

The ADAMHS Board of Athens Hocking and Vinton Counties

Community Plan For SFY 2010-2011

4/30/2009

Mission Statement

See below

Vision Statement

Behavioral healthcare services increase the number of customers who are healthy, contributing members of the community.

Value Statements

Community members understand that being mentally healthy and addiction-free are essential to overall health.

Behavioral healthcare is customer, family and community driven.

Board and all providers are using outcome management practices to increase performance, generate results and improve quality.

Technology is used to enhance efficiency and to increase access to behavioral healthcare information for all stakeholders in the system.

Education and other human service systems will encourage, promote and support recovery.

## Section I: Current Circumstances / "As-Is" State

### Legal Context of the Community Plan

The ADAMHS Board of Athens Hocking and Vinton Counties is required by Ohio law to prepare and submit to the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) and/or the Ohio Department of Mental Health (ODMH) a plan for the provision of alcohol, drug addiction and mental health services in its service area. Four ADAS Boards submit plans to ODADAS, four CMH Boards submit plans to ODMH, and 46 ADAMHS Boards submit their community plan to both Departments. The plan, which constitutes the Board's application for funds, is prepared in accordance with procedures and guidelines established by ODADAS and ODMH. This plan covers state fiscal years (SFYs) 2010 - 2011 (July 1, 2009 through June 30, 2011).

The requirements for the community plan are broadly described in state statute. In addition, federal requirements that are attached to state block grant dollars regarding allocations and priority populations also influence community planning.

### Ohio Revised Code (ORC) 340.03 and 340.033 - Board Responsibilities

Section 340.03(A) of the Ohio Revised Code (ORC) stipulates the Board's responsibilities as the planning agency for mental health services. Among the responsibilities of the Board described in the legislation are as follows:

- 1) Identify community mental health needs
- 2) Identify services the Board intends to make available including crisis intervention services
- 3) Promote, arrange, and implement working agreements with social agencies, both public and private, and with judicial agencies
- 4) Review and evaluate the quality, effectiveness, and efficiency of services
- 5) Recruit and promote local financial support for mental health programs from private and public sources

Section 340.033(A) of the Ohio Revised Code (ORC) stipulates the Board's responsibilities as the planning agency for alcohol and other drug addiction services. Among the responsibilities of the Board described in the legislation are as follows:

- 1) Assessing service needs and evaluating the need for programs;
- 2) Setting priorities;
- 3) Developing operational plans in cooperation with other local and regional planning and development bodies;
- 4) Reviewing and evaluating substance abuse programs;
- 5) Promoting, arranging and implementing working agreements with public and private social agencies and with judicial agencies; and
- 6) Assuring effective services that are of high quality.

### ORC Section 340.033(H) (H.B. 484)

Section 340.033(H) of the ORC requires ADAMHS and ADAS Boards to consult with county commissioners in setting priorities and developing plans for services for Public Children Services Agency (PCSA) service recipients referred for alcohol and other drug treatment. The plan must identify monies the Board and County Commissioners have available to fund the services jointly. The legislation prioritizes services, as outlined in Section 340.15 of the ORC, to parents, guardians and care givers of children involved in the child welfare system.

### OAC Section 5122-29-10(B)

An section of Ohio Administrative Code (OAC) addresses the requirements of crisis intervention mental health services. According to OAC Section 5122-29-10(B), crisis intervention mental health service shall consist of the following required elements:

- (1) Immediate phone contact capability with individuals, parents, and significant others and timely face-to-face intervention shall be accessible twenty-four hours a day/seven days a week with availability of mobile services and/or a central location site with transportation options. Consultation with a psychiatrist shall also be available twenty-four hours a day/seven days a week. The aforementioned elements shall be provided either directly by the

agency or through a written affiliation agreement with an agency certified by ODMH for the crisis intervention mental health service;

(2) Provision for de-escalation, stabilization and/or resolution of the crisis;

(3) Prior training of personnel providing crisis intervention mental health services that shall include but not be limited to: risk assessments, de-escalation techniques/suicide prevention, mental status evaluation, available community resources, and procedures for voluntary/involuntary hospitalization. Providers of crisis intervention mental health services shall also have current training and/or certification in first aid and cardio-pulmonary resuscitation (CPR) unless other similarly trained individuals are always present; and

(4) Policies and procedures that address coordination with and use of other community and emergency systems.

#### HIV Early Intervention Services

Eleven Board areas receive State General Revenue Funds (GRF) for the provision of HIV Early Intervention Services. Boards that receive these funds are required to develop an HIV Early Intervention Investor Target and include: Butler ADAS, Eastern Miami Valley ADAMHS, Cuyahoga ADAS, Franklin ADAMHS, Hamilton ADAMHS, Lorain ADAS, Lucas ADAMHS, Mahoning ADAS, Montgomery ADAMHS, Summit ADAMHS and Stark ADAMHS Boards.

#### Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant

The federal Substance Abuse Prevention and Treatment (SAPT) Block Grant requires prioritization of services to several groups of recipients. These include: pregnant women, women, injecting drug users, clients and staff at risk of tuberculosis, and early intervention for individuals with or at risk for HIV disease. The Block Grant requires a minimum of twenty (20) percent of federal funds be used for prevention services to reduce the risk of alcohol and other drug abuse for individuals who do not require treatment for substance abuse.

#### Federal Mental Health Block Grant

The federal Mental Health Block Grant (MHBG) is awarded to states to establish or expand an organized community-based system for providing mental health services for adults with serious mental illness (SMI) and children with serious emotional disturbance (SED). The MHBG is also a vehicle for transforming the mental health system to support recovery and resiliency of persons with SMI and SED. Funds may also be used to conduct planning, evaluation, administration and educational activities related to the provision of services included in Ohio's MHBG Plan.

#### Environmental Context for the Community Plan

##### Board Area and Clients Served

Board Area and Clients Served including recent trends such as changes in services and populations

II.A.1 - The 317 Board serves three rural, Appalachian counties in southeastern Ohio. The area is abundant in natural beauty and has a rich Appalachian cultural heritage. People who live in these rural counties value their long-standing ties to land, communities and families.

However, the geography of the area (distance and landscape) has limited the economic development in the area. Athens and Vinton Counties are classified as "economically distressed" by the Appalachian Regional Commission (ARC) and Hocking County is considered "transitional". On indicators of economic well being, all three counties are worse than state averages. Limited employment opportunities, poverty, transportation and housing are issues that can challenge access to services. Some of the key demographic indicators include:

- Vinton County ranks fifteenth highest in unemployment among Ohio's 88 counties (Ohio Department of Job and Family Services Labor Market Index,

March 2009, <http://lmi.state.oh.us/laus/current.htm>). Vinton County is the most sparsely populated county of the Ohio Appalachian counties (2007 community indicators, ODOD).

- Athens County ranks 84th of the 88 counties in per capita income (1999 income amounts; OSU Extension Data Profiles). Athens County ranks 131 out of 3139 counties in the United States (DataPlace by Knowledgeplex, <http://www.dataplace.org>).
- Hocking County's unemployment rate is 11.6%, above the state average of 10.1% (Ohio Department of Job and Family Services Labor Market Index, March 2009, <http://lmi.state.oh.us/laus/current.htm>).

Some other key attributes that define service delivery in the region include:

- Lack of private psychiatric hospitals. Appalachian Behavioral Healthcare provides critical access to in-patient care in a region that doesn't have other resources;
- Lack of hospital-based detoxification services. While there are three hospitals in the Board area, none offer detoxification services; Marietta Memorial Hospital in Washington County had the closest available unit and that service is being discontinued;
- Location of Ohio University and Hocking College in the Board area offers both opportunity and challenges. A significant strength is the wealth of workforce capacity resources and evaluation/research and other collaborative partnerships that the University and College offer. A challenge created by the large student population is the shortage of affordable housing in the city limits where public transportation and public services are available.
- Limited local industry and large public lands (Wayne National Forest, etc.) results in a limited tax base for local investment into services. While the communities have supported local programming with two levies in the past, there is no potential for new levies in the future.
- Lack of public transportation systems combined with increased fuel costs makes contact between consumers and service providers, including law enforcement, more difficult. The area is also without reliable telephone, internet, and cell phone service outside of the city limits.

Demand for services continues to increase. Resources to meet those needs are insufficient. While the Board and its agencies strive to ensure that basic safety net services remain available to the community, there are growing gaps, particularly with regard to intensive services (for those who need it), services for those without Medicaid and services that enhance recovery and resiliency and re-connect people to meaningful roles and employment in the community.

The major accomplishments from FY 2008 include:

- Movement to an outcomes-based system of care for all Board investments;
- Tri-County Mental Health & Counseling Services, Inc.'s partnership with Family Health Care, a federally qualified health care center, for co-location of counseling services at the health center in McArthur and plans for expansion at other sites;
- Health Recovery Service's school-based services in the Logan School District, including operation of an alternative school program;
- TASC and HRS's partnership with the Hocking County Juvenile Court to provide services funded through a federal grant;
- A multi-agency effort to promote a culture of work in the community mental health system and a successful pilot project of co-location of BVR employment services at mental health sites and "fast tracking" of mental health clients through the BVR system; a collaborative partnership that is ready-to-go should funding ever be available.
- The Hocking and Athens Suicide Coalitions are active and have sponsored several trainings over the past year reaching over 200 people.
- The Edna Brooks Foundation which operates My Sister's Place, the domestic violence shelter and other outreach and community programs. Some of their successes include:
  - My Sister's Place provided 2,830 community referrals; 193 families served at My Sister's Place Shelter or through an Outreach Program: The agency collaborated with 182 to develop a safety plan and assisted 171 families to enact their safety plan through contact with

support agencies in their home communities.

- The Domestic Violence Intervention Program and the Hocking County Municipal Court has established a specific Domestic Violence Court—the second such court in Ohio and the first in a rural area.
- My Sister's Place and Girl Power! collaborated on a peer-to-peer interpersonal violence project that is the first recipient of the Women's Endowment sponsored by the Athens Foundation; MSP and the Athens NEWS collaborate each September for a special 14 page pull-out specifically on the safety needs of women and children in violent homes.
- Sixth annual CIT training held, bringing total trained to over 135; advanced training held in January 2008 with Peter Earley as the keynote speaker.
- Due to the success of the Trimble Bridgebuilders Coalition, Nelsonville started its own Bridgebuilders Coalition. The leaders in these communities are working together to share successes and strategies. The Trimble Township coalition is currently applying for federal Drug Free Communities Support Program dollars for FY 2010 to increase programming and become sustainable.
- The maternal depression/autism/FASD workgroup is working on strategies to reach mothers who may need services.
- Local levy was renewed in FY 2008.
- Athens and Hocking County Housing Coalitions received funding from the Osteopathic Heritage Foundation, the Ohio Housing Trust Fund and the Ohio Department of Mental Health to provide direct and transitional housing to young adults transitioning out of foster care/juvenile justice and families in need of short term assistance. The Housing Coalitions have brought in over two million dollars of new state, federal and private resources since 2000.
- The Southern Consortium for Children provided the following critical services and supports in FY 08:
  - o 250 placements and 794 nights of crisis "host home" respite care;
  - o Psychological evaluations for eleven AHV children;
  - o In-patient hospital care for three AHV children who did not have Medicaid or another payer source;
  - o Twenty-one sites in AHV received early childhood mental health consulting, educational and screening services impacting over 111 families and 619 children;
  - o Twenty trainings were offered to 940 participants (throughout the SCC region), providing 1900 hours of continuing education credits;
  - o Teenline received 2,918 visits and had 14,656 pages viewed;
  - o Video conference technology enabled 1,100 adult and child customers (throughout SCC region) to receive telepsychiatry services.
- NAMI Athens continued to provide important leadership and support to the community, including monthly support and educational groups, newsletter, WOUB radio monthly radio program, educational programs to community groups, and Family-to-Family courses. Thirty-six family members enrolled in a Family-to-Family course in FY 2008 and 32 learned and applied new skills in relating to a family member with mental illness.
- The Athens Photographic Project transitioned from its original founder to a new program director. Forty-seven adults participated in either an introductory or advanced class in FY 2008, eight returning students helped as peer mentors and two juried shows were produced with over 200 attendees at each.
- The Gathering Place and its sister programs in Hocking (Home Away From Home) and Vinton (Friendship House) continued to offer peer support services, meaningful activity and consumer empowerment opportunities.
- Over 160 older adults remained at home and avoided institutional care as a result of the services provided by the Vinton County Senior Citizens Center and Scenic Hills Senior Center in Hocking County.

#### Characteristics of Clients Receiving Substance Abuse Prevention Services

II.A.2.a - The vast majority of customers of substance abuse prevention services are school-age children. There is some prevention targeted to communities through community coalitions. Substance abuse prevention activities are not available for adults or the elderly. When standardized

reports from the web-based reporting system are available, more detailed customer descriptions will be easily and readily available.

Characteristics of Clients Receiving Substance Abuse Treatment and Recovery Support Services

II.A.2.b - The following data is for Health Recovery Services, Inc. (the primary addiction recovery treatment provider) and was taken from the MACSIS dataMart (ODADAS funded services):

- Total Customers: In FY 2008, HRS served 1038 customers. This is a increase of 273 people from FY 2001 when the total was 765.
- Age Distribution: In FY 2008, 90% percent were ages 18-64, 10% were under age 18 and less than one percent were 65 and older. This distribution has shifted slightly from FY 2001, with slightly greater percentage of adults and slightly lower percentage of youth being served in FY2008.
- Payer Source: In FY 2008, 56% percent of children have Medicaid as a payer source; 39% of adults. The percentage of clients who have Medicaid as payer source has increased for both age groups—approximately 28% of all clients had Medicaid in FY 2001 and 41% had Medicaid in FY 2008.
- Gender: Sixty-seven percent were males in FY 2008. This is a decrease from FY 2001, when 79% were males.
- Presenting Problem: In the first four months of FY 2009, admissions for opioid dependence at HRS doubled and exceeds alcohol dependence as the reason for seeking services. Significant portions of those are IV heroin users.

Characteristics of Clients Receiving Mental Health Prevention, Consultation & Education (P, C&E) Services including Crisis Intervention Teams

II.A.2.c - There continues to be a strong local commitment to CIT in Athens County, with trained officers in all local departments in the county. Although supportive of the concepts, Hocking and Vinton law enforcements departments have found it difficult to send officers to the training because of the small size of these departments and limited workforce capacity to cover shifts when officers are at training. The focus of the Athens Area CIT is primarily on adults, with minor attention to the presenting problems of juvenile and the elderly.

The Hocking and Athens Suicide Coalitions target prevention activities toward teenagers, middle-age males, Veterans and the elderly.

Recovery, social connectedness and employment (limited) activities are targeted toward adults with serious mental illness. The peer support drop-in centers serve adults; extensive services are available in Athens County, with more limited support available in Hocking and Vinton Counties.

The Athens Photographic Project offers classes in Athens County to adults with mental illness. Classes are open to residents of Hocking and Vinton counties, but few people can drive to Athens to access these classes.

Expansion to Hocking, Vinton and adolescents is possible if funding is available.

NAMI primarily serves families in Athens County, although some families outside of Athens access their services. Classes and support groups address the needs of family members who have adult and youth family members with mental illness. Stigma reduction educational programs are targeted to increasing public awareness of biologically-based mental illness in adults and youth.

My Sister's Place operates a 24/7 toll-free, TTY Hotline and received 3,108 calls. Their Victim Response Team conducted three de-briefing sessions for the DV calls by the Athens County Sheriff's Department.

Characteristics of Clients Receiving Mental Treatment and Recovery Support Services

II.A.2.d - The following data is for Tri-County Mental Health & Counseling Services (the primary community mental health agency) and was taken from the MACSIS dataMart (ODMH funded services):

- Total Customers: In FY 2008, TCMHCS served 3880 customers. This is a decrease of 537 people from FY 2001 when the total was 4417.
- Age Distribution: In FY 2008, 67% percent were ages 18-64, 28% were under age 18 and five percent were 65 and older. This distribution is virtually unchanged since FY 2001.
- Payer Source: In FY 2008, 90% percent of children have Medicaid as a payer source; 62% of adults and 53% of the elderly. The percentage of clients who have Medicaid as payer source has increased—approximately 50% of all clients had Medicaid in FY 2001 and 70% had Medicaid in FY 2008. However, there are some differences across the age groups—Medicaid availability for children has grown for children (from 64% to 90%) the elderly has remained constant (51% to 53%) and adults has decreased slightly (from 79% to 62%).
- Customer Concerns: Crisis services continues to be fully funded for all age groups and regardless of ability to pay. Other community mental health services are available to people with Medicaid. Children have the best Medicaid coverage and therefore the best access. The system of care strives to continue to provide community mental health services to adults and elderly with serious and persistent mental illness—something that is getting more difficult to do and is difficult to provide in the intensity that is needed.
- In-Patient Trends: The Board’s numbers for customers who need inpatient hospitalization are up in FY 2009. It seems there are more cases of persons who are not SMD, but who are suicidal and who seem to be reacting to the poor economy and whose previous support system has unraveled. After a two year trend of declining days for persons from out-of-state, the days are up in FY 2009—to levels not seen since FY 2006. Part of the increase is attributable to the closure of the Cambridge campus, but part seems to be more transients from distant states—perhaps a sign of instability in the mental health system across the United States.

**II.A.2.e Mental Health Crisis Care Services**

Question	Available In SFY 09?	Planned For SFY 10?
<b>Community Resources &amp; Coordination</b>		
24/7 Hotline	Yes	Yes
24/7 Warmline	No	No
Police Coordination/CIT	Yes	Yes
Disaster Preparedness	Yes	Yes
School Response	Yes	Yes
Respite Beds for Adults	No	No
Respite Beds for Children & Adolescents (C&A)	Yes	Yes
<b>Face-to-Face Capacity for Adult Consumers</b>		
24/7 On-Call Psychiatric Consultation	Yes	Yes
24/7 On-Call Staffing by Clinical Supervisors	Yes	Yes
24/7 On-Call Staffing by Case Managers	Yes	Yes
Mobile Response Team	Yes	Yes
<b>Central Location Capacity for Adult Consumers</b>		
Crisis Care Facility	Yes	Yes
Hospital Emergency Department	No	No
Hospital contract for Crisis Observation Beds	No	No
Transportation Service to Hospital or Crisis Care Facility	No	No
<b>Face-to-Face Capacity for C&amp;A Consumers</b>		
24/7 On-Call Psychiatric Consultation	Yes	Yes
24/7 On-Call Staffing by Clinical Supervisors	Yes	Yes
24/7 On-Call Staffing by Case Managers	Yes	Yes
Mobile Response Team	Yes	Yes
<b>Central Location Capacity for C&amp;A Consumers</b>		

Question	Available In SFY 09?	Planned For SFY 10?
Crisis Care Facility	No	No
Hospital Emergency Department	No	No
Hospital contract for Crisis Observation Beds	No	No
Transportation Service to Hospital or Crisis Care Facility	No	No

**Community Resources & Coordination - Other**

Teenline Web Based Resource in 2009

**Face-to-Face Capacity for Adult Consumers - Other**

On site, face-to-face Court Advocacy provided by My Sister's Place

**Central Location Capacity for Adult Consumers - Other**

**Face-to-Face Capacity for C&A Consumers - Other**

**Central Location Capacity for C&A Consumers - Other**

Board plans to address any gaps in the crisis care services indicated by ORC 5122-29-10(B):

II.A.2.d.i - Not applicable; crisis care services indicated by ORC 5122-29-10(B) are available in the Board area.

Identification and prioritization of training needs for personnel providing crisis intervention services and how the Board plans to address those needs in SFY 2010-11.

II.A.2.d.ii - The Board contracts with Tri-County Mental Health & Counseling Services, Inc. to identify and provide training needs for crisis intervention services. Below is a description of what is provided and planned for SFY 2010-11. For all staff providing Crisis Intervention Service (Prescreens), training must be provided in the following areas:

1. CPR Training
2. First Aid Training
3. Verbal de-escalation techniques
4. Suicide Prevention
5. Risk Assessment
6. Mental Status Evaluation
7. Available Community Resources
8. Voluntary and Involuntary Hospitalization Procedures

TCMHC complies with this regulation in the following manner:

1. CPR and First Aid: All staff must go through training in these areas with Red Cross certified instructors. They must maintain certification, with renewal as required by the Red Cross (yearly CPR; First Aid every three years).
2. Verbal de-escalation techniques. Training occurs at employee orientation, with reviews during the TCMHC annual training and individually, as needed.
3. Items 4 - 8: training is provided upon hire by clinical supervisors and renewed as needed on an individual basis.

**Capacity to Provide Services**

**Access to Services**

Access to Alcohol and Drug Prevention and Treatment Services

II.B.1.a - There are three major concerns for individuals attempting to access AOD prevention and treatment services: First, there is grossly insufficient funding to meet the needs of those without Medicaid (mostly adults). Very few people have private insurance of any kind or of a

type that adequately compensates for needed level of care. The second major issue is transportation. The third issue is a lack of intensive service for those who need a more intensive intervention. While we are fortunate to have Bassett House and RWRP, there are no Intensive Outpatient Programs in the Board area.

Access to Mental Health Prevention, Recovery Support, and Treatment Services

II.B.1.b - There are four major concerns for individuals attempting to access mental health prevention, recovery and treatment services:

First, there is grossly insufficient funding to meet the needs of those without Medicaid (mostly adults). Very few people have private insurance of any kind or of a type that adequately compensates for needed level of care. Individuals with an SMD diagnosis are a priority.

Theoretically, these customers have Medicaid; in actuality, these customers often do not have timely or full Medicaid coverage, resulting in the need for sufficient non-Medicaid resources to meet their needs.

Second, lack of transportation, particularly in rural communities impedes access. Third, intensive treatment services (SAMI, ACT) are not available and recovery support services are not available in sufficient quantity—employment (all three counties), drop in centers and NAMI support groups (Hocking and Vinton counties). Fourth, there are insufficient psychiatric availability for both adults and children; lack of access for children is particularly severe.

**Workforce Development and Cultural Competence**

II.B.2.a - The AHV Board has been extremely fortunate to have the Southern Consortium for Children (SCC) in the region to provide affordable, accessible, culturally competent training opportunities for the network of care. The value of using technology to offer accessible, affordable trainings cannot be overstated—there is no time or funding for local providers to invest in trainings to promote cultural competence. The Board is gravely concerned about potential loss of state support for the critical and successful workforce development services provided by the SCC. Given that workforce development is a priority in the community plan and the history of success achieved by the SCC's leadership, we hope that the value of this critical service will continue to be supported.

The Board is fortunate to have Ohio University and Hocking College in its service area, making workforce development relatively easier than is the case in most rural communities. ODMH's investment in Ohio University's Department of social work to increase future clinicians' knowledge of evidence-based practice is an asset. The Board and its contract agencies have partnerships with many different departments—OU Social Work, Counseling Education, Psychology and Hocking College Nursing—for field placement for students. Tri-County Mental Health & Counseling Services, Inc. and Health Recovery Services, Inc. participate in the National Health Services Corp., which offers loan forgiveness for counselors, social workers and physicians and offers J1 Visas, which have been used to hire psychiatrists.

The exception to the relatively positive situation described above is in the area of psychiatric staff. Unfortunately, many of the J1Visa-recruited psychiatrists leave the region after serving their commitment leaving a "parade" of psychiatrists who come and go. Even with the Southern Consortium for Children's innovations with technology and use of Advance Practice RNs, there is still a significant shortage of psychiatric services. The Southern Consortium for Children has just submitted a federal grant application to address this issue through a collaborative partnership with the Federally Qualified Health Centers in the region and Nationwide Children's Hospital that would double the capacity of telemedicine sites in the region. This would also greatly increase distance learning opportunities and continuing education in the region.

The issue of sufficient qualified licensed and credentialed staff to meet needs is somewhat obscured at the moment because HRS and TCMHCS

have recently laid off staff. My Sister's Place has been forced to use part-time clinical staff. If there were sufficient funding in the system of care to meet community needs, there would be a shortage of qualified staff. Dually credentialed staff is especially difficult to find.

A major concern with attracting and retaining qualified staff is that budget problems have driven down the salary and benefits that are offered to front line staff.

II.B.2.b.1 - The AHV Board has been extremely fortunate to have the Southern Consortium for Children (SCC) in the region to provide affordable, accessible, culturally competent training opportunities for the network of care. The value of using technology to offer accessible, affordable trainings cannot be overstated—there is no time or funding for local providers to invest in trainings to promote cultural competence. Ninety-six percent of customers served by the network of care identify as Caucasian, with less than one percent identifying as African American and the remaining listed as "other or unknown". There are some international students at Ohio University who receive crisis and in-patient services. The SCC offers annual trainings on culturally competent practice in Appalachian counties. Recently the focus has been training on culture of poverty. It also offers five trainings available through web-cast on working with Asian, African-American, Latino, Appalachian and Gay/Lesbian/Bisexual/Transgender populations. Limited interpretation services for deaf or hard of hearing are available through Ohio University's Speech and Hearing Clinic.

II.B.2.b.2 - The AHV Board has been extremely fortunate to have the Southern Consortium for Children (SCC) in the region to provide affordable, accessible, culturally competent training opportunities for the network of care. The value of using technology to offer accessible, affordable trainings cannot be overstated—there is no time or funding for local providers to invest in trainings to promote cultural competence. Ninety-six percent of customers served by the network of care identify as Caucasian, with less than one percent identifying as African American and the remaining listed as "other or unknown". The SCC offers annual trainings on culturally competent practice in Appalachian counties. Recently the focus has been training on culture of poverty. It also offers five trainings available through web-cast on working with Asian, African-American, Latino, Appalachian and Gay/Lesbian/Bisexual/Transgender populations. Limited interpretation services for deaf or hard of hearing are available through Ohio University's Speech and Hearing Clinic.

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II.B.2.b.4 - Elimination of ORN funding leaves online training with ebasedacacemy.org as the only affordable prevention training opportunity.

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Recently the focus has been training on culture of poverty. It also offers five trainings available through web-cast on working with Asian, African-American, Latino, Appalachian and Gay/Lesbian/Bisexual/Transgender populations. Limited interpretation services for deaf or hard of hearing are available through Ohio University's Speech and Hearing Clinic.

### **Capital Improvements**

II.B.3.a - • Additional permanent supportive housing units are needed in all three counties to provide safe, affordable housing for families and SMD adults.

- RWRP and Bassett House are in need of extensive renovations;
  - TCMHCS's Athens clinic needs security doors to ensure safety to staff and customers;
  - TCMHCS's Vinton County clinic is inadequate;
  - All agencies are in need of IT investment and development;
  - The Gathering Place in Athens County is in need of three capital projects: renovation project in McArthur to include installation of phone jacks, internal walls, bathroom readiness, flooring, and paint: \$5,500; The Gathering Place foundation corrections: \$6,000; Home Away From Home repairs to porch, ramp, and cabinetry: \$3,700.
  - Additional permanent supportive housing units are needed in all three counties. Because of Ohio University and student rentals in the city of Athens, there is significant need for more affordable housing for mental health consumers in the city of Athens.
  - The Edna Brook Foundation's domestic violence shelter, My Sister's Place, is in need of two improvements: The front porch roof is over 100 years old and the gutter is part of the roof and it is rusting off. Estimated cost of repair is \$7,000.00.
- There is also a need to refurbish the kitchen; some funds from the First Presbyterian Church Athens has been secured, but an additional \$10,000.00 is needed.

### **Financial Status**

#### Impact of reduction in services.

II.B.4.a - In reality, the potential reductions in state funding are expected to exceed 10 percent. With the continued growth of Medicaid billings, we expect to have little funding available for mental health and alcohol and other drug addiction services to clients who are not Medicaid eligible. We currently plan to fully fund mental health crisis services and a reduced level of outpatient Non-Medicaid mental health services for those being discharged from psychiatric hospitals. We are hopeful, but can not guarantee, to be able to fund some minimum level of outpatient alcohol and other drug services. These reductions will most affect those seeking services who are not eligible for Medicaid.

#### Factors contributing to the costs of services.

II.B.4.b - The most significant factor contributing to the cost of services at the Board level has been the consistent increase in payments for Medicaid services since FY 2002. Medicaid costs have increased approximately 10 percent per year for the past several years.

#### What cost-saving measures and operational efficiencies.

II.B.4.c - At the Board level, we have taken several aggressive steps to reduce costs with the most significant being a 38 percent reduction in Board staffing. In addition, expenditures for travel, subscriptions, and consultants have been reduced. Providers have also severely cut

their program costs to the point that anymore reductions would result in many programs being unable to operate effectively, if at all.

Other budgetary planning efforts.

II.B.4.d - The Board is very concerned that the continued increase in the use of local levy funds for Medicaid match will make it difficult, if not impossible, to successfully renew its levy in November 2011. We are consistently reducing levy funded community services to meet our Medicaid match requirements.

**Tables 1 and 2: Portfolio of Providers**

## **Section II: Capacity Development**

### **Access to Services**

The Board's plan for addressing access issues for both AOD and MH services is to:

- Try to maintain what we have and not prevent further reduction in services;
- Advocate at the state and national level for additional resources to address urgent, unmet community needs;
- Work in FY 2011 to renew a Board levy authorization.

### **Workforce Development and Cultural Competence**

The Board's plan to foster workforce development and cultural competence is to continue to partner with local educational institutions and to continue to partner with the Southern Consortium for Children to provide quality, affordable training to increase knowledge and skills of clinical staff. The SCC offers annual trainings on culturally competent practice in Appalachian counties. Recently the focus has been training on culture of poverty. It also offers five trainings available through web-cast on working with Asian, African-American, Latino, Appalachian and Gay/Lesbian/Bisexual/Transgender populations.

### **Capacity Development Targets**

C.1 - Historically, the Board has invested funding in the following targets.

Given the budget uncertainty, it is not clear if funding will be available to continue with these targets:

- Addiction is recognized as a legitimate health care issue with an appropriate and necessary continuum of care that includes prevention/intervention, treatment and recovery services;
- Increase the use of data within the AOD system to make informed decisions about planning and investment.

C.2 - Historically, the Board has invested funding in the following targets.

Given the budget uncertainty, it is not clear if funding will be available to continue with these targets:

- Reduce the stigma of seeking care;
- Increase access to supported employment and service enriched housing;
- Increase access to web-based training systems and inter/intra agency communications;
- Increase access to web-based technology for psychiatric services;
- Increase Crisis Intervention Team (CIT) capacity.

## Section III: Prevention Services

### Prevention Needs

#### Needs Assessment Methodology

A.1 - In 2004, the Athens, Hocking and Vinton communities used a State Incentive Grant from the Ohio Department of Alcohol and Drug Addiction Services (ODADAS) to initiate a comprehensive and broad-based needs assessment and planning process that has been described in earlier community plans. Athens and Vinton Counties used the Communities That Care® system and Hocking County used Partnerships for Success. The findings from these surveys continue to be relevant and continue to guide our investment strategies around prevention. PRIDE did the follow up youth survey in FY 07. A question about prevention priorities was placed on our web-based community stakeholder survey (March 2009) to gain an updated perspective on how the stakeholders view community risk factors. This information is in the process of being analyzed.

Planning for ATOD prevention efforts has been more comprehensive because of dedicated funding streams for ATOD prevention programs. Planning for mental health prevention tends to be smaller, issue-specific needs assessment/planning processes—often in response to an emerging need/opportunity. The ATOD planning process, while funded by ODADAS and focused on ATOD prevention, also did identify mental health-related prevention needs. The Athens and Hocking Suicide Coalitions have been working for the past three years to collect data to understand suicide risk factors in the communities. The Eli Lilly Employment Initiative has also worked for the past three years to assess and plan around increased employment opportunities.

#### Needs Assessment Findings

A.2.a - Identified Needs: The Communities That Care® Youth Survey was administered to students in 6th, 8th, 10th and 12th grades at all five Athens county school districts and Hocking and Vinton County school districts during winter 2003. Data from the survey was validated using archival information gathered from local and state records. The following risk factors were identified:

##### Athens County:

- Laws and Norms Favorable to ATOD Use
- Parental Attitudes Favorable Toward ATOD Use, Poor Parental Supervision and Discipline, and Family History of ATOD Use and Anti-Social Behavior
- Peer Use and Favorable Attitudes Toward ATOD Use and Anti-Social Behavior
- Lack of Commitment to School
- Community Disorganization

##### Vinton County:

- Laws and Norms Favorable to ATOD Use
- Parental Attitudes Favorable Toward ATOD Use
- Peer Use and Favorable Attitudes Toward ATOD Use

##### Hocking County:

- Community norms tolerant of substance abuse

- Inconsistent and/or inappropriate discipline
- Lack of adult monitoring and/or supervision
- Friends engage in problem behaviors

There are not enough resources to meet the identified needs; more resources are needed.

A.2.b - Using national data, the Suicide Coalitions have found the following groups to be at highest risk for suicide: teenagers, returning Veterans, Senior Citizens, Adult middle age males. Local and state data is now becoming available and can be used to better understand local needs.

The need for recovery supports, employment, transportation and family supports were voiced by consumer and family members in the community focus groups and in the web-based survey. These needs were voiced even more strongly in Hocking and Vinton counties where there are fewer services and supports.

The ODADAS funded prevention needs assessment identified the following mental health risk factors for youth:

Athens County:

- Lack of Commitment to School
- Community Disorganization

Hocking County:

- Inconsistent and/or inappropriate discipline
- Lack of adult monitoring and/or supervision
- Friends engage in problem behaviors

Thanks to grant funding focused on suicide prevention, there appears to be enough funding to develop suicide prevention efforts. There are not enough resources to meet the identified needs for recovery and resiliency efforts; there are not enough resources to address employment efforts.

## **Prevention Priorities**

### Method for Determining Prevention Priorities

B.1 - As part of the 2004 Communities that Care and Partnership for Success process, community stakeholders examined all of the data and made a determination about priorities. The findings from this prioritization process continue to be relevant and continue to guide our investment strategies around prevention. A question about prevention priorities was placed on our web-based community stakeholder survey to gain an updated perspective on how the stakeholders view community risk factors. Respondents to the web-based community survey generally confirmed the same prioritization, with some minimal differences.

The Suicide Coalitions determined their priorities by looking at national data; state and local data is being gathered.

The other mental health prevention targets represent past priorities that continue to be relevant. The Board will update its priorities beginning at its March 2009 board meeting and continuing into the spring.

Grouping of Priorities (High, Medium and Low)

B.2.a - Athens County:

Laws and Norms Favorable to ATOD Use (High)

Parental Attitudes Favorable Toward ATOD Use, Poor Parental Supervision and Discipline, and Family History of ATOD Use and Anti-Social Behavior (High)

Peer Use and Favorable Attitudes Toward ATOD Use and Anti-Social Behavior (High)

Lack of Commitment to School (Medium)

Community Disorganization (Low)

Vinton County:

Laws and Norms Favorable to ATOD Use (Medium)

Parental Attitudes Favorable Toward ATOD Use (High)

Peer Use and Favorable Attitudes Toward ATOD Use (High)

Hocking County:

- Community norms tolerant of substance abuse (High)
- Inconsistent and/or inappropriate discipline (High)
- Lack of adult monitoring and/or supervision (High)
- Friends engage in problem behaviors (High)

B.2.b - The Suicide Coalitions identifies that all groups are high risk, but the Coalitions have chosen to prioritize efforts for teenagers and returning Veterans.

The other mental health prevention investor targets represent past priorities that continue to be relevant. The Board will update its priorities beginning at its March 2009 board meeting and expects to finalize decisions with adoption of its SFY 2010 budget in June.

Implications of Identified Priorities to Other Systems

B.3 - Where prevention programs are not available to address risk factors or to increase recovery or resiliency, it is likely that community members will have problems that will escalate and become a burden to other systems and/or customers will remain dependent upon programs longer than might otherwise be the case.

**Prevention Investor Targets**

C.1 - Alcohol and Other Drug Prevention Targets:

- Customers avoid ATOD use and perceive non-use as the norm;
- Customers perceive ATOD use as harmful;
- Customers experience positive family management;
- Customers demonstrate school bonding and educational commitment;
- Initiatives demonstrate an impact on community laws and norms.

Mental Health Prevention Targets:

Historically, the Board has invested funding in the following targets. The Board hopes that it will continue to have resources to invest in these targets, but given the budget uncertainty, it is not clear at this time if funding will be available:

- Customers increase social connectedness;
- Customers are at reduced risk for suicide;
- Customers increase recovery, resiliency and protective factors;
- Customers are employed;
- Stigma related to emotional problems and mental illness is decreased.

## **Section IV: Treatment and Recovery Support Services**

### **Treatment and Recovery Support Needs**

#### Needs Assessment Methodology.

A.1 - The AHV Board uses both broad-based, comprehensive needs assessment/planning processes and smaller, issue-specific needs assessment/planning processes—often in response to an emerging need/opportunity.

The AHV Board initiated a multi-year “Strategic Mapping” process in FY 2005 to set Investor Targets for system improvement. Because of the erosion of non-Medicaid funding in the system of care, the plan is focused on trying to maintain investments in current safety net and recovery & resiliency services, and at the same time, working to improve documentation of results achieved with these current investments and the continuing quality improvement of these investments. The Board continues to track implementation of this planning process to monitor progress.

At the start of FY 2009, the Board began a new planning process, (affectionately) referred to as “Life after Medicaid”. Given discussions about a possible commitment by the state of Ohio to fully fund all Medicaid match and protect local levies from this use, the Board wanted to have a plan in place for investing local levy dollars that had previously been obligated for Medicaid match.

This planning process was focused on obtaining information from key informants—mental health and AOD community agencies currently funded by the Board, community partners who work with the Board and consumer and family members.

Agencies currently funded by the Board: Agency directors were asked to present data on current needs and recommendations for future investment priorities to the AHV Board of Directors. These presentations were spread out over a series of board meetings from July 2008 through February 2009.

The data was compiled into a summary document, noting both specific needs and common themes.

Community partners: Five hundred community partners, representing all target populations were invited to complete an on-line survey to provide their perspectives on needs, barriers, strengths and priorities. This survey was completed in March, 2009. Two hundred twenty-nine people completed a survey.

Consumer and Family Members: Three focus groups were held (one in each county) to get additional input from consumers and family members on needs, barriers, strengths and priorities. Twenty-five people attended. The Voinovich School facilitated these focus groups. Focus groups were held in February 2009.

Other Data: Data from Collaborative, Family & Children First Councils, outcomes and MACSIS also inform the planning process.

#### Findings of the Needs Assessment

A.2.a - All responses to the community needs assessment emphasized the critical need to maintain and increase core community mental health services targeted to those most in need. First, adult SMD customers need access to in-patient hospitalization. With the exception of a small geriatric unit at Hocking Valley Community Hospital in Logan, Appalachian Behavioral Healthcare is the ONLY in-patient facility available. Unlike many other state hospitals, it is a vital community resource for short-term as well as longer term in-patient treatment.

Adult patients of Appalachian Behavioral Healthcare need timely access to mental health and addiction recovery treatment, crisis services, housing supports and recovery supports. There are insufficient resources to ensure timely access to all but crisis and basic recovery supports. Being able to

offer the recommended intensity of service is also a problem. There are no ACT or IDDT services in the catchment area. There are no Adult Family Homes or service enriched housing options in the catchment area. There are no employment services targeted to the SMD population. Services for customers who do not yet have Medicaid are even more limited. Ensuring timely access to medications post-discharge is problematic for those without Medicaid or with spend-downs.

A.2.b - The needs of adults with severe mental disability (SMD) are the same as described in A.2.a. (above). The needs of children and adolescents with serious emotional disturbances (SED) are for specialized psychiatric care provided by psychiatrists who specialize in the needs of children, home-based child and family supports to help children succeed in school, avoid involvement with the criminal justice system and to support families to meet the needs of their children. Fortunately, the majority of children in the system have access to Medicaid and therefore has access to behavioral healthcare services. The intensive services that are needed for some children/families are not consistently available in our area. Agencies see more and more kids, at younger ages, with serious problems; it appears there is more trauma. There is a collaborative effort to try to minimize costly residential treatment by providing wrap-around, respite care and intensive home-based supports.

Data from community survey has not yet been analyzed and may produce additional responses.

A.2.c - Children and families receiving services through Family and Children's First Councils need intensive treatment services, family support and resiliency focused prevention supports. There are significant shortages of resources and intensity to meet the needs.

A.2.d - Persons with substance abuse and mental illness need intensive supports. There are no IDDT services available in the catchment area and there are no intensive treatment services-IOP. A participant at one of the family/consumer focus groups discussed the difficulty of getting an accurate diagnosis and treatment plan for a family member with a dual diagnosis. There is a need for permanent supportive housing to ensure housing for persons with histories of housing instability.

A.2.e - There are many citizens who need general outpatient community mental health services. Courts, corrections, Children Services, the homeless shelter and the general community identify many community members who are in need of mental health treatment who are not SMD. There are limited services available, if the person has Medicaid; there are no services available to those without Medicaid. My Sister's Place continues to provide services to domestic violence victims who do not have Medicaid. The OU College of Medicine and Family Health Care (the federally qualified health center) offers some limited free healthcare.

A.2.f - There are many citizens who need addiction treatment services. Courts, corrections, Children Services, the homeless shelter and the general community identify many community members who are in need of treatment for addiction. These services are increasingly only available to those who have Medicaid. Enhanced programming for adolescents that deals with emerging trends such as the increased use of pharmaceutical drugs and opioids, particularly heroin. In addition, there is a need for better coordination between intensive treatment, particularly residential services and aftercare resources in the community.

## **Treatment and Recovery Support Priorities**

### Method for Determining Treatment Priorities

B.1 - Because of the erosion of non-Medicaid funding in the system of care and the anticipated drastic reductions in funding as part of the SFY 2010-11 budget, the Board anticipates that it may only be funding essential safety net services-crisis services and some essential treatment services for those in most need (SMD adults and SED children).

is geared toward a hypothetical future scenario in which there is funding for new investments. Beginning with the March board meeting, the Board will start the process of reviewing all of the data from key informants to begin a process of prioritizing possible future investments. With all of the budget uncertainty, the outcome is not known at the time of this plan submission.

#### Grouping of Priorities (High, Medium and Low)

B.2 - The Board will review all of its data from the community planning process and update its priorities beginning at its March 2009 board meeting, with the expectation of finalizing decisions with adoption of its SFY 2010 budget in June.

#### Implications of Identified Priorities to Other Systems

B.3 - Based upon the state's funding policies, (lack of sum-sufficient funding for Medicaid match and lack of ear-marked funding to protect other priorities), many other needs are not addressed or are under-addressed.

There are several concerns: The near poor and working poor without Medicaid or adequate private insurance either have little or no access to essential mental health and AOD treatment services. Treatment for some of those with Medicaid are not of sufficient intensity to achieve desired outcomes. New models for treatment and recovery supports are not available in our area.

The increased access to psychiatric care that has been created through the SCC's telemedicine capacity will be lost, as well as the cost-effective and efficient workforce development supports provided by the SCC, decreasing quality and access to information on evidence-based best practices.

The implications for other systems are not desirable and will likely exacerbate the overall expense to state and local governments:

- Increased crime and jail and prison days for people who cannot access treatment;
- Increased psychiatric hospitalization stays and residential treatment for persons who are not adequately treated and supported in the community;
- Increased homelessness ;
- Increased protective services for child welfare;
- Increased emergency room visits;
- Increased unemployment, decreased child support payments;
- Potential for increased suicides and drug overdoses.

### **Treatment and Recovery Support Investor Targets**

#### Treatment and Recovery Support Investor Targets

- C.1 - • Customers are abstinent at the completion of the program;
- Customers incur no new arrests at the completion of the program;
  - Customers have stable living situations;
  - Customers with serious mental illness and serious emotional disturbances are safe;
  - Customers report positively about their quality of life (historic target; unclear if funding will be available to continue this in the future given budget uncertainty).

The Board uses the same targets for civil and forensic hospital patients and those on conditional release as it does for its other customers. The Community Forensic Monitor provides additional tracking of these participants.

#### ORC 340.033(H) (HB 484) Investor Target

- C.2 - • Customers who complete treatment are in compliance with their family preservation plan.

#### HIV Early Intervention Investor Target

- C.3 - N/A

## **Section V: Collaboration**

### Continuity of Care Agreements

A - This Board has historically had an excellent relationship with Appalachian Behavioral Healthcare and has not seen the need for a formal Continuity of Care agreement. Because it is now required, the Board is developing a Continuity of Care Agreement with Appalachian Behavioral Healthcare. Once it has been signed by all parties, Tri-County Mental Health & Counseling Services, Inc. will provide training to its pre-screening staff. We anticipate this will happen in May, 2009.

### Benefits/Results Derived from Collaborative Relationships

B - The AHV Board has positive ongoing communication and partnership with key constituents in three counties. It is actively involved in all of the community agencies listed below and more. It actively solicits feedback about service gaps and emerging needs through the on-going meetings, informal monthly breakfast meetings, and on a more personal, one-on-one level to get community input. The breadth of community initiatives listed below speaks to the positive results of these community partnerships.

#### Private Hospitals

The Board has a positive relationship with each of the three small private hospitals within the Board's catchment area. Hocking Valley Community Hospital offers the only in-patient psychiatric unit and it is targeted to geriatric patients. The community mental health center arranges for use of this facility for clients, when appropriate.

#### Ohio Family and Children First Councils

The Athens, Hocking and Vinton County Family and Children First Councils exist for the purpose of coordinating community resources to meet the multi-system needs of area youth. The Board actively participates in the councils to ensure that alcohol, drug addiction and mental health services are available and accessible to area youth in need. Board staff are active participants in the FCFCs' Cluster Groups, which determine placement needs for those most severely in need. Because of this collaboration, Board funding for these special needs children increased substantially from FY 2001 to FY 2002; the Board maintains this commitment.

#### Law Enforcement/Judiciary

The Board works collaboratively with all area law enforcement and criminal justice systems. The Board has a direct link to Treatment Alternatives for Street Crimes (TASC) services in all three counties and works closely with juvenile court systems within our Family and Children First Councils. We interact regularly with our individual county Community Corrections Boards.

Through the DYS Re-Entry program and monthly advisory board meetings there is greater attention paid to the needs of high risk adolescents as they transition back to our communities. The Athens Area Jail Diversion Advisory Board has trained over 135 local law enforcement and corrections officers since 2003.

The Board, in collaboration with the county commissioners and three juvenile judges, facilitated the establishment of juvenile TASC programs for our three counties. The partnership with the Board and TASC has resulted in the implementation of Athens and Hocking County Adult Drug Courts as well as Juvenile Courts in Hocking and Vinton Counties. The Board's involvement in drug court graduation ceremonies and activities only solidifies the positive impact on those clients who successfully complete drug court. We see lives changed before our eyes, enabling AOD clients to enhance the quality of their lives.

That said, there is always room for closer collaboration amongst Children Services, Juvenile Courts and treatment providers to improve outcomes for children.

#### Public Children Services Agencies & Job and Family Services

The Board interacts with its child welfare boards to ensure the access to and the availability of alcohol, drug addiction and mental health services to their client population. These collaborative efforts are being solidified through discussions regarding the sharing of financial resources and the development of procedures to address the needs of the HB 484 target population. The Board is

seeing a growing trend in AOD issues with children in the PCSA and our system of care. We need to continue the HB 484 to address at risk youth. There is a need to develop strategies for involving the parents' of children involved in the system-particularly parents who also have addiction issues. This concern led to the development of a collaborative educational and advocacy effort called Don't Turn Away Ohio.

#### Clients and Consumers

The Board works with several consumer and family organizations to gain quality improvement input, assess service needs for dually diagnosed consumers and identify student drug and alcohol services and prevention needs. This input has been particularly important in our efforts to gain additional residential housing for adult males.

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#### Public Participation

The Board works with several community councils and coalitions to assess alcohol and drug addiction service needs and identify and coordinate county wide prevention efforts. There was active public involvement in our successful recovery services levy campaign as well as involvement with AOD prevention and education awareness activities. The Community Coalitions and TEAM Athens activities created more opportunities for community involvement. Standing Committee members are actively involved in shaping the priorities of the Board and bring their knowledge of the concerns of the recovery community. Public input into the plan was solicited through consumer and family focus groups and a web-based survey.

#### Prevention Community Coalitions

The Athens County Prevention Council identifies and coordinates county wide prevention needs activities. In collaboration with Health Recovery Services, Inc. and the Ohio University Binge Drinking Prevention Coalition, the Board received a federal Combating Underage Drinking grant from the Office of Juvenile Justice Delinquency Prevention. Under the grant, the Board developed TEAM Athens County, an underage drinking prevention coalition, and hired a community coordinator to facilitate local collaboration on this initiative. Members of TEAM Athens County represent law enforcement and liquor control agencies, schools, courts, treatment providers, city and county government, emergency services, hospital personnel, churches, civic and prevention organizations and other interested members of the community. Trimble and Nelsonville Bridgebuilders Coalitions organize community partners (business, faith-based, youth-serving organizations, health care, children services, health department, schools) to address community needs.

#### Safe and Drug Free Schools Alcohol Advisory Councils

The Board gathers input from area county and city drug-free schools program coordinators regarding the service needs for our local school systems.

#### Ohio University

The Board is fortunate to have Ohio University in its catchment area and there are numerous collaborations between the two that enrich the local system of care. Some of the highlights include: The Board is a member of OU-College of Medicine's Appalachian Regional Informatics Consortium (ARIC) Board, which has received funding to establish a shared medical information system to benefit primary and behavioral healthcare providers, biomedical researchers and medical educators; Board and agencies collaborate with the Psychology, Counseling Education and Social Work departments to provide field placements for students to gain experience and contribute to the system; a collaboration with the Counseling Education Department and University Medical Associates to address opiate addiction; collaborative efforts with the College of Medicine to place AmeriCorps volunteers in community agencies; CIT training of University law enforcement officers and an avid partnership with the suicide prevention coalition on activities and trainings.

#### Housing Organizations

The Board works collaboratively with community housing agencies and has a leadership role in the "Continuum of Care" to address the needs of homeless persons in Athens and Hocking Counties. The Athens and Hocking Housing Coalitions have helped to bring in more than two million dollars in new housing funding into the communities.

#### Employment Organizations

The Board and community mental health and employment services agencies have been engaged in a multi-year planning effort to transform the system of care to promote a culture of work. The effort has had success with increasing partnerships between the two systems. There has been demonstrated success with a small number of customers and the collaboration is ripe for forward movement if funding can be found to increase capacity.

#### Suicide Coalition

The Board actively spearheads suicide prevention coalition activities in Athens and Hocking counties. Athens County Coalition is in its second year with Hocking County completing its third year of operations. Significant training and public awareness activities have been offered to local groups in the last three years, including: senior center, Rotary clubs, health departments, health care, mental health and AOD professionals, schools, Hocking College, Ohio University, as well as the general public.

#### Consultation with county commissioners regarding services for individuals involved in the child welfare system

C - The Board works closely with its child welfare partners (who are authorized by the county commissioners) and Health Recovery Services to prioritize the needs of H.B. 484 eligible families. The need greatly exceeds the available funding.

#### Involvement of customers and the general public in the planning for service provision

D - The Board made an extensive effort to involve customers, the general public and community partners in its needs assessment and priority setting process. Focus groups were held in each county in February, 2009 to target customers and families. A web-based survey was distributed to over 500 people in March, 2009.

## **Section VI: Evaluation**

### Board's Approach to Evaluating the Effectiveness and Efficiency of Services in the Overall System of Care

A - The AHV Board focuses its evaluation on the consumer outcomes identified in SAMSHA's National Outcomes Measures. The Board has collaborated with The Rensselaerville Institute (TRI) to help the Board manage and track system outcomes. Through a planned, multi-year process, the Board has moved to collect outcome data on all Board investments—with all programs on board as of FY 2009.

### Collaboration with the Agencies in Evaluating Services.

B - There is a high degree of collaboration with agencies in evaluating services. The Rensselaerville Institute's outcome framework for managing outcomes was chosen because it offers provider flexibility and ownership for defining and tracking progress and has an emphasis on learning, as well as results. Agencies submit quarterly reports that are reviewed by Board staff; discussions follow depending on need. There is a strong emphasis on using data for program improvement; the Board has separated outcomes reporting from funding decisions in its initial work as the Board seeks to increase capacity for use of data and create a culture focused on learning.

The Board also has MSW student interns from Ohio University who offer significant support to agencies with analyzing outcomes data. This offers an excellent learning opportunity for students and a great resource to agencies that benefit from the extra time and support. These student evaluation projects are often the first opportunity agencies have had to look at an in-depth analysis of their program data; agencies have found the information to be very useful, leading to an increased interest in using data for program evaluation purposes. Some examples of student work include: evaluation of CIT program outcomes, My Sister's Place consumer outcomes analysis, Health Recovery Services child/adolescent consumer outcomes analysis, Athens Photographic Project outcomes analysis, The Gathering Place outcomes analysis, Communities that Care prevention data analysis.

### Services or Programs Having the Highest Priority for the Evaluation of Effectiveness and/or Efficiency

C - The Board views the core services provided by our largest agencies as the highest priority because of the size of the funding that is invested in these programs and the number of customers that are impacted by these services. The Board struggles with how Medicaid funded services are included in its evaluation of effectiveness and/or efficiency.

### Using the Results from the Evaluation of Programs/Services

D - This is a key question for this Board as we strive to focus our evaluation efforts on activities that will make a difference. Potentially, there are an endless number of indicators that could be evaluated; we think a focus on outcomes/results is the right place to target limited evaluation resources. We challenge ourselves to be accountable to results, asking, "what is the result of our outcomes system?" We are investing a lot of Board and agency time—what difference has it made?

While it is not easy or quick to switch to an outcomes-based system (particularly when all funding systems reimburse based on activities and when budgets are shrinking), the first phase of our implementation is complete and we have achieved several successes:

- Increased board and agency capacity to define and track outcomes;
- Increased baseline data on results in the network of care;
- Increased reporting on the successes of the system of care and increased learning and program improvements as a result of the outcomes system;
- Increased board/agency collaboration around results and learning;
- Increased capacity to apply for other state and federal grants based upon past results and/or commitment to tracking program outcomes;

As basic capacity and baseline data is now in place, we can look ahead to further results:

- Increased reporting of results to the community;
- Possibility to push beyond baseline results to achieve better outcomes;
- Possibility for Board to target future investments based upon agencies past performance.

Strategies to Evaluate Child & Adolescent Services Versus Adult Services

E - No. The system described above applies to all agency types and populations. It should be noted that agencies voluntarily report data on children and adolescents through the Board's outcome system. As the majority of these customers are on Medicaid, agencies are certainly not obligated to participate. In reality, the Board probably has less ability to evaluate child and adolescent services because these services are Medicaid-funded.

**Section VII: Ohio Department of Alcohol and Drug Addiction Services Waivers**

**A. Waiver Request for Inpatient Hospital Rehabilitation Services**

Funds disbursed by or through ODADAS 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 exempt from this waiver.

Agency	UPID	Allocation	Services
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**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 ODADAS 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</b>	<b>UPID</b>	<b>Allocation</b>	<b>Services</b>
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Prevention Strategy and Level of Care	a. Provider Name	b. Program Name (Provider Specific)	c. Population Served	d. Prevention Level	e. Evidence-Based Practice (EBP)	f. Number of Sites	g. Located outside of board area	h. Funding Source		i. MACSIS UPI
								ODADAS	Medicaid Only	
				(Universal, Selected or Indicated)	(List the EBP name)		(Check the box if yes)			
<b>Prevention</b>										
Information Dissemination	HRS	Community Awareness Programs	Athens, Hocking & Vinton Counties	Universal	No	3	No	No	No	6755
	HRS	PALS	10-18 Years of Age	Indicated	No	3	No	No	No	6755
	HRS	Teen Institute School Based Meetings	12-18 Years of Age	Universal	No	3	No	No	No	6755
Alternatives	HRS	At Risk Residential Programs	Males 12-18 Years of Age	Indicated	Yes	1	No	No	No	6755
	HRS	Community Awareness Programs	Athens, Hocking & Vinton Counties	Universal	No	3	No	No	No	6755
	HRS	PALS	10-18 Years of Age	Indicated	No	3	No	No	No	6755
	HRS	Teen Institute School Based Meetings	12-18 Years of Age	Universal	No	3	No	No	No	6755
Education	HRS	All Stars	12-14 Years of Age	Universal	Yes	3	No	Yes	No	6755
	HRS	At Risk Residential Programs	Males 12-18 Years of AGE	Indicated	Yes	1	No	No	No	6755
	HRS	Community Awareness Programs	Athens, Hocking & Vinton Counties	Universal	No	3	No	No	No	6755
	HRS	PALS	10-18 Years of Age	Indicated	No	3	No	No	No	6755
	HRS	Protecting You/Protecting Me	7-12 Years of Age	Universal	Yes	3	No	Yes	No	6755
	HRS	Second Step	Kindergarten -8th Grades	Universal	Yes	3	No	Yes	No	6755
	HRS	Teen Institute School Based Meetings	12-18 Years of Age	Universal	No	3	No	No	No	6755
Community-Based Process	TEAM	Modified Bridgebuilders	Coalition	Universal	No	1	No	Yes	No	0
	HRS	All Stars	12-14 Years of Age	Universal	Yes	3	No	Yes	No	6755
	HRS	PALS	10-18 Years of Age	Indicated	No	3	No	No	No	6755
	HRS	TEAM Community Coalition	Coalition	Universal	No	1	No	Yes	No	6755

Prevention Strategy and Level of Care	a. Provider Name	b. Program Name (Provider Specific)	c. Population Served	d. Prevention Level	e. Evidence-Based Practice (EBP)	f. Number of Sites	g. Located outside of board area	h. Funding Source		i. MACSIS UPI
								ODADAS	Medicaid Only	
				(Universal, Selected or Indicated)	(List the EBP name)		(Check the box if yes)			
	HRS	Teen Institute School Based Meetings	12-18 Years of Age	Universal	No	3	No	No	No	6755
Environmental	TEAM	Modified Bridgebuilders	Coalition	Universal	N	1	No	Yes	No	0
	HRS	TEAM Community Coalition	Coalition	Universal	No	1	No	Yes	No	6755
Problem Identification and Referral	HRS	All Stars	12-14 Years of Age	Universal	Yes	3	No	Yes	No	6755
	HRS	PALS	10-18 Years	Indicated	No	3	No	No	No	6755
	HRS	Protecting You/Protecting Me	7-12 Years of Age	Universal	Yes	3	No	Yes	No	6755
<b>Pre-Treatment (Level 0.5)</b>										
Pre-Treatment										
<b>Outpatient (Level 1)</b>										
Outpatient										
Intensive Outpatient										
Day Treatment										
<b>Community Residential (Level 2)</b>										
Non-Medical										
Medical										
<b>Subacute (Level 3)</b>										
Ambulatory Detoxification										
23 Hour Observation Bed										
Sub-Acute Detoxification										
<b>Acute Hospital Detoxification (Level 4)</b>										

Prevention Strategy and Level of Care	a. Provider Name	b. Program Name (Provider Specific)	c. Population Served	d. Prevention Level	e. Evidence-Based Practice (EBP)	f. Number of Sites	g. Located outside of board area	h. Funding Source		i. MACSIS UPI
								ODADAS	Medicaid Only	
				(Universal, Selected or Indicated)	(List the EBP name)		(Check the box if yes)			
Acute Detoxification										

Promising, Best, or Evidence-Based Practice	Provider Name	MACSIS UPI	Number of Sites	Program Name	Funding Source (Check all that apply as funding source for practice)				Est. Number Served in SFY 09	Est. Number Planned for in SFY 10
					Medicaid + Match	GRF (Not as Medicaid Match)	Levy (Not as Medicaid Match)	Other (Not as Medicaid Match)		
Integrated Dual Diagnosis Treatment (IDDT)										
Assertive Community Treatment (ACT)										
Intensive Home-based Treatment (IHBT)	TCMHCS	1018	3		Yes	No	No	Yes	8	24
Multi-Systemic Therapy (MST)										
Functional Family Therapy (FFT)										
Supported Employment										
Supported Housing	TCMHCS	1018	44		No	No	No	Yes	62	62
Wellness Management & Recovery (WMR)										
Crisis Intervention Training (CIT)	TCMHCS	1018	1		No	No	Yes	Yes	20	20
Therapeutic Foster Care										
Therapeutic Pre-School										
Transition Age Services										
Integrated Physical/Mental Health Services	TCMHCS	1018	1		No	No	No	Yes	75	150
Older Adult Services	TCMHCS	1018	3		Yes	Yes	Yes	Yes	210	175
Sexual Offender Services	TCMHCS	1018	1		Yes	Yes	Yes	No	40	40
Consumer Operated Service										
Clubhouse										
Peer Support Services	Athens Mental Health, Inc.	0	3		No	Yes	Yes	Yes	150	150
MI/MR Specialized Services	TCMHCS	1018	3		Yes	No	No	Yes	80	80
Consumer/Family Psycho-Education	NAMI	0	1		No	No	Yes	Yes	48	48