

MEDINA COUNTY ADAMH BOARD
OMHAS Community Plan SFY 2014
November 20, 2013

Environmental Context of the Plan/Current Status

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

ECONOMIC STATUS – Historical Perspective – The past six years have proven to be extremely volatile and unsettled, resulting in enormous funding cuts from the state as well as policy changes that have dramatically impacted the role and functions of ADAMH Boards in the Ohio behavioral health system. With Medicaid expansion being implemented as of January 1, 2014, we are bracing for even more significant change and beginning to try and parse out and project what the financial and programmatic impact will be on consumers, providers and boards across the state. Given the tenuous economic environment, it has been difficult to do long term planning. Instead, we had to be “nimble” and “adaptable” due to the volatile funding from the state and feds, as well as the sweeping changes in healthcare.

Recent investments by the state (such as the 505 Hot Spot funding) have been very helpful in stabilizing our overall funding and have allowed us to add some limited new initiatives as well as begin to slowly build back some of the resources that were reduced or removed from our system under the prior administration. We are appreciative of the Department’s commitment to stabilize and “do no harm” and are hopeful that this will continue into the coming year.

MEDINA COUNTY DEMOGRAPHICS – There has been **explosive growth in Medina County** in the last two decades. We are one of the fastest growing counties in the state of Ohio; in fact we are the fifth fastest growing county in Ohio. In 1990 the population was 122,354; as of the 2010 census, it was 172,332, a 40% increase. Population is projected to continue this rapid growth into the next decades with an estimated 191,850 in 2020. This growth has changed the character of our county from a mostly rural, small-town environment to a much more suburban/urban city environment with different sets of problems, issues, needs, etc. Additionally, because we are a “bedroom community” of Cleveland and Akron, we do experience a “spill over” of some of the urban issues that affect these major urban centers.

Medina County is fairly affluent, currently **having the second lowest poverty rate (5.9%) in the state**, as in comparison to 15% for the State of Ohio, per the ODOD April 2011 Ohio Poverty Report. Counties contiguous to Medina (Cuyahoga, Lorain, Summit Wayne and Ashland) have poverty rates that are more than double that of Medina (e.g., Cuyahoga is at 16.4%). At the height of the recent recession, **Medina’s jobless rate increased 45% (in FY2009) to 9%**, and although this was not as high as most of our neighboring Northeast Ohio counties, it was shockingly high for Medina. We had not experienced unemployment that high since 1987. **The unemployment rate has steadily dropped since then and was 5.9% as of August 2013, eleventh lowest in the state.** Clearly, the

Medina economy is improving.

Demand for public assistance and supports have increased dramatically over the past several years, and despite improving conditions, we have yet to see this translate into a decrease in demand for behavioral health services. **In fact, we continue to see an increasing number of persons without any resources** – persons who have lost their jobs and their health insurance, do not have Medicaid and have little if any ability to pay even a portion of the cost of services. As such, the Board continues to have to pick up more and more of the cost of services. This will undoubtedly change with the implementation of Medicaid expansion and the Affordable Care Act.

The county has three major cities; Medina, located in the center of the county, Brunswick, which borders Cuyahoga County, and Wadsworth, which borders Summit County. We are clearly a “bedroom community” for both of these major urban areas, and as such, many persons choose to seek services out-of-county for a variety of reasons including privacy, proximity to the services, and the fact that these urban areas tend to have a much richer array of services available than a county our size. **Medina County is also a highly homogeneous county with a total minority population of only 4%.** This has actually increased slightly over the past two decades.

Transportation has always been an issue as the county has had a limited transit system that provides “on demand” transportation for the elderly and persons living with serious mental illness. Unfortunately transportation issues will become much worse in 2014 due to the reclassification of Medina County as an Urban Transit System by the Ohio Department of Transportation. Urban systems get more federal funding for equipment and facilities but far less to subsidize daily operations; **ODOT will provide only about \$135,000 to Medina County next year as opposed to the roughly \$1 million it would have provided if Medina County remained a rural transit area.** To compensate for the loss of funds, the county is currently planning on eliminating the “on demand” transit for our clients. We are anticipating that many clients residing in areas located off of designated transit routes, or more than one mile from a designated route will be unable to access transit services. We have many clients with SMI that live in outlying areas of the county, and this change will severely inhibit their ability to access needed services. We are working closely with the County Commissioners and Transit committee to try and find some alternatives that will address the devastating impact these changes will have on our system. At a minimum, we anticipate a significant increase in costs associated with assisting our most vulnerable clients to access critical services.

CHARACTERISTICS OF CLIENT SERVED

The Medina County ADAMH Board currently has non-Medicaid contracts with two main providers. These agencies are Alternative Paths, Inc. which serves adults living with SMI and provides Emergency Services/PreScreening and Forensic Services; and Solutions Behavioral Healthcare, Inc., which serves the general mental health and AOD populations as well as our most at-risk SED youth and their families. Until FY2010 we had five major providers and the agencies had satellite offices in several areas of the county. With the major cuts in funding, the satellites were closed and all services now emanate out of the main Medina city offices. **In FY2013 our system served 5,332 persons.** The following is a breakdown of the numbers of people seen in

FY2013.

Substance Abuse Treatment & Recovery Services

Youth/Child (0-17)	174
Adults (18 – 64)	1,110
Seniors (65+)	14
Males	858
Females	445
TOTAL SERVED	1,303

Mental Health Services

Youth/Child (0-17)	793
Adults (18 – 64)	3,040
Seniors (65+)	140
Males	1,959
Females	2,070
TOTAL SERVED	4,029

Our providers have documented the following changes in social and demographic factors with respect to the clients that they are seeing. Some of these are described in more detail below under Trends in Service.

- Increases in request for services, particularly for MH services.
- Increases in the number of clients with little or no income. Clients are falling lower on the sliding fee scale and are unable to pay for services.
- Clients who have previously been seen in private practices are now being referred at a high rate as they have lost their insurance coverage. These clients tend to remain on the rolls of the agency long term in order to access continued psychiatric services.
- More individuals and families appearing in crisis and with urgent needs at time of assessment. These are tied to such things as unemployment, homelessness, lack of food and medication, and exacerbation of psychiatric/psychological concerns. Cuts in food stamps have created challenges for our low income clients.
- An increase in clients presenting with suicidal ideation or in crisis, particularly among our young people. Medina County has been rocked by several teen suicides over the past year.
- A significant increase in heroin and opiate addictions. These individuals frequently present a challenge to Emergency Services when they indicate suicide intent, yet appear to be motivated by hospitalization for housing or to possibly obtain medications. Additionally, we are seeing an increasing trend in theft with a

motivation to ultimately buy drugs.

- Increase in the number of complex, multi-need individuals and families.
- Increase in the number of transient clients who seem to access services once or twice and then disappear, with whereabouts unknown.
- Increase in the number of adult clients who have moved in with their parents and who have no access to health care.
- Increased numbers of families/persons with multi-generational issues and needs.
- Increased numbers of clients who revolve into and out of DH and jail.

TRENDS IN SERVICE

Suicidal ideation and suicide attempts among young people – Over the past year, Medina County has been rocked by youth suicide. Additionally, our agencies have experienced an increase in calls from schools, family members, and law enforcement which relate to youth concerns such as suicide. In fact, a recent county-wide needs assessment identified teen suicide as a number one concern in our county; it identified the fact that as many of 20% of teens in Medina County had thought about suicide. This finding, coupled with recent teen suicides, has mobilized a variety of responses, including the Medina County Suicide Prevention Coalition, created by the ADAMH Board and our agency, Alternative Paths two years ago. The Coalition is currently focusing on youth suicide prevention. The Board's agency, Solutions Behavioral Healthcare, is contracting with Medina City Schools to respond to concerns about recent suicides. Solutions will be running groups for teens on depression and grief. We expect youth suicide prevention to continue to be a major focus of our community in the coming year.

Socioeconomic status - As Medina has grown in the past years we have found that the growth has brought **increasing number of people who have more diverse socioeconomic status as well as increased demands on services for the indigent or low income.** Medina many years ago, appeared to be a community of fairly affluent residents who for the most part had resources to take care of themselves and their family members. While we may remain one of the more affluent areas in comparison with surrounding counties, our population has become more diversified in economic status, family systems, and ability to access needed resources. **Financial stress has become a more common precipitating factor to an individual's crisis and or need for mental health and/or AOD services.** Often these are individuals that have minimal or no past mental health history. The financial stress can be a trigger for depression and even suicidal ideation or attempts. We have also seen **an increase in clients coming into contact with Emergency Services who have substance abuse issues, particularly heroin/opiate and prescription drug addictions.** This population can place high demands for time on our system's Emergency Services clinicians as they present in crisis and want immediate detoxification or other AOD services, but in the end often show very poor compliance or follow through.

Increase in unemployed/indigent - We have seen a large increase in the number of **clients who have become unemployed or underemployed and have no access to health care.** This is causing more and more persons who are **indigent having to access ADAMH Board funding for services, creating an increasing demand on our**

resources at a time when resources have been diminishing. Indigent persons present many challenges when discharged from inpatient settings, especially with prescriptions but not actual medications. Follow-up appointments can take a week to two weeks following discharge. Persons on medication may have no means for filling the script before being seen by one of our agencies' psychiatrists. Additionally, persons who are referred by Emergency Services to our agency serving more general mental health clients are finding longer and longer waiting times to access services. This results in increased pressure and stress on Emergency Services as they try to provide "bridge" services to these persons until they can access more appropriate long term services. We are also seeing consumers who have previously been seen in private practices now being referred to our system at a high rate as they have lost their insurance coverage. In fact, we have seen a dramatic increase in requests for psychiatric services due to loss of insurance coverage.

Increase in homeless - Our agency serving the general mental health and AOD populations reports that clients who present to their agency are becoming more transient than in previous years; they may be seen for one or two sessions then leave town with their whereabouts unknown. Additionally, clients are also presenting with the multiple needs associated with being homeless. There are limited resources in the community to eliminate this severe stressor. Homelessness contributes to increased mental health, AOD and forensic issues. **Medina County does not have a shelter to care for the homeless.** Additionally, psychiatric hospitals are reluctant to discharge a person that is homeless into the community. In fact, more individuals and families are appearing in crisis and with urgent needs at the time of their assessment. We find these crises tied to such things as being unemployed, homeless, lack of food, and medication, exacerbating psychiatric/psychological concerns.

Decrease in Community Resources – A significant issue our system is facing is how the cuts to other community agencies, county services, entitlements, etc., have limited resources in our county as a result of the economy. Things such as cuts in food stamps, staff cuts to adult protective services; Medicaid caps; loss of ODOD grant funds; fewer housing resources, such as Section 8 vouchers; increasing costs on transit and loss of vouchers, which were used by clients to get to agency services, are just a few examples that impact our agencies day to day. We have all been faced with the constant reality of "do more with less" but in time, working in that environment just erodes the whole community safety net. For example, due to funding cuts, our local JFS has moved to automated systems which are not user friendly for our consumers and make it difficult to get a person on the line when there are problems. It seems much harder to work with JFS in an efficient manner, negatively impacting our consumers. Our agency serving high risk youth is finding increasing pressure by organizations such as JFS and Juvenile Court to keep children longer in intensive programs as this helps reduce the burden on their end for handling difficult clients.

Increases in Persons Addicted to Heroin and Prescription opiates – Over the past year we have seen significant increases in the availability and use of heroin and prescription opiates throughout our county. Heroin use and overdose is increasing in response to tighter controls and oversight of prescription drugs and well as to its low cost. We are seeing the fallout not only at our provider that serves this population, but also through our County Jail, diversion, court programs as well as emergency services. There is an increasing trend in theft with motivation to ultimately buy drugs. This epidemic is pervasive and challenging to address.

Transportation – This was covered in detail above. Even prior to the major cuts in service due to occur in 2014,

the current system is disjointed and challenging to use for some of our consumers. With rising gas prices and more people not being able to afford a car, clients have very limited options for transportation, greatly hindering their ability to access needed services.

High Demand for MH and AOD Services – Solutions Behavioral Healthcare, Inc., our agency providing integrated mental health and substance abuse services, as well as serving our most at-risk SED youth and their families, **has experienced a significant increase in demand for services.** This increase in demand is attributable to the cumulative effects of funding cuts enacted by the ADAMH Board over the past several years; the overall economic recession; funding cuts in other social services; persons losing employment and healthcare insurance, etc. Additionally, Solutions also receives a great number of referrals from Alternative Paths through both its Emergency Services and general intake system.

Solutions has continually **instituted a variety of strategies to cope with the increased demand, including walk in clinics, increased group modality of care, short term therapies, and less tolerance of persons who no show and/or late cancel appointments.** The agency has also aggressively sought out grant opportunities and collaborations with community partners (i.e., Juvenile Court, Medina City Schools, Community Action, Domestic Relations Court, etc.) that have strengthened the agency programmatically while diversifying its overall financial picture. The ADAMH Board is concerned, however, about the increasing demand being experienced by the agency, and the increasing access times confronting persons seeking services. **One area of demand that is particularly acute is access to psychiatric services.** Access times for this service have stretched to 2 months or more, far longer than is desirable. Although additional resources were provided by the ADAMH Board to increase psychiatric services at the agency, Solutions has had a difficult time recruiting both a child and adult psychiatrist. **Recruitment, in fact, has become the issue** rather than needed financial resources.

Increase in Medical Resources - We have also seen significant change in the county with respect to **the tremendous growth of medical resources, particularly when it comes to emergent medical care.** Medina has become a target growth area for northeast Ohio medical powerhouses including:

- Cleveland Clinic;
- Summa;
- University Hospitals; and
- Akron General.

This explosive growth in medical resources brings both new opportunities and new challenges. Whether we look at this as competition or opportunity, it means that the ADAMH Board and its agencies must stay on top of their game in terms of being present in the community, maintaining a leadership role in behavioral health, and working to always provide the highest level of quality services possible in the community. It does present an immediate challenge with respect to Emergency Services/PreScreening in that our agency is now having to provide crisis response to a larger number of emergency rooms, with essentially the same level of staffing that it has maintained for over 20 years. To Alternative Paths' credit, they are seeking to develop and grow relationships with all of the hospital entities, which is a time consuming, yet beneficial process. In fact, over the last two years **Alternative Paths and the ADAMH Board entered into a partnership with Cleveland Clinic, sharing resources in order to increase staffing of the agency's Emergency Services.** The agency's new staff

person is located at Medina Hospital (a Cleveland Clinic hospital), covering the 3:00 PM – 11:00 PM shift. This partnership has proven to be a win/win/win for all involved, most particularly, individuals presenting to the Emergency Department. Additionally, **Alternative Paths has also entered into a partnership with Lodi Hospital**, providing behavioral healthcare services based at the hospital. The agency's staff is available to the hospital and takes referrals from several medical practices based at the hospital and surrounding areas. Again, this is a powerful, collaborative partnership that is positioning the agency to move in the direction of "health home" should that model continue to be implemented across the state.

In order for the ADAMH Board and our agencies to remain viable and trusted resources within the community, we must continue to develop our relationships with these healthcare entities and maintain a seat at the table, so to speak, when it comes to competing in a new healthcare marketplace in Medina County.

Assessment of Need and Identification of Gaps and Disparities

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

The following describes the various methods the Board utilizes in order to assess needs in our County

Community Input - The Board is continually assessing the need for treatment and prevention services. We do not have a formal "needs assessment process" that is routinely undertaken. Instead, the Board and our providers rely heavily on the experience and judgments of our collaborative partners throughout the community for feedback regarding service needs/gaps/trends. **This is ongoing and, we believe, is the best way in which to determine community needs.** As demonstrated in the Collaboration section of this plan, we are heavily involved with the community and as such, receive consistent and "real time" input as to how our system is meeting the needs of the community. We are quick to hear if a judge or commissioner or superintendent has a problem with the types of services that are provided, where they are provided, how they are provided, etc. In addition, we have frequent meetings with community partners, meet one-on-one with them as issues/ideas arise, and spend an enormous amount of time reaching out to our community partners.

Provider Input - The Board also relies heavily on its providers to identify service needs/gaps. Our primary providers provided significant input into this plan, which has been incorporated throughout. The CEO's of these agencies are very attuned to evidence based practices and have identified needs, advocated for changes, and implemented treatment practices that reflect research findings. Additionally, the ADAMH Board historically participated in several major strategic planning initiatives with our providers over the years. These include our AOD agency's formal strategic planning process as well as the comprehensive Strategic Alliance Group planning process that resulted in the re-design of our services system and the creation of Solutions, a comprehensive behavioral health agency. Additionally, we convened a Strategic Alliance Planning Group to explore the possibility of one of our primary providers taking on the services that were provided by the board's CSN, the

Medina County Child & Family Intervention Team (CFIT). All of these planning initiatives were facilitated by an outside consultant with expertise in such planning. This Community Plan continues to draw upon all these initiatives.

Living Well Medina County – Living Well Medina County is a collaboration of healthcare, government, education, business, nonprofit, and faith communities in Medina County that engaged in a comprehensive, formal, community-wide needs assessment process in 2012. The resulting Community Needs Assessment Report provides a comprehensive look at the health and well-being of Medina County children, youth and adults, and has been a launch pad for a variety of community efforts and strategies designed to meet priority needs that have been identified through this process. The ADAMH Board was a funding participant in this initiative and has drawn upon the information that is available through the comprehensive report in order to better inform its decisions and strategic direction. Our local United Way has now taken the lead in overseeing and initiating many of the strategies that are currently being implemented throughout our county as a result of this major collaborative effort.

Medina County Children & Family First Council (FFC) Strategic Planning – Our local FFC has continually been engaged in strategic planning, and has incorporated many of the key findings from the Living Well Medina County needs assessment into its purview. The ADAMH Board has been involved in this process over the years, which provides us with valuable feedback and information regarding behavioral health needs and service gaps in our community. In fact, we believe we are one of only a few Family First Councils that are attempting to really cover the youth, elderly and now more recently, the middle age generation. This middle age collaborative was the most recent goal of our FFC.

Utilization Data - The Board is also constantly monitoring the performance of our providers against budgeted expectations and investigating significant deviations. We rely heavily on this utilization data to identify trends in services, and to corroborate what we learn from our collaborative partners/the community. Unfortunately, with the loss of access to Medicaid data, our ability to see the “whole picture” in our community has become much more difficult.

Board Members with AOD and MH Expertise/Experience - The ADAMH Board relies on the experiences and expertise of our board members. These board members bring an important perspective to overall board planning and can provide helpful feedback on issues and programs that are brought before the board. In addition, the board staff utilizes many former board members with specific expertise/experience as resources/contacts for issues that may arise.

Outside Consultants - When issues, needs, gaps, etc., percolate to our attention, we will occasionally utilize outside consultants such as, Robert Smedley (Associate Director of the Wayne/Holmes Mental Health and Recovery Board), or Tammy Weaver, Housing Consultant from Coleman Professional Services, to provide perspective and guidance. We have found these consultants to be particularly helpful in framing issues for us and providing alternative perspectives as we examine a particular issue. Robert has done the Board’s annual Peer Review of our primary AOD provider in the past and always provided us with a written report that offered recommendations that address service needs, gaps, etc., among other things.

Additionally, as noted above, the ADAMH Board has utilized an outside consulting firm to facilitate a variety of formal strategic planning processes described above. The outside consultant brought considerable expertise in strategic planning for non-profits, and non-profit mergers and as such, brought a valuable perspective to these important planning processes.

Needs Assessments - The board also participates in and monitors the needs assessments done by our community partners and obtains information from these types of initiatives. For example we were heavily involved in the Partnership for Success (PFS) process in our county, having participated in every phase of this process. Another example is our Family First Council's Medina County Senior Needs Assessment several years ago and the results were shared with the community, including the ADAMH Board. And as noted above, we just participated in the comprehensive Living Well Medina County Needs Assessment process. We and community partners share such information among us whenever possible.

The following are needs that the Board and our providers have identified over the past year through the processes described above.

Ability to Provide General Mental Health and AOD Services - One of our most pressing agency space requirements is the need for additional office and treatment space in the Human Services Center where the ADAMH Board and our two major providers are located. This is particularly true given the consolidation of our service system over the past two years and the fact that Solutions Behavioral Healthcare's satellite offices were closed and services moved back to the central Medina location of the Human Services Center. Additionally, within this consolidation, Solutions also took on services for SED youth previously being provided by the Medina County Child & Family Intervention Team (CFIT), which were located in an old MR/DD school building. Solutions moved these services to its main location in the Human Services Center. Suffice to say, the building is bursting at the seams! It should be noted that the Human Services Center, which was built with ODMH capital dollars, is 30 years old and showing its age. Space is very limited and certainly not configured to allow much growth or flexibility. The result is our ability to provide and expand needed services is being significantly constrained by the lack of space. This is especially concerning given the agency recently implemented a large internship program, Medicaid Expansion and the ACA are soon to be implemented, and the ability to expand services to meet these new needs is severely hampered by inadequate infrastructure.

To address the need for additional space, the ADAMH Board has submitted a capital request that would enable it **to build an office building on land already owned by the Board, which is adjacent to the Human Services Center.** This would *greatly* relieve the overcrowding that has occurred at the Human Services Center and provide for more efficient and effective employment of services. Please refer to our recent capital request for more information.

Prevention/Service Strategies to Address Youth Suicide Prevention – As discussed above, over the past year Medina County has been rocked by youth suicide. Additionally, our agencies have experienced an increase in calls from schools, family members, and law enforcement which relate to youth concerns such as suicide. Clearly the need to focus on the prevention of youth suicide is a high priority within our community and for the ADAMH Board and our primary providers. We have taken some immediate steps both at the provider level and

with community coalitions to focus on this critical issue. We see a need to further our efforts by collaborating with the schools and committing further resources to address a problem that is great concern to our community.

Access to Psychiatric Services – Solutions Behavioral Healthcare, our agency providing general mental health and AOD services as well as our most at-risk SED youth, has continued to experience a growing need, and hence a gap in services, for psychiatric services. **We have seen access to psychiatric services at this agency stretch to over two months.** The increase in demand is attributable to the economic downturn resulting in more and more persons having lost their jobs and health insurance, more persons who are homeless, lacking food and medications, and presenting with more severe problems. Over the past several years, the ADAMH Board's agencies providing psychiatric services have worked aggressively to meet increasing demand. We have worked with the agencies to get a better handle on demand, reviewed ways in which the agencies are triaging access to this service, and explored ways to increase access to this critical service. Both our primary agencies have taken an in depth look at their Medical/Somatic services and implemented what we consider to be appropriate steps in trying to increase the efficiency of the services while not affecting the quality. For example they have altered psychiatrists' schedules so that appointments are now 20 minutes instead of 30 minutes in an effort to create more appointment slots in the schedule. In conjunction with this strategy, the psychiatrists have been asked to schedule greater periods of time between appointments if clients are stable and the level of stability will not be compromised. This alteration of scheduling practices has been effective in creating more availability of psychiatry time. However, despite attempts to provide psychiatric services in the most efficient ways possible, the demand continues to outstrip the agency's ability to effectively meet the need.

The ADAMH Board has provided Solutions with but recruitment has been an ongoing challenge. We are exploring possible telemedicine options through the Heartland 505 Collaborative Funding initiative, which may help to address the ability to meet the need for additional psychiatric resources.

Quick Access to Psychiatric Services - Most psychiatric hospitals discharge clients with two weeks' worth of medications, or prescriptions that the client cannot afford. This creates a major stressor on our agencies as they try to provide timely access to psychiatric services and link clients with available medication subsidies. In a similar vein, persons being released from prison are being released with two weeks' worth of medications, creating the same dilemma in getting reasonable access to psychiatric services and affordable medications.

Local Option for Crisis Beds, Crisis Respite and Local Stabilization - For many years the Board or its providers have had a contract with Coleman Professional Services for Crisis Beds; however, the long distance to Ravenna to use the Crisis unit is less than ideal. Both our agencies have voiced the need for a more local option. Our agency providing Emergency Services and serving adults with severe mental illness has explored possible options with Summa St. Thomas in Akron, which is much closer for Medina. Summa does not currently offer Crisis Beds/Respite in their array of services but it is on their radar as other counties have made similar requests. They currently offer a 23 hour observation bed, but a crisis bed is really a different level of care.

Stable Housing/Homeless Shelter – Currently, housing is a major challenge for adults and families involved with our system of care. Medina County does not have a homeless shelter and there are few affordable rental

subsidies available – the Section 8 waiting list is currently closed and other grants and subsidies have either disappeared or are at capacity (i.e., Shelter Plus Care). This makes it exceedingly difficult for clients who are at risk of homelessness or who are homeless to succeed in treatment.

Therapeutic Foster Care/Respite Alternatives – For many years, Partners Therapeutic Foster Care was a jointly developed therapeutic foster care initiative between Medina County Job & Family Services, the ADAMH Board and its provider, the Medina County Child & Family Intervention Team (CFIT). The program provided needed respite for youth and their families. CFIT shared the administrative leadership role with JFS, facilitating the planning of placements, providing clinical oversight and supervision on cases, and serving as the liaison from CFIT to the funders (ADAMH Board and Medina JFS). CFIT home based staff and therapists also provided a great deal of support to these placements. When CFIT was terminated as a CSN in FY2010, the project ended for a variety of reasons, most important of which were fiscal and administrative stressors at JFS. The loss of this valuable resource has greatly affected timely access to foster care/respite for our high risk youth and created significant stressors for our agency’s FIRST program, serving this population.

Indigent Detox/Residential Services – We continue to see high demand for Detox services in our county. A frequent perception we hear from community stakeholders is that they do not believe we provide adequate in-county access to Detox and residential services. We do have access to these services in surrounding counties. Part of this issue has to do with educating these stakeholders regarding the resources we do have available on an outpatient basis, and helping them understand that no system today can possibly provide unlimited Detox and residential services to everyone that comes through their doors. Currently, the ADAMH Board provides limited dollars for indigent Detox and residential services. Our AOD agency, Solutions, has done an excellent job triaging access to these services and keeping utilization of such resources on a sustainable level. Additionally, the Detox and residential providers our AOD agency contracts with, Glenbeigh and Oriana House, often have waiting lists making access to these services difficult. Given these issues and given the dramatic increase in heroin/opiates/prescription drug use in our county, the agency is identifying a need to expand current Detox contracts. Having in-county Detox options would obviously be ideal, particularly given community perceptions, and is something we have explored with various potential providers in the past. However, our attempts have been unsuccessful; clearly you have to have willing providers in order to have a local service!

Integrated Behavioral Health and Physical Healthcare - One of the challenges that our providers have faced for many years, particularly with clients with severe mental illness, has been accessing medical healthcare for clients who do not have any entitlements. We are seeing more and more of this as the economy has faltered. Many times we find that these clients have medical conditions such as hypertension, diabetes, etc., or are in need of even preventative care such as Pap test, mammograms, prostate exams and have no way to access such services. We believe that integrated healthcare is optimal in terms of a care model and Alternative Paths has been looking at other agencies in the state that have put medical doctors into behavioral healthcare settings to provide limited screening, assessment, and treatment of medical conditions. Solutions Behavioral Health is also exploring possibilities to integrate care, such as a collaboration with our local Health Department. As always, funding for such initiatives is challenging to secure.

Payment Assistance for Medication Assisted Treatment – Currently there are no subsidies for such medications, keeping it out of reach for many who might benefit. Solutions has consistently identified this as a high priority.

Prevention Strategies to Address the Increase Heroin/Opiate/Prescription Drug Abuse in our County – As described above, heroin/opiate/prescription drug abuse has skyrocketed in our county and we are experiencing the effects on many levels. Although our prevention strategies at the provider level are fairly flexible and adaptable to emerging issues, the Board needs to determine if this is sufficient in addressing the current epidemic, and what more can be done to provide additional resources toward this issue.

Technical Support for Family Intervention ReSponse Team (FIRST) Workers in the Field – Solutions has identified a need for further technical support for FIRST employees who work primarily in the field. In this regard, lap tops would provide the ability for staff to remain current on documentation from the field without having to return to the main office, which is often an inefficient use of their time.

Expanded Ability to House Therapists within School Systems (for both MH and AOD) – Our local schools have been overwhelmed with mental health and AOD issues among their students. As described above, heroin/opiates/prescription drug abuse has increased dramatically in the county and suicidal ideation and teen suicides has emerged as a significant problem in our community. The ability to partner with the schools by having behavioral health therapists onsite would greatly enhance access for youth who are in crisis or facing major challenges.

Implementing a Peer Support Program – Our agency serving persons with SMI is interested in developing a Peer Support program for its clients. They are currently exploring various options and models and hope to implement a program in the coming year.

In addressing questions 3, 4, and 5, consider service delivery, planning efforts, and business operations when discussing your local system. Please address client access to services and workforce development. (see definitions of “service delivery,” “planning efforts” and “business operations” in Appendix 2).

3. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment? (see definition “local system strengths” in Appendix 2).

We believe that the Medina County ADAMH Board system has many strengths that will allow us to continue meeting the needs of our constituents. These include the following.

Collaboration – One of the greatest strengths of our system is the vast number of strong collaborations and positive relationships we have throughout our county. Medina County is the perfect size to facilitate this type of collaboration and in fact, “working together” is a philosophy that is passionately embraced and encouraged in our community. The ADAMH Board and our agencies are in close proximity to most of our natural partners such as Job and Family Services and Medina Metropolitan Housing Authority, which are located across the parking lot from our offices. **Our primary agencies (Alternative Paths and Solutions Behavioral Healthcare) are located in the same building with the ADAMH Board**, which greatly enhances communication and coordination of care; we actually meet with our agencies multiple times a day. The ADAMH Board and our agencies have strong, collaborative partnerships with Medina Metropolitan Housing Authority; Juvenile Court; the County Jail and Juvenile Detention Center; Municipal, Domestic Relations and Common Pleas Courts; law enforcement; city and county school districts; Family First Council; Community Action, Battered Women’s Shelter; Suicide Prevention Coalition; Share Cluster; Cleveland Clinic, Lodi Hospital, and Summa Health System; just to name a few. The ability to successfully partner with other entities throughout our county leverages our resources and creates a strong safety net for persons in our community who are in need of assistance. (Please see Section 8. Collaboration, below, for more information.)

Integrated MH and AOD Services – Since 2007, when our primary AOD agency took on general mental health services, we have had a comprehensive behavioral health organization that has the ability to treat both AOD and MH concerns. The comprehensive nature of Solutions Behavioral Healthcare allows clients to be able to flow into and out of services based upon their individual needs without having to go to completely separate organization to meet their overlapping needs. **This agency is treating people in a holistic manner that greatly enhances care.** Additionally, because our two primary agencies are located in the same building, referrals between Solutions and Alternative Paths (which serves adults with severe and persistent mental illness and provides Emergency Services) are also relatively seamless. A clinician can actually walk a client over to the other agency if need be. Continuity of care is greatly enhanced because of the close proximity of the two agencies and ADAMH Board and the efficient and effective communication that results from this proximity.

Robust Emergency Services/Crisis Intervention Services – The ADAMH Board supports a robust Emergency

Services program at Alternative Paths. The agency engages in real crisis intervention and diversion, and our annual bed day utilization at Heartland and with private hospitals is quite low given the size of our county (population approximately 172,322 as of 2010). The agency has done an exceptional job in managing these resources and diverting persons who are in crises to lesser restrictive alternatives. The ability for our agencies to work so closely together, as noted above, obviously enhances this process. We believe we are well situated to work within whatever bed day utilization framework OHMAS implements.

Core System of Care – Despite having lost almost 30% of our funding since 2008, the ADAMH Board has been proactive and planful in downsizing our system of care. In the FY2012-FY2013 Community Plan we described in great detail the process utilized to contract our system to a sustainable level and move from five primary agencies in FY2008 to two in FY2012. We believe this very deliberate process strengthened our two remaining agencies and positioned them to be as adaptable and nimble as possible in a very fluid funding environment. Additionally, our primary goal was to cut services in a way that would have the least impact on consumers and our community. Although we have been successful in minimizing impact on our priority populations, we have now reached a point of “critical mass” whereby we have done as much as possible to deal with the challenges we have faced while limiting the direct impact on consumers. Our entire system of care is operating at, if not beyond, maximum capacity and without additional resources, there is really no room left to grow, expand, and adequately meet the needs coming through the doors. We have essentially “pulled all the rabbits out of the hat” and have no more tricks up our sleeve.

To that end, **the additional resources that were provided through the FY2013 and FY2014 505 Funding process have been very beneficial and have provided our agencies with some “breathing room” in their ability to increase capacity and access to needed services. We have specifically targeted initiatives that will synergistically leverage greater service outcomes.** Obviously the expansion of Medicaid will bring with it new challenges and opportunities and will hopefully alleviate some of the impact reductions in funding have had on our system over the past five years.

ADAMH Board/Agency Integrated IT System – Medina is the only Board in the state that provides our agencies with their entire IT solution, including billing/financial software, hardware, Internet access, etc. The ADAMH Board owns and operates the IT system for our Board, and our two primary agencies, with the IT Director located at the Board office. We then “rent” this technology to the agencies along with the necessary tech support at minimal cost. The cost savings of this arrangement are literally in the hundreds of thousands of dollars. It has also positioned our system to be adaptable to the ever changing IT requirements that have been part of our landscape over the past several years.

Strong Partnerships with the Healthcare Community – As discussed above, we have seen significant change in the county with respect to **the tremendous growth of medical resources, particularly when it comes to emergent medical care.** Medina has become a target growth area for northeast Ohio medical powerhouses including:

- Cleveland Clinic;
- Summa;

- University Hospitals; and
- Akron General.

Our agency, Alternative Paths, has done an excellent job in partnering with these entities, whether through a collaborative Emergency Services initiative that has the Cleveland Clinic providing funding along with the ADAMH Board for enhanced coverage at the Medina Hospital ER; or a partnership with Lodi Hospital to provide behavioral healthcare services onsite; to contracts with Summa Health Systems for psychiatric services and inpatient beds. Solutions is currently exploring a partnership with our local Health Department, and the possibility of locating behavioral health therapist/services onsite at the Health Department. These partnerships create synergy that is beneficial to our system as a whole. Additionally, the inroads our agencies have developed with the medical community has placed them at the forefront of the move to integrate behavioral health with medical health care.

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

Integrated IT System - The ADAMH Board has developed an integrated IT system with the Board and our two main agencies. The ADAMH Board maintains the IT system, including hardware and software, for both the Board and agencies, and rents this technology back to the agencies at minimal cost. The agencies do not have IT staff at their agencies. **We estimate that this arrangement has saved our system approximately \$250,000 a year!** This is absolutely HUGE in a system our size. While we recognize that the Medina centralized IT system may not be easily replicated for an entire Board set of agencies, it is possible to do a partial replication. However, the really big gain would be if we as a state could somehow move away from several hundred agencies struggling to pick an IT vendor and implement enormously costly IT systems and staff, and instead, have a fairly easy and affordable alternative such as WITS, etc. Currently the Boards and agencies do not enjoy any scaling benefits. Medina would be more than happy to discuss this topic further in a future venue. We are passionate about the savings that could be realized in this area.

Internship Program - The Medina County ADAMH Board and its contract provider, Solutions Behavioral Healthcare, Inc., have created an innovative internship model for both clinical and non-clinical students. Because working with interns is labor intensive for agency staff, the Medina County ADAMH Board is providing the agency with incentivized funding for each intern, which helps support the administrative work involved in running a large internship program. It also allows Solutions to utilize interns from a wide array of disciplines, including finance, administrative support and medical records. Solutions has established strong collaborative relationships with 13 universities, and potential interns are carefully screened to ensure a good fit with the agency and its clients. An average intern spends approximately 17 hours a week at the agency. Their work depends on the degree field, but master level clinical interns (MSW, PCC, MFT, NP) will perform diagnostic assessments, individual counseling, group facilitation, and case management.

There are enormous benefits for all of the involved parties. Having interns at the agency ***increases access for clients***; interns have relatively small case loads and can see clients at more frequent intervals than regular staff clinicians. Additionally, their ability to assist the clinicians who are supervising them also frees up the clinicians

and thereby enables them to see more people. ***Clients are always given a choice*** and almost always say “yes” to interns because of the individualized care and more frequent access. The agency benefits because they are able to bill for the services interns provide, which ***increases the agency’s overall productivity***. For the students, the internship ***provides them with real world experience***, and conversely, they bring to the agency ***new information, new treatment modalities, current research***, etc., from academia. One of the most significant benefits of having interns is Solutions’ opportunity to hire them once they have completed their internship. It has ***greatly reduced the agency’s recruitment costs***.

Solutions internship program has become so well known that it receives multiple emails and calls from students or universities on a weekly basis asking if they have space available. The internship program is clearly a win-win-win for everyone involved. We would be happy to share more about this program with other boards.

4. What are the challenges within your local system in addressing the findings of the needs assessment? (see definition of “local system challenges” in Appendix 2).

The greatest challenge we face is the enormous level of uncertainty regarding our future, on several different fronts. This is particularly acute with respect to our level of funding, the uncertainty of the funding, and the potential for more funding formula changes that could negatively impact Medina County. With respect to per capita funding, Medina happens to be perpetually in the cross hairs in the search for the perfect “equitable distribution of funds.” These issues are delineated in more detail below.

Reductions in Funding – Despite our ability to minimize significant funding cuts over the past several years, and limit the impact on consumers and our community, we are really “at the wall.” Funding cuts have taken their toll on our agencies and our overall system, and the ability to provide quality services for our constituents. By focusing our funding resources more and more on our core priorities, we have found that the persons now seeking services at our general mental health agency are presenting with significant psychiatric concerns of an increasingly severe and persistent nature. As the needs of consumers become more severe, they require more intense and frequent care, which translates into larger case loads and longer lengths of stay, clearly impacting agency capacity. The addition of the FY2013 and FY2014 505 Regional funds have helped to address some specific, targeted needs as noted above. **What we need more than anything is additional funding for core services that can be used flexibly within our system to address general capacity, and to build back the infrastructure to address current demand.** We are not in a position to add new services or expand current services much beyond what the 505 dollars will allow, despite the need our agencies are experiencing.

Medicaid Expansion/Affordable Care Act – Clearly, these are major game changers for the behavioral health system in Ohio. The fact that so many low income individuals will now be covered by Medicaid or insurance is profoundly positive and could potentially alleviate the increasing pressure on Board resources. At the same time, how this will be implemented, and whether or not the “state” chooses to reduce funding to ADAMH Boards (i.e., 507 and/or general revenue funds) is a huge concern. There are enormous opportunities but also enormous pitfalls that are before us and we hope the Department will work with Board as well as providers to ensure that we can continue to plan for and provide cohesive, coordinated ***system of care*** in our local

communities.

Information Technology – The challenge we face here has to do with the practical need to effectively manage information given the changing state policy issues (Medicaid and ACA), as well as the role the newly merged Department will play in setting the state’s IT design. It is very difficult to strategically move forward and implement the necessary IT infrastructure without knowing whether the Department/state will take a more active role in this area (meaning joint development work, future of MACSIS), or a more rule setting role that frame the information to be collected. We see various boards and groups of boards attempting to create their own “solutions” but are concerned that these may only be leading down “blind alleys” rather than the IT infrastructure that will be needed in the new world order. Clearly Medina, given its centralized IT system, is anxious to know the “ground rules” in order to planfully move forward. Again, uncertainty makes it difficult to design and implement relevant infrastructure to support and document service delivery.

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

Our concerns have been delineated above. The impact of these concerns means that we are essentially “frozen” – unable to move forward in any kind of strategic, planful process and expand services in any meaningful multi-year framework because we have no idea whether substantial portions of the funding we have today will disappear in the next fiscal year. This uncertainty impacts our ability to plan and execute strategies to address the behavioral health needs of our community. As a result, we are left planning in 12 month increments.

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

As noted above, strong direction from the state with respect to major policy/funding issues and Information Technology solutions would be a huge step forward for the behavioral healthcare system in Ohio.

5. Describe the Board’s vision to establish a culturally competent system of care in the Board area and how the Board is working to achieve that vision (see definitions of “cultural competence” and “culturally competent system of care” in Appendix 2).

It is important to note that although the ADAMH Board clearly recognizes the importance of cultural competence as defined, it really has not been a major focus of the Board because of the lack of cultural diversity in our county as compared to other areas of Ohio. (As one of our agencies responded, the biggest challenge we face is finding clients who have cultural diversity!) Currently, Medina County has less than a 4% minority population (i.e., 1.2% African American, 1.6% Hispanic, 1.0% Asian/Pacific). The ADAMH Board and its providers are composed of members and staff who closely mirror the population of our county. The Board encourages our providers to participate in staff development activities aimed at enhancing cultural competence. The providers regularly monitor consumer statistics so that they are aware of the demographic composition of our constituents. They all provide workshops with culturally diverse populations to increase sensitivity and skills and

include such topics as Amish, dwarfism, hearing impaired, veterans, obesity, ex-offenders, problem gamblers, etc. The agencies are highly sensitive to persons who may be visually or auditorily challenged. Examples of this include providing materials in larger print for those who are visually challenged, provision of interpreters as needed for persons who are either auditorily challenged or for whom English is a second language.

A utilization review study is conducted annually by the Quality Improvement Committees at our providers to evaluate services provided to minority populations. Additionally, consumer satisfaction studies, specifically eliciting input from minority consumers, are conducted to evaluate the cultural competence of our delivery system. The ADAMH Board's agencies provide annual Cultural Competency/Diversity Training for all staff. The agencies also have written Cultural Competency and Diversity Plans in place, which are reviewed annually. This includes an analysis of the current cultural make-up of the organization and community to ensure that the organization is able to meet the needs of the community.

Consumer Satisfaction - All of the ADAMH Board's providers regularly conduct consumer satisfaction surveys and incorporate the findings into their Quality Improvement processes. These are reviewed quarterly by the ADAMH Board in the agencies Quarterly Quality Improvement Reports. All of our providers have consistently reported high satisfaction with agency services. For example, Alternative Paths, the Board's agency serving persons with severe mental illness, solicits feedback in the following areas: Service Quality, Accessibility, Effectiveness and Overall Satisfaction. Results are communicated to administration, staff and stakeholders. Specific comments are communicated to responsible parties in order to improve services. The agency's goal is to earn at least a 90 percent satisfaction rating for each service. All outpatient programs have met or exceeded this benchmark since FY2007.

Additionally, Alternative Paths staff feedback is solicited formally and informally. The agency enjoys a culture of open communication, which is maintained by keeping lines of communication open via group and individual methods (email, staff meetings, and individual/group meetings with supervisory staff). An anonymous staff satisfaction questionnaire is distributed annually and results are shared with all staff and board members. The administration takes these recommendations into account when planning for the agency.

Over the course of a year, Solutions Behavioral Healthcare, which serves both MH and AOD clients, continually updates, monitors and reviews no less than six different consumer satisfaction surveys, including its Driver Intervention Program survey, Staff Satisfaction, and Referral Source Satisfaction. These surveys are provided and/or available throughout the course of treatment for all service recipients. Referral Sources and Staff are evaluated annually. Survey results are included in all reports provided by Quality Improvement. Data is tracked utilizing the SPSS Statistical Analysis Program.

Solutions' Staff Satisfaction Surveys are conducted regularly as well as annual Referral Source Satisfaction Surveys. The rate of return for these surveys is small; alternative methods of obtaining this information will be explored for future surveys; however, of the surveys returned the majority felt that their interaction with Solutions was positive and that those they referred received good service.

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**

Priorities for the MEDINA COUNTY ADAMH BOARD

**Substance Abuse & Mental Health Block Grant Priorities
*Priorities Consistent OHIO MAS Strategic Plan**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Ensure immediate access to treatment services.	Require via contract that providers prioritize services for this population.	Quarterly 90 percent of capacity reporting.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Ensure immediate access to treatment services.	Require via contract that providers prioritize services for this population.		<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory: Parents with substance abuse disorders who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Promote priority access to behavioral health services for parents with substance abuse disorders who have dependent children. Collaborate with the County Commissioners, JFS, Juvenile Court, schools and DD regarding the most at-risk youth in our system in order to provide the least restrictive alternatives for these youths and their families.	Fund BH services at the Board’s provider, <u>which locates clinicians at JFS in order to increase access to services for such parents.</u> <u>Participate in the ICAT collaborative that meets, minimally, on a monthly basis and oversees/coordinates/ and jointly funds needed services for these youth and their families.</u>	Utilization data. Utilization data.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases	Ensure referrals to appropriate medical services for individuals with tuberculosis and other communicable diseases.	Require via contract that providers maintain policies and procedures regarding employees or clients who may be infected with tuberculosis or other communicable diseases.	Copies of the policies and procedures will be forwarded to the ADAMH Board annually.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Ensure access to an array of services and supports that allow for the least restrictive alternatives for these youth and their families.	Fund intensive IHBT services at the Board’s provider (i.e., the Family Intervention ReSponse Team – FIRST) <u>Participate in the ICAT collaborative</u>	Utilization data.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		that meets, minimally, on a monthly basis and oversees/coordinates/ and jointly funds needed services for these youth and their families.		
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Promote recovery by ensuring access to an array of services and supports that enable adults with SMI to live in the least restrictive environments possible.	Continue to support and enhance an array of services and supports at Alternative Paths, the agency the ADAMH Board created to focus specifically on persons with SMI.	Utilization data.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	Foster opportunities to collaborate/integrate behavioral health services with physical health services.	<p>Fund an imbedded Emergency Services worker at the Medina Hospital ER.</p> <p>Financially support the collaboration of the Board's BH provider with the Medina County Health Department, locating BH workers at the Health Department.</p>	<p>Quarterly utilization statistics.</p> <p>Implementation of the collaboration.</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH&SAPT-BG: Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	Encourage employment of persons living with SMI.	Provide funding for a Vocational Specialist at the Board's provider as part of the Board's HUD supportive housing grant.	<p>Number of persons engaged in vocational activities with the Vocational Specialist.</p> <p>Number of persons with SMI living in Board owned supportive housing who are employed.</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
*Priorities Consistent OHIOMAS Strategic Plan				
Treatment: Veterans	Foster greater collaborative relationships with the local Veterans Administration and VA Medical Center in Cleveland.	<p>Provider screenings during intake are specifically exploring VA status.</p> <p>Providers are actively linking veterans with the VA and the VA Medical Center for services.</p>	Number of veterans identified and referred to the VA.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Individuals with disabilities	The Board has no specific goals for this population at this time.			<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage

				__ Other (describe):
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	Ensure timely access to an array of AOD services and supports that promote recovery in opiate addicted individuals, including illicit drugs such as heroin and non-medical use of prescriptions drugs.	Provide funding to support the creation and operation of a sober living facility for women in Medina County.	Quarterly utilization data.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	Create supportive housing options for homeless persons with SMI and provide assistance/supports for persons who are at-risk for homelessness.	<ul style="list-style-type: none"> - Continue monthly housing meetings with Board's provider and MMHA to address housing issues, with a focus on Board-owned housing. - Continue to participate on the Medina County Housing Network (continuum of care). - Continue to provide match funding for our HUD supportive housing grant that provides housing for 10 homeless individuals with SMI in Board owned housing. -Continue to provide funding for temporary rental assistance for consumers applying for permanent Section 8 or Shelter Plus Care subsidies. - Continue to provide emergency funds for persons who are at-risk of being evicted due to past due rent, utilities, etc. 	<p># of persons housed through the year</p> <p>Specific HUD grant measures/outcomes</p>	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Underserved racial and ethnic minorities and LGBTQ populations	The Board has no specific goals for this population at this time.			_X_ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Priorities	Goals	Strategies	Measurement	Reason for not selecting
Treatment: Youth/young adults in transition/adolescents and young adults	Promote an effective coordination of care for youth with serious emotional disturbances who are aging out of the youth system.	Fund Transitional Age Youth Specialist at both of the Board's primary providers.	505 Hotspot outcomes that are part of the 505 Hotspot quarterly reporting.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Early childhood mental health (ages 0 through 6)*	The Board has no specific goals for this population at this time.			<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure	The Board has no specific goals for this population at this time.			<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*	Utilizing a risk reduction model, promote prevention efforts for high risk populations, targeting those persons (both youth and adults) who are at high risk of substance use/ abuse disorders.	Provide funding to the Medina County SHARE Cluster, a county-wide collaborative group of substance abuse and at-risk behavior prevention professionals representing schools, law enforcement, and behavioral health care providers. SHARE Cluster implements an array of substance abuse prevention programs and activities, including those targeted to at-risk youth.	Annual SHARE Cluster programmatic and financial report.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices	The Board has no specific goals for this population at this time.			<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Promote wellness in Ohio's workforce	The Board has no specific goals for this population at this time.			<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*	Promote prevention and screening strategies that prevent and/or identify problem gambling.	Fund Problem Gambling prevention and screening programs at the Board's provider.	Utilization data.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

MEDINA COUNTY ADAMH Board Local System Priorities (add as many rows as needed)

Priorities	Goals	Strategies	Measurement
Persons who are at-risk of, or are currently receiving local or state inpatient psychiatric care.	Promote services/programs/strategies that increase tenure in the community and/or shorten the LOS at local or state inpatient hospitals.	- Invest in Emergency Services that provide intervention and referral/linkage to appropriate inpatient or outpatient resources.	Utilization data.
Individuals who are in immediate crisis/emergency situations.	Support a robust Emergency Services system that can intervene with individuals who are in immediate crisis/emergency situations and circumvent the crisis.	Invest in Emergency Services that provide intervention and referral/linkage to appropriate inpatient or outpatient resources. Fund an imbedded Emergency Services worker at Medina Hospital ER.	Utilization data.
Youth with substance use disorders who are involved with the juvenile justice system.	Work collaboratively with the Juvenile Court in developing and promoting BH programs incorporating evidence-based practices that reduce placement in DYS programs and recidivism within the Juvenile Court system.	Continue to provide financial support to the Juvenile Drug Court through the Board's provider.	Utilization data.
Individuals with mental and substance use disorders (i.e., dual diagnosis).	Promote a fully integrated BH system of care.		
At-risk youth and adults.	Promote services/programs/collaborations that increase community tenure for youth and adults who are at-risk of out-of-home placement. Collaborate with the County Commissioners, JFS, Juvenile Court, schools and DD regarding the most at-risk youth in our system in order to provide the least restrictive alternatives for these youths and their families.	Participate in the ICAT collaborative that meets, minimally, on a monthly basis and oversees/coordinates/ and jointly funds needed services for at-risk youth and their families.	Utilization data.
Adults and youth who are involved in the criminal and juvenile justice systems.	Work collaboratively with the Juvenile Court in developing and promoting BH programs incorporating evidence-based practices that reduce placement in DYS programs and recidivism within the Juvenile Court system.	Continue to provide financial support to the Juvenile Drug Court through the Board's provider. Participate in the ICAT collaborative that meets, minimally, on a monthly basis and oversees/coordinates/ and jointly funds needed services for at-risk youth and their families.	

Housing/Access to supervised living options for adults living with SMI.	Ensure an array of housing options are available for adults living with SMI.	<p>Provide Board-owned supportive housing.</p> <p>Fund placements at appropriate assisted living facilities that have been carefully screened by the Board's provider.</p> <p>Provide temporary rental assistance for consumers who are applying for permanent Section 8 or Shelter Plus Care rental subsidies.</p> <p>Provide emergency funds for persons who are at-risk for eviction due to past due rent, utilities, etc.</p>	<p>Number of housing units owned by the Board.</p> <p>Utilization data.</p> <p>Utilization data.</p> <p>Utilization data.</p>
Quicker access to psychiatric services/maintaining strong psychiatric services.			
Focus on suicide prevention among teens.	<p>Increase awareness of suicide and suicide prevention by supporting broad-based community support for suicide prevention in Medina County.</p> <p>Promote immediate access to mental health services for teens and young adults who are suicidal or know someone who is suicidal.</p>	<p>Participate in the Medina County Suicide Prevention Coalition (which was originally created by the ADAMH Board and our provider via grants from the Ohio Suicide Prevention Foundation).</p> <p>Reach out to Medina City Schools for possible collaborative initiatives.</p> <p>Explore possible cell phone applications that provide users looking for help with connections to local mental health providers.</p>	<p>Monthly meetings.</p> <p>???????????</p>
Strengthening and maintaining our local BH continuum of care.	Invest in programs and services that increase capacity and improve access to care for persons seeking BH treatment services.	<p>Utilizing 505 Hot Spot funds to address the following areas/identified needs:</p> <ul style="list-style-type: none"> - Transitional Age Youth Specialists - Emergency Services expansion – imbedded clinician in the Medina Hospital ER - Dedicated FIRST therapist - Sober living facility for women - Internship program 	Measurements identified in the 505 Hot Spots reporting.
Workforce Development	Support initiatives that enhance workforce development at the Board's providers.	Provide incentive funding to providers who implement internship programs at their agencies.	Number of interns working at the provider on a quarterly basis.
Information Technology	Promote a highly efficient work environment that supports the effective use of information technology	Create and maintain an IT system that is cost effective,	

	and enhances the quality of care for persons engaged in BH services and supports.		
Transportation	Ensure access to needed services by supporting strategies that promote and provide transportation alternatives for those in need.	Participate on the Medina County Transit Advisory Committee Advocate for adequate funding for the Medina county Transit System Consider possible alternatives to providing transportation for most in need clients.	

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) Local options for crisis beds, crisis respite and local stabilization.	Currently persons must go out-of-county to access these services, which is difficult for families and for continuity of care provided by the Board's local providers.
(2) Local options for Detox services.	Currently persons must go out-of-county to access Detox services, creating transportation difficult for individuals and their families, and increasing the likelihood that these individuals fail to follow up with outpatient services upon discharge.
(3) Services for dual diagnosed individuals living with SMI.	For more than five years the Board and its provider have wanted to implement an IDDT program at the agency. Funding has not been available to do so because of funding cuts throughout this period of time.
(4) Expanded intensive case management for persons living with SMI.	Currently intensive case management services are not available at the Board's provider serving persons living with SMI. This service could help persons who are in crisis or in need of intensive supports maintain their
(5) Expanded case management services for youth and adults with substance use disorders.	Currently the Board's provider has a case manager who works with persons who are entering Detox or residential services.
(6)	
(7)	
(8)	
(9)	

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

The most significant way in which the ADAMH Board determines mental health and AOD service needs for the county is through our continual collaboration and working relationships with social services, judicial, law enforcement, the criminal justice system, schools, and numerous other agencies throughout our county. Our constant interaction with these entities provides continual feedback on our current service system, identifies service gaps, identifies problems in accessing services, presents service needs, and generally works as a constant monitor/evaluator of our system. This is a very "grass roots," dynamic dialogue that provides us with the kind of information that is critical to our identification problems, issues, service gaps, etc. **The environment is so dynamic; this process is ongoing and, we believe, it is the best way to obtain input from our community and constituents.**

Some select examples of inter-system collaboration in the realm of the criminal justice system include the following:

Medina City School District – The Board works very closely with Medina City Schools, and most recently in a swift and decisive response to local youth suicides, our provider, Solutions Behavioral Healthcare, is implementing weekly groups at the school to address depression and grief among students. Medina City Schools also operates Evolve Academy for youth with serious emotional disturbances who can no longer be maintained in their traditional classroom. The school hosts youth from all school districts in the county. Behavioral health services are integrated into the school day and are provided by Solutions staff. We meet frequently with school personnel – at least weekly and receive constant feedback on the issues and concerns the schools are experiencing. Conversely, we are able to share information regarding the behavioral health system and help educate the schools regarding available resources.

Partnership with Medina Metropolitan Housing Authority (MMHA) - The Board recognizes MMHA as its strategic partner in housing and in fact, our partnership with MMHA was recognized as a best practice by ODMH. MMHA has been instrumental in our progress with housing and has assisted our consumers in ways that far exceed our actual contracted services. MMHA is the Board's property management company and also administers our housing grants and rental subsidy programs. We are in constant communication with MMHA staff on an almost daily basis regarding a host of housing issues. We meet frequently to brainstorm and discuss ways to better meet the needs of our constituents. We believe you would have to look long and hard to find a more collaborative, productive, more synergistic partnership than our relationship with MMHA.

Juvenile Court - The ADAMH Board has a highly productive, close partnership with the Medina County Juvenile Court. The ADAMH Board's Executive Director talks two to three times a week with the Juvenile Court's Program Director on a variety of issues. Based on specific needs identified by the Court, Solutions Behavioral Healthcare has forged a strong alliance with the Court through the development of the Juvenile Drug Court which offers a

compelling choice to juveniles and their families, whose criminal justice involvement stems from alcohol and other drug use, to include participation in treatment through the Juvenile Drug court program. The design of the Juvenile Drug Court provides for immediate intervention, treatment, and structure in the lives of juveniles while emphasizing public safety and accountability. The Juvenile Drug Court Team consists of the JDC Judge, Prosecutor, Defense Bar, JDC Probation Officer and AOD Clinicians. These are master's level clinician from Solutions who provide direct therapeutic services for identified youth. The program was such a success that the Court expanded the program to include a mental health component, also provided by Solutions. It has been nationally recognized as a best practice model.

Adult Justice/Court Coordination, Recidivism and Diversion - In addition to hosting and staffing an annual CIT program, the Board's provider, Alternative Paths, continues to provide a number of trainings for law enforcement staff throughout the past year. Topics such as Understanding Mental Illness, Uses of Psychiatric Medication, Suicide Prevention, Stress Management, The Etiology and Profiles of Sex Offenders, Substance Abuse, Identification of Symptoms of Chemical Abuse Withdrawal, as well as general training about the mental health and substance abuse treatment services within the county are offered. Staff from Alternative Paths' Jail Services teach twice yearly for the corrections academy sponsored by OPOTA (Ohio Peace Officer's Training Academy). Each academy provides approximately 25 hours of mental health and substance abuse related class work, all of which is taught by Alternative Paths staff.

Diversion - One of the Board's primary providers, Alternative Paths, has developed a significant focus on diversion in the local court system. Several years ago Alternative Paths worked in conjunction with the Medina and Wadsworth Municipal Court Probation Departments to secure funding for a second diversion clinician who works with offenders who are on probation and are at risk of incarceration or recidivism. The diversion clinician position in the first two years was so successful that the courts found a need to develop a second position. Blending funding with IDAT dollars held by the court, and Community Corrections Act grant dollars has afforded the opportunity to develop and implement the diversion program in the past four years. The diversion program serves over 120 clients per year with an average length of stay of 6 months.

Participation in Community Corrections Planning Initiatives - The ADAMH Board's Executive Director and Forensic Monitor (Director of Forensic Services at Alternative Paths) have remained active on the local Community Corrections Board as well as sub-committees that have formed to explore programming that would impact current needs in the community. Due to Alternative Paths' provision of a robust array of mental health and substance abuse services within the Medina County Jail, as well as in the community, the agency is well positioned to identify needs and gaps within the current system for forensic clients. Alternative Paths is also well positioned to address the challenges of "managing" bed days for forensic clients at Heartland.

Housing Satisfaction Surveys – The ADAMH Board periodically administers satisfaction surveys at its properties, to elicit feedback from tenants living in Board owned supportive housing. Consumer input into the operations of supportive housing helps to empower them and facilitate their involvement. It also provides the ADAMH Board, our agency and our property management company (MMHA) the opportunity to adjust services and operations to better meet the needs of consumers living in the supportive housing environment.

Another example of successful collaboration includes our participation in the Medina County Family and Children First Council. We participate on many of the committees of Family First, such as the Youth Advisory Committee, and have been a participant in all Strategic Planning processes over the years, which provides a wealth of feedback regarding behavioral health services in our county as well as identifying possible gaps and needs seen by the various members of Family First. Additionally, **the Directors of JFS, DD, ADAMH, and Juvenile Court meet at least monthly as part of the ICAT (clinical) Administrative Team to address specific cases as well as make and implement systems wide enhancements.**

Additionally, **another example of intersystem collaboration** comes from the ADAMH Board's close working relationship with the Medina County Job and Family Services which facilitated our primary AOD provider, **Solutions, in placing an AOD counselor at JFS on a part-time basis, to work directly with JFS clients onsite and in their homes.** This was an important issue with JFS staff who believed that services needed to be provided where the clients are located.

We believe our high visibility in the community and the close working relationships we have with so many entities in the county provides the best method for collaboration and coordination of services.

The ADAMH Board solicits from our community partners continual feedback and input into our service system in order to utilize this information to determine service needs and priorities. **We believe this ongoing dialogue is extremely current and an effective method in determining community needs.** The most difficult aspect about our continual collaboration and coordination with the many entities in our county is the multitude of meetings and initiatives we need to constantly be involved with in order to monitor community feedback and allow input into our planning process. It takes an enormous amount of time and effort to establish visibility in the community and to network and collaborate with other parties. Although we believe this is obviously essential to having a strong and responsive service system, it **does require a philosophical commitment on the part of the Board and a conscious decision to make ourselves available to the community.** The following is a listing of the initiatives and meetings routinely attended by Board staff, or which are attended periodically for feedback.

Meetings/discussions with Contract Provider Directors and staff – occurs on an almost daily basis as we are all located within the same county building.

ADAMH Board Housing Committee, chaired by the ADAMH Board and consisting of representatives from our provider and MMHA, which is the Board's property manager and operates our rental subsidy and emergency funds programs.

Board Association General Membership meetings

Board Association Mental Health and AOD Division meetings

Board Association Committees:

- Consolidation Finance Committee

- Investment Committee (Chair)
- Committee 2014 - Hospital Sub Committee
- Information Management Committee
- Future of MACSIS Committee
- AOD Committee
- Blueprint Committee
- Community Plan Committee

OHMAS Committees:

- Hospital Services Workgroup
- Residency Guidelines Committee (totally revised important guidelines for inpatient county assignment)

Crisis Intervention Trainings (CIT) with local law enforcement

Family First Council

Family First Administrative/Operations Committee

Family First ICAT Administrative Meetings

Family First ICAT Clinical Meetings (as invited)

Heartland Behavioral Health Services Collaborative

Heartland Executive Directors' Meetings

Juvenile Court Advisory Board

Juvenile Court Drug Court Committee

Medina County Child Fatality Review Board

Medina County Community Corrections Board

Medina County Housing Network

Inpatient Hospital Management

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

The ADAMH Board's provider, Alternative Paths, maintains contracts for private hospital days for adults at Summa, St. Thomas as well as Akron General. For children and adolescents, they have contracts in place with Cleveland Clinic, Fairview Hospital as well as Belmont Pines Psychiatric Hospital. It is our intent to have our provider, Alternative Paths, continue these contracts moving forward. In most cases when a client presents in need of hospitalization we utilize Heartland for the inpatient admission. If we have a client that would be better suited for treatment at a private hospital due to reasons such as unique diagnostic needs, short-term stay anticipated, etc., Alternative Paths may choose to use contract days. In the past year we have had to send clients occasionally on contract due to no beds at Heartland. In fact, in light of high utilization of inpatient beds at Heartland, we have instructed Alternative Paths to use private hospital days when possible and appropriate to help ease the demand on Heartland. Clients with lower clinical complexity and anticipated short stays for admission are most appropriate for private contracts.

The most difficult challenge we face with respect to utilization is with forensic clients. We have a number of forensic clients "in the pipeline" which may bump up our days at Heartland this year. There has been an increase in the past 6 months of the local courts ordering people for restoration after being found incompetent, which impacts our bed utilization. We have almost no control over forensic admissions, although our provider works very closely with the courts, provides an array of services at the County Jail and through the courts, and actively encourages appropriate alternatives to HBH admissions whenever possible. In fact, Alternative Paths works side by side with the courts to track and monitor forensic clients as well as to make recommendations to the courts for appropriate treatment/ community placements. It is simply not under our control to "manage" forensic clients in the way we have historically done with civil admissions.

Overall our provider and the Board maintain a good working relationship with Heartland as well as with our contract hospitals. Alternative Paths works closely with HBH and private hospital staff to follow a client's progress in care as well as to coordinate discharge plans. At times we and Alternative Paths have had concerns over clients lingering at the state hospital for various reasons, and the provider must work to get discharges executed promptly. A frequent scenario where this has occurred is with the client who primarily has a substance abuse diagnosis. In the past year the staff at Heartland has initiated regularly scheduled calls to all of the counties to review their roster of clients at Heartland. **This has been a good monthly interaction to ensure care plans are being managed effectively and we hope that it will be continued.**

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 –

Internship Program – As described previously in this plan, the ADAMH Board just implemented a large internship program at one of our primary providers that has had a positive impact for the provider, the universities it partners with, students, and most importantly clients served by the agency. We believe this is a great enhancement to overall service delivery as well as to overall agency operations and would be happy to share our success with this initiative.

b. Planning efforts – N/A

c. Business operations –

Integrated IT System - As noted previously in this plan, the ADAMH Board has developed an integrated IT system with the Board and our two main agencies. The ADAMH Board maintains the IT system, including hardware and software, for both the Board and agencies, and rents this technology back to the agencies at minimal cost. The agencies do not have IT staff at their agencies. **We estimate that this arrangement has saved our system approximately \$250,000 a year!** This is absolutely HUGE in a system our size. While we recognize that the Medina centralized IT system may not be easily replicated to an entire Board set of agencies, it is possible to do a partial replication. However, the really big gain would be if we as a state could somehow move away from several hundred agencies struggling to pick an IT vendor and implement enormously costly IT systems and staff, and instead, have a fairly easy and affordable alternative such as WITS, etc. Currently, most of the Boards and agencies do not enjoy any scaling benefits. Medina would be more than happy to discuss this topic further in a future venue. We are passionate about the savings that could be realized in this area.

d. Process and/or quality improvement – N/A

Please provide any relevant information about your innovations that might be useful, such as: how long it has been in place; any outcomes or results achieved; partnerships that are involved or support it; costs; and expertise utilized for planning, implementation, or evaluation.

Advocacy (Optional)

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

Open Forum (Optional)

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

Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services - NOT APPLICABLE

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 – NOT APPLICABLE

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.