

## 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.)*

Both counties have had continued economic difficulties, high unemployment rates, and home foreclosures that have added to the stress felt by many families. As a result, we are noticing more people in crisis who have never received services before and are more frequently requiring hospitalization. It appears that clients are holding off seeking treatment until the conditions are severe enough to require hospitalization. In the population accessing the state hospital system, we are noticing a younger age average for those needing inpatient levels of care. The number of suicides in both Logan and Champaign Counties continue to be an issue. In addition to the issues of depression and anxiety, we are noticing more drug abuse by our youth and adults involved in the Family Court system. The largest increase noted this past year has been opiates and heroin.

### 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)*

Both counties have done Community Health Surveys. In both surveys mental health and drug use have been 2 of the top issues. The other top identified area was young child wellness. Surveys were given at the county fairs, telephonically, and at other community events. The MHDAS Board worked collaboratively with the Health District and/or Hospital in each county to do the comprehensive assessment looking at all aspects of public health including mental health and addictions. The Board has a Survey Monkey account and has made that available to other community partners. In exchange for use of the Survey Monkey account stakeholders in the communities are asked to include mental health and drug/alcohol questions. Together with this information, the Board also submitted a satisfaction survey to community partners. In addition to manners listed above to solicit feedback from the community, we also met with the providers to review current treatment usage and trends over the past year, as well as more conversations around prioritizing services to the indigent and working poor, along with the SPMI population as a means to establish needs for the coming year.

The top 2 identified priorities in Champaign County were youth mental health and adult mental health. For adult mental health the top issues were the treatment goal of streamlining access to treatment and with the prevention goal of reducing the stigma associated with depression. The survey found that 14% of the people surveyed reported that for over 10 days in the previous month their mental health was not good and another 9% said 4 to 10 days of the month their mental health was not good. 13% reported that their poor mental or physical health kept them from their usual activities for over 10 days that month and 14% 4 to 10 days.

For youth 16% of the respondents reported that a child in their home had been diagnosed with a mental health disorder. 71% of these children were being treated by the primary care physician with 17% being seen at a mental health agency. Many of the comments also centered on teenage alcohol/drug use.

In Logan County the top concerns identified in the Community Needs Assessment were first drug abuse, and second was unemployment.

Related to drug use: In response to this question: "Have they used any prescription drugs without a prescription or used more than prescribed by their physician?" 15% reported misusing prescription drugs without a prescription at least once or using more than prescribed.

Some significant findings related to mental health were the following: In response to this question "during the past month, had they provided care to a person with a health issue?" 27% responded yes for arthritis, 26% responded yes for depression, and 22% for vision. In response to the question "Had they experienced symptoms of depression in the past year?" 30% yes. And on this question, "the number of days in the past month that mental health has prevented their performance of usual daily activities?" 18.4% indicated that their mental health prevented them from performing daily activities at least one day in the past month.

In terms of gaps and outpatient needs, affordable and safe housing is a major concern for those coming out of state or sometimes even private hospitalizations. We have very close working relationship with Jon Brown, Director of Residential Administrators, Inc. and even share our office space with him. Jon has done a great job of going after funding and trying to update and maintain our current units, as well as secure funding for additional housing options. In spite of this there are still waiting lists for housing at all the local housing agencies. There have been no formal dispute resolutions requested in either Logan or Champaign Counties.

On the alcohol and drug side, we do not have a local detox facility, so while the staffs at CCI are excited about the potential success with using Vivitrol as MAT, we have only served a few people because of the dilemma to have the patient be clean for a period time before starting Vivitrol. There are plans to begin coordinating better with the local jails and using jail time as a place for the detox to occur and then putting them on Vivitrol just as they are leaving the jail.

## 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*).

In both counties there has been ongoing smaller workgroups develop to look into the high priority areas. In both counties there are dedicated groups looking at drug abuse, mental health, housing, unemployment and access to services.

Certainly one strength for both communities their Family and Children First Councils and the work of the Drug Free Youth Coalitions. Logan County has structured their work through Results Based Accountability Teams (RBA Teams) that were in place before the Community Needs Assessment but really took on the work of digging further in to the issues identified their as their focus. There are four RBA Teams: Healthy People and Behaviors – Chaired by Tammy Nicholl (MHDAS), Stable Families – Chaired by Vince Ciola (LCCSB), Young People Succeeding – Chaired by Annette Deao (LC Family Court), and Safe and Supportive Neighborhoods – Chaired by Tony Core, LC Commissioner. Out of these workgroups have come some dynamic and wonderful programs, collaborations and data collection. One of which is new Opiate Task Force that started in the fall of 2012.

Another strength is the willingness for various groups, county or city departments, and organizations to work together to collect and analyze the local data in ways are meaningful and can demonstrate measurable results. Champaign County has worked in a very similar fashion to Logan County, but their teams are driven by the Health District rather than the FCFC. The MHDAS Board has staff involved in both, the youth and adult mental health issues.

The Local Outreach to Suicide Survivors (LOSS) Team concept is a big strength for our communities. The Logan/Champaign County LOSS team has received state-wide recognition in being the first LOSS team in Ohio by providing immediate support and resources for the newly bereaved by suicide at the scene whenever possible. The team has continued to grow in membership, especially in the number of survivors themselves who have experienced the loss and the response team and want to help others going through similar crisis. The healing and the personal growth that has been experienced by some of our local survivors are phenomenal. We were able to use our families on a panel for the National LOSS Conference held in Ohio for the first time in November, and our Community Development staff person, Molly Smith has been working to help develop LOSS Teams across the state.

The Board has developed a new contractual relationship with Wellspring as an additional provider of mental health outpatient services. Our longstanding behavioral health provider, Consolidated Care, Inc. had difficulties with waiting lists for outpatient mental health counseling for youth and adults. They did work to provide some “open access” or walk-in hours which have helped to reduce the wait times, but the additional provider, especially for youth has also helped a great deal.

Additionally, the Board has sponsored several community trainings to help not just the community behavioral health staff development, but also those of private providers and community partner agencies, including Children’s Services, the Courts, Schools, Nursing homes, Health District, RTC Employment, law enforcement, and more. Some

of those trainings include CIT Training at least 2 times per year, Trauma Informed Care with Dr. Kenneth Yeager of the OSU STAR Center, and Crisis Services and Suicide in Logan and Champaign Counties with Molly Smith. We have received very positive feedback from the community partners and provider staff so this is an area that we hope to continue in providing trainings on evidence based practices or topics of shared interest and CEU's.

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

The LOSS Team for Logan/Champaign County serves as a mentor across the State for communities beginning their own team. We are available to do training for any counties or Boards or groups wanting to establish a LOSS team. There have also been requests for our CIT Training team to help out in other communities we are glad to do that.

This year we were able to continue the ECMH program with collaborative funding from the Boards of DD and of Children's Services in both counties. Helping other communities identify ways to sustain services to those very young children may be an area where we could share our experience here.

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 lack of psychiatric time is the major challenge for our local system, especially child psychiatric time. Engaging and keeping opiate addicted clients in treatment is also a challenge. Access to appropriate residential facilities to treat addictions and the resources to cover it.

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

Children are on a waiting list to be seen by a psychiatrist. At times they can wait over 6 to 8 weeks to be seen. The local pediatricians do not feel comfortable prescribing medications for diagnosis beyond ADHD and mild depression to these youth and feel that they are not being supported by the mental health provider.

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

Ways to increase child psychiatrist time, especially in rural areas

Ideas for contracting with residential options for youth and adults for AoD treatment with very limited resources.

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).*

The MHDAS Board's strategy for addressing cultural competence has not changed over the last couple of years. It is to continue encouraging the providers' participation in Bridges Out of Poverty trainings to better understand and engage clients coming from generational poverty. In addition there have been trainings encouraged to educate staff on the specific needs related to local veterans. Coordination and collaboration with the local VA office is also encouraged. There is more collaboration occurring around veterans needs related to housing in this past year than before. The Board just held

a CIT training specific for veterans.

For the ex-offender population, Board staff, as well as provider staff meets with the local Judges and parole staff to address needs and special concerns. The Board is part of a Community Corrections Planning Commission, in both Logan and Champaign County, which meets bi-monthly with all the Judicial representatives, law enforcement and the Bar Association to discuss community needs and capacity issues in each of the systems. Our Board and provider staffs are part of the Community Linkages program and consult regularly about discharges and prioritizing the needs of those being released to the community from the prison system. Board and provider staffs also work closely with supportive housing agencies to coordinate housing needs and stabilize the living situation for those being released from psychiatric hospitalization or incarceration.

The Trauma Informed Care Training this past summer with Dr. Kenneth Yeager of OSU STAR Center was an effort to build knowledge and skills in provider agencies and other partners in recognizing and establishing services in a more trauma sensitive manner. We may look to follow this training up with some additional trauma training for our local provider community to assist them in moving forward to develop a trauma informed treatment system.

#### 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 MHDAS Board of Logan and Champaign Counties				
Substance Abuse & Mental Health Block Grant Priorities *Priorities Consistent OHIOMAS Strategic Plan				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Ensure that persons who are IDU have prompt access to treatment services.  To assist client in maintaining sobriety and becoming productive in society	Use of crisis follow up appointments; use of our walk in assessment process; promote our services and information about the sliding fee scale in those areas of the community identified as high risk for substance use  CBT and self-talk	Getting first appointment within 3 business days; evaluating campaign to distribute information; track numbers of admissions monthly  Client will be sober 7 days of 7 days. Client will maintain residence and have a means to provide for him/family.	<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:</b> Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Ensure that women who are pregnant and have a substance use disorder have prompt access to treatment services.  Assist women in maintaining sobriety and providing a healthy lifestyle for the baby	Use of walk in assessment process; disseminate information about services and the sliding fee scale to local doctors, health departments, CSB's  Psycho education and CBT	Getting first appointment within 3 business days; evaluating campaign to distribute information  Client maintain sobriety 7 of 7 days while pregnant or nursing	<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:</b> Mandatory: Parents with substance abuse disorders who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Those parents involved with Logan Co. Family Tx Court will engage in tx, demonstrate behavior changes necessary for abstinence, and be abstinent at the completion of tx.  Improve referral process for CSB families not involved in FTC.	Coordinate treatment efforts with Family Treatment Court staff through the use of case management; assist clients to initiate and utilize sober supports; meet with CSB in both counties as needed to develop adequate referral process.	Tracking FTC client information; tracking numbers of CSB admissions monthly  Client maintain sobriety 7 of 7 days.  Client attend 2 AA/NA meetings a week	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

	Assist parents with sobriety and provide education on effective parenting strategies	Psycho education and CBT	Children have one-on-one activity with parent one day a week.	
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	<p>Ensure access to children with SED to needed MH/AoD services.</p> <p>Offer coordinated services with the Family courts for youth with SED.</p> <p>Youth with SED will receive prompt and effective crisis services.</p> <p>Help families with SED diagnosed children to function successfully within their home and in their environment</p>	<p>Disseminate information about agency services and sliding fee scale to local child-serving agencies.</p> <p>Offer IHBT services to those youth most at risk for out-of-home placement due to MH/AoD factors.</p> <p>Develop safety plans with youth to defer from inpatient settings, when appropriate.</p> <p>Provide group therapy</p>	<p>Monitor referral source info from parents who call for services to ensure trends of key child-serving agencies.</p> <p>80% of youth who receive IHBT services will be maintained in their home at the conclusion of services.</p> <p>Monitor admission rate for youth and development of safety plans.</p> <p>Parents report a decline in disturbances 1 day of 7</p>	<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:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	<p>Decrease repeat hospitalizations.</p> <p>Continue accessibility improvement.</p> <p>Provide therapeutic services to adults who have been diagnosed with a mental illness</p>	<p>Track data; contact and re-engage those who have not followed up within 1 week of hospitalization; calls and visits.</p> <p>Walk in process for intakes with no one being turned away.</p> <p>Group therapy and CBT</p>	<p>Track all hospitalizations and follow up appointments. Review in Treatment team meetings. Assign staff to follow up; Track these attempts. Develop team plan on those who have repeat hospitalizations to prevent further hospitalizations.</p> <p>Monitor all intakes for accessibility through the walk in process.</p> <p>Adults will show progress by attending therapy one day a week.</p>	<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*	<p>Partner with local FQHC to develop an integrated plan once FQHC opens for services in 2014.</p> <p>Improve collaboration with community pediatric services.</p> <p>Assist client with mental health services and physician services</p>	<p>Meet with CEO and attend planning meetings monthly.</p> <p>Meet as treatment team quarterly with Mercy Well Child, and as needed in between meetings.</p> <p>Therapists and doctors/physician assistances and RNs will collaborate on care for the patient</p>	<p>Development of an integrated plan in 2014.</p> <p>Identify collaborative evidence through chart reviews.</p> <p>Therapists and doctors/physician assistances and RNs will collaborate on care for the patient</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
<b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	<p>Partner with local FQHC to develop an integrated plan once FQHC opens for services in 2014.</p> <p>Improve collaboration with community pediatric services.</p> <p>Provide recovery services to those with mental and substance disorders.</p>	<p>Meet with CEO and attend planning meetings monthly.</p> <p>Meet as treatment team quarterly with Mercy Well Child, and as needed in between meetings.</p> <p>Provide outpatient services through individual and group therapy</p>	<p>Development of an integrated plan in 2014.</p> <p>Identify collaborative evidence through chart reviews.</p> <p>Treatment 1x week at the office</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>



Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
*Priorities Consistent OHIOMAS Strategic Plan				
<b>Treatment:</b> Veterans	Evaluate need for specialized services for veterans in our community.  Provide mental health services, especially those veterans dealing with trauma	Collaborate with local veteran agencies to meet and discuss needs. Develop a plan to address these needs.  CBT Develop effective coping skills	Identify needs. Development of an Implementation Plan for veteran specific treatment if needed locally.  Reduce negative feelings 4 of 7 days.	<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> Individuals with disabilities	Provide mental health services with those who are disabled.	CBT Develop effective coping skills	Reduce negative feelings 4 of 7 days.	<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 engagement into treatment;  Improve access to medication assisted treatment options  Reduce risk of overdose deaths  Assist clients with substance abuse with psycho education and groups before referring to an intensive outpatient program.	Continued participation in the NIATx project to increase use of Suboxone; contract with private prescribing doctors; use of Board- provided Vivitrol for indigent clients; outreach to local jails, ERs and EMTs re providing linkage to services for those who overdose; those strategies identified above in the IDU section  Develop a recovery plan free from all substances and educate to maintain long-term sobriety.	Monthly coaching calls with NIATx; tracking numbers and outcomes of Suboxone and Vivitrol clients; evaluating collaboration efforts with jails, ERs and EMTs  Regular treatment sessions as a means to check the progress of sobriety. Individuals are to be clean weekly on a continual schedule.	<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*	Collaborate in efforts to develop AoD recovery housing  Provide mental health services as they are placed in housing.	Support individuals individually or in groups as housing is found. Provide coping skills during their transition.	Treatment will be measured by the response individuals provide after goals are met.	<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	Provide mental health services as needed	Offer individual counseling CBT	Treatment will be measured by the response individuals provide.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage

				__ Other (describe):
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>Treatment:</b> Youth/young adults in transition/adolescents and young adults	To provide services for youth and adolescents	Resolve fear of rejection, low self-esteem and oppositional defiance through family therapy.	Measure by positive mood change as reported by individual	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
<b>Treatment:</b> Early childhood mental health (ages 0 through 6)*	To offer mental health services and treatment for children 0-6.	Goals will be met by using play therapy and early childhood techniques	Goals will be measured by evidence-based outcomes.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
<b>Prevention:</b> Adopt a public health approach (SPF) into all levels of the prevention infrastructure	Develop proficiency in this model in all prevention staff	Ongoing trainings on SPF	Attendance at trainings; appropriate use of SPF model in planning our prevention programs	__ 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*	Use of evidence based or promising practice programming in AoD prevention  MH/AoD & suicide awareness to students in county school	Continue collaboration with local drug-free youth coalitions and opiate task force; gearing programming toward those areas identified in the community needs assessments. Offer training to health classes in county schools.	Participation in community prevention planning and activities	__ 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	To provide prevention and education to pregnant mothers and young women about ways to promote positive mental health and healthy living	Contract with the Health Districts to provide maternal depression screenings at the newborn home visits Provide information and education to pediatrician and OB-GYN offices in both counties  Have information at Health Fairs and HMG Events	Qtrly reports from both Health District offices of the # of visits, screening results and referral outcomes Track information shared at each location and make each office aware of the resources available to them should they have a patient they have questions about or wish to refer further. Track the number of events and number of contacts made at each event.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
<b>Prevention:</b> Promote wellness in Ohio's workforce	Train RTC and other employers in the area on signs, symptoms and treatment for mental health.	Offer Mental Health 1 <sup>st</sup> Aid training.	Monitor the offering and feedback of MH 1 <sup>st</sup> Aid trainings.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):



Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
IV Drug users for Addiction Treatment	Same as above	Same as above	Same as above
Pregnant mothers needing addiction treatment	Same as above	Same as above	Same as above
Parents who are at risk of losing custody of their children due to addiction	Same as above	Same as above	Same as above
Children with SED	Same as above	Same as above	Same as above
Adults with SMI	Same as above	Same as above	Same as above
Prevention/education activities specifically in the high-risk neighborhoods as identified in the community needs assessment.	Educate and prevent high risk youth from engaging in risky behaviors	Providing group education/prevention activities in the high risk neighborhoods and apartment complexes in both communities where risks demonstrated high in the community needs assessments.	Pre and Post surveys to the youth and families involved in the groups to demonstrate learning or increased understanding of the concepts and/or perception of harm of risky behaviors
Early Childhood Mental Health	Early identification and treatment for children ages 0-6 and support for their families.	Provide a FTE position dedicated to continuing the consultation with child care sites in both Logan and Champaign Counties and providing in-home supportive services to families identified at risk in both communities.	DECA scores, site evaluations and feedback, parent satisfaction surveys and referrals to other supportive services
Intensive In-Home Therapy	Provide engagement and treatment for those families in extreme crisis or barriers to outpatient treatment.	To provide therapy in the home of those families identified at risk of having their children removed from the home who have either not benefited from out-patient treatment or are unwilling or unable to attend	Ohio Scales outcomes, IHBT outcomes
Peer Support Specialists	To provide a peer support specialist position that can work with Recovery Zone to add support to adults with mental illness in their recovery	Pursuing ways to extend a FTE Peer Support Specialist position after the end of the pilot grant project with ODMH/RSC, for at least the remainder of this fiscal year in hopes that the Medicaid billable unit will be	Consumer satisfaction surveys, tracking the contacts and client outcomes associated with the position. Still developing some of the outcomes to

		approved for next fiscal year and it can be a self-supporting position.	be measured as this is a new role in our system.
Supported Employment (VRP3 – Recovery2Work)	To provide supportive employment and training services for consumers who are candidates for employment or need help to sustain employment and are struggling with an addiction or SMI.	Contract with RTC Employment Services, Inc. thru the VRP3-Recovery2Work program to have a local coordinator position to provide eligibility and case management and linkage to RSC services and employment.	Tracking all outcomes associated with the Recovery2 Work Project.
Housing supports	Providing a variety of housing options for consumers who need subsidized, safe and supportive housing and supports to aid their recovery from MI and/or addiction.	Contract with Residential Administrators, Inc. to manage/maintain Board owned properties and provide the case management support to consumers in the housing units. Continuing to work with Residential Administrators, Inc. to seek out funding opportunities to grow the housing units available for MI/AoD consumers in Logan and Champaign Counties. Maintaining active involvement in the Continuum of Care groups in both counties and collaborative efforts to increase subsidized housing options with other community partners.	Inventory of housing available in both communities. On-site visits to the Board owned units to see the condition and talk with consumers at least annually. Tracking the housing options and looking to see that a full continuum of options is available to local consumers.
Suicide Prevention Coalition	Community awareness and community support	LOSS Team, media messages, speaking engagements, SOS Curriculum in the high school classrooms, community awareness activities, etc.	Tracking suicide data, Development and attendance at Survivors of Suicide support groups, tracking school screening outcomes, referral sources related to the media messaging
Drug Free Youth Coalition	Support the work of the DFY Coalitions to see a decrease in youth using alcohol.	Involvement of Board staff on the DFY Coalitions, providing funding support to youth-led prevention activities	Data being tracked by the Coalitions is driven by the Drug Free Communities Grants related to changes in youth perception of harm and responses to the Search Institute Surveys regarding use.
CIT Training	Provide education and support to law enforcement officer to increase safety of the client and the officers when called to a scene involving a person with MI.	Provide CIT training at least 2 x annually for local law enforcement	Tracking CIT training outcomes related to increased understanding and empathy for the MI consumer. Tracking incidents in both counties and reviewing results and some specific incidents with CIT group.

Opiate Task Force	<p>To raise awareness locally of the level of impact Opiates are having in the communities.</p> <p>To support the efforts of the Joint Drug Task Force and other efforts to combat Opiates in Logan County</p> <p>To develop an Opiate Task Force in Champaign Co.</p> <p>To reduce incidents of opiate overdose deaths</p>	<p>Meeting at least quarterly with the Task Force members to review issues and data</p> <p>Development of a local website with information and education for the community</p>	<p>Tracking information from OARRS reports, law enforcement records, ER visits related to opiate overdoses, prosecutors records, Children’s services and the employment community.</p> <p>Tracking number and location of speaking engagements and educational opportunities.</p>

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)Permanent supportive housing	It is the #1 identified need by Board members. The waiting list is long and more housing is needed.
(2)Opiate addicted individuals	Opiates and heroin are the 2 biggest identified drug problems in our counties. It is hard to attract AoD therapists to rural counties when they can earn more in the larger counties.
(3) Prevention-Women pregnant or of child-bearing age	#1 identified prevention issue by our Board.
(4)Prevention-Public health approach	Adopt a public health approach into all levels of the prevention infrastructure
(5)	
(6)	
(7)	
(8)	
(9)	

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

### **Mini –Grant:**

Helped start a Second Step program in conjunction with Renew Your Strength Ministries. The goal is to help get former inmates back on their feet. The program focuses on connecting former inmates with area church and community leaders, and helps them find the resources they need to find work, a place to live, or agencies that they can turn to for help.

Collaboratively with Children's Services in Logan County providing funding for a playground to be installed at one of the most at-risk subsidized apartment complexes in Logan County as a means of providing a safe place for families of young children to interact and build relationships and positive experiences.

### **Suicide Prevention Coalition:**

The SPC has been able to partner with various organizations and groups in the past year to continue to spread the importance of local suicide prevention. Notably, this includes the Logan County Chamber of Commerce by offering training to Logan County HR Depts., Logan County business 'Sweet Aroma's to offer a community 'Guest Barista' night, expanded work with Logan County Clergy groups, Champaign County Area Council on Aging meetings to explain local prevention efforts, and work with the Champaign County Health District to focus on suicide reduction. In addition to these opportunities, the Coalition has hosted multiple events in the past year that engaged survivors and the general public alike, including: awareness ceremonies in each county, a 5K, International Survivor of Suicide Day event, simulcast with the most recent national prevention strategies, and a community wide local training focusing on suicide prevention.

### **CIT:**

The CIT committee continues to meet consistently and includes representation across both Counties and corresponding law enforcement agencies, jail and prison. We continue to offer CIT training to all departments in our community with volunteer speakers from NAMI, the MH/AoD provider, Alzheimer Association, and the county prosecutor's office. Additionally we have focused on the specialized topic of Veteran's and hosted mini-CIT training for part-time and auxiliary officers. The MHDAS Board remains committed to partnering with local law enforcement agencies and providing appropriate training to ensure a healthy community for everyone.

### **Youth Mental Health Screening:**

Working with the schools superintendents, the ESC, and our local MH/AoD provider we continue to offer free, confidential mental health screening to 8 of 9 school districts in our Counties. In the past school year we were able to screen 387 students, finding 113 students at risk for depression, anxiety, suicide or substance abuse. By continuing to offer this program to our youth and families, we can help with early identification and treatment for mental illness, contributing to a better prognosis for those with mental illness.

### **LOSS Team:**

The LOSS Team of Logan/Champaign Counties continues to be a valuable resource for our community, by providing immediate support and resources for the newly bereaved by suicide. Our team responded to 13 families and loved ones in the past year. Our team has also continued to grow in membership, represented by local Clergy and community members. Additionally, our team has received state-wide recognition in being the first LOSS team in Ohio and played a

significant role at the 2013 National LOSS Team Conference in Columbus Ohio. Our team also serves as a mentor across the State for communities beginning their own team.

**ECMH:**

Working with the Board of DD and the Children's Services agencies in each county, we pulled together funds to support a full time ECMH Consultant position for this fiscal year that will provide child care site consultation and in-home supports to those families identified at risk.

**Criminal Justice/MH Grant:**

In partnership with jails in both counties, we applied for funding to support a full time position to be shared between the two counties that would provide screening and case management to any inmate incarcerated for a minimum of 30 days. Those inmates who screen positive will have a behavioral health assessment and first appointment while still in the jail. This grant is to begin on July 1, 2014.

### 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

Our local use of the state hospital has been within the projection that we had for last year and so far this year. The state hospital bed days are reserved for those clients with no payer source or who's needs rise to the level of a state hospital stay. The provider agency does have some agreements with private hospitals and we have seen an increase in the number of people requiring hospitalization this past year. The biggest concern is the number of people who have not been connected to services prior to the crisis and hospitalization. We would not necessarily expect a large increase in our need for state hospital days (maybe a slight increase), but it will definitely not decrease.

### Innovative Initiatives (Optional)

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

- a. Service delivery
- b. Planning efforts
- c. Business operations
- d. Process and/or quality improvement

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



utilized for planning, implementation, or evaluation.

#### Advocacy (Optional)

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

#### Open Forum (Optional)

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

### Appendix 1: Alcohol & Other Drugs Waivers

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

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

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

A. HOSPITAL	ODADAS UPID #	ALLOCATION

**B. Request for Generic Services**

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

B.AGENCY	ODADAS UPID #	SERVICE	ALLOCATION

## Appendix 2: Definitions

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

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

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

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

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

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

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

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