

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

Environmental Context of the Plan/Current Status

- 1. Describe the economic, social, and demographic factors in the Board area that will influence service delivery. (NOTE: There will be an opportunity to discuss the possible effects of Medicaid expansion upon your local system in Question #12).**

Local Economic Conditions: Licking and Knox Counties have both experienced increases in poverty and significant fluctuations in unemployment during the past five years. For the 2007-2011 period, 13.0% of individuals in Knox County were below the poverty line, up from 10.1% in 2000. Although poverty is slightly lower in Licking County, the upward trend there has been similar; for the same period, 11.6% of Licking County individuals were below the poverty line, up from 7.5% in 2000 (U.S. Census Bureau: 2000 Census and 2010 Quick Facts). The proportion of students who are considered “economically disadvantaged” has risen sharply in all school districts in both counties from 2005 to 2012. By the 2012-13 school year, the two largest districts in the two-county area—Newark City Schools and Mount Vernon City Schools—were experiencing rates of 59.7% and 48.65%, respectively (Ohio Department of Education District Profile Report, 2012). The unemployment rate in both counties has largely tracked the statewide rate, and peaked at 9.6% in 2009 (Knox). In August 2013, the unemployment rate had decreased in both counties, to 6.5% in Knox County and 6.6% in Licking County (ODJFS, Ohio Labor Market Information, Civilian Labor Force Estimates; August 2013 rate is not seasonally adjusted). These statistics indicate an improving economy in both counties, but also indicate a significant number of working poor families.

The number of individuals eligible for Medicaid has risen in tandem with these trends. From 2003 to 2010, there was a 60% increase in the number of individuals receiving Medicaid in Licking County in the Covered Families with Children (CFC) category. The increase was 56% for the same time period in Knox County for the CFC program. The Aged Blind and Disabled category has also seen increases from 2003 to 2010 (33% in Licking, 23% in Knox).

Social and demographic factors: Population growth is an important factor in both Licking and Knox Counties. The total population of each county grew by 11.3% in Knox County and 15.1% in Licking County from 2000 to 2012 (U.S. Census Bureau: 2000 Census and 2010 Quick Facts). As mentioned above, the increase in the number of adults and children living in poverty and receiving Medicaid is also an important demographic factor.

Impact on Service Delivery: These factors present a variety of challenges to MHR, particularly the increase in the size of the population in general, the increase in economically disadvantaged children, and the increase in the Medicaid-eligible population. Based on the application of prevalence data rates from SAMHSA (8.8%), we estimate that 12,325 (Licking) and 4,489 (Knox) residents ages 12+ are substance dependent and in need of substance abuse treatment services. Based on prevalence rates for serious mental illness, we estimate that 7,088 (Licking) and 2,773 (Knox) adult residents are in need of mental health treatment services. The current MHR system of care roughly provides treatment to 1 out of 5 people who are substance dependent and approximately half (46%) of adults with serious mental illnesses. In addition, Knox County residents reported experiencing on average 3 mentally unhealthy days during the past 30 days with Licking County residents reporting 3.6 (*2013 Ohio County Health Ranking and Road Maps*). Evidence of this potential increased need for services is evident in the following trends:

- Increased demand for services: Call for adults services have increased by 41% in comparing fiscal years 2012 and 2013 to fiscal years 2010 and 2011. Call for services for youth have increased 42% between the same comparable years.
- Increased suicide-related calls: The crisis hotline provided by MHR provider agency Pathways has seen a 42% increase in calls from individuals threatening or attempting suicide. This increase is directly related to a suicide prevention and follow-up grant received by Pathways but underscores the need for crisis services for significant numbers of individuals in the MHR service area.

Assessment of Need and Identification of Gaps and Disparities

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gap issues and disparities, if any. (NOTE: ORC 340.03 requires service needs review of: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils; and, (2) outpatient service needs of persons currently receiving treatment in state Regional Psychiatric Hospitals)

MHR has partnered for decades with community providers and other stakeholders in both Licking and Knox Counties to assess needs and identify gaps and disparities. The following summary results of these needs assessments are provided in the chart below grouped by target populations. This chart summarizes the identified needs for which a gap still exists in the behavioral health system in Licking and Knox Counties. The full table which follows identifies and describes needs assessments and key findings dating back to 2007.

Utilization of key findings for planning and service delivery is found throughout the MHR prioritized system of care. Further detail is provided in the Priorities Section.

Mental Health Treatment Needs & Gaps

- Increase availability of school-based mental health
- Strengthen case management (SED & SMI/SPMI) and peer support services (SPMI/SMI) - based on 2010 consumer forums
- Ensure seamless provision of 24-hour emergency services/crisis management
- Improve treatment for co-occurring disorders
- Strengthen the use of trauma-informed treatment practices
- Stabilize the availability of psychiatry
- Family-focused in-home treatment/counseling services

Alcohol/Drug Treatment Needs & Gaps

- Improved engagement and retention of AoD clients in treatment
- Improve treatment for co-occurring disorders
- Expand the availability of detox services and ensure seamless transition from detox to AoD outpatient services
- Develop comprehensive strategies to address opiate addiction including the adoption of best practices related to medication-assisted treatment

Recovery & Wellness Support Needs & Gaps

- Participate in community-based initiatives to address access to recovery/wellness support focused on housing, transportation, employment
- Strengthen the provision and/or availability of appropriate housing options for individuals with MH and SSD issues
- Incorporate nutrition education, tobacco cessation, stress management and other supportive education into recovery supports

Prevention Needs & Gaps

- Early screening and identification of children and adults and early intervention for at-risk children
- Parenting education and support:
 - For both low and high-risk families and availability for parents with children of all ages
 - Designed to increase positive family management
 - Effective early interventions for parents with young children
- Funding of prevention strategies designed to address multiple risk factors and result in positive changes addressing multiple outcome areas
- Funding of interventions that are evidence-based practices/programs based on SAMHSA criteria; interventions that result in behavior change
- Comprehensive prevention plans for both Licking and Knox counties
- Systematic prevention evaluation methods adopted by MHR agencies and coordinated system-wide to link agency prevention outcomes to community changes
- Evidence-based practices that reduce school discipline issues and increase learning time
- Public health strategies addressing youth access to alcohol and tobacco

Administrative and System Needs & Gaps

- MHR System-wide monitoring and reporting methods based on consistently tracked data and meaningful outcomes
- Strengthen evaluation capacity including outcomes management among provider agencies
- Improved application and use of data for planning and assessment purposes
- Use of Prioritization Tiers to direct funding within MHR system
- Workforce stability and training within MHR system
- Support the adoption of trauma-informed environments within all system treatment provider organizations
- Strengthen cross-system collaboration to address needs of high-risk individuals (youth)
- Continue to increase community awareness of behavioral health needs, and services available along with addressing stigma
- Integration of behavioral health and physical health
- Enhance access to universal trauma-informed environments for children and youth
- Address linkage between poverty and behavioral health issues
- Strengthen community-wide support involving diverse community sectors to support behavioral health services

NEEDS ASSESSMENTS Report, Responsible Organization(s) and Date	METHODOLOGY Method and Stakeholders Involved/Number of participants	KEY FINDINGS Including Access Issues, Gaps, and Disparities
<i>SFY13 Year-End Board Performance Target Report</i> , MHR, Oct. 2013	MHR Providers submit quarterly reports regarding access to services and program outcomes.	In addition to identifying several system strengths, this analysis identified the following system challenges: <ul style="list-style-type: none"> ▪ The system continues to need a streamlined monitoring and reporting system based on consistently tracked data and meaningful outcomes. ▪ Workforce availability and stability continues to be a challenge within the system. ▪ AoD treatment system performs well with clients who complete the program, but many clients do not complete their treatment program
<i>Licking and Knox Counties Housing Continuum of Care Groups</i> , Ongoing community housing planning collaborations.	Both groups include representatives including government, housing/homeless advocates, consumer rights, social services and behavioral health services. Groups conduct ongoing planning focused on addressing housing needs.	Needs and Gaps identified: <ul style="list-style-type: none"> ▪ Ongoing issues of homelessness ▪ Lack of shelter for women (both counties) and inadequate capacity to serve women affected by domestic violence ▪ Access to housing is difficult for certain populations (e.g. people in crisis, requirement to adopt an individualized housing plan, etc.) ▪ Changes in housing subsidies requires new strategies for providing stable housing ▪ The HMIS data needs to be aggregated so that it is available for planning purposes.
<i>Annual QA/QI Reports</i> , MHR Provider Agencies, August 2013.	Annual QA/QI reports from each provider agency identify agency service issues and strategies to address issues based on ongoing QA/QI within the agency.	Reinforces need for basic services available through provider agencies <ul style="list-style-type: none"> ▪ Need for monitoring and reporting meaningful measures and outcomes to be consistently reported by each provider agency
<i>Licking County Re-Entry Strategic Plan</i> , MHR, June 2013.	Representatives of government, non-profits and community stakeholders attended 9 planning meetings, 2011-2013.	Needs for successful transition of ex-offenders: <ul style="list-style-type: none"> ▪ Increase capacity of system to fund services for ex-offenders ▪ Identify and implement evidence-based interventions/approaches for service provision to ex-offenders ▪ Increase vocational and employment opportunities and support ▪ Increase safe and affordable housing opportunities ▪ Increase community awareness regarding successful reentry ▪ Establish unified data collection strategies, database, and data utilization procedures
<i>Consumer Advisory Council Meetings</i> , May 2013.	Focus groups with Consumer Advisory Councils representing consumers at The Main Place in both counties.	Needs identified by groups focused on recovery supports: <ul style="list-style-type: none"> ▪ Housing support including availability of decent housing with limited income, addressing stigma, and strengthening consumer skills related to housing ▪ Transportation support including working within constraints of public transportation and increasing options for transportation
<i>Pride Survey of Licking County Youth</i> , 2012-13 School Year, Our Futures, May	Pride Questionnaire for Grades 6 to 12 was administered to students in grades 6, 8, 10,	Survey of 5,639 students in grades 6, 8, 10, and 12 in 11 Licking county school districts found: <ul style="list-style-type: none"> ▪ Alcohol and tobacco use was slightly higher in 10th and 12th grades in Licking County than in the US overall; marijuana use rates are higher in all four grades

NEEDS ASSESSMENTS Report, Responsible Organization(s) and Date	METHODOLOGY Method and Stakeholders Involved/Number of participants	KEY FINDINGS Including Access Issues, Gaps, and Disparities
2013	<p>and 12 in May 2013</p> <ul style="list-style-type: none"> ▪ 11 of the 11 public school districts in Licking County participated in May 2011 ▪ 5,639 students completed the survey in May 201. <p>Survey addresses youth ATOD use and risk/protective factors</p>	<ul style="list-style-type: none"> ▪ Tobacco use is showing an overall decline since 2009 ▪ Alcohol use showed an increase at all grade levels in 2013 ▪ Alcohol was the most commonly used drug among youth, followed by tobacco, marijuana and prescription drugs ▪ Most students believe ATOD use is harmful though the perception of harm from alcohol and marijuana is lower in Licking County than the national rates; responses indicate a decline in the perception of harm of marijuana ▪ Most ATOD use occurs at friends' houses or at home, not in school ▪ Parental monitoring and supervision drops considerably at the high school level ▪ Parental norms against drinking alcohol decrease by the end of high school ▪ Licking County youth are slightly more likely to report that they have ever thought about committing suicide
<i>PRIDE Survey of Knox County Youth, 2012-13 School Year, MHR & United Way, May 2013</i>	<p>Pride Questionnaire for Grades 6 to 12 was administered to students in grades 6, 8, 10, and 12 in May 2013. 2013 results reflect the following:</p> <ul style="list-style-type: none"> ▪ 4 of the 5 public school districts in Knox County participated both years. ▪ 1,098 students completed the survey with a 52% response rate <p>Survey addresses youth ATOD use and risk/protective factors</p>	<p>Survey of 1,098 students in grades 6, 8, 10, and 12 in 4 Knox County school districts found that:</p> <ul style="list-style-type: none"> ▪ Alcohol was the most commonly used drug among youth, followed by tobacco and then marijuana ▪ Alcohol, tobacco, and other drug use (ATOD) was slightly lower in Knox County than in the US overall for 6th, 8th, and 10th graders; ▪ Among users, 65% of students report dangerous use - binge drinking or smoking marijuana to get very high ▪ Based on data, an estimated 600 students in all grades 6th-12th started drinking at age 13 or younger ▪ High school students report easier access to tobacco and alcohol than US peers ▪ Most students believe ATOD use is harmful ▪ Students reporting that parents feel that alcohol use is wrong drops steadily from 6th to 12th grade ▪ ATOD use occurs at friends' houses or at home, rarely at school ▪ 16% of students reported thinking about suicide often or a lot, an increase of 5 percentage points from 2012 ▪ Only 6% of 10th and 12th graders get the recommended 9 or more hours of sleep per night ▪ Relationships with supportive adults who provide clear rules shows the strongest correlation with not using alcohol, tobacco or other drugs
<i>Licking FCFC HB 289 Updated Community Plan for SFY 2014, Spring 2013, Licking Family & Children Frist Council.</i>	<p>Previous plans reviewed and modified by Licking Council.</p>	<p>Identified priorities:</p> <ul style="list-style-type: none"> ▪ Reduce number of children in out-of-home placements through cross-system collaboration ▪ Increase graduation rate through reduction of discipline problems and increasing youth participation in positive school and community activities ▪ Decrease number of child abuse and neglect cases through parent support/education
<i>Knox FCFC HB 289 Updated Community Plan for FY 2014, Spring 2013, Knox Family & Children Frist Council.</i>	<p>Previous plans reviewed and modified by FCFC/</p>	<p>Identified priorities:</p> <ul style="list-style-type: none"> ▪ Improve health and well-being of children 0-6 ▪ Learning opportunities for children 0-6

NEEDS ASSESSMENTS Report, Responsible Organization(s) and Date	METHODOLOGY Method and Stakeholders Involved/Number of participants	KEY FINDINGS Including Access Issues, Gaps, and Disparities
<i>Consumer Satisfaction and Outcomes Survey Results, MHR, August 2013</i>	<p>All mental health and AOD treatment providers participated in administering the following satisfaction and outcome surveys to consumers in May-August 2013: MHSIP (ages 18+), YSS (ages 13-17), and YSS-F (parents of children ages 0-12)</p> <ul style="list-style-type: none"> ▪ Data collection method: in person on site at provider agencies, self-administered paper-and-pencil ▪ Instrument: standardized MHSIP/YSS/F instruments with additional items for assessing National Outcome Measures related to employment/school, housing, and law enforcement involvement ▪ Sampling: MHR identified target sample sizes based on the typical number of clients who visit the agency each week, excluding first-time client visits (95% confidence level, confidence interval of 5). ▪ August 2013: 1067 surveys were completed (809 MHSIP, 152 YSS, and 106 YSS-F) 	<ul style="list-style-type: none"> ▪ Parenting education and activities that promote school success <p>Analysis of MHSIP, YSS, and YSS-F surveys with current consumers in Fall 2013 identified the following:</p> <p>System Strengths</p> <ul style="list-style-type: none"> ▪ Adult ratings of General Satisfaction, Access to Services and Quality and Appropriateness of Services was above the state and national norms for both AoD and MH providers. AoD services were also rated above these norms for Quality of Life-Outcomes, Functioning, and Social Connectedness. ▪ Positive ratings by teens (YSS) of both MH and AoD services was at or above 70% for Quality and Appropriateness of Services, Participation in Treatment Planning, Access to Services, and Cultural Sensitivity. Additionally, both MH and AoD services showed consistent rating improvements between 2012 and 2013. ▪ Parent ratings of MH services for their children indicate that services are at or, in some cases, well above the national and Ohio norms for the domains of Quality and Appropriateness, Participation in Treatment Planning, Access to Services, and Cultural Sensitivity. ▪ Both AOD and MH treatment appears to be associated with a reduction in encounters with the police for both youth and adults ▪ Adult MH and AoD consumers indicate decreased use of alcohol (74% for AoD and 31% for MH) <p>System Challenges</p> <ul style="list-style-type: none"> ▪ Adult ratings of Participation in Treatment were below the state and national norms for both AoD and MH services. Ratings of MH services for Quality of Life and Functioning were between Ohio and national norms. MH Ratings of social Connectedness was below both Ohio and national norms. ▪ About 60-65% of youth report positively about Outcomes. ▪ Parent ratings of MH services regarding Outcomes and Social Connectedness fall between the Ohio and national norms, though Social Connectedness is still rated over 80%. ▪ Although many children and youth indicate improved school attendance, a significant minority indicate worse attendance, particularly those receiving MH services ▪ Employment is a challenge for adult consumers with 33% of AoD respondents indicating that they are actively looking for work and 16% of MH consumers.
<i>Referral Source Satisfaction Survey, MHR, April 2013</i>	<p>63 individuals completed an on-line survey regarding their satisfaction with and perception of services provided by MHR agencies in both Knox and Licking Counties.</p>	<p>Summary of findings:</p> <ul style="list-style-type: none"> ▪ Respondents expressed overall satisfaction with all MHR provider agencies ▪ Respondents rated the effectiveness of adult treatment services higher overall than children's treatment services

NEEDS ASSESSMENTS Report, Responsible Organization(s) and Date	METHODOLOGY Method and Stakeholders Involved/Number of participants	KEY FINDINGS Including Access Issues, Gaps, and Disparities
		<ul style="list-style-type: none"> ▪ Some concerns were expressed about crisis services, access to services, turnover and psychiatric services
<i>Drug Free Communities Grant Action Plan</i> , Knox Substance Abuse Action Team, Feb. 2013.	12-month Action Plan developed by 6-member DFC Committee of KSAAT Coalition to identify strategies and activities to address priority youth alcohol/drug issues in Knox County.	<p>Priority issues included:</p> <ul style="list-style-type: none"> ▪ Establish infrastructure through KSAAT to support long-term commitment to prevent substance abuse, with a focus on youth. Infrastructure will include membership, organizational structure and processes, and focused committees ▪ Reduce access to alcohol, tobacco and Rx drugs ▪ Increase awareness of dangers of ATOD use among youth and parents ▪ Improve access to parent education and support ▪ Enhance access to universal trauma-informed environments for children and youth
<i>Problem Gambling Prevention and Treatment Strategic Prevention Framework Assessment and Planning Process</i> , MHR and Provider Staff, Winter-Spring 2013	The Problem Gambling Plan was built upon the Strategic Prevention Framework (SPF) model for assessment and planning. Need and planning were based on the 2012 Ohio Problem Gambling Prevalence Survey (Kent State University), the Canadian Problem Gambling index used to determine level of risk, and additional community readiness assessment conducted by ODADAS. The SPF was completed by MHR and AOD provider prevention and treatment staff.	<p>Assessment and Environmental Scan of Community Readiness determined:</p> <ul style="list-style-type: none"> ▪ The 18 – 24 age group is estimated to contain the highest amount of at risk (low – medium risk) or problem gamblers. ▪ Licking County residents impacted is estimated at 23,000 (13.8% of total population) either as risk (low – medium) or problem gamblers with Knox County having 18,124 impacted (29% of total population). ▪ Providers receive very few inquiries about gambling issues. ▪ Only one behavioral healthcare professional in both counties qualifies to provide gambling addiction treatment.
<i>Priority Population Tiers for Funding</i> , MHR Staff, November 2012	Analysis of statute and community needs completed by MHR staff.	<p>Tiers were defined and designated by priority populations which served to classify specific services provided by MHR agencies.</p> <ul style="list-style-type: none"> ▪ Tier 1: Crisis Services ▪ Tier 2: High Risk Treatment Services ▪ Tier 3: Moderate Risk Treatment Services ▪ Tier 4: Recovery Supports and Wellness ▪ Tier 5: High Risk Prevention Population Services ▪ Tier 6: Universal Prevention Population Services <p>Recommendations also included designating set-asides for the lower tiers to guarantee base funding for Prevention and for Recovery Supports and Wellness</p>
<i>“Community Readiness Assessment” - Licking County Prevention</i> , MHR, May 2012	Five groups with 20 individuals completed structured interviews assessing community readiness to implement strategies to prevent mental, emotional and behavioral (MEB)	<p><i>Results of the interviews indicated the following:</i></p> <ul style="list-style-type: none"> ▪ Licking County is at the Preparation stage (level 5 of 9) in its readiness to prevent MEB disorders both overall and in the domains of community knowledge of efforts, leadership

NEEDS ASSESSMENTS Report, Responsible Organization(s) and Date	METHODOLOGY Method and Stakeholders Involved/Number of participants	KEY FINDINGS Including Access Issues, Gaps, and Disparities
	disorders.	<p>around issue, and resources for the issue.</p> <ul style="list-style-type: none"> ▪ Community efforts around prevention are at the stabilization stage (level 7) ▪ Community climate and community knowledge about the issue are at the Preplanning level (stage 4)
<p><i>“Community Readiness Assessment” - Knox County Prevention , MHR, March 2012</i></p>	<p>Eight groups with 17 individuals completed structured interviews assessing community readiness to implement strategies to prevent mental, emotional and behavioral (MEB) disorders.</p>	<p>Results of the interviews indicated the following:</p> <ul style="list-style-type: none"> ▪ Knox County is at a Vague Awareness/Pre-planning (level 3.5 of 9) stage in its readiness to prevent MEB disorders both Overall and in the domains of community knowledge of efforts and the issue, leadership around issue, and community climate ▪ Community efforts are at a pre-planning stage (stage 4) ▪ Resources for the issue are at a Vague Awareness (3) stage ▪ Business respondents indicated that alcohol/drug issues are a significant concern in hiring and in retention
<p><i>“Youth Issues Survey”, Community Foundation of Knox County, March 2012</i></p>	<p>642 students from three school districts completed written survey assessing perceptions about youth issues and participation in activities.</p>	<p>Students identified the following as the most important issues or challenges facing the youth of Knox County:</p> <ul style="list-style-type: none"> ▪ Alcohol/drug use ▪ Bullying and discrimination ▪ Stress and career/college pressure ▪ Smoking
<p><i>Knox County Community Health Assessment, Knox County Health Department, January 2012</i></p> <ul style="list-style-type: none"> ▪ <i>Knox Community Assessment Improvement Plan, Knox Health Partnership, June 2013.</i> 	<p>This comprehensive community health assessment included three components:</p> <ul style="list-style-type: none"> ▪ Household survey to assess community strengths and issues; 955 respondents ▪ Key Informant Survey aimed at community leaders; 118 respondents ▪ Business survey assessing strengths and challenges of doing business; 103 responses <p>3 committees of the Health Partnership focused on each of the priority issues and developed a logic model and strategic plan to address each priority issue</p>	<p>Data indicated the following strengths:</p> <ul style="list-style-type: none"> ▪ Supportive community ▪ Community works together on common goals <p>Data also indicated that poverty and economic issues were the most significant issues identified through the Health Assessment. Based on a review of the data, the Community Health Assessment Committee identified three priority issues that could be addressed through community-wide initiatives: Alcohol, tobacco and other drug use; Mental health problems; and obesity. Subsequently, three committees were formed:</p> <ul style="list-style-type: none"> ▪ Obesity ▪ Prevention (addressing both alcohol/drug prevention and mental health promotion) ▪ Intervention (address alcohol/drug and mental health intervention strategies) <p>Intervention Team</p> <ul style="list-style-type: none"> ▪ Stigma ▪ Adoption of evidence-based strategies to identify behavioral health care issues (Kids’ Mobile Crisis Tem, Mental Health first Aid) ▪ Information and education of community regarding behavioral health

NEEDS ASSESSMENTS Report, Responsible Organization(s) and Date	METHODOLOGY Method and Stakeholders Involved/Number of participants	KEY FINDINGS Including Access Issues, Gaps, and Disparities
		Prevention Team <ul style="list-style-type: none"> ▪ Promoting nurturing families ▪ Parent education/support <ul style="list-style-type: none"> ○ Expanded programming and reach of parent programs ▪ Trauma-informed care and environments <ul style="list-style-type: none"> ○ Targeted training for educators, case workers, and clinicians
<i>Prevention Priority Populations</i> , MHR, December 2011	Licking and Knox Counties each hosted two community meetings involving 39 (Licking) and 33 (Knox) participants. Stakeholders included key government, business, and organizational leaders. Participants identified ethical values and priority populations to guide funding decisions about prevention services.	Licking County priority prevention populations identified: <ol style="list-style-type: none"> 1. Ages 5-12, universal 2. Ages 0-5, high-risk 3. Ages 5-12, high-risk 4. Ages 13-18, high risk 5. Ages, 13-18, high risk Knox County priority prevention populations identified: <ol style="list-style-type: none"> 1. Ages 0-5, high risk 2. Ages 5-12, universal 3. Ages 5-12, high-risk (Stakeholders identified universal prevention targeting 0-5 as top priority, but determined that this population cannot be readily reached).
<i>Prevention Agency Capacity Assessment</i> , MHR, September 2011	Interviews conducted with key prevention staff at each of the three primary MHR-funded agencies providing prevention services.	Key findings included the following: <ul style="list-style-type: none"> ▪ Agencies and prevention programs are well established in their communities and have substantial prevention expertise ▪ Agencies are in the process of adopting and strengthening evidence-based programming ▪ Agencies have difficulty planning for prevention without a comprehensive prevention plan for the Board area ▪ At an agency level, prevention evaluation and evaluation systems are weak
<i>Licking County Community Health Improvement Plan</i> , Licking County Health Dept., 2011 <ul style="list-style-type: none"> ▪ <i>Licking County Behavior Risk Factor Surveillance System (BRFSS) Survey</i>, Licking County Health Department, 	Health Department facilitated a community-driven public health strategic planning process to prioritize public health issues and identify resources. Telephone survey of 583 Licking County adults to identify key health-related issues in the community.	Behavioral health issues identified in the CHIP included: <ul style="list-style-type: none"> ▪ 3 of the top 6 identified health issues related to substance use – drug use, tobacco use, and alcohol use ▪ Tobacco use and exposure was identified as the second highest priority for the county Behavioral health data included the following: <ul style="list-style-type: none"> ▪ 28.3% indicated that their mental health was not good on at least one of the past 30 days ▪ 24.6% reported feeling down, hopeless, or depressed on one or more days during the last 2

NEEDS ASSESSMENTS Report, Responsible Organization(s) and Date	METHODOLOGY Method and Stakeholders Involved/Number of participants	KEY FINDINGS Including Access Issues, Gaps, and Disparities
2008		<p>weeks</p> <ul style="list-style-type: none"> ▪ 66.2% reported feeling tired or lacking energy on at least one day during the last two weeks ▪ 15% reported taking medicine or receiving treatment for a mental or emotional problem ▪ 19.7% reported that they currently smoke every day ▪ 31.8% of respondents who reported drinking in the last month reported binge drinking at least once during that time
<i>County Suicide Trends, 2009 to 2012</i> , data compiled by Knox County Health Department and Mental Health America for Licking County.	Compilation of county-level suicide data	<p>Total number of suicides in 2009:</p> <ul style="list-style-type: none"> ▪ 28 in Licking County, up 58% from 2008 ▪ 11 in Knox County, up 55% from 2008 ▪ Average age for suicides was 48 years in Licking and 46 years in Knox. <p>Total number of suicides in 2010:</p> <ul style="list-style-type: none"> ▪ 23 in Licking County, down 18% from 2009 ▪ 7 in Knox County, down 36% from 2009 <p>Total number of suicides in 2011:</p> <ul style="list-style-type: none"> ▪ 22 In Licking County ▪ 6 in Knox County <p>Total number of suicides in 2012:</p> <ul style="list-style-type: none"> ▪ 26 In Licking County ▪ 4 in Knox County
<i>Preliminary 2011 Needs Assessment and Gaps Analysis, CMHRB (April 2011)</i>	<p>Supplemental assessment of secondary data on behavioral health needs and related health, social, demographic, and economic issues in Licking and Knox Counties.</p> <ul style="list-style-type: none"> ▪ Data from online compilations of county-level health, economic, and demographic indicators from across multiple community systems. ▪ Community indicators used to identify trends that will likely affect the behavioral health system over the next five years, and potential service gaps, and challenges to system capacity. 	<p>Preliminary report reviewed at April 2011 CMHRB Board Meeting</p> <ul style="list-style-type: none"> ▪ Growing population and higher proportion living in poverty. The increase in the number of poor individuals will likely present a challenge to the behavioral health and other community systems. ▪ Sharp increase in opiate use and unintentional drug-related death rate. The behavioral health system needs a <i>comprehensive strategy to address the rise in opiate addiction</i>, while maintaining or improving capacity to serve ongoing needs related to more commonly abused substances (e.g., alcohol, marijuana). ▪ High rates of obesity, and the relationships between poor behavioral health and chronic medical conditions, call for an integrated response and a focus on wellness and prevention. ▪ Low kindergarten readiness in some communities signals a need to improve <i>early intervention and services for families with young children</i>. ▪ Potential <i>state policy changes</i> regarding the <i>release of non-violent offenders from prisons and/or SMD nursing home residents</i> being transitioned out of facilities may increase the number of adults needing behavioral health services.
<p><i>2010 Community Plan Development:</i></p> <ul style="list-style-type: none"> ▪ <i>Consumer Forums (for feedback on</i> 	46 behavioral health consumers participated	The following goals were suggested for the Community Plan:

NEEDS ASSESSMENTS Report, Responsible Organization(s) and Date	METHODOLOGY Method and Stakeholders Involved/Number of participants	KEY FINDINGS Including Access Issues, Gaps, and Disparities
<p><i>SFY12-13 Community Plan goals), CMHRB, November-December 2010</i></p> <ul style="list-style-type: none"> ▪ <i>2010 Stakeholder Priorities Survey Results, CMHRB, May 2010</i> ▪ <i>Consumer Focus Group Report, MHR, January 2010</i> 	<p>in 4 forums held at neutral community locations, two in each county Strong representation for adult mental health (particularly consumers from The Main Place who were largely older, male, and challenged with co-occurring issues), moderate for drug and alcohol treatment, and minimal for domestic violence shelter and prevention programs.</p> <p>332 Licking and Knox County community members completed the survey, representing three groups of stakeholders:</p> <ul style="list-style-type: none"> ▪ 212 consumers (convenience sample) ▪ 97 stakeholder organization representatives (purposive and snowball sampling, online survey) ▪ 23 Innovations Committee members, including CMHRB members (purposive sample) <p>Purpose of the survey was to obtain quantitative feedback about which behavioral health services are the most important</p> <p>5 focus groups with 34 consumers were held at treatment provider sites, 3 in Licking County and 2 in Knox County; facilitated by MHR staff. There were 2 groups with adult mental health consumers, 2 groups with adult AOD consumers, and 1 group with parents of child mental health consumers</p> <p>Purpose of the groups was to obtain consumer feedback regarding priorities for mental health and alcohol and other drug treatment services, and ideas for improving</p>	<ul style="list-style-type: none"> ▪ Basic survival/poverty issues relating to housing and employment and stigma among employers ▪ Family/child-related prevention <ul style="list-style-type: none"> ○ Increase positive family management (AOD Prevention) ○ Prevention of child sexual abuse (MH Prevention) ○ School based mental health (MH Prevention) ▪ More case management and peer support <p>Top-priority adult mental health services:</p> <ul style="list-style-type: none"> ▪ 24-hour emergency services/crisis management ▪ Counseling ▪ Treatment for co-occurring disorders (clients with both mental health and addiction issues) ▪ Local outpatient psychiatry <p>Top priority child/youth mental health services:</p> <ul style="list-style-type: none"> ▪ Early intervention for at-risk children ▪ Family therapy ▪ 24-hour emergency services/crisis management ▪ Counseling ▪ Local child psychiatry ▪ Parenting education <p>Top priority adult and youth alcohol and drug services:</p> <ul style="list-style-type: none"> ▪ Detoxification (“detox”) ▪ Outpatient treatment (assessment, group, individual) ▪ 24-hour emergency services/crisis management ▪ Intensive Outpatient (IOP) ▪ Alcohol and drug prevention <p>Recommendations included:</p> <ul style="list-style-type: none"> ▪ Adult consumers prioritized the following mental health services: case management, housing assistance, peer support, ACT Team, and psychiatry. ▪ Parents prioritized the following mental health resources for children: case management, emergency services, child psychiatry in county, and pooled funds. ▪ Adult consumers prioritized the following AOD resources: group counseling and IOP,

NEEDS ASSESSMENTS Report, Responsible Organization(s) and Date	METHODOLOGY Method and Stakeholders Involved/Number of participants	KEY FINDINGS Including Access Issues, Gaps, and Disparities
	efficiency and quality in the system	<p>referrals and links to other resources for basic needs, and individual counseling.</p> <p>Consumers identified the following concerns and suggestions for improving services:</p> <ul style="list-style-type: none"> ▪ Concerns about access to services at MGC. ▪ Reduce duplication between mental health and AOD providers, and provide better link between inpatient detox and community services. ▪ Increase consumer participation in treatment decisions at MGC. ▪ Improve initial access and support for staying engaged in treatment. ▪ Add or expand specific services, including nutrition education and wellness, medication education, and help paying for medications <p>Maintain housing assistance (see as critical to recovery)</p>
<i>Prevention Planning and Policy: Changing the Odds in Licking County, PAXIS Institute for CMHRB, 2010</i>	Review of prevention research literature to identify best practices and policy implications for the prevention system.	<ul style="list-style-type: none"> ▪ Multi-problem focus: Prevention strategies that significantly affect several outcomes are to be preferred over strategies that only affect one type of outcome. ▪ Behavior change: Prevention programs or efforts that emphasize knowledge or attitude change in the absence of measurable behavior change should be discontinued. Simple awareness campaigns that do not involve clear behavior change should not be funded. ▪ Simplicity and cost-effectiveness: Prevention efforts that can be easily applied to intervention and treatment with simple adjustments to dose, supports, or intensity are to be preferred. Prevention efforts that are less expensive in terms of training, supports, and infrastructure and more efficient are to be preferred. ▪ Third party payers: Strategies that can be funded through third-party mechanisms should be pursued.
<i>Knox County Wellness Coalition Prevention Plan Resource Assessment List & Report, CMHRB and United Way, May 2008</i>	CMHRB and United Way worked with the Wellness Coalition members to conduct the resource assessment.	<p>The report identified 77 behavioral health prevention programs in the county, including 25 substance abuse (33%) and 16 child/teen social-emotional wellbeing and behavior issue programs (21%) (the two largest categories).</p> <p>Identified the following strengths in Knox County’s prevention resources (related to behavioral health):</p> <ul style="list-style-type: none"> ▪ School staffs provide many prevention programs to their students, particularly in the area of behavioral health. Schools generally employ universal prevention strategies and reach large numbers of students in the K-12 years. ▪ Health and social service organizations collaborate with each other frequently. <p>Identified the following gaps:</p> <ul style="list-style-type: none"> ▪ Little use of evidence-based programs, particularly in the areas of substance abuse and life skills. ▪ More specifically, only 1 evidence-based substance abuse program and no evidence-based mental health programs provided by community agencies. ▪ Lacking a comprehensive strategy for coordinating prevention resources and tracking outcomes.

NEEDS ASSESSMENTS Report, Responsible Organization(s) and Date	METHODOLOGY Method and Stakeholders Involved/Number of participants	KEY FINDINGS Including Access Issues, Gaps, and Disparities
<p><i>Licking County Community Blueprint; United Way; 2006</i> www.lickingcountycommunityblueprint.com</p> <ul style="list-style-type: none"> ▪ <i>Licking County Behavioral Healthcare Task Force Survey; United Way of Licking County; 2006</i> ▪ <i>Licking County Roundtable Discussions; sponsored by United Way, CMHRB, and LC Family and Children First Council; 2007</i> ▪ <i>Licking County Population-Level Change Stakeholder Interviews; 2007</i> 	<p>Collaborative assessment of needs and services for Licking County.</p> <p>Surveys conducted by the task force in response to Community Blueprint report findings.</p> <p>Discussions in response to Community Blueprint Findings.</p> <p>Stakeholder interviews conducted by United Way and CMHRB in response to Community Blueprint Findings</p>	<p>Assessment identified three top-priority issues for follow-up initiatives:</p> <ul style="list-style-type: none"> ▪ Health care and dental care affordability ▪ Economic and employment issues ▪ Behavioral health <p>Highest behavioral health priorities identified for Licking County:</p> <ul style="list-style-type: none"> ▪ Life skills for families (communication, managing anger, etc.) ▪ Drug and alcohol prevention for youth ▪ Stress management ▪ Focus on overall wellness for the entire community ▪ Improve how agencies work together ▪ Family focused in-home treatment/counseling services <p>Identified three strategies needed to address current gaps ("Family Focus Initiative"):</p> <ul style="list-style-type: none"> ▪ Team service delivery (cross-system collaboration) ▪ Family-oriented intervention strategies (family-driven) ▪ Home and community-based interventions <p>Most important positive change needed for youth:</p> <ul style="list-style-type: none"> ▪ Reduction or delay in onset of alcohol and other drug (AOD) use ▪ Increased graduation rates and school attendance ▪ Increased literacy
<p><i>Licking and Knox Community Capacity-Building Prevention Plans; CMHRB; 2006</i></p>	<p>Planning retreat in response to Community Blueprint report findings.</p>	<ul style="list-style-type: none"> ▪ Both counties selected the following strategies to address unmet needs: ▪ Fundraising (seek and write grants) ▪ Strong prevention workforce (skills development, training) ▪ Centralized data collection to inform needs assessment, grant writing, and impact assessment ▪ Effective communication (among partners and with media/public) ▪ Promotion of evidence-based, cost-effective, needs-driven prevention strategies ▪ Licking County also specified: Collaboration and comprehensive prevention planning
<p><i>Licking and Knox Counties Housing Continuum of Care Groups, Ongoing community housing planning collaborations.</i></p>	<p>Both groups include representatives including government, housing/homeless advocates, consumer rights, social services and behavioral health services. Groups conduct ongoing planning focused on addressing housing needs.</p>	<p>Needs and Gaps identified:</p> <ul style="list-style-type: none"> ▪ Ongoing issues of homelessness ▪ Lack of shelter for women (both counties) and inadequate capacity to serve women affected by domestic violence ▪ Access to housing is difficult for certain populations (e.g. people in crisis, requirement to adopt an individualized housing plan) ▪ Changes in housing subsidies requires new strategies for providing stable housing ▪ The HMIS data needs to be aggregated so that it is available for planning purposes.

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).

- **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).**

Service Delivery Strengths

Maintaining Core Services (Service Delivery Strengths)

Regardless of decreases in funding, MHR has maintained core and safety net services for the community. This has included provision of core intervention and treatment services to: SPMI adults and SED children; SAMI adults and adolescents; NGRI and IST-U-CJ forensic consumers; adults, children, and adolescents who abuse or are addicted to alcohol or other drugs; access to aftercare services for children and adult residents following state or private hospitalization; availability of crisis services to all persons regardless of payer source or ability to pay; and MHR contribution to pooled funding for Children and Family First Councils of both counties and the partial funding of the Licking County and Knox County family team facilitators.

Crisis Services (Service Delivery Strengths)

Community Crisis and Safety Services: MHR continues to strengthen the capacity of community partners to respond to crisis situations especially emergency personnel and law enforcement. MHR sponsors basic and advanced Crisis Intervention Team (CIT) training and steering committee facilitation for Licking and Knox Counties. Over 25% of law enforcement in both counties has received CIT training. Between 2004 and 2013, 171 individuals were trained in Licking County. This included a specialized CIT training for Licking County jail personnel in response to several suicides of incarcerated offenders. In Knox County, 66 individuals received trained between 2009 and 2013. MHR in partnership with the Knox and Licking County Boards of Developmental Disabilities received funding through the SFY14 “Helping Ohio’s Children and Youth in Crisis” grant program for MUTT (Mobile Urgent Treatment Team) Kids’ Mobile Crisis Team. This team of mental health and developmental disabilities professionals addresses critical issues faced by families with youth (8-24) who present a risk to themselves, their families, or others due to mental illness and/or developmental disorders. From September – November 2013, 58 youth and their families have received services.

Opiate Addiction Prevention and Treatment Strategies (Service Delivery Strengths)

MHR is an active partner with other community stakeholders in addressing opiate addiction issues. Opiate intervention strategies include:

- MHR prioritized funding for full continuum of AOD treatment services for youth and adults including gender specific treatment.
- Beginning in SFY12, MHR prioritized funding of Detox and MAT ambulatory and inpatient services using SAMHSA MAT protocols. Funding includes the use of levy dollars for purchase of services and match for the VRP3 RSC Recovery to Work project.
- MHR and AOD provider participation in the University of Wisconsin NiaTx Buprenorphine Implementation Study. MHR has been included in the intervention arm of the study and will be receiving coaching for the next two years

on the 'Advanced Recovery Framework' for system change in the implementation of MAT evidenced based practices.

- MHR use of regional Hot Spot dollars to fund Recovery Case Management and Outreach.
- MHR provider use of AOD treatment and criminogenic EBPs – Stages of Change, Motivational Interviewing, Contingency Management, Cognitive Based Treatment – Thinking for a Change, University of Cincinnati recommendations and EBPs, Integrated Dual Diagnosis Treatment Teams.
- In-kind MHR and provider staff support and/or funding of contingency management interventions for special docket courts. Courts include Licking County Common Pleas Drug Court, Licking County Municipal Behavioral Healthcare Court, Licking County OVI Court, Knox County Behavioral Healthcare Court and the Knox County Juvenile Drug Court
- MHR prioritized funding and/or participation in community strategies to address prescription drug/opiate abuse including the Licking County Wellness Partnership – Prescription Drug Taskforce and the Knox County Substance Abuse Action Team (KSAAT).

State Hospital Bed Utilization (Service Delivery Strength)

MHR partnered with Twin Valley in the SFY13 State Hospital Bed Utilization Project. Behavioral Healthcare Partners of Central Ohio (BHP) the MHR designated pre-hospitalization screening agency, working with the hospital to achieve the SFY13 system goal of maintaining state hospital bed utilization (4571 days used) beneath the 3-year average (combined civil/forensic 3-year average = 5124).

Addressing Housing and Capital Improvements (Service Delivery Strengths)

MHR was an active partner in the recent completion of a permanent supportive housing facility for SPMI adults with co-occurring disorders in Licking County. This facility will target those individuals who are at risk of hospitalization, without income, and who have a recent history of homelessness. (SFY13 - SFY14). Project description is provided below:

The Place Next Door (SFY13-SFY14) will provide permanent supportive housing to adults experiencing serious and persistent mental illness with co-occurring disorders, at risk for hospitalization, without income, and a recent history of homelessness. Potential tenants will be referred from the ACT/FACT and SAMI teams, both serving the MHR's highest risk adult SPMI consumers. Program admission will be prioritized for consumers transitioning from long term hospitalization, who have been living in Adult Care Facilities, and are ready to move to less restrictive environments of their choice. Certified Peer Specialists will be on site 16 hours per day with a resident manager overnight. Supportive Services staff and the resident manager will be persons who have completed Ohio's Peer Specialist Certification and are trained appropriate to their scope of practice to provide supportive housing services. The project will be located adjacent to the consumer-operated Peer Recovery Center where tenants will have access to education, advocacy and supports in an environment that promotes recovery and wellness. Through collaborations with other MHR treatment providers, tenants will have access to behavioral health care. The project will provide 10 units of housing.

MHR also continues to be an active partner in further development of local housing/homelessness strategies and participation in each county's continuity of care housing planning process.

ODMH Housing Mini Grants (SFY12 and SFY13) were awarded to MHR for funding of the SPMI Housing Support Team project. This project targeted treatment and service delivery to adults exiting institutions, including hospitals and prison/jail, and not eligible for housing subsidies and other individuals with SPMI identified by the local system as

difficult to know how to house who may or may not qualify for existing subsidies or other housing supports. Through a teaming process, the project promoted both diversion and community re-entry strategies by providing services and supports necessary to keep the target population housed successfully in the community while promoting public safety. Funding was used to purchase housing support services on weekends and afterhours that were not currently available, stopgap rental assistance, and transportation vouchers. Housing support services focused on life skills development, the development of natural supports, and social connectedness activities. Services were community based and portable stressing ongoing outreach and engagement. Rental assistance included exit strategies that lead to sustainable housing outcomes. The project achieved its outcomes for both grant cycles with the 55 adults served experiencing improved housing outcomes and quality of life; decreased hospitalizations and usage of hospital emergency rooms, and decreased involvement with the criminal justice system.

Prevention and Mental Health Promotion (Service Delivery Strengths)

Our Futures in Licking County collaborative project is being fully implemented and had significant achievements in several key areas from SFY10 to SFY13:

- Trained 91 Triple P providers and served 2,880 parents with Triple P parenting program
- Trained 334 teachers from 11 different school districts in the PAX Good Behavior Game (through August 2013)

MHR has also worked with prevention provider agencies to increase the use of evidence-based practices using SAMHSA criteria. For FY 2014, MHR system prevention providers will utilize 17 distinct evidence-based programs serving preschool through high school students and parents.

Strengths of Planning Efforts

Criminal Justice Planning (Planning Strengths)

In planning for the needs and provision of services to adults and individuals involved in the criminal justice system, MHR is a committed partner with other systems and stakeholders. These partnerships include Licking County Juvenile and Adult Reentry Taskforce, behavioral health courts in both counties, specialized teams including DDIT and ACT/FACT, and the Licking County Community Corrections Planning group.

In collaborative partnerships, MHR provides leadership in addressing trends involving forensic consumers and community planning. Following the Sequential Interceptor best practice model in criminal justice-behavioral healthcare collaborative planning involving jail diversion activities, efforts have included the use of universal Ohio-based actuarial assessment system for reentry planning and management (Ohio Risk Assessment System – ORAS), the adoption of Ohio Supreme Court supported special docket courts addressing the forensic needs of offenders impacted with addiction or mental health disorders or co-occurring disorders, the use of a continuum of sanctions and cognitive-behavioral interventions addressing criminogenic behaviors and risk, and well-established CIT programs in both counties. Each county has a misdemeanor behavioral health court and Licking County has a felony drug court and misdemeanor OVI court. Both Licking and Knox Counties have a best practice Dually-Diagnosed Intervention Team (DDIT) that plans for mentally ill/developmental disabled consumers involved with the criminal justice system.

The Licking County Adult Reentry Taskforce was initiated to resolve barriers and improve effectiveness of community reentry planning leading to increased public safety and reduced recidivism. Issues addressed by the taskforce include limited resources and release of lower level felons back into communities. MHR, on behalf of the taskforce, applied for and received the Bureau of Justice Assistance SFY 2011 Second Chance Act Adult Offender Reentry Planning Grant to address reentry and recidivism issues. Licking County was one of fifteen grantees nationally to receive funding. The primary goal of the grant is to develop and implement a 5-year strategic plan that

is in compliance with the ten mandatory requirements of a comprehensive reentry program. This includes a long-term strategy for implementation, sustainability, and evaluation. The primary outcome of the 5-year strategic plan is to improve reentry efforts leading to increased public safety and a reduction of the recidivism rate by 50%. The plan includes capacity and sustainability building activities and strategies addressing employment, housing, access to community services, community awareness and education, mentoring, and data management.

Housing and Capital Improvements Planning (Planning Strengths)

The SFY 14 ODMHAS budget has increased funds for housing capital projects. As a result, ODMHAS requested boards review and revise their capital plans for submission in September 2013. MHR submitted the following revised plans:

- Project: The Place Next Door
- Provider: The Main Place
- Project: 10 units of permanent supportive housing. TMP has secured funding for this project from AHP and OHFA
- Project Cost: \$1,395,311
- ODMHAS Contribution: \$350,000
- Requested Board Match: Property valued at \$92,500
- Status: The Place Next Door is scheduled to open in fall 2014 and began providing housing services.

- River Valley Expansion
- Provider: Behavioral Healthcare Partners of Central Ohio
- Project: add 4 to 6 units to existing 8 beds and expand common living space to serve addition consumers at this site. This is considered a transitional housing project.
- Project Cost: \$390,000
- ODMHAS Request: \$195,000
- Requested Board Match: No commitment has been made. \$195,000 will need to be secured to match this project.
- Status: MHR controls the site. Preliminary budget developed. No building plans have been drafted.

- Pathways Hotline
- Provider: Pathways
- Project: Upgrade the existing emergency generator for the 2-1-1/Crisis Hotline.
- Project Cost: \$6,850
- ODMHAS Request: \$3,425
- Requested Board Match: No commitment has been made. \$3,425 will need to be secured to match this project.
- Status: Waiting for ODMHAS for this project.
-

Prevention Data Collection and Planning (Planning Strengths)

MHR recognizes the need for a comprehensive and collaborative approach to community prevention efforts involving other systems of care and stakeholders. Our Futures of Licking County is one example of a collaborative, community-wide coalition with the purpose of creating a healthier Licking County by improving the educational, social, safety, and economic environments through the use of evidenced-based practices. In Knox County, key stakeholders have been engaged in several extensive prevention planning efforts that have utilized the data and foundational planning described below. First, the Knox Family & Children First Council is in the process of developing an overall vision for the community. Second, the Health Partnership and its committees have developed both prevention and intervention plans addressing mental health/substance abuse issues. Finally, the Knox Substance Abuse Action Team (KSAAT) developed a one-year Action Plan focused on prevention youth substance use/abuse.

Youth Data: MHR now has an excellent source of consistent data on youth ATOD outcomes and risk/protective factors via the Pride Survey.

- Five waves of county-wide youth surveys have been completed in Licking County. The Pride Survey was administered in all 11 Licking County school districts in May 2013.
- The PRIDE Survey was administered yearly in four out of five districts in Knox County in May 2011 -2013.

Prevention Planning

Prevention Planning Project

Identification of Priority Populations

MHR used SFY2011 SPF-SIG funding to conduct a multi-component Prevention Planning Project. As a result of this planning, one component resulted in the identification of priority prevention populations by key stakeholders in each county:

Licking Priority Prevention Populations:

- Universal prevention, ages 5-12
- High-risk children, ages 0-5
- High-risk children, ages 5-12
- High-risk children, ages 13-18
- Universal prevention, ages 13-18

Knox Priority Prevention Populations

- High-risk children, ages 0-5
- Universal prevention, ages 5-12
- High-risk children, ages 5-12

Community Readiness: The second component of the Prevention Planning Project was to assess community readiness. Thirty-seven stakeholders in Knox and Licking Counties participated in the Community Readiness Survey interviews. These surveys assessed the extent to which each community is prepared to take action on a defined issue; in this case, the issue was prevention of mental, emotional, and behavioral (MEB) disorders. Licking County was identified as being at the Preparation Stage indicating that the community shows modest support for prevention efforts and there has been some prevention planning. In Knox County, the Overall Readiness score was 3.5, indicating that the community is between vague awareness and pre-planning in terms of addressing prevention of MEB issues. Thus, Knox County has lower awareness of the issue and less commitment to address the issue at this time. Results from both counties indicate the need for ongoing efforts to raise awareness of MEB issues and of existing efforts to prevent MEB disorders.

Community Capacity Assessment

The final component of the Prevention Project was to assess the capacity of the three primary prevention organizations funded by MHR. Interviews with key staff and review of agency documents comprised this component. Two key findings of this assessment were the need for community-wide prevention planning to provide more focused direction for prevention programming and the need for evaluation expertise and resources for the provider agencies.

Findings and Recommendations from the FY2011 Prevention Project:

The following recommendations were made based on the Prevention Planning Project:

- Disseminate the key results of the Institute of Medicine report, Prevention of Mental, Emotional, and Behavioral

Disorders among Young People, within the MHR network and the larger community

- Adopt, promote and use a unifying prevention framework based on the IOM report using key principles of population-based strategies, comprehensive strategies that impact multiple problems, and further adoption of strong evidence-based approaches.
- Support the development and adoption of county-wide prevention/mental health promotion strategic plans.

Treatment Data Collection (Planning Strengths)

MHR has several systems in place to collect and analyze treatment related data.

Contract agencies all report quarterly on utilization and access to services. This data is reviewed and analyzed by the Board to identify service trends and gaps, access issues, and productivity.

MHR also coordinates a yearly system-wide survey of consumers to assess satisfaction and outcomes. As of June 2013, all contracted treatment providers have completed five data collection waves using the Mental Health Statistical Improvement Project (MHSIP), Youth Services Survey (YSS), and Youth Services Survey for Families (YSS-F). These surveys provide valuable information about consumer satisfaction and outcomes that is benchmarked to national and state results. Surveys were first collected in January 2010 and July 2010 and subsequently have been collected annually.

For SFY 2014, MHR shifted to put a greater emphasis on outcomes reporting. As a result of this shift, provider agencies identified at least one outcome, most of which align with National Outcome Measures, for each of their programs/target populations. Providers will be reporting outcomes on a semi-annual basis.

Business Operations Strengths

Financial Challenges, Strategic Planning, and Contracts (Business Operations Strengths)

Beginning in SFY 2010, the system experienced significant funding cuts. Rather than establishing an across-board cut for all contract providers starting in SFY10 and continuing through SFY14, MHR prioritized and rated all funded services and programs and made funding decisions based on those criteria. This process began in January of 2009 in anticipation of continued funding reductions. Central to this business planning process was the development and adoption of decision criteria and rankings for all programs/services by Tiers. This process and the tiers are defined and described in detail below in response to Question 6 – Priorities. These were developed, adopted and applied first to the SFY 2010 provider applications. This process has been refined and strengthened during the application processes for SFY 11-14. For SFY 2014, modifications to this process included setting aside a designated amount of funding for Wellness/Recovery and Prevention as a step toward addressing longer-term health and stability needs within the behavioral health system. These modifications move the MHR system of care in alignment with the SAMHSA Modernized Comprehensive Continuum of Care model and the adoption of the SAMHSA best practice values of their “Public Health Model for Behavioral Healthcare.” This provides greater emphasis on wellness/recovery and prevention for the system of care.

As stewards of the public’s dollars, MHR has strategically allocated its’ funding since SFY10 to support the prioritized system. Strategies include the incorporation of Dr. Michael Gillette’s ethically driven decision-making practices into the system prioritization framework. His model, ‘The Ethics of Scarcity,’ addresses the use of efficiency, effectiveness, equality, and equity when making funding decisions. MHR Board members and staff have attended several trainings provided by Dr. Gillette.

Other strategies include the use of utilization management and clinical/evidenced based practices coupled with

outcome management by MHR contract treatment providers to provide clinically effective and cost efficient services. All MHR prevention providers have increased their use of evidenced based practices using SAMHSA criteria coupled with outcome management.

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

MHR has developed expertise and experience in implementing some of the science-based strategies identified in the IOM Report, Preventing Mental, Emotional, and Behavioral Disorders among Young People. Some of these strategies are being implemented to reach the community at a population-based level. In addition, Our Futures has developed a collaborative structure that has led to successful private/public partnerships and methods for promoting sustainability of the project.

MHR has developed expertise and experience in implementing a prioritized funding system to support its system of care based upon a public health approach for planning utilizing the Strategic Prevention Framework, SAMHSA best practice values of the “Public Health Model for Behavioral Healthcare,” and ethical decision-making practices. The prioritization strategy also seeks to align with the SAMHSA Modernized Comprehensive Continuum of Care model.

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

Service Delivery Challenges:

Access to Services for Children and Adolescents (Service Delivery Challenges):

During FY2013, MHR contract providers met the overall access target (90% of consumers have first clinical appointment within 28 days of first contact) 60% of the time (measured quarterly). Concurrently, the system has experienced a significant increase in calls for services for youth compared to SFY 2011. The system is experiencing most of the access to services challenges with children and youth who are seeking mental health services.

In addition to system data indicating greater demand for mental health services for children, MHR, and our collaborating organizations, have formally recognized the importance of behavioral health interventions that work with very young children and their families. This population has been prioritized both as a targeted prevention population and within the Prioritized Tier of Services for MHR. MHR has also committed some resources toward serving this population, especially through the Early Childhood Mental Health program. However, neither community has developed or adopted comprehensive plans or strategies targeting high risk families with very young children. It is challenging to first identify and subsequently reach and work with these high-risk young families. Additionally, neither county has the resources to support these early interventions. In the future, it may be possible to shift funding toward prevention and early intervention and mental health services for very young children and their families if funding is stabilized following full implementation of Medicaid expansion.

Hospital follow-up (Service Delivery Challenges)

While the system achieve its SFY13 goal of maintaining state hospital bed utilization beneath the 3-year average, providers have struggled to meet hospital follow-up services within the identified performance targets for several years. For SFY 2014, MHR has re-defined the performance targets in an effort to better understand whether the problems are within or outside the control of providers, e.g. consumers do not have a stable address or phone number where they can be reached after hospital release. MHR is hopeful that the system will be able to better address the transition from hospital to community for these high-risk consumers if there is better information about the challenges.

Overall system capacity (Service Delivery Challenges)

MHR is also very concerned about overall system capacity as providers struggle to meet the needs of a growing—and increasingly impoverished—population with fewer resources. As a result of prior years’ funding cuts and the Board’s prioritization process, services have been reduced to non-SPMI adults and non-SED children. Although this population may be served through the use of evidence-based shorter term therapies or other services, these other services are not well established or universally available. Additionally, the system lacks comprehensive evidence-based approaches for families whose children are non-SED. It may be possible to shift funding toward these services if funding is stabilized following full implementation of Medicaid expansion. However, currently, the system lacks capacity to focus resources toward these populations.

Implications of Behavioral Health Priorities to Other System (Service Delivery Challenges)

We have determined our resources need to target those most at risk of negative consequences if mental health or substance abuse/addiction treatment services were not available and to treatment services to children. The consequence of this strategy is those who are not severely ill have access to minimal services other than crisis intervention through the MHR system. A significant area of impact is a reduction of mental health treatment services to persons referred from the criminal justice system that does not meet the criteria for severe mental illness. Additionally, we have reduced resources to prevention services impacting services to schools in both counties. With shrinking resources, providers have sought to increase efficiency; they have also had to reduce or eliminate some services.

Planning and Business Operations Challenges

Addressing Housing and Capital Improvements (Planning Challenges)

In SFY13, MHR lost approximately \$300,000 in Housing Assistance Program (HAP) funding from the state (ODSA) due to SFY12 changes in funding procedures and priorities. The two years of grant funding was targeted for scattered site transitional housing to provide rental assistance and utility costs for individuals with SPMI, SSA, or victims of domestic violence and their families for up to 18 months. Both MHR (since 1998) and The Main Place held HAP grants with each received additional match dollars from ODMH. Historically, both projects achieved their outcome measures. This loss has created a service gap which may be only partially addressed through dollars generated resulting from Medicaid expansion. Both Housing Region 9 and each county’s continuum of care lack resources to address this loss. It should be noted that the readily available use of scattered site transitional housing in the system allowed timely discharges from Twin Valley that has historically led to decreases in hospital bed day use.

MHR will continue to work with housing partners to seek funding to increase the housing stock. Focus will be for those involved in the criminal justice system and who have addiction or mental health issues. While there is a need to expand on-site supported housing for men in both counties, we do not anticipate we will have operating funds in the next two years to staff the facilities. Both our addiction and mental health provider outpatient facilities are in need of renovations to operate in a more cost effective manner.

Other (Business and Operations Challenges)

We are currently working on our public information campaign to prepare for our levy in 2015. If the ACA remains intact we believe we will need to educate the general public about the services supported by levy dollars that are not

Medicaid covered services and the importance of these support services such as housing, hotline, employment, prevention, and drop-in centers that are an integral part of an overall system of care and critical to improved outcomes.

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

MHR would benefit from education regarding alternative funding approaches such as using case rates or per member/per month rates. We would like to move away from the current fee for service model.

- **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).**

Background

The board has worked to refine the manner in which we identify issues related to cultural competence along with tracking trends in Licking and Knox counties. The largest shift in population in our service area that we can quantify is the increase in poverty. Providers are not reporting an increase in requests for interpreters or ASL providers.

To assess whether consumers are experiencing differences in services based on age, gender, or race/ethnicity, MHR analyzed 2013 MHSIP, YSS, and YSS-F data and identified several significant differences:

- Ratings of Social Connectedness were significantly higher for adults ages 18-25 than for adults ages 15-44 or ages 45-64.
- Ratings of Outcomes and Social Connectedness were significantly better for adult males than adult females.
- There were also some significant differences among adults based on white/non-white status. Specifically, white respondents rated General Satisfaction, Participation in Treatment Planning, and Outcomes significantly higher than non-white respondents.
- For children and youth services, there were no significant differences based on gender, age or race/ethnicity.

This is the first time that consumer satisfaction/outcomes surveys have demonstrated the differences noted above. We will be communicating these differences to our provider agencies. Further, addressing these differences will be incorporated into the system-wide approaches that strengthen the MHR provider workforce through the adoption of trauma-informed practices. It is clear from the data that race/ethnicity in particular needs to be included as a component of effective trauma-informed care.

MHR has also been involved in several projects which seek to address cultural competency within our service area. First, MHR has sought to raise awareness about poverty by co-sponsoring training in the Culture of Poverty and fund the Bridges Our of Poverty program that addresses issues of poverty as a component of that program. Second, our clinical director monitors the service utilization and progress of those discharged from the state psychiatric hospital system and works with providers if there appear to be gaps in service delivery. The majority of persons released from state prisons has substance abuse issues but are not on supervision when released and are more difficult to track. In addition to areas addressed in the workforce development section (below), board staff inform providers of training opportunities on cultural competence and we are on multiple list serves that provide information that increases our

awareness and knowledge of service delivery issues that inform our planning process.

Another area of focus our board is addressing is the culture of systems and system change. As interplay between various systems in the community increases such as with criminal justice and primary health care, we have identified a need to assist multiple systems in increasing their understanding of the needs, requirements and pressures of each system. The goal is to increase the ease with which various systems are collaborating to work more effectively and efficiently to meet our mutual goals. As an example, we are using the offender re-entry task force as a vehicle to increase the effectiveness in working together to increase community safety and reduce recidivism. We are just beginning to look at the relationship between primary healthcare and behavioral healthcare locally to identify vehicles to increase planning and collaboration.

Another identified focus area regarding cultural competence is to increase the capacity of both individuals and systems to understand trauma and to utilize trauma-informed practices. MHR recognizes the need to improve the capacity of clinicians to provide trauma-informed care and the capacity of our provider organizations to adopt and operationalize trauma-informed environments for their staff and clients. Additionally, MHR recognizes the need to increase the capacity of other community organizations to utilize trauma-informed approaches. MHR will continue to seek out opportunities to support the promotion of trauma-informed practices throughout our system.

Work force development

Workforce development continues to be a primary avenue to address issues related to cultural competency. While providers are the primary driver for recruitment, development and retention, MHR has collaborated with providers to offer the following:

- Trauma-informed care and practices
- Crisis intervention practices
- Gambling
- Community-based approaches to the opiate epidemic
- Training on mental health and addiction issues specific to delivering integrated services from the SAMI CCOE
- Motivational interviewing
- Dual diagnosis – mental health and developmental disabilities
- Cognitive behavioral therapy
- Triple P parenting strategies
- PAX Good Behavior Game
- Youth risk assessment and safety plan development
- Providing services to returning veterans and their families
- Psychiatric risk assessment and hospital diversion strategies

We also have worked with criminal justice organizations to identify system needs to better serve that population and will be offering opportunities to increase staff skill sets in addressing trauma issues. As part of our offender task force, we are identifying issues not just in the behavioral health system but our response system as a whole to prepare for the increase in non-violent offenders returning to the community. This includes strategies necessary to successfully respond to state policy changes and staff training will be included in this process.

Due to shrinking resources, many of our network providers are using on-line training as a preferred means of meeting training needs, offering greater flexibility with a minimal impact on productivity. We have shared information about a number of web-based training opportunities with providers on a variety of clinical and administrative issues.

Recruitment of qualified, independently licensed staff continues to be an issue in our system for both mental health

and addiction providers. This is especially true for staff skilled in family work. Psychiatrists and advanced practice nurses with prescribing authority are also extremely difficult to attract outside of a metropolitan area. Both the board and providers offer placement opportunities for associate, bachelors, masters and psychiatric internships on an ongoing basis.

As we continue to work to increase the integration of mental health and addiction services there is an ongoing need to offer training that will increase that skill set. We have also identified a need to address the potential increase in demand for services to address problem gambling and we need to expand the number of practitioners that have the knowledge and skill set to assist this population. We have started discussions to identify training needs to achieve improved integration with primary health care. Additionally we are working with our addiction providers to determine training needs that will increase the effectiveness of services for those experiencing addiction to opiates.

One of the most concerning trends we are seeing in staff turnover is they are not just leaving a particular organization, they are leaving the field. The issue of a qualified work force with sufficient numbers to meet clinical and administrative demand is an ongoing issue that will need to be addressed far beyond the local level.

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.**

Prioritization Process, Criteria and Tiers

As noted above, MHR systematically developed and has applied criteria and a tier system to evaluate priorities for services. The prioritization of the MHR system of care was conducted to address future funding reductions and identify investment and resource allocations. The prioritization process has been applied to and included all treatment, intervention, and prevention programs/services that were approved for funding in SFY 11, SFY12, and SFY13. It was also applied to SFY 2014 funding applications with the addition of a tier for Wellness/Recovery Supports. Prioritization included ranking of programs and services by risk, level of care and medical necessity, and other criteria taking into consideration priority populations.

See Attachment A for the SFY14 prioritization process.

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County
SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program
MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p>SAPT-BG Priority One: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)</p>	<ul style="list-style-type: none"> Adults/youth who are intravenous/injection drug users (IDU) will access treatment services promptly. 	<ul style="list-style-type: none"> Severely Substance Abusing adults/youth are a MHR priority population. Policy #106. MHR prioritized funding of non-Medicaid AOD treatment services for adults/youth for both counties. (BHP, CFFC, FC, LAPP) <ul style="list-style-type: none"> Non-Medicaid Youth Outpatient AOD Treatment CFFC Residential Pooled Funding High Risk Family Team Facilitators Kids' Mobile Crisis Team Men's & women's gender specific AOD residential treatment – community beds Men's & women's gender specific AOD residential treatment – ODRC/MHR reentry beds Non-Medicaid Gender specific women's IOP and OP services Non-Medicaid IOP and OP services Wraparound funding Hot Spot Opiate Intervention Strategies - Recovery Case Management and Outreach – FC & LAPP MHR prioritized funding of Detox and MAT ambulatory and inpatient services. (BHP, FC, LAPP) In-kind MHR and provider staff support and/or funding of contingency management interventions for special docket courts. 	<ul style="list-style-type: none"> 90% of adult/youth IV drug users will be scheduled for an initial clinical assessment appointment within 14 calendar days of the initial call. (MHR PT) 	<p>Priority Selected</p>

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County
SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program
MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		<ul style="list-style-type: none"> ○ LC Felony Drug Court ○ LC Municipal Behavioral Healthcare Court ○ KC Municipal Behavioral Healthcare Court ○ KC Juvenile Court Drug Court ● Use of AOD treatment and criminogenic EBPs – Stages of Change, Motivational Interviewing, Contingency Management, Cognitive Based Treatment – Thinking for a Change, University of Cincinnati recommendations and EBPs, Integrated Dual Diagnosis Treatment Teams. ● MHR prioritized funding and/or participation in community strategies to address prescription drug/opiate abuse. <ul style="list-style-type: none"> ○ Wellness Partnership – Prescription Drug Taskforce ○ Knox County Substance Abuse Action Taskforce (KSAAT) 		
SAPT-BG Priority Two: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	<ul style="list-style-type: none"> ● Women who are pregnant with substance use disorders will have access to gender-specific treatment programming. 	<ul style="list-style-type: none"> ● Severely Substance Abusing adults/youth are a MHR priority population. Policy #106. ● MHR prioritized funding of non-Medicaid gender-specific AOD treatment for both counties. (BHP, FC, LAPP) <ul style="list-style-type: none"> ○ BHP Courage House AOD Residential Treatment Program for Women and Children – community beds ○ BHP Courage House AOD Residential Treatment Program for Women and Children – ODRC/MHR reentry beds ○ Non-Medicaid BHP Aftercare Services ○ Non-Medicaid FC Project Worth Women’s Outpatient 	<ul style="list-style-type: none"> ● Average (median) number of days from initial call/first contact to first treatment appointment (first appointment after the assessment has been completed) will be 28 days or less. (MHR PT Aggregate)) 	Priority Selected

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County
SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program
MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		<ul style="list-style-type: none"> Program <ul style="list-style-type: none"> ○ Non-Medicaid LAPP Women’s IOP and Outpatient Program ○ Hot Spot Opiate Intervention Strategies - Recovery Case Management and Outreach – FC & LAPP ● Use of AOD EBPs: Stages of Change, Motivational Interviewing, Contingency Management, Cognitive Based Treatment – Thinking for a Change, University of Cincinnati recommendations and EBPs, Contingency Management, Matrix IOP Model, Seeking Safety, and Living in Balance. ● MHR prioritized funding of Pathways Capable Parents Prevention program including EBPs Incredible Years, Active Parenting Now, and Parents as Teachers targeted at: <ul style="list-style-type: none"> ○ Parents of preschool children identified with conduct disorders ○ Teen parents ○ Parents in recovery seeking to improve healthy parenting behaviors ○ Parents of children ages 0 – 5 seeking information on development and basic support. 		
SAPT-BG Priority Three: Mandatory: Parents with substance abuse disorders who	<ul style="list-style-type: none"> ● Parents with substance abuse disorders who have dependent children at risk of parental 	<ul style="list-style-type: none"> ● Severely Substance Abusing adults/youth are a MHR priority population. Policy #106. ● MHR prioritized funding of non-Medicaid AOD treatment services for adults/youth for both 	<ul style="list-style-type: none"> ● Average (median) number of days from initial call/first contact to first treatment appointment (first appointment after the 	Priority Selected

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County
SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program
MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
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)	neglect/abuse due to SUD will have access to AOD treatment.	<p>counties. (BHP, FC, LAPP)</p> <ul style="list-style-type: none"> • MHR prioritized funding of non-Medicaid gender-specific AOD treatment for both counties. (BHP, FC, LAPP) <ul style="list-style-type: none"> ○ BHP Courage House AOD Residential Treatment Program for Women and Children – community beds ○ BHP Courage House AOD Residential Treatment Program for Women and Children – ODRC/MHR reentry beds ○ BHP Aftercare Services ○ FC Project Worth Women’s Outpatient Program ○ LAPP Women’s IOP and Outpatient Program ○ The Woodlands Outpatient Trauma Treatment Program ○ Hot Spot Opiate Intervention Strategies - Recovery Coaches • Licking County Job and Family Services funded AOD Outreach and Case Management Program with services provided by BHP to address the needs of the population. Principals of EBPs Family Behavior Therapy and Solution Focused Therapy are used. • Knox County Job and Family Services and Knox 	assessment has been completed) will be 28 days or less. (Aggregate MHR PT)	

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County
SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program
MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		<p>County Juvenile Drug Court program onsite AOD evaluation and treatment services provided by FC (MHR prioritized Non-Medicaid funding) to address the needs of the population.</p> <ul style="list-style-type: none"> • Pathways Capable Parents Prevention program including EBPs Incredible Years, Active Parenting Now, and Parents as Teachers (See Priority Two) • Mental Health America Bridges Out of Poverty program, Getting Ahead program targeted to: <ul style="list-style-type: none"> ○ Adults with SUD ○ Parents in recovery 		
SAPT-BG Priority Four: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases	There are no specific goals, strategies, and outcome measurement for individuals with tuberculosis and other communicable diseases. See Board Local System Priorities # and/or SAPT-BG Priorities One, Two Three, Four, Seven, and Eight for inclusion with other populations.			
MH-BG Priority Five: Mandatory	<ul style="list-style-type: none"> • Children with Serious Emotional 	<ul style="list-style-type: none"> • SED children/youth are a MHR priority population. 	<ul style="list-style-type: none"> • Average (median) number of days from initial call/first contact to 	Priority Selected

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County
SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program
MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
(for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Disturbances (SED) will have improved functioning through participation in MH treatment services.	<p>Policy #106.</p> <ul style="list-style-type: none"> • MHR prioritized funding of non-Medicaid mental health services for children with SED for both counties. (BHP, The Woodlands) <ul style="list-style-type: none"> ○ Youth Indigent Hospital Fund ○ CFFC Residential Pooled Funding ○ High Risk Family Team Facilitators ○ Kids’ Mobile Crisis Team - MUTT ○ Intensive Home-based Services ○ Early Childhood Mental Health ○ Central Pharmacy ○ Non-Medicaid Psychiatric/nursing services ○ Non-Medicaid CPST ○ Non-Medicaid Outpatient ○ Medicare Subsidy ○ Wraparound Funding ○ Hot Spot Nationwide Children’s Hospital Crisis Stabilization Beds • MHR prioritized funding of the MHALC YES Club House (after school intervention program) serving high-risk middle and high school students in LC. • MHR prioritized funding of the FC High Risk Kids SED prevention/intervention program serving SED elementary, middle, and high school classrooms in KC. • Mental Health America Bridges Out of Poverty 	<p>first treatment appointment (first appointment after the assessment has been completed) will be 28 days or less. (MHR PT)</p> <ul style="list-style-type: none"> • 73% of youth/families of youth receiving services will report positively about outcomes (MHSIP measure). • 73% of youth/families of youth receiving services will demonstrate improved functioning on the Kennedy Axis V scale. (MHR PT). 	

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County
SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program
MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		<p>program, Getting Ahead program (see SAPT- BG Priority Three)</p> <ul style="list-style-type: none"> • Pathways Capable Parents Prevention program (see SAPT – BG Priority Two) 		
<p>MH-BG Priority Six: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<ul style="list-style-type: none"> • Adults with Serious Mental Illness (SMI) will improve their functioning through participation in MH treatment services. 	<ul style="list-style-type: none"> • SPMI/SMI/SMD adults are a MHR priority population. Policy #106. • MHR prioritized funding of non-Medicaid mental health services for adults with SMI for both counties. (BHP, TMP, The Woodlands) <ul style="list-style-type: none"> ○ Private Adult Inpatient Hospital Funding ○ Non-Medicaid ACT/FACT Team ○ Forensic Monitoring Services ○ Non-Medicaid IDDT Teams ○ Non-Medicaid Intensive Case Management ○ Non-Medicaid General CPST ○ Non-Medicaid Psychiatric/nursing services ○ Central Pharmacy ○ Non-Medicaid Outpatient Services ○ Medicare Subsidy ○ Hot Spot Ross County Crisis Residential Treatment Program ○ Recovery Requires a Community • MHR prioritized funding of recovery supports and wellness activities for adults with SMI for both counties. (BHP, MHALC, TMP) 	<ul style="list-style-type: none"> • Average (median) number of days from initial call/first contact to first treatment appointment (first appointment after the assessment has been completed) will be 28 days or less. (MHR PT) • Civil/forensic state hospital bed days will be utilized under the 3-year average established by OMHAS. • Forensic clients released to community control will meet the terms of their conditional release. (MHR PT) • Incarceration rate for IDDT Team clients will be no more than 15%. (NOM threshold) • 49% of individuals receiving services have a permanent place to live in the community. (NOM 	<p>Priority Selected</p>

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County
SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program
MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		<ul style="list-style-type: none"> ○ Women’s ACF ○ Men’s MH Residence ○ Housing Program Services ○ Wraparound Funding ○ Peer Support Services ○ Consumer Operated Centers ○ RSC-VRP3 Employment Program 	<p>threshold).</p> <ul style="list-style-type: none"> ● 72% of adults receiving services will report positively about outcomes. (NOM threshold) ● 73% of clients will demonstrate a higher level of functioning on the Kennedy Axis V scale (BHP). 	
MH&SAPT-BG Priority Seven: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	MHR will collaborate with county health departments, providers, local hospitals, and other health professionals to develop strategies for the integration of behavioral health and primary care services.	<ul style="list-style-type: none"> ● MHR participation with the Knox County Federal Qualified Health Center (FQHC) assessment of need and feasibility. ● MHR participation with the Knox and Licking Boards of Health Community Health Assessments and community planning processes. ● BHP development of Medicaid Health Homes for both counties ● MHR funding of non-Medicaid Health Homes for SED/SPMI individuals served by BHP that do not qualify for Medicaid but would benefit from participation in the Health Home. 	MHR, in collaboration with county health departments, providers, local hospitals, and other health professionals will identify strategies for the integration of behavioral health and primary care services.	Priority Selected

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County

SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program

MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		<ul style="list-style-type: none"> Health and wellness programming provided by TMP Consumer Operated Centers in both counties and MHALC Compeer in LC. 		
MH&SAPT-BG Priority Eight: Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	<ul style="list-style-type: none"> Recovery support services, including housing and/or employment/ education services will be available to individuals with mental health or substance use disorders. 	<ul style="list-style-type: none"> SPMI/SMI/SMD adults are a MHR priority population. Policy #106. Severely Substance Abusing adults are a MHR priority population. Policy #106. MHR prioritized funding of recovery supports and wellness activities for adults with SMI/SSA for both counties. (BHP, FC, LAPP, MHALC, TMP) <ul style="list-style-type: none"> Women’s ACF Men’s MH Residence Housing Program Services Wraparound Funding Peer Support Services Consumer Operated Centers RSC-VRP3 Employment Program Hot Spot Opiate Intervention Strategies – Recovery Case Management and Outreach 	72% of adults receiving recovery support services will report positively about outcomes.	Priority Selected
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant *Priorities Consistent OHIOMAS Strategic Plan				
Treatment: Veterans	There are no specific goals, strategies, and outcome measurement for veterans that do not qualify for federal veteran services and in need of non-Medicaid services. See Board Local System Priorities # and/or MH/SAPT – BG Priorities One, Two, Three, Four, Six, Seven, and Eight for inclusion of the population.			
Treatment: Individuals with	Dually diagnosed, adults and children with	<ul style="list-style-type: none"> Memorandums of Understanding between MHR and Boards of Developmental Disabilities (Licking 	<ul style="list-style-type: none"> Average (median) number of days from initial 	Priority Selected

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County
SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program
MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
disabilities	developmental disabilities meeting the criteria of a MHR priority population will have access to appropriate services.	<p>and Knox) outlining civil and forensic services and responsibilities.</p> <ul style="list-style-type: none"> • MHR and provider participation with the EBP Dual Diagnosis Intervention Team (DDIT) in both counties serving adults and youth for high-risk case planning with the criminal justice system. • Kids' Mobile Crisis Team partnership between MHR and providers, KCBDD, and LCBDD. 	call/first contact to first treatment appointment (first appointment after the assessment has been completed) will be 28 days or less. (Aggregate MHR PT)	
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	Opiate-addicted individuals will have access to medically assisted treatment (MAT) as part of comprehensive AOD treatment.	<ul style="list-style-type: none"> • Severely Substance Abusing adults/youth are a MHR priority population. Policy #106. • MHR prioritized funding of non-Medicaid AOD treatment services for adults/youth for both counties. (BHP, FC, LAPP) <ul style="list-style-type: none"> ○ Non-Medicaid Youth Outpatient AOD Treatment ○ CFFC Residential Pooled Funding ○ High Risk Family Team Facilitators ○ Kids' Mobile Crisis Team ○ Men's & women's gender specific AOD residential treatment – community beds ○ Men's & women's gender specific AOD residential treatment – ODRC/MHR reentry beds ○ Non-Medicaid Gender specific women's IOP and OP services ○ Non-Medicaid IOP and OP services ○ Wraparound funding ○ Hot Spot Opiate Intervention Strategies - Recovery Case 	<ul style="list-style-type: none"> • Of those completing a program with a dependence diagnosis, 75% will report abstinence from drugs and/or alcohol use at discharge. (NOM threshold) • For adult/youth clients who will receive ongoing services from a MHR provider, the average (median) number of days between discharge from Detox/AOD in-patient and face-to-face outpatient services with follow-up contact will be 5 days or less. • 98% of adults receiving services will have no new involvement with the criminal justice system. 	Priority Selected

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County
SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program
MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		<p align="center">Management and Outreach</p> <ul style="list-style-type: none"> • MHR prioritized funding of Detox and MAT ambulatory and inpatient services using SAMHSA MAT protocols. • MHR and AOD provider participation in the University of Wisconsin NiaTx Buprenorphine Implementation Study. (BHP, FC, LAPP) • Use of AOD treatment and criminogenic EBPs – Stages of Change, Motivational Interviewing, Contingency Management, Cognitive Based Treatment – Thinking for a Change, University of Cincinnati recommendations and EBPs, Integrated Dual Diagnosis Treatment Teams. • In-kind MHR and provider staff support and/or funding of contingency management interventions for special docket courts <ul style="list-style-type: none"> ○ LC Felony Drug Court ○ LC Municipal Behavioral Healthcare Court ○ KC Municipal Behavioral Healthcare Court ○ KC Juvenile Court Drug Court • MHR prioritized funding and/or participation in community strategies to address prescription 	<p>(NOM threshold)</p> <ul style="list-style-type: none"> • 95% of youth receiving services will have no new involvement with the criminal justice system (NOM threshold) 	

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County
SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program
MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		<p>drug/opiate abuse.</p> <ul style="list-style-type: none"> ○ Wellness Partnership – Prescription Drug Taskforce ○ Knox County Substance Abuse Action Team (KSAAT) 		
<p>Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*</p>	<p>Permanent supportive housing will be available to persons with mental illness and/or addiction.</p>	<ul style="list-style-type: none"> ● Housing options include temporary/ transitional housing (2 sites), supervised adult housing (2 sites), and permanent housing (9 sites) ● Collaborative Planning for Housing through participation in Licking and Knox Housing Continuum of Care groups. <ul style="list-style-type: none"> ○ Planning to ensure housing options for SMI and SUD consumers ● Domestic Violence Shelters and advocacy services. <ul style="list-style-type: none"> ○ New Beginnings (Licking) ○ New Directions (Knox) 	<ul style="list-style-type: none"> ● All publicly-funded properties/facilities will maintain a vacancy rate of 10% or less each 6-month period. 	<p>Priority Selected</p>
<p>Treatment: Underserved racial and ethnic minorities and LGBTQ populations</p>	<p>There are no specific goals, strategies, and outcome measurement for underserved racial and ethnic minorities and the LGBTQ populations. See Board Local System Priorities # and/or MH/SAPT – BG Priorities One through Eight for inclusion of the populations.</p>			

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County
SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program
MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
Treatment: Youth/young adults in transition/adolescents and young adults	MHR will collaborate with other CFFC members including boards of DD, JFS, juvenile justice, and providers, to develop strategies for treatment services for youth/young adults in transition.	<ul style="list-style-type: none"> • Kids’ Mobile Crisis Team partnership between MHR and providers, KCBDD, and LCBDD serving youth ages 8 – 24. • CFFC High Risk Family Teams serving youth up to age 22. • Knox County Juvenile Drug Court providing services up to age 21. • Licking County Juvenile Reentry Task Force planning for youth up to age 22 returning to the community from DYS. • BHP coordination of services for aging out youth from SED services into SPMI services. • Gambling prevention interventions targeted at youth ages 18- 24. (Pathways) • Pathways Early Intervention EBP Prime for Life program targeted at middle, high school, and college age youth and young adults in early stages of substance abuse. 	<ul style="list-style-type: none"> • MHR, in collaboration with other community partners, will develop treatment and intervention strategies that target youth/young adults in transition. 	Priority Selected
Treatment: Early childhood mental health (ages 0 through 6)*	Young children (ages 0 – 6), their caregivers, and families will have access to early behavioral health assessment, intervention, and treatment services in order to address	<ul style="list-style-type: none"> • MHR prioritized funding of Early Childhood Mental Health programs provided by BHP in both counties. Services include: <ul style="list-style-type: none"> ○ Child observation and assessment in Head Start preschools and other daycare settings. Behavior/treatment planning and follow-up services and referral are offered to parents. 	<ul style="list-style-type: none"> • 100% of students will remain in their school and/or childcare setting as evidenced by school attendance records. 	Priority Selected

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County
SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program
MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
	children’s social and emotional needs and provide the support that families and caregivers need to assure children’s success in school readiness.	<ul style="list-style-type: none"> ○ Clinical consultation and education services to families and childcare providers. ● MHR priority funding of Pathways Capable Parents Prevention program including EBPs Incredible Years, Active Parenting Now, and Parents as Teachers targeted at: <ul style="list-style-type: none"> ○ Parents of preschool children identified with conduct disorders ○ Teen parents ○ Parents in recovery seeking to improve healthy parenting behaviors ○ Parents of children ages 0 – 5 seeing information on development and basic support. ● See MH-BG Priority Five for additional services. 		
Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure	Identify opportunities for developing and adopting a public health approach using the Strategic Prevention Framework, SAMHSA best practice values and ethical decision-making practices in both counties for incorporation into	<ul style="list-style-type: none"> ● Community Needs Assessments <ul style="list-style-type: none"> ○ PRIDE Student survey administered once every two years to obtain alcohol/drug and other wellness/risk factors among middle and high school youth in both counties ○ MHRLK Prevention Planning Project – Licking and Knox Counties ○ Knox County FCFC Community Strategic Planning ○ Knox Substance Abuse Action Team (KSAAT) ○ Licking County Health Assessment and Community Planning ○ Our Futures of Licking County 	<ul style="list-style-type: none"> ● MHR will use a public health approach for prevention planning and prioritize funding utilizing the Strategic Prevention Framework, SAMHSA evidence-based practices criteria, and ethical decision-making practices. 	Priority Selected

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County
SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program
MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
	prevention planning and prioritized funding practices.	<ul style="list-style-type: none"> ○ Licking County FCFC Strategic Planning ○ Licking County Reentry Taskforce Assessment and Community Planning ● Community Health Improvement Plan (Knox) Identified root causes: <ul style="list-style-type: none"> ○ Adverse childhood experiences/trauma ○ Relationship to Poverty and other stressors Prioritized service needs: <ul style="list-style-type: none"> ○ Parent support and education ○ Screening and early identification ● MHR prioritized funding of prevention/intervention best practices following SAMHSA best practice values in supporting a public health approach to behavioral healthcare. <ul style="list-style-type: none"> ○ Our Futures of Licking County (Triple-P Parenting, Good Behavior Game) ○ Pathways (Capable Parents programs, Life Skills Training, Project Alert) ○ Mental Health America (SOS suicide Prevention) ○ Mental Health First Aid – LC & KC ○ Wellness Partnership (Pathways) – LC ● Focus on strengthening trauma-informed practices and trauma-informed environments including: <ul style="list-style-type: none"> ○ Public awareness of ACES and the effects of trauma ○ Targeted education and training to enhance knowledge and 		

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County
SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program
MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		<ul style="list-style-type: none"> skills of community partners (school staff, case managers, law enforcement, clinicians) ○ Targeted education and training to create and support trauma-informed environments within public settings serving children. 		
<p>Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*</p>	Prioritize prevention funding for services targeting children and families with children (ages 0-12)	<ul style="list-style-type: none"> • Children ages 0 – 12 and their families are a MHR prevention priority population. • MHR prioritized funding of High Risk Prevention programs. The risks programs aim to prevent include child abuse and neglect, behavioral and social-emotional problems, school failure, alcohol and other drug abuse, teen pregnancy, delinquency, and violence. <ul style="list-style-type: none"> ○ Yes Club House (MHALC) ○ Parent Support (MHALC) ○ Capable Parents (Pathways) ○ Triple P Parenting (Our Futures) ○ High Risk Kids (FC) • MHR prioritized funding of Universal Prevention Populations utilizing resiliency and science-based strategies that impact multiple behaviors and focus on population-based interventions. <ul style="list-style-type: none"> ○ Good Behavior Game/Pride Survey – KC ○ Our Futures of Licking County ○ Prevention EBP Programs (Pathways) 	<ul style="list-style-type: none"> • MHR will follow the Institute of Medicine and Prevention Planning Project recommendations when prioritizing and funding prevention programs. 	Priority Selected

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County
SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program
MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		<ul style="list-style-type: none"> ○ Elementary Prevention (FC) ○ Suicide Prevention and Education (MHALC) ○ PAVE Violence Prevention Program (MHALC) ○ Mental Health First Aid – LC & KC ○ Pathways Wellness Partnership & Community Events ○ Prevention – Healthy Habits Community Events (FC) ○ Problem Gambling Prevention 		
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices	Pregnant women and women of child-bearing age will have access to safe housing and comprehensive treatment services based on wellness	<ul style="list-style-type: none"> ● MHR prioritized funding of Domestic Violence Shelters including crisis advocacy and referral and residential support services. <ul style="list-style-type: none"> ○ The Woodlands New Beginnings Domestic Violence Shelter and Crisis Advocacy Services. ○ New Directions Domestic Violence Shelter and Crisis Advocacy Services ● See SAPT – BG Priorities Two and Three for additional AOD services. ● See MH – BG Priority Six for additional MH services. ● See MH & SAPT – BG Priority Seven for integrated behavioral health and primary care services. ● See MH & SAPT – BG Eight for recovery supports and wellness services. 	<ul style="list-style-type: none"> ● 80% of women/families leaving shelter move into safe transitional or permanent housing ● 54% of adults receiving services will experience improved family and living conditions 	Priority Selected
Prevention: Promote wellness in Ohio's	Support of programs that promotes wellness in Ohio's workforce.	<ul style="list-style-type: none"> ● MHR prioritized funding of VRP3 Recovery to Work programming. 	<ul style="list-style-type: none"> ● 50% of clients who complete their approved individualized Placement 	Priority Selected

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County
SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program
MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
workforce		<ul style="list-style-type: none"> ○ Target population includes people with addiction, mental health issues, and those who are dually diagnosed (MH-SSA). ○ Along with vocational services, access to MAT services is included. 	Plans will be gainfully employed at program completion.	
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*	Provision of integrated problem gambling and screening strategies in community and healthcare organizations.	<ul style="list-style-type: none"> ● MHR prioritized funding of problem gambling prevention and addiction treatment. ● Use of Social Marketing Campaign including the development of a gambling prevention website (www.playitsafeohio.org), Facebook ads, radio ads, and local newspapers including strategies targeted at specific risk groups (i.e. ages 18 – 24). (Pathways) ● Information dissemination and education strategies including the distribution of gambling information brochures to lottery outlets, local businesses, governmental agencies, schools and universities, older adult organizations, and other community stakeholders. (Pathways) ● Inclusion of gambling addiction screening tools with AOD providers’ intake procedures. (BHP, FC, LAPP) ● Provision of gambling addiction treatment by AOD provider qualified staff. (BHP, FC, LAPP) ● Utilization of existing county-wide leadership prevention group – Youth Leadership Council, a component of Our Futures in Licking county to target middle and high school students. (Pathways) 	<ul style="list-style-type: none"> ● An increase in the number of contacts to the Pathways 211 Hotline requesting gambling information and referral. ● Average (median) number of days from initial call/first contact to first treatment appointment (first appointment after the assessment has been completed) will be 28 days or less. (MHR PT) ● 80% of participants in the Youth Leadership Council will report increased connectedness with the group and the community 	Priority Selected

Priorities for Mental Health and Recovery for Licking and Knox Counties
Substance Abuse & Mental Health Block Grant Priorities
***Priorities Consistent with the OhioMAS Strategic Plan**

Key

MHR: Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County

SFY14 MHR Contract Providers - BHP: Behavioral Healthcare Providers of Central Ohio, Inc. **FC:** Freedom Center **LAPP:** Licking Alcohol Prevention Program

MHALK: Mental Health America of Licking County **ND:** New Directions **Pathways:** Pathways of Central Ohio, Inc. **TMP:** The Main Place **Woodlands:** The Woodlands. **Other- CFFC:** Children and Family First Council

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		<ul style="list-style-type: none"> Utilization of the EBP Life Skills in elementary schools to reinforce protective factors necessary to decrease the risk of gambling and other addictive behaviors. (FC, Pathways) 	by June 30, 2014. <ul style="list-style-type: none"> 80% of elementary students participating in Life Skills will be able to effectively demonstrate resistance skills by June 30, 2014. 	

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

Priorities	Goals	Strategies	Measurement
MHR Treatment Priority - Community Crisis and Safety Services	Individuals at risk of serious and imminent harm, including danger to self or others and/or incapable of self-care due to behavioral healthcare issues and/or potential life threatening symptoms resulting from	<ul style="list-style-type: none"> MHR prioritized funding of crisis intervention services for both counties. (Pathways, BHP, CFFC, FC, LAPP, ND, The Woodlands) <ul style="list-style-type: none"> ○ Pathways 211 Crisis/Hotline Center ○ Pathways Suicide Follow-up Program ○ Kids' Mobile Crisis Team - MUTT ○ BHP Emergency Services/Crisis Intervention Program ○ BHP Health Officers ○ Crisis Intervention Teams – CIT ○ Out of Network Crisis funding ○ ND Domestic Violence Crisis Advocacy and Referral 	<ul style="list-style-type: none"> 98% of individuals receiving crisis intervention services will be provided with a plan of action necessary to return them to a safe and/or improved level of functioning. 100% of individuals in crisis situations will be seen within three hours of their initial contact.

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

Priorities	Goals	Strategies	Measurement
	<p>withdrawal from substances will have access to crisis intervention services including assessment of risk, crisis/safety planning, and referral to the appropriate level of care to resolve any imminent harm.</p>	<ul style="list-style-type: none"> ○ The Woodlands New Beginnings Domestic Violence Crisis Advocacy and Referral ○ Detox Funding – LAPP and FC ○ Private Adult Inpatient Indigent Fund ○ Youth Inpatient Indigent Fund ○ Family Team Facilitator – KC and LC ● Collaboration of crisis services with local hospitals and law enforcement in both counties. 	
<p>Criminal Justice</p>	<p>Youth and adults with mental illness and/or addiction disorders and involved with the criminal justice system will have access to appropriate services.</p>	<ul style="list-style-type: none"> ● Use of the Sequential Intercept Model to review criminal justice-behavioral health collaborative programs and assess any potential gaps. <ul style="list-style-type: none"> ○ Endorsed by the Gaines Center ○ EBP that is used as a conceptual framework for communities to organize targeted strategies for justice-involved individuals with serious mental illness and/or addiction disorders. ● Collaboration with law enforcement, probation departments, and courts to plan and implement EBP interventions for youth and adults with mental illness and/or addiction disorders. <ul style="list-style-type: none"> ○ Licking County Community Corrections Planning Board ○ Special Docket Court Steering Committees ○ CIT Steering Committees ○ Licking County Reentry Taskforce ○ Knox County Substance Abuse Action Taskforce (KSAAT). ● Use of AOD treatment and criminogenic EBPs – Stages of Change, Motivational Interviewing, Contingency Management, Cognitive Based Treatment – Thinking for a Change, University of Cincinnati recommendations and EBPs, Integrated Dual Diagnosis Treatment Teams. ● In-kind MHR and provider staff support and/or funding of contingency management interventions for special docket courts <ul style="list-style-type: none"> ○ LC Felony Drug Court 	<ul style="list-style-type: none"> ● Average (median) number of days from initial call/first contact to first treatment appointment (first appointment after the assessment has been completed) will be 28 days or less. (Aggregate MHR PT) ● Forensic clients released to community control will meet the terms of their conditional release. (MHR PT) ● Incarceration rate for IDDT Team clients will be no more than 15%. (NOM threshold)

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

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> ○ LC Municipal Behavioral Healthcare Court ○ KC Municipal Behavioral Healthcare Court ○ KC Juvenile Court Drug Court ● MHR prioritized funding of Crisis Intervention Team (CIT) for both counties. <p>Sponsorship and implementation of basic and advanced CIT training for law enforcement, jail and court personnel, and system emergency services staff, of steering committees, and collection of data.</p> <ul style="list-style-type: none"> ● MHR prioritized funding of the EBP ACT/FACT team and MHR forensic monitoring. ● MHR prioritized funding of EBP IDDT (SAMI) teams in both counties. ● MHR prioritized funding of AOD programs related to reentry. <p>Men's & women's gender specific AOD residential treatment – ODRC/MHR reentry beds Non-Medicaid Gender specific women's IOP and OP services Non-Medicaid IOP and OP services</p>	
<p>MHR Treatment Priority: Severely Substance Abusing Adults and Youth (MHR Priority Populations – Policy) – Inclusive of all populations.</p>	<p>Severely Substance Abusing adults/youth will have access to addiction treatment services.</p>	<ul style="list-style-type: none"> ● Severely Substance Abusing adults/youth are a MHR priority population. Policy ● MHR prioritized funding of non-Medicaid AOD treatment services for adults/youth for both counties. (BHP, FC, LAPP) <ul style="list-style-type: none"> ○ Non-Medicaid Youth Outpatient AOD Treatment ○ CFFC Residential Pooled Funding ○ High Risk Family Team Facilitators ○ Kids' Mobile Crisis Team ○ Men's & women's gender specific AOD residential treatment – community beds ○ Men's & women's gender specific AOD residential treatment – ODRC/MHR reentry beds ○ Non-Medicaid Gender specific women's IOP and OP services ○ Non-Medicaid IOP and OP services ○ Wraparound funding ○ Hot Spot Opiate Intervention Strategies - Recovery Case Management and Outreach <ul style="list-style-type: none"> ● MHR prioritized funding of Detox and MAT ambulatory 	<ul style="list-style-type: none"> ● 50% of adult AOD clients assessed as appropriate for outpatient or residential services will complete the programs. (MHR PT) ● 65% of youth AOD clients assessed as appropriate for outpatient services will complete the program. (MHR PT) ● Of those completing a program with a dependence diagnosis, 75% will report abstinence from drugs and/or alcohol use at discharge. (NOM threshold) ● For adult/youth clients who will receive ongoing services from a MHR provider, the average (median) number of days between discharge from Detox/AOD in-patient and face-to-face outpatient services with follow-

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

Priorities	Goals	Strategies	Measurement
		and inpatient services.	up contact will be 5 days or less. <ul style="list-style-type: none"> ● 98% of adults receiving services will have no new involvement with the criminal justice system. (NOM threshold) ● 95% of youth receiving services will have no new involvement with the criminal justice system (NOM threshold)
MHR Strategic Planning	MHR will conduct strategic planning in SFY14.	<ul style="list-style-type: none"> ● MHR will incorporate in strategic planning a public health approach for planning and prioritized funding utilizing the Strategic Prevention Framework, SAMHSA best practice values, and ethical decision-making practices. This will include: <ul style="list-style-type: none"> ○ MHR alignment with the SAMHSA Modernized Comprehensive Continuum of Care (2011). ○ MHR alignment with the OMHAS state-wide strategic plan. ○ MHR adoption of the SAMHSA best practice values– “A Public Health Model for Behavioral Health” focused on: <ul style="list-style-type: none"> ○ Universal – focus on population and individual health ○ Structure – creating and support government and community infrastructure and capacity ○ Public Policies – affecting the environment in which health or disease occurs ○ Access ○ Data and information driven - to track and improve population-based health status and quality of care/life – what works to prevent, treat, and support recovery evidence-based approaches. ○ Prevention first. ○ MHR incorporation of ethically driven decision-making practices into the system prioritization framework. ○ “The Ethics of Scarcity” (Dr. Michael Gillette) – Efficiency, effectiveness, equality, equity. ○ The use of the Consumer Advisory Council to provide input from consumers of system services. ● As a result of strategic planning, MHR will develop public policy in response to the impact of Healthcare reforms, the Affordable Care Act, Medicaid Expansion, and resulting system and operational changes. Policies to 	<ul style="list-style-type: none"> ● MHR will complete a three year strategic plan in SFY14.

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

Priorities	Goals	Strategies	Measurement
		<p>address:</p> <ul style="list-style-type: none"> ○ Promotion of behavioral health as public health. ○ Prioritized funding of non-Medicaid services complimentary to Medicaid treatment services. ○ Access to Care: Consideration of treatment funding for individuals not covered or unable to afford insurance options offered by the federal healthcare exchange. ○ Monitoring and advocacy of quality care regardless of payer source. ○ Adoption of new funding methods other than fee for service. ○ Integration of physical and behavioral healthcare. ○ Adoption of trauma informed environments and care. 	

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) Increase availability of housing	The MHR system is providing services to a high number of consumers who lack stable housing. 3.5% of adults currently receiving treatment services are homeless (MHSIP 2013). Many other consumers lack stable housing. Supportive and recovery housing is a necessary addition in both Licking and Knox Counties to help stabilize the populations being served.
(2) Promote universal trauma-informed practices	Within the MHR provider network, we have identified the need for greater awareness of trauma-informed practices and the formal adoption of these practices both as part of agency operational practices and as clinical practices by all therapists. Additionally, there is recognition throughout the MHR service area of the need to understand and adopt trauma-informed practices in all public settings from education through the criminal justice system. MHR could play a significant role in promoting awareness and use of trauma-informed practices throughout our service area, but this comprehensive approach will require additional resources.
(3) Increase family-oriented services	The MHR system supports only limited family-oriented services which include the Mobile Crisis Teams and wrap-around services in both counties. However, both counties have more substantial need for other family services such family therapy, additional interventions for high-need families, and increased prevention services that target families.

8. Describe the Board's accomplishments achieved through collaborative efforts with other systems, consumers and/or the general public during the past two years.

Key Community Collaborations

Collaborations

Licking County Reentry Taskforce – Partnering with the Licking County Common Pleas Court, MHR provided leadership for the Licking County Adult Reentry Taskforce to develop strategies in reducing offender recidivism and increasing public safety. On behalf of the taskforce, MHR authored and received one of 15 nationally awarded federal Bureau of Justice Second Chance Act Adult Offender Reentry Planning Grants to support strategic planning and promote community collaboration. Taskforce membership included county commissioners, community corrections planning board, municipal and common pleas judges and probation departments, county prosecutor and defense bar, law enforcement, LCJFS, homeless and housing groups, faith-based organizations and churches, health and behavioral health care providers, and family members and ex-offenders.

Licking County Community Corrections Board – This group addresses the needs of the adult criminal justice population. It is comprised of county commissioners, law enforcement, defense and prosecuting attorneys, behavioral health providers and MHR, Common Pleas Court, and Municipal Court personnel.

Licking County CIT Steering Committee & CIT Program - Newark Police Department, Licking County Sheriff's Office, Licking Memorial Hospital, Licking County Common Pleas Court Adult Probation, Licking County Municipal Court Adult Probation, Licking County Juvenile Court Probation, BHPCO, LAPP, Pathways, and MHR: Development and collaboration of a county-wide CIT Program involving 18 law enforcement agencies, including Denison University, and over 170 trained officers. MHR also offers, at no cost to Licking County departments, an annual CIT training academy and advanced CIT training. The program works closely with the CCOE for Criminal Justice.

Knox County CIT Steering Committee & CIT Program – Knox County Sheriff's Office, Mt. Vernon Police Department, Mount Vernon Municipal Court Probation Department, Knox Community Hospital, Knox County MHR of DD, Mental Health America-Knox County, The FREEDOM CENTER, BHP, Pathways, New Directions, and MHR: Development and collaboration of a county-wide CIT program, involving law enforcement and other first responders, including Kenyon College and over 60 trained officers. The MHR also offers, at no cost to Knox County departments, an annual CIT training academy and advanced CIT training. The program works closely with the CCOE for Criminal Justice.

Licking and Knox County Dually-Diagnosed Intervention Team (DDIT Teams) are a best practice supported by the Ohio Coordinating Center of Excellence (CCOE) for Mental Illness and Developmental Disorders (Wright State University). The teams meet regularly to plan joint service/treatment strategies for and monitor challenging dual diagnosis cases, especially for ages 18 to 24, an identified high risk group. Members of the collaborations include felony and municipal court probation departments, MHR and contract providers, representatives from both boards of developmental disabilities, DD providers, developmental centers, and other key service partners.

Licking County Common Pleas Court Drug Court: - The Steering Committee: Licking County Common Pleas Court Judge David Branstool, Licking County Common Pleas Court Adult Court Services, BHP, LAPP, MHR, and county prosecutor and defense bar. The Drug Court was certified by the Supreme Court of Ohio in 2013.

Licking County LIFT Behavioral Healthcare Court: - The LIFT Steering Committee: Licking County Municipal Court – Judge David Stansbury, Licking County Municipal Court Adult Probation, BHP, LAPP, MHR, and county prosecutor and defense bar. The LIFT (Licking County Intervention for Treatment) Behavioral Health Court program was implemented in SFY 09 with the support of the Supreme Court of Ohio.

Licking County OVI Court: The Steering Committee: Licking County Municipal Court – Judge Michael Higgins, Licking County Municipal Court Adult Probation, BHP, LAPP, MHR, and the prosecutor and defense bar. The OVI Court program was implemented in SFY12 with the support of the Supreme Court of Ohio.

Knox County Mount Vernon Municipal Court Behavioral Healthcare Court – The Mt. Vernon Municipal Behavioral Healthcare Court Steering Committee – Judge Paul Spurgeon, Mt. Vernon Municipal Court Adult Probation, Mt. Vernon Police Department, Knox County DD, BHP, FREEDOM CENTER, and MHR. The Mt. Vernon Municipal Behavioral Healthcare Court was implemented in SFY 11 with the support of the Supreme Court of Ohio.

Knox Substance Abuse Action Team (KSAAT) – The Knox Substance Abuse Action Team was formed in 2009 in response to growing concern about prescription drug abuse in Knox County. It has expanded its membership since then and includes representatives from the following organizations: Knox County Health Department, Knox Community Hospital, Knox County Sheriff’s Office, Mount Vernon Police Department, school representatives, Freedom Center, BHP, parents, media, Knox County Juvenile court, a local pharmacy, children’s services, YMCA, Knox DD, New Directions Domestic Violence Shelter, Knox county Prosecutor’s Office, and Knox County Commissioners. MHR serves as the convener for KSAAT.

KSAAT has focused on addressing issues related to prescription drugs and opiates including sponsoring Rx drug take-back days, establishing permanent drop boxes and raising community awareness about opiates and Rx drug abuse. Additionally, KSAAT has identified the need to identify and adopt community-wide substance abuse prevention initiatives. KSAAT is currently in the process of expanding its committee structure and conducting planning to strategically identify and address issues and concerns specific to Knox County needs. The Opiate committee will continue its focus on opiates and prescription drug abuse. The Prevention Committee will focus on youth substance abuse prevention initiatives.

Licking County Prescription Drug Taskforce - Membership includes law enforcement and probation departments, health and behavioral healthcare providers, and other community stakeholders. The taskforce has conducted community educational training events and sponsored drug take back days and permanent prescription drop boxes. Pathways of Central Ohio serves as the convener for the taskforce.

MH/DD Youth Crisis Team Partnership – The primary members of the partnership include the Knox and Licking Boards of Developmental Disabilities, Behavioral Healthcare Partners of Central Ohio (BHP), Pathways of Central Ohio, The Village Network, and MHR. Other collaborative members include CIT and law enforcement, JFS, juvenile court and local hospitals and health departments. The Partnership received funding through the “Helping Ohio’s Children and Youth in Crisis” grant program for MUTT (Mobile Urgent Treatment Team) Kids’ Mobile Crisis Team to address critical issues faced by families with youth (8-24) who present a risk to themselves, their families, or others due to mental illness and/or developmental disorders. From September – November 2013, 58 youth and their families have received services.

Licking County Board of Developmental Disabilities and Mental Health and Recovery for Licking and Knox Counties Memorandum of Understanding: This was developed between the two partners in 2012 recognizing that individuals with co-occurring mental illness and developmental disabilities are the joint responsibility of both systems.

Licking County Job and Family Services Planning Group: This group is comprised of commissioner appointees representing MHR, Pathways-211, housing, development, education, and faith-based organizations. Members serve as an advisory group to Licking County Job and Family Services providing input and recommendations for services.

Children & Family First Council (Licking) & Family & Children First Council (Knox): MHR participates with other multi-system representatives from Job & Family Services, Juvenile Court, DD, health departments, school systems, and behavioral healthcare providers on Family and Children First Councils in both counties. Each council has appointed a committee with multi-system representation, Licking - the Clinical Committee and Knox - the Community Team, to serve the most challenging, high risk, multi-system children and their families in the community. Through the use of pooled and FCSS funding and service coordination, the committees support family teams in creating and implementing plans to maintain children safely in their homes and avoiding out of home placements. Plans are based on resiliency activities supporting a strengths based approach of intervention. In SFY 09, the position of Licking County Team Facilitator was implemented as a result of planning by the Licking County Children & Family First Council. The team facilitator is responsible to enhance service coordination efforts across multi-systems in Licking County. In SFY 13, over 25 children and their families were served through the efforts of this position. A similar position was created in SFY13 for Knox County. The Knox County Team Facilitator has served children and their families. The Center for Innovative Practices CCOE has providing consultation and training for this project including resiliency strategies and multi-system family team approaches.

Licking County Our Futures: This prevention collaborative is working to improve the development of healthy and productive youth while reducing risk factors associated with substance abuse, crime, violence and school dropout rates. Representatives throughout the county united to identify low-cost, measurable, evidence-based strategies to accomplish the goals. Committees include representatives from schools, business, media, youth, parents, youth-serving organizations, law enforcement, religious organizations, civic and volunteer groups, health care professionals and governmental agencies. Funded by a Drug Free Community Grant, Our Futures is committed to changing community values and norms of ATOD use among youth through the provision of evidenced-based environmental prevention strategies. Strategies include the Pax Good Behavior Game used in 26 of 27 Licking Elementary Schools and the Triple P Positive Parenting evidenced-based program. In 2012-2013, 942 families participated in Triple P. In a recent study in South Carolina, Triple P was shown to reduce the risk factors of child abuse and family violence (Prinz, et.al. 2009) through its positive parenting strategies.

Knox County Suicide Prevention Collation and the Licking County Suicide Prevention Collation: The MHR participates with suicide prevention collations in both counties. Activities include prevention planning and community education, gatekeeper training, social marketing, and training events.

Health Partnership of Knox County: In April 2012, the Knox County Community Health Assessment was completed. The Knox Community Health Improvement Plan (CHIP) was developed based on this assessment which surveyed residents, businesses, and key stakeholders. The CHIP identified three priority focus areas, two of which focus on behavioral health prevention and intervention. The Health Partnership of Knox County subsequently formed three committees, two of which were focused on developing plans for mental health and alcohol/drug services. One committee has focused on prevention and the second focused on intervention. The Partnership includes individuals from health, schools, social services, business, recreation, and government.

Knox County Vision Initiative – During 2013, the Knox County Family and Children First Council has provided leadership to a community-wide process of identifying and understanding key social and economic issues, identifying existing community resources to address issues, and identifying an overarching vision for all residents of Knox County for the future. The process has engaged representatives from business, industry, foundations, social service organizations, and government and has been led by United Way of Knox County. MHR and its contract agencies have been involved with this process since many of the identified issues in the county relate to behavioural health.

Licking County Housing Initiative and Knox County Emergency Needs Coalition – Housing Continuum of Care Committees. Housing and homeless organizations and advocates include members of the faith-based community, non-profits, and governmental groups including MHR and the VA. Committees are responsible for local planning and prioritization of housing needs.

Regional Hot Spot Projects – Central Ohio Collaborative

MHR participates with six other boards in the Central Ohio Collaborative. Using Hot Spot funding (SFY13 and SFY14), the collaborative has identified regional service gaps two of which involve stabilization either for hospital diversion or step-down care: Nationwide Children’s Hospital Crisis Beds and the Ross County Adult Residential Treatment. Locally, SFY13 dollars are also being used to fund adult and youth private hospitalization for individuals lacking a payer source.

In addition for SFY14 hot spot dollars will be used locally to fund two recovery case management/ outreach positions to support individuals receiving addiction treatment including MAT.

Collaboration with Customers and the General Public

MHR involves consumers and the general public in the local planning process and collaborations in a number of ways. This includes the use of consumer forums and focus groups (2010), consumer satisfaction and outcomes surveys (MHSIP/YSS/YSS-F) (2010 -2013), a stakeholder priorities survey (2010), referral source surveys (2009-2013), and the Pride Surveys administered in both Licking County (May 2009-2013) and Knox County (May 2011-2013) schools. In addition, the Licking County Reentry Taskforce includes family members and ex-offenders who have participated in the planning process. Consumers and family members also participate in other community collaborations, along with MHR, that include suicide prevention collaboratives, health department assessments and planning groups, prevention and prescription drug community planning groups, and other community strategic planning initiatives. MHR is currently developing a consumer advisory council utilizing membership from its providers.

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

MHR continues to use the established processes described below to meet needs of consumers and to monitor hospital utilization. As a result of decreased access to state hospitals, MHR has increased funding for the use of private hospitals. Additionally, for SFY14, MHR is continuing to partner with the state to reduce civil and forensic state hospitalizations by participating in the state hospital utilization management project.

Further, MHR continues to utilize performance targets which monitor hospitalization. For FY14, these performance targets are as follows:

- The average (median) number of days between discharge from board-funded non-state hospital psychiatric services and provider service follow-up contact will be 7 days or less.
- 90% of state hospital admissions will have face-to-face follow-up contact with a nurse practitioner or psychiatrist within 7 days of discharge
- The average (median) number of days between discharge from detox/AoD in-patient and face-to-face follow up contact will be 5 days or less.

Progress toward these performance targets is measured and reviewed semi-annually with providers instituting strategies for improvement, as needed.

In addition to the established processes described below, MHR has implemented a youth mobile crisis response team in both counties. MHR received a grant in August of 2013 which has facilitated the development of these teams. The teams include individuals from Behavioral Healthcare Partners and the Boards of DD in both Licking and Knox County. In addition, Pathways/211 serves as the agency receiving, screening, and dispatching referrals. The Village Network has also offered its services in support of this project by offering Crisis Stabilization at their Children's Resource Center (5 days) or Respite Foster Care (3 days) The team addresses the critical issues faced by families with youth (ages 8 – 24) in crisis who present a risk to themselves, their families, or others due to mental illness and/or developmental disabilities. Referrals have come from hospitals, schools, community agencies and families. The team goes to the individual's house or another agreed-upon location, meets with the individual and/or family, and provides targeted crisis intervention services and safety planning and intensive care coordination with referral to appropriate services. Since its inception in August of 2013, 58 youth have been served (11 in Knox and 47 in Licking). Of these individuals served, only 4 have been hospitalized.

Regional Hot Spot Projects – Central Ohio Collaborative

MHR participates with six other boards in the Central Ohio Collaborative. Using Hot Spot funding, the collaborative has identified regional service gaps two of which involve stabilization either for hospital diversion or step-down care: Nationwide Children's Hospital Crisis Beds and the Ross County Adult Residential Treatment program.

Private hospitals:

- Both the Licking and Knox County CIT programs have developed procedure protocols that actively involve law enforcement, community hospitals and MHR contract providers in increasing face-to-face capacity of emergency service provision to both adults and children and adolescents. Both community hospitals provide the central location for CIT identified cases in need of further crisis intervention or pre-hospital screening that cannot be addressed in the field.
- Shepherd Hill Hospital, the behavioral healthcare inpatient psychiatric unit for Licking Memorial Hospital, participates in collaborative efforts involving crisis intervention and pre-hospital screening activities with the staff of Licking Memorial Hospital and the BHP Crisis Intervention/Emergency Services Department.
- MHR allocates detoxification funding to their AOD providers to purchase detoxification and short term treatment private facilities. Shepherd Hill Hospital partners with MHR AOD agencies to provide detoxification and other addiction services. This includes the use of MAT treatment. To meet the needs of the growing opioid addiction crisis in both counties, MHR set aside additional funding specifically for medically assisted treatment and short term residential treatment.
- Both community hospitals participate in multi-system collaborative groups that address issues of planning and implementation of programming. These groups include:
 - The Licking County CIT Steering Committee
 - The Knox County CIT Steering Committee
- MHR has designated funding for families having no means of payment for inpatient psychiatric care for their children. MHR contracts with private hospitals which provide inpatient psychiatric care for children and manages this funding in conjunction with the hospital pre-screening activities provided by the BHP Crisis Intervention/Emergency Services Department.
- MHR allocates designated funding to BHP for adults with no means of payment for inpatient psychiatric care. Without this funding, state hospital bed day use would increase. This ensures greater flexibility in using private hospitalization with shorter lengths of stay when it is clinically appropriate. BHP directly contracts with private hospitals to purchase beds as needed.
- Both community hospitals, Licking Memorial Hospital (Licking County) and Knox Community Hospital (Knox County), work very closely with the BHP Crisis Intervention/Emergency Services Department by

providing safe observation space in their emergency room departments and the support of their emergency room staff for individuals in need of crisis intervention and/or pre-hospitalization screening and medical clearance.

Regional Psychiatric Hospital Continuity of Care Agreements/State Hospital Bed Day Utilization Project

The Continuity of Care Agreement between Twin Valley Behavioral Healthcare, Behavioral Healthcare Partners (BHP), and MHR has been implemented to ensure a seamless process to access and improve continuity of care in the admissions, treatment and discharge between state hospitals and community mental health providers by the following:

1. All BHP staff involved in the Continuity of Care processes is knowledgeable about its content and expectations including responsibilities of hospital admission, inpatient-outpatient team participation, discharge planning, and aftercare services. Additionally, MHR provides annual training opportunities for health officers including review of OAC 5122 and best practice crisis intervention models. Supervision for the Continuity of Care implementation is provided by the BHP Medical Director, the BHP Crisis Intervention /Emergency Services Supervisors for Licking and Knox Counties, and clinical administration. MHR monitoring and consultation is provided by the MHR Clinical Director on a 24/7 as needed basis.
2. Aggressive Utilization Management including successful participation in the SFY13 State Hospital Bed Utilization Project. The MHR system achieved the SFY13 system goal of maintaining state hospital bed utilization (4571 days used) beneath the 3-year average (combined civil/forensic 3-year average = 5124). Participation in the project will continue for SFY14.
 - Daily the MHR Clinical Director refers to the ODMH PCS Data system for consumer information. This information is faxed to BHP for distribution to all pertinent staff.
 - BHP health officers daily fax all probate and pink slip documents to the MHR Clinical Director for review.
 - The BHP Medical Director, other BHP supervisors, and the MHR Clinical Director regularly consult on admissions, continuing stays, and discharge planning. All consult with TVBH administration concerning consumer inpatient status.
 - BHP staff participates in scheduled team meetings with TVBH in person, via phone conference, or by teleconferencing. In between scheduled team meetings, the BHP Medical Director and other BHP clinical staff meet with hospitalized consumers and hospital staff to continue to develop the discharge plan and assess for continued stay.
3. Administrative Meetings
 - Administrative staff from TVBH, the BHP Medical Director and other clinical staff, and MHR confers frequently on the implementation of the Continuity of Care Agreement, methods of improving the collaborative partnership, and specific cases.
 - MHR participates with the Central Ohio Collaborative to assess and plan for regional needs and gaps in services.

Addressing Needs of Civilly and Forensically Hospitalized Adults

Since FY 2008, MHR has funded the evidence based practice ACT/FACT team in Licking County. Team staff provides services to all ACT/FACT consumers, while ACT serves non-forensic adults and FACT serves the forensic population. Serving some of the highest risk mental health consumers, the ACT/FACT team has consistently exceeded its key fidelity measures. In SFY 2013, the team did not meet the outcome of using 30% fewer state

hospital bed days, but did decrease their utilization by 24%. This indicates improved and continued participation in treatment by consumers as well as progress toward reducing the use of hospitalization.

Forensically hospitalized consumers are followed by Behavioral Healthcare Partners (BHP), a MHR provider and the MHR Forensic Monitor. In Licking County forensic consumers are served by the ACT/FACT team and in Knox County by adult CPST services. Both BHP and the forensic monitor attend hospital treatment team meetings to plan for discharge and conditional release into the community. BHP staff frequently involve The Main Place, the MHR funded peer support/consumer operated center in both counties, as part of a coordinated team effort to address the needs of forensic consumers as part of the conditional release plan. Both providers take consumers into the community prior to release so that the plan can be practiced and the consumer become reintegrated.

The MHR forensic monitor becomes involved with a forensically hospitalized consumer fairly early in the process, generally beginning during competency evaluation or restoration process. This is to establish a relationship with the consumer and provide consultation to the treatment team, BHP, and the court. The MHR Chief Clinical Officer reviews the conditional releases of each forensic consumer and provides additional consultation.

MHR and BHP adhere to the conditions of the Continuity of Care agreement with Twin Valley Behavioral Healthcare in assuring that needs of hospitalized consumers are met in discharge planning and the provision of aftercare services.

MHR and BHP will continue efforts to educate and offer consultation to common pleas and misdemeanor/municipal court judges and probation departments regarding non-violent offenders. Both counties' misdemeanor courts have behavioral health courts for non-violent offenders that work closely with MHR providers.

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.

1. MHR has developed expertise and experience in implementing a prioritized funding system to support its system of care based upon a public health approach for planning utilizing the Strategic Prevention Framework, SAMHSA best practice values of the "Public Health Model for Behavioral Healthcare," and ethical decision-making practices. The prioritization strategy also seeks to align with the SAMHSA Modernized Comprehensive Continuum of Care model. Beginning in SFY 2010, the system experienced significant funding cuts. Rather than establishing an across-board cut for all contract providers starting in SFY10 and continuing through SFY14, MHR prioritized and rated all funded services and programs and made funding decisions based on those criteria. This process began in January of 2009 in anticipation of continued funding reductions. Central to this business planning process was the development and adoption of decision criteria and rankings for all programs/services by Tiers. These were developed, adopted and applied first to the SFY 2010 provider applications. This process has been refined and strengthened during the application processes for SFY 11-14. For SFY 2014, modifications to this process included setting aside a designated amount of funding for Wellness/Recovery and Prevention as a step toward addressing longer-term health and stability needs within the behavioral health system. These modifications move the MHR system of care in alignment with the SAMHSA Modernized Comprehensive Continuum of Care model and the adoption of the SAMHSA best practice values of their "Public Health Model for Behavioral Healthcare." This provides greater emphasis on wellness/recovery and prevention for the system of care.
2. As stewards of the public's dollars, MHR has strategically allocated its' funding since SFY10 to support the prioritized system. Strategies include the incorporation of Dr. Michael Gillette's ethically driven decision-making practices into the system prioritization framework. His model, "The Ethics of Scarcity," addresses the use of efficiency, effectiveness, equality, and equity when making funding decisions. MHR Board members and staff have attended several trainings provided by Dr. Gillette.
3. In SFY14, MHR included the National Outcomes Measures (NOMS) as part of outcome management for the system of care. In applying for SFY14 funding, providers were required to complete a logic model for each requested service/program purchased by MHR demonstrating linkages between the identified problem and population to the proposed strategy and the desired intermediate and long-term outcomes. Other strategies include the use of utilization management and clinical/evidenced based practices coupled with outcome management by MHR treatment providers to provide clinically effective and cost efficient services. All MHR prevention providers have increased their use of evidenced based practices using SAMHSA criteria coupled with outcome management.

4. MHR has partnered closely with the Our Futures Coalition of Licking County. The Our Futures group has placed a major emphasis on identifying and implementing evidence-based prevention strategies that can be disseminated at a population-level basis. In the course of this work, Our Futures has developed expertise in this area that might be of benefit to other Ohio communities. One specific area of success has been the adoption and implementation of the Good Behavior Game by a significant number of early elementary school teachers. This intervention has very robust research that demonstrates long term positive impact related to positive child development and avoiding risky behaviors. Our Futures has been training teachers and implementing the program for four years. In addition, Our Futures has developed a collaborative structure that has led to successful private/public partnerships and methods for promoting sustainability of the project.
5. MHR has planned and implemented Art of Recovery events in both Licking and Knox Counties for two years. This event provides an avenue for consumers to display their artwork to the community and MHR uses the opportunity as one means for reducing stigma. One of the events each year is also used as the opportunity to recognize individuals and organizations in the community who have dedicated themselves to serving those with behavioral health disorders.

Advocacy (Optional)

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

Open Forum (Optional)

12. Please share other relevant information that may not have been addressed in the earlier sections. Report any other emerging topics or issues, including the effects of Medicaid Expansion, which you believe are important for your local system to share with the Departments or other relevant Ohio Communities.

Implications of Health Care Reform on Behavioral Health Services (Business and Operations Challenges)

The MHR Board will engage in strategic planning in SFY14. As a result of this planning, MHR will develop public policy in response to the impact of health care reforms, the ACA, Medicaid expansion, and resulting system and operational changes. Board members and the Executive Director have already participated in training related to the ACA and MHR will continue to monitor the implementation of health care reform in Ohio. The current “unknowns” of the impact of Medicaid expansion and the stability of other funding for behavioral health, such as the federal block grants, make it challenging to plan for future services. The strategy for our budgeting process has been to use our reserves to offset state funding cuts by minimizing reductions to providers to get us through SFY 2014. The additional SFY14 state MH/AOD allocations were used to offset this current deficit funding. If Medicaid expansion had not been upheld, we projected another 1 million in cuts to our system of care beginning in SFY15. Currently, our primary business challenge is to implement system changes with Medicaid expansion while maintaining system stability. We are working with our treatment providers to assist them with strategies to rapidly shifting revenue sources while maintaining stable operations. This also requires us to identify what non-Medicaid services could be funded with savings from the State and to predict what additional funding changes the State may make as a result of Medicaid expansion for FY15 and beyond. Any resulting system redesign will include a greater focus on outcomes management to improve effectiveness and efficiency of services.

Second, in keeping with the values of wellness and recovery and addressing the health disparity faced by persons impacted with mental health and/or AOD issues, MHR and several providers, participating with key community stakeholders, are moving forward with initiatives to integrate physical and behavioral health care. Most notably, Behavioral Healthcare Partners of Central Ohio (BHP) and The Main Place have instituted community partnerships with other health care providers to promote planning and interventions of integrated healthcare. In Knox County, BHP in conjunction with the Rural Health Network - Knox County Health Department, Knox Community Hospital, Knox County Job and Family Services, United Way of Knox County, The Freedom Center, and MHR is applying for the federal Rural Health planning grant. If funded, BHP and network members would conduct activities, including strategic planning, necessary to initiate integrated care in Knox County.

Appendix 1: Alcohol & Other Drugs Waivers: Not Applicable

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	ODADAS UPID #	ALLOCATION

B. Request for Generic Services

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

B.AGENCY	ODADAS UPID #	SERVICE	ALLOCATION

Appendix 2: Definitions

Business Operations: Shared Resources, QI Business Plan, Financial Challenges, Pooled funding, Efficiencies, Strategic Planning, Contracts, Personnel Policies, etc.

Cultural Competence: (Ohio's State Inter-Departmental Definition) Cultural competence is a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services.

Culturally Competent System of Care: The degree to which cultural competence is implemented as evidenced by the answers to these questions:

- Is leadership committed to the cultural competence effort?
- Are policies and procedures in place to support cultural competence within the system, including policies and procedures to collect, maintain and review caseload cultural demographics for comparison to the entire community?
- Are the recommended services responsive to each adult, child and family's culture?
- Is the client and family's cultural background taken into account in determining when, how, and where services will be offered?
- Is staff reflective of the community's racial and ethnic diversity?
- Is staff training regularly offered on the theory and practice of cultural competence?
- Are clients and families involved in developing the system's cultural competence efforts?
- Does Behavioral Health staff interact with adults, children and families in culturally and linguistically competent ways?
- Is staff culturally sensitive to the place and type of services made available to the adult, child and family?
- Does the system of care reach out to the diverse racial, ethnic, and cultural groups in the community?

Local System Strengths: Resources, knowledge and experience that is readily available to a local system of care.

Local System Challenges: Resources, knowledge and experience that is not readily available to a local system of care.

Planning Efforts: Collaborations, Grant opportunities, Leveraging Funds, Data Collection (e.g., Key Performance Indicators, Outcomes), Trainings

Service Delivery: Criminal Justice, School Based or Outreach, Crisis Services, Employment, Inpatient/Residential Services, Housing, Faith Communities, etc.