

**Fairfield County
Alcohol, Drug Addiction, and Mental Health
(ADAMH) Board**

**Community Plan
January, 2014 – June, 2016**



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The Fairfield County Alcohol, Drug Addiction, and Mental Health (ADAMH) Board

is statutorily responsible to **plan, fund, and monitor** public mental health and substance abuse services in Fairfield County. The ADAMH Board fulfills its mandate by engaging key community stakeholders to provide input into its activities.

Mission

Our mission is to reduce the impact of mental illness, substance abuse and family violence in Fairfield County.

Values

- The Board will seek to be impartial in its decisions.
- The Board will allocate its resources in a manner that best meets the needs of our community and consumers it serves.
- The Board will act in a constrained manner.

Organizational Vision

The Fairfield County ADAMH Board and staff are responsible for being an agent of positive change for people experiencing mental illness, substance abuse, and family violence:

- Being well-informed and motivated to meet the challenges that confront the behavioral health care system in our community. The Board will understand and abide by the principles of governance, ethics and quality improvement and will apply them in a manner consistent with the interests of the organization.
- Assuring Board staff has a clear understanding of their role and will be supported by the Board and administration.
- Effectively allocating and managing a dynamic, ever changing set of local, state, and federal funds to meet community needs.
- Making public and transparent decisions.
- Keeping finances to the highest public standards of accountability and efficiency.
- Collaborating with community partners

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.)**

Fairfield County has a total area of 505 square miles and is positioned between Columbus and Ohio's rural Appalachian region. Although not officially part of the state or federally-defined Appalachian region, certain areas of Fairfield County bear a distinctly Appalachian feel in both physical geography and demographics. As a bridge between the Columbus Metropolitan area and Appalachian Ohio, Fairfield County encompasses some of the strengths and challenges of both areas.

The 2012 U.S. Census population estimate for Fairfield County is 147,474 persons. Fairfield County is home to the communities of Amanda, Baltimore, Bremen, Canal Winchester, Carroll, Lancaster, Lithopolis, Millersport, Pickerington, Pleasantville, Rushville, West Rushville and Stoutsville. Surprisingly, small pieces of Columbus and Reynoldsburg spill into Fairfield County. The cities of Lancaster (38,880) and Pickerington (18,692) are the two largest populated cities in Fairfield County¹. Located in the northwest corner of Fairfield County is Violet Township which abuts Franklin County. Violet Township has a total population of 39,165², which includes the city of Pickerington. Fairfield County is among the top-five fastest growing counties in the state.

The number of children under the age of 5 is slightly higher in Pickerington (8.0%) and Lancaster (7.5%) than it is in Fairfield County as a whole (5.9%) or the State of Ohio (6.0%). Pickerington's population tends to be younger with 33.3% of persons under the age of 18 and only 6.8% aged 65 and older. Rates of persons younger than age 18 are similar across Lancaster (24.0%), Fairfield County (25.2%), and the State of Ohio (23.7%). Percentage of persons aged 65 and older is slightly higher in Lancaster (15.7%) than in Fairfield County as a whole (13.5%) and the State of Ohio (14.1%).

Fairfield County is now much more ethnically diverse than in previous decades: White (90.2%), African-American/Black (6.5%), Hispanic or Latino (1.9%), Bi-racial/Multi-racial (1.9%), Asian (1.2%), and American Indian/Alaskan Native (0.2%), and White persons not Hispanic (88.6%). Pickerington's ethnic diversity more closely follows that of the State of Ohio: White (80.1% vs. 82.7%), African-American/Black (13.0% vs. 12.2%), Hispanic or Latino (2.5% vs. 3.1%), Bi-racial/Multi-racial (3.1% vs. 2.1%), Asian (2.9% vs. 1.7%), American Indian/Alaskan Native (0.2% vs. 0.2%), and White persons not Hispanic (78.4% vs. 81.1%). Lancaster remains predominantly White (95.9%), followed by: Bi-racial/Multi-racial (1.7%), Hispanic or Latino (1.6%), African-American/Black (1.0%), Asian (0.5%), and American Indian/Alaskan Native (0.3%). Ninety-five (95%) of White persons are not Hispanic in Lancaster.

Analysis of educational statistics shows that Fairfield County has a higher percentage of high school graduates of persons aged 25 and older than the State of Ohio (91.7% vs 88.2%) and a negligible amount more of persons aged 25 and older who hold a bachelor's degree than the State of Ohio (25.8% vs 24.7%). Large differences exist between percentage of persons aged 25 and older who are high school graduates (87.0% and 97.9%) and persons aged 25 and older who hold a bachelor's degree (15.4% vs. 40.1%) in Lancaster and Pickerington, respectively.

The Fairfield County workers, ages 16 and over, average 26.6 minutes each day in commute time. Residents in Lancaster (24.5 minutes) average slightly less time in traveling to work. The average commute time for the State of Ohio as a whole is 22.9 minutes. Dramatic increases in fuel costs that have far outpaced wage increases are cause for concern to Fairfield County's community workforce.

As of November 2013, the non-seasonally adjusted unemployment rates in Fairfield County and Ohio were 6.1% and 7.1%, respectively³. These figures do not reflect persons who are no longer counted in the unemployment rates (for example, due to exhaustion of unemployment benefits). The percentage of persons below poverty in Fairfield County was 11.4% (2008-2012). Household incomes are lower in the city of Lancaster (\$21,463) than Fairfield County (\$58,971) as a whole. Historically, the vast majority of Fairfield County residents seeking public behavioral health services have lived in the Lancaster area.

It is important to note that all Fairfield County median owner occupied home values decreased: Lancaster from \$124,100 (2006-2010) to \$118,300 (2008-2012); Pickerington from \$188,500 (2006-2010) to \$184,500 (2008-2012); and the county as a whole (\$167,200 to \$166,200). The rate of home ownership across the county has also declined from 75.8% (2006-2010) to 73.8%; this is higher than the state homeownership rate of 68.0%. The Pickerington home ownership rate (73.8%) is substantially higher than that of the City of Lancaster (55.8%).

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)**

In the Fall of 2013, the ADAMH Board sought to develop an approach to funding that meets community needs, fulfills state strategies, and creates a formula that can be applied to the allocations process that is replicable and fair. To achieve this, the Board embarked on a planning process that assessed the needs of the community and created a funding model for both short-term and long-term allocations.

Board staff managed the data collection process through a series of 17 focus groups, agency input, and community surveys. The Board also engaged with OrangeBoy, Inc., a consulting firm in Columbus, to analyze the data and discern identified areas of priority. OrangeBoy supplemented data collection efforts with staff and agency director meetings, creation of a Thought Leader Survey, and analyzing other community and state data about trends affecting mental health and addiction. Summary reports from data collection efforts and committee meetings are available from the ADAMH Board.

The planning process benefited from other research, including the Fairfield County Health Assessment, completed in 2013, and a review of other plans from neighboring ADAMH Boards. The planning process also takes into account changes at the state level with the merging of the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), and Ohio Department of Mental Health (ODMH), into the Ohio Department of Mental Health and Addiction Services (OMHAS). OMHAS completed its strategic plan in 2013, and those strategies provide a guide for priorities at the local level.

The result of this planning effort culminated in the development of four funding categories. The first category, Ongoing Need, addresses the holistic needs of a small but critical audience in the community suffering from persistent and severe mental illness. The second category is Transitional Need, in which those with acute mental health or addiction issues can be served. The third category funds prevention and awareness efforts to serve the broader community. Finally, Capacity Building allows the Board to fund efforts to improve efficiencies and serve more people through improvements made with process change, professional development, or technology. These categories take into account the needs identified through the data collection process, as well as maintaining the core of ADAMH Board services.

Locally, there were several themes that emerged from the conversations, surveys, and facilitated discussions. These include:

- The community serves a small but core audience with severe and persistent mental illness. It was deemed critical that current funding continue, as well as expanding funding in areas that help with basic needs, namely housing and other supportive services.
- There is a growing number of individuals and families in a mental health or substance abuse crisis who lack the financial resources for services. Many of these individuals have jobs but may lack health insurance. In fact, the local behavioral risk survey conducted by the Fairfield Medical Center identified that the number of individuals that lack health insurance doubled in the past three years, from 8% to 16% of the Fairfield County population. There is also recognition that Medicaid expansion will help some of these individuals, but changes in healthcare reform could make the situation more severe for others because they may sign up for health insurance, but the deductibles and other out-of-pocket costs may be cost prohibitive for services. The need for sliding fee scales and other ways to offset the costs for this underserved population is critical.
- There is an increasing awareness of addiction issues in the community. There seems to be an increasing realization that for many who face these issues, it requires treatment to overcome the affliction. Due to heightened media attention locally and nationally about addiction to heroin and other opiates, the community strongly identified the need for detoxification and in-patient treatment facilities, though such services are unrealistic because of the size of the community.
- The community wants more broad-based services. This entails expansion geographically, including faster growing parts of the county such as Pickerington, as well as more drug and alcohol prevention, bullying, and suicide prevention efforts for youth. This is also seen as essential to increase the visibility of the ADAMH Board for continued local support through the levy.

The following sections identify the needs based on the frequency, intensity and community impact identified from data collection efforts, and they are categorized to align with the funding categories identified later in the report.

Severe and Persistent Mental Health

- Availability of services, wait times, availability of counselors and psychiatrists, availability of child psychiatrists
- Treatment for stabilizing AOD/MH issues
- Housing (Transitional, Halfway house, permanent/supportive, Pearl House especially for opiate addiction)
- Supportive services to help SMD/SED live in community rather than institution (employment, respite, etc.)
- Support for families of people with ongoing needs

Mental Health and Addiction Services

- Residential treatment- detox facilities
- Funding for those who lack resources or do not qualify for Medicaid
- Psychiatric counseling availability
- Crisis Intervention, counseling for teens
- Follow up after treatment
- Transportation issues
- Community/Family support (daycare during treatment was specifically mentioned as an issue)

Other Ongoing and Unmet Needs Mentioned in Focus Groups and Surveys:

- Drug Court Programs (funding)
- Sliding fee updates
- Support groups for addicts and families
- Home-based services
- Child psychiatrists
- Medication management
- Training for teachers
- Hospitalization
- Prevention - coping skills
- Intensive outpatient
- Counseling at schools
- Dual Disorder treatment
- Batterer intervention group
- Crisis intervention for someone not suicidal
- Substance abuse intervention
- Depression counseling
- Therapeutic mentoring
- Early childhood mental health

Broad-Based Community Support

- AOD prevention
- Suicide prevention
- Anti-Bullying prevention
- Coping and life skills
- Mental health education
- Mental Health First Aid
- CIT Training, "gatekeeper" training with key groups (schools, physicians, law enforcement, etc.)
- Trauma Informed Care

Capacity-Building/Innovations

- Integrated care across Mental Health/Addiction and Medical Health Community
- Embed clinicians in medical practices
- Centralize intake process
- EMR Implementation
- Professional Development for agency staff
- System integration (web portal for patient look-up, encrypted email system for transferring confidential records)
- Telemedicine hardware/software
- Hardware Updates for agencies
- Mobile devices (tablets) for case managers
- Video conferencing with state hospital
- Establish standards/incorporate quality control for consistency across system
- Support ways to enroll newly eligible in Medicaid
- HIPAA compliant encrypted e-mail

A more detailed summary of the funding model proposed by OrangeBoy is below:

The funding categories that have been created provide a simple approach to a complex system, allows for a long-term approach to addressing the community's needs, and allows for flexibility.

Category 1 – Ongoing Need

Definition: Funds those with severe and persistent mental health and AOD issues. Funding is holistic, serving both therapy and case management needs, as well as supportive services

Population(s): Individuals, adult, adolescent or child, who are experiencing severe mental illness.

Category 2 – Transitional Need

Definition: Funding for this category is for those who face needs for mental health and AOD issues that are immediate, but not generally ongoing. It would include assessment and other diagnostic tools, as well as therapy and other treatment. It also provides funding for serving a population that lacks their financial resources or third party payer, such as low-income workers who do not have insurance.

Population(s): Persons in crisis or in immediate need of assistance either for mental health or alcoholism/chemical dependency, particularly those without insurance or those who have limited coverage

Category 3 – Broad-Based Community Support

Definition: This category serves the broader community to increase education and reduce stigma about mental health and AOD issues, as well as providing prevention services to youths in the county. It includes such programs as mental health first aid, CIT Training, and school prevention programs.

Population(s): Adults, Adolescents and Youth who would benefit from programming that addresses the prevention of and education about alcoholism/chemical dependency, as well as other related issues.

Category 4 – Capacity Building/Innovations

Definition: This category provides the resources to partner clinical agencies and other service providers to build capacity and efficiencies in order to serve more people. It could include initiatives such as process improvement, business model planning, technology and automation, and outcome development. Projects that benefit the system as a whole should be given priority, and smaller, agency-specific needs could be addressed as funding allows.

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).**
(Local System Strengths are identified in Appendix 2 as: Resources, knowledge and experience that is readily available to a local system of care.)

- Community collaboration and support

The community as a whole has a "working together" approach to solving community problems/needs. This will be further discussed in below Section 7.

- Diversity of knowledge/experience among ADAMH Board Members, providing informed and thoughtful leadership to the local behavioral healthcare system

ADAMH Board Members continue to provide a diverse wealth of knowledge and experience in a variety of subject matter areas, providing informed and thoughtful leadership to the local behavioral healthcare system.

- Knowledgeable and experienced workforce

The Fairfield County ADAMH Network of Care agencies have a highly knowledgeable and experienced workforce that is dedicated to serving persons with mental health and addiction disorders.

- Principled decision making

The funding model developed by OrangeBoy, Inc. in the Fall, 2013 provides a way for the ADAMH Board to better operationalize funding allocations consistent with the Macro-Allocation Analogue provided in 2011 by bio-ethicist Dr. Gillette.

- Community Integration

ADAMH Board Staff participate in and provide leadership to a wide range of state and local committees and coalitions.

- Research, program evaluation, and data analysis capabilities

Research and evaluation is an area of special interest for the Fairfield County ADAMH Board. Administrative staff of the Board are thoroughly grounded in research principles and methodology and use research and evaluation technology in the management and evaluation of funded services.

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

Fairfield County ADAMH Board and Staff are pleased to be of help to other boards and/or the state departments as often as it is feasible so to do.

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).

(Local System Challenges is identified in Appendix 2 as: Resources, knowledge and experience that is not readily available to a local system of care.)

- Environmental changes
Preserving core mental health/alcohol/other drug services and promoting stability of the behavioral health care system amid the turbulent environment is of concern. The Affordable Care Act has created a profound change in the environment of healthcare and behavioral healthcare service delivery and the positive effects and unintended consequences have not yet been fully realized.
- Capacity building /Innovations
Given the declining funding to the mental health and alcohol/other drug system over the years since the Mental Health Act of 1988, capacity building within the system has lagged. Infrastructure areas such as organizational space, technology advancements and automation, clinician training, business model planning, and outcome development have been pared back.
- Safe, decent affordable housing
There is a lack of safe, decent, affordable housing in Fairfield County.
- Lack of access to medical and dental care for persons with Medicaid coverage
Although increased numbers of persons have Medicaid coverage, medical and dental providers who accept Medicaid coverage as payment are in short supply.

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

- Environmental changes

It is hoped that the Affordable Care Act and the expansion of Medicaid will: 1) provide access to behavioral health treatment for those who had limited access in the past, and 2) allow funds currently used for persons without insurance coverage to be channeled to provide support services not available in sufficient quantities if they are available at all. We are learning that although persons may now have health insurance, extremely high deductibles and co-pays may essentially render the person or family medically indigent for behavioral health services.

- Capacity Building

Lack of adequate capacity results in less efficiency and less effectiveness in service delivery. It can also serve as a barrier to other opportunities for system improvement. Current capacity is insufficient to readily accommodate the anticipated influx of additional new persons to be served as a result of Medicaid expansion.

As a result of the Fall, 2013 Needs Assessment, it was determined that a portion of Board funds will be targeted towards advancements in capacity building. This category of funding will provide the resources to partner clinical agencies and other service providers to build capacity and efficiencies in order to serve more people. It could include initiatives such as process improvement, business model planning, technology and automation, and outcome development. Projects that benefit the system as a whole will be given priority, and smaller, agency-specific needs could be addressed as funding allows.

Although options to build capacity are only in the early stages of exploration, several initial items to address were identified:

- **Technology**

Board and Clinical Contract Agency Staff have identified several areas of technological investment that will increase collaboration among the clinical behavioral healthcare providers and between the clinical behavioral healthcare providers and physical healthcare in the community, increase efficiency in service provision, and bring agencies into compliance with the electronic health record mandate of the Affordable Care Act. These include, but are not limited to:

- Video-Conferencing Capabilities
- Telemedicine Capabilities
- Electronic Health Records

- Specialized clinical expertise

Clinicians in the local ADAMH Network of Care have substantial knowledge and experience. However, funding for clinician training has been relegated to a lower priority in deference to the need to provide services. Many new evidenced-based practices have emerged that can increase the efficiency and effectiveness of services.

- Safe, decent affordable housing

A person in recovery who does not have safe, decent, affordable housing faces a significant barrier in his/her journey to successful recovery. While not a clinical service, having or not having adequate housing can significantly impact the outcome of a clinical service.

- Lack of access to medical and dental care for persons with Medicaid coverage

Unresolved medical issues can be an impediment to a person in recovery, potentially resulting in sub-optimal clinical outcomes.

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

The Fairfield County ADAMH Board requests, and is appreciative to receive, assistance from other boards and state departments as issues emerge. Typically, assistance is requested and received at the time a concern arises.

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 ADAMH Network of Care providers have participated in many opportunities to develop cultural competence to interact more effectively with people of different cultures and backgrounds. It is the Board's intent to create awareness of various cultures and increase positive attitudes. In obtaining knowledge of different cultural practices, it is believed clinicians and caregivers are able to practice from a broader worldview. We foster and encourage the development of increased skills in cross-cultural competence which results in a better ability to understand, communicate with, and interact with people across cultures.

The cultural competence of the Fairfield County ADAMH Board's provider network is measured by consumer responses to the adult (MHSIP) and family (Youth Satisfaction Survey – Family) client satisfaction survey question: there is a specific question that asks about the cultural competence of staff. Agencies that do not meet expected cultural competence thresholds will provide the Board with a quality improvement plan.

My LearningPointe is an online training tool purchased by the ADAMH Board for its provider network of care. This includes modules on cultural competence.

Finally, local implementation of the SPF-SIG grant is scheduled to include trainings on cultural competence in working with transition age youth, ages 18 to 25.

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.

Please see the tables on pages 19 to 28.

Priorities for Fairfield County ADAMH Board				
Substance Abuse & Mental Health Block Grant Priorities				
*Priorities Consistent OHIOMAS Strategic Plan				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
1. SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	1. To decrease the incidence and prevalence of intravenous/injection drug use (IDU).	1(A) Explore feasibility of implementing AOD ambulatory detox for persons with Opiate addiction 1(B) Increase AOD services in Northern Fairfield County by opening a clinic in Pickerington.	Conclusion of ambulatory detoxification feasibility study. If yes, implementation dependent upon the availability of funds. Pickerington Alcohol/Other Drug Clinic will be operational no later than June 30, 2014.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
2. SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	2. To evaluate and strengthen the referral and treatment of women who are pregnant and have a substance use disorder.	2(A) Collaborate with community partners in the Early Prenatal Care Meetings. 2(B) Evaluate and strengthen the mechanisms to identify, refer, and treat women who are pregnant and have a substance use disorder,	ADAMH Board representation at Early Prenatal Care meetings. Hold a training for Fairfield County physicians and other healthcare providers. Produce a brochure that facilitates healthcare providers can use to make referrals.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
3. 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)	3. To ensure that parents with substance abuse disorders who have dependent children receive timely assessments.	3. Continue working with The Recovery Center, Child Protective Services, Family Drug Court, and Mid-Ohio Psychological Services to assure assessments are produced no later than 60 days after the date of request.	# Days to provide requested diagnostic assessment reports to Children's Services and Courts.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
4. SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases	4. To ensure persons with tuberculosis and other communicable diseases receive referrals for medical treatment from the mental health/addiction service providers.	4. Collaborate with ADAMH Network of Care providers to establish systematic collection of referrals for communicable diseases.	# Referrals for communicable diseases by type of disease.	<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
<p>5. MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<p>5. To assure children with serious emotional disturbances (SED) have access to an array of core and specialized services.</p>	<p>5(A) To assess on an ongoing basis the adequacy of capacity for the ADAMH Network of Care to provide core services/supports, with services/supports expanded as funding permits.</p> <p>5(B) Evaluate training needs of child/adolescent therapists. Provide training as funds permit.</p> <p>5(C) Collaborate with Multi-System Youth Committee partners to plan services for high need youth served by multiple community agencies and fund as resources permit.</p> <p>5(D) Continue to implement the Early Childhood Mental Health (ECMH) Training Grant.</p>	<p># Children with SED receiving services by service type and frequency.</p> <p># by type of services/supports available through the ADAMH Network of Care.</p> <p># of clinicians in need of training by training type.</p> <p># of clinicians trained by training type.</p> <p># Children served and types of services received in partnership with the Multi-System Youth Committee.</p> <p>ECMH Grant implementation meets all ongoing requirements.</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
<p>6. MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<p>6. To assure adults with serious and persistent mental illness (SPMI) have access to an array of core and specialized services.</p>	<p>6(A) To assess the adequacy of capacity for the ADAMH Network of Care to provide core services with services expanded as funding permits.</p> <p>6(B) Evaluate training needs of adult therapists. Provide training as funds permit.</p>	<p># Adults with SPMI receiving services by service type and frequency.</p> <p>Number and type of Services/supports available through the ADAMH Network of Care.</p> <p># of clinicians in need of training by training type.</p> <p># of clinicians trained by type of training.</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

Priorities	Goals	Strategies	Measurement	Reason for not selecting
7. MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	7. To integrate public behavioral healthcare with primary healthcare services.	7(A) Initiate discussions with the local Federally Qualified Health Center. (FQHC) about service integration. 7(B) Develop a plan to initiate integration of behavioral healthcare with primary healthcare services. 7(C) Initiate a pilot project if funding permits.	Discussion(s) with the local FQHC. Production of integration plan. Creation and implementation of a pilot project if funding permits.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
8. MH&SAPT-BG: Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	8. To assure persons in recovery have access to an array of recovery support services.	8. To assess on an ongoing basis the adequacy of capacity for the ADAMH Network of Care to provide recovery supports, with recovery supports expanded as funding permits.	# persons with mental health or substance use disorders receiving support services by type and frequency of service. Number and type of recovery supports available through the ADAMH Network of Care.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
9. Treatment: Veterans	9. Treatment for both mental health and alcohol/other drug disorders is available to Veterans.	9(A) ADAMH Network of Care Agencies will serve Veterans. 9(B) ADAMH Network of Care Agencies will continue to identify and refer Veterans to specialized services at the Veteran's Clinic(s) as appropriate.	# Veterans served within the ADAMH Network of Care. # Veterans referred to Veteran Administration	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
10. Treatment: Individuals with disabilities	10. To provide services to persons with disabilities.	Collaborate with local agencies that provide services to persons with disabilities in the community (for example: Southeastern Ohio Center for Independent Living (SOCIL), Fairfield County Developmental Disabilities (DD), and so forth).	Documentation of meetings.	<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**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p>11. Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*</p>	<p>11. To decrease the incidence and prevalence of illicit drugs such as heroin and non-medical use of prescription drugs.</p>	<p>11(A) Explore feasibility of implementing AOD ambulatory detox for persons with Opiate addiction.</p> <p>11(B) Increase AOD services in Northern Fairfield County by opening a clinic in Pickerington.</p> <p>11(C) To continue to work with state and local opiate task force groups.</p>	<p>Conclusion of ambulatory detoxification feasibility study. If yes, implementation dependent upon the availability of funds.</p> <p>Pickerington Alcohol/Other Drug Clinic will be operational no later than June 30, 2014.</p> <p>Meetings attended</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>12. Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*</p>	<p>12. Increase housing opportunities for persons with mental illness and/or addiction in need of permanent supportive housing</p>	<p>12(A) Coordinate ADAMH Housing Plan efforts with the Fairfield County Housing Coalition.</p> <p>12(B) Provide specialized case management expertise to ADAMH Network of Care agencies to address barriers to persons in recovery obtaining/maintaining successful housing.</p> <p>12(C) Current mental health housing will be assessed to determine need(s) for repair and renovation. Fund repairs and renovation as funding is available.</p>	<p>Develop a Housing Plan for Fairfield County ADAMH Network of Care.</p> <p># persons served by ADAMH Network of Care referral source</p> <p># and types of barriers addressed</p> <p>Repairs and renovations needed. Repairs and renovations completed.</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>13. Treatment: Underserved racial and ethnic minorities and LGBTQ populations</p>				<p><input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>

Priorities	Goals	Strategies	Measurement	Reason for not selecting
14. Treatment: Youth/young adults in transition/adolescents and young adults	14. To increase ADAMH Network of Care effectiveness of providing services to 18 to 25 year olds.	14(A) To increase ADAMH Network of Care and community understanding of providing services to 18 to 25 year olds by providing education on serving this age group through YAPI coalition. 14(B) To determine feasibility of participating in ENGAGE project. Participation in ENGAGE if indicated.	# trainings provided Conclusion of feasibility determination. Participation in ENGAGE if indicated.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
15. Treatment: Early childhood mental health (ages 0 through 6)*	15. To increase ADAMH Network of Care capacity and effectiveness in providing services to children ages 0 to 6.	15(A) Evaluate training needs of child serving therapists. Provide training as funds permit. 15(B) Include expanded early child mental health services in prevention and intervention plan (below) and fund as resources permit.	# trainings provided Conclusion of feasibility determination. Participation in ENGAGE if indicated.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
16. Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure	16. Develop an integrated and comprehensive mental health and alcohol/other drug prevention plan for the ADAMH Network of Care	16(A) Assess current efforts and activities. 16(B) Identify gaps and priority prevention services to be funded.	Completed integrated and comprehensive mental health and alcohol/other drug prevention plan for the ADAMH Network of Care.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
17. Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*	Included in the development of the prevention plan discussed in above #16.	Included in the development of the prevention plan discussed in above #16.	Included in the development of the prevention plan discussed in above #16.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
18. Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices	Included in the development of the prevention plan discussed in above #16.	Included in the development of the prevention plan discussed in above #16.	Included in the development of the prevention plan discussed in above #16.	<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
19. Prevention: Promote wellness in Ohio's workforce	Included in the development of the prevention plan discussed in above #16.	Included in the development of the prevention plan discussed in above #16.	Included in the development of the prevention plan discussed in above #16.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
20. Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*	Included in the development of the prevention plan discussed in above #16.	Included in the development of the prevention plan discussed in above #16.	Included in the development of the prevention plan discussed in above #16.	<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			
Priorities	Goals	Strategies	Measurement
21. Quality Services	21. Enhance the quality and timeliness of services in the ADAMH Network of Care	<p>21(A) Ensure that 90% of persons presenting for outpatient treatment receive an Intake/Diagnostic Assessment within 5 business days of request or referral for treatment.</p> <p>21(B) Ensure that 90% of persons who have received an Intake/Diagnostic Assessment are engaged in ongoing services within 5 business days of intake/diagnostic assessment.</p> <p>21(C) Ensure diagnostic assessment reports are provided to Children’s Services and Courts no later than 60 days after request.</p> <p>21(D) Ensure that all contract agencies have certification through OhioMHAS, CARF, and other accrediting bodies.</p> <p>21(E) Determine if the ADAMH Network of Care has adequate qualified personnel to deliver specialized clinical services being requested. Such as, but not limited to: Early Childhood Treatment, Sex Offender Treatment, Anger Management, Trauma Informed Care, Chemical Dependency, Co-Occurring Disorders, etc.</p> <p>21(F) Prioritize evidence-based practices used and needed in the ADAMH Network of Care.</p> <p>21(G) Develop Crisis Response Trauma Informed Care Capacity.</p>	<p>Audit will reflect appropriate lengths of stay, timeliness of intake/diagnostic assessments, timeliness of onset of actual treatment, etc. (Board Clinical Care Coordinator will audit 10% of records for non-Medicaid consumers in each clinical agency.)</p> <p># Days to provide requested diagnostic assessment reports to Children’s Services and Courts.</p> <p>All contract agencies of the Board provide a copy of all required certifications and licensures for their individual agencies to the Board during annual contracting process.</p> <p>During contracting process each agency will evaluate current number of clients, number of anticipated new clients, and number of anticipated discharges throughout the year.</p> <p>Each agency will determine the number of staff necessary to meet needs of agency including ancillary staff.</p> <p># Persons provided crisis response trauma informed care services by number of hours/services, presenting problem, referring agency, and disposition.</p>

Priorities	Goals	Strategies	Measurement
<p>22. Continuum of Care</p>	<p>To improve a continuum of services and supports for persons with mental health and addiction disorders that promotes ongoing recovery.</p>	<p>22(A) To ensure that core clinical services are available through the ADAMH Network of Care.</p> <p>22(B) Explore feasibility of implementing AOD ambulatory detoxification for persons with opiate addiction.</p> <p>22(C) Increase alcohol/other drug services in Northern Fairfield County by opening a clinic in Pickerington.</p> <p>22(D) To develop and fund an array of services as funds become available.</p> <p>22(E) Explore feasibility of crisis/respice housing.</p> <p>22(F) Provide funds for training in Early Childhood Intervention to appropriate clinical staff.</p>	<p># Served by new OrangeBoy identified funding categories</p> <p># Units of services provided in Med/Somatic, Counseling, CSPT, etc.</p> <p># Crisis Intervention Services including but not limited to Assessment, Hospitalizations, Wrap Around Services, and Volume of telephone calls to Crisis Line.</p> <p>Conclusion of ambulatory detoxification feasibility study. If yes, implementation dependent upon the availability of funds.</p> <p>Pickerington Alcohol/Other Drug Clinic will be operational no later than June 30, 2014.</p> <p># of Housing Units available to persons experiencing severe & persistent mental illness</p> <p># of Housing Vouchers being utilized by SPMI and AOD consumers in treatment</p> <p># Of MH and AOD consumers who were homeless and obtained permanent housing within the year.</p> <p>Conclusion of Crisis/Respice feasibility study. If yes, implementation dependent upon the available funding.</p> <p># of clinicians trained and providing services in ADAMH Network of Care.</p>

Priorities	Goals	Strategies	Measurement
<p>23. Broad Based Community Awareness and Prevention</p>	<p>23. To increase broad-based community awareness and reduce drug/alcohol use</p>	<p>23(A) Collaborate with community partners to identify opportunities for collaboration and resource sharing.</p> <p>23(B) Increase community knowledge and awareness of mental health and alcohol/other drug conditions and foster understanding that recovery is possible.</p> <p>23(C) Develop an integrated and comprehensive MH/AOD prevention plan the ADAMH Network of Care and implement as funds become available.</p>	<p>Continued participation at meetings, continued service on committees, continued demonstrations of leadership by ADAMH Board staff and Board.</p> <p># of Activities presented during Mental Health Awareness Month</p> <p># of Activities presented during Recovery Month</p> <p># of Other Community activities.</p> <p># of News articles in paper</p> <p># of Radio presentations</p> <p># of Persons trained in Mental Health First Aid</p> <p># of Law Enforcement Officers trained in CIT</p> <p># of Youth having received mentoring</p> <p>A comprehensive and integrated Mental Health/Alcohol and Other Drug Prevention Plan has been produced for the ADAMH Network of Care.</p>
<p>24. Capacity of local mental health and addiction service providers.</p>	<p>24. To Increase the efficiency of Clinical contract agencies by providing supplemental capacity building resources.</p>	<p>24(A) Explore the feasibility of using encrypted email.</p> <p>24(B) Use Video conferencing technology.</p> <p>24(C) Explore expansion into Telemedicine</p> <p>24(D) Support clinical contract agencies in efforts to develop electronic records.</p>	<p>Purchase of Encrypted email utilized by Clinical Contract agencies</p> <p>Purchase of video conferencing equipment and services utilized throughout ADAMH Network of Care.</p> <p>Purchase of Telemedicine equipment and service</p> <p>Agencies will report increased quality clinical collaboration among one another and with physicians and other healthcare providers.</p>

Priorities	Goals	Strategies	Measurement
25. Stable funding and support for Fairfield County ADAMH Network of Care.	25. Maintain adequate financial and public support for the mental health system	25(A) Plan for and implement activities necessary to pass local levy. 25(B) Advocate with state and federal authorities 25(C) Update and implement community engagement plan	The levy will pass. Funding and legislation efforts will be recorded by staff and board. Updated community engagement plan is completed. Progress on implementation of community engagement 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) Access to a full range of outpatient treatment services.	It is hoped that the Affordable Care Act and the expansion of Medicaid will: 1) provide access to behavioral health treatment for those who had limited access in the past, and 2) funds currently used for persons without insurance coverage can be channeled to provide support services not available in sufficient quantities or at all. We are learning that although persons may now have health insurance, extremely high deductibles and co-pays may essentially render the person or family medically indigent for behavioral health services.
(2) Access to a full range of residential and inpatient treatment services.	It is hoped that the Affordable Care Act and the expansion of Medicaid will provide access to behavioral health treatment for those who had limited access in the past. We are learning that although persons may now have health insurance, extremely high deductibles and co-pays may essentially render the person or family medically indigent for behavioral health services.
(3) Access to a full range of broad based community education and supports.	A comprehensive, integrated mental health and alcohol/other drug community prevention plan can be helpful in systematically reducing the incidence and prevalence of drug use, provide earlier intervention into children’s mental health disorders, and also assist in case finding so that persons in need of treatment can be encouraged to receive needed services. Stigma was frequently mentioned as a barrier to persons’ willingness to engage in treatment. Board based community education can help to break down stigmatizing attitudes.
(4) Increase use of evidence-based practices.	Evidence-based practices can increase the efficiency and effectiveness of treatment services. However, the cost to implement an evidence-based model to fidelity is often cost-prohibitive.
(5) Access to housing.	Persons with mental health and alcohol/drug disorders are frequently challenged with maintaining safe, decent, affordable, stable housing. Lack of such housing can exacerbate any disorder and be a barrier to recovery. Expanded housing options could promote higher levels of recovery.
(6) Access to healthcare.	Persons with serious and persistent mental illness and other disorders frequently experience higher rates of co-morbid medical problems resulting in a shortened life span. Having adequate access to medical care can reduce co-morbid health concerns. Health care providers who accept Medicare and/or Medicaid are becoming increasingly difficult to locate.
(7) Access to childcare.	When a person receiving services has no/limited access to childcare and must bring the child/children to the behavioral health appointment, it compromises effective diagnostic assessment and treatment. It is difficult for adults to talk candidly with a counselor when his/her children are present.
(8) Access to transportation.	Systematically available transportation 24/7 is not available unless a person has personal transportation. Those without personal transportation are limited in the services/supports they may be able to access.

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 ADAMH Board has appreciated partnering with other organizations to achieve the following:

- Fairfield Mental Health Consumer Group (FMHCG) is now operating again out of the Center of Hope (building that was purchased with capitol grant for this purpose). FMHCG manages the building and provides all daytime programming.
- The ADAMH Board, The Recovery Center, the Fairfield Mental Health Consumer Group (FMHCG), and the Southeastern Ohio Center for Independent Living (SOCIL) developed and implemented the Fairfield County Photography Project (based upon the Athens Photography Project). Eight (8) persons with severe and persistent mental illness and/or substance abuse disorders completed the initial course. Consumer photography was included in the ADAMH Board's display for the 2013 Lancaster Festival Art Walk. A grant from the Fairfield Foundation was received to produce a book with recovery stories and photographs.
- The Bridges Out of Poverty Initiative in which ADAMH is a partner has provided BOP training to 60 community partners, and the Getting Ahead curriculum was provided to 120 individuals. The combining and matching of Getting Ahead graduates with community partners allowed the initiative to provide weekly dinners and foster relationship development between partners and GA graduates. The first year of the initiative has been successful and we are now entering into the second year.
- The Fairfield County Opiate Task Force developed a messaging platform to assure information disseminated in the community that had to do with prescription drug abuse/heroin was balanced with positive messages on the progress made and perspective about the actual scope of the problem.
- Housing Coalition conducted two point in time surveys and updated the 10 year plan to end homelessness.
- The first year of the OMHAS Early Childhood Mental Health regional training grant with New Horizons Mental Health Services was implemented.
- The ADAMH Board and Network of Care Agencies re-established the ADAMH Board's Annual Dinner.
- Offered 2 Mental Health First Aid trainings to Fairfield County residents in partnership with the Southeastern Ohio Center for Independent Living (SOCIL).
- Implemented an OMHAS ReEntry Grant in collaboration with New Horizons Mental Health Services and the Fairfield County Re-Entry Coalition.
- Collaborated with the ReEntry Coalition to apply and receive a Dual Diagnosis Substance Abuse Treatment Grant.
- Jointly offered with The Recovery Center a Gambling Treatment Training to Fairfield County clinicians.

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- Collaborated with The Recovery Center, the Opiate Task Force, and other key community partners, along with the National Center for State Courts to submit and receive a Harold Rogers Prescription Drug Grant application.
- Continued collaboration with the Family, Adult, and Children First Council and the Young Adult Prevention Initiative to implement the final year of the SPF-SIG Grant.
- Collaborated with ADAMH Network of Care Agencies to hold two Recovery Picnics.
- Collaborated with New Horizons Mental Health Services to obtain and implement an Early Child Mental Health Training Grant.
- Offered two Gambling Trainings in collaboration with The Recovery Center: 1) Community as a whole, and 2) clinicians.
- Fairfield Medical Center (FMC), The Opiate Task Force, and The Recovery Center collaborated to offer trainings on Workplace Substance Abuse to healthcare workers.

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 Fairfield County ADAMH Board utilizes Appalachian Behavioral Health (ABH) and Fairfield Medical Center (FMC) for inpatient psychiatric treatment. In FY 2013 there 137 admissions to ABH and 87 ADAMH Board funded admissions to FMC. These numbers primarily represent consumers who do not have insurance/resources; however, there are occasions in which insured consumers are admitted to ABH.

It is anticipated that SFY 2014 and SFY 2015 will experience similar numbers or a slight increase due to decrease in number of insured beds as well as an increase in service demand. It is the intent of the ADAMH Board to send all individuals experiencing their first episode requiring admission for psychiatric hospitalization to Fairfield Medical Center, to the extent resources are available, to enable families and other supports to be more readily available to participate in the recovery process.

In SFY 2013 the Board created a Crisis Intervention Aftercare program funded with OMHAS Hot Spot dollars that has provided immediate services to individuals who are experiencing acute symptoms but who are not presenting with symptoms of the severity to require psychiatric hospitalization. A counselor meets with these individuals within 24 twenty four working hours for follow up services. Since this inception of this program only one individual utilizing this services has had to subsequently be hospitalized.

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.

The ADAMH Board is engaged in several initiatives that are serving to increase its efficiency and effectiveness in a number of areas:

10(1) The Fairfield County ADAMH Board began automating the remaining pieces of its financial operations to increase efficiency and effectiveness. The new process is providing contract financial status reports to purchase of service agencies with each invoice the ADAMH Board pays. Implementation of service population codes is being initiated during SFY 2014, with final testing to be completed in the Spring, 2014. This will enable the Board to assure all purchase of service contract dollars are systematically tracked for planning, funding, and outcomes monitoring and reporting purposes.

10(2) The Harold Rodgers Grant from the Bureau of Justice Assistance will: 1) provide 1.5 prevention workers in middle schools (Pickerington and Fairfield Union) and offer services to local Chambers of Commerce, 2) provide 1 full-time equivalent alcohol/other drug treatment counselor in the county jail, and 3) provide a data analyst to gather a wide variety of prescription drug related data for analysis by the community. The National Center for State Courts is providing program evaluation and community mapping of state and local data as it pertains to Fairfield County.

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.

The ADAMH Network of Care does not directly fund or monitor services provided to veterans. However, due to a positive collaborative effort between Lutheran Social Services, the ADAMH Board, and the local Outpatient Veteran's office, we have been able to ensure smooth transitions when veterans approach us for services.

An example is an individual that we will call "Greg." He is a young man and a veteran having served in Iraq. He presented to us through a telephone call. He reported being homeless, unemployed, having a need to work on an addiction, and suffering with some elements of post-traumatic stress. He was linked with one of our network of care providers, Lutheran Social Services. LSS then housed him in the emergency shelter for a week while assessing his needs and forming a positive relationship. He was linked with the local outpatient VA clinic. He was placed into the Arthur Keifer house, a housing project for veterans operated by LSS.

Once he developed some support and was able to maintain sobriety for three months, he was given work with a project that LSS also manages- Patriot Painting company. As of this writing he has been sober a year.

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.

The expansion of Medicaid and the implementation of the Affordable Healthcare Act will, theoretically, give everyone a source of payment for his/her clinical mental health and addiction treatment services. The Fairfield County ADAMH Board, via Public~Private Solutions (PPS), has given each clinical provider a list of those persons served by the agency in the last year who may be Medicaid eligible based upon the income information contained in the enrollment system. As the local public mental health and addiction system transitions from a focus on funding core clinical services to one of funding other important recovery supports (that increase the effectiveness of the clinical services), it is important to sustain and enhance the core clinical service capacity in the community.

The ADAMH Board and ADAMH Network of Care Clinical Service Providing Agencies are looking at ways in which the ADAMH Board can assist in providing resources to sustain and enhance the capacity of the organizations, as a system of care, to more efficiently and effectively serve the current and many newly Medicaid/insurance eligible persons in need of treatment. For example, video conferencing and telemedicine capacity that would enable clients served by two agencies to be seen at only one location is currently in exploration. Specialty training for clinicians in the ADAMH Network of Care Clinical Provider Agencies assures the local community has the breadth and depth of expertise across the network organizations to meet the needs of Fairfield County residents regardless of payer source.

A number of policy issues are emerging that the Board must address in the upcoming months. Two examples include:
 1) Under what circumstances will ADAMH now pay a clinical service claim, given the theoretical universality of coverage for clinical services? Agencies report persons are obtaining insurance, but many of those persons have high deductibles and co-payments. Inequity exists for persons who are income eligible for Medicaid expansion but are not included in the expansion if they receive Medicare – essentially persons who are disabled and/or over 64 years of age. Many adults with severe and persistent mental illness receive social security disability benefits and therefore do not benefit from the additional protection Medicaid expansion provides to those not aged or disabled.

2) How will the ADAMH Board assist Clinical Service Providing Agencies to cover rising costs? Current mechanisms are not optimal in the new environment. What type of models can be developed that benefit the clients, families, and communities? One example, a quarterly grant-in-aid payment, with service level data collected through claims (without payment through claims), coupled with quality/performance measures important to the community (i.e. Length of time to enter treatment, level of client satisfaction, etc.).

3) Development of Supportive Services Current funding is insufficient to fund a full array of supportive services. It is anticipated that the demand for supportive services will increase as a results of Medicaid expansion and ACA implementation. Supportive services will be implemented as funding is available.

The Affordable Care Act and Medicaid Expansion offer new opportunities, but also challenges. The local safety net provided by the ADAMH Board will assist the community in successfully navigating the implementation of these pieces of legislation.

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

None requested at this time.

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

None requested at this time.

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.

¹ Census Data <http://quickfacts.census.gov/>

² Pickerington Sun-Times (June 4, 2013) <http://www.thisweeknews.com/content/stories/pickerington/news/2013/06/04/census-figures-show-city-township-still-growing.html>

³ Ohio Department of Job & Family Services <http://ohiolmi.com/laus/ColorRateMap.pdf>