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

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.)

    Putnam County is largely an agricultural community with minimal demographic changes. Economically the County has advanced with lower unemployment figures and new job opportunities. Poverty levels have indicated minimal changes due to lack of mobility by the county's population.

    The Department biennial budget has once again harmed the ability of the Board to provide consistent MH and AOD services. Even with a $50,000,000 dollar increase in the State budget the Board realized a net decrease to funds that support our responsibilities to the communities.

    With that kept in mind, the community also completed a 5 year Safe & Healthy Schools program which highlighted mental health services to children. Evidence based programs were maintained through training opportunities; however sustainability of mental health personnel was discontinued.

    The major provider decreased 42 clinical hours and 8 support hours this fiscal year. Children's Mental Health specialist are on a contract hourly basis with local school districts as needed at the school's expense. Over the last 6 years the Board has taken a $441,657.00 loss of operating revenue.

    The board has maintained our effort to bring about efficiencies within our system, including reduction of hours, participation in grant opportunities and direct interaction with our providers. Changes in health care laws and Medicaid expansion may bring some financial relief to providers.

    The board has issued a Resolution of Necessity to <u>renew</u> and <u>increase</u> local funds. The funds, if approved, will support school mental health services, innovative support services to reduce hospital days and enhance residential services, seniors interventions, and veteran services for example.

    As stated earlier the Board, as well as providers, have reduced administrative and personnel costs. The Board has collaborated with other social service agencies to develop programs essential for the well-being of our community in particular Children.

    Examples are the following elements of **collaboration**:

    - Programs to reduce the amount of reported bullying, harassment and fighting behavior. (Educational Service Center)
    - Decrease amount of substance use by students, increase awareness of parents. (Educational Service Center, Family Children First Council)
    - Prevention and early intervention for social emotional issues for young children. (Educational Service Center, Family Children First Council)
    - Northland curriculum (Educational Service Center)
    - Numerous leadership assemblies. (Task Force, Pathways Counseling Center, PARTY)
    - Prevention coalition meetings. (TASK Force, Family Children First Coordination, Core Group, PARTY)

The Board continuously reviews our efficiencies and budget planning by maintaining joint committee meetings with two other stand-alone boards in Northwest Ohio. The participating Boards have had joint in-services and have participated in Regional Behavioral Health meetings. The Joint Board also reviews legislative and other topics of interest to the Board area. The unique characteristics of each Board are considered in elements of this review and conversation. Cooperation among Boards allows for autonomy as well as meeting the letter of the law and the specific expectations of each community.

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 Board is currently participating in a county wide health assessment covering the following essential services:

   a) Monitor health statistics to identify health problems.
   b) Diagnose and investigate health problems and health hazards.
   c) Inform, educate and empower people about health issues.
   d) Mobilize community partnership to identify and solve health problems.
   e) Develop policies and plans that support individual and community health efforts.
   f) Enforce laws and regulations that protect health and ensure safety.
   g) Link people to need health services.
   h) Assure a competent public/personal health workforce.
   i) Evaluate effectiveness, accessibility and quality of health services.
   j) Research for new insight and innovative solutions to health issues.

Priorities have currently been identified as:

   1. Health & education programming (access to services)
   2. Community health improvements practices (gaps in services)
   3. Health communication (access)
   4. Identification of personal health services
   5. Service needs (gaps in services)

The following were identified through the needs assessment of the Board:

   a. Regional Psychiatric Hospitals (RPH) need to evaluate and elevate the urgency with which they treat clients. The time taken to develop the plan to treat and return clients to community care has increased greatly over the past few years. Case managers contracted by the board and RPH social workers need to expedite and coordinate contacts between the two to minimize hospital stays. Contacts with the local agencies should be timely. The incentive to complete treatment at a RPH is skewed heavily toward the local board. Equalizing the incentives may create urgency and expedite plan collaboration.

   b. While many services for SMD and SED are adequate and appropriate, rent assistance programs have drastically been reduced over the past few years. Assistance with providing medications until treatment programs can be secured is important. Need will soon outpace resources.

c. The Putnam County Mental Health, Alcohol and Drug Addiction Recovery Services Board has been a key leader in the implementation and sustainability of the Putnam County WrapAround program. The Board is one of the partners involved in helping the Putnam County Family & Children First Council in plan, monitor and evaluate services to families.

WrapAround stands for Wellness & Recovery Action Plans. WrapAround is a research-based practice that coordinates services for families and children who have multiple needs. WrapAround is a strengths-based, family driven, planning process to address the family's needs and help them meet their goals. When families enroll in the program, they help create their own child and family WrapAround team. The team learns about the strengths and needs of each family member, helps them develop short and long-term goals and assists in resolving conflict. The family and team develop a plan of action that will help the family accomplish goals they have set for themselves. The plans ensure: 1) basic needs are being met; 2) mental health and behavioral healthcare are addressed; 3) resources are accessible; 4) a support system is identified for the family; and 5) family connections are strengthened in order to prevent further crisis.

Assessment tools are used to track the safety and progress of each family in WrapAround. The results are shared with the Putnam County Family Coordination Team, which acts as an advisory committee for the program and includes the Mental Health, Alcohol and Drug Addiction Recovery Services Board director.

d. Twenty one referrals were made to Family and Children First Council (FCFC) during FY 13. Of these, seventeen families participated in WRAP Around and/or service coordination, and four families declined services. The total number of families served through the Family and Children First Council's Service Coordination Mechanism in FY 13 was 35.

- Using the SFY13 Family Centered Services and Support (FCSS) annual report, the referrals' primary needs at intake were 1) Mental Health; 2) Special Education; 3)Delinquency/Unruly; 4)Poverty.
- According to the FCSS report, the most accessed services funded by FCFC at the time of discharge from service coordination / WRAP Around included 1) Service Coordination / Home Visits; 2) Structured Activities to improve family functioning; 3) Transportation; 4) Mentoring; 5) Respite.
- Barriers: Funding available to pay for direct service to implement High Fidelity Wraparound to families and lack of "crisis" funding to help families meet their basic needs, such as utilities.

e. No needs were noted by the Board. Locally, the agencies do a good job coordinating services. Statewide, different requirements by the state agencies can hinder the treatment of this difficult population.

f. Additional statewide funding is needed for this service. A few Board areas have benefitted from grants, but most have not received this funding. Criminal Justice systems have reduced or eliminated many pre-release programs. Criminal Justice systems, both state and local, need to

budget for mental health and substance abuse treatment needs.

Of the 35 families FCFC served through its Service Coordination Mechanism in FY13:

- 35% were referred to the Putnam County Juvenile Court either via the probation officer or the Juvenile Court Judge.
- 71% of the families served are receiving mental health services either via a mental health agency or a school based mental health counselor.
- 37% of the children served were involved in both the Juvenile Justice system and the mental health system.

Access to Services

a) The Board reviewed the following as "potential" major issues for individuals attempting to access alcohol and drug prevention and treatment services and behavioral health services in the Board area:
   - The highest Addictions license in the State of Ohio (LICDC) is not recognized by the two largest insurance companies (Anthem and Medical Mutual). These same companies recognize Indiana's and Illinois's addictions licenses.
   - Lack of Transportation (No driver's license, no vehicle)
   - No program available in their area
   - Translators
   - Special needs equipment
   - Funding cuts in programs/fewer programs and clinicians
   - Cost of services
   - Childcare
   - Capacity of agencies to provide services
   - Loss of insurance

Medicaid no longer covers or has decreased coverage for many diagnoses that affect a child's ability to function in school and communities (Conduct Disorder, Reactive Attachment Disorder, etc.)

The Board believes that funding cuts and a worsening economy may likely lead to major issues for those seeking services in the future. Continuing trainings and collaborative meetings will promote an understanding of behavioral health awareness and the system's ability to develop appropriate programs and services.

a) The Board foresees no gaps in crisis care services at this time, but crisis care issues loom in future.

b) The training needs for personnel providing crisis intervention is the requirement of contract agencies. The Board will maintain those requirements for contract agencies as well as sub-recipient contracts.

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 are fortunate to have many highly trained mental health and addictions professionals working in the communities. Valuable collaboration between/among other social service agencies and the people who serve these agencies is encouraged and occurs on a regular basis. Due to the size of our county, social service professionals and MH/AOD professionals often work together toward shared goals and concerns. These individuals are culturally aware and well versed in the needs of the people in Putnam County.

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

      Local system strengths include shared data, evidence based practices, shared resources such as university consultants. A Family Coordination team meets monthly to discuss children and families who are in distress. This team has been successful in providing mental health & AOD services to targeted families. Avoiding competition and encouraging collaboration has been the catalyst for strong community connections and relationships.

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).*

   Challenges within our local system:

      Funding is the largest challenge facing the Putnam County Board. Minimal medical resources also make it difficult to obtain psychiatric services as well as hospital care for youth and adults in crisis. While standard outpatient services are available for most individuals, we do not have the funding to support higher levels of care (e.g. intensive outpatient, intensive home-based, residential treatment, group home placements, residential substance abuse treatment, etc.). These services, when deemed necessary, cause incredible strain on financial resources.

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

      Law enforcement personnel report that 90% or more of all calls include at least one person with mental health or addiction issues. Job and Family services report a disturbing increase in the number of children, in need of mental health intervention, whose parents refuse to seek treatment for them.

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

   c. Access to adolescent psychiatrists.

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).*

Putnam County is a primarily a rural area located in Northwest Ohio. Our county's major population center is Ottawa, Ohio (4,460). Based on the 2010 census figures, Putnam County's total population is 34,499. Of that total, 95.7% are considered "white, not Hispanic," 5.5% Hispanic, 0.3% African American, and 1.3% other. Women and girls make up 50% of the total population.

On an annual basis, more than 850 individuals receive clinical services. Of the total client population, approximately 47% are male and 53% are female, more than 85% are Caucasian, 12% are listed as Hispanic and 2.5% label themselves as African American. The majority of clients are in the 10-19 age bracket. Approximately 69 % of the client population is under 39 years old.

Our primary clinical agency has received three consecutive 3-year accreditations from The Commission for the Accreditation of Rehabilitation Facilities (C.A.R.F.). Cultural Competency and Awareness are major components of the C.A.R.F. standards. The standards are integrated into fiscal, governmental, clinical, and quality assurance plans.

The board policies and procedures have been crafted to promote effective programs and community results for AOD & MH services.

Leadership is most definitely committed to cultural competence. The director and board are transparent and responsive to the entire community.

When negotiating with our major providers (all providers) discussion are held regarding:

- Cultural background of client
- Ethnicity
- Program participation
- Family values and practices

All individuals should be aware of opportunities that the system of care has made available to them.

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 above process led to the following data being evaluated and used to determine the investment of resources and the Board capacity at this time for FY 2014/15:

- Core Services: Statutory Requirements (MH & AoD)
  - Crisis Emergency
  - Diagnostic Assessment
  - Med/Somatic
  - Individual/Group Counseling
  - Inpatient
  - Residential
- Client requests/surveys/in session requests
- Stakeholder requests/surveys/collaborations
- Client driven needs through observation of clinicians
- High risk SMD & SED
- Client and community safety issues (crisis)
- Contract Agency trends
- National and State Trends (Evidence Based Practices)
- Public service requests
- Risk of population factors
- Mandated treatment priorities
- Client and Family safety issues/Needs of client and family
- Least restrictive environment
- Safety Needs/Stigma
- Collaboration with other Agencies

Following the discussion of this input, programs were created, expanded, decreased or eliminated based on the data.

Goals/Objectives (MH):

- Maintain & enhance core services.
- Maintain opportunity for consumers to have input in System of Care for services, evaluations, etc.
- Promote peer driven treatment by seeking appropriate data to make sound programming decisions and/or evidence based practices.
- Maintain strong collaboration with other Systems of Care to provide integrated behavioral health care.
- Promote behavioral health services & market programs.
- Reduction of stigma associated with behavioral health care.

Goals/Objectives (AoD):

- Maintain & enhance existing treatment and programs.
- Maintain strong prevention ties with other agencies providing other prevention programs.
- Increase community awareness of abuse/misuse of prescription drugs.
- Continue relationship with other social agencies, ESC, Courts, etc. to maintain community AoD awareness, prevention & treatment programs.

Priorities for (enter name of Board)				
Substance Abuse & Mental Health Block Grant Priorities ***Priorities Consistent OHIOMAS Strategic Plan**				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)				X No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Provide services for women who are pregnant and have a substance use disorders.	Assessments to include pregnancy and substance use items that assess risk. When appropriate, monitor substance disorders with screens. Make proper referrals to physical health care providers in the area.	Completed Assessments denoting referrals to physical health providers. Service plans that include referrals to physical health providers.	__ No assessed local need __Lack of funds __ Workforce shortage __ 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)	Provide parents and families with necessary service. Meet with County Commissioners to provide data and available practices.	Level 1, 2, and 3 WRAP Services provided to families. Family Coordination Team meetings Referrals to Substance Use Groups Coordination with Job and Family Services Coordination with Juvenile Court Judge and Probation Officers. Family Children First Council with Commissioners.	# of children served in WRAP # of children successfully completing WRAP services	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases				X No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Provide services to children with SED	Continue current basic services and supports to include WRAP, Community Support, Therapy, Assessment, Psychiatry, Hotline, Crisis, supportive housing (limited), hospitalization (as needed).	# of children who receive services for SED	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Provide services to adults with SMI	Continue current basic services and supports to include Community Support, Therapy, Assessment, Psychiatry, Medication Management, Hotline, Crisis, supportive housing (limited), hospitalization (as needed).	# of adults who receive services for SMI	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	Assist with clients' behavioral and physical health needs.	Assessments to include physical health concerns, family doctor information, current medications and efficacy of treatment. Referrals to physicians identified by clients and or suggested by behavioral health workers. Coordinate with physicians in the area regarding the importance of comprehensive health care.	# of completed assessments that include physical health assessments. Referral Source Survey ratings from physicians and health care workers.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
MH&SAPT-BG: Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	Provide services to clients with substance use or mental disorders.	Continue providing service to clients with substance use and mental disorders. Continue current services (Assessment, Counseling, Urinalysis, Psychiatric,	# of clients receiving services for substance use and mental disorders.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

		Medication Management, Group Therapy, and Case Management.)		
**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant** ***Priorities Consistent OHIOMAS Strategic Plan**
Treatment: Veterans	Improve visibility to veterans and families of veterans.	Community awareness talks with social service groups. Educational material about the effects of PTSD upon a person's health and family. Trainings for clinical staff about Veteran concerns.	Examination of material and trainings used to promote behavioral health concerns for veterans.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Individuals with disabilities	Provide services to clients with disabilities	Continue current basic services and supports to include Community Support, Therapy, Assessment, Psychiatry, Medication Management, Hotline, Crisis, supportive housing (limited), hospitalization (as needed).	# of clients with disabilities who receive behavioral health services	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	Currently there is a limited need for these services.	Continue to monitor need for our county. Assessments to include drug use including non-medical use of prescription drugs.	Local data provided by criminal justice system. Healthcare assessment	__ No assessed local need X Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	Resources are significantly limited.	Continue to monitor need for our county.	Health Assessment Job & Family Services collaboration/ interventions.	__ No assessed local need X Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Underserved racial and ethnic minorities and LGBTQ populations				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	Provide services for youth and young adults in transition who are at risk for more serious problems if treatment is not provided.	Continue current basic services and supports to include Community Support, Therapy, Assessment, Psychiatry, Medication Management, Hotline, Crisis, supportive housing (limited), hospitalization (as needed). Level 1, 2, and 3 WRAP Services provided to families. Family Coordination Team meetings Referrals to Substance Use Groups Coordination with Job and Family Services Coordination with Juvenile Court Judge and Probation Officers	# of youth served.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Early childhood mental health (ages 0 through 6)*	Provide services to children ages 0 through 6	Past grant funding allowed us to coordinate with childcare providers and pre-schools to provide assessments and classroom observations.	Obtain funding through grant opportunities.	__ No assessed local need __Lack of funds __ Workforce shortage X Other (describe): limited resources
Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure	Continue participation in the Public Health Assessment	Use information and data from the most recent Health Assessment to steer treatment and funding decisions. Marketing and Outreach activities to promote a "Mental Health is Physical Health" awareness.	Outcomes provided through the Public Health Assessment.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*****	To provide and enhance prevention services	Continue basic prevention services for youth and adult	# youth and adults who access prevention services	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices	To be available to collaborate with other social service agencies. Example: Help Me Grow	When asked, assist Job and Family Services with this goal. Referrals to appropriate agencies and providers.	Contacts made with other social service agencies.	X No assessed local need X Lack of funds __ Workforce shortage X Other (describe): Not our area of expertise.
Prevention: Promote wellness in Ohio's workforce	Address the need for drug free work places.	Provide Drug Free Work Place trainings. Emphasize the importance of a Drug Free mindset among employees and employers.	# of DFWP trainings # of participants of DFWP trainings	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*****	Address problem gambling issues as a part of our regular clinical routine	Provide screenings to clients who seek behavioral health services. Provide clinicians with trainings about problem gambling. Awareness campaign to highlight problem gambling issues	# of clients screened # of clinicians trained about gambling issues. Information about awareness campaign.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
	Promote peer-driven treatment by seeking appropriate data to make sound programming decisions and/or evidence based practices.		
	Maintain & Enhance core services		
	Maintain opportunity for consumers to have input in System of Care for services, evaluations, etc.		
	Maintain strong collaboration with other Systems of Care to provide integrated behavioral health care.		
	Promote behavioral health services & market programs.		
	Reduction of stigma associated with behavioral health care.		
	Maintain & enhance existing treatment & programs		
	Maintain strong prevention ties with other agencies providing other prevention programs.		
	Increase community awareness of abuse/misuse of prescription drugs.		
	Continue relationship with other social agencies, ESC, Courts, etc. to maintain community AoD awareness, prevention & treatment programs.		

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) Mental Health Specialists in Schools	Based on the success of the Healthy & Safe Schools over the life of 5 years
(2) SMD – in home care	Limit a more expensive higher level of care (Hospitalization)
(3) Senior Care	Evaluation of the Baby Boomers
(4) Psychology	Waiting List- time for an Appointment
(5) Veteran Services	Lack of expertise to provide services for veterans
(6) Peer Support	Support of services i.e. Friends of Mental Health
(7) Residential	Detox, supportive living
(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.

Key collaborations and related benefits and results

The Board is continuously assessing the needs of our community through collaboration and meetings with county agencies and in-service involving other professions in the BH field, surveys, web based data from national and state organizations such as ODMH, ODADAS, NIDA and NAMI, and participation in committees with common goals. Daily, weekly, and monthly reviews are made of crisis care, clinical services, recovery, resilience, prevention, consultation, and education. The process of collecting data is achieved by many avenues. These avenues include outcome data, consumer surveys (**See website**), various needs assessments, evaluations of diagnostic assessments by counselors, client input, trends from individual service plans, trends cited by ODMH, ODADAS, NIDA, juvenile and adult probation surveys, Family Development Matrix and Measurement Tools, United Way, Educational Service Center and Local School Districts, Employers, (AoD Issues) crisis assistance networking with other agencies, CAC, Job and Family Services, local physicians, trends from Central Pharmacy and drug company representatives, Headstart, Early Childhood collaboration with Putnam County, preschools and preschool teachers, meetings with judges and the Sheriff's Department, County Health Department, and community surveys. We also participate in regional planning with 14 other board areas as well as state hospital day plans with Northwest Psychiatric Hospital.

Involvement of customers and general public in the planning process

- Surveys
- Informational Meetings and "Fairs"
- Outcome Reports and Surveys provided by provider Agencies
- Partnership with Family and Children First Council
- Safe & Healthy Schools
- Marketing programs
- Assessing needs
- Board Meetings

Specifically, a representative from Crime Victim Services attends all board meeting. CVS interact by giving the Board statistical data accumulated from services they provide, along with news on the success of local initiatives. Family Coordination Team meets monthly to discuss families that are in need. The team reviews family strategies and helps develop programs that can enhance the mental health care for their children. Family and Children First Council Executive Director attends all meetings and collaborates with other social service providers in Putnam County. The Board meets with the regional Developmental Disabilities and Mental Health Collaborative to discuss the needs of the DD population. The Board Executive Director is a seated member on the Child Fatality Review Board. Pathways Counseling Center sponsors a Suicide Coalition. The suicide coalition growth has been fostered by a Suicide Coalition Grant approved by the Ohio Suicide Prevention Coalition. The Friends of Mental Health (FOM) advocacy group has been revitalized and is currently assessing its activities. Their goal is to provide information to the behavioral health challenged in Putnam County and advocated for them, as well as support Board Operations. The Executive Director meets with two other standalone Boards. This group evaluates regional opportunities for behavioral health programming and provides consumers with other services that might be available throughout the three county area.

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

Due to the defunding of CSPT services it is expected that hospital utilization will increase as more and more clients are unable to maintain an adequate level of functioning in the community. Given the current economic situation and the increase in stress that it brings, it is likely that more non-SMD clients will access psychiatric hospitalization services. This will further burden transitional care provision which includes outpatient mental health and outpatient psychiatric services. Currently, it is not uncommon to have a 2-month waiting period before a client can be assessed by the psychiatrist.

It is expected that more clients will be transitioned from the hospitals into homeless shelters. It is likely, at least for our area, that these homeless shelters will be in other communities. In this situation a client will be placed at least 30 miles from the family or support they are accustomed to.

Innovative Initiatives (Optional)

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

    a. Service delivery

    b. Planning efforts

    c. Business operations

    d. Process and/or quality improvement

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

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.

<h1 align="center">Appendix 1: Alcohol & Other Drugs Waivers</h1>

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	ODADAS UPID #	ALLOCATION

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.