

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

Environmental Context of the Plan/Current Status

1. Describe the economic, social, and demographic factors in the Board area that will influence service delivery. (NOTE: There will be an opportunity to discuss the possible effects of Medicaid expansion upon your local system in question #12.) **The Four County ADAMhs Board is the statutory authority that is responsible for the planning and implementation of services for alcohol/drug addiction and mental health in the counties of Defiance, Fulton, Henry and Williams Counties. We are located in the most northwestern part of the state. Our counties border to the Northeast with Lucas County and the city of Toledo and to the west with the state of Indiana. The total land area for the four county area is 1656.7 square miles. Population is approximately 148,000 down from previous 2000 census. Farming and manufacturing provide the largest economic resources in the area. Unemployment figures for the four counties are slightly below the national average. The employment picture seems to be getting better as evidenced by increased advertising for employment.**

The four county area is largely composed of persons with a German heritage. The area is predominately white (95%) with the next largest race being Hispanic. Both the Catholic and Lutheran churches play a dominate role in the communities in which they are located and in the lives of their parishioners. Most of the residents of the four county area are high school graduates with an average income of \$47, 000. There are several large industries in the area which provide employment for a number of residents. General Motors is located in Defiance County, Sauders Manufacturing, & Con Agra in Fulton County. These are just a few of the many manufacturing establishments in the area.

In the area of education there are many local schools in the four county area. We also have The Defiance College and Northwest State Community College located in our four counties. The area is very rural and has no public transportation. Residents who have no means of transportation themselves must depend on family or friends to help them get to appointments or even to grocery stores. This is one of the largest barriers to service delivery in the area. Clients often miss appointments because they cannot find transportation to one of the agencies for services, even though most of the agencies that we contract with have offices in each of the four counties. There has been some strides made in the transportation issue in the past few years. Henry County has established a county wide transportation network. Williams County is moving in that direction but is in the infancy stage of their development. Fulton County does have a church that provides transportation to appointments. Defiance County residents have the least amount of affordable, dependable transportation to chose from. They do have a taxi service in Defiance but it is costly for consumers.

Assessment of Need and Identification of Gaps and Disparities

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gap issues and disparities, if any. (NOTE: ORC 340.03 requires service needs review of: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils; and, (2) outpatient service needs of persons currently receiving treatment in state Regional Psychiatric Hospitals) **The Four County ADAMhs Board Delivery System Needs Assessment identified several gaps in its' 2012 assessment. The study was done using a multi-method approach which included (1) prevalence data review, (2) behavioral**

health services utilization and (3) key community stakeholder input. Stakeholder input was gathered through face-to-face interviews, focus groups and internet surveys. Participants were County Commissioners, schools, Boards of Developmental Disabilities, courts, corrections, Family and Children First Councils, law enforcement, human service agencies and providers. In addition to this six focus groups were conducted with consumers, family members and ,behavioral health professionals. The four counties that comprise the Board area also conducted needs assessments through their county health departments in collaboration with the ADAMhs Board. The findings are based on a self-administered survey that is used by the Center for Disease Control and Prevention for their Behavioral Risk Factor Surveillance System and Youth Risk Behavioral Surveillance System. One of the gaps that has been identified time and time again as an issue is public transportation. Henry County does have the Henry County Transportation Network which will transport consumers around the county. Consumers must take responsibility to call and schedule the time and day that transport is needed. There is also a fee for the transport. Williams County has just started a transportation network modeled after the one in Henry County. Quadco, working in conjunction with county commissioners, is the agency that has taken the lead on this project. It is still in an infancy stage but up and running. In Fulton County a church has taken on the transportation challenge. There has been no interest in Defiance among government officials to talk about the need for public transportation. The Board stands ready to assist in any way that is possible should that occur. Even though transportation may be an issue for some folks it has seen some improvement over the past two years. Another gap identified is adolescent inpatient services. From time to time it becomes necessary for a child/adolescent to seek inpatient care. There are no hospitals in the four county area that have psychiatric facilities for children/adolescents. Placement outside the counties is also difficult. At times the hospitals are either full or will deny admission to an out of county resident. The Board has just signed a contract with a Lucas County agency to admit children/adolescents when in Crisis. Another issue is access to psychiatric care for both adult s and youths. In an effort to alleviate this issue the Board has supplied fund for two agencies to hire additional psychiatrists. It is difficult to attract psychiatrists to our rural area. There is also a lack of social workers to provide services such as case management or therapy especially difficult to recruit are male social workers. Twenty-four hour supervised housing is seen as a need in the area. There are several consumers who need to be supervised especially where medication is a concern. We are fortunate to have Horizon Apartments in Bryan, Ohio which is a ten bed apartment complex with 24 hr monitoring. The area has been granted a capital fund for construction of another unit such as Horizon in Defiance, Ohio. Groundbreaking for the unit should be held at the beginning of the new year. One final issue is described by the focus groups, that is the issue of reliable funding. We are grateful for the funding that we have but could always use additional funds to use for treatment and prevention.

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). ***The strengths of the local system is its' wide range of services, the ability of agencies, the Board and collaborators to work and communicate in an effective way. The agencies that comprise the local system have been in the communities for several years. They are familiar to members of the community and to each other .Almost all of the contract agencies have an office in each of the four counties to minimize the need for extensive travel. The staffs of the various agencies are almost always residents of the four county area, which helps with familiarity of resources both formal and informal. In the past year the Board has been able to fund and establish an FQHC. The FQHC is able to provide primary care physicians as well as pharmacy services to consumers and the general public if needed. The FQHC's are located in the mental health agency so that if a mental health consumers has a need to see a PCP that can just literally go down the hall. The same is true in reverse, if one of the PCP doctors has a patient that may need some mental health services providers are just down the hallway. When medical needs are identified at the state hospitals appointments can be made at the time of discharge for follow up. The Four County area has two private hospitals that have inpatient units. The ADAMhs Board contracts with both hospital to provide care. Agencies assist with discharge planning not only at NOPH but with both local hospitals. The two agencies that provide mental health services and AOD services along with the Board have liaisons that monitor the care and timely discharge of its residents. Law enforcement as well as the local regional jail work in collaboration with the mental health board through the CIT program. Each spring the Board offers a CIT training to local police officers, corrections officers, probation/parole officers and juvenile facilities. The program has been very successful and we have almost 50 law enforcement personnel trained to handle mental health crisis. The Board has also contracted with a consumer to provide advocacy for the area consumers. He is also trained in the Hand to Hand program, provides valuable feedback on priorities and programs. Mark is also the president of the local chapter of NAMI. Along with a consumer advocate we have a Quality Improvement Director who is responsible for the monitoring and evaluation of services and access to services.***
 - a. Identify those areas, if any, in which you would be willing to provide assistance to other boards and/or to state departments. **The Board would be happy to assist in developing and organizing CIT training in a rural setting.**
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). ***One of the challenges identified was an increased volume of new applicants and demands for behavioral health services. With the expansion of Medicaid we will not know how many new consumers we may have that need behavioral health services and where are they located. We can estimate the number of applicants, but still not know the need for services. The other challenge we have to our system is those who are dually diagnosed(mental health and developmentally delayed). The two systems have historically not worked well together and that continues to be an issue. Too often the mental health system becomes responsible for the treatment of those persons in the DD system and we are not prepared, lack the support , experience and funding for that particular population. The other concern is loss of the total Central Pharmacy budget due to Board efficiency and the collaboration with the FQHC. This collaboration has resulted in the reduction of between 75% to 80% of our Central Pharmacy allocation.***

- a. What are the current and/or potential impacts to the system as a result of those challenges? **The increase in volume of consumers on the local system could be longer access times. Less access to psychiatry and therapy. Increase need for resources such as case management, housing, emergency food and emergency services. Possibly an increase in hospitalizations which is the most expensive treatment. The challenge of the DD population does result in an increase in inpatient services and an increase in the number of days spent at an inpatient unit. There is also a lack of knowledge in the mental health system about the DD system and how to access services for clients.**
- b. Identify those areas, if any, in which you would like to receive assistance from other boards and/or state departments. **It would be helpful to know how other boards work with their counterparts in the DD system. The Board does realize that each Board of DD operates differently which may cause some of the issues that we experience. To date we have not received any assistance from one County Board of DD in discharge planning from the state hospital of one particular client who has been hospitalized most of his life. These situations are few and far between but are the most challenging for our local system and the most difficult for the client and his/her family.**

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 Board's vision in regard to cultural competence is that all services be provided with regard to the consumers race, ethnic, cultural, and sexual preferences. That all staff will have the skills to assess the diverse needs of each consumer and delivers services accordingly. That although we are a population the is 95% Caucasian that we understand that race is not the only trait to consider when speaking of diversity. We will continually educate ourselves with regard to other cultures, races, and ethnicity. That we understand the unique qualities of the residents of Northwest Ohio and are open to others who may choose to relocate in the area. To that end we provide cultural diversity training each year through the Behavioral Health Professionals.**

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 (enter name of Board)				
Substance Abuse & Mental Health Block Grant Priorities *Priorities Consistent OHIOMAS Strategic Plan				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	TO SERVE ALL WHO ARE IN NEED OF SERVICES FOR INTRAVENOUS/INJECTION DRUG USERS IN A TIMELY FASHION	ENGAGE IN TREATMENT NO LONGER THAN 10 DAYS AFTER CONTACT THROUGH RESIDENTIAL SERVICES, INTENSIVE OUTPATIENT SERVICES AND OOTHER MODALITIES AS WARRENTED	TRACK ACCESS TIMES THROUGH BOARD ACCESS AUDITS,	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	TO SERVE PREGNANT WOMEN WHO ARE CHEMICALLY DEPENDENT AND/OR WOMEN WHO AT RISK OF LOSING THEIR CHILDREN DUE TO THEIR ADDICTION	THROUGH RESIDENTIAL SERVICES AT SERENITY HAVEN WHICH PROVIDES GROUP, INDIVIDUAL AND FAMILY THERAPIES, PARENTING CLASSES AS WELL AS MENTAL HEALTH SERVICES	MONITOR NUMBER OF PEOPLE WHO ENGAGE IN PROGRAM, NUMBER OF CLIENTS WHO VERBALIZE RELAPSE TRIGGERS AND THE NUMBER OF PEOPLE WHO COMPLETE THE PROGRAM	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: 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)	TO SERVE THOSE PARENTS WITH A SUBSTANCE ABUSE DISORDER WHO ARE RISK OF HARMING/NEGLECTING THEIR CHILDREN	DEVELOP CLINICAL COMMITTEE TEAMS THAT CONSIST OF ALL WHO ARE INVOLVED IN TREATMENT OF PARENTS IE, TREATING AGENCY, JFS, FAMILY AND CHILDREN FIRST COUNCILS COUNTY COMMISSIONERS.	MONITOR # OF PERSONS REFERRED AND DISPOSITION OF PARENTS AT THE END OF PROGRAMING. CONSULTATION WITH COUNTY COMMISIONERS AS NEEDED	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: 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):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	TO TREAT ALL CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCES WHO ARE REFERRED IN A TIMELY FASHION	ACCESS TREATMENT WITHIN TEN DAYS USING AN ARRAY OF TREATMENT MODALITIES WHICH INCLUDE INDIVIDUAL/FAMILY THERAPY, CASE MANAGEMENT AND MED-SOM SERVICES.	BOARD ACCESS AUDITS, SATISFACTION SURVEYS AND CARF STANDARDS	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	TO TREAT ALL ADULTS WITH A SERIOUS MENTAL ILLNESS IN A TIMELY FASHION	ACCESS TREATMENT WITHIN TEN DAYS OF REFERRAL,DISCHARGE PLANNING	BOARD ACCESS AUDITS, MONITOR IMPROVEMENT OF SYMPTOMS,	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds

		WITH HOSPITALIZED PATIENTS, ASSIGN CASE MANAGERS ASAP, PRIORITY FOR HOUSING.	MONITOR NUMBER HOSPITALIZATIONS AND TREATMENT COMPLIANCE.	<input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	DEVELOPMENT OF AN FQHC IN THE FOUR COUNTY AREA WHICH HAS BEEN ESTABLISHED AHEAD OF SCHEDULE	COLLABORATION WITH HEALTH PARTNERS OF NORTHWEST OHIO .	MONITOR # OF PATIENTS REFERRED AND UTILIZATION OF SERVICES OFFERED.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH&SAPT-BG: Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	DEVELOP SUPPORTS FOR INDIVIDUALS WITH MENTAL OR SUBSTANCE USE DISORDERS	DEVELOP IDDT TEAM, FOR DUAL DISORDERS,TREATMENT AGENCIES HAVE DUAL CERTIFICATION, PERSONNEL TRAINED IN TREATMENT OF DUAL DIAGNOSIS	MONITOR THE # OF PERSONS THAT ARE REFERRED TO IDDT TEAM AND THEIR SUCCESS RATE.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant *Priorities Consistent OHIOMAS Strategic Plan				
Treatment: Veterans	TO TREAT ALL MEMBERS OF THE ARMED SERVICES IN NEED OF TREATMENT/ SERVICES	TWO AGENCIES HAVE SECURED GRANTS FOR SERVICES AND EMERGENCY HOUSING FOR VETERANS, MAINTAIN CONTACT WITH LOCAL VETERANS OFFICE.	MONITOR NUMBER OF REFERRALS FOR SERVICES.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Individuals with disabilities				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	REDUCE THE NUMBER OF PERSONS THAT ARE USING ILLICIT DRUGS AND NON-MEDICAL USE OF PRESCRIPTION DRUGS.	MOVE CONSUMERS FROM SUBOXONE TO VIVITROL TO REDUCE THE ABUSE OF SUBOXONE. COLABORATE WITH LOCAL DOCTORS AND PHARMACIES TO MAKE THEM AWARE OF ANY ABUSE THAT HAS BEEN IDENTIFIED	TRACK THE NUMBER OF CONSUMERS THAT HAVE BEEN TAKEN OFF SUBOXONE AND STARTED ON THE NEW DRUG.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	REDUCE THE NUMBER OF HOMELESS PERSONS WITH MENTAL ILLNESS AND/OR ADDICTION	WORK WITH HOUSING AGENCY (NHDC) TO DEVELOP ADDITIONAL RESOURCES SUCH AS RENT SUBSIDIES, APARTMENT COMPLEXES WITH MONITORING, COLLABORATE WITH SHELTERS	MONITOR THE NUMBER OF HOMELESS PERSONS OR PEOPLE IN DANGER OF LOSING THEIR HOUSING AS IDENTIFIED BY HOUSING COALITION & POINT IN TIME COUNT	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Treatment: Underserved racial and ethnic minorities and LGBTQ populations				<input checked="" 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
Treatment: Youth/young adults in transition/adolescents and young adults	SMOOTH TRANSITION FROM YOUTH OR YOUNG ADULT TREATMENT TO THE ADULT SYSTEM.	COLLABORATION BETWEEN MAUMEE VALLEY GUIDANCE CENTER(ADULT AGENCY) AND FOUR COUNTY FAMILY CENTER(YOUTH AGENCY)	SATISFACTION SURVEYS, ACCESS SERVICES IN A TIMELY MANNER THROUGH BOARD MONITORING	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Early childhood mental health (ages 0 through 6)*	IDENTIFY AND TREAT EARLY MENTAL HEALTH ISSUES.	THROUGH EARLY CHILDHOOD MENTAL HEALTH CONSULTATION TO ASSESS AND INTERVENE WITH THOSE CHILDREN WHO ARE AT RISK OF DEVELOPING LONG LASTING BEHAVIORAL PROBLEMS	SATISFACTION SURVEYS AND BOARD AUDITS TO DETERMINE THE NUMBER OF REFERRALS IN WHICH AN ASSESSMENT WAS DONE	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*	PROVIDE PREVENTION SERVICES BIRTH TO ADOLESCENTS AND BEYOND	AN ARRAY OF PREVENTION PROGRAMS SUCH AS FAST PROGRAMS, IT TAKES TWO, INCREDIBLE YEARS AND THE ECMH PROGRAMS	QUARTERLY REPORTS AND BOARD AUDITS	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input checked="" type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Promote wellness in Ohio's workforce				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*	The overall goal of the PGP is to prevent people from becoming problem gamblers; screen and identify problem gamblers; reduce	Concentrate efforts on raising the awareness of problem gambling through public awareness, prevention, and education programs	BOARD AUDITS AND GRANT REPORTING REQUIREMENTS	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

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) ACCESS TO IMMEDIATE TREATMENT	TREATMENT WOULD BE AVAILABLE WHEN A CONSUMER PRESENTS AS NEEDING OR ASKING FOR HELP. THERE WOULD BE NO LAPSE IN TIME BETWEEN PRESENTATION AND TREATMENT. A PERSON WOULD NOT HAVE TO BE IN A CRISIS TO GET IMMEDIATE HELP.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

(10)	
(11)	
(12)	
(13)	
(14)	
(15)	

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. **The CIT program is a program that has been established through the collaboration of law enforcement, a regional jail, The Defiance College, local attorneys, consumers and families as well as contract agencies. The Board and the law enforcement community hope that through their training both consumers and law enforcement will have a peaceful outcome to any mental health crisis that arises. The Family and Children First Councils are a collaborative effort to improve the outcomes of services for children. Programs such as Hand to Hand and Family to Family are collaborative efforts to help families and consumers through their recovery. Collaboration with local hospitals help to make it easier for family member to visit and participate in the treatment and recovery of their family member when in crisis. Programs introduced into school systems educating students and teachers on the signs of suicide and who to call if help is needed. All these programs and initiatives are a result of collaboration .**

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 Board has excellent relationships with the State Hospital as well as the two private hospitals in the area. At least weekly a liaison from one of the treating agencies is in contact with the hospitals. Usually this is face to face, but on the rare occasion that a face to face contact can't be made than a phone contact is initiated by the agency. Follow up appointments are made before discharge and now with the FQHC physical needs can be addressed as quickly. Housing for persons being discharge from a hospital is a top priority for the Board as well as CSP services. There has been an increase in hospitalizations in the past year in our area. In the past, hospitalizations were usually with consumers known to the system. That has changed in the past two years. Today persons are being admitted who are new to the system and are not in treatment.**

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 waiver is intended for service expenditure of state general revenue and federal block funds.**

A. HOSPITAL	ODADAS UPID #	ALLOCATION

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B. Request for Generic Services

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

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.