

The Alcohol, Drug Addiction and Mental Health Services Board

Serving Athens, Hocking and Vinton Counties

COMMUNITY PLAN FOR SFY 2014

November 25, 2013



Environmental Context of the Plan/Current Status

1. Describe the economic, social, and demographic factors in the Board area that will influence service delivery.

The 317 Board serves three rural, Appalachian counties in southeastern Ohio. The area is abundant in natural beauty and has a rich Appalachian cultural heritage. People who live in these rural counties value their long-standing ties to land, communities and families.

This very rural, Appalachian setting (total population 107,460; 2010 U.S. Census) also features physical isolation and high poverty rates. There is virtually no public transportation, no hospital in Vinton County and large areas without cell phone or internet access. Law enforcement officers travel as many as 30 miles to respond to domestic violence and other crisis calls. Limited employment, transportation and housing opportunities present barriers to service access and effect treatment outcomes.

The geography of the area has limited the economic development in the area. Athens and Vinton Counties are classified as “economically distressed” by the Appalachian Regional Commission (ARC) and Hocking County is considered “transitional”. The ARC defines “distressed” counties as ranking “in the worst 10 percent of the nation’s counties.” On indicators of economic well being, all three counties are worse than state averages. While many of Ohio’s counties continue to experience economic distress in the aftermath of the recession, the economic risk factors in Appalachia are long-standing. A few key indicators demonstrate the challenges:

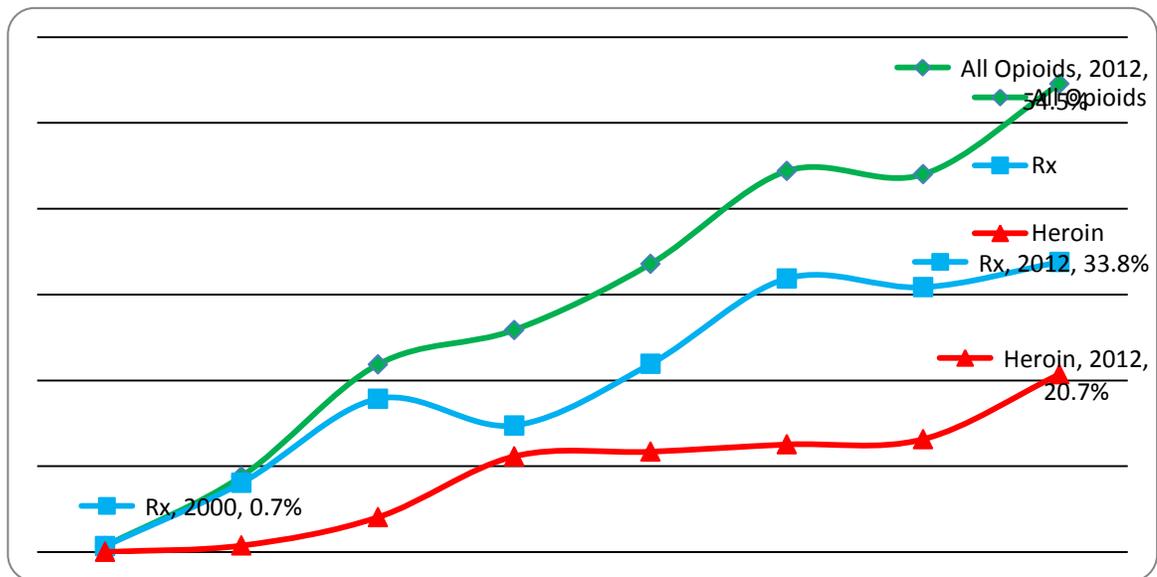
- Ohio’s poverty rate in 2011 was 16.3%. All three counties are above the state rate-- Hocking at 17.3%., Vinton at 23.5% and Athens County at 35%. Athens has the highest poverty rate of all 88 counties. (<http://www.odadas.ohio.gov/SEOW/Counties.aspx>)
- Ohio’s unemployment rate in 2011 was 8.6%. Athens was slightly higher at 8.9%; Hocking had 9.6% and Vinton at 11.6%. (<http://www.odadas.ohio.gov/SEOW/Counties.aspx>)

Given the long-standing economic vulnerabilities of the area, financing of behavioral healthcare has always been a challenge. There is a relatively high level of community understanding of mental illness and support for behavioral healthcare services. While the communities have supported local services through two levies, continued future support should not be assumed especially in light of the recent changes in state reimbursement of “property tax rollbacks”. The Appalachian region is particularly reliant upon a stable partnership with state and federal governments because the local tax base is limited and charitable foundations to provide funding for new programming or to replace government funding are almost non-existent.

A few additional health and service indicators further define the need:

- **Suicide**—Data from 2006-08 show that all three counties have suicide rates above the state average of 11.3 per 100,000 population. Hocking’s rate of 22.3 is the highest of all Appalachian counties. Athens was 19.1 and Vinton county 13.2. (<http://www.odadas.ohio.gov/SEOW/Counties.aspx>)
- **Unintentional Drug Deaths**—the average unintentional drug death rate per 100,000 population (2007-11) for the state of Ohio is 13.2. All three counties are higher—Hocking (22.9), Athens (20.2) and Vinton (17.7). (<http://www.healthy.ohio.gov/vipp/data/rxdata.aspx>)
- **Domestic Violence**—Domestic Violence—exacts a high toll on women and children creating significant trauma. In FY 2013, My Sister’s Place (MSP) shelter received 4770 hotline calls from 3279 (unduplicated number) individuals—an increase of over 36% from the previous year; MSP provided 2595 emergency bed nights to 73 individuals. 79 adults and 120 children were turned away because the shelter was full.

- Psychiatric In-Patient Treatment Trends**—there were 312 admissions to ABH in FY 2013—slightly higher than the three year average (FY 2010-12) of 292. However, the number of civil days used in FY 2013 (4160) was lower than the three year average (2010-12) 4571. With an average stay of 13.5 days and a median stay of just 6 days in FY 2013, Appalachian Behavioral Healthcare-Athens Campus (ABH) provides critical acute psychiatric inpatient care to the Board area. The 30 day re-admission rate was 11% for FY 2013.
- Re-Entry:** Athens, Hocking and Vinton counties released 256 people from Ohio prisons in CY 2011 (1% of Ohio releases). ODRC publishes a 2008 Three Year Recidivism rate for the state of 31.2%. Athens, Hocking and Vinton counties all had higher rates—40.2%, 35.8% and 36.6% respectively.
- Homeless Data:** The 2013 Point-in-Time counts for Athens, Hocking and Vinton counties counted 97 households and 194 people who were homeless on the night of January 22, 2013. From January 2013 through October 2013, the Homeless Crisis Response Program has received 405 calls for emergency housing assistance from Athens, Hocking and Vinton county households who identified as homeless or at risk of homelessness.
- Substance abuse**—HRS data indicates that opioid dependence is a significant and growing concern. The following chart demonstrates the trends in the number of clients treated at Health Recovery Services out-patient programs who have an opiate use disorder.



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 317 Board’s planning process is shaped through active engagement and interaction with community stakeholders as we work together to address emerging community needs and respond to environmental changes. The planning process involved a review and update of several comprehensive planning initiatives that were implemented in the past and that continue to guide our current investments—prevention-focused needs assessment in collaboration with local school districts in 2004 and 2012, a “Strategic Mapping” process to identify investor targets in 2005; and a comprehensive needs assessment in 2009.

In FY 2012, the Board again reviewed needs and priorities asking behavioral health agencies to identify areas where funding is insufficient and, using Dr. Gillette’s methodology, used a nominal group process with the Board of Directors to prioritize investment areas. As a result of this process the Board issued 4 Call for Proposals in FY 2013 in the areas of Financial Stability, Medication-Assisted Treatment, Peer Support Services in Vinton County and Health Integration. This last funding area was a collaborative funding partnership with the Osteopathic Heritage Foundation of Nelsonville. As a result of these initiatives, the Board approved \$672,054 in new funding to begin in FY 2014.

Planning for FY 2014-5 is done in an environment of continuing uncertain policy change. Proposed dramatic transformation of health care delivery and its impact on customers and communities leaves many unanswered questions at this time and requires a flexible system that can respond to changing dynamics. At the time of this writing there continues to be uncertainty about implementation of the Affordable Care Act (what will the out-of-pocket costs be for behavioral health services and will the coverage be sufficient and affordable?) and Medicaid Expansion in Ohio (pending lawsuit and possible delays in implementation) and questions about possible sequestration and resulting disruptions in Federal allocations (to the behavioral health system and other vital community programs).

It is the Board’s intent to do an updated comprehensive needs assessment in FY 2014, to prepare for possible new investments in FY 2015. The community plan will be updated upon completion of this needs assessment. In the interim, the Board plan continues with the findings as identified in 2012, with some additional notes where new investments have been made:

Needs Assessment Findings: Demand for services continues to increase. Resources to meet those needs are insufficient. While the Board and agencies strive to ensure that basic safety net services remain available to the community, there are growing gaps, particularly with regard to intensive services (for those who need it), services for those without Medicaid and services that enhance recovery and resiliency and re-connect people to meaningful roles and employment in the community.

Emerging and Urgent Needs

- Treatment and prevention for opioid addictions¹--*increased investments made in FY 2014*

¹ KEY: Black dot denotes AOD need; open circle denotes MH need; target icon denotes both AOD & MH

- ⊙ Services for Ex-Offenders returning from prison and other criminal justice-referred populations—**Ohio MHAS grant secured for re-entry for FY 2014**
- ⊙ Capital maintenance for Board owned properties—**Board allocated some funding for capital needs**
 - Psychiatric care gaps for all ages, but particularly acute for children and youth
 - Access to and sufficient levels of clinical and recovery supports for persons with Serious and Persistent Mental Illness and Children with Serious Emotional Disturbances to prevent costly and traumatizing inpatient/residential care—“hot spots”
- ⊙ Integration of physical and behavioral care—**investments in FY 2014-16 through funding partnership with Osteopathic Heritage Foundation of Nelsonville**
- ⊙ Services for transition-age young adults—**HUD permanent supportive housing grant awarded to Sojourners**
- ⊙ All agencies are in great urgent need of IT investment and development to meet electronic health record requirements—**investments in FY 2014**

On-going critical Needs

- ⊙ Access to basic crisis care has been maintained, but at a minimal level. Community partners voice unhappiness with the reduced level of service. Waiting time for prescreens has increased because on-call crisis care has been reduced. Access to on-going services for persons experiencing a crisis has been partially restored, but the ability to continue these vital services is uncertain.—**financial stability investments in FY 2014**
- ⊙ Access to behavioral healthcare treatment for persons without Medicaid. Critical mental health and AOD treatment is either not available or not of sufficient intensity to even the priority populations. Adults with Serious Mental Illness; general outpatient community mental health; adults who abuse or are addicted to alcohol or other drugs; children/youth with serious emotional disturbances; adult/children/youth who abuse or are addicted to alcohol or drugs; children and family receiving services thorough a Family and Children First Council; parent supports and education.
- ⊙ Lack of local access to inpatient psychiatric, detox services and adult care facilities. With the exception of a small geriatric unit at Hocking Valley Community Hospital in Logan, Appalachian Behavioral Healthcare is the ONLY in-patient facility available. Families with children who need inpatient psychiatric care must travel to either Zanesville or Columbus. Detox requires traveling to Columbus. Coordination with distant facilities compromises continuity of care and undermines family support. Persons who need supervised living must re-locate 2-3 hours away, compromising continuity of care.
- ⊙ Lack of residential housing with supportive services: Access to housing with intensive supportive services and/or residential care with 24 hour staffing is not available in the Board area. The results are longer hospital stays, homelessness or placement in care facilities far away from family and community supports.
- ⊙ Family Violence: My Sister’s Place denied shelter to 199 adult and children in FY 2013 due to a lack of bed space. The average length of stay continues to increase as clients face more obstacles in accessing needed support services, i.e. housing, medical care, etc. Slower turnover exacerbates access problems. —**financial stability investments in FY 2014**
- ⊙ Improved services for Veterans
- ⊙ Continuing investments into the vital community recovery programs with proven effectiveness that operate on shoe-string budgets—John W. Clem Recovery House, Athens Photographic Project, The Gathering Place, NAMI. —**financial stability investments in FY 2014**
- ⊙ Trauma Informed care—Military, Families Domestic Violence

Other On-going Needs

- ⊙ Intensive Services Gaps
- ⊙ School-based services

- Services to persons with co-occurring mental illness and developmental disabilities
- ⊙ Public Education/Awareness Gaps
- Sexual Assault Service Gaps
- Lack of guardianship services
- Lack of a fair and equitable state policy for addressing the needs of persons from other states
- ⊙ Family Physician Knowledge Gaps
- ⊙ Service Coordination Gaps
- ⊙ Lack of sufficient After Care Resources for adults with serious mental illness and adults, children and adolescents who abuse or are addicted to alcohol or other drugs
- ⊙ General low-income housing gaps
- ⊙ Coordination with Hocking College and Ohio University to address student needs
- Outreach to employers to address addiction problems in the workplace
- Treatment for Gambling Addictions
- ⊙ Lack of public transportation with limited exception in the city of Athens and Logan.
- ⊙ Other access gaps: limited service hours; long waits to access services and then infrequent follow-up; general outreach to rural populations
- ⊙ Workforce Capacity Gaps: loss of critical experience and leadership around services for SED children, including comprehensive state-of-the art training for rural professionals using videoconferencing technology—a collaboration that provide quality, cost-effective professional development; limited availability of Licensed Independent Social Workers, Counselors; Psychologists, and Psychiatrists; additional support needed for training staff in expensive evidence-based clinical skills.
- Continued CIT training
- Services for isolated senior citizens with mental health needs to increase their capacity to continue to live in the community and avoid costly nursing home placement

System Change Needs

- ⊙ Integration of behavioral health care and primary health care—*investments in FY 2014-2016*
- Telemedicine
- ⊙ Investments in effective Recovery supports—*financial stability investments in FY 2014*
- ⊙ Employment
- ⊙ Peer supports—*new peer support in Vinton in FY 2014*
- ⊙ Increased utilization of meaningful outcome measures for system improvement

Prevention Needs

The *Communities That Care*® Youth Survey was administered to students in 6th, 8th, 10th and 12th grades at all five Athens county school districts and Hocking and Vinton County school districts during winter 2003 and in 2012. The following risk factors were identified and have been reaffirmed as current needs:

- Laws and Norms Favorable to ATOD Use (Athens, Vinton)
- Parental Attitudes Favorable Toward ATOD Use (Athens, Vinton)
- Poor Parental Supervision and Discipline, and Family History of ATOD Use and Anti-Social Behavior (Athens)
- Peer Use and Favorable Attitudes Toward ATOD Use (Athens, Vinton)
- ⊙ Anti-Social Behavior (Athens)
- ⊙ Lack of Commitment to School (Athens)
- ⊙ Community Disorganization (Athens)
- Community norms tolerant of substance abuse (Hocking)
- ⊙ Inconsistent and/or inappropriate discipline (Hocking)
- ⊙ Lack of adult monitoring and/or supervision (Hocking)
- ⊙ Friends engage in problem behaviors (Hocking)

- Prevention efforts targeted at opioid use
- Suicide prevention is an identified community need. Using national data, the Suicide Coalitions have found the following groups to be at highest risk for suicide: teenagers, returning Veterans, Senior Citizens, Adult middle age males
- Sexual Assault Prevention
- ***New Board initiatives with Suicide Task Forces, Opiate Task Forces and Mental Health First Aid Training in process and will continue in FY 2014***

Capital Improvements

- ◎ Board-owned properties have several serious maintenance needs—roofs, windows, parking lot and others.
- ◎ Additional permanent supportive housing units are needed in all three counties to provide safe, affordable housing for families and SMD adults. ***Board capital plan submitted in 2013 with 9 projects included.***
- ◎ All agencies are in great need of IT investment and development.
- ◎ Agencies' properties in need of maintenance or replacement: Health Recovery Service's Rural Women's Recovery Program and Bassett House are in need of extensive renovations; Tri-County Mental Health & Counseling Services needs a new clinic in Vinton County; the Gathering Place in Athens County is in need of three capital projects: a new site in Vinton County, improvements to The Gathering Place in Athens and Home Away From Home in Hocking County.

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.
- There has been strong, stable leadership at the Board and agencies that contribute to system integrity and well-being. Board and provider agencies collaborate in a very positive manner to jointly address community needs.
 - Tri-County Mental Health & Counseling Services, the primary community mental health center merged with Family HealthCare, the federally qualified health center to become a new organization—Hopewell Health Centers on July 1, 2013. This fully integrated model is a tremendous resource for citizens in our region.
 - The Board has partnered with the Osteopathic Heritage Foundation of Nelsonville to invest in the Integration of Behavioral and Primary Health Care in FY 2014-2016, providing opportunities to strengthen integrated care in the Board area.
 - There are a number of outstanding family and recovery support programs in the Board area, including NAMI Athens education and family support programs, peer-mental health programs in each county, the Athens Photographic Project and the John W. Clem Recovery House.
 - The Board is involved in Opiate Task Forces or Drug Abuse Task Forces in each of the three counties it serves. The largest of these groups recently held its second Town Hall Meeting to provide education materials and outreach to the community.
 - There is an active Suicide Prevention Task Force in Athens County.
 - The Board has historically had strong local support. There are two local levies and citizens have been willing to support replacement of levies. All providers are in a stable financial situation as a result of the passage of the levy and restoration of state funding.
 - The Board has effective collaborative partnerships with many local systems that have increased capacity and effectiveness. Areas of strength include Family and Children First Councils, Partnerships with Ohio University and Hocking College, Collaborations with Metropolitan Housing Authorities and Re-Entry Collaborations.
 - Southeast Ohio was an early leader in Telemedicine. While some of that capacity has been lost, the experience is retained and can be increased in the future.
 - There are strong evidence-based ATOD prevention programs in the Board area.

- The Board has a long history of effective regional partnerships to enhance funding opportunities and to increase efficiency in rural programming.
 - The Athens Area Jail Diversion Advisory Board hosts an annual CIT training for first responders in the Board area and beyond. Over 200 officers have been through CIT training. Advanced trainings are also held.
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?

The system challenges include:

- Limited local tax base and lack of private foundation funding to address state and federal funding losses; there are threats to local levy support as a result of changing state policy.
 - Significant increase in opiate treatment needs even with additional funding to address these needs; concern that focus on opiate addiction treatment needs will limit treatment availability for other addictions.
 - Scale: Agencies report difficulty in achieving fidelity to intensive and evidence-based models such as Intensive Outpatient Treatment (IOP), Integrated Dual Diagnosis Treatment Teams (IDDT) or Assertive Community Treatment Teams (ACT) due to relatively smaller target populations—particularly in Hocking and Vinton counties. There is a need for Permanent Supportive Housing with 24/7 security for a sub-population and this model is not cost effective on small scale.
 - Distance: Appalachian Behavioral Healthcare provides critical access to in-patient care in a region that doesn’t have other resources. Access to private psychiatric hospitalization is limited and requires traveling long distances. Lack of hospital-based detoxification services in the catchment area or region—access only available in Columbus. Lack of public transportation systems combined with increased fuel costs makes contact between consumers and service providers, including law enforcement, more difficult. Some areas are without reliable telephone, internet, and cell phone service.
 - Workforce Development: There is concern about the ability to have enough qualified staff available to meet growing demands, particularly with expanded health care options. Psychiatrists and other prescribers, including those licensed to treat with Suboxone, are in short supply.
 - Technology: The availability of technology and the effective use of technology in the movement toward electronic medical records.
 - Policy Uncertainties: Changing state policy and uncertainties make long-term investments difficult. Changing administrations and views on regional investments create risk for long-term collaborative projects.
- b. Identify those areas, if any, in which you would like to receive assistance from other boards and/or state departments.

- Intensive treatment and housing services which are sustainable in rural communities or that can be developed regionally.
- State leadership on a sustainable, long-term plan for peer and recovery support initiatives welcomed.

Priorities

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 AHV Board and provider agencies are immersed in the local culture and excel at having strong collaborative relationships that are the foundation of cultural competence. One of the biggest challenges is the lack of population density in special populations and the lack of highly specialized services for those who would benefit from a specialized approach. That said, every effort is made to respond to individual needs as they present. The Board supports a person-centered system of care that is attentive and responsive to the cultural background of all participants.

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. **SEE CHART**

7. **SEE CHART AT END OF DOCUMENT**

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 AHV Board has positive ongoing communication and partnership with a broad array of stakeholders in three counties. A few of the highlights are listed.

Primary Health Care

The Board has a funding initiative with the Osteopathic Heritage Foundation of Nelsonville to facilitate integration of behavioral and primary health care. Tri-County Mental Health & Counseling Services, Inc., the primary community mental health center merged with Family HealthCare, the federally qualified health center to become a new organization—Hopewell Health Centers on July 1, 2013. There are two other co-located projects with Health Recovery Services, Integrated Services of Appalachia Ohio, Athens Medical Associates and University Medical Associate that are also underway.

Ohio Family and Children First Councils

The Athens, Hocking and Vinton County Family and Children First Councils coordinate care to meet the needs of area youth. The Board provides leadership and financial support to the councils to ensure that alcohol, drug addiction and mental health services are available and accessible. Effective coordination reduces the need for costly out of home placements.

Law Enforcement/Judiciary

The Board works collaboratively with all area law enforcement and criminal justice systems. TASC, Drug Courts, Mental Health courts, DYS Re-Entry, Prison Re-Entry, Opiate Task Forces, Medication Take-Backs, CIT Jail Diversion, Forensic Monitor and prevention programs are all active and available as a result of the strong behavioral health and criminal justice coordination.

Public Children Services Agencies & Job and Family Services

The Board interacts with its child welfare boards to ensure the access to and the availability of alcohol, drug addiction and mental health services to their client population. These collaborative efforts have improved response to families involved with children services.

Prevention Community Coalitions

The Board provides leadership on a large number of prevention initiatives aimed at improving the health and well-being of community members. TEAM Athens and Trimble Bridgebuilders Coalitions are positive community coalitions. Board has representative on CARDD (Coalition Advocating Responsible Drinking Decisions) at Ohio University; this is the only remaining campus collaboration out of the 40 original state-wide schools.

Opiate Task Forces

All three counties have Opiate Task Forces with Board participation in each community. The Board is also active on the Opiate Task Force Learning Collaborative at the state level, sharing ideas and successes with other board areas. All three counties have bi-annual medication take-back drives; Athens and Hocking counties provide year-round medication drop off capacity.

Suicide Coalitions

The Board actively spearheads suicide prevention coalition activities in Athens and Hocking counties. Significant training and public awareness activities have been offered to local groups in the last three years.

Hocking College and Ohio University

Hocking College and Ohio University provide a wealth of resources and opportunities for workforce development, program development and evaluation, professional expertise on boards and student volunteer services to the Board and community organizations. Behavioral health agencies coordinate with the institutions to address the behavioral health needs of student populations.

Housing Organizations

The Board works collaboratively with community housing agencies and has a leadership role in the “Continuum of Care” to address the needs of homeless persons in Athens and Hocking Counties. The Athens and Hocking Housing Coalitions have helped to bring in more than one million dollars in new housing funding during the past biennium.

Customers and General Public

The Board is governed by an 18 member board that is responsive to customers and the general public. The Board has amended its by-laws to add a consumer and a family member to the mental health and AOD standing committees. There are numerous consumer and family organizations and prevention coalitions/task forces that provide an on-going basis to stay informed on the needs and priorities identified by these groups.

Regional Collaborative

The Board works collaboratively with other Boards that are part of the Appalachian Behavioral Healthcare group. There is a long history of working collaboratively with other Boards in southeast Ohio to address regional concerns.

Inpatient Hospital Management

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

The AHV Board has a long-standing positive collaboration with Appalachian Behavioral HealthCare (ABH). In FY 2013, approximately 75% of all pre-screens that result in hospitalization are sent to ABH. As such, ABH is a highly valued and important part of the local mental health system. The Board continues to be concerned about the responsibility for the bed days and discharge planning for out of state patients who enter the hospital through 18 counties.

The AHV Board has a long-standing active engagement with ABH and Hopewell Health Centers for discharge planning for acute and forensic patients. The Board has provided funding to increase access to timely psychiatric care for persons being discharged from ABH and has struggled to maintain a small amount of person-centered funding to address housing and other needs in order to expedite discharge planning. The Board has worked with Athens Metropolitan Housing Authority to establish a priority for persons who need housing in order to be discharged from ABH or who at imminent risk of hospitalization due to unstable housing. We will continue to prioritize development of additional permanent supportive housing to address the housing needs that are critical to effective hospital discharge.

The Board has only one private in-patient psychiatric unit in the catchment area and it is a geriatric unit. Hopewell Health Centers makes every effort to link those with Medicaid and private insurance to private psychiatric units, but often with little success. Board and agency staff participate in collaborative meetings with private psychiatric hospitals. Hospitals report that Medicaid reimbursement rates are a barrier to accepting Medicaid patients. Transportation and distance from family supports are always an issue with private psychiatric options.

The Board monitors several data points to assist with programming and outcomes management:

- In FY 2013, the Board utilized 5,936 inpatient hospital days at a state hospital; this was below the three year average (FY 2009-11) target of 6620. The target for FY 2014 is 6595 days (FY 2010-12 three year average). It is unclear if this target will be met. The Board is directing its regional “hot spot” funding to try to improve community crisis and on-going supports toward the goal of increased community stability for persons with serious and persistent mental illness.
- Out of state admissions and bed days are at a record high in FY 2013—831 days! The three year average (FY 2010-2012) for out of state days is 557. The AHV Board is clearly an outlier in the state for the burden imposed by the current residency guidelines.
- In collaboration with ABH, the Board and Hopewell Health Centers are tracking after care for persons discharged from ABH. In FY 2013, 88% of persons discharged to Hopewell Health Centers with an aftercare appointment, attended that appointment; 86% continue to be engaged six months later.
- In FY 2013, the 30 day re-admit rate was 11%--slightly higher than FY 2012 (10%) and the same as FY 2011.
- As of October 2013, the Board has five forensic patients with long inpatient stays. Four are Not Guilty by Reason of Insanity (NGRI) and one is Incompetent to Stand Trial Unrestorable (ISTU). The Board collaborates with two other Boards to employ a forensic monitor to work with patients with a forensic status. In addition to the inpatient forensic clients, five clients are monitored in the community on a conditional release plan that is supervised by one of three county Common Pleas Courts.

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

- The Board has an innovative funding partnership with the Osteopathic Heritage Foundation of Nelsonville to invest in new initiatives that improve the integration of behavioral and primary health care. This initiative is investing in a fully integrated model of care and a co-location models.
- Hocking County Municipal Court, under Judge Moses, has established a Vivitrol Court Program to address the treatment needs of persons with opiate addictions who are court-involved. This program began by serving people who were Medicaid eligible and has expanded to serve those without a payor source. The Court is collaborating with Hopewell Health Centers and TASC of Southeast Ohio.
- Tri-County Mental Health & Counseling Services, Inc., the community mental health center merged with Family HealthCare, the federally qualified health center to become a new organization—Hopewell Health Centers on July 1, 2013. This fully integrated model is a tremendous resource in our region.
- Health Recovery Service offers several evidence-based and effective prevention programs:
 - Second Step bullying prevention program is research-based and approved for funding on many federal agency lists. Educators using the program report reductions in discipline referrals, improvement in their school climate, heightened feelings of inclusiveness and respect, and an increase in the sense of confidence and responsibility in their students.
 - Safe Dates is an evidence-based program with strong, long-term outcomes. It was the subject of substantial formative research in fourteen public schools in North Carolina using a rigorous experimental design. The program was found to be effective in both preventing and reducing perpetration among teens already using violence against their dates. There is a great need for this program to help schools fulfill the requirements of House Bill 19, or "Tina's Law", which requires Ohio schools to provide staff training in preventing teen dating violence and also requires schools to provide teen dating violence prevention education for students in grades 7-12.
 - Teen Institute is strong in all three counties with school based programming and a weekend youth retreat.
- The Board has a very strong collaborative rural CIT program that has trained over 270 officers over the past ten years.
- The Athens Photographic Project, established in 2000, is nationally recognized program offering consumer recovery through the arts. The project has expanded to include a consumer operated art gallery at a local mall.
- Sojourners Generation Now provides culturally competent street outreach, homeless services and transitional housing options to youth and transition age young adults in seven counties in Southeast Ohio. Funding from Runaway and Homeless Youth Act provides the foundation for these vital rural services.
- Opiate Task Forces in Athens, Hocking and Vinton Counties have been established and are thriving and demonstrating the value of local citizens to organize to address a serious community issue.

- Athens County has an active Re-Entry Coalition that has successfully applied for grants to improve local response to persons returning to the county. The Re-Entry Coalition does in-reach video conferencing with prisoners prior to release to increase engagement with local services.
- Hopewell Health Centers was awarded a Strong Families, Safe Communities grant to increase and improve supports for young people who present in crisis, including development of a cross-disciplinary after hours crisis response teams.
- Athens Metropolitan Housing Authority has also established a waiting list policy to prioritize the needs of non-elderly disabled living in institutions who need housing in order to live in the community or who are at imminent risk of institutionalization due to inadequate housing.
- Governor John Kasich's Office of Health Transformation will invest \$350,000 to replicate the Community Pathways Model in the Appalachian region of southeast Ohio through a partnership between Integrating Professionals for Appalachian Children (IPAC) and Nationwide Children's Hospital's Partners for Kids (PFK). The Community Pathways Model has dramatically reduced low-weight births in targeted populations in other counties.
 - b. Planning efforts
 - c. Business operations
 - d. Process and/or quality improvement
- The Board utilizes an outcomes-focused reporting system for its investments. This system has been in place for a number of years and provides an overall system for monitoring results in the system of care.

If yes, 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 that you believe are important for your local system to share with the Departments or other relevant Ohio Communities.



Athens-Hocking-Vinton 317 Board
2014 Priorities
Question # 7

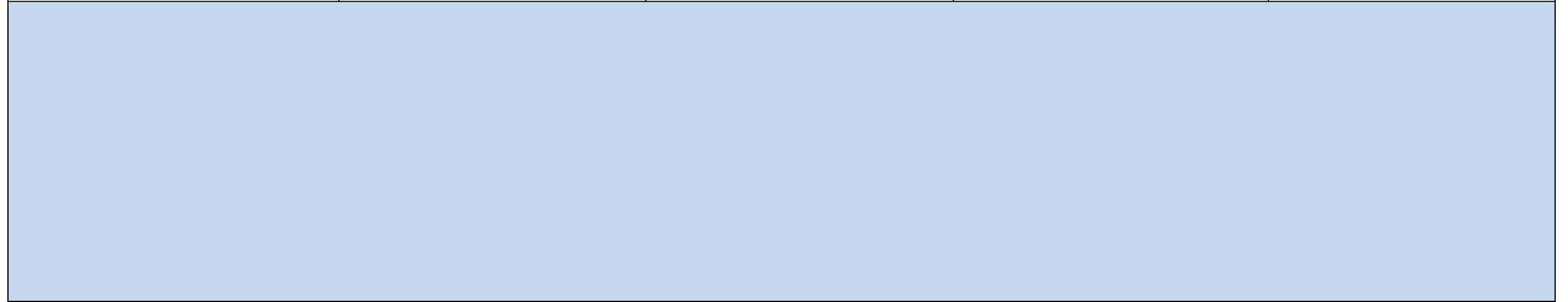
Priorities for Athens-Hocking-Vinton

Overall Goal: Behavioral healthcare services increase the number of customers who are healthy, contributing members of the community

**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)	Customers are abstinent at the completion of the program	Increased funding for outpatient services and drug courts; Funding for Vivitrol Court Program Funding of University Medical Associates MAT program	Number who successfully complete treatment or continue in treatment Number who have reduced criminal justice involvement	<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)	Customers are abstinent at the completion of the program	Funding for outpatient treatment Funding of University Medical Associates MAT program Rural Women’s Recovery Program	Number who successfully complete treatment or continue in treatment Number of births of drug free babies	<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)	Customers are abstinent at the completion of the program	Continue partnership with Children Services Departments to improve access to and targeting of behavioral healthcare services.	Customers who complete treatment are in compliance with their family preservation plan	<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	Customers with TB and other communicable diseases are referred for screening and treatment	Collaboration with local health departments	Number identified and referred Number who successfully complete treatment	<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)	Customers increase functioning and community stability	Funding for Family and Children First Councils in all three counties Funding for outpatient treatment Funding for Genesis child psychiatric consultation Youth Crisis Grant	Reduced need for out of home placement Increased access to inpatient treatment	<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*	Improved behavioral and physical health outcomes for vulnerable populations	Funding collaboration with the Osteopathic Health Foundation of Nelsonville investing up to \$600,000 over three years	Improved care coordination among primary care and behavioral health providers resulting in increased provider productivity, cost efficiencies, reduced service duplication and the timely exchange of patient information; Improved behavioral and physical health outcomes	<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	Customers increase their quality of life Increased social supports/social connectedness Support of consumer and family initiatives	Increase investments in consumer, family and community programs and services that increase satisfaction, support recovery, resiliency and family support and stigma reduction results Increase partnerships with vocational system and improve programs based upon lessons learned from Pathways and Recovery to Work. Continue to offer resolution of client rights and other client and family concerns about access and quality of care	Increase in recovery through Increase the number of consumers reporting positively about social connectedness and functioning; Stigma related to emotional problems and mental illness is decreased	<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	Veterans have access to treatment	Collaboration with VA System of Care to link Veterans to appropriate care Support for John W. Clem Recovery House	No specific measurements	<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	Persons with disabilities have access to treatment	Assumed in all other strategies	No specific measurements	<input 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*	Customers are abstinent at the completion of the program	Increased funding for outpatient services and drug courts; Funding for Vivitrol Court Program Funding of University Medical Associates MAT program	Number who successfully complete treatment or continue in treatment Number who have reduced criminal justice involvement	<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*	Customers have stable living situations	Continue to support housing gap assistance, housing grants and loans, adult care home subsidies and shelter plus care liaison supports. Work with local Housing Authorities and other state, regional and local housing partners to maintain and increase funding for affordable and permanent supportive housing for priority populations.	Number of participants who receive a grant or loan to obtain or maintain housing Number of participants who obtain a permanent housing subsidy Number of participants who increase housing stability, step down to a less restrictive housing option and/or exit with a positive housing outcome	<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	Persons from underserved racial and ethnic minorities and LGBTQ have access to treatment	Assumed in all other strategies	No specific measures	<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	Reason for not selecting
Treatment: Youth/young adults in transition/adolescents and young adults	Youth/young adults in transition have access treatments and supports	Continue to work with Sojourners Care Network to increase capacity to address needs	No specific measurements	<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)*	Young children have access to early interventions	Collaborate with community initiatives funded by other investors—Hopewell Early Childhood project and Project Launch	No specific measurements	<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	Prevention activities for MH and ATOD are modeled after the public health approach.	Local providers, coalitions and task forces utilize the SPF model for prevention planning and activities.	Utilization of the SPF model	<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*	Customers avoid ATOD use and perceive non-use as the norm Customers perceive ATOD use as harmful Customers experience positive family management Customers demonstrate school bonding and educational commitment Customers improve their ability to develop healthy interpersonal skills through promoting social/emotional development	Youth Leadership Academy Teen Institute/ Life Skills Training Community Prevention Awareness Programming High-Risk Youth Program using components from Reconnecting Youth, Prime for Life and Life Skills Safe Dates Second Step	Program evaluations and post-tests Community feedback	<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	Customers avoid ATOD use and perceive non-use as the norm	Coordinated care with local OB agencies.	Number of births of drug free babies	<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				<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: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*	Increase awareness of problem gambling Increase awareness of resources available to problem gamblers	Outreach groups at SEPTA and SEORJ Outreach program for University population Empower youth to provide gambling education to peers Promote media based awareness materials	Participation SOGS/# referred for treatment	<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
Women and Children At Risk of Violence	Women and children who are victims of domestic violence are safe and have access to needed supports	Funding for Edna Brooks Foundation My Sister's Place	Number of women who enact safety measures specific to her situation
Treatment: Substance abuse treatment for all populations	Customers are abstinent at the completion of the program	Funding for outpatient treatment, detox services, jail programming	Number who successfully complete treatment or continue in treatment Number who have reduced criminal justice involvement
Treatment: Behavioral health treatment/supports for persons re-entering the community from prison or with criminal justice backgrounds	Number who have reduced criminal justice involvement	Work with local Re-Entry task forces to increase funding for persons leaving criminal justice settings. Funding for TASC, SAMI Court, prison re-entry, supports in regional jail, CIT training for law enforcement officers	Customers incur no new arrests at the completion of the program Persons re-entering from State prison with SPMI are engaged with treatment
Improved outcomes and quality in the system of care	Board and all providers are using outcome management practices to increase performance, generate results and improve quality	Continue to use outcome data to demonstrate system of care results	All programs report outcomes data
Technology	Technology is used to enhance efficiency and to increase access to behavioral healthcare information for all stakeholders in the system	Enhanced use of communications technology including telemedicine and electronic health records; Integrated Health Care investments with Osteopathic Heritage Foundation of Nelsonville Work with the Athens-Meigs ESC on the Mental Health Network for School Success (OMHNSS) to have school mental health services mapped by the OMHNSS, with the outcome of a web-based link product that can be posted on board, school, or local agency websites enabling families to easily access school mental health services in Athens--Hocking--Vinton Counties.	Agencies have electronic medical records

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) Additional investments in crisis and inpatient services and intensive service models	Inpatient for adults and children—both mental health and AOD, including detox are limited and often difficult to access; most options located outside the region; people do not have insurance to cover the costs; need for treatment teams/models that address those who need more intensive supports—ACT and IHBT
(2) Additional housing investments	More recovery housing; more housing for person who need 24 hour supports; greater homeless outreach and supports; more rental assistance funding needed to reduce homelessness—for all populations but particularly for families experiencing domestic violence; more capital funding needed
(3) AOD Treatment	Continuing need for additional substance abuse treatment resources for those without insurance, particularly opioid addictions and re-entry populations
(4) Recovery Supports	This Board area does not have paid peer support positions working in the system of care; additional investments in wellness programming
(5) Technology	Additional investments in technology to achieve meaningful use are on the horizon
(6) Transition age young adults	More investments needed to address needs more comprehensively
(7) Employment supports	Funding for supported employment outside of the Voc Rehab system would enable increased results and increased access
(8) Capital Improvements	Board-owned properties have maintenance needs; all agencies in need of IT investments; additional permanent supportive housing needed in all counties; integrative care requires additional rehab and renovation to existing clinics
(9) Workforce Development	Shortage of clinicians, particularly those with license to prescribe; need to invest in training on evidence-based models
(10) Prevention	Additional investments on the front end would decrease long-term costs
(11) Others	To be determined in CY 2014 planning process
(12)	
(13)	
(14)	
(15)	

