

**Ohio Mental Health and Addiction Services (OhioMHAS)
Community Plan Guidelines SFY 2014 (12/30 DRAFT)**

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.)

Levy- Collections from the ADM operating levy are reduced due to a decrease in the valuation of assessed property of 8% and the accelerated phase out of the tangible personal property tax. The Board was successful at the ballot this past November for a six (6) year operating renewal levy (2.95 mil) with collections beginning in 2015. Levy collections represent 78% of total revenue.

Funding process- The ADM Board implemented a revised funding methodology and vision with Providers by identifying costly activities that are not payable by Medicaid, but enhance treatment, and paying for them as separate services. This allows providers to lower service costs, and the system to sustain evidence-based and/or promising programs. We revised our funding request and review process to ensure submission of budget applications are now program centric versus services centric. This factor allows for the evaluation and monitoring of specific programs in the community versus tallying the volume of services provided.

Hospital Bed Days- Three years ago the State closed the Cleveland Hospital, leaving only Northcoast Behavioral Health Care in Northfield to service the civil and forensic patients from Lorain, Cuyahoga, Lake, Geauga and Ashtabula counties. Most recently Portage County has been added to the Northfield catchment area. As the hospital is geographically located in Summit County, we are responsible not only for our own civil and forensic admissions, but for any out of state persons admitted to this facility from any of the aforementioned counties. While the Board is no longer fiscally responsible for patient bed days, there is a shared responsibility to assist in discharge planning in a swift and timely manner, helping move patients out of the hospital and into community services as soon as possible to ensure availability for future admissions. Two newly formed partnerships with other hospital systems have created uncertainty about future plans for inpatient psychiatric beds (especially for Medicaid recipients) at our two local hospitals, Akron General Medical System and Summa Health Systems, which could also impact our access to state beds if any local beds are lost as a result.

Patient Protection and Affordable Care Act (ACA)- The State has recently determined to allow for Medicaid expansion as part of the roll-out of the Affordable healthcare Act. That said, we are still unclear as to a multitude of other ACA related issues. These include coverage and behavioral health benefits within health exchanges, enrollment protocols/efficiencies, impact on employers-including ADM funded agencies, etc. For instance we still do not know how Board funding will interface with out of pocket expenses incurred through the exchange plans. The Board has had to develop multiple financial forecasts based on a number of potential outcomes.

Social/Demographic- The population of Summit County was 544,221 (2010 Census) with the following demographic breakout: 82% Caucasian, 14% African American, 2% Asian, and 1.2 % Hispanic. Twenty-three percent were under 18 years of age, 63% were between 18 and 65, and 14% were over 65. The latter demographic group is expected to grow substantially as the aging of our population continues at an increased rate. Over 30% of the 26,233 clients in SFY 2011 are over 50 years old, which has compelled us to look more closely at the needs of an

aging population. There have been no other significant changes observed in social/demographic factors that are likely to influence service delivery outside of a further increase in the area unemployment rate. The unemployment rate for Summit County was 6.8% in October 2013 (Bureau of Labor Statistics, Ohio Department of Job & Family Services). This, along with the economic factors noted above, will further stress the current service system, resulting in more clients to serve with less available resources. One significant trend recently observed has been the increased utilization of AoD treatment services overall, including the rise in the opiate population in Summit County. The newest opiate addicts are young, with some being below age 18, and in need of detox or medication assisted treatment.

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)

- a. Older Adults: Noted in Section 1 above, is the growing proportion of older adults being served in the ADM system (20% of 22,800 clients served last year were age 50 and above). As this population group continues to climb so will our need to address the complicating factors of age (e.g., health care issues, personal loss, obsolete vocational skills, cultural differences with younger clients, etc.). Subsequently, the ADM Board partnered with Summit County Public Health and consulted with the Senior Independent Living Coalition (SILC), the local Area Agency on Aging, and others to conduct an older adult needs assessment which included five (5) category focus groups (Family/Advocates, ADM Providers, Ancillary Providers, Prescribers, and Consumers) held on this issue in July-September 2013. Results indicated the following as the biggest issues facing older adults: poverty, isolation, stress and anxiety, stigma, grief, lack of family support, isolation in the community, physical health needs, e.g., untreated disease, need for integration of psycho-social-medical issues, etc. (Please see focus group matrix in Appendix A)
- b. Adolescent Residential Level of Care: There are no youth focused residential facilities located in Summit County for those with MH or AoD issues. Youth in need of this level of care can be referred to a Cuyahoga County Agency through direct ADM Contract, agency to agency subcontract, or via the County Cluster pooled funds process.
- c. Transition Age Youth: Continued need for Intensive Treatment Services for individuals with severe and persistent mental illnesses and an emerging need for a new service focused on the specialized needs of adolescents who require intensive services and are in transition into the adult mental health system. This led to the systemic development of a local Young Adults in Transition Team (YATT) that will assist transitioning youth to connect with needed resources through identification and referral protocols for behavioral health involved youth. We are also collaborating with other systems (Summit County Children Services, schools, etc.) in an effort to assist in addressing the broader needs of transition aged youth.
- d. Primary and Behavioral Health Coordination: Many persons receiving primary healthcare services in local hospitals also have behavioral health needs; and vice versa. Despite the prevalence of primary and behavioral comorbidity, there remains a disconnect in the coordination of these disciplines. This is

exacerbated by systemic barriers in the interpretation of HIPAA, electronic health record compatibility, physical separation of facilities, etc. Towards addressing this, Community Support Services, Inc., has been awarded a Primary Care & Behavioral Health Integration-Prevention Trust Grant through SAMHSA and as result implemented an integrated healthcare clinic. Portage Path Behavioral Health, another ADM agency is in the early stages of implementing their own primary healthcare clinic on their campus. The ADM Board has partnered with NEOMED to establish a Multi-Disciplinary Technical Assistance and Consultation Team (TACT). The TACT's primary purpose is to prepare health professions trainees -- medical, pharmacy, nursing, counseling, social work or other students, primary care and psychiatry residents and others -- to become effective members of integrated care teams. The TACT will create opportunities for pre-workforce professionals from multiple disciplines and their professional counterparts in the field to learn with, by and from each other. All TACT services will be designed to enhance the strengths and meet the needs of specific communities, agencies, staff members and trainees. Some local initiatives have also been supported by the Margaret Clark Morgan Foundation.

- e. Mental illness/ Substance Abuse Co Morbidity: According to the National Institute of Drug Abuse (NIDA), 30 to 60% of substance abusers have a concurrent mental illness. Local MACSIS data indicated over 1,200 clients received both AoD and Mental Health services in SFY13. While we do have an Integrated Dual Disorder Treatment (IDDT) Program monitored for fidelity by the SAMI CCOE, it only served 89 adults in that same time period. Recent needs assessment and outcomes study of clients involved in that local program demonstrated reduced incarcerations, decreased general/state hospital admissions and beds days, improved housing stability, etc. The evaluation also highlighted the need for further improvement in the area of employment/vocational opportunities for this population. Clearly the program is effective, but not sufficient to have a broad impact on all who present with co-occurring mental illness. The Integrated Co-occurring Treatment program (ICT) is designed to assist adolescents with dual disorders (mental illnesses with chemical dependency) using a home based model with family therapy, individual counseling, psychiatric services and 24/7 crisis coverage. A special target population is youth significantly involved with the Juvenile Court's Crossroads Program, who struggle with co-occurring disorders.
- f. Adolescent Detoxification: Over the last decade the average age of persons struggling with opiate addictions is trending younger. Opiates are culpable in over 80% of detoxification admissions. Complicating this further, on occasion, a few youth have had serious medical issues which required an acute hospital setting, i.e., juvenile diabetes with an insulin pump. Unfortunately OMHAS certified Sub Acute Detoxification excludes services to youth. Summit County has no local resources for youth whether indigent or insured, who may need detoxification services, particularly from opiates.
- g. AoD Residential Treatment Services: Currently there are waiting lists of up to 6 weeks for adult men and up to 2 weeks for women in need of residential treatment level of care.
- h. Opiate Epidemic: BH data indicates that opioids (heroin and/or Rx opiates) are the # 2 drug of choice among adult men and #1 drug of choice among adult women entering Summit County treatment. Our existing treatment portfolio, inclusive of methadone maintenance, does not offer sufficient access to meet this growing demand. Opiate use has reached epidemic proportions throughout Ohio, including Summit County. Opiate dependence is now involved in two-thirds of all local detoxification services and is a leading drug of choice among adults involved in treatment. According to a study recently done

through Akron Children’s Hospital, Neonatal Narcotic Withdrawal [or Neonatal Abstinence Syndrome (NAS)] has increased from 1.2 to 2.4 per 1,000 hospital births since 2002. Local data shows that NAS is more common in Akron than anywhere else in Ohio. The average cost of a NAS case was \$56,139 in 2011, with an average stay of 17 days, and a peak of 53 days. Much of the increased access to opiates can be attributed to the overprescribing and/or diversion of prescription opiate medications. Currently about 50% of persons presenting with an opiate addiction are involved with street drugs (e.g. heroin), the other half are abusing Rx medications. One of the clinical responses to this problem is expansion of medication assisted treatment options (see Section 3 below)

- i. Gambling: In Northeast Ohio we have gained a casino and two “racinos”. One of the latter opened in December 2013 right here in Summit County (Northfield, Ohio). There is now much easier access for residents of the county to indulge in gambling behaviors that could become detrimental. A review of the results of the Ohio Gambling Prevalence Survey (2012) conducted by ODADAS, showed that 11.5% of those surveyed in the Cuyahoga County Cluster (which includes parts of northern Summit County) were considered to be at-risk of problem gambling. It is estimated that 0.1% of the population already has a gambling problem. This rate equates to approximately 540 Summit County residents.

Strengths and Challenges in Addressing Needs of the Local System of Care

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

3. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment?

- Local Levy: The Board was successful at the ballot this past November for a six (6) year operating renewal levy (2.95 mil) with collections beginning in 2015. Levy collections represent 78% of total revenue. Having a robust levy has been and continues to be a strength that many board areas do not possess. This has enabled our behavioral health system to weather many of the recent cuts in state/federal funding and to initiate or continue programs that would not otherwise qualify for funding from other sources. It has also allowed us to maintain a constant ratio of funding between addiction services and mental health services (35% addictions/65% mental health)
- Recent/sustained collaborative partnerships: The ADM Board has continued efforts to either form or contribute to the establishment of several collaboratives within northeast Ohio. Included in these are:
 - Intersystem partnership between the ADM Board and the County of Summit Developmental Disabilities Board. This formal relationship allows us to clinically review complex, “hard to place” individuals with MH/DD Co-morbidity. Most recently we have established a relationship with a Consulting Psychiatrist with expertise in MH/DD issues who will assist in determining causality, diagnosis, and treatment planning. We utilize pooled funds to support specialized case by case augmented services.
 - Partnered with Family & Children First Council to coordinate a systemic identification and referral

protocols for potential maternal depression (also see Section 8). Information packets have been delivered to multiple local medical (*Family, Pediatric, and OB/Gyn*) practices. A presentation on the model was done as part of the Infant Mortality Summit in 2013.

- Establishment of a Young Adults in Transition Team (YATT) to develop identification and referral protocols for BH involved youth to seamlessly transition to the adult care system (also see Section 8).
- Created a County-wide committee consisting of training officers from agencies, foundations, and hospitals to cooperatively synchronize training and other workforce development initiatives. We have partnered with community coalitions, state agencies and local law enforcement on local trainings on “Meth”, “Bath Salts” and “medical marijuana” issues. Additionally, there were Suicide Prevention presentations from national leaders (two by Christopher Shea, MD) and Advocates (Eric Hipple).
- Participation in the “Summit for Kids” this past August, an annual forum where community education takes place one day for professionals serving youth, and the next day local businesses, social services and others provide clinics, give-aways, medical and social services focused on families with children just prior to their return to school. Next year will be the fifth year of this annual program.
- Conducted as part of the STARS grant initiative two half day substance abuse training sessions for direct service and professional staff at Summit County Children’s Services.
- The ADM Board was awarded a grant from the GAINS Center to develop 20 “Trained Trainers” to teach Trauma Informed De-escalation training to law enforcement and other first responders. Twelve local professionals have been certified so far in this model.
- Partnered with Juvenile Court and youth serving providers to participate in a Annie E. Casey Foundation funded Juvenile Detention Alternative Initiative (JDAI.)
- Entered into a learning collaborative with Cuyahoga and Lorain Counties to inform program development relative to reducing penetration of persons with mental illness into the criminal justice system.
- Other partnerships are addressed in section #5 - Collaboration.
- Policy Governance[®] is now in its third year of operation. It is a comprehensive, coherent, principle based operating system model for governing that the Summit County ADM Board of Directors approved for adoption in 2010. The Board’s refined Ends Policy (Global Ends 1.0) stipulates that *“People affected by drug and/or alcohol addictions and/or mental illnesses in Summit County will have access to a continuum of care that will facilitate recovery and allow for a meaningful quality of life while assuring resources used are justified by the outcomes achieved”*. And 1) *Drug and/or alcohol addictions and/or mental health illnesses will include those both present in the community and those which may emerge; 2) There will be a priority for populations which are more vulnerable or conditions which are more destructive; 3) Continuum of care for affected persons and/or family members will include prevention and treatment interventions, including evidenced based practices when available; 4) There will be a priority for achieving specific outcomes for each*

of our populations. The benefit of Policy Governance® is that the Board of Directors has now become focused on understanding community needs from a variety of stakeholder perspectives- also referred to as “Ownership Connections”. While the Board continues to monitor the performance of the Executive Director, its main focus is on making sure that it refines its Ends Policy so that the organization is steered towards meeting the current and emerging needs in the community.

- Funding for Early Childhood: The Ohio Department of Mental Health awarded Summit County ADM Board \$1.2 million in funding for ECMH Initiatives as part of the Governor’s Race to the Top Early Childhood Learning Challenge Grant. Child Guidance and Family Solutions will provide the ECMH consultation and services to regions 4 and 5 which include 15 Ohio counties.
- Access to Recovery (ATR): During the grant period there were 2,735 enrolled participants with 310 active, 1,054 in treatment and 2,195 in recovery. To date, ATR has provided an additional \$3,353,274 to benefit our county. The grant has resulted in an increase in positive client outcomes related to stable housing (from 28.3% to 33.6%), employment/school attendance (from 32.2% to 46.5%), and an increase in social connectedness (from 84.8% to 95.2%). Lastly, abstinence went from 53.8% at intake to 84.5% at 6-month follow-up. This program has had a significant impact on the development of sober resources in the county. For instance, there are eleven (11) sober houses now along with a variety of other recovery services such as employment training skills, recovery coaching, daily living skills, peer mentoring, substance abuse education, family/marriages counseling, relapse prevention, etc. These are all at risk when ATR funding ceases on 9/30/14 unless other sources of revenue can be located.
- Recovery Oriented Services: The Board has continued to transition to a Recovery Oriented System of Care (ROSC) with our addiction and mental health service providers. Our Board area has continued to offer peer support training, and now has several trainers available to teach the new integrated Ohio peer supporter curriculum. According to the latest (2013) roster of Summit County Recover Coach Academy Graduates there are currently 95 peer recovery coaches. In addition, we are utilizing peer support workers/peer recovery coaches increasingly in treatment and recovery support providers to provide more individualized, hands on mentoring and hand-offs between different services and levels of care. For example, Oriana House Community Based Correctional Facilities has hired three (3) peer recovery coaches and Community Support Services has nineteen (19) peer staff to work with clients prior to re-entry into the community to connect them with more appropriate recovery supports. Also peer recovery coaches are being utilized by other service systems:
 - Children’s Services Board (CSB) through the Summit County Collaborative on Trauma, Alcohol & Other Drug, & Resiliency-building Services for Children & Families (STARS) grant. The goal of this grant is to increase the well-being of, improve permanency outcomes for, and enhance the safety of children who are in out-of-home care or at risk of removal due to parental or caregiver AoD use.
 - The chaplain in the Summit County jail is a recovery coach. Recovery coaches are also being utilized to engage clients trying to get in early recovery in treatment services in critical places, such as the ADM Crisis Center in Drop-In and Detox.

In addition, in the summer of 2013, FI Community Housing opened the first Community Recovery Center in the heart of downtown Akron. They also developed a web-based listing of recovery support addiction

providers, similar to the ATR provider list, for use by persons in early recovery. On the Mental health side, Peer Support Specialists work in our agency treating the SPMI population to address primary health integration, discharge planning and linkage to services from our local jails, and on treatment teams to support treatment goals. A recovery management strategy that has been implemented since 2010 is the AoD Residential Wait List Meeting which meets bi-monthly to actively move clients into residential services as efficiently as possible honoring both the state and local priority populations for AoD treatment. Finally, interim services, e.g., treatment readiness groups, recovery coaching and AoD waitlist group, are offered to all clients to bridge the gap between detox or assessment to the primary level of care such as IOP or residential.

- Mental Health/Criminal Justice: The ADM Board, in partnership with the Criminal Justice-Coordinating Center of Excellence, has implemented the sequential intercept model (<http://www.neomed.edu/cjcooe/>). A multi-systemic forum convenes quarterly to address the penetration of persons with mental illnesses and developmental disabilities into the criminal justice system. The process has resulted in significant progress including:
 - Improved medication adherence for people with mental health problems while incarcerated, as well as after discharge.
 - Peer support specialists have been hired and have begun to connect with individuals while in jail to support and help facilitate the transition from incarceration to treatment.
 - Enhanced communication and understanding of access to services has been achieved resulting in the admissions process from jail to hospital being streamlined and jail release times modified to better enable connections with social services providers.
 - Implementation of a Forensic ACT Team that is also trained in a modified (for use with the SPMI population) version of Thinking for A Change is focused on decreasing recidivism.
 - Collaboration with ODRC and the Summit County Reentry Network to assist inmate reentry including appropriate referral for needed MH and or AoD services.
 - Implementation of pink slip authority and access to direct state hospital admissions for select Summit County Jail staff.
 - Recent increases in funding to the Summit County Jail for treatment and medications.
 - Seeking and obtaining grants and opportunities to strengthen training, peer support, and trauma focused training.
- Culture of Quality Awarded: The Board was awarded a three year Culture of Quality certification from the Ohio Association of County Behavioral Health Authorities (OACBHA). This distinction followed a two-day on-site survey conducted by peers and OACBHA staff, which verified the ADM Board's conformance with the Culture of Quality Statewide Board Standards. This program is based upon a continuous quality improvement model that promotes the use of quality practices in the administration of county Boards. The recent survey included an in depth review of one hundred and forty two standards related to pertinent Federal and State laws, rules and regulations, and quality practices.
- Crisis Services: Our system's Crisis Center is adjacent to a local hospital, and includes the following services

under one roof: Psychiatric Emergency Services (PES); 23 Hour Observation; 16 bed Mental Health Crisis Stabilization Unit (CSU); 16 bed Detoxification Unit; Drop-in program for intoxicated individuals. The ADM Crisis Center provides 24/7/365 crisis service coverage. This includes direct admission capacity from local law enforcement, client self-admission, or agency transfer. The drop-in center offers a safe 23 hour “dry-out” for persons under the influence of alcohol or other drugs. This program, in concert with Psychiatric Emergency Services, offers an alternative to jail booking in many cases; a tremendous resource for local law enforcement.

- **Evidence Based programming:** Our local levy allows us to invest in and support many evidence-based and promising practices. While not directly involved, the Board has underwritten training by reimbursing agencies for lost productivity for the time clinicians spend in training, as well as time spent receiving ongoing clinical support and supervision from consultants in order to master interventions. Without the many partnerships between local universities, agencies, foundations and the County, it would be difficult to finance the direct and indirect expenses incurred to implement new evidence based interventions in our system. Local Evidence Based Practices that receive full or partial ADM funding include:

PROGRAM	CATEGORY	POPULATION
Integrated Dual Disorder Treatment (IDDT)	AoD/MH	Adolescents & Adults with co-occurring diagnoses.
Recovery Oriented Systems of Care (ROSC)	AoD	All
Assertive Community Treatment	MH	MH, SAMI
First Program	MH	Psychosis
High Yield CBT	MH	Psychosis
Cognitive Enhancement	MH/DD	MH/DD
Supportive Employment	MH	Adults with SPMI
Sequential Intercept	MH/ Criminal Justice	Incarcerated adults with SPMI
Devereaux Early Childhood Assessment	Prevention/Resilience	Pre-K Youth
Motivational interviewing (MI)	AoD and MH	Effective with treatment resistance
Lifeskills™	Prevention	Elementary through High School Youth
Cognitive Behavioral Therapy (CBT)	AoD and MH	Mood Disorders, Psychotic Disorders, AoD
Contingency Management (CM)	AoD, MH, Prevention	All
Cognitive Remediation	MH/DD	Low Functioning
Dialectical Behavioral Therapy (DBT)	MH	Depression, Borderline PD
Opiate Pharmacotherapy	AoD	Opiate Addiction
Matrix Model	AoD	Outpatient Addiction
Adolescent Community Reinforcement Approach (ACRA)	AoD/ MH	Youth
Outpatient Commitment	MH	SPMI
Crisis Services	AoD/MH	Adults with MH or Addictive Crisis

- **Crisis Intervention Team (CIT) Training:** The Summit County investment in CIT training exceeds in scope those of any Metro Board in the State. Every one of our 23 police department in Summit County now has at least one CIT-trained officer. The Board, in partnership with the CJ-CCoE, has supported CIT training that has touched a total of 31 Ohio Counties, 8 states, two additional countries and over 600 Law Enforcement Officers. As of 12/1/13, 86 of 88 Ohio counties with a total of 6,653 trained full time officers have received

CIT. Locally this includes Ohio County Sheriff's Deputies; State Highway Patrol Troopers; Ohio Colleges/Universities Officers/Security; Corrections/Court Officers; Park Rangers; Fire Department, Hospital Security, and Dispatchers. CIT training educates responders to intervene with persons with mental illnesses and intoxicated persons in a manner that reduces the likelihood of escalation, and has a track record of safety (for both officers and individuals with whom they have contact) and better awareness of local resources to divert individuals into treatment as an alternative to penetration into the criminal justice system.

- Opiate Treatment Enhancements: The Board implemented three innovative pilots for “Limited length, Fixed Dose, Suboxone with Counseling.” Two pilots (Edwin Shaw Hospital and SUMMA Health System) were started in October of 2012, with a third (Community Health Center) to begin in January 2014. These pilots will not only increase our capacity to service the opiate population, but will offer clinical outcomes to measure the effectiveness of these protocols post discontinuation of the medications. These programs are involved in an implementation research study provided by NIATx at the University of Wisconsin. Additional opiate enhancements include using suboxone as the primary medication protocol in Sub Acute detox. While more expensive than the prior medication protocols, suboxone is safer, and allows patients to enter into groups on the unit much quicker than prior practices.
- Other strengths of our system include:
 - CBT (Cognitive Behavioral Therapy) and other workplace development initiatives such as University partnerships (see Optional Section #10).
 - Created a County-wide committee consisting of training officers from agencies, foundations, and hospitals to cooperatively synchronize training and other workforce development initiatives. We have partnered with community coalitions, state agencies and local law enforcement on local trainings on “Bath Salts” and “medical marijuana issues.”
 - The initiation of a qualitative agency review process (see Optional Section #10).
 - Creating an innovative practice RFI process that allows for piloting new evidence based programs.
 - Ongoing collaboration with NEOMED to research and implement and support new programs (BeST Center initiatives, Campus Safety, and other Criminal Justice interventions).
 - A robust and active cross system suicide prevention coalition.
 - Engineering strategic community partnerships with Primary Healthcare, Criminal Justice, Educators, Faith Communities, Advocacy groups, Regional Boards, State departments, and County governments. We are currently pursuing an active partnership with Summit County Public Health. Together, we have begun to collaborate on ways to better integrate behavioral health into primary care settings, including our local free clinic. They have also provided valuable assistance on introducing primary care into behavioral health settings.

4. What are the challenges within your local system in addressing the findings of the needs assessment?

- Lack of sufficient resources to expand service levels to address current/emerging needs: Wait lists for

residential services, psychiatric services, specialized groups, and psychiatric beds continue to be an issue. This exacerbates access/capacity/placement issues for specific populations. The Board submitted a Capital investment request to the state in hopes of building additional residential capacity. Most specifically:

- Recovery Housing for persons returning to the community from residential placement or incarceration;
 - Housing options for up to 50 persons with mental illness being relocated due to the sale of the Mayflower Hotel in Downtown Akron.
 - A Group Home for older adults with mental illness, equipped with medical or nursing augments. This would allow some persons in nursing homes be able to be returned to a less restrictive level of care.
 - Supportive Housing, inclusive of Lifeskills programming, for behaviorally health involved young adults between 18-24 years old.
- Employment vocational: The slowed economic recovery has made job opportunities less available for clients and increasingly competitive.
 - Penetration of those with mental illnesses into the criminal justice system: A combination of state hospital bed reduction and sentencing reform has created a critical mass of individuals with mental illnesses in criminal justice settings. Despite strides made through cross-systems collaboration, investment in jail treatment services, system mapping and efforts at diversion at each point of areas determined by the sequential intercept model, we continue to see opportunities for improvement. Working with our ADM Crisis Center and the CJ-CCOE has allowed us to make improvements. Our Sheriff's office has established a jail "deferral process" to prevent those in psychiatric distress from entering the jail. This is requiring additional multi-systemic procedures and interventions to align effective mental health treatment with community safety. These efforts have been communicated to the Summit County Police Chief's Association and folded into the Criminal Justice and Mental Health Forum to foster community-initiated solutions.
 - Opiate Epidemic: Changes in drug of choice for certain population groups. Most specifically we are witnessing an increase in the over prescribing and/or diversion of opiate based medications. There are no clear protocols on how to address persons with a co-morbidity of opiate addiction and diagnosed pain maladies requiring pain management. Presently Opiates are the # 2 Drug of Choice among all adult women entering the treatment system, and the #3 drug of choice among adult men. The ratio of street opiates (Heroin) versus prescription opiates is approximately 55% to 45%. The over prescription of opiate based prescription meds will be one of the issues to be addressed by our emerging Summit County Opiate Task force, planned to be formed in 2014.

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

- Resources: The inability to expand, or in some cases, maintain service levels over earlier biennium periods due to prior/current State funding cuts and reduced local funding. As a result, several major providers implemented reductions in work force, impacting capacity and access. Shortages in funding have resulted in an overall decrease in CPST positions, resulting in higher caseloads. Open positions may remain unfilled for

long periods of time due to low wages and competition with higher paying employers in the private and public sector, including the Veterans Administration.

- The system has also experienced serious challenges in the area of medication adherence, side-effect monitoring and overall primary health care. These include cognitive deficits in the SPMI population that make complex medication regimens difficult to follow. There are difficulties in accessing medications related to long lapses between appointments, Medicare coverage changes, and the cost of prescriptions.
- Problems in obtaining needed programs for those released from correctional facilities, such as difficulties with continuity of needed psychotropic medications and being able to obtain necessary outpatient services. Presently, ODRC provides only a two (2) week supply of medications to offenders being released. This provides little time or resources for linkage to local psychiatry services before an individual exhausts medications supplied at discharge, and contributes to illness symptoms cropping up before access to treatment can be achieved.
- Extended waiting lists for staff supervised and/or subsidized housing, and decreased availability of Section 8 housing. Although Summit County funds a substantial number of AoD residential beds (44) for adult men, there continues to be a waiting list for this service. Sober housing is not a treatment service per se; however it is closely related to successful outcomes of clients completing treatment. In many cases, after clients return to a using or non-supportive living environment, they are unable to maintain the sobriety they worked hard to attain, and they relapse. There is an average wait of 48 days to gain admission to AoD residential treatment programs. Some AoD and MH agencies have adopted interim services due to extensive waits between assessments and prescribed levels of care. Further, men without children, or with felony records, are not eligible for Section 8 programs.
- Few or no vacancies available at North Coast Behavioral Health; recent increases in forensic bed days at state hospitals are encroaching on civil bed capacity. The state has no known contingency plan for when all state beds reach capacity.
- 7 to 10 day wait for priority child psychiatry appointments and 1-3 months for routine child psychiatry.
- Sentencing reform which will demand more diversion opportunities. This will push demand for treatment services where there is already insufficient capacity to meet demand.
- Summit County has been identified as a relocation site for refugee resettlement of many populations with very unique needs and little capacity to address them due to lack of understanding of their cultures. These language and cultural barriers are greatly increasing the need for interpretation services.
- Placement problems with consumers having comorbid DD/MH who exhibit behavioral problems that include physical acting out continue to pose challenges to both law enforcement and local providers.
- The State biennium budget included a provision to adjust the nursing home daily rate to include psychiatric services to residents. This action disallows community based providers from billing

Medicaid for services performed in nursing homes that are not related to admission and discharge of the patient, but are sometimes necessary to maintain the appropriate placement.

- **Employment:** Employment is often difficult for those having MH/AoD and/or criminal histories due to the lack of training or experience of consumers. There is also a reluctance of some employers to hire such individuals. This is exacerbated by job reduction due to the difficult economic climate. We have also encountered systemic barriers relative to the interface between the behavioral health system and the Ohio Rehabilitative Services Commission.
- **MH/CJ:** The penetration of persons with mental illnesses into the criminal justice system has been spotlighted in the local media. Although steps are being taken to address this, it has resulted in the exacerbation of negative stigma for this population group. This issue is also mentioned in section #2 of this plan. Further, persons with mental illnesses involved in the criminal justice system have been identified as a priority funding target for SFY2014.
- **Drug Trends:** Different drug trends have resulted in different impacts to the treatment system. Specific trends we have addressed locally include Opiates. While the opiate problem has been widely recognized in Ohio, Summit County has been recognized as an opiate hot-spot by investigators at Wright State University. This situation requires us to work more in concert with local pain management clinics, and emergency room managers. Lastly, it is predicted that there will be future ballot initiatives in Ohio to legalize medical marijuana. The Board's goal is to ensure that the community is informed on all aspects of the initiatives presented in order to understand the implications and make educated choices when faced with these decisions. The Board continues to monitor activity nationally, on the state level and locally regarding medical and legalized marijuana initiatives.

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

The Board is open to cooperative ventures with other Boards to address future "hot spots" or areas of common interest (see Section 8 – Collaboration, for further information), e.g., Opiate Task Force development or Developmental Disability/Mental Health issues, outcome measurement systems, etc.

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.

Summit County is highly diverse in terms of age, ethnicity, race, and even nation of origin. We are a resettlement site for several world populations. This includes Serbia and Southeast Asia. In the near future we will see a migration and resettlement of Congolese. Having so many different cultures brings some programmatic challenges. David James, Superintendent of Akron Schools has stated they have students with 40 different languages being spoken in their homes. Most recently we have initiative conversations with the International Institute, and ASIA Inc., towards better responding to the need of our existing and emerging cultures. Some other activities to enhance our cultural competencies include:

- A common thread running across all treatment services, whether for individuals using Mental Health or AoD services, is providing a family culture of meaningful inclusion. This involves finding ways to include family members (defined by the client so as to include other significant relationships) in treatment and

support of the identified client. Activities to make this culture a reality will occur in partnership with family advocacy organizations that can assist the system in identifying practical and common-sense ways of welcoming and supporting their involvement in treatment and other supports.

- Subcontract with Minority Behavioral Health Group's "Pastor's Project," a program designed to provide community education and assure ready access to culturally appropriate services for individuals who may want services that address unique religious or ethnic issues.
- Contract for foreign language and deaf interpreter services system-wide.
- There are internal and external reviews of cultural competence including monitoring of agency staff/board/client ethnic, gender and racial composition. We also ask each agency to submit their cultural competency plan with their budget application. Client rights and grievance documentation is also utilized to assist in this evaluation. Strategies to address disparities include maintaining the above arrangements, monitoring of indicators, tracking culturally competent programs and the number of persons reached.
- Two addiction providers whose primary target population is the African-American community in Akron: Akron-Urban Minority Alcohol and Drug Abuse Outreach Program (UMADAOP) and Urban Ounce of Prevention. Prevention agencies that include culturally specific programming include Akron-UMADAOP, East Akron Community House, Urban Ounce of Prevention and Asian Services in Action (ASIA, Inc.). The Board supports such programs as Kwanzaa Program, Black History Program and Lifeskills Training, as well as continued monitoring of such programs through the web-based POPS system.
- Contract agencies also send staff to the *Bridges out of Poverty* trainings where staff can develop accurate mental models of different economic classes, poverty, middle class and wealth, then utilize this understanding to make AoD and mental health services more accessible and culturally appropriate to the many differing populations we serve. Additionally, this allows for the development of new program/treatment strategies to improve relationships and outcomes.
- The Board utilizes cross cultural training of staff in order to deliver quality services – most recently a three-hour training was held this past January for provider agencies. It is important that staff is acquainted with the language, history, current events and common practices of local minority communities.
- Strategies to develop a more culturally competent delivery system are consistent with the move toward more individualized, consumer-oriented services. By the year 2050, the U.S. Census Bureau projects that nearly 1 in 2 Americans will be non-white and/or Latino. New and changing cultural perspectives, emerging cultural groups, and the growing realization that cultural identity contributes in essential ways to mental well-being require new attention to the need for culturally appropriate mental health services.
- The Board has always envisioned Cultural Competence in a wider arena to include those populations that are typically underserved in many communities, e.g., the deaf, and immigrants not fluent in English, the cultural generation gap experienced by older adults. To this end the Board funds interpreters for Board-funded AoD and mental health agencies on a per request basis, and is currently developing a

needs assessment to better align our service menu with the issues faced by older adults. Other initiatives that should be noted include the Board’s partnering with both faith-based and community providers due primarily to the nurturing of these relationships by the local Access to Recovery program.

- The AoD Prevention Performance Improvement Committee, which meets every second month, provides an on-going forum for the discussion of needs assessment for alcohol and other drug prevention. Representatives from county agencies meet to discuss how culturally competent services can be consistently available, accessible and effective. This ADM prevention group is currently offering an educational series to prepare providers of prevention services in Summit County and the surrounding area to obtain their Ohio Certified Prevention Specialist I certification (OCPS-I) and sit for the credentialing examination. This series not only provides its participants with the relevant credentialing information but includes sessions geared towards cultural awareness.
- Finally, there is a need for culturally competent staff to work with deaf and hard of hearing clients, and agencies need to maintain/increase diversity in their workforce to better reflect the diversity among the client population. The Board funded a grant request for an ASL proficient clinician.

Priorities

6. Considering the Board’s understanding of local needs, the strengths and challenges of your local system, what has the Board set as its priorities for service delivery including treatment and prevention and for populations? Below is a table that provides federal and state priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board’s priorities, and add the Board’s unique priorities in the space provided. For those federal priorities that are mandatory for the OhioMHAS and not selected by the Board, please check one of the reasons provided (e.g., no assessed local need, lack of funds to meet need, lack of necessary professional staff) or briefly describe the applicable reason.

The Summit County ADM Board is in full alignment with and supports the priorities consistent with the OhioMHAS Strategic Plan (see table below). However, we realize that we cannot focus on every Goal/Objective with the same level of commitment. Therefore, at the current time we are choosing to focus our efforts on the four board specific priorities and the two ORC mandated priorities that are part of the OhioMHAS Strategic Plan (see table below).

It should also be noted that as part of the Policy Governance® model, the Board has established a global ends policy. These priority populations have been defined as “populations that are more vulnerable or conditions that are more destructive” and are listed below as supplementary information to the priority table data.

Populations and services identified that meet our global ends definition includes:

- Persons with Severe and Persistent Mental Illness (SPMI)
- Children who have Serious Emotional Disturbances (SED)
- Transitioning Youth
- First Episodes of Psychosis
- Crisis & Emergency Services
- Community Support Programs

- Pregnant women & other persons with Medicaid coverage
- Women with maternal depression
- Medically indigent
- Criminal justice involved
- Persons with co-occurring disorders
- IV drug users
- Individuals severely medically compromised by their addiction(s) who lack a healthy support system.
- Poly addicted individuals
- Residential treatment programs
- Detoxification programs
- 23 Hour Observation Services
- Older adults

Priorities for County of Summit ADM Board

Substance Abuse & Mental Health Block Grant Priorities

***Priorities Consistent OHIOMHAS Strategic Plan**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): See Board Priority for Opiates
SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Pregnant women who reside in Summit County shall be screened, assessed and treated for alcohol and other drug abuse. To improve outcomes in Summit County for Opiate dependent pregnant women and their neonates through enhanced care referral processes, consistent assessment and treatment protocols, and education on the risks of Opiate use based on the best evidence/standards available (from Maternal Fetal/Neonatal Quality Improvement Committee)	<ul style="list-style-type: none"> Continuation of referral process in place to assist system transfer of pregnant women needing alcohol and other drug abuse services Implementing hospital and physician office practice protocols that support early assessment of opiate use in obstetrical care and referral for treatment Evidence based assessment of the neonate, identified as at risk, with ongoing assessment and care guided by an appropriate scoring tool Increasing health care provider awareness of the risks of opiate use during pregnancy and the treatment process, for both the mother and the neonate, etc. To increase access to medication replacement therapies Maternal Depression Network 	Number of pregnant women screened annually Number of providers receiving OB Packet with assessment form prepared Awareness of the need for and promotion of pregnancy avoidance to women currently in drug addiction treatment Awareness of the goal to wean from opiate use prior to subsequent pregnancy	<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)	To increase the safety and well-being of children by tackling parental	Utilization of multi-system collaboration, including STARS*	Percentage of substance abusing families reunified (current estimate is	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage

<p>(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)</p>	<p>substance abuse through the STARS Program* (5-year/\$2.5 million Federal Grant). Sub goals include: Improved child safety and well-being outcomes Improved child permanency outcomes A coordinated approach to service delivery An increased array of services with easy access</p> <p>*STARS is the Summit County Collaborative on Trauma, Alcohol & Other Drug, & Resiliency-building Services for Children & Families. This is a multi-system collaborative with a coordinator housed at Summit County Public Health. Uses a heightened collaborative approach that brings enhanced services for randomly-selected, eligible families to enable family reunification for those families having parental substance abuse</p>	<p>program and FRRRC (Family Reunification through Recovery Court) to implement:</p> <ul style="list-style-type: none"> • Safety Assessment • In-home AoD Assessment • Intervention involving referral to STARS Coordinator (done through randomization) • The following strategies are available as required: <ul style="list-style-type: none"> o Drug Court o Strengthening Families Program o Recovery Coaches o Supportive Services 	<p>50% of families are reunified)</p> <p>Percentage of program involved families who become re-involved with Summit County Children Services within 12 months of reunification (current estimate is 85% become re-involved)</p> <p>Standardized instruments to measure child wellbeing, family functioning, recovery and family stability</p>	<p>___ Other (describe):</p>
<p>SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases</p>				<p><input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<p>Goals for this pop include: Maintain youth in their home, reduce substance use, reduce recidivism, increase quality of familial relationships,</p>	<p>Board invests in the following specialized and evidence based programs to address these goals:</p> <ul style="list-style-type: none"> • Integrated co-occurring treatment • Intensive Home Based Treatment • Early Childhood Mental Health, e.g., Devereaux Early 	<p>Will measure program impact via the following standardized instruments:</p> <ul style="list-style-type: none"> • Global Assessment of Functioning • CALOCUS • CAFAS • Devereaux Early Childhood Assessment 	<p>___ No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>

		Childhood Assessment <ul style="list-style-type: none"> Sexual Behavior Problems Program 		
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Goals for this pop include: Maintenance in the least restrictive level of care, reduce or stabilize MH symptoms, increase quality of life measures.	Board invests in the following specialized and evidence based programs to address these goals: <ul style="list-style-type: none"> Assertive community Treatment Forensic Assertive Community Treatment SAMI PACT Vocational Programming Residential Programming 24/7 Psychiatric Emergency Services Special Docket Courts 	Will measure program impact via the following standardized instruments: <ul style="list-style-type: none"> Reduced psychiatric bed days Pretest/Post-test Post discharge vocational survey 	<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*	Increase coordination between primary and behavioral health services	<ul style="list-style-type: none"> Develop in partnership with NEOMED, a technical assistance and consulting team (TACT) relative to Medicaid Health Home implementation Begin implementation planning for integrated clinics within mental health agencies 	<ul style="list-style-type: none"> Implementation of integrated Health Homes 	<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	Transition to recovery oriented system of care via enhancement or maintenance of recovery oriented services	<ul style="list-style-type: none"> Sustain gains made through the Access to Recovery grant, including: recovery coaching and recovery housing 	<ul style="list-style-type: none"> Increased access to recovery support services. 	<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 OHIO MHAS Strategic Plan**

Treatment: Veterans				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Individuals with disabilities				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): See Opiate Priorities below
Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	Increase access to stable housing	<ul style="list-style-type: none"> Submitted Capital Funding request in SFY2014 inclusive of housing expansion 	Increase residential availability slots	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Underserved racial and ethnic minorities and LGBTQ populations				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): Board already invests in multiple minority based services (see Section)

Priorities	Goals	Strategies	Measurement	Reason for not selecting
Treatment: Youth/young adults in transition/adolescents and young adults				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): Assessing currently through Young Adult Treatment work group
Treatment: Early childhood mental health (ages 0 through 6)*				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): See DECA above
Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure	Implement a strategic prevention planning framework (SPF)	Board invests in the following specialized and evidence based programs to address these goals: <ul style="list-style-type: none"> • Strategic Plan development by local prevention coalition • Comprehensive needs assessment in partnership with Summit County Public Health and Case Western University 	<ul style="list-style-type: none"> • Completed strategic prevention plan • Analysis of Youth Risk Behavioral Survey (YRBS) 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): Based on results of strategic planning and youth needs assessment
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices				<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				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<p>Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*</p>	<p>To establish a county-wide prevention screening and treatment plan for gambling related issues</p>	<ul style="list-style-type: none"> • Develop a community problem gambling plan • Contract with community coalition for problem gambling awareness and problem gambling prevention training • Release funding RFP's specific to gambling treatment and gambling prevention 	<p>Plan completed and releasing local funding awards for prevention and treatment activities</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
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Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
<p>Opiates</p>	<p>Implementation of:</p> <ul style="list-style-type: none"> • Fixed dose Suboxone with counseling initiatives to address the opiate epidemic in the County. • Vivitrol Project to increase efficacy of referral from jail release to connection with a community provider & to reduce relapse of symptoms within first 30 days of release through use of “long-acting” injectable medications (Invega®, Vivitrol®) • Reduce patient attrition 	<p>Fixed dose Suboxone with counseling initiatives</p> <p>a) Continuation of current Suboxone pilot at Edwin Shaw Rehab and SUMMA Health System</p> <p>b) Initiation of Suboxone pilot (December 2013) at third pilot site (Community Health Center)</p> <p>Vivitrol Project</p> <p>a) Hiring full time reentry coordinator/case manager within the jail who will work in concert with the existing clinical team and establish a reentry plan, schedule community appointments, and provide initial intake documentation for the receiving agencies.</p> <p>b) Where appropriate inmates will be given a</p>	<ul style="list-style-type: none"> • Fixed Dose Suboxone • Number of inductions • Retention rate • Sustained abstinence post discontinuation • Vivitrol Project • Lowered Recidivism • Decreased opiate relapse within 30 days of release • Increased Efficacy of Referral • Increased us of bridge medication, specifically long acting injectable medications

		long acting injectable medication to serve as a “bridge dose” until meeting with the community provider	
Criminal Justice	Continuation/expansion of recently initiated (FY13) Forensic Assertive Community Treatment Team	a) Implementation of the “Thinking for a Change” curriculum for utilization with persons with psychosis	<ul style="list-style-type: none"> • Reductions in: <ul style="list-style-type: none"> ○ Arrests ○ Jail Days ○ Crisis Episodes ○ Hospital Bed Days
Behavioral Health Capacity (A)	Reducing the stigma of seeking care	a) Dissemination of local recovery stories	<ul style="list-style-type: none"> • Methods of communication, e.g., types of social media, printed materials, etc. • Estimated persons reached • Number of public presentations
Behavioral Health Capacity (B)	Maintain/increase access to service enriched housing for persons with addictions and/or mental illnesses	<ul style="list-style-type: none"> a) Convene members from community at large to develop 2014 Housing Plan for Summit County b) Request capital funds for housing options c) Participate in local Continuum of Care Coalition and associated committees/task forces 	<ul style="list-style-type: none"> • Development of County Wide Housing Plan • Housing slots • Number of clients receiving housing services • New/expanded housing options

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) Housing (priority #1)	There is a critical shortage of housing which directly impacts treatment success. In particular, permanent supportive housing is needed for special populations such as transition aged youth, elderly and the problems associated with a growing disabled population in senior buildings and the associated challenges. We are currently in the process of conducting a county-wide housing inventory and needs assessment to identify gaps and priorities for local development decisions. This is occurring in partnership with other housing and special population stakeholders in the county.
(2) Supported Employment/Vocational Services (priority #2)	Gainful and meaningful employment can enhance a person's recovery. Funding is very limited for activities and therapies that promote restoration or improvement in the individual's level of functioning and skills necessary to be successfully employed.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

(12)	
(13)	
(14)	
(15)	

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 Board regularly collaborates with other funding/planning entities and other organizations in the county, e.g., Summit County Children Services; Children's Cluster shared funding pool (Board staff participate on the Administrative and Executive Cluster as well as Review Council and staffing's as needed); Child Fatality Review Board Subcommittee; First Things First Initiative (an ADM Board representative chairs the Behavioral Health Subcommittee and currently co-chairs the Maternal Depression Subcommittee); Juvenile Detention Alternatives Initiative (ADM Board participates on the following committees: Detention Alternatives, and Executive); Developmental Disabilities; the McArthur and Behavioral Health Juvenile Justice (BHJJ) programs through Juvenile Court; Family and Children First Council; NAMI; Multi-Dimensional Treatment Foster Care Panel; Summit County Sheriff; Suicide Prevention Coalition; Summit County Mental Health Court; Summit for Kids; various police departments and other safety forces through Crisis Intervention Team (CIT) training; local school systems; universities; and general hospitals.

Criminal Justice Partnerships:

Municipal Courts: There continues to be much benefit from our collaborations with the Court system, with one of the latest accomplishments being the addition of a Mental Health Court in Barberton bringing the total number of municipal court jurisdictions to three. Akron is also one of the national training sites for Mental Health Courts. Several staff members from the Board sit on advisory Boards for local special docket courts.

Juvenile Court: The above collaborations have resulted in many benefits to each of our systems and to the community at large. Some examples include dramatic reductions in DYS placements and reduced recidivism due to the successful implementation of the BHJJ program avoidance of unnecessary criminal justice system penetration (Cluster, Mental Health Court, etc.). Summit County Juvenile Court, in collaboration with Summit County Children's Services, the Board and local service providers has proposed to create a Family Intervention Court. This past Fall, the Court received a 3 year Federal grant in the amount of \$538,000 to implement the court for reunification of families separated as result of an abuse/neglect/dependency case filing and who are struggling with substance us and/or mental health issues.

Crisis Intervention Teams: Summit County has a good relationship with local law safety forces. CIT helps reduce injury risk to mental health clients and safety forces. It also includes verbal de-escalation and referral practices for person who may be at the height of their symptoms. Currently every police department in the county, inclusive of University Police and rangers from the National park Service has representatives who have received training in CIT.

Summit County Jail: The ADM Board funds a mental health agency to provide services within the jail for persons with mental illness. The designated Jail behavioral health provider also has a contractual obligation to provide annual behavioral health training to deputies working in the Jail. Recent accomplishments include improved medication adherence for people with mental illness while incarcerated, and the hiring of peer support specialists to connect with individuals while in jail to support and help facilitate the transition from incarceration to treatment, etc. Lastly, the Board was awarded a Criminal Justice and Behavioral Health Linkage

grant through OhioMHAS. The Summit County Plan is a coordinated effort between government bodies and local provider agencies. Partners include the Summit County Sheriff's Department, Summit County Jail, Summit Psychological Associates, Oriana House, Portage Path Behavioral Health and Community Support Services. The aim of the initiative is to lower recidivism by: 1) Increasing efficacy of referral from jail release to connection with a community providers and 2) Reducing relapse of symptoms within the first 30 days of release through use of "long-acting" Injectables, i.e., Invega-Sustenna® , Vivitrol®.

University Partnership: Through continuation of a prior agreement with the University of Akron, the Board has brought in a Master's level student intern for the 2013/2014 school year to work within our Clinical Services Department. We have also worked with UofA to enhance curriculums through expansion of a Cognitive behavioral therapy skills course for students of social work, counseling, and nursing. Most recently the Board sponsored a tenure track faculty member to obtain Mental Health First Aid Certification. This will be delivered to student organizations on campus. The ADM Board also has an affiliation with NEOMED, which allows us to link with emerging and evidence based practices for treatment of persons with schizophrenia, including the FIRST Episode Program, CPT-p for persons with psychosis, and Family Psycho Education. Also included in this partnership are opportunities to work with the Campus Safety Program, and the funding of the Criminal Justice CCoE. NEOMED and their affiliated universities also participate in research and workforce development activities, including internships, and training opportunities embedded in our provider agencies.

First Things First: is an early childhood initiative originated through the County Executive's office, Summit County Children Services, Summit County Public Library, and Summit County Juvenile Court that umbrellas over 47 early childhood organizations in Summit County. Representatives of the Summit County ADM Board chairs one of five subcommittees of First Things First, the Behavioral Health Committee, and also sit on the advisory board.

Summit County Maternal Depression Network (SCMDN): The First Things First Behavioral Health Committee identified maternal depression as an issue. Consequently, the Summit County Maternal Depression Network was initiated as a sub-committee of the Behavioral Health Committee. A Summit County ADM Board representative facilitates bi-monthly SCMDN meetings. Its primary goal is to increase maternal depression screenings and treatment options for new families by such strategies as the distribution of educational material to reduce the stigma of depression and provide families with information; allocating resources to support depression screening and treatment programs; create and publish an inventory of treatment providers, programs and support; distribution of maternal depression materials to touch-point locations anywhere new moms are; training health care professionals to identify and refer patients to appropriate treatment options; etc. Between January and June, 2013, there were 5 public awareness presentations offered to over 140 professionals, and 37 women were referred for treatment to Summit County Maternal Depression Network identified agencies.

Intersystem Partnership (ISP) with Developmental Disabilities Board: As mentioned under partnerships in Section #3, the ADM Board maintains an Inter-System Partnership (ISP) with the County of Summit Developmental Disabilities Board, inclusive of pooled funds, to serve "hard to place" clients with co-morbid Mental Illness and Developmental Disability. There is ongoing discussion about crisis management and cross-training of staff from both systems to improve understanding of how each system's services and philosophies are operationalized.

Treatment of Providers and Stakeholders: Our Policy Governance® process has a policy mechanism to continually survey agencies and stakeholders. This helps illuminate challenges that may interfere with effective partnerships, while also capturing best practices we aim to enhance. Recent accomplishments in this area include our role in organizing a presentation by a nationally regarded Suicide Prevention speaker, as well as holding other forums addressing the Methamphetamine, Bath Salts and Marijuana dangers (also see Section10). The Board also held a Criminal Justice/Mental Health symposium earlier this year.

Summit County Department of Health: The ADM has partnered with the Health Department through a combined mission of community planning and needs assessments. We have worked together to complete an older adults needs assessment as well as fund a county wide youth risk behavioral survey. In 2014 the Board will be co-locating with the Health Department, and as result, will better be able to complete data sharing initiatives.

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

Potentially significant changes in hospital utilization are being anticipated, in addition to the impact of increasing rates of hospitalization involving the forensic population. The closing of Northcoast Behavioral Health Care psychiatric hospital in 2012 has resulted in an increase in the population of the Northfield Campus, as it added both civil and forensic patients from Lorain, Cuyahoga, Lake, Geauga and Ashtabula Counties to the Summit County facility. Adding to the demand was the addition of Portage County onto the Northfield catchment area. We have done well to reduce utilization at Northfield via the investment in local resources including the Crisis Stabilization Unit, Psychiatric Emergency Services, Assertive Community Treatment, and the use of community hospital beds made available through our hospital rotation. Towards the latter, if either of our local hospitals decided to close their inpatient psychiatric units it could upset our balanced resources. Recent partnerships with other hospital systems raise the possibility that access to inpatient beds in our general hospitals could be compromised in the long term. We are discussing plans with hospital leadership of our general hospitals to assess plans and impact.

Summit County has a unique and effective manner in which we serve residents potentially in need of hospitalization. Each acute case is evaluated by Psychiatric Emergency Services to determine whether the person meets the criteria for inpatient hospitalization. Our first intervention is to attempt to psychiatrically stabilize the individual at Psychiatric Emergency Services within a 23 hour period of time. When the person is in need of additional stabilization he/she may be admitted to our Crisis Stabilization Unit on a voluntary basis. For those persons requiring an involuntary hospital admission they may be referred to one of our local hospitals, using our inpatient rotation process that is managed by psychiatrists working in both inpatient and outpatient settings to foster greater continuity. It is only after a person has been unable to stabilize (sometimes with numerous attempts) in the community and/or general hospital that he/she is referred for admission to Northcoast Behavioral HealthCare (NBH)). When there is no available bed at the NBH, our Summit County resident will be admitted to Heartland Behavioral HealthCare (HBH).

Innovative Initiatives (Optional)

10. Many boards have implemented innovative programs to meet local needs. Please describe strategies, policy, or programs implemented during the past two years that increase efficiency and effectiveness that you believe could benefit other Ohio communities in one or more of the following areas?

Service Delivery

- The Board has implemented a quality improvement initiative that allows for quantitative and qualitative system evaluation. This newly diversified methodology of conducting agency review includes: clinical record reviews, corrective action reviews, prevention services reviews, and walkthrough surveys. Walkthrough Surveys evaluate Mental Health and AoD programs to ensure they are effective, efficient, and of high quality. In the Walkthrough, the reviewer experiences the treatment processes just as a customer does. The goal is to see the agency from the customer's perspective. Walking through treatment services-from the first call for help, to the intake process-and through final discharge is the most useful way to understand how the customer experiences the agency, and allows for discovery of improvements that will service the customer better. The process allows for a qualitative view of client flow through the service continuum. The Walkthrough Surveys are replicated every other year utilizing Board staff and/or student volunteers (also see Section 10d below)
The addition of CPST services to one of our main adult mental health agencies (Portage Path Behavioral Health)
- Introduction of CBT Trained clinical Supervisors to monitor efficacy of the treatment model.

Planning efforts: Some recent and future planning efforts of the Board include:

- Planning Café: this ADM System planning session held this past June involved over 30 key community stakeholders. Facilitated by Palmer Solutions, it included a key stakeholder's survey and a café style brainstorming session. Recommendations from this process are being used to inform future board activities and priorities for system enhancements.
- Youth Risk Behavior Survey (YRBS): this was developed by the Centers for Disease Control and Prevention and is administered at the state/national levels to better understand risk behaviors most likely to inhibit healthy lifestyles and contribute to the development of chronic diseases among adolescents. The ADM Board partnered with Summit Family & Children First Council and Summit County Public Health to administer the YRBS to all students in 7th through 12th grade in all districts in Summit County. School data collections occurred over two months, from mid-October through mid-December, 2013. Included in the Summit County Survey are questions related to student's gambling habits, substance use and mental health. The data accrued will help inform ADM funding of future treatment and prevention programs for youth in Summit County. To this end an RFP has been issued for gambling prevention services.
- Older Adult Focus Groups. There were seven focus groups held as part of our Older Adult Needs

Assessment which was undertaken in partnership with the Summit County Department of Health to determine unmet service needs of this population and other areas of concern in order to improve service delivery and positive outcomes. Groups included Board provider agencies, ancillary providers (such as Probate, Area Agency on Aging, Adult Protective Services), consumers and family members, and Medical prescribers.

- Adverse Childhood Events Study (ACES) Forum: The Board is part of the planning for an “Adverse Childhood Events” forum to occur in April, 2014. Others collaborating on this Forum include Akron Children’s Hospital, Summa, Akron General, Margaret Clark Morgan Foundation, Summit County Children’s Services, and A Waiting Child Fund. This will be a day-long event to share the results of the ACES study and impact on treatment and intervention.
- Mental Health First Aid (MHFA): This consists of an empirically-backed public education and prevention tool which improves the public’s knowledge of mental health problems and connects people with care for mental health problems. Members of the public who enroll in local Mental Health First Aid trainings learn a five-step action plan to help loved- ones, colleagues, neighbors and others cope with mental health problems. Similar to traditional First Aid and CPR, Mental Health First Aid is help provided to a person developing a mental health problem or experiencing a crisis until professional treatment is obtained or the crisis resolves. OACBHA funded the training of four instructors who became certified in MHFA in Summit County in the Fall of 2013. The Board is planning for these four certified instructors to provide at least 12 MHFA trainings by Fall of 2014.
- Principals Academy Training: Representatives from Summit Educational Resource Center (SERC) and Summit County ADM Board are planning training for approximately 22 principals about mental health and alcohol and drug abuse issues at the request of SERC. This full day training will occur on February 7, 2014, with additional trainings to follow. Principals are being surveyed, via survey monkey, prior to this training to inquire about their interests and training needs in order to ensure the training is relevant to their stated needs.

Business operations

- Information Technology: the Board is looking for both a MACSIS replacement (GOSH) and a replacement to SSI (Software Solutions Incorporated) for financial management.
- Relocation: In late summer/early fall of 2014, the Board will be co-locating with Summit County Public Health for a strategic partnership that will enhance an already collaborative relationship and will allow us to reduce our rent costs.
- Resource Acquisition: The Board’s role with the NEOMED MEDTAPP proposal will enable technical assistance implementation for Medical Homes and create a specialized behavioral health curriculum across the University of Akron College of Nursing, Counseling and Social Work that is synchronized with the workforce needs of the ADM network. This has been awarded and an extension proposal is being submitted.

Additionally, the Board partnered with Summit County Childrens Services to submit a proposal to

increase capacity to provide evidence based prevention programming for youth and families where alcohol or drugs were implicated in an abuse or neglect charge. This too has been awarded and will result in added funding and expansion of services for two ADM contract providers (Akron UMADAOP and Summit County Public Health). Please see Section 8 (Collaboration-Other Criminal Justice) for additional examples of resource acquisition.

Process and/or quality improvement

- Identified meaningful performance indicators that can be collected over time in the domains of Access to Service, Retention, Effectiveness and Safety. Began to establish/enhance data collection capabilities relative to these indicators.
- Developed a Continuous Quality Improvement (CQI) plan as a platform to evaluate data findings in the context of program evaluation and system improvement. Our preliminary analysis indicated some future process improvement initiatives should focus on the following:

- Workforce:

- Enhanced University partnerships. The universities routinely place students throughout our system for internships and to obtain field experience. A recent agreement with the University of Akron allows the Board to host graduate level student interns to work within the system in various roles.
- The Board also has an affiliation with Northeast Ohio Medical University (NEOMED), which allows us to link with emerging and evidence based practices for treatment of persons with schizophrenia, including the FIRST Episode Program, Cognitive Behavioral Therapy for persons with psychosis (CBT-p), and a Family Psychoeducation program. Also included in this partnership are opportunities to work with a Behavioral Health Campus Safety Program, and the funding of the Criminal Justice Coordinating Center of Excellence. NEOMED and their affiliated universities also participate in research and workforce development activities, including internships, and training opportunities embedded in our provider agencies.

During the past year, we have partnered with three departments within the University of Akron (Nursing, Social Work, and Counseling) in building a special graduate level skills curriculum on CBT. This initiative also aims to develop fifteen clinical supervisors from system agencies to be certified in this evidence based practice. Many of the supervisors will be able to supervise clinical interns from the University of Akron, and provide them a field placement within our system where they can refine their CBT skills. Efforts are being made to monitor the fidelity of these skills to ensure they will not erode over time.

- Addictions Programs;

- Increase continuation rates between detoxification and community services
- Increase continuation rates between Drop-in and detoxification/assessment

- Increase proportion of successful discharges
- Mental Health Programs
 - Reduce service delays between assessment and primary service in adult MH
 - Reduce service delays between assessment and prescriber

Funding Process: The Board has recalibrated its annual budget applications from providers to be program centric versus services centric, and developed a more streamlined process by which agencies and individuals request funding from the Board.

Document Management Process: To improve efficiencies and for transparency, the Board is in the process of building a document management system to automate the capture, storage, indexing and retrieval of records. To this end it has selected and purchased a product (“SmartSearch” from Square Nine: <http://www.square-9.com/document-management-software>).

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.**

Public Awareness: there are eleven (11) vignettes from our Board’s ongoing recovery awareness campaign that illustrate elements highlighted under the Board Local System Priorities section above (under the Behavioral Health Capacity priority and “Reducing the stigma of seeking care” goal). Summaries and videos of those client vignettes showing that “Recovery starts here” are available for viewing at: <http://www.admboard.org/recovery/> (also see attachment 2)

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.**

There are several emerging issues that our Board is monitoring:

- The impact of co-pays and deductibles from some of the new exchange plan on our ability to pay policy
- The speed of enrollments for the Medicaid expansion population.
- Redundancies in diagnostic assessments due to the incompatibility of provider clinical records.
- The need to seek strategic partnerships with Medicaid Manage Care to enhance treatment outcomes and

have profits returned to the community to further expand resources.

Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	ODADAS UPID #	ALLOCATION

B. Request for Generic Services

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

B.AGENCY	ODADAS UPID #	SERVICE	ALLOCATION

Appendix 2: Definitions

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

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

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

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

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

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

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

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