Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Community Plan Instructions SFY 2017

Enter Board Name: Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County

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

Environmental Context of the Plan/Current Status

1. Describe the economic, social, and demographic factors in the board area that will influence service delivery. Note: With regard to current environmental context, boards may speak to the impact of Medicaid redesign, Medicaid expansion, and new legislative requirements such as Continuum of Care.

   Putnam County is largely an agricultural community with minimal demographic changes. Economically the County has advanced with lower unemployment figures and new job opportunities. Poverty levels have indicated minimal changes due to lack of mobility by the county's population.

   With that kept in mind, the community also completed a County Community Health Assessment which highlighted obesity, mental/ behavioral health, and alcohol/drug use. The planning committee is working to address the needs stated in the health assessment.

   With recent grant funding, the local provider was able to recover 16 of the 42 clinical hours lost due to cuts in funding over the previous 3 years.

   The board passed a levy to renew .3mils and add an additional .4 mils. The funds will support school mental health services, innovative support services to reduce hospital days and enhance residential services, seniors' interventions, employment services, and veteran services for example.

   As stated earlier the Board, as well as providers, have reduced administrative and personnel costs. The Board has collaborated with other social service agencies to develop programs essential for the well-being of our community in particular Children.

   Examples are the following elements of collaboration:

   - Programs to reduce the amount of reported bullying, harassment and fighting behavior. (Educational Service Center)
   - Decrease amount of substance use by students, increase awareness of parents. (Educational Service Center, Family Children First Council)
   - Prevention and early intervention for social emotional issues for young children. (Educational Service Center, Family Children First Council)
   - Northland curriculum (Educational Service Center)
   - Numerous leadership assemblies. (Task Force, Pathways Counseling Center, PARTY)
   - Prevention coalition meetings. (TASK Force, Family Children First Coordination, Core Group, PARTY)
   - Putnam County Inter-Disciplinary Team (Crime Victim Services)
   - Putnam County Opiate Task Force

A significant impact on the community is the availability and use of opiates/prescription drugs. A task force comprised of local agencies has been formed to increase awareness of this issue and to formulate a cohesive response to the building problem. The entire family unit is affected, which in turn affects multiple systems; criminal justice, Social Services, healthcare, and treatment.

With an increase in the aging population, there is an increase in the demand for services for the elderly. A Putnam County I-Team has been established to coordinate services for the elderly. The I-Team is researching the number of reports being taken by the Adult Protective System as a result of state initiative reviewing the potential number of adult protective service that are not being reported. The emotional and physical abuse that is undetected is a concern to the I-Team.

The Board continuously reviews our efficiencies and budget planning by maintaining joint committee meetings with two other stand-alone boards in Northwest Ohio. The participating Boards have had joint in-services and have participated in Regional Behavioral Health meetings. The Joint Board also reviews legislative and other topics of interest to the Board area. The unique characteristics of each Board are considered in elements of this review and conversation. Cooperation among Boards allows for autonomy as well as meeting the letter of the law and the specific expectations of each community. The Board also meets with the Northwest Board Collaborative to discuss the best utilization of resources in the region.

The local system continues to be stressed by unfunded mandates and redesign initiatives that are geared toward catchment areas with higher population concentration and urban culture. Given the cost of psychiatric services and the current reimbursement schedule, the local provider loses money by providing the services.

Assessment of Need and Identification of Gaps and Disparities

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gaps in services and disparities, if any.
   a. Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and consumers in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention [ORC 340.03 (A)(1)(a)].

The Board is currently participating in a county wide health assessment covering the following essential services:

a) Monitor health statistics to identify health problems.
b) Diagnose and investigate health problems and health hazards.
c) Inform, educate and empower people about health issues.
d) Mobilize community partnership to identify and solve health problems.
e) Develop policies and plans that support individual and community health efforts.
f) Enforce laws and regulations that protect health and ensure safety.
g) Link people to need health services.
h) Assure a competent public/personal health workforce.
i) Evaluate effectiveness, accessibility and quality of health services.
j) Research for new insight and innovative solutions to health issues.

Priorities have currently been identified as:

1. Health & education programming (access to services)
2. Community health improvements practices (gaps in services)
3. Health communication (access)
4. Identification of personal health services
5. Service needs (gaps in services)

The Board also participates and assist in funding for the PRIDE survey. The Pride survey was implemented in grades 6, 8, 10, and 12 across the county. A total of 1663 students were surveyed. The survey shows that 68.7% of the kids taking the survey have used alcohol in the last year. 31.2 % have used tobacco. The survey contains many statistics and valuable information that will be used in future programming decisions. Performance evaluations on various programs will be used for future evidence based programming. The risk and negative behavior patterns will be used to correlate the information to negative student behaviors.

b. Child service needs resulting from finalized dispute resolution with Family and Children First Council [340.03(A)(1)(c)].

The Putnam County Mental Health, Alcohol and Drug Addiction Recovery Services Board has been a key leader in the implementation and sustainability of the Putnam County WrapAround program. The Board is one of the partners involved in helping the Putnam County Family & Children First Council in plan, monitor and evaluate services to families.

WrapAround stands for Wellness & Recovery Action Plans. WrapAround is a research-based practice that coordinates services for families and children who have multiple needs. WrapAround is a strengths-based, family driven, planning process to address the family's needs and help them meet their goals. When families enroll in the program, they help create their own child and family WrapAround team. The team learns about the strengths and needs of each family member, helps them develop short and long-term goals and assists in resolving conflict. The family and team develop a plan of action that will help the family accomplish goals they have set for themselves. The plans ensure: 1) basic needs are being met; 2) mental health and behavioral healthcare are addressed; 3) resources are accessible; 4) a support system is identified for the family; and 5) family connections are strengthened in order to prevent further crisis.

Assessment tools are used to track the safety and progress of each family in WrapAround. The results are shared with the Putnam County Family Coordination Team, which acts as an advisory committee for the program and includes the Mental Health, Alcohol and Drug Addiction Recovery Services Board director.

Twenty one referrals were made to Family and Children First Council (FCFC) during FY 15. Of these, seventeen families participated in WRAP Around and/or service coordination, and four families declined services. The total number of families served through the Family and Children First Council's Service Coordination Mechanism in FY 15 was 35.

- Using the SFY15 Family Centered Services and Support (FCSS) annual report, the referrals' primary needs at intake were 1) Mental Health; 2) Special Education; 3)Delinquency/Unruly; 4)Poverty.
- According to the FCSS report, the most accessed services funded by FCFC at the time of discharge from service coordination / WRAP Around included 1) Service Coordination / Home Visits; 2) Structured Activities to improve family functioning; 3) Transportation; 4) Mentoring; 5) Respite.
- Barriers: Funding available to pay for direct service to implement High Fidelity Wraparound to families and lack of "crisis" funding to help families meet their basic needs, such as utilities.

Of the 35 families FCFC served through its Service Coordination Mechanism in FY15:

- 37% were referred to the Putnam County Juvenile Court either via the probation officer or the Juvenile Court Judge.
- 83% of the families served are receiving mental health services either via a mental health agency or a school based mental health counselor.
- 51% of the children served were involved in both the Juvenile Justice system and the mental health system.

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

Regional Psychiatric Hospitals (RPH) need to evaluate and elevate the urgency with which they treat clients. The time taken to develop the plan to treat and return clients to community care has increased greatly over the past few years. Case managers contracted by the board and RPH social workers need to expedite and coordinate contacts between the two to minimize hospital stays. Contacts with the local agencies should be timely. The incentive to complete treatment at a RPH is skewed heavily toward the local board. Equalizing the incentives may create urgency and expedite plan collaboration.

While many services for SMD and SED are adequate and appropriate, rent assistance programs have drastically been reduced over the past few years. Assistance with providing medications until treatment programs can be secured is important. Need will soon outpace resources.

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

Areas of improvement identified during the ROSC include the need for awareness of existing services. There are resources and services available that other service providers and the community are not aware of. Another theme showed that a Recovery environment has not been established. Included in recovery is the acceptance of recovery, and achieving the goals of those in recovery. The ROSC identified that safe, sober, and fulfilling activities are not offered in the community, which coincides with a low marking in townships and cities being receptive to sober lifestyle communities.

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

Access to Services

The Board reviewed the following as “potential” major issues for individuals attempting to access alcohol and drug prevention and treatment services and behavioral health services in the Board area:

- The highest Addictions license in the State of Ohio (LICDC) is not recognized by the two largest insurance companies (Anthem and Medical Mutual). These same companies recognize Indiana’s and Illinois’s addictions licenses.
- Lack of Transportation (No driver’s license, no vehicle)
- No program available in their area
- Translators
- Special needs equipment
- Funding cuts in programs/fewer programs and clinicians
- Cost of services
- Childcare

- Capacity of agencies to provide services
- Loss of insurance

Medicaid no longer covers or has decreased coverage for many diagnoses that affect a child's ability to function in school and communities (Conduct Disorder, Reactive Attachment Disorder, etc.)

The Board believes that funding cuts and a worsening economy may likely lead to major issues for those seeking services in the future. Continuing trainings and collaborative meetings will promote an understanding of behavioral health awareness and the system's ability to develop appropriate programs and services.

a) The Board foresees no gaps in crisis care services at this time, but crisis care issues loom in future.

b) The training needs for personnel providing crisis intervention is the requirement of contract agencies. The Board will maintain those requirements for contract agencies as well as sub-recipient contracts.

2A. Complete Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. (Table 1 is an Excel spreadsheet accompanying this document)

3.

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.

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

We are fortunate to have many highly trained mental health and addictions professionals working in the communities. Valuable collaboration between/among other social service agencies and the people who serve these agencies is encouraged and occurs on a regular basis. Due to the size of our county, social service professionals and MH/AOD professionals often work together toward shared goals and concerns. These individuals are culturally aware and well versed in the needs of the people in Putnam County.

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

Local system strengths include shared data, evidence based practices, shared resources such as university consultants. A Family Coordination team meets monthly to discuss children and families who are in distress. This team has been successful in providing mental health & AOD services to targeted families. Avoiding competition and encouraging collaboration has been the catalyst for strong community connections and relationships.

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

Funding is the largest challenge facing the Putnam County Board. Minimal medical resources also make it difficult to obtain psychiatric services as well as hospital care for youth and adults in crisis. While standard

outpatient services are available for most individuals, we do not have the funding to support higher levels of care (e.g. intensive outpatient, intensive home-based, residential treatment, group home placements, residential substance abuse treatment, etc.). These services, when deemed necessary, cause incredible strain on financial resources.

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

Law enforcement personnel report that 90% or more of all calls include at least one person with mental health or addiction issues. Job and Family services report a disturbing increase in the number of children, in need of mental health intervention, whose parents refuse to seek treatment for them.

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

Access to adolescent psychiatrists.

6. Cultural Competency
   a. Describe the board's vision to establish a culturally competent system of care in the board area and how the board is working to achieve that vision.

Putnam County is a primarily a rural area located in Northwest Ohio. Our county's major population center is Ottawa, Ohio (4,460). Based on the Unites States Census Bureau figures, Putnam County's total population is 34,042. Of that total, 92.7% are considered "white, not Hispanic," 5.5% Hispanic, 0.3% African American, and 1.3% other. Females make up 49.8% of the total population.

On an annual basis, more than 850 individuals receive clinical services. Of the total client population, approximately 47% are male and 53% are female, more than 85% are Caucasian, 12% are listed as Hispanic and 2.5% label themselves as African American. The majority of clients are in the 10-19 age bracket. Approximately 69 % of the client population is under 39 years old.

Our primary clinical agency has received four consecutive 3-year accreditations from The Commission for the Accreditation of Rehabilitation Facilities (C.A.R.F.). Cultural Competency and Awareness are major components of the C.A.R.F. standards. The standards are integrated into fiscal, governmental, clinical, and quality assurance plans. The board policies and procedures have been crafted to promote effective programs and community results for AOD & MH services.

Leadership is most definitely committed to cultural competence. The director and board are transparent and responsive to the entire community.

When negotiating with our major providers (all providers) discussion are held regarding:

- Cultural background of client
- Ethnicity
- Program participation
- Family values and practices

All individuals should be aware of opportunities that the system of care has made available to them.

Priorities

6. Considering the board's understanding of local needs, the strengths and challenges of the local system, what has the board set as its priorities for service delivery including treatment and prevention and for populations?

   Below is a table that provides federal and state priorities.

   Please complete the requested information only for those federal and state priorities that are the same as the board's priorities, and add the board's unique priorities in the section provided. For those federal and state priorities that are not selected by the board, please check one of the reasons provided, or briefly describe the applicable reason, in the last column.

   Most important, please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in the board's response to question 2.d. in the "Assessment of Need and Identification of Gaps and Disparities" section of the Community Plan [ORC 340.03(A)(11) and 340.033].

Priorities for Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County				
Substance Abuse & Mental Health Block Grant Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)				_X_ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Provide services for women who are pregnant and have a substance use disorders.	Assessments to include pregnancy and substance use items that assess risk. When appropriate, monitor substance disorders with screens. Make proper referrals to physical health care providers in the area.	Completed Assessments denoting referrals to physical health providers. Service plans that include referrals to physical health providers.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for boards): Parents with SUDs 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)	Provide parents and families with necessary service. Meet with County Commissioners to provide data and available practices.	Level 1, 2, and 3 WRAP Services provided to families. Family Coordination Team meetings Referrals to Substance Use Groups Coordination with Job and Family Services Coordination with Juvenile Court Judge and Probation Officers. Family Children First Council with Commissioners.	# of children served in WRAP # of children successfully completing WRAP services	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other				_X_ No assessed local need __ Lack of funds __ Workforce shortage

communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)				__ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Provide services to children with SED	Continue current basic services and supports to include WRAP, Community Support, Therapy, Assessment, Psychiatry, Hotline, Crisis, supportive housing (limited), hospitalization (as needed).	# of children who receive services for SED	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Provide services to adults with SMI	Continue current basic services and supports to include Community Support, Therapy, Assessment, Psychiatry, Medication Management, Hotline, Crisis, supportive housing (limited), hospitalization (as needed).	# of adults who receive services for SMI	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing	Resources are significantly limited.	Continue to monitor need for our county.	Health Assessment Job & Family Services collaboration/ interventions.	__ No assessed local need _X_ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Older Adults	Provide services to older adults.	Continue current basic services and supports to include Community Support, Therapy, Assessment, Psychiatry, Medication Management, Hotline, Crisis, supportive housing (limited), hospitalization (as needed).	# of older adults who receive services	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe)
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Provide services to people in jail and/or connected to any form of community control	Provide basic services and supports to include Community Support, Therapy, Assessment, Psychiatry, Medication Management, Crisis	# of individuals in jail or connected to community control provided treatment	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Integration of behavioral health and primary care services	Assist with clients' behavioral and physical health needs.	Assessments to include physical health concerns, family doctor information, current medications and efficacy of treatment.	# of completed assessments that include physical health assessments. Referral Source Survey ratings from physicians and health care workers.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		Referrals to physicians identified by clients and or suggested by behavioral health workers. Coordinate with physicians in the area regarding the importance of comprehensive health care.		
Recovery support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support, transportation)	Provide services to clients with substance use or mental disorders.	Continue providing service to clients with substance use and mental disorders. Continue current services (Assessment, Counseling, Urinalysis, Psychiatric, Medication Management, Group Therapy, and Case Management.)	# of clients receiving services for substance use and mental disorders.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Provide consistent service standards to all backgrounds, cultures, and world views.	Contract with equal opportunity employer	Compliance with CARF national accreditation maintains current and up to date.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	Work with Task Force to promote over-dose risk awareness	Enforcement officers coordinate the distribution of NARCAN.	# of overdoses reversed by 1st responders	_ _ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Promote Trauma Informed Care approach	Provide services consistent with TIC principles	On-going trainings include Trauma Informed Care principles and practices.	# of staff trained (clinical and support)	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Prevention Priorities				

Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents	To provide and enhance prevention services	Continue basic prevention services for youth and adult	# youth and adults who access prevention services	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Increase access to evidence-based prevention	To provide evidenced-based prevention services when available	Promote evidence-based prevention activities when available; enhance promising practices with evidence	# of prevention activities that demonstrate evidence of effectiveness	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Suicide prevention	Activities promoting suicide prevention strategies and life choices.	Awareness Campaign about the connection between illicit drug use and suicidal behavior. Education and promotion of choices and strategies for gatekeepers including parents, teachers, community leaders and youth leaders.	# of individuals educated # of gatekeepers trained	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Address problem gambling issues as a part of our regular clinical routine	Provide screenings to clients who seek behavioral health services. Provide clinicians with trainings about problem gambling. Awareness campaign to highlight problem gambling issues	# of clients screened # of clinicians trained about gambling issues. Information about awareness campaign.	__ 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
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs.	Provide services to clients who have opiate and opiate-related addiction or use problems.	Continue core services that address addiction and use: Individual and Group Counseling, Case Management, Medication Management, Medication Assisted Treatment, Crisis Intervention, and Hospitalization. Expand services with Regional Dollars to include: Services to Indigent Clients and Clients Newly Released from Incarceration. Instant Drug Screen Program	# of individuals served
Prevention: Reduce deaths from opiate overdoses.	Provide services and education that target the dangers of opiate use and abuse with an emphasis of life-threatening circumstances.	Begin Project DAWN or related program that reduces death by opiate overdose. Education of clinicians and family members of opiate users.	# of individuals and clinicians educated # of overdoses prevented by program

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) Mental Health Specialists in Schools	Based on the success of the Healthy & Safe Schools over the life of 5 years
(2) SMD – in home care	Limit a more expensive higher level of care (Hospitalization)
(3) Senior Care	Evaluation of the Baby Boomers
(4) Psychiatry	Waiting List- time for an Appointment
(5) Veteran Services	Lack of expertise to provide services for veterans; Need for formal training in veteran needs and clinical considerations
(6) Peer Support	Support of services i.e. Friends of Mental Health

(7) Residential	Detox, supportive living
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	

Collaboration

8. Describe the board's accomplishments achieved through collaborative efforts with other systems, consumers and/or the general public during the past two years. (Note: Highlight collaborative undertakings that support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)

Key collaborations and related benefits and results

The Board is continuously assessing the needs of our community through collaboration and meetings with county agencies and in-service involving other professions in the BH field, surveys, web based data from national and state organizations such as ODMH, ODADAS, NIDA and NAMI, and participation in committees with common goals. Daily, weekly, and monthly reviews are made of crisis care, clinical services, recovery, resilience, prevention, consultation, and education. The process of collecting data is achieved by many avenues. These avenues include outcome data, consumer surveys (**See website**), various needs assessments, evaluations of diagnostic assessments by counselors, client input, trends from individual service plans, trends cited by ODMH, ODADAS, NIDA, juvenile and adult probation surveys, Family Development Matrix and Measurement Tools, United Way, Educational Service Center and Local School Districts, Employers, (AoD Issues) crisis assistance networking with other agencies, CAC, Job and Family Services, local physicians, trends from Central Pharmacy and drug company representatives, Headstart, Early Childhood collaboration with Putnam County, preschools and preschool teachers, meetings with judges and the Sheriff's Department, County Health Department, and community surveys. We also participate in regional planning with 14 other board areas as well as state hospital day plans with Northwest Psychiatric Hospital.

Involvement of customers and general public in the planning process

- Surveys
- Informational Meetings and "Fairs"
- Outcome Reports and Surveys provided by provider Agencies
- Partnership with Family and Children First Council
- Safe & Healthy Schools
- Marketing programs
- Assessing needs
- Board Meetings

Specifically, a representative from Crime Victim Services attends all board meeting. CVS interact by giving the Board statistical data accumulated from services they provide, along with news on the success of local initiatives. Family Coordination Team meets monthly to discuss families that are in need. The team reviews family strategies and helps develop programs that can enhance the mental health care for their children. Family and Children First Council Executive Director attends all meetings and collaborates with other social service providers in Putnam County. The Board meets with the regional Developmental Disabilities and Mental Health Collaborative to discuss the needs of the DD population. The Board Executive Director is a seated member on the Child Fatality Review Board. Pathways Counseling Center sponsors a Suicide Coalition. The suicide coalition growth has been fostered by a Suicide Coalition Grant approved by the Ohio Suicide Prevention Coalition. The Friends of Mental Health (FOM) advocacy group has been revitalized and is currently assessing its activities. Their goal is to provide information to the behavioral health challenged in Putnam County and advocated for them, as well as support Board Operations. The Executive Director meets with two other standalone Boards. This group evaluates regional opportunities for behavioral health programming and provides consumers with other services that might be available throughout the three county area.

Inpatient Hospital Management

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

   Due to the defunding of CSPT services it is expected that hospital utilization will increase as more and more clients are unable to maintain an adequate level of functioning in the community. Given the current economic situation and the increase in stress that it brings, it is likely that more non-SMD clients will access psychiatric hospitalization services. This will further burden transitional care provision which includes outpatient mental health and outpatient psychiatric services. Currently, it is not uncommon to have a 2-month waiting period before a client can be assessed by the psychiatrist.

It is expected that more clients will be transitioned from the hospitals into homeless shelters. It is likely, at least for our area, that these homeless shelters will be in other communities. In this situation a client will be placed at least 30 miles from the family or support they are accustomed to.

Innovative Initiatives (Optional)

10. Many boards have implemented innovative programs to meet local needs. Please describe strategies, policy, or programs implemented during the past two years that increase efficiency and effectiveness that is believed to benefit other Ohio communities in one or more of the following areas:
    a. Service delivery
    b. Planning efforts
    c. Business operations
    d. Process and/or quality improvement

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

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

Advocacy (Optional)

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

Open Forum (Optional)

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

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	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	UPID #	SERVICE	ALLOCATION

SIGNATURE PAGE

Community Plan for the Provision of Mental Health and Addiction Services SFY 2017

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

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

Mental Health, Alcohol & Drug Addiction Recovery Board of Putnam County
ADAMHS, ADAS or CMH Board Name (Please print or type)

_____ _____
ADAMHS, ADAS or CMH Board Executive Director Date

_____ _____
ADAMHS, ADAS or CMH Board Chair Date

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

Attached are the SFY 17 Community Plan (ComPlan) Essential Services Inventory and some supporting files to enable the Inventory's completion.

Various service inventories have been included in the ComPlan in the past. The current Essential Services Inventory included with the 2017 ComPlan requires a new element: the listing of services for which the board does not contract. This new element is necessary due to recent changes in the Ohio Revised Code to detail the behavioral health (BH) continuum of care in each board area. The department and constituent workgroups, in pilot studies, have found this information necessary for boards to meet the Ohio Revised Code CoC requirements.

Some additional CoC information resources have been provided (Section VI) to assist in this process, but board knowledge is vitally important given the limitations of these included CoC resources. For example, the attached resources will not address BH services provided by Children Service Boards and other key providers within the local behavioral healthcare system.

Instructions for the Essential Services Inventory

The 1st file is the Services Inventory. The goal is to provide a complete listing of all BH providers in the board area. To be able to proceed, please click on the "Enable Editing" and/or the "Enable Content" buttons, if they occur on top of the spreadsheet, and enter the name of the board in the 1st row.

The spreadsheet lists the ORC required Essential Service Categories in each row. Also in each row are cells to collect information about how each category requirement can be met. The information requested includes:

- Provider Name. Also included in some Provider Name cells are prompts for descriptions of services for which there are no FIS-040 or MACSIS definitions. The prompts request that descriptions of how the Board provides for these services be put in the last column, "Board Notes". The prompts can be deleted to make room for a Provider Name.
- Mandatory individual service(s) that satisfy the ORC Essential Service Category
- Services related to the required category, but are needed to meet local BH needs, rather than the CoC mandate.
- "Yes" or "No" response indicating that the board contracts with the provider providing the service.
- Counties within the board where the provider provides the required "must be in the board area" service; or, out-of-board location when the required service is allowed to be provided outside the board area.
- Populations for which the service is intended to serve; or, for Prevention/Wellness services, the IOM Category.

Except for "Provider Name" and "Board Notes" cells, in which information is manually entered, all the other cells have a drop down menu from which services are chosen, and typed data entry cannot occur.

To use the drop down menu, click on a cell and a downward pointing arrow will appear. Click on the arrow and a drop-down list of services will appear. Click on a service and it will appear in the cell. Click on the service a 2nd time and it will erase the service entry in the cell; or highlight the unwanted service entry and click "Clear Content" from the right mouse button menu. Click on as many services as are needed for each provider cell in the row. Use the slide-bar on the right side of the drop down menu to see all available items in the list.

To add additional providers in a particular Essential Service row, highlight all cells in the row below the needed Essential Service, and click "Insert" from the right mouse button menu. All of the instructions and drop down menus for that Essential Service will be included in the "Inserted" rows.

Additional Sources of CoC Information

1. **MACSIS Data Mart Client Counts by AOD and MH services for 2015.**
   Explanation: If a required service or support is not found in a Board's budget, there may be a number of possible explanations, e.g.:
   a. Variation in how Boards account for services and supports in the budgeting process. A check of the MACSIS Data Mart may reveal budgeted services or supports that haven't been directly captured in the current budget.
   b. Required service or support is delivered by Providers serving Medicaid only clients. The Data Mart will show that the Medicaid paid service or support is being provided within the Board service area even though the Board has no contract with that Provider.

2. **OhioMHAS 2015 Housing Survey.**
   Explanation: Certain required housing categories may not be budgeted, e.g., Recovery Housing, or there may be lack of clarity between required housing categories and 040 reporting categories or specified in the Community Plan. The OhioMHAS Housing Survey brings greater clarity to classifications of housing services and environments and better track provision of those Continuum of Care (CoC) elements in Board service areas.
3. **SAMHSA 2014 National Survey of Substance Abuse treatment Services (N-SSATS), and the**

4. **SAMHSA 2014 National Mental Health Services Survey (N-MHSS).**
   Explanation: SAMHSA annually surveys AOD and MH Providers irrespective of their OhioMHAS certification status. The surveys provide a broad spectrum of information, including the existence of some AOD or MH services or supports within a Board's service district that are required essential CoC elements, but which are not found within the public behavioral health service taxonomy, or are not captured within the Board's budget. These surveys should be reviewed for existing required CoC elements delivered by Providers that are OhioMHAS certified (in network) and those Providers that are not (out of network).

Service Crosswalks between ORC Required Essential Service Category Elements and the Additional Information Sources

Essential Service Category Elements (‡ = ORC 340.033 Required)	2015 OhioMHAS Housing Survey	2014 National Survey of Substance Abuse Treatment Services (N-SSATs)	2014 Nation Survey of Mental Health Services Survey (N-NHSS)
A-Ambulatory Detox ‡		OP Detox ASAM Level I.D & II.D	
A-Sub-Acute Detox ‡		Residential Detox ASAM Level III.2-D	
A-Acute Hospital Detox		Inpatient Detox	
Intensive Outpatient Services: • A-IOP ‡ • M-Assertive Community Treatment • M-Health Homes		Intensive OP ASAM Level II.1 (9+ HRS/WK)	• Assertive Community Treatment (ACT) • Primary Physical Healthcare
Essential Service Category Elements (‡ = ORC 340.033 Required)	2015 OhioMHAS Housing Survey	2014 National Survey of Substance Abuse Treatment Services (N-SSATs)	2014 Nation Survey of Mental Health Services Survey (N-NHSS)
A-Medically Assisted Treatment ‡		• Naltrexone • Vivitrol • Methadone • Suboxone • Buprenorphine (No Naltrexone)	
12 Step Approaches ‡		Clinical/therapeutic approaches Used:.. • 12 step facilitation	
Residential Treatment: A-MCR-Hospital A-BHMCR-Hospital		Hospital IP Treatment ASAM IV & III.7	

Residential Treatment ‡: A-MCR- Non-Hospital A-BHMCR-Non-Hospital	Residential Treatment Medical Community Residence	Residential Short-Term ASAM Level III.5 (High Intensity)	
Essential Service Category Elements (‡ = ORC 340.033 Required)	2015 OhioMHAS Housing Survey	2014 National Survey of Substance Abuse Treatment Services (N-SSATs)	2014 Nation Survey of Mental Health Services Survey (N-NHSS)
Residential Treatment ‡: A-NMR-Non-Acute A-BH-Non-Medical-Non-Acute	Residential Treatment Medical Community Residence	Residential Long-Term ASAM Level III.3 (Low Intensity)	
Recovery Housing ‡	Recovery Housing		
M-Residential Treatment	Residential Treatment-MH		24 Hour Residential (Non-Hospital)
Locate & Inform: • M-Information and Referral			MH Referral, including emergency services
M-Partial Hospitalization			Setting: Day Treatment/Partial Hospitalization
M-Inpatient Psychiatric Services (Private Hospital Only)			Inpatient Services
Recovery Supports: • M-Self-Help/Peer Support • M-Consumer Operated Service			MH Consumer Operated (Peer Support)
Recovery Supports: • M-Employment/ Vocational Services			• Supported Employment Services • MH Vocational Rehabilitation Services
Essential Service Category Elements (‡ = ORC 340.033 Required)	2015 OhioMHAS Housing Survey	2014 National Survey of Substance Abuse Treatment Services (N-SSATs)	2014 Nation Survey of Mental Health Services Survey (N-NHSS)
Recovery Supports: • M-Social Recreational Services			Activities Therapy
M-Crisis Intervention			MH Psychiatric Emergency (walk-in)
Wide Range of Housing Provision & Supports: • M-Residential Care	Residential Care: • Adult Care Facility/ Group Home • Residential Care Facility (Health) • Child Residential Care/Group Home		MH Supported Housing Services
Essential Service Category Elements (‡ = ORC 340.033 Required)	2015 OhioMHAS Housing Survey	2014 National Survey of Substance Abuse Treatment Services (N-SSATs)	2014 Nation Survey of Mental Health Services Survey (N-NHSS)
Wide Range of Housing Provision & Supports: • M-Community Residential • M-Housing Subsidy	Permanent Housing: • Permanent Supportive Housing • Community Residence • Private Apartments		MH Housing Services
Wide Range of Housing Provision & Supports: • M-Crisis Bed • M-Respite Bed • Temporary Housing	Time Limited/ Temporary: • Crisis • Respite • Temporary		

• Transitional	• Transitional		
Wide Range of Housing Provision & Supports: • M-Foster Care	Time Limited/ Temporary: • Foster		• Therapeutic Foster Care
Wide Range of Housing Provision & Supports: • AOD			• See Residential Treatment, above