponsored a training to keep up with the changing needs regarding the workforce, and what new expertise and skills would be required or desirable. In April, 2013, Scott Miller, PhD presented What Works in Treatment: Practical Applications from 40 Years of Outcome Research. One hundred and Five attendees felt the information presented was useful and effective. This training was so successful that the Board plans to offer similar trainings annually for contract providers.

The Board, along with applicable contract organizations successfully promoted the passage of three renewal levies in Coshocton, Morgan and Noble Counties!

Thompkins Treatment continues to provide Integrated Family and Systems Treatment primarily designed to prevent hospitalization and out of home placement to emotionally and behaviorally challenged youth or assists in the reunification of families with youth previously placed out of home. The goals of this program include empowering the families to develop competence and confidence in addressing emotional and/or behavioral problems of children, supporting the development and continuity of expertise in case managers and practitioners, collaborating with community partners, such as, Juvenile Court and Children Services and applying approaches that are cost effective.

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

The utilization of Lean Methodology in behavioral healthcare to facilitate process improvement.

**4. What are the challenges within your local system in addressing the findings of the needs assessment? (see definition of "local system challenges" in Appendix 2).**

The greatest challenge is the recruitment of psychiatrist and advanced practice nurse practitioners. Also challenging is the recruitment and retention of independent licensed clinicians. Service providers have not been able to give cost of living increases on any consistent basis over the past ten years and have been forced to reduce employee benefits.

There continues to be an erosion of prevention and treatment dollars requiring direct service providers to do more with less. This result in the loss of much needed services in every county and has been particularly difficult when trying to manage the State's opiate epidemic.

Transportation is an age old problem. Being in a rural area people living in the counties may have difficulty getting

to services. The economy and price of gas have added to that burden. In Zanesville, there is public transportation. However, often clients do not have money for the fare. Public transportation routes have been reduced in an effort to manage financial cuts to their operating budgets and the burden of gas prices.

There are no detoxification services in our area. Genesis HealthCare System closed their detox unit a number of years ago. The reason was that often patients presenting for detox were suicidal and subsequently admitted to the psychiatric unit. Or, they had medical issues which needed to be addressed and admitted to a medical floor. Though the rationale was sound, there are individuals who need detoxification who do not meet these two situations. They just need detoxed prior to getting into treatment.

With shorter acute inpatient “lengths of stay” and waiting lists increasing at times for ambulatory outpatient services such as psychotherapy and especially pharmacological management services and when state hospital beds are full, we have witnessed increases in crisis care demands as a trend. Many people continually cycle through the emergency rooms at local hospitals as well as the emergency services of local mental health providers. The Board plans are to address regional crisis care services needs in our collaborative work with the Genesis HealthCare System. Thompkins Treatment has shelter care available for any county who request services for children and adolescent.

It has been consistently challenging to process consumers in crisis through the local emergency room. The time it takes to get an individual from the ED to a psych unit can be upwards of 5-10 hours depending on how quickly after hours emergency workers, admitting doctors and/or other boards respond to request for admission.

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

Lack of capacity in service provision has been an ongoing concern. We have engaged in several process improvement endeavors to address timely access to care for our consumers but recruitment and retention of qualified professionals inhibit our ability to be as creative and flexible in our service delivery as we would like.

Agency and community partners have identified a sheer lack of services for individuals in need of detoxification from alcohol or other substances. This has become more apparent with a growing burden for both law enforcement and the hospitals. With no other options available, beds at both the county jail and the hospital emergency rooms are being misused to provide detox services to this population. This broken system is equating to extensive lengths of stay at a hospital for these individuals at an exorbitant costs to the community services in our community.

Although we do not have waiting list, at the moment, physician time is at a premium. We are looking into tele-medicine as a possible means to address problematic physician recruitment and transportation issues for our consumers but the additional cost for set-up and purchasing of equipment make this alternative out of reach for several of our providers.

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

Areas that generated sufficient discussion among our contract providers are as follows:

- Sober Living
- Recovery Housing
- Recruitment and retention of psychiatrist
- Medication Assisted Treatment other than Suboxone
- Availability of Detox Centers
- Integrated Care Models between physical and behavioral health
- Transportation

**5. Describe the Board’s vision to establish a culturally competent system of care in the Board area and how the Board is working to achieve that vision (see definitions of “cultural competence” and “culturally competent system of care” in Appendix 2).**

There are no significant changes to system’s cultural competency plan as each agency has their own cultural competency plan that they follow. However, SCI reported an increase in Somali and Russian speaking consumers. Guernsey county agencies are seeing an increase in Spanish speaking consumers. The organization has a process in place for contacting interpreters in the instance that one is needed. These incidents are prompting contract agencies to assess the skills and strengths of their staff in order to best serve these populations. It was noted that a high percentage of agency direct service staff grew up in rural Appalachia. Agency Directors believe this is a tremendous strength in serving the Appalachian culture. The Board staff incorporated training material on the culture of poverty in the latest CIT training due to our service region. This topic will become a permanent part of the CIT curriculum going forward. It was considered valuable information by participants in the training.

### Priorities

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

**Priorities for Mental Health and Recovery Services Board**

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

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>SAPT-BG: Mandatory (for OhioMHAS):</b> Persons who are intravenous/injection drug users (IDU)	Priority status is given to this population with assessments to be offered within 3 days or provide interim services  Increase awareness and access of Naloxone to first responders  Maintain current level of services offered	Determination is made at the time of the initial phone call/intake if the consumer is an IVDU  Community based overdose education and the development of an overdose prevention program.	# days from call to being seen  Decrease in the number of opiate deaths in our six county service area	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG: Mandatory:</b> Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Priority status is given to this population with assessments offered within 3 days or provide interim services Maintain current level of services offered	Determination is made at the time of the initial phone call/intake if the consumer is pregnant and using substances	# days from call to being seen	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG: Mandatory:</b> Parents with substance abuse disorders who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Priority status is given to this population with assessments offered within 10 working days  Maintain current level of services offered	Determination is made at the time of the initial phone call/intake if the consumer has dependent children.  The Creative Options Team is another referral source that seeks to prioritize services once a client is identified.	# days from call to being seen	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG: Mandatory (for OhioMHAS):</b> Individuals with tuberculosis and other communicable diseases	To have an assessment and initial health screening complete within 3 days or provide interim or referral services as needed.	Determination is made by asking at the initial phone call/intake if they are experiencing any symptoms that could result in a TB or other such illness.	# days from call to being seen	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-BG: Mandatory (for OhioMHAS):</b> Children with Serious Emotional	Broaden the availability of trauma informed care across the continuum of	Increase awareness surrounding the impact of trauma on consumers and	Percent of families that report a decrease in PTSD symptoms	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds

Disturbances (SED)	services contracted by the Board Maintain current level of services offered including Thompkins Integrated Families and Systems Treatment	staff in system wide trainings offered by ODMHAS. Begin discussions around the need for trauma-informed and trauma specific services with contract providers.	Percent of families that report a decrease in depressive symptoms and behaviors.	<input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-BG:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Expand access to evidence-based, person-and family center behavioral health services. Expand the Bridge Builder Program Increase utilization of telepsychiatry within Six County, Inc.	The potential development of a rural healthcare network and implementation of a behavioral health home. Increase number of recovery supports and expedite consumer access Hot Spot Collaborative efforts with the Appalachian Behavioral Health Consortium.	Increased consumer satisfaction and improved outcomes due to seamless response to all health care needs Reduce relapse and readmissions to the local psychiatric unit and Appalachian Behavioral Hospital.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	Expand access to evidence-based, person-and family center behavioral health services.	The development of a rural healthcare network and implementation of a behavioral health home.	# of families actively participating in the behavioral health system of care # of increased consumer satisfaction and improved outcomes due to seamless response to all health care needs.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other: currently applying for grant funding to assist with this priority:
<b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	Expand the Bridge Builder Program Increase number of Peer Supports Maintain current level of Consumer Operated Services	Recovery Coaching Development of Recovery Housing Consumer Operated and Peer Support Services	# of consumers participating in social supports # of consumers with maintained or improved functioning as measured by GAF scores	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant</b> <b>*Priorities Consistent OHIOMAS Strategic Plan</b>				
<b>Treatment:</b> Veterans	Increase collaborative efforts between our contract agencies and the local VA outreach center, law enforcement, judges and court system.	Future development of a Veteran's Court	N/A	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe):Treated within the VA system, usually occurs at the local Community Based Outreach

				Center
<b>Treatment:</b> Individuals with disabilities	Increase the number of individuals with disabilities securing employments and/or vocational services through VRP3 and Core.	Coordinate care with the VRP3 program and CORE	# of patients enrolled and successfully completing VRP3 and gainfully employed	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	Improve the positive outcome in treatment	An array of assessments and services are offered to assist with successful completion of any of our programs	# of successful completions for those with an opiate diagnosis	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	Increase the number of services delivered to those in need of transitional and/or permanent housing subsidies with funding for supportive services	Coordinate care through Bridge Builders along with intensive case management services to identify those in need of permanent supportive or transitional housing	% of clients in stable living situations	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Underserved racial and ethnic minorities and LGBTQ populations	Increase workforce awareness and cultural competence along with the availability of resources to special population groups identified in our service area.	Each contract agency has an annual training and cultural competency plan.	N/A	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): Minorities in Muskingum County are approximately 10% , similar to the makeup of our patient population.
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>Treatment:</b> Youth/young adults in transition/adolescents and young adults	Improve services and supports for youth in transition Increase awareness and reduce stigma associated with mental health and/or substance abuse disorders.	Coordination of care by Board staff in conjunction with the Family & Children First Council and Creative Option Teams throughout our service area Intensive Outpatient and Home Based Services for those identified as “at risk” and in need of additional support.	# of youth/young adults successfully engaged in behavioral health, AoD, and/or supportive employment and/or housing	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Early childhood mental health (ages 0 through 6)*	Maintain current level of services offered	Coordination of care in conjunction with Head Start and Help Me Grow programs	# of consumers that achieve goals/objectives determined in individual treatment plan	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage

				__ Other (describe):
<b>Prevention:</b> Adopt a public health approach (SPF) into all levels of the prevention infrastructure	Further develop the work of the Coalition for a Safe, Drug-Free Community Continue the work of the Suicide Prevention Coalitions in each county.	Monthly meetings and ongoing development of specific outcome measures for the Coalition	Lower the number of deaths by drug overdose  Lower the number of deaths by suicide	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
<b>Prevention:</b> Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*	Continue community prevention programs as budget allows Prevention services to public schools and parenting classes Increase awareness and access to resources	Eye-Spy room: Parents and adults Safe Medication Use: Senior Citizens Community Center: Young mother's program Beginning stages of a collaboration with Forever Dad's for a Women's Program Kognito	N/A	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
<b>Prevention:</b> Empower pregnant women and women of child-bearing age to engage in healthy life choices	Support new partnerships.	MBH is embarking on a partnership with Forever Dads to implement the number of consumers that meet this criteria	N/A	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
<b>Prevention:</b> Promote wellness in Ohio's workforce	Improve the health status of Board employees and contract providers and staff and model this behavior for our consumers Increase the knowledge and importance of wellness as a component of recovery for consumers. AoD agencies are providing drug free work programs to local businesses.	Medical Insurance has included a wellness initiative in the Board and contract agencies plan Healthier Muskingum subcommittee is specifically addressing employee alcohol/drug use. Integrating information and activities about nutrition, exercise and healthy living into individual and group care plans.	Number of participants in compliance with preventative testing and routine health procedures Percentage of individuals meeting treatment goals	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
<b>Prevention:</b> Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*	Development of screening tool to assist with identification of target population.	Screening all persons being assessed for addiction treatment; incorporating gambling prevention component in current prevention activities.	N/A	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

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<b>Board Local System Priorities (add as many rows as needed)</b>			
<b>Priorities</b>	<b>Goals</b>	<b>Strategies</b>	<b>Measurement</b>
Bridge Builders	Improve the health outcomes of consumers with severe and persistent mental health diagnosis Reduce the healthcare dollars spent through care coordination and crisis management	Train and deploy staff in community based care plans and critical incident training	Percent of consumers with maintained or improved functioning as measured by GAF scores and Cluster Based Outcomes
AoD Room and Board	To assist in the recovery from addiction by addressing the underlying issues that contributes to continued use for individuals with no ability to pay for treatment.	Screening all persons being assessed for addiction treatment Provide 24 hour on site staff support Case management, in house programming and support services geared toward maximizing consumer satisfaction and participation in the recovery process	Number of consumers successfully completing treatment
Subsidized Housing	Ensure that individuals with SPMI and/or Substance Abuse Disorders can exercise their right to choose where they will live with sufficient support networks in place.	Evaluate individuals according to the SPMI criteria Outreach to referral sources to assure perspective clients are aware of available resources Coordinate housing and support services	Percent of consumers that have obtained and maintained stable housing in the community.
Forensic Evaluation	Improve Conditional Release Plans Explore ways to expedite competency to stand trial issues Find ways to provide mental health treatment and medications to individuals in jail.	Train agency staff and law enforcement on the prediction of immediate violence. Consultation with other agencies (ABH and OhioMAS) and law enforcement regarding the conditional release of mentally ill offenders	Increased officer and consumer safety Lower cost associated with judicial process and competency to stand trial concerns
Community Medications	To support the psychotropic medication needs of indigent citizens of our community To reduce unnecessary hospitalizations due to the inability to afford medications To promote and support the recovery of consumers	An evaluation for need is conducted according to criteria identified by the community medication program	Percent of consumers meeting treatment goals Percent of consumers with maintained or improved functioning as measured by GAF scores or Cluster-Based Outcomes.

Consumer Operated Services	Increase Peer Support and Recovery Coaching services	Re-opening Consumer Drop-in services Identify, recruit and train potential consumers as Peer Specialist/Recovery Coach	Number of certified Peer Specialist/Recovery Coach
Employment/Vocational Services	To transition individuals with psychiatric disabilities and/or substance abuse disorders toward stable employment and economic self-sufficiency.	Assist consumers with finding, obtaining, and maintaining stable employment through CORE and VRP3 referrals.	Number of consumers employed
Residential Care Facilities (Adult) and Thompkins Center	Assist consumers in achieving their highest level of recovery in the least restrictive setting	Provide 24 hour on site staff support, Case management, in house programming and support services geared toward maximizing consumer satisfaction and participation in the recovery process.	Number of consumers participating in social support and treatment services
Crisis Stabilization Unit	Increase utilization and development of Intensive Outpatient Services Continue to use crisis beds as an alternative to inpatient hospitalization or a step-down post hospitalization	Facilitating referrals for appropriate consumers through liaisons employed by SCI at Genesis-Bethesda Psychiatric Unit and Appalachian Behavioral Healthcare.	Percent of consumers that did not require inpatient hospitalization



**Priorities (continued)**

**7. What priority areas would your system have chosen had there not been resource limitations, and why? If you provide multiple priority areas, please prioritize.**

Priority if resources were available	Why this priority would be chosen
(1) Recovery Housing	The impact the opiate epidemic has had on our service area and the number of families affected by the same. Housing has been identified by consumers and treatment staff as a necessary component in the recovery success plan.
(2) Peer Support/Recovery Coaching	Consumer involvement and support has been documented to be one of the most effective means by which to assist our consumers. These positive relationships help buffer against stressors and adversities in the lives of those with medical and psychiatric problems
(3) Families as Partners in the Mental Health and Addiction Services	Family involvement has proven beneficial in terms of decreasing the frequency and relapse rates of inpatient hospitalizations and incarceration. Improved adherence to a medication schedule and increased rates of recovery.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	

**8. Describe the Board's accomplishments achieved through collaborative efforts with other systems, consumers and/or the general public during the past two years.**

The Board contracts with a network of providers that understands the importance of maintaining a prominent presence and hands on involvement within our communities whenever possible. The Board's contract provider directors in each of the six counties are responsible for maintaining collaborative relationships with the school systems, County Family Services Planning Committee and Public Children's Service Agency/Protective Services/County Department of Job and Family Services.

In Coshocton County, the Board's collaborative effort between Juvenile Court, Children Services, Mental Health and AoD contract providers continues after 14 years to improve referral and treatment procedures.

Board staff meets monthly with Appalachian Behavioral Healthcare (ABH), Six County, Inc., and Community Support Network (CSN) staff to oversee the management of hospital admissions, aftercare, and any associated problems for persons served and their families.

The Board staff participates regionally in monthly meetings of Suicide Prevention Coalitions, Family & Children First Councils (FCFC), Creative Options, and NAMI Six County. In Muskingum County, a Board staff member provides leadership for the Criminal Justice Collaborative and also assists the H.O.P.E. Behavioral Health Court with submission of grants and reporting of outcomes. The Board also maintains a database relative to deaths by suicide in the service area in cooperation with the five suicide prevention coalitions for regional oversight of particular patterns and/or trends.

The Board staff in partnership with NAMI Six County has completed 8<sup>th</sup> Annual Crisis Intervention Team (CIT) Training for law enforcement. This class will bring the number of trained officers in our service area to 125. This highlights the strength of the relationship between law enforcement, the Board and our contracted direct care service providers.

The Board's Network Systems Coordinator has served as a member of each county's Local Emergency Planning Committee, liaison to each Emergency Management Agency and coordinator of Critical Incident Stress Management Services.

The Board and providers have partnered with courts, law enforcement, housing authority, NAMI Six County, and other social services agencies to determine and meet the behavioral health needs of people involved in the criminal justice system. Muskingum and Coshocton counties have had previous successful collaborations with criminal justice and intensive supervised probation programs. Opportunities for collaboration have recently opened up in Guernsey County with the potential award of the Criminal Justice Grant in the Spring of 2014 from ODMHAS to help facilitate the development and implementation of a Cambridge Municipal Court Behavioral Health Special Docket Program. The Muskingum Re-entry coalition has been gaining momentum in Muskingum County to address the needs of returning offenders to our service area. These efforts, in addition to, the regional CIT training are all outcomes associated with this work.

The Board Director and Managed Care Coordinator are participating in the Behavioral Health Services Collaborative of hospital and community service providers. Members include representative from Genesis

Healthcare System, the Muskingum Valley Federally Qualified Health Center (MV-FQHC), SCI, TCAS and MBH. This group continues to work to streamline the system of care in order to make good use of available resources and enhance services to persons served. As a result of past collaborative efforts, the group is currently seeking Federal grant funding from The U. S. Department of Health and Human Services Health Resources and Service Administration for the development of a Rural Health Network to service consumers in our six county service area.

The Board's alcohol/drug recovery service providers implemented a "Plan for the Use of Casino Gambling Profits." Under the 6-month plan, providers conducted brief screenings on all clients. They also worked with local schools to conduct a needs assessment using the Community & Youth Collaborative Institute's Middle & High School Survey. This initial plan has set a good framework from which to make future decisions about the best use of casino gambling profits.

There are eight Board areas included in the Appalachian Regional Collaborative Group. The emphasis of the project is a reduction of state hospital inpatient utilization through decreasing admissions and expediting discharge back to the community, which should reduce typically higher costs associated with hospital and corrections facilities.

The expected accomplishment will be the establishment of a comprehensive and integrated Crisis Stabilization Network throughout the entire Collaborative Region. The results will be decreased utilization of state and local inpatient services, increased ability to maintain consumers in least restrictive settings, and reduction in overall service costs.

The Muskingum Area Board allocated funds to provide Central Pharmacy, Crisis Intervention, Person Centered Wrap Around Supports, Guardianships, Temporary Housing and Detox, Residential and AoD Treatment for those consumers meeting the collaborative specified criteria.

The Board partnered with SCI, the Ohio Housing Financing Authority, and Fairfield Homes to finalize plans for a rehab/construction project in the north end of Zanesville that would provide an 8-unit apartment building for persons with severe mental illness. This fully-funded project will provide much needed housing support for persons with mental illness.

The Guernsey County Criminal Justice Collaborative is the newest initiative that encompasses the efforts of 9 community partners, Appalachian Behavioral Health, Support Mental Health, Forensic and Mental Health Board members. This group seeks to provide an array of mental health and addiction services to inmates in the county and city jails. It is our desire to create a seamless connection to the aforementioned services upon release from jail with case management support to assist throughout the inmate's involvement in the program.

Thompkins Treatment utilizes I-Fast (Integrated Family and Systems Treatment) as an episode of care model. Treatment focuses on specific symptoms and problems that parents identify as their main concern. Services are delivered more efficiently and economically as opposed to conventional modes of mental health treatment. Thompkins has partnered with The Ohio State University to research the effectiveness of the program.

## Inpatient Hospital Management

### **9. Describe the interaction between the local system's utilization of the State Hospital, Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that you expect/foresee**

The Board, ABH, SCI, Genesis HealthCare System, Community Support Network, Eastern Alliance COG and Eastern Alliance Collaborative have a long history of positive collaboration pertinent to planning, coordinating, and managing local/regional inpatient care from admission thru discharge. Planning around meeting the behavioral healthcare needs of patients discharged are addressed from admission through discharge in monthly utilization management team meetings. The transition to the Athens Campus of ABH has been handled with few problems. The Board's utilization management team and Eastern Alliance Collaborative partners will, as always, work together in problem solving and planning regarding hospital care for persons served from our Board and Eastern Alliance areas. The Muskingum Area Board's Executive Director is chair of Eastern Alliance Collaborative.

Genesis Behavioral Health Services will be relocating their psychiatric services, including their inpatient units, to a free standing facility in the Spring/Summer of 2014. This move will result in a loss of psychiatric beds on the adult and children's units. Currently Six County hospitalizes approximately 70% of all patients admitted to the unit. The reduction of local psychiatric beds has the potential of increasing the utilization of State Hospital beds in the future.

The Board has designated Hot Spot funds to assist with providing additional community supports to divert those consumers who would otherwise be hospitalized locally or at the state level.

## Innovative Initiatives (Optional)

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

- **Service delivery**

- *On-site warm hand-offs*: Muskingum Behavioral Health goes onsite to Genesis Psychiatric Unit to meet patients who have alcohol/drug problems. Before starting this, the show rate for referrals from the hospital was about 5%. With the warm handoff, the show rate for follow up care is around 80%.
- Behavioral Health Court in Muskingum County is currently in the process of becoming a state-certified special docket program. July 1, 2012 through June 30, 2013, the program had four participants successfully complete the program, seven were currently participating and two applicants were pending.
- Bridge Builders: an adult wrap around service for adults with SMI and/or AoD use. This program is dedicated to provide alternative solutions to crisis situations, utilize family and community assets to improve treatment outcomes, support addiction recovery efforts and care coordination for mental health consumers who are high utilizers of services.
- Eye Spy room is a simulated teen room where at risk items are present. Items for drug/alcohol use, the choking game, etc. are used. Parents and professionals have gone through the room and the comments have been very positive. The program includes how to talk to your kids about any concerns you have.
- Outreach screening at MVHC Pain Management Clinic
- On-site treatment/prevention at Foxfire Schools
- 24 hour therapeutic monitoring is a new initiative for individuals that do not meet inpatient admission criteria but could benefit from additional supportive services to get them through a crisis situation.
- Morgan Counseling Center sponsored a “Stomp Out Bullying” campaign in conjunction with Morgan Local Schools and the Morgan Suicide Prevention Foundation. A balloon release was organized by the Counseling Center as well that focused on promotion of a healthy self-concept/image for elementary age children.
- The Coshocton County Juvenile Drug court was the first drug court in Coshocton County. It was started around 10 years ago. However, we are now in the process of entering a new initiative with a Family Drug Court. The collaborative effort includes many entities throughout the community, including Coshocton Behavioral Health Choices (CBHC), Thompkins Treatment, Job and Family Services(JFS) and the schools....just to name a few. We have received word that the program has been chosen to be a grant awardee for this initiative, so we are working very hard with the Supreme Court Specialty Dockets division for guidance and assistance as we move forward in this new venture.

- Our collaborative effort with JFS, which began through Protect Ohio monies, has been a wonderful catalyst for a stronger system of care between JFS clients who are alleged abuse/neglect cases due to their suspected drug use. By providing 20 hours of clinician time each week to that list of potential using parents, we are able to provide random in-home urinalysis, assessments on demand (including post-birth babies/mothers with illegal drugs in their systems), and direct coordinated care between JFS workers and clinicians to offer support and guidance to the affected families.
- Our Intensive Services Probation (ISP) through Coshocton Municipal Court has continued to be effective with probationers who are in treatment, either for addiction and/or mental health issues. This collaborative effort between the Courts, CBHC, Six County, Inc., and other entities has been very successfully in client rehabilitation, as the ISP clients meet weekly in the court for a specialty docket with ALL clients present in the court room with the judge, probation officer, treatment providers and family members to serve as a mechanism of accountability for those who are attempting to get their lives' back on track and be productive citizens.
- CBHC has also partnered with First Step Violence Intervention Services, as well as TCAS, Six County, JFS and others, to offer a brief overview of social services that are offered at no cost to the schools, to all teachers in the River View School District. It is our hope that this traveling, on-site team will also be incorporated into Ridgewood and Coshocton City districts as well, to keep educators "in the loop" with respect to how social service can partner with them to help students.
- The newest venture in collaboration will be our partnership with the Juvenile Court Diversion Program. CBHC, FCFC and the court are coordinating a mass effort to provide "Street Smart", an adult drug-education/prevention seminar for teachers and parents who want to know more with respect to things they should be watching out for with respect to the students in their lives. The newest trends are covered to make the community at large more knowledgeable about how to prevent a drug problem BEFORE it starts.
- SCI Partial Hospitalization (PH) program has been promoting healthy self-expression through art. We have sponsored in house art shows, displayed art work in the lobby at the Rhodes Tower for the ODMH offices and we are currently displaying consumer art work in the hallways of Muskingum Center. We plan to feature different artists throughout the year.
- The In Place reopened in Sept. of this year. We are working with area group homes to promote consumer involvement at this facility. We hosted a Thanksgiving Dinner Open House for consumers and staff and will be hosting a Holiday celebration in December.
- Client Government Officers were involved in the planning of and presentations at the Annual Recovery Summit. SCI staff donated items to be given as door prizes at this event.
- PH consumers were actively involved in the Annual Quinn Family Bash- they raised funds to buy items and created gift baskets for door prize drawings.
- PH Consumers have been active participants in the Levy Campaigns in each of the counties over the past 2 years.
- PH Consumers were involved in CIT training by offering personal stories to educate officers about MH issues.
- Client Government members in PH are actively involved in advocacy efforts for things like Parity Laws, Medicaid Expansion etc. through letter writing campaigns and attending rallies.
- PH staff participates in Bridge Builders Team Meetings on a regular basis to develop treatment plans focused on appropriate use of community support services and reduce hospitalizations.
- PH currently offers on site services at both Guernsey Industries and Hopewell Industries for dual diagnosed DD/MH clients.
- PH offers field placements to students from Zane State – Human Services and Occupational Therapy Assistant programs throughout the year.
- PH also provides annually the opportunity for all Occupational Therapy Assistant (OTA) students to

observe PH Groups and Drop in Center services as part of their curriculum. In return we work cooperatively with them as they serve as hosts for our Annual PH Recognition Banquet to reinforce individual consumer efforts in their recovery process.

- Six County, Inc's CORE Program launched the "Recovery to Work" Program as a result of collaboration between MHRS Board and the Ohio Rehabilitation Services Commission. This program was designed to help person with mental illness and/or addictions to achieve greater community participation through opportunities for employment and independence.
- Morgan Behavioral Health Choices sponsors HOFNOD (Hooked On Fishing...Not On Drugs) day long program developed with Morgan Co. Sheriff's Office some 20 years ago – day long program that encourages family time and uses fishing as a diversion also - ODNR and AEP became later partners and it has developed into a program for 300+ kids and their families each year. Provided at no cost
- Pre-Teen Institute – 24 hour (Friday through Saturday) leadership program in coordination with Morgan Junior High School. 100 Kids nominated by teachers in attendance. Workshops on a variety of topics (bullying, communication, date rape, AOD, working together, etc.)
- Raider Academy – one day program for students in the off campus school – focuses on topics that they will need in the future (cooperation with Six Co., Morgan Co. Extension, Morgan Local Schools, Jobs and Family Services, Juvenile Court)
- Jr. High Care Team – part of a wraparound service to address issues that are impacting the success of Jr. High students (work with Six Co., Schools, Juvenile Court, Sheriff's Office, Children's Services, etc.)
- Fishing 101 – a week long camp developed with Sheriff's Office probably 15 years ago – uses fishing and life skills – patience, self-esteem, confidence, conservation – ages 9-13 – serves 65 youth each summer.
- Guernsey Counseling Center contracts with Southeastern Ohio Regional Medical Center to provide crisis intervention services during business hours.
- Perry Behavioral Health Choices (PBHC) has a strong relationship with local courts, Children Services, and the local Family and Children First Council. PBHC secured a grant called CSAP (Comprehensive Substance Abuse Program) with the local Department of Job and Family Services on behalf of the Perry County Drug Prevention Coalition. As a result SOLCAE (Surviving Our Losses and Continuing Everyday) group was started.
- SCI, Coshocton consults weekly with the Coshocton County Health Department on issues involving mutual consumers. SCI also has embedded an office within the Department of Job and Family Services for intakes, counseling and medication referrals. The site director, PH staff and members of DD/Hopewell School treatment team work together to develop treatment plans for mutual consumers, as well. PH also facilitates a group on site at the school.
- Forensic Monitoring enables the Executive Director the opportunity to forge strong relationships with law enforcement, ABH, ODMH and various Board contract providers in an effort to coordinate care and planning for seriously mentally ill defendants. Participation in CIT training and current Criminal Justice Collaborative enables discussions that assist with officer safety and an increased awareness of the possible need to modify their approach to police calls involving Conditionally

Released patients. Efforts also exist to consult with Congress, the Forensic Director's Association and ODMH on the drafting and revision of relevant legislation concerning Forensic patients.

- **Planning efforts**

- Establishment of the Healthy, Coalition for a Drug-Free Muskingum
- Muskingum County Re-entry Coalition: it is estimated that about 200 inmates per year will be returning to Muskingum County, most of whom will need help with housing and unemployment. The Coalition has initiated a "Welcome Home" program and a Citizens Circle to assist returning inmates and their families.
- Opiate Task Force
- CAYSI Survey-A youth risk and attitude survey being completed by 7-12 grade students in four of the Muskingum County school districts, Vocational School and both charter high/middle schools.
- MBH has participated in a series of healthcare trainings targeting prescription medication prescribing practices by providers. Dr. Vicki Whitacre, Medical Director of the Health Department, secured funding from the Medical Academy and CME's/CEUs through Genesis, and arranged two nationally known speakers on the subject. The first training had about 75 doctors, nurses, dentists and other healthcare workers. The second is scheduled for January, 2014.
- Healthier Muskingum is a collaboration of about 20 organizations which authored a County Plan to improve health outcomes.

- **Business operations**

With the elevation of Medicaid reimbursement directly to MITS and the announcement by ODMH and ODADAS that in the relatively near future, the state-wide MACSIS billing system used by Boards to pay services not reimbursed by Medicaid would no longer be supported, This Board explored the feasibility of implementing one of the two emerging MACSIS replacement systems: Great Office Systems Helper (GOSH) and Shared Health and Recovery Enterprise System (SHARES).

In addition to GOSH involvement, This Board continues to explore suitability (advantages/disadvantages) of using other emerging MACSIS replacement systems.

- **Process and/or quality improvement**

- Lean Six Process Improvement Methodology
- Centralized Intake/Open Access (**See Attachment**)
- GOSH

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

utilized for planning, implementation, or evaluation.

### Advocacy (Optional)

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

In May of 2011, a local Recovery to Work (RTW) was launched through a collaborative effort between the MHRS Board and the Ohio Rehabilitation Services Commission (ORSC). The overall goal of the program is to help persons with mental illness and/or addictions to achieve greater community participation through opportunities for employment and independence.

Through VRP3 and CORE's establishment of partnerships with various factories, potteries, and other community businesses, last year (2012) 53 clients were placed in employment positions, with 43 successfully moving past their probation periods to become fully employed.

Individuals in recovery have found the process of identifying, acquiring and maintaining employment to be therapeutic and see employment as a way to stay active and continue learning throughout life. Advocates of mental health and recovery services believe in the value of work as an aid to the recovery process. They recognize that jobs can help people develop motivation to change, increase dignity and self-respect, and offer help for the future.

## Open Forum (Optional)

11. Please share other relevant information that may not have been addressed in the earlier sections. Report any other emerging topics or issues, including the effects of Medicaid Expansion, which you believe are important for your local system to share with the Departments or other relevant Ohio Communities.

## Appendix 1: Alcohol & Other Drugs Waivers

### A. Waiver Request for Inpatient Hospital Rehabilitation Services

Funds disbursed by or through OhioMHAS may not be used to fund inpatient hospital rehabilitation services. Under circumstances where rehabilitation services cannot be adequately or cost-efficiently produced, either to the population at large such as rural settings, or to specific populations, such as those with special needs, a Board may request a waiver from this policy for the use of state funds.

Complete this form providing a brief explanation of services to be provided and a justification for this requested waiver. **Medicaid-eligible recipients receiving services from hospital-based programs are exempted from this waiver as this waiver is intended for service expenditure of state general revenue and federal block funds.**

A. HOSPITAL	ODADAS UPID #	ALLOCATION
Not Applicable		

### B. Request for Generic Services

Generic services such as hotlines, urgent crisis response, referral and information that are not part of a funded alcohol and other drug program may not be funded with OhioMHAS funds without a waiver from the Department. Each ADAMHS/ADAS Board requesting this waiver must complete this form and provide a brief explanation of the services to be provided

B.AGENCY	ODADAS UPID #	SERVICE	ALLOCATION
Not Applicable			

## Appendix 2: Definitions

**Business Operations:** Shared Resources, QI Business Plan, Financial Challenges, Pooled funding, Efficiencies, Strategic Planning, Contracts, Personnel Policies, etc.

**Cultural Competence:** (Ohio's State Inter-Departmental Definition) Cultural competence is a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services.

**Culturally Competent System of Care:** The degree to which cultural competence is implemented as evidenced by the answers to these questions:

- Is leadership committed to the cultural competence effort?
- Are policies and procedures in place to support cultural competence within the system, including policies and procedures to collect, maintain and review caseload cultural demographics for comparison to the entire community?
- Are the recommended services responsive to each adult, child and family's culture?
- Is the client and family's cultural background taken into account in determining when, how, and where services will be offered?
- Is staff reflective of the community's racial and ethnic diversity?
- Is staff training regularly offered on the theory and practice of cultural competence?
- Are clients and families involved in developing the system's cultural competence efforts?
- Does Behavioral Health staff interact with adults, children and families in culturally and linguistically competent ways?
- Is staff culturally sensitive to the place and type of services made available to the adult, child and family?
- Does the system of care reach out to the diverse racial, ethnic, and cultural groups in the community?

**Local System Strengths:** Resources, knowledge and experience that is readily available to a local system of care.

**Local System Challenges:** Resources, knowledge and experience that is not readily available to a local system of care.

**Planning Efforts:** Collaborations, Grant opportunities, Leveraging Funds, Data Collection (e.g., Key Performance Indicators, Outcomes), Trainings

**Service Delivery:** Criminal Justice, School Based or Outreach, Crisis Services, Employment, Inpatient/Residential Services, Housing, Faith Communities, etc.

## Attachments

### SIX COUNTY, INC.

#### OPEN ACCESS AND CENTRALIZED INTAKE

### HISTORICAL FOUNDATION

In FY 2013, Six County, Inc. (SCI) implemented the best business practices:

1. Open Access and
2. Centralized Intake Scheduling

This Performance Improvement was initiated as a result of the following baseline data:

1. A no show/cancellation rate for Mental Health Assessments of 35 %
2. A length of wait from time of call to the intake appointment of one or more weeks
3. Consistent waiting lists for intakes at most centers
4. Client complaints regarding:
  - a. Length of wait for an appointment
  - b. SCI request to arrive up to an hour early for the first appointment
  - c. Needing to respond to the same and/or seemingly irrelevant questions numerous times during the intake process

### TARGET GOALS

A Task Force chaired by the Chief Operating Officer and Vice President of Quality Improvement and including Center Directors, Chief Information Officer, and Marketing Director developed a strategy to implement **Open Access and Centralized Intake** with the following goals:

1. To offer a caller an **appointment the same day (or no later than 3 business days from the call)**, with an ultimate goal of offering all callers a “same day” appointment
2. To decrease the no-show/cancellation rate from 35% to 17%, with an ultimate goal of decreasing rate to 0%

3. To revise the Administrative Intake documents to **decrease redundancy and increase efficiency** for the both the client and Support Staff
4. To revise the Mental Health Assessment to: (1) **enhance clinical relevancy** (2) **decrease the time required from an average of 2 hours to 1 hour** and (3) support **concurrent documentation**
5. To have the Customer Relations Specialist **gather much of the required Administrative Intake information via telephone** at the time of the call
6. To decrease the time clients must arrive at a center from 45 minutes to 1 hour to **15 minutes**
7. To decrease the time of the administrative data gathering process at intake from 45 minutes to **10 – 15 minutes**

## **OUTCOME**

### **In FY 13, the outcomes included:**

1. Median number of days from call to first appointment offered:  
**2.8 business days**
1. No show/cancellation rate: **20.3 %**
2. No waiting list for intake appointments at any center
3. Administrative Intake document with **no redundancy** and **use of technology to populate information into several sections**
4. Mental Health Assessment that is **clinically relevant** with **decreased completion time from 2 hours to 1 hour or less;** in addition, documentation was **completed concurrently,** decreasing the “down time” for clinicians
5. Clients were asked to arrive **15 minutes in advance of the appointment time** instead of **45 minutes to an hour in advance.**
6. Decrease in average **Administrative Intake** time from 30minutes to **10 – 15 minutes.**
7. **Positive client feedback** (via a survey) indicating significant pleasure with the new process and the speed with which a client could be seen.

## **MOVING FORWARD**

This continuous improvement has demonstrably improved (1) **access to services,** (2) **client and clinician efficiency,** and (3) **client satisfaction.**

This project remains a “work in process” for SCI, with **same day appointments** and a **0% no-show/cancellation rate** as the ultimate goals. Finally, this project was an SCI team effort which included virtually all departments of SCI in an effort to achieve **higher levels of excellence in service delivery and business practices**, a core thread in the fabric of SCI.