

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 current economic conditions in our five county area are bleak. The Paint Valley ADAMH Services Board serves a five county area of South Central Ohio that includes the counties of Fayette, Highland, Pickaway, Pike and Ross. According to US Quick Census Facts for 2010, we serve more than 235,090 residents in the five counties.

Much of this region is financially depressed with an average unemployment rate of 9.6 – much higher than the Ohio’s average of 7.6% . The Ohio Department of Job and Family Services, Office of Workforce Development, Bureau of Labor Market Information February 2013 shows Pike County with the highest unemployment in the State of Ohio with 13.7% unemployment almost a full percentage above the next highest county.

According to recent U.S. Census figures, citizens living at or below the poverty level in the catchment area are 17.8% which is much higher than the state’s average of 14.8%. Pike County has not only the highest unemployment number it ranks the highest persons below poverty level with 22.5%.

According to the 2013 County Health Rankings by the Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute (UWPHI), the five counties that make up The Paint Valley ADAMH Board are all in the lower half of the counties in Health Outcomes. Specifically Pickaway is ranked 51 out of 88 but the other 4 counties are at the bottom of the list. Highland #78, Fayette #79, Pike #82 and Ross at #83. What is particularly disturbing are the poverty levels specifically related to children, noting that Pickaway county is at the state average of 24%, while Fayette is a little better at 25%. Highland County with 31% of children living in poverty and Pike County coming in at 36% are of real concern. Our largest population county is Ross noting 28% of children in poverty.

We continue to battle the opiate epidemic as noted by the number of unintentional drug overdose deaths provided by Healthy Ohio. Statistics from 2011 show Pike County as the fourth worst in the state with 12 deaths. These rankings are based on deaths per 100,000 and notes Ross ranking 5th in the number of drug deaths in 2011. Every county with the slight exception of Highland all rank above Ohio’s average. Highland County is .1% under the state average of 13.2 rate per 100,000. Far too many lives lost to drugs.

Our ability to serve clients without a payor source is limited and as noted with the aforementioned statistics lack of jobs, and lack of money show an increase in opiate drug deaths. We continue to work to meet the demand and are hopeful that Medicaid Expansion and The Affordable Care Act will free up some much needed funding.

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)

Non Medicaid Access and Treatment - The Paint Valley ADAMH board is located in the center of the Opiate Epidemic in the State of Ohio and many persons are still unable to access treatment and there are no support systems beyond treatment.

Psychiatric Access - Psychiatric recruitment, retention and access are huge needs for our communities. The average wait time for psychiatric services is approximately 6 months and this is unacceptable. Attracting psychiatrist to rural areas is a challenge and while we have adjusted our sliding fee scale to attract potential candidates the pay ranges are lower and the work in our area requires extensive travel.

Children's Issues - The majority of funding for children is gone and we have no funding to provide wrap around services for families.

Housing - Many individuals in our area have Opiate addictions and because economic conditions mean many generations live under the same roof; it is difficult for anyone to maintain sobriety. There is a huge need for dry housing.

Vocational - Employers in our catchment area are finding it increasingly difficult to find potential employees who can pass a drug screening. SMD clients do not have many work opportunities beyond food and filth.

Prevention - Youth in the Paint Valley ADAMH Board area are often exposed to drugs at an early age and developing the coping mechanisms to avoid use and addiction are not widely supported.

Bullying in all forms (verbal, electronic and physical) is prevalent in our school systems. The ability to address these issues is hindered by lack of resources, evidenced based training and access.

Veterans Issues – We have a large VA in our area and there are cross-system needs for training such as CIT, PTSD, and trauma informed care for both veterans and members of the community.

Opiate Treatment and Prevention – We have focused treatment access to persons addicted to opiates and vocational rehabilitation programming; however, we have a shortage of physicians willing to provide Medication Assisted Therapies following low dose protocols.

Integrated Health Care – Our mental health contract provider is moving forward with plans for integrated health care, but they have a lack of funding for capital improvements to existing properties to accommodate physical health care. They are also having a hard time recruiting properly licensed staff.

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

Managing Recovery To Work and VRP3 projects

MACSIS functions

Community collaborations

Continuity of care for mental health as evidenced by our extremely low usage of state hospital bed days on a per capita basis.

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*).

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

Money or staffing concerns resulting in fewer treatment options.

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

MACSIS/IT issues

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*).

It might be said that the most intimate and poignant confrontation between community and professional perspectives is in respect to the professionals themselves. Our providers foster cultural sensitivity and insist that all of its staff receive annual training in this regard. Limited knowledge of the community served results in a condescension toward that community, whose culture, life styles, and values are often then labeled as pathology. It is our providers’ stance that its employees are aware that the definition of mental health is inextricably linked to problems in the larger social context; racism, sexism, sexual orientation bias, poverty, education, housing, jobs, and the police and prison systems. Our providers’ service area is highly Appalachian and poor.

Consequently, our providers facilitate a special trainings on the culture of poverty with emphasis on this population. Unfortunately, with budget cuts, it is making it more and more difficult to serve the poor. This is a situation of both fiscal and social morality implications which, unfortunately, cannot be immediately ameliorated at the local level. However, our providers do

their best to provide the services they can and accommodates those with disabilities (such as hiring interpreters for the deaf as needed.) They have hired a few employees who have some knowledge in regard to signing as well.

Multicultural differences can be an important cause for misunderstandings- not only in regard to consumers – but between professionals as well. Such differences can take the form of treatment modality differences. Our providers encourage multicultural difference exploration within the supervisory relationship.

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)	Access to Recovery	Contract with provider network of care	Monitor waiting lists	<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)	Assure women have gender specific services	Contract with provider network of care	Track usage in monthly reports	<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)				<input type="checkbox"/> No assessed local need <input checked="" 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	Access to Recovery	Contract with provider network of care	Track usage in monthly reports	<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): Children with Serious Emotional Disturbances (SED)	Access to Recovery	Contract with provider network of care	Track usage in monthly reports	<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)	Access to Recovery	Contract with provider network of care	Track usage in monthly reports	<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
MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	Build capacity and infrastructure	Recruit/train staff Remodel/expand structures	Develop strategic plan	<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	Strengthen & enhance recovery support services	Work with NAMI Southern Ohio <ul style="list-style-type: none"> • Fee For Service Contract • Develop Performance Improvement Plan 	Quarterly meetings to review PIP	<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	Expand first responder base knowledgeable in mental health	Provide biannual CIT training	Increase number of CIT trained first responders	<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*	Access to recovery services	Collect investor targets	Monthly tracking of statistics by provider/county	<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*	Develop Permanent Supportive Housing	Attend housing training Develop projects and funding applications Attend COC meetings	Successful grant application	<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	Provide crisis treatment	Contract with Nationwide Children's Hospital	Track usage	<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)*				<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: Adopt a public health approach (SPF) into all levels of the prevention infrastructure	SBIRT implementation Mental Health First Aid presentations Lock your Meds presentation	Participate in planning grant Train 2 staff as presenters Develop & present awareness activity.	Develop Implementation Plan Number of presentations Track # safes distributed & # of people reached.	<input type="checkbox"/> No assessed local need <input 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*	Focus on prevention Capacity expansion	Expand evidence based prevention in schools Financial awards for prevention credential Provide SPIF training	Track pre & post survey results # of awards # of attendees	<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 type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Promote wellness in Ohio's workforce	Mental Health 1 st Aid Lock your Meds presentation	Train 2 staff as presenters Develop & present awareness activity	Number of presentations Track # safes distributed & # of people reached	<input 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*	Assess need	Develop plan	Collecting data, # requests, # served by county	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Board Local System Priorities (add as many rows as needed)

Priorities	Goals	Strategies	Measurement
Vocational	Integrate vocational & recovery services	Recovery to Work	# successful completions
Housing – permanent supportive housing	Expand PSH	ID & develop potential projects	# & \$ funding awarded
Housing – recovery	Assess need	ID potential projects/partners	Develop a plan
Crisis – children	Access to crisis inpatient beds	Contract with Nationwide Children’s Hospital	# days used
Crisis – CIT	Increase # of trained law enforcement personnel	Conduct 2 CIT trainings	# LE trained
Consumer Operated Service	Increase accountability and reliability of current consumer group	Develop improvement plan	# positive outcomes
Consumer Operated Service	Increase tracking of advocacy & training	Purchase of service contract	# billable units with outcomes
Consumer Operated Service	Develop long range plans including office space	Include in capital plan	Id and develop capital plan

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)Crisis – mobile	Based on requests and results from CIT
(2)Detox, Inpatient & Ambulatory	Core service that is currently unavailable
(3)Transitional Housing	No or very little access to “dry” housing
(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 Paint Valley ADAMH Board has created and supported several local coalitions including Suicide Prevention, Prescription Drug Addiction, and ReEntry resulting in additional community training and awareness.

Hospital collaborations have resulted in an integrated health care approach at one area hospital focusing on substance abuse.

Family and Children First Council Coordinators in our five county catchment area have been meeting with our board staff to find ways to collaborate and share services which led to anti-bullying training in all counties. That collaborative effort led to an additional collaboration with Pike County Juvenile Court to expand anti-bullying activities to all Pike County Schools.

Collaboration with the local VA resulted in trainings such as Trauma Informed Care, PTSD and CIT. We also have been able to collaborate on crisis/respice bed availability.

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 providers work collaboratively with state hospitals to develop discharge and conditional release plans for civilly and forensically hospitalized adults. Their CPST staff participate with hospital staff beginning at the time of the referral for admission of civilly hospitalized adults and attend the majority of the hospital's treatment team meetings. Our providers' also actively participate in discharge planning and in developing the conditional release plan for forensically hospitalized adults.

Individuals being discharged inpatient psychiatric care are typically referred to our providers' residential treatment center for a brief stay. As a part of the conditional release plan, all forensically hospitalized adults are admitted for residential treatment services upon discharge from the hospital. Admission to our providers' residential services a gradual step down in services, giving the consumer additional support prior to returning home has proven significant in shortening hospital stays, reducing the need for readmissions and in supporting consumer compliance with their conditional release plan.

Due to current community supports, we continue to fairly low rates of hospitalization. We are experiencing a high number of forensic consumers residing in state hospitals.

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.