Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Community Plan Instructions SFY 2017

Enter Board Name: _Wood County Alcohol, Drug Addiction and Mental Health Services Board

NOTE: OhioMHAS is particularly interested in update or status of the following areas: (1) Trauma informed care; (2) Prevention and/or decrease of opiate overdoses and/or deaths; and/or (3) Suicide prevention.

Environmental Context of the Plan/Current Status

1. **Describe the economic, social, and demographic factors in the board area that will influence service delivery. Note: With regard to current environmental context, boards may speak to the impact of Medicaid redesign, Medicaid expansion, and new legislative requirements such as Continuum of Care.**

Economic, social and demographic factors

Wood County's population estimate is 129,730 (U.S. Census Bureau 2015 from the US Census Bureau. There has been slight population growth of 3.4% (up from 125,488) since 2010.

- Median Age is 35 years, Ohio 38 years
- Under 5 years – 5.4%
- 5 – 17 years – 20.7%
- 65 + years – 13.9%

Racial composition is as follows:

White – 93.5%

Hispanic/Latino – 5.3%

Black – 2.8%

Asian – 1.8%

American Indian/ Alaskan native – 0.3%

Unemployment Rate is 3.8% (March 2016)

Disability Rate is 6.9%

Veteran Status is 8,158

High School Degree

Wood County = 93.7%

Bachelor or higher degree

Wood County = 30.8%

Median Household Income

Wood County = $52,758

Poverty Rate

Wood County = 14.8%

Bowling Green is the largest city with a population of 31,591. The county is 621 square miles in size. There are 9 school districts and is home to a five-county vocational school. Wood County is home to Bowling Green State University and Owens Community College. Agriculture is a central industry with 1,180 farms, averaging 228 acres each.

Wood County's economic status has improved since the submission of our FY15 Community Plan Update, in terms of lower unemployment rate (down to 3.8% as of March, 2016 according to the Ohio Labor Market Information provided by the Ohio Department of Jobs and Family Services) and an increase in county tax revenue. There are some new and expanded businesses that are providing greater employment opportunity, according to local economic development personnel (October 2013). No significant change in demographic measures is noted.

Impact on the Wood County ADAMHS Board System of Care

The healthy economic situation has likely contributed to the success for our employment services programs for residents suffering from mentally illness and substance abuse. The relatively large geographical size of Wood County has presented transportation problems for years. Our CareerLink program, a Vocational Rehabilitation Public and Private Partnership with the majority of funds (Federal) coming through the Department of Opportunities for Ohioans with Disabilities, achieved among the best vocational outcomes in the state. Our new Supported Employment program, an Individual Placement and Support program, has begun this fiscal year with impressive results.

The large geographic size of the county and rural areas continue to present transportation problems. However, we have addressed this with two approaches. We have established a county-wide free transportation program for behavioral health treatment appointments. This was established in partnership with the Wood County Jobs and Family Services, Black and White Transportation and Children's Resource Center. Using one toll-free number, free round-trip transportation to treatment services are provided. The second approach has consisted of the provision of mental health and substance abuse treatment for youth and families in local schools, which is

available for each school district. Schools have kept buildings open later to accommodate families coming to the schools for treatment.

The Board continues to benefit from the presence of Bowling Green State University (BGSU) and our collaboration with several colleges and departments of the BGSU.

1. Our outreach to the College of Health and Human Services to promote widespread awareness of trauma and to promote a trauma informed community and student body resulted in the regional event where Dr. Sandra Bloom presented to over 700 people, with broad representation by Board stakeholders and partners. This collaboration continues, with the Assistant Dean of the College participating on the Wood County's Trauma Informed Community Coalition Steering Committee and the County's Family and Children's First Council. The ultimate, mutual goal is for the College to continue to offer the Freshman course on trauma and to begin to include the teaching of trauma awareness and trauma informed policies and practice in all course work. The College has departments of social work, criminal justice, nursing and speech therapy, among others.
2. BGSU's Counseling Center has been involved with several collaborations including our trauma informed efforts, and they tie into our emergency services.
3. BGSU Police is actively involved in promoting CIT across the county and they participate actively with our CIT program, CIT Coordinator's Committee and emergency services coordination and quality improvement.
4. BGSU has provided invaluable assistance with several of our grant writing and prevention program fidelity studies, through their Center for Evaluative Studies.
5. Recently, the Wood County Board approached the Executive Masters of Organization Development program at BGSU to provide a day-long engagement to help develop events for local ADAMHS Boards (Lucas, Wood and Hancock counties) to actively and successfully engage the business community to address a number of issues related to mental illness and addictions. This was a productive and successful event that will lead to better outreach to businesses who are struggling with issues of addiction and mental illness. The need to reduce stigma and to promote successful referrals to services will be emphasized.

Medicaid Expansion

Medicaid expansion has enabled more Wood County residents to take advantage of treatment services. This has been noted for young adult males needing detox and substance abuse treatment services in particular. The Board has realized a little over $1.2 million in reduced non-Medicaid treatment costs, attributed to Medicaid expansion. This is significantly less than the projected $2.5 million by the Department of Mental Health and Addiction Services in FY2014. We cannot say if we will continue to realize this amount savings in treatment costs going forward. For FY 2017, we are looking at a decrease in Medicaid revenue for Children's treatment services, with a corresponding increase in non-Medicaid funding. As we embark on additional and costly services, such as recovery housing, the impact of a reversal of Medicaid expansion looms as threat which would jeopardize many current and new programs.

Medicaid and Behavioral Health Redesign

1. The new billing codes, with a great increase in number of service codes and the claims broken out by rendering provider, will add to increased accountability for all public funds. However, the rates for the various "providers" could jeopardize adequate revenue for essential services. The decrease in revenue earned by non-physicians for pharmacological management would result in some agencies not being able to afford psychiatrists in numbers needed, which are already insufficient to provide access to treatment in a timely manner. The likely outcome of this is three-fold. First, this situation will put more clients at risk for deterioration, requiring higher levels of care and client/family/community risk. Second, this increase in higher acuity services would increase costs to the system of care. Third, this will result in a real threat to the viability of agencies, which in turn would further decrease local capacity to adequately provide essential services for the community.
2. The addition of codes for Assertive Community Treatment (ACT) and Intensive Home Based Treatment (IHBT) are very welcome additions for Medicaid coverage. However, we do have concerns that the rates will not result in adequate revenue to support these critical services. Costs and revenues for these services will need to be closely monitored as expansion and implementation of these new service codes are implemented. We hope that the reimbursement rates fully consider the costs of a high fidelity implementation of these evidence based services. Should the rates "encourage" lower fidelity ratings, the cost-effectiveness of these programs will decrease. We are also concerned for the ongoing provision and adequate funding/cost reimbursement for Community Psychiatric Support Treatment. Limitations in this service will result in clients deteriorating into the need for a higher level of care, increasing client risk and system costs.
3. There is a critical need for collaboration among the Medicaid Managed Care companies and ADAMHS Boards to increase work to collaborate on service standards and expectations, treatment provisions and care coordination. There must be thorough knowledge and partnership across the Medicaid-Non-Medicaid dichotomy that have not been addressed. The opportunities for miscommunication, mis-direction, conflicting policies and procedures, and planning could result in dire outcomes for clients and families. Reporting requirements for quality improvement and outcomes could result in a significant costs and burdens for provider agencies. Given the timeframe for implementation and the focus on the billing codes, little has been done to look at how service coordination will actually function collaboratively and effectively. We are running out of time for proactive and reasonable planning.
4. All of these concerns need to be much more of a priority now, across the state, or the risks of the Behavioral Health Redesign and Medicaid Managed Care will materialize as crises for many agencies and service shortages for clients.

Continuum of Care

We appreciate the recent legislative delay of implementing required services by one year. In Wood County, we would have met the continuum of care requirements by September, 2016.

Our concerns with the mandated continuum of care are:

1. The unfunded mandate for sustainable recovery housing. Level 3 Recovery Housing is costing the Wood County Board approximately $280,000 for 8-10 beds. We are looking into Level 2 and Level 1 housing and checking into fair housing and other legal issues. The cost impact of additional level 3 recovery houses over the next five years is significant and consumes most of savings realized due to Medicaid expansion.

2. The lack of training and overly restrictive requirements for recovery coaches/peer support, and

3. The inadequate funding for Medication Assisted Treatment costs, especially ongoing use of Vivitrol, which is currently running a little over $1,000 per monthly shot. Additionally, there is a shortage of physicians willing to obtain training to provide Suboxone, and similar medications.

Wood County and Regional Social Services Collaboration

Most of the accomplishments of the Board's three-year strategic plan (highlighted in our FY14 and FY15 Community Plans) could only be achieved with the partnership that has been developed among many governmental and social service agencies. In the past several years, the Wood County Board has established and expanded productive partnerships with the Ohio Department of Mental Health and Addiction Services, other regional ADAMHS Boards, and many local stakeholders across other service systems.

We continue to make progress towards a community goal of establishing a trauma informed community of care. This is evidenced by the growing number of entities that have adopted trauma informed policies or implemented trauma informed practices, based upon high quality and research supported training.

Collaboration with other agencies and regional ADAMHS Boards has allowed Wood County to a) improve access to services by increasing community awareness of services and ease of contacting service agencies access them via our new 211 Recovery Helpline and b) eliminating transportation barriers to treatment using one toll-free number, regardless of the source of treatment funding.

We are planning for intensive outreach to the business community in FY 2017 to raise awareness of many behavioral health problems and how to improve successful referrals to effective services. Our goals are not only to increase behavioral health penetration rates, but to build partnerships to eventually expand and improve services.

Other than the real risks of Behavioral Health Redesign mentioned above, Wood County continues to be poised locally to meet many of the challenges of sweeping changes resulting from reforms at the Federal and State level. This could only be possible with the cross-systems partners we work with each day. We are committed to addressing the current and emerging behavioral health needs of our county's residents with improved service quality and cost-effective ways.

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, gaps in services and disparities, if any.

a. Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and consumers in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention [ORC 340.03 (A)(1)(a)].

Wood County ADAMHS Board is continually assessing the behavioral health needs of the county. This community plan will cover the more recent studies and assessments. For our long history of needs assessments, please see our FY14 and FY15 Community Plans.

1. Assessment of Youth Mental Health and Substance Abuse Needs Grades 5 through 12.

Every two years, the Wood County ADAMHS Board surveys all fifth through twelfth grade students in the areas of substance use, mental health (including suicide ideation), bullying and, for this past year, gambling. These are not random samplings; these are population studies. All school districts are included. Funding is provided by the ADAMHS Board through the Wood County Educational Service Center for this survey. Here is a brief summary of the design, methods and results.

In 2004, with funding from the Ohio Department of Alcohol and Drug Addiction Services (ODADAS), the Wood County Educational Service Center and the Wood County Alcohol, Drug Addiction and Mental Health Services Board invited survey researchers the opportunity to gather data on alcohol, tobacco, and other drug use from Wood County adolescents. In 2008, the Ohio Scales were added to assess the mental health of Wood County youth and to demonstrate the relationship between mental health and underage substance use. In 2016 questions were added to assess the type and frequency of adolescent gambling activities, including a measure of disordered gambling

Survey results have been utilized for several purposes. First, the survey provides a consistent method to follow the trends in adolescent alcohol, tobacco and other drug use in Wood County. Second, Wood County school officials have integrated results into the drug use prevention components of school curriculum. As such, the results serve as a summative measure of the effectiveness of current prevention and intervention efforts in the county. Third, Wood County officials have used this data for program planning and other collaborative community ventures designed to decrease drug and alcohol use. Finally, the results have been used in requesting federal and state grant money where demonstration of need is part of the requirements.

In November 2015, data was gathered on adolescents in all public school districts in Wood County, including: Bowling Green, Eastwood, Elmwood, Lake, North Baltimore, Northwood, Otsego, Penta Career Center, Perrysburg, and Rossford. The Wood County public schools are the only schools included in this report as they represent the original 2004 cohort group of schools. All school districts will receive individual reports of the substance use trends reported by the youth in their school districts.

STUDY DESIGN AND METHODS

This is a report on the 2016 ADAMHS Board/Wood County Educational Service Center Survey on Alcohol and Other Drug Use among elementary, junior high, and high school adolescents in Wood County, Ohio. It is the seventh biennial report of a series that began in 2004.

The 2016 survey was collected from a total of 9,484 students (7136 among 7 through 12 graders: 2348 among 5th and 6th graders) in grades five through twelve in Wood County in November, 2015. Males comprised 52 percent (N=4784) of the population and females comprised 48 percent (N=4421).

Students were asked to assign themselves to one of eight racial/ethnic groups. Students described themselves as White (84.2%), Black or African American (2.8%), Latino (4.3%), Multicultural (3.3%), Asian (1.9%) or other (3.5% - combines choice of Pacific Islander, Middle Eastern, Native American, and Other).
Students who reported using a fake drug (or failed to respond to the fake drug question) were excluded from the analysis (n=274). Students who reported using all drugs at all times in the maximum amounts were excluded from the survey (n=153). Those students who provided responses to items that were inconsistent (for example, a student may have reported to have used a substance during the past month, but not during the past year) were also excluded from the analysis (n=38). Finally, those students who reported participating in all gambling activities on a daily basis were excluded (n=117). A total of 9,484 surveys were collected and 420 surveys (4.4%) were excluded, leaving 9,064 surveys for analysis. It should be noted that duplication of exclusion factors oftentimes exists on the same survey (i.e. respondent will report use of the fake drug and report using all substances in excess). Finally, Penta Career Center (1104) data is not included in the overall analysis, reducing the number of surveys in this report to 8,160. Penta is excluded so that survey results will more closely compare to the Monitoring the Future results, where career centers are not included in the analysis.
Substance use indicators were taken from the "Monitoring the Future" study by Johnston, O'Malley and Bachman (The University of Michigan's Institute for Social Research).

Executive Summary of Results

The following results of the 2016 survey are based on the approximate population of all students in grades 5 through 12 (n=8,441 useable surveys). Surveys were distributed to all fifth through twelfth grade public school students in Wood County during the November of 2015. The results do not include Penta Career Center so that local results can be compared to national results (national studies do not include career centers). Results of this year's findings are summarized below.
Nicotine. Wood County continued to show dramatic decreases in 30-day cigarette use across all grades with only 6.1 percent of seniors reporting use. The use of smokeless tobacco decreased to only 2.8 percent among 11th graders and 5.4 percent among 12th graders. Electronic cigarette use is emerging among Wood County youth with rates ranging from 8.1 percent among 9th graders to 14 percent among 12th graders. It appears that the use of electronic cigarettes may be replacing cigarette use.
Alcohol. Annual and monthly alcohol use has declined very dramatically since 2008; faster than the national rate of decline. This decline has continued in all grades, and 45.6 percent of seniors report annual use. Binge drinking also declined across all grades with 17.2 percent of seniors reporting 30 day use. Teen attitudes towards alcohol use continue to show peer disapproval of use and a perceived great risk of harm from use.
Marijuana. In Wood County, both annual and monthly rates declined in all grades except 10 where slight increase in both annual and 30 day use were reported. Approximately 22 percent of 12th graders reported annual use and 14 percent reported 30 day use. Peer disapproval and fear of harm are much more liberal than in cigarette and alcohol use. Only 20 percent of seniors perceive great risk of harm in marijuana use and only 32 percent perceive strong disapproval from peers. Parents are perceived to remain steadfastly opposed to adolescent marijuana use.
Marijuana can be used in an electronic cigarette or vaping device, as an edible (in a brownie, candy, etc.), and in concentrated form (wax or dabs). In the past 30 days among Wood County 12th graders, 6.9 percent reported using marijuana in an e-cig or vaping device, 9.8 percent reported using marijuana as an edible, and 6.6 percent reported marijuana use in concentrated form. Males were nearly twice as likely to report these non-smoking types of marijuana use as were females.
Inhalants. Prevalence rates remain very low with 10th graders reporting the highest rate of all grades at 2.3 percent, which was down from 2014.
MDMA/Ecstasy. Prevalence rates are at all-time lows in Wood County with only 3.3 percent of seniors reporting use. The University of Michigan (December, 2015) also reported increases in grades 8, 10 and 12.
Stimulants. The misuse of Ritalin®, Concerta® and amphetamine preparations like Adderall declined in all grades and are at the lowest levels ever reported in Wood County.
LSD. Among 11 and 12th graders, LSD in Wood County holds a persistent 3 to 5 percent presence from one survey period to the next. In 2016, rates are 3.3 percent among 11th graders (up from 2.4 percent in 2014) and 3.7 percent among 12th graders (down from 5.4 percent in 2014).
Narcotic Painkillers. The annual use of narcotic painkillers, as reported by Wood County youth, has shown considerable

decline in nearly all grade levels since 2004 with 2016 levels reaching historic lows. Monthly use of narcotic painkillers are lower than previous years.

Cocaine. Cocaine prevalence is at the lowest levels seen in Wood County, with only 2.7 percent of seniors reporting annual use..

Cough Medicine. The rates of cough and cold medicine among Wood County 9 through 12th grade youth are at historic low levels.

Caffeinated Energy Drinks. Energy drink prevalence decreased across all grades since 2008 and continues to decline. Prevalence among 12th graders is 34.1 percent.

Heroin. The rates of heroin use, among Wood County youth, are less than one percent between grades 7 and 9; 1.0 percent among 10th graders; 1.1 percent among 11th graders; and 1.2 among 12th graders.

Life Skills Training. By June, 2015, approximately 25,033 Wood County students received Life Skills Training. Due to the comprehensive saturation of training, there are no comparison groups for analysis. In the past, those teens who received school based Life Skills Training, or other research based prevention training programs reported lower rates of substance use among a broad range of substances.

Mental Health. A strong positive relationship exists between problem severity (as measured by the Ohio Scales) and substance use. That is, the more teens indicate that they experience internal or external distress, the more likely they are using alcohol, tobacco, and other drugs. Mental Health was assessed using a Problem Severity Scale with the following results:

8.7% of Wood County youth report significant mental health problems, an increase of 1.5 percent over 2014's rate of 7.2 percent

- 14.4% of Wood County youth report "moderate" mental health problems, an increase of about 1 percent over 2014.
- Youth who report more mental health problems are more likely to engage in substance use across a broad variety of substances.
- Youth who report significant mental health problems are much more likely to think about suicide or attempt suicide.
- Youth who report moderate, severe or intense levels of problem severity were much more likely to report a greater frequency of being victims of bullying than those youth were reported no mental health problems.

Bullying. Bullying was reported at lower levels in all grades over 2014. Verbal, indirect, and physical bullying levels are at historic low levels in nearly all grades. Cyber bullying is lower than 2016, but remains higher than 2010 levels. Verbal bullying is the most prevalent form of bullying for Wood County youth where 29.3 percent of 8th graders report being victims followed by indirect bullying that is experienced by 20.3 percent of 8th graders. Cyber and physical bullying are experienced by 14.5 and 10.6 percent of 8th graders.

- Victims of bullying are more likely to report substance use.
- The frequency of bullying seems to be related to substance use and to mental health problems, especially in Junior High.
- Victims of bullying are more likely to report moderate, severe, or intense mental health issues than non-victims.
- Victims of bullying are more likely to think about or attempt suicide.

Disordered Gambling. The prevalence rate of disordered gambling is 3 percent among 7 through 12th graders as measured by the NODS-Clip brief scale. The prevalence of daily and weekly gambling activities reported by teens, however, is generally lower, but varies by type of gambling activity and by gender. For example, 2.8 percent of all youth reportedly bet on sports teams, and 2.5 percent bet on daily fantasy sports games, such as FanDuel and DraftKings. However, those rates jump to 7.1 percent and 6.6 percent respectively among 17-19 year-old males.

The most prevalent types of gambling activities among Wood County adolescents are betting money on sports: sports teams (pro, college, or amateur), on fantasy sports or games with an entry fee to play, or on daily fantasy sports such as FanDuel or DraftKings. The second highest level of prevalence occurs in Ohio Lottery games such as purchasing Ohio Lottery tickets or purchasing scratch off tickets. Surprisingly low in prevalence were online gaming activities and betting using a smart phone or mobile device.

The entire Wood County Youth Survey 2016 is sent as an attachment to this Community Plan.

2. Other Needs Information Gathered from Local and Regional Stakeholders

Youth needs assessment information is also obtained in reports from the Wood County Health District Needs Survey (see below).

Information and data reports and discussion occur at the Wood County Family and Children First Council's (FCFC) monthly meetings and the eight committees of the council. Needs and concerns are expressed from FCFC members, including: Wood County Juvenile Court, WSOS Help Me Grow program, the County Service Coordination Committee, the Health District, the School representatives, Developmental Disabilities, Department of Youth Services, Parent representatives, the Early Childhood Intervention program provided by Children's Resource Center, NAMI Wood County, Children's Services and Jobs and Family Services. While much of this information may be informal, it is usually important and promotes a collaborative response to the needs of youth and families.

There are many regular opportunities for gathering important information about the mental health, substance abuse needs, which are obtained informally, in a number of community collaborations and committees where mental health and substance abuse needs are often discussed. These coalitions are regularly attended by Board staff and representatives of local and regional planning bodies and other critical stakeholders from across the county and region. These include:

a. County Prevention Coalition (quarterly)
b. Meetings with the County Commissioners (quarterly)
c. The Law Enforcement Executives Committee (bi-monthly) which includes Prosecutors, Probation departments, and all law enforcement agencies operating in Wood County, including representatives from State Highway Patrol and the State Attorney General's office
d. The Wood County Opiate Task Force, with over 35 members, including representatives from criminal justice, family members, elected officials, people in recovery, provider agencies, schools, first responders, and county government (monthly and special events and committee)
e. The Suicide Prevention Coalition, including survivors of suicide (monthly)
f. Drug Free Communities committees (monthly)
g. Project Aware committees (monthly)
h. Criminal Justice Collaboration Committee (monthly)
i. Bowling Green Youth and Community Coalition (quarterly)
j. Wood County Reentry Coalition (bi-monthly)
k. Trauma Informed Community Coalition (monthly)
l. Hospital Utilization Management meetings (monthly)
m. NW Ohio Opiate/Opiod Task Forces (monthly)
n. Wood County Gambling Task Force (monthly)
o. The Connection Center Advisory Board, where over 50% of the members are consumers of services and the rest are advocates (monthly)
p. Information sharing and discussion with members at all 7 Senior Centers (one-to-two times per year)

Client needs are also obtained from Clients involved in helping others recover through group meetings at the Connection Center, NAMI's client groups and events, and WRAP trainings. Client and family needs are also gathered by periodic Board staff meetings with group such as the Family-to-Family sessions provided by NAMI Wood County and annual survey information, the results of which are included in the Board's annual survey of client needs (see below).

Results

a. High acuity residential care for violent older teens. A current case needing such treatment and support needs found NO facility in Ohio willing to take the individual. A few had tried, but these facilities were not able to make progress. 129 facilities across the United States would not take this individual. One facility

in another state will work. We learned they currently house 6 other Ohio youth.

b. Group home for older teen females who have not been able to maintain foster care, in part due to mental health needs.
c. Independent housing options. Section 8 is not available for the need. Affordable housing that is clean and safe is a problem for well-functioning adults.
d. More semi-independent housing
e. More recovery housing (level 2, as well as another level 3 house)
f. Transportation for recovery support, such as transportation to group social/recreational activities, banking and shopping
g. Greater awareness of services and how to access them
h. Coordination among service providers is very good, but there is still room for improvement
i. Greater need for respect for families and individuals at psychiatric hospitals, including Northwest Ohio Psychiatric Hospital

3. **Gambling Addiction Needs Assessment**

The purpose of this research was threefold: first, to better understand the type and frequency of gambling activity in the county; second, to estimate the level of 'disordered' gambling in the county; third, to make recommendations for targeted prevention efforts.

Results are presented for those gambling activities that occurred at least one time per month. Most federal reporting tracks monthly prevalence (rather than annual or lifetime prevalence) and this reporting will follow that standard. Results indicate that among Wood County adults over age 30, the most prevalent form of gambling is the purchase of state lottery tickets (20%), followed by the purchase of scratch offs (12%) and gambling in a casino (7%). The prevalence of these activities vary widely by age and be gender.

Adults aged 65 and over reported the highest prevalence of buying state lottery tickets (21%), buying scratch offs (13%), and playing cards for money (5.6%) compared to all other age groups. Adults aged 65 and over reported the highest prevalence of online gambling (2.8%) compared to teens (1.3%). Students at BGSU reported the highest prevalence of gambling on fantasy sports teams or leagues (5%) compared to teens (2.9%). Teens in Wood County are the most likely to bet on sports teams (pro, college or amateur), and to bet on games of personal skill.

Clinical samples screened at mental health and addiction agencies in Wood County indicate an overall prevalence rate of 15%.

It is worth noting that a high prevalence for gambling activity occurs in the 'less than once per month' response category and detailed rates are reported later. When we include these less frequent gambling activities, the prevalence rates for all activities increases significantly. For example while 20 percent of Wood County adults purchase state lottery tickets at least once per month, approximately 50 percent purchase scratch offs annually; and, while 7 percent visit the casino monthly, 22 percent visit annually.

Methodology for Local Data Collection

There has been some question about the accuracy of the prevalence rates obtained in gambling surveys. Williams and Volberg (2012) have found that prevalence rates vary because gamblers are oftentimes overrepresented due to their interest or participation in surveys, because different types of survey administration formats (i.e. telephone, paper and pencil, face-to-face, on-line) produce different results, because the type of measuring instrument varies by study, and because there is a general lack

of corroborative gambling behaviors with those identified as problem gamblers.

The screening tool used with high school, undergraduate students and clinical screenings at contract providers was NODS-CLiP as a measure of disordered gambling among undergraduate students. Note: The Health District Assessment used questions from the DSM instead of the NODS-Clip.

The source of information for the study was:

a. Stratified random sample of Wood County 7 through 12th graders (n=828). Spring, 2015

b. Stratified random sample of BGSU students (n=332). Spring, 2015

c. Stratified random sample of Wood County residents (health dept. survey, n=450). Spring, 2015.

d. Survey from clinical providers, 2015.

e. Data from Ohio Lottery Commission, 2015.

f. Data from the state OSAM survey, 2102.

Based upon this research study and our desire to use state gambling funds in effective and accountable ways, the Wood County Board help a Problem Gambling Summit and invited national and state experts to meet with local stakeholders to develop a "best practice" approach to prevention, treatment and recovery support for problem gambling. Please see attached report **TITLE** and the Board-approved Problem Gambling Strategic Plan.

4. Suicide Statistics

We rely upon the Wood County Health District and the County Coroner's office for official suicide statistics. We have seen the highest number of suicides in Wood County over the past three years. 2013 = 13, 2014=14 and 2015 = 17. This has resulted in a new Wood County Suicide Prevention Strategic Plan, developed by the Wood County Suicide Prevention Coalition and approved just this year by the ADAMHS Board. Please see our new plan attached.

5. Agency Surveys

Each fiscal year, the Board requires each agency that wishes to contract with the Board for the Fiscal Year to complete a needs assessment questionnaire. Here is a summary of those responses. The sources of the responses are followed by agency initials and other stakeholders. ARM= A Renewed Mind, BC=Behavioral Connections, CRC=Children's Resource Center, ESC = Educational Service Center, FSNO = Family Services of Northwest Ohio, NAMI = NAMI Wood County, Zepf.

- Both Job and Family Services and the Juvenile Detention Facility report an increase in intensity of cases involving troubled youth needing long term placement. Ohio needs a long term care facility for troubled youth /Recently, Wood County Job and Family Service reports difficulty finding placement for a troubled youth under their care. They found placement out of state and noted that 13 youth from Delaware County in Ohio were also in the same out of state facility/Job and Family /Juvenile Detention Center
- Inability to recruit Psychiatric Doctors NAMI reports a three week wait in Wood County for a non- crisis situation / BC/CRC/ NAMI
- Lack of Supportive Housing for Clients with Mental Illness with a 2-3 year wait for Section 8 Housing/ FSNO/ NAMI/ BC
- 28.6% of Wood County residents experiencing psychiatric hospitalization report financial difficulties, as barriers,

demonstrating a need for a second payee source FSNO/ BC/

- Increased need for Peer Support Services in Wood County – Board and several agencies
- Increased advertising for services offered through NAMI and other avenues is needed - FSNO
- Underutilization of Step Down services such as I-CARE and ACT /There is an increased need for collaboration and cross system referrals in both of these areas - FSNO
- Changes in funding at the State level for Assertive Community Treatment (ACT); if the proposed rate cannot meet the billable costs and no secondary payer sources are available the program will close. FSNO
- Recruitment and training of qualified providers is costly and there appears to be a shortage of qualified professionals - FSNO/ CRC/ BC/ Zepf
- Decreasing revenues in the Managed Health Care system represents a significant threat to all providers FSNO/ CRC/ BC/ Zepf
- Disaggregation of CPST services is yet another threat to the quality of services that many clients rely on to help them navigate stressful situations in their lives FSNO
- Medicine costs have increased exponentially (Abilify increased their cost by 300%) This disturbing trend further exacerbates the health and well-being of clients already struggling with mental illness.
- The Central Pharmacy funding (Line item 421) is inadequate, especially due to the increase cost of medications. BC states they used their Central Pharm allocation by January- BC
- Medication Assisted Treatment subsidy needed for clients that do not have Medicaid, as often private insurance will not cover MAT medication, leaving client to pay out of pocket - Zepf
- Ambulatory Detox service would significantly decrease need for hospitalization and sub-acute detox - BC
- Crisis Stabilization Unit needed in Wood County BC/Local Police/Sheriff/Municipal Judge
- Handicapped Accessible Transportation needed for clients in wheelchairs - BC
- Recovery House for Females needed in Wood County – Zepf/BC
- Expansion of Transportation Services in Wood County is needed, as this is currently limited to behavioral health treatment appointments and transportation for recovery support is minimal - NAMI/FSNO

Many of these concerns are statewide or national concerns as well. Some of these we are currently working to resolve and others will be considered for inclusion in the Board's new three-year Strategic Plan process to take place this fall.

6. Opiate Task Force priorities

We continue to work to respond to the needs expressed by those recovering from addiction, family members and many stakeholders who are active participants in the Wood County Opiate Task Force. Begun by the ADAMHS Board, regular membership averages 30 to 35 people per month. We have responded to needs by holding thee large town halls throughout the county, with experts from the state (Ms. Andrea Boxill always presents), regional and local areas. Vendor booths are present to provide outreach and information. Almost 400 have attended these events, where public concerns have been voiced. We have worked to initiate a new Jail Vivitrol program with numerous partners to ensure follow-up for physical and behavioral treatment and support. With the emphasis of this task force, we have expanded school based prevention, promoted family support groups, implemented a level 3 Recovery Home, and expanded MAT services. The use of Narcon by first responders has increased across the county, which was assisted by funding for Health Districts to provide Narcon. All these were needs that were brought to the Board's attention in these Task Force meetings.

7. Housing Needs and capacity

Housing is mentioned as a growing need in Wood County among current clients in recovery.

a. Recovery Housing for males was identified as the most critical need in Wood County according to data

obtained from the county criminal justice system, provider agencies and the Opiate Task Force. The Board responded with a male recovery house provided by Zepf Center, thanks to a one-time operational grant from OMHAS.

b. A Women's recovery house has also been identified. With two residential treatment programs for women in Wood County (the Chrysalis program for pregnant women and Devlac Hall's 16 bed facility,) which run at least 70 days and the intensive outpatient options, we are looking to arrange for level 2 recovery housing for women. We may realize that a level 3 recovery house for woman may still needed.
c. Independent housing that is affordable for clients in recovery is difficult to find. This will need to be systematically addressed with local realtors in the near future. Behavioral Connections manages the housing programs for the Wood County ADAMHS system. Here are our capacity and estimated needs:

2 Group Homes have 24/7 staff

1-13 bed combined male and female

1- 5 bed male only facility

Transition Aged Adult Supported Housing have 24/7 staff

1-Male 5 bed facility

1-Female 5 bed facility

4 Semi -Independent Complexes that have staff visit 1X each day

3-Houses/ Female 7 bed capacity

1-House Male 3 bed capacity

3 Apartment Complexes that are HUD (only one vacancy that is in process of being filled). These have an apartment manager and CPST workers visit on a regular basis.

1 with 12 apartments

1 with 14 apartments

1 with 18 apartments

HAP Dollars

Subsidize 9 units and have helped 12 individuals, this fiscal year to date

NEEDS

There are 96 names on wait list for **HUD** apartments and wait times are long, sometimes up to several years. These are independent living, with support offered as desired.

Replace largest aging two story group home with a 1 Floor 16 bed facility equipped to accommodate needs of an aging population.

Many of current facilities are aging and in need of repair.

Rental assistance is not adequate to the need for independent housing.

8. 2015 Wood County Community Health Status Assessment

The Wood County ADAMHS Board was an active participant in the development of the Wood County Health Survey, paid for by the Wood County Hospital and the Wood County Health District and commissioned by the Wood County Health Partners. The survey project was managed by the Hospital Council of Northwest Ohio. Two self-administered, written surveys were developed, one for youth (ages 12 – 18) and adults (19 and above), drawing most questions from the BRFSS and the YRBSS respectively. Surveys included other items of interest including items related to mental health, drug abuse, gambling and trauma informed care (from the Adverse Childhood Experiences (ACE) study).

The Wood County survey was the first in Ohio to include the ACE questions. The surveys were piloted and reviewed by health education experts at the University of Toledo. Subjects completing the surveys were randomly sampled. I want to note that the gambling questions were taken from the current Diagnostic and Statistical Manual and not the NODS-Clip, which we used for all other surveys and included in the agency screenings during diagnostic assessments.

Relevant findings:

Awareness of where to get help

Most important for the Board, was information indicating that awareness of services and knowledge of how to access them was a major barrier to accessing services, especially for those with substance abuse problems.

Detailed analysis of the reported data indicated that 17% those seeking treatment for mental health issues were not able to find local mental health services. Of particular concern, 40% with alcohol abuse disorders said they could not find local help, while 50% of those with other drug abuse disorders were not able to find local resources.

In response to this finding, the Wood County ADAMHS Board partnered with the Wood County Opiate Task Force, the Lucas County Mental Health and Recovery Board, the Hancock County Board and United Way to develop a "Recovery Help Line" making use of United Way's 211 24/7 Information and Referral line. This service will provide direct links of a caller to local 24/7 crisis lines, which will be able to provide information and assist the caller in obtaining an appointment in 48 hours.

Trauma

Wood County youth reported the following adverse childhood experiences (ACE): parents became separated or were divorced (32%), parents or adults in home swore at them, insulted them or put them down (26%), lived with someone who was depressed, mentally ill or suicidal (21%), lived with someone who was a problem drinker or alcoholic (16%), lived with someone who served time or was sentenced to serve in prison or jail (13%), parents were not married (11%), lived with someone who used illegal drugs or misused prescription drugs (8%), parents or adults in home abused each other (6%), parents or adults in home abused them (4%), an adult or someone 5 years older than them touched them sexually (3%), an adult or someone 5 years older tried to make them touch them sexually (1%), and an adult or someone 5 years older than them forced them to have sex (1%).

20% of youth had three or more adverse childhood experiences. This is consistent with other research samples. The emphasis on trauma experiences is a major priority in Wood County and the inclusion of ACE questions promote trauma awareness, assessment and integrated physical and mental healthcare.

Alcohol Consumption

- In 2015, 68% of the Wood County adults had at least one alcoholic drink in the past month, increasing to 75% of those under the age of 30 and 79% of males. The 2013 BRFSS reported current drinker prevalence rates of 53% for Ohio and 55% for the U.S.

 One-in-eight (13%) adults were considered frequent drinkers (drank on an average of three or more days per week).

 Of those who drank, Wood County adults drank 3.2 drinks on average, increasing to 4.6 drinks for those with incomes less than $25,000.

 One-fifth (20%) Wood County adults were considered binge drinkers. The 2013 BRFSS reported binge drinking rates of 17% for Ohio and for the U.S.

 30% of those current drinkers reported they had five or more alcoholic drinks (for males) or 4 or more drinks (for females) on an occasion in the last month and would be considered binge drinkers by definition

Adult Drug Use

 3% of Wood County adults had used marijuana in the past 6 months, increasing to 6% of those ages 30-64.

 Less than one percent (<1%) of Wood County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.

 When asked about their frequency of marijuana and other recreational drug use in the past six months, 18% of Wood County adults who used drugs did so almost every day, and 9% did so less than once a month.

 6% of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 10% of females.

 When asked about their frequency of medication misuse in the past six months, 33% of Wood County adults who used these drugs did so almost every day, and 33% did so 1-to-3 days per month.

 2% of Wood County adults have used a program or service to help with drug problems for either themselves or a loved one. Reasons for not using such a program included: had not thought of it (2%), transportation (1%), no program available (<1%), could not afford to go (<1%), fear (<1%), did not know how to find a program (<1%), and other reasons (2%). 94% of adults indicated they did not need a program or service to help with drug problems.

 Wood County adults indicated they did the following with their unused prescription medication: took as prescribed (36%), kept it (26%), threw it in the trash (16%), took it to the Medication Collection program (16%), flushed it down the toilet (12%), disposed in RedMed Box, Yellow Jug, etc. (3%), gave it away (<1%), and some other destruction method (9%).

Please note that the unintentional overdose deaths in Wood County is 7.6 per 100,000, or about half the rate for the state of Ohio (15 per 100,000), for 2008 – 2013.

Adult Mental Health

 In the past year, 5% of Wood County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities, increasing to 11% of those ages 30-64.

 11% of Wood County adults used a program or service for themselves or a loved one to help with depression, anxiety, or emotional problems. Reasons for not using such a program included: stigma of seeking mental health services (3%), could not afford to go (2%), co-pay/deductible too high (2%), did not know how to find a program (2%), other priorities (2%), could not get to the office (1%), fear (1%), and other reasons (5%). 78% of adults indicated they did not need such a program.

 The Wood County suicide count fluctuated from year to year. From 2009-2015 there have been 56 suicide deaths in Wood County.

Youth Alcohol Consumption

- In 2015, the Health Assessment results indicated that nearly half (44%) of all Wood County youth (ages 12 to 18) had at least one drink of alcohol in their life, increasing to 70% of those ages 17 and older (2013 YRBS reports 66% for the U.S.).

- 16% of youth had at least one drink in the past 30 days, increasing to 28% of those ages 17 and older (2013 YRBS reports 30% for Ohio and 35% for the U.S.).

- Based on all youth surveyed, 7% were defined as binge drinkers, increasing to 14% of those ages 17 and older (2013 YRBS reports 16% for Ohio and 21% for the U.S.).

- Of those who drank, 43% had five or more alcoholic drinks on an occasion in the last month and would be considered binge drinkers by definition, increasing to 52% of males.

- Over one-quarter (29%) of Wood County youth who reported drinking at some time in their life had their first drink at 12 years old or younger; 27% took their first drink between the ages of 13 and 14, and 45% started drinking between the ages of 15 and 18. The average age of onset was 13.5 years old.

- Of all Wood County youth, 11% had drunk alcohol for the first time before the age of 13 (2013 YRBS reports 13% of Ohio youth drank alcohol for the first time before the age of 13 and 19% for the U.S.).

- Wood County youth drinkers reported they got their alcohol from the following: someone older bought it (34%), someone gave it to them (33%)(2013 YRBS reports 38% for Ohio and 42% for the U.S.), a parent gave it to them (23%), took it from a store or family member (11%), a friend's parent gave it to them (5%), bought it in a liquor store/ convenience store/gas station (2%), bought it at a public event (2%), bought it at a restaurant/bar/club (1%), and some other way (10%). No one reported using a fake ID to buy alcohol.

- During the past month 13% of all Wood County youth had ridden in a car driven by someone who had been drinking alcohol (2013 YRBS reports 17% for Ohio and 22% for the U.S.).

- 4% of youth drivers had driven a car in the past month after they had been drinking alcohol (2013 YRBS reports 4% for Ohio and 10% for the U.S.).

- More than three-fourths (81%) of Wood County youth reported that their parents would disapprove of them drinking alcohol and 57% reported their friends would disapprove of them drinking alcohol.

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- During the past six months, youth had experienced the following: drank more than expected (3%), had drank more alcohol to get the same effect (2%), gave up other activities to drink (1%), drank to ease withdrawal symptoms (1%), spent a lot of time drinking (<1%), tried to quit or cut down on their drinking (but couldn't) (<1%) and continued to drink despite problems cause by drinking (<1%).

Youth Drug Use

 In 2015, 8% of all Wood County youth had used marijuana at least once in the past 30 days, increasing to 17% of those over the age of 17. The 2013 YRBS found a prevalence of 21% for Ohio youth and a prevalence of 23% for U.S. youth.

 6% Wood County youth used medications that were not prescribed for them or took more than prescribed to feel good or get high at some time in their lives, increasing to 8% of those over the age of 17.

 Wood County youth have tried the following in their life: o 3% of youth used inhalants, (2013 YRBS

reports 9% for Ohio and U.S.)
o 2% used ecstasy/MDMA (2013 YRBS reports 7% for the U.S.)
o 2% used K2/spice
o 1% misused cough syrup
o 1% used cocaine, (2013 YRBS reports 4% for Ohio and 6% for U.S.)
o 1% used steroids, (2013 YRBS reports 3% for Ohio and U.S.)
o 1% misused over-the-counter medications
o 1% used posh/salvia/synthetic marijuana
o 1% used liquid THC
o 1% used bath salts
o <1% used methamphetamines, (2013 YRBS reports 3% for the U.S.)
o <1% had been to a pharm party/used skittles
o <1% used Cloud 9
o No one reported using GhB
o No one reported misusing hand sanitizer
o No one reported using heroin, (2013 YRBS reports 2% for Ohio and U.S.)

 During the past 12 months, 5% of all Wood County youth reported that someone had offered, sold, or given them an illegal drug on school property (2013 YRBS reports 20% for Ohio and 22% for the U.S.).

 The following would keep youth from seeking help for alcohol, tobacco or other drug use: the possibility of getting in trouble (19%), time (9%), not knowing where to go (6%), paying for treatment (4%), and transportation (2%). 72% reported they don't think they need help.

 Youth reported their parents would disapprove of them doing the following: misusing prescription drugs (86%) and using marijuana (85%).

 Youth reported their friends would disapprove of them doing the following: misusing prescription drugs (80%) and using marijuana (68%).

 Youth reported that they would put themselves at a greater health risk if they did any of the following: smoke cigarettes (70%), drink alcohol and then drive (69%), text while driving (67%), drink alcohol (64%), use marijuana (56%), bully others (54%), carry a weapon (53%), participate in sexual intercourse (44%), and participate in other sexual activities (44%). 26% of youth reported that none of the above would put them at a greater health risk.

Youth Mental Health

 In 2015, over one-quarter (26%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to 35% of females (2013 YRBS reported 26% for Ohio and 30% for the U.S.).

 16% of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to 20% of females. 19% of high school youth had seriously considered attempting suicide, compared to the 2013 YRBS rate of 17% for U.S. youth and 14% for Ohio youth.

 In the past year, 6% of Wood County youth had attempted suicide, increasing to 9% of females. 3% of youth had made more than one attempt. The 2013 YRBS reported a suicide attempt prevalence rate of 8% for U.S. youth and a 6% rate for Ohio youth.

 Of all youth, 2% made a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse, (2013 YRBS reported 1% for Ohio and 3% for the U.S.).

 Of those who attempted suicide, 7% resulted in an injury, poisoning, or overdose that had to be treated by a

doctor or nurse.

 Wood County youth reported the following causes of anxiety, stress and depression: academic success (43%), fighting with friends (28%), sports (28%), self-image (27%), fighting at home (27%), dating relationship (19%), peer pressure (19%), breakup (17%), death of close family member or friend (16%), being bullied (14%), poverty/no money (12%), parent divorce/separation (12%), caring for younger siblings (8%), parent lost their job (5%), ill parent (4%), not having enough to eat (3%), not feeling safe at home (3%), parent with a mental illness (3%), alcohol or drug use at home (3%), parent/caregiver with a substance abuse problem (2%), family member in the military (2%), sexual orientation (2%), not feeling safe in the community (1%), not having a place to live (1%) and other stress at home (23%).

 Wood County youth reported the following ways of dealing with anxiety, stress, or depression: sleeping (45%), hobbies (31%), texting someone (30%), exercising (29%), talking to an adult (21%), talking to a peer (20%), eating (19%), praying (17%), using social media (14%), writing in a journal (9%), shopping (7%), breaking something (6%), reading the Bible (6%), self-harm (5%), smoking/using tobacco (4%), using prescribed medication (4%), drinking alcohol (3%), using illegal drugs (3%), talking to a medical professional (2%), vandalism/violent behavior (1%), using un-prescribed medication (1%), and gambling (1%).

 When Wood County youth are dealing with feelings of depression or suicide, they usually talk to the following: best friend (23%), parent/guardian (15%), girlfriend/boyfriend (11%), brother/sister (7%), professional counselor (4%), school counselor (3%), teacher (2%), coach (1%), pastor/priest/religious leader (1%), youth minister (1%), scout master/club advisor (1%), and someone else (3%). 20% reported they talk to no one. 54% of youth reported they did not have anxiety, stress, or depression.

You can read the entire Assessment report online and available for download at:
http://woodcountyhealth.org/aboutus/documents/Wood%20County%20FINAL%20Health%20Assessment%20Report%208-19-15.pdf

q. Child service needs resulting from finalized dispute resolution with Family and Children First Council [340.03(A)(1)(c)].

There have been no disputes that have come before the Family and Children's First Council this year.
While not specifically asked for, the Board wants to inform the Department of several needs for safe housing and multi-system services. First, there is a need for young women between 15 and 18 years of age who have difficulty maintaining placements in foster care. It is our understanding that this is a state-wide problem, known to child service agencies. In our semi-monthly meetings among the Health Commissioner, the Director of the Jobs and Family Services and the Board's Executive Director (and others as needed), we think a solution would be for a 5-10 bed group home with ongoing access to mental health and substance abuse services.

r. Outpatient service needs of persons currently receiving treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)].

The Wood County Board takes the same recovery-oriented and trauma-informed approach with all county residents who are hospitalized, regardless of which hospital provided the treatment. The goal is to facilitate effective discharge planning, coordination and the provision of effective services to prevent deterioration of symptoms, to promote recovery and decrease recidivism. Service needs are routinely gathered from appropriate agency personnel, including our Forensic Monitor and our Hospital Liaison, in our monthly Hospital Utilization Management team meetings, as well as "as needed" meetings regarding special discharge situations. Please see section 3.a.4., below for a description of our Hospital Management approach and services. Based on prior years' service needs, we have put into place a number of services, which are also listed in 3.a.4, below.

Housing needs are often mentioned. We have been successful in finding and contracting for appropriate Adult Care Facility (ACF) housing, thanks to our local and regional capacities. However, this sometimes results in an individual remaining in the hospital for a while longer before appropriate supported housing becomes available.

Rapid access to Pharmacological Services, intensive programs and services and recovery support services (transportation, drop-in center support, vocational services) are common needs upon discharge from a hospital. We are able to provide for these needs as listed below.

s. Service and support needs determined by Board Recovery Oriented System of Care (ROSC) assessments.

We have completed our ROSC Survey and it is attached. For standard services, the ratings are quite favorable, but we can and will strive to improve out ratings. Clearly, we do need to do much more to raise awareness about mental illnesses and addiction services, and to advertise the wide range of services available.

We do have some serious concerns with the online survey and we received many complaints about the length of the survey and lack of understanding or what was being asked.

We will be holding focus groups to gather additional information about ROSC practices and readiness, beginning this summer. Here is a summary of our ROSC Survey:

<u>Brief Summary of Recovery Oriented System of Care</u>

The January 2016, 87 item, Wood County ROSC Survey consisted of 99 responses, 52% female and 47% male, representing 10 sectors of Wood County. The majority of respondents were between the ages of 45 and 74 and Caucasian with 1 identifying as Hispanic, 1 Asian and 1 Multiple Ethnicity. 26 people supplied their names, 28 supplied their e-mail addresses and 22 individuals indicated they wanted to be a part of a focus group. Overall responses were favorable to the Wood County System of Care and while there were some critical comments there were also many suggestions for improvement.

On the average about 22% of respondents skipped a majority of the survey questions. A summary of respondents comments regarding the survey are as follows; questions were confusing; no clear definition of what recovery meant yet recovery is referred to often; this reads like a manual for recovery; survey was too long; groups too many services together; too much professional jargon; community and agency value questions /are values being carried out/ criticism that few know of internal agency values and even those working in said agency often do not know whether values are being integrated in agency.

A Sample of Suggestions for moving forward:

- 22 respondents would like to be a part of a focus group
- Services in Wood County need to be advertised more
- Wood County taxpayer needs to be better educated about resources within Wood County
- An individual in the medical community asked for more education with CME's
- More beds needed for treatment

In a review of the responses, Board staff believe that there is much more work we can do to promote a trauma-informed and recovery-oriented system of care by the providers. Please note that progress implementing this new framework is going to be hampered with all of the challenges of implementing the Behavioral Health Redesign over the next 18 months.

We would ask the Department to actively work with Boards, families, clients and agencies to make implementing ROSC a major priority and to provide the technical and financial assistance across the state to ensure that progress will be made. This needs to be a priority in order to achieve the outcomes promised by a ROSC.

t. Needs and gaps in facilities, services and supports given the Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

All of the new legislatively mandated services will be minimally met in Wood County by September 2016. While outpatient detox is provided by two provider agencies in Wood County currently, certified Ambulatory Detox will occur in December or January. We will have very few recovery coaches trained by September. We appreciate the legislature's delaying the date when these new mandates need to be in place until July 2017.

2A. **Complete Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. (Table 1 is an Excel spreadsheet accompanying this document)**

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

In addressing questions 3, 4, and 5, consider service delivery, planning efforts, and business operations when discussing your local system. Please address client access to services and workforce development.

3. Strengths:

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

1. For long-term, cost-effective services, Prevention services have been shown to be the most cost-effective investment, with treatment cost savings averaging **$14.00 for each dollar spent** on evidence based prevention services.
    a. The school-based alcohol and drug abuse prevention services in Wood County are among the best available in the country, according to a nation-wide SAMHSA "Science-to-Service" study several years ago. Our school-based AOD prevention services program, though the Wood County Educational Service Center (ESC), was one of only 29 programs nation-side that earned their award. These prevention services are offered throughout all Wood County Schools, with one school district opting out. All programs offered are researched supported, if not evidence based. Pre-post measures of knowledge acquisition are routinely obtained along with fidelity measurements, where appropriate. This comprehensive program is provided by certified prevention staff. As you will see in our attached 2016 Youth Report, we have evidence that our prevention services are effective and these will contribute to a reduced need for treatment services. Services provided fall into all six prevention service categories.
        i. Information Dissemination: ADAMHS Survey public releases, Parents Who Host Lose the Most campaigns, Red Ribbon Campaigns.
        ii. Education: BABES (K-4th grades – Model-based, Class Action (11-12th grades - SAMHSA research based), Fetal Alcohol Syndrome Teaching and Research Campaign (6th – 12th grades – Evidence based), Insight (9th-12th grades – Researched based), Juvenile Detention Program (incarcerated youth – model based OMHAS exemplary), Life Skills (3rd-5th grades, 6th – 8th grades & 9th-12th grades – SAMHSA researched based), School in-service trainings (for all school personnel – model based), and Teen Intervene (9th – 12th grades – SAMHSA recognized research based)
        iii. Alternatives: Jr. Teen Institute (6th-8th grades – model based), Hooked on Fishing (4th grade – model based), Teen Institute (9th-12th grades – Model based)
        iv. Problem ID & Referral: PID screenings, Follow-up education, follow-up support, Referral services (6th – 12th grades).
        v. Community Based Processes: The ESC prevention programs participate or lead a number of

county-wide coalitions. They are the leaders of the large Wood County Prevention Coalition

b. Other prevention programs include:
    i. Incredible Years for families with youth birth to 8 years old (evidence based)
    ii. PAX Good Behavior Game – evidence based. Teachers trained in all school districts with more teachers trained each year. (grades K-5th in Wood County)
    iii. Sexual Abuse Prevention Program in schools for grades K and 4th
    iv. Olweus anti-bullying program, an evidence based program
    v. Expect Respect – evidence based program to prevent domestic/dating violence (8th-12th grades)
    vi. Youth Mental Health First Aid training for all school personnel. Goal is to have over 1,000 personnel trained in four years
    vii. Signs of Suicide, an evidence based suicide prevention program (7th-12th grades, depending on the school district)
    viii. Opiate prevention will be specifically added to all of the Life Skills curricula this year

2. Criminal Justice Collaboration

The Wood County ADAMHS Board has worked strategically over the past four years to establish collaborative relations across the continuum of the criminal justice system, both for youth and adults. We are guided by our Sequential Intercept Mapping process (facilitated by the Ohio Center for Excellence, Wood County was the first ADAMHS Board in Ohio to complete this process for adults in September 2013 and Wood County was the first ADAMHS Board for SIM for youth, helping to create the process for youth) and information obtained in conferences sponsored by State Council of Governments Justice Center. We have a number of current and planned initiatives, including:

a. The Board has contracted for a Criminal Justice Coordinator that serves as a liaison between the Board's system of care and the criminal justice system. This position also provides behavioral health screenings and diagnostic assessments in the county jail. Planning for rapid behavioral health treatment appointments upon returning to the community are facilitated.
b. CIT training occurs two-three times a year and is jointly coordinated with NAMI Wood County, the Criminal Justice Coordinator and Board staff
c. CIT Coordinators' Committee – Each police department and the sheriff's department meets several times per year to encourage the spread of CIT training, gather and share data and problem solve issues in the implementation of CIT throughout the county
d. Mental Health-Criminal Justice Coordinating Committee raises concerns about and promotes collaboration among the agencies in Wood County. This committee engages in problem solving and information dissemination
e. Board staff and contract agency staff are members of the County's Law Enforcement Executives Forum, which meets bi-monthly to share information and raise concerns in the law enforcement community. This forum raises issues about crisis services and law enforcement involvement where residents are experiencing "emotionally disturbed" events. Follow up meetings with those involved are held as needed.
f. ADAMHS Board staff are active leaders in the County's Reentry Coalition.
g. Board Executive Director meets monthly with the County Prosecutor to discuss various mutual concerns and problem solving.
h. Both systems are actively involved in the County's Opiate Task Force (see below).
i. The Jail Vivitrol program was initiated by the active participation of Board staff, the County jail administrator and health service providers, Sheriff's office, Bowling Green and Perrysburg Municipal Courts and respective Probation Departments, Common Pleas Courts, County Health District, Board contract providers and the County Commissioners. Through creative problem solving, this program is up and running. It is meant to reduce the deaths we have seen due to opiate overdose upon discharge from jail. This collaboration will be essential to continue to address other issues raised in our needs assessments.

j. For FY 2017, Board staff will promote the Stepping Up Initiative among county stakeholders.
k. In FY 2017, the Board will designate trained, credentialed staff employed by the jail to be Health Officers to facilitate rapid 24/7 response to mental illness and substance abuse crises with crisis intervention and determination of a safety plan. Hospital commitment may be determined to be needed and procedures will be completed to facilitate rapid psychiatric hospitalization. Jail staff will continue to work with usual county emergency services and the Criminal Justice Coordinator.
l. Planning and problem-solving with the Wood County Probate Court, the Board and Behavioral Connections for quality improvement for outpatient commitments has occurred with improved mutual understanding and communication.
m. The Juvenile Court employs a Mental Health liaison position to assist with communication and coordination of services for youth.
n. Prevention, assessment and treatment services are provided in the county juvenile detention center.

3. Wood County Opiate Task Force

Board staff initiated and continues to lead this task force. This task force has grown to over 35 active members, and it continues to grow. We have had three successful opiate town hall meetings in different parts of the county, with over 300 attendees. We partnered with Ms. Andrea Boxill and regional and local experts for these events, which were televised and reported in news media to spread awareness. The task force has encouraged and promoted family support programs via the Solace group, throughout the county. We are planning for more awareness events for FY 2017, including an event for a school district as well as an awareness walk and event.

4. Psychiatric Hospitalization Utilization Management (adults and youth)

The Board continues to rely upon the Northwest Ohio Psychiatric Hospital (NOPH) in Toledo for more seriously at-risk individuals or those presenting a violent and dangerous risk for others, where a more secure facility is needed. However, there is frequently an inadequate capacity for meeting the needs for hospitalization at NOPH. Almost all Boards use state and local funds to purchase private hospital bed days to provide for adequate capacity. The capacity needs fluctuate in Wood County across the fiscal years but we have experienced a lack of beds from time-to-time, creating increase risk in the community and added expense across service systems. Management of hospital use is critical. Here are our current strategies to adequately manage hospital capacity.

a. Expanded Psychiatric Hospital capacity for Wood County residents has been achieved with recent contracts with additional hospitals. For over 16 years, the Board has contracted with ProMedica to provide psychiatric hospitalization. Two years ago, in response to inadequate hospital capacity for Wood County residents, the Board contracted with Arrowhead Behavioral Health. For FY 2017, we are adding a similar contract with the Mercy Health St. Charles Hospital. We believe that this will provide adequate hospital capacity for some time to come.

b. Wood County facilitates discharge planning and follow through via a contracted "Hospital Liaison" service with Family Services of Northwest Ohio. We also contract for a Forensic Monitor to assist not only with monitoring but also discharge planning. These services have reduced recidivism significantly at NOPH and other private hospitals under contract with the Board. The Hospital Liaison will provide ongoing contact with a recently discharged individual until they are engaged in community treatment.

c. In the Board's monthly Hospital Utilization Management team meetings, client needs are discussed and

planned for. There is always a report on the status of each forensic client being monitored by the Board's Forensic Monitor. Coordination of various services are monitored by Board staff. Monthly statistics are updated for crisis intervention needs and services and hospitalizations. We monitor for recidivism. The following services are available in addition to the usual array of outpatient services.

d. We offer Assertive Community Treatment (ACT) in Wood County provided by Family Services of Wood County. IN FY 2015, participants (approximately 20) on the ACT team did not experience any hospitalization or re-offense.

e. Intensive (up to 50 hours of service are provided, 6 days per week) AOD treatment options are available, which will provide treatment for dual diagnosed individuals. Accessing this service can happen very rapidly, following a diagnostic assessment and with client choice. This is the I-CARE (Intensive Collaboration for Adult Recovery & Empowerment) program offered by Behavioral Connections which was planned with input from all Board contract service providers to provide very intensive outpatient services to combat primarily the opiate epidemic. This program provides weekly WRAP training by certified client trainers, since WRAP instruction has been shown to be effective for those recovering from substance abuse. Assessments for vocational services are provided on a bi-weekly basis (see below for vocational programs). After hours and evening phone support is provided, also.

f. We have some Adult Care Facilities (ACF) in Wood County and we contract for out-of-county ACFs. We have three HUD housing units. However, housing is often a problem for those returning to the community from psychiatric hospitalization.

g. We also provide two vocational rehabilitation programs in the community. We have a Vocational Rehabilitation Public and Private Partnership with Opportunities for Ohioans with Disabilities and a new evidence based, Supported Employment program – the Individual Placement and Support (IPS) program. Both of these program have demonstrated tremendous success. Over 50 clients were successfully terminated in Federal Fiscal Year 2015 from the CareerLInk program.

h. We provide free non-emergency transportation, regardless of funding source, via our NETPlus program. NETPLus is a joint program of Jobs and Family Services, the ADAMHS Board, the Wood County Commissioners, the Wood County Health District, Black and White Transportation and Children's Resource Center. There is one transportation coordinator (and one toll-free telephone number to call) to arrange round trip rides, in 5 days, for treatment services.

i. We offer Client drop-in services for clients suffering from mental illness at "The Connection Center" on Main Street in downtown Bowling Green. There are many program offered to support a client's recovery, including peer support, vocational support, emotions anonymous, art "therapy," opportunities for public speaking, developing social supports, recreational opportunities and training in WRAP, an evidence based program taught by certified trainers who are recovering. The center offers some transportation for events and for accessing the center. The center plans to expand its physical facility in the near future. Recently, evening and weekend hours were added to the center, due to hiring of peer support. Members take part in many community events in Bowling Green.

j. Psychiatric hospitalization for youth, when needed, is provided by University of Toledo Medical Center's Kobacher Hall, or The Toledo Hospital. Sometimes there are extremely difficult clients requiring longer term psychiatric care near Youngstown (Belmont Pines) or out of state (in Missouri). We have recently had a situation where no Ohio facility would accept an individual and 129 out of 130 out of state facilities refused to do so as well.

k. Crisis Residential Treatment for youth is primarily provided at an eight bed unit at Children's Resource Center (CRC) in Bowling Green, Ohio. We also contract with Family Services of Northwest Ohio's Comprehensive Care Center in Henry County for times when such services are not available due to lack of bed availability at CRC. Services provided in county facilitates involves family members in treatment and discharge planning. These services have prevented psychiatric hospitalization and out of county placements.

l. Functional Family Therapy, an evidence based treatment, is available at Children's Resource Center. This service is expanded for FY2017. Consultation to maintain and improve fidelity to the model is provided by the Center for Innovative Practice. Most of the families treated have been referred from the Juvenile Justice system. This service is for multi-problem youth and families, often with a history of high acuity services and juvenile justice involvement. 12 of 15 recent families were able to be successfully terminated from all treatment services.

m. Dual diagnosed youth struggling with substance abuse are referred to the youth Intensive Outpatient Program (IOP), which provides a trauma informed setting and approach and utilizes the evidence based Seven Challenges program.

5. Improving Access to Services

The Board has worked strategically over the past eighteen months to facilitate a greater penetration rate by raising awareness of behavioral health problems through many new marketing efforts, focusing on suicide prevention, the opiate crisis, other substance abuses and mental illnesses. We continue to spread anti-stigma messages in all we do. These efforts consist of presentations to many organizations, materials disseminated throughout the county (libraries, schools, offices, businesses, etc.), along with workshops, local newspapers and radio. Two efforts deserve special mention that will help us promote awareness, ease of contacting services for appointments and to eliminate transportation as a barrier to services.

a. The NET Plus program mentioned above under 2.c.7. provides free non-emergency transportation to behavioral health treatment appointments by calling one toll-free number. Transportation can be arranged with 5 days' notice and is available for all residents. Beginning this summer, transportation has been expanded for non-Medicaid residents to physical health appointments at the Wood County Health and Wellness Center, a Federally Qualified Healthcare Center. This addition should help with our efforts to provide physical healthcare for residents suffering from mental illness and/or substance abuse.
b. The new regional Recovery Helpline – 211, was developed in partnership with the Lucas County Mental Health and Recovery Services Board and the Hancock County ADAMHS Board to facilitate accessing behavioral health services within 48 hours. A major marketing campaign has just begun in the region to help raise awareness of behavioral health problems and how to access help via the 211 Recovery Helpline.
c. Full-time therapists are available for each school district, with training in evidence based and trauma informed care. While these services have targeted older youth, this will be expanded to younger students in FY2017.
d. At Behavioral Connections of Wood County/Harbor, walk-in appointments and rapid connection to services are available four days per week.
e. Crisis and Emergency services are provided 24/7 through the Link crisis hotline and Children's Resource Center's hotline. Expanded psychiatric and sub-acute detox services should provide rapid access to high acuity services.

6. Expanded services to address the opiate epidemic and other substance abuse services
    a. Recovery housing (level 3) is now available for males in Wood County.
    b. Residential treatment for pregnant women now available via the SAMHSA funded Chrysalis program I

Wood County.

c. Residential treatment services have been expanded for women at Devlac Hall in Wood County from 13 beds to 16 beds.
d. Expansion of Medication Assisted Treatment (MAT) providers in Wood County.
e. Recent widespread availability of Narcon for reversing opiate overdose
f. New Jail Vivitrol program at the Wood County Justice Center
g. Wood County youth have received residential treatment at the Synergy program in Toledo.
h. Intensive outpatient services for dual diagnosed youth is provided at CRC, using the evidence based Seven Challenges approach.

7. Transition aged services
    a. Wood County now has two transition aged (18 to 26 year olds) supported houses with 24/7 staff, with staff trained in the evidence based Transition to Independence Process (TIP) approach. One for males and one for females. The women's home is new this spring. The male home has excellent outcomes since beginning in 2014.
    b. Community training for TIP approach is being provided for the second time by Patrice Fetzer, a certified TIP Consultant and trainer. This is not only for all behavioral health treatment providers but also for all child-serving entities in the county.
    c. Children's Resource Center provides full-time CPST services with a focus on transition aged outreach and service.
    d. Collaboration for Juvenile Justice in Wood County through a liaison position at juvenile justice is also addressing transition aged youth
8. Emerging Behavioral Health and Physical Health Integration
    a. Collaborative meetings are held twice a month among the Health Commissioner, Director of Jobs and Family Services and the Board's Executive and Associate Director. Recent focus of these meetings are addressing how to increase penetration rates for mentally ill and substance abusing residents at the Wood County Health and Wellness Center. This ongoing needs assessment and planning has resulted in four recent collaborations
        i. The Wood County NETPlus transportation system is ready to include transportation for non-Medicaid residents, with a local focus on mentally ill and substance abusing clients
        ii. Training and implementation of Screening, Brief Intervention and Referral to Treatment (SBIRT), an evidence based approach to identifying and successfully referring and supporting mentally ill and substance abusing patients.
        iii. Narcon provision for first responders throughout the county is provided by the Health District
        iv. Becoming a patient at Health and Wellness Center is a required step as part of probation for a jail inmate to take part in the new Jail Vivitrol program.
    b. Suicide prevention efforts in the county has completed providing depression screening measures and information to physicians' offices in Wood County to provide awareness of depression and suicide risk for these key gatekeepers, as well as how to successfully refer patients to behavioral health services. This was a provided by NAMI to fulfill this goal of the new Wood County Suicide Prevention plan.
    c. Planning is underway to develop greater referrals of youth and families to the Health and Wellness Center.

9. Ongoing <u>community collaboration</u> is a strength in Wood County, as described above. This collaboration has enabled many new programs and provides ongoing communication and partnership among services. This feature of Wood County has resulted is shared funding of initiatives, making them affordable, and enabled grant awards.

b. <u>Identify those areas, if any, in which you would be willing to provide assistance to other boards and/or to</u>

state departments.

The Board and community partners have provided education in the areas of Trauma Informed Care and Community planning, School based prevention programming, early childhood prevention and intervention. We would be willing to continue to provide this to others boards. We also would be willing to provide assistance in collaboration, opiate response planning and outreach to faith communities. We currently provide guidance to further the development of the field of Prevention at the State level. Associate Director is trained as a facilitator for Ethics in Prevention and Substance Abuse Mental Health Training emphasizing the inclusion of Public Health Model in Prevention.

4. **Challenges:**
   a. **What are the challenges within your local system in addressing the findings of the needs assessment, including the Board meeting the Ohio Revised Code requirements of the Continuum of Care?**

We think there are several important challenges facing the Wood County ADAMHS system of care in addressing needs and new changes with the Continuum of Care, as well as the Behavioral Health Redesign and Medicaid Managed Care. We have noted the challenges regarding this above.

1. We are most concerned about inadequate sustainable funding for the new Continuum of Care requirements and the fiscal impact of the Behavioral Health Redesign and Medicaid Managed Care.
   a. Board Fiscal Future Threats
      i. The cost for Level 3 Recovery Housing is expensive, running approximately $280,000 per fiscal year. Just one additional level 3 facility begins to erode the Board fiscal planning projections and without funding from the state, would not be sustainable beyond four-to-five years. Without sustainable funding from the state, the Board would have to try to significantly increase local levy revenue, or look to cut services necessary to maintain a recovery oriented system of care.
      ii. Our stakeholders, provider agencies and NAMI information have identified the local need for a Crisis Stabilization Unit in Wood County to assist with emergency services. The estimated costs to the Board have come in at over 1 million dollars per year. While this would help manage hospitalization, in terms of short term crisis beds and a hospital step down facility, the costs at this time seem prohibitive. Like Recovery Housing, this will require the Board to make some hard decisions and consider alternatives for this identified need. Certainly, additional level 3 recovery housing will eliminate even alternatives, without some significant cuts in other important services. The Department needs to be working with Boards to look at the statewide management of hospitalization and emergency services in planned, collaborative and cost effective ways.
   b. The other major concern is if the provider system can successfully adapt to the Redesign and Medicaid Managed Care.
      i. The new service rates were released on June 20, 2016 and needs to be time to study these and the “expansion” codes and what they might mean. In conversations with providers, there is worry that the rates may not be sufficient to maintain current services and quality of services, especially for evidence based services. It is expected that providers will be approaching Boards for additional financial assistance to “back fill” revenue losses under the new service rates.
      ii. Changes to claims billing and payment systems will be a challenge for many Boards and providers. The costs for the Wood County Board will be reasonable but more of a challenge

for providers.

iii. The longer term worry is that providers may not be able to remain viable and close their doors or be taken over by other agencies that lack community relations and local commitment. In meetings with Medicaid Managed Care representative, there is an assumption that agencies not able to make the transition will be replaced by other, larger agencies, and that there will be no interruption or loss of "providers" (by which managed care representatives mean "individual clinicians" not agencies). We are concerned, as are other ADAMHS Boards, that this assumption is seriously flawed. This likely situation could result in a reduction of service capacity within Wood County, and other Board areas.

iv. There is also an assumption that CPST services could eventually be replaced with peer support. This also seems to be a flawed assumption, based on the mistaken assumption that "CARE management" can replace "CASE management" as practiced in Ohio via CPST services. This will inevitably lead to reduced recovery and treatment support for many individuals served by the public supported system of care.

v. The resulting impact for Ohio is that recruitment and retaining of clinicians, especially masters level therapists and psychiatrist, will become more difficult, further reducing capacity.

2. Housing will continue to be a growing challenge to provide in Wood County.
    a. Few adults in the Wood County system move to their own independent housing, once in housing that is currently available. We are hearing from out meetings with clients and surveys that independent housing is difficult to find and afford.
    b. With the identified need over the past three years for temporary supported housing for transition aged adults, we are now providing this service with a house for males and one for females.
3. The Wood County ADAMHS Board is currently planning for strategic outreach to the Business Community for partnership to accomplish several goals.
    a. Independent and level 2 Recovery Housing development
    b. Implementation of awareness and referral mechanisms of employees for screening, assessment, treatment and recovery services.
    c. Partnership in the development, improvement and sustainability of trauma informed, recovery oriented communities and services.

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

As described above, the major potential impacts include: provider agency viability, lapses in care for clients, loss of client choice, ongoing care according to client long-term needs, due to state imposed budget (care) management. The threat of this risks is the development of a trauma informed recovery oriented system of care.

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

As described above, there is a need for sustainable funding from the state, not just one-time initiation funding is sufficient amount to truly meet system development needs. This funding must assist in:

1. Emergency services including crisis stabilization, private hospitalization costs, and step down facilities.
2. Level 3 recovery housing
3. Medication Assisted Treatment costs
4. Training and ongoing consultation to improve cultural competence, especially for the Hispanic population and those of Islamic faith and traditions.

5. **Cultural Competency**

   a. **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.**

We need to increase our efforts at outreach across all aspects of our system of care to bring cultural competence into our recovery oriented system of care. To address this, we did receive training in cultural competence a few years ago from experts at OMHAS. While this was helpful, we wish to plan to establish ongoing efforts to achieve this goal. We would like to meet with OHMAS and other consultants to develop a strategic plan to accomplish this.

Priorities

6. **Considering the board's understanding of local needs, the strengths and challenges of the local system, what has the board set as its priorities for service delivery including treatment and prevention and for populations?**

The Board's efforts have been guided the past three years by the Board-approved three-year Strategic Plan. This plan has been included in our last two Community Plans. The Board's strategic planning retreat scheduled for this past April was cancelled due to a late snow storm. The Board is working to determine dates for the strategic planning retreat in September, 2016. New priorities under consideration may include:

1. Continuation of the systematic and cross-systems response to the Opiate epidemic
2. Study and determination to improve emergency, crisis and other high acuity services
3. Improving marketing and outreach to improve our system's penetration rate
4. Strategically planning to implement a recovery-oriented system of care
5. Plan for fiscal threats to our system of care given the Behavioral Health Redesign, Medicaid Managed Care
6. Improvement in program evaluation

Below is a table that provides federal and state priorities.

Priorities for (enter name of Board)				
Substance Abuse & Mental Health Block Grant Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	1. Provide rapid access to effective Detox and treatment, both inpatient sub-acute detox and residential treatment, and intensive outpatient services (Regular Intensive Outpatient Program and Wood County's I-CARE program). 2. Provide for Medication Assisted Treatment for appropriate individuals at risk for relapse and death. 3. Expansion of Narcon administration 4. Improve Access to Recovery support services	1. Maintain and track sub-acute detox services 2. Maintain unbundled outpatient detox services and expand certified Ambulatory Detox services 3. Maintain contracts with Residential treatment providers for adults and youth. 4. Develop procedures for funding of and other expansion for appropriate medication assisted treatment 5. Encourage use of Narcon in overdose situations. 6. Encourage provision of trauma informed care, 7. Provision of Recovery services, including: a. vocational services b. work to integrate with physical health care c. Use of Recovery housing where appropriate and available 8. Expansion of Jail Vivitrol program to all courts and the NW Ohio Community Corrections Center	1. Maintain and monitor number of detoxification and residential providers (including services for youth) and their utilization. 2. Maintain and monitor utilization and outcomes for outpatient services including outpatient unbundled detox, IOP, and the collaborative 6-day per week outpatient program (I-CARE) with rapid access to evidence based treatment with trauma informed care, vocational assessments and linking to such services and Wellness Recovery Action Plan (WRAP) education. 3. Encourage and monitor increases in providers providing MAT. 4. Track use of Narcon in the county (distribution by Health District and Use as reported by first responders). 5. Track referrals of this population to the recovery support services. 6. Track use and outcomes of Jail Vivitrol program.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required	1. Provide safe, effective, structured treatment and recovery support for the	1. Provide inpatient women's residential treatment for chemically dependent and	1. # of clients engaged in treatment 2. # verbalized triggers behavior	__ No assessed local need __ Lack of funds __ Workforce shortage

priority)	benefit of the expectant mother and the conceived child. 2. Prevention of complicated and disease of the newborn.	dually diagnosed women at Devlac Hall and the Chrysalis program, both operated by Behavioral Connections of Wood County 2. Intensive outpatient treatment where appropriate medically and otherwise via the I-CARE and IOP programs 3. MAT provided when appropriate	changes needed for abstinence 3. # successfully completed program established at discharge 4. Outcomes measures report to Board semi-annually	__ Other (describe):
SAPT-BG: Mandatory (for boards): Parents with SUDs 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 trauma informed women's specific treatment and recovery with on-site childcare, to promote recovery, reduce risks for children and promote healthy parent-child relationship.	1. Trauma informed and evidence based services provided. 2. Referrals come from several sources, but especially Wood County Jobs and Family Services, Youth Protection services. 3. Inpatient (residential) treatment provided, if necessary. Outpatient treatment according to level of care required. 4. Intensive Outpatient Programs are available via two adult providers and one youth provider.	# of clients engaged in treatment # verbalized triggers behavior changes needed for abstinence # successfully completed program established at discharge Feedback from referral sources. Outcomes measurement using FARS or other approved outcome measures.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	This has not been seen in several years. Goal is to work collaboratively with physical health providers to achieve desired outcomes.	Provider agencies follow accreditation guidelines to prevent the spread of disease. Appropriate Level of Care provided for substance dependence. Collaboration with physical health providers will occur.	# of clients engaged in treatment # successfully completed program established at discharge Feedback from referral sources. Outcomes measurement using FARS or other approved outcome measures	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	1. To provide early outreach, identification and intervention. 2. To provide appropriate level of care, including residential treatment as needed.	1. Early Childhood outreach identification occurs via our Early Childhood Mental Health programs through consultation with most child care programs and referrals	# of clients engaged in treatment # successfully completed program established at discharge and reported semi-annually to the Board. Feedback from referral sources.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

	3. Trauma-informed care will be provided. 4. Evidence based treatment will be provided. 5. Dual diagnoses assessed and evidence based integrated treatment provided. 6. Integration of behavioral health and physical health services	from schools, juvenile justice, Jobs and Family Services, churches and individuals. Evidence based "Incredible Years" program offered. 2. Outreach to children is provided in schools for all behavioral health problems via full-time school based therapists/consultants, Prevention programs (Sexual Abuse Prevention, Suicide Prevention, Anti-bullying prevention, Expect Respect, Youth Mental Health for Aid for Youth and AOD prevention programs). 3. Youth & family clinicians working onsite with Children's Services at JFS, via collaborative program. 4. Collaboration with Juvenile Justice Using Sequential Intercept Mapping for Youth and Juvenile Justice-Mental Health Liaison. Mental health assessments and treatment provided in Juvenile Detention Center. 5. Evidence based programming provided: Functional Family Therapy, Trauma Informed CBT, and SPARKS and new Adventure Therapy program. 6. Trauma-informed care is provided following Sanctuary Model. 7. Dual diagnoses youth provided age-appropriate IOP via evidence based Seven Challenges program. 8. Transportation now provided for all	Outcomes measurement using Ohio Scales and other approved and program/service specific outcome measures, including juvenile justice recidivism and Functional Family Therapy fidelity and outcomes.	

		treatment services with new NET Plus system, free of charge. 9. For Partial Hospitalization for youth, free transportation provided by vans. 10. Residential treatment is provided as necessary using evidence based and trauma informed care approaches (Sanctuary Institute Model) in a new, safe environment at Children's Resource Center (8 beds). Secondary residential crisis unit for youth available in contiguous county. 11. Residential Treatment is available for dual diagnosed in contiguous county. 12. Child Psychiatric hospitalization available at two regional hospitals. 13. Exploration for pediatric and nursing care for youth at the Wood County Health and Wellness Center (an FQHC) is underway.		
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	1. To provide a full continuum of trauma informed, evidence based and recovery oriented care; from outreach, early intervention; crisis intervention, inpatient treatment, outpatient treatment and Recovery supports. 2. Improve access to treatment and recovery support. 3. Collaboration with other	1. Begin system planning with consumers, family members, advocates, community stakeholders, provider agencies and others to determine gaps to be addressed in a trauma informed, recovery oriented system of care (ROSC), as a follow up to the ROSC Survey. 2. Expand and improve utilization of transportation to treatment	1. # of clients engaged in treatment 2. # successfully completed program established at discharge and reported semi-annually to the Board. 3. Feedback from referral sources. 4. Outcomes measurement using Ohio Scales and other approved and program/service specific outcome measures, including Assertive Community Treatment	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

	systems, including criminal justice, health, Jobs and Family Services, and the Board of Developmental Disabilities. 4. Principles of Recovery and Trauma informed care will be implemented. 5. Study the feasibility of a Crisis Stabilization Unit in Wood County, including alternatives. 6. Expand capacity for psychiatric hospitalization. 7. Study feasibility of implementing Cognitive Enhancement Therapy. 8. Study how best to expand housing options in Wood County. 9. Continue work on implementing a trauma informed and recovery oriented system of care. 10. Expand recovery supports.	via the NET Plus program. a. Shorten time needed to arrange transportation. b. Marketing to appropriate target audiences. c. Expansion of NET Plus system for recovery services and supports. i. Vocational services ii. Drop-in center iii. Shopping/banking 3. Implement and expand effective marketing of services and expand utilization of Recovery Helpline. a. Marketing of campaign for 211 b. Strategic marketing to target audiences 4. Begin study of Crisis Stabilization Unit and alternatives. 5. Continue to expand responsiveness of crisis and emergency services via expansion of health officers and increased collaborative planning with criminal justice system. 6. Increase utilization of vocational services, especially the IPS program, via joint	(ACT) and Individual Placement and Support (IPS). 5. Study and determine best practices and feasibility for program evaluation via presentation to full Board by Center of Innovative Practice.	

		marketing. 7. Expansion of ACT programs 8. Study housing options with local county governments and realtors. 9. Expand contracts with psychiatric hospitals. 10. Arrange for Cognitive Enhancement Therapy introductory trainings. 11. Arrange for training in Dialectical Behavior Therapy.		
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing	Work with community partners and stakeholders to locate and reach out to homeless persons with mental illness and substance abuse.	1. Work through the Wood County "Project Connect" program (county wide program with practically all service agencies and churches to locate and transport homeless individuals and families and connect them with services) to identify potential homeless clients. 2. Look to expand Project Connect in more focused and targeted areas. 3. Work with the Reentry Coalition to determine housing resources available in the county.	Number of homeless people signed up for services, via Provider agency reports provided semi-annually.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Older Adults	Expand outreach to the 7 Wood County Senior Centers and increase collaboration with the Wood County Committee on Aging.	1. Continue new collaboration to plan for improve access to older adult services and behavioral health treatment providers. 2. Look to expand our	Work with the Wood County Committee on Aging to measure numbers of people in need of treatment and those who were successfully referred.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe)

		collaborative "Healthy Ideas" program to identify and refer older adults to treatment. 3. Look to expand, as needed, the Wood County "gerontology" CPST program.		
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Continue to promote MH/SUD Treatment in Criminal Justice system – in jails, prisons, courts, assisted outpatient treatment	Continue with our comprehensive criminal justice – behavioral health collaborations. Continue to provide leadership for the County Opiate Task Force Continue to provide Crisis Intervention Training for all Wood County Law Enforcement Agencies.		__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Integration of behavioral health and primary care services	Expand behavioral health and physical health care services	1. Continue to expand SBIRT implementation and the Health and Wellness Center 2. Seek to expand SBIRT to Wood County Hospital and Mercy Emergency Department in Perrysburg 3. Monitor compliance with service utilization for jail Vivitrol program participants. 4. Continue to promote full implementation of NET Plus transportation for physical health appointments, which will increase likelihood of persons with mental illness and substance abuse to get physical	1. Measures of number of referrals and successful follow-through for persons with mental illness and substance abuse to the Health and Wellness Center. 2. SBIRT implementation measures – number of physicians or other personnel trained in SBIRT. 3. Probation departments reports on compliance with jail Vivitrol program participants. 4. Evidence Health and Wellness Center has fully implemented the NET Plus transportation service. 5. Number of Health and Wellness Center Tours for behavioral	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		healthcare. 5. Encourage visits/tours of the Health and Wellness Center by members of Connection Center and NAMI peer support program members	health clients.	
Recovery support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support, transportation)	1. Expand housing options for system clients 2. Expand vocational service utilization 3. Expand peer support staff and services 4. Expand transportation	Meet with local officials and realtors to determine options for various levels of housing options. Increase marketing of vocational services to likely referral sources. Obtain training for more peer support staff. Expand transportation, as noted above and below.		__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Via the ROSC focus groups and meetings with clients, families and providers, representation across racial, ethnic and linguistic minorities and the LGBT population will be recruited to determine the best ways to promote inclusion in service access and utilization.	1. Agency reports on client make-up. 2. Minority representation at ROSC focus groups.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	1. Raise general public awareness of opiate addiction and the threat to life if represents. 2. Promote Recovery Helpline as a way to obtain information and access treatment. 3. Expand Jail Vivitrol program	1. Continue to provide public awareness events and continue/increase public presentation. 2. Continue marketing plan for Recovery Helpline 3. Continue to work with Common Pleas Courts and the Northwest Ohio Community Corrections Center to implement the Jail Vivitrol Program	1. Reports on events and number of people attending. 2. Evidence of marketing and monitor any increases in call from baseline measures already obtained. 3. Numbers of referrals to the Jail Vivitrol programs by referral source, court and location. 4. Outcomes measured in terms of follow through with Health and Wellness Center and Substance Abuse treatment and other	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

			compliance measures of probation.	
Promote Trauma Informed Care approach	1. Continue to promote widespread commitment to a trauma informed community. 2. Require Trauma Informed Care (TIC) implementation at all contract agencies, including psychiatric hospitals.	1. Finalize Trauma Informed Communities Strategic Plan and obtain approval by FCFC and the Board. 2. Promote development of trauma informed care policies, trainings, procedures and outcomes	1. Through FCFC, adoption and implementation of agencies implementing TIC via trainings, policies and programs. 2. Contract agencies, except for hospitals, are required n FY 2017 to report progress on implementing TIC.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents	Continue the work of the Wood County Prevention Coalition whose goal is the priority listed. Work with local businesses to promote wellness education and prevention programs	1. Follow up on recent BGSU Masters of Organizational Development engagement to develop plan for engaging local businesses to promote a trauma informed environment, prevention, wellness, and referral to treatment and recovery supports. 2. Methods of measuring success, referrals will be determined.	1. Development of a strategic plan. 2. Number of engagements 3. Satisfaction 4. Referrals	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Increase access to evidence-based prevention	Expand school based training in evidence based programs, such as Good Behavior Game and Life Skills	Those school districts not implementing all prevention services will be approached to determine barriers to implementation and problem solving to rectify.	Number of school districts and school implementing which evidence based programs.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Suicide prevention	**1. Maintain School Based prevention programs** **2. Maintain Healthy Ideas (evidenced based**	1. Signs of Suicide, an evidence based suicide prevention program is now	School based Signs of Suicde (SOS) program provides reports on numbers of students receiving this program	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

	depression referral and suicide prevention program for older adults) provided by Wood County Committee on Aging. **3. Other school based prevention programming, while purportedly targeting other problem behaviors are known to help reduce suicide risk, such as the PAX Good Behavior Game and Life Skills.** **The following goals come from the FY2017 Wood County Suicide Prevention Plan, developed by the Wood County Suicide Prevention Coalition and recently approved by the Board** **Goal 1: Raise awareness of the general population about the nature and problems of suicide, that suicide is a public health epidemic which is largely preventable, where to get help and reduce stigma as a barrier to treatment.** **Goal 2: Raise awareness of the Military Personnel and Veterans**	offered in all school districts by CRC. 2. Healthy Ideas program was begun due to a collaboration between the Wood County ADAMHS Board and the WCCOA. Plan is to determine if this program needs expanding in new ways across the county. 3. Maintain and work for expansion of Good Behavior Game and Life Skills across all school districts. Suicide Prevention Plan strategies for each Goal and Objective. Goal 1, Objective 1: Develop a media campaign for universal education and prevention. Goal 1 Tasks – A. Continue administration of the Wood County Suicide Prevention Coalition website and social media account/s to serve as an essential source of local resources, education, and awareness. $250. B. Coordinate a universal	and results of pre- and post- tests of knowledge acquisition. Healthy Ideas reports will be asked for in 2017. Measures of suicide prevention activities and accomplishments will be provided in a report on a semi-annual basis from the Suicide Prevention Coalition.	

	population and caregivers about the nature and problems of suicide, that suicide is largely preventable, where to get help and reduce stigma as a barrier to treatment. Intervention and referral becomes common knowledge. **Goal 3: Increase outreach and local support to "survivors" or those who have lost someone to suicide.** **Goal 4: Raise awareness of the youth population and caregivers about the nature and problems of suicide, that suicide is largely preventable, where to get help and reduce stigma as a barrier to treatment. Intervention and referral becomes common knowledge.** **Goal 5: Raise awareness of the middle-aged men population and caregivers about the nature and problems of suicide, that suicide is largely preventable, where to get help and reduce stigma as a barrier to treatment. Intervention and referral becomes common knowledge.**	PowerPoint presentation regarding suicide prevention that members can utilize in the community for speaking engagements. To also include printing & material costs (including coalition brochure/trifold) $500. C. Utilize Public Service Announcements (PSA), raise awareness with social media, billboards $6,000. Goal 2, Objective 1: Increase intervention and referral for military population. Task: A. Provide board contact information for development of regional resources specific to military personnel for suicide prevention and ease of access to services. Goal 3, Objective 1: Assist "survivors" or those that have lost someone to suicide in understanding mental health issues and depression in order to help them work through complex grief issues and societal stigmatization often faced. Goal 3, Objective 1 Tasks:		

	Goal 6: Advocate for research-based best practice screening and treatment modalities for depression and suicide ideation. **Goal 7: Raise awareness of substance abuse and the opiate epidemic regarding the nature of the problem and the increased risk of this population being suicidal. To promote that substance treatment is available and that suicide is largely preventable, where to get help and reduce stigma as a barrier to treatment. Intervention and referral becomes common knowledge.**	A. Compile additional toolkits of informational material regarding education about suicide, depression and mental health provided by the American Foundation for Suicide Prevention as needed. Also including resources on local support groups and mental health treatment agencies that can be utilized by survivors $250. B. Coordinate an Evening of Remembrance event the month of November for Suicide Survivors to attend $500. Goal 4, Objective 1: Develop strong partnerships with youth-serving agencies and schools regarding suicide prevention. Tasks: A. Collaborate with youth-serving agencies regarding data collection related to youth depression and suicide. B. Utilize local expertise of current coalition members via a youth subcommittee of persons connected with youth/schools to understand more clearly the efforts being		

		undertaken with youth, the needs being identified and the barriers presented. C. Support the continuation of youth suicide prevention programming in Wood County schools as needed. $2,000. Goal 5, Objective 1: Increase access to and intervention/referral for middle aged men population. Task: A. Continue to have a male presence on coalition materials distributed, website, social media and billboards in order to decrease stigma of males seeking treatment. Goal 6, Objective 1: Advocate with individual physicians, practitioners and mental health agencies to employ evidence-based treatment for clients at risk for suicide. Tasks: A. . Follow up with local physicians, pediatricians, and pharmacies regarding distribution of screening tools for risk of suicide and emphasize underlining importance of suicide assessment and		

		evidence-based treatment. Redistribute materials and resources as needed. Goal 7, Objective 1: Increase education, access, intervention and referral of individuals addicted to substances. Tasks: A. Promote 211 Recovery Helpline and all Wood County service providers on all coalition materials and functions. B. Educate public and providers regarding causal relationship between suicide and drug use.		

Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	1. Evaluate the extent the NODS-Clip screening is still occurring at all provider agencies. 2. Work with Healthcare organizations to implement problem gambling screening and referral processes.	During the regularly collaborative meetings a plan for these goals will be developed.	Information will be provided to the Board from the agencies	__ 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
Enhance and expand Crisis stabilization services	1. Determine plan regarding Crisis Stabilization Unit in Wood County or choose any other alternatives. 2. Determine feasibility of mobile crisis response teams.	1. Board develops new strategic plan that prioritized this study and need 2. Data collecting to continue for Director's recommendation and Board approval	Written strategic plan for enhancement of crisis and emergency services
Expand housing options for those with mental illness or substance abuse disorder	As prioritized in Needs Assessment surveys and our system's lack of capacity	Determine housing options in the county and respective financial feasibility	Board approved plan
Training of clinicians in evidence based trauma informed services	Provide expert training in Evidence based services.	Training in DBT and CET are priorities for training, given the paucity of local clinicians trained this these treatments.	Trainings held and were well attended.

Priorities (continued)

7. What priority areas would your system have chosen had there not been resource limitations, and why? If you provide multiple priority areas, please prioritize.

Priority if resources were available	Why this priority would be chosen
(1) Expansion of Level 3 Recovery Housing	To enhance recovery rates and reduce relapse rates from the opiate epidemic and other addictions.
(2) Initiate a Crisis Stabilization/step-down units in Wood County	To provide rapid access to a safe environment and crisis response for persons experiencing crises locally. Local treatment, where appropriate in a CSU would provide greater opportunity for involvement of significant others in treatment and discharge planning and would enable better continuity of care.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	

Collaboration

8. Describe the board's accomplishments achieved through collaborative efforts with other systems, consumers and/or the general public during the past two years. (Note: Highlight collaborative undertakings that support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)

Collaboration with other Wood County stakeholders and agencies has been the foundation for the many grants, initiatives, services and programs in Wood County. You may notice that collaboration is a consistent theme running through the Wood County responses to the questions of this Community Plan format.

The current outcomes of our collaboration not mentioned above include:

1. The Wood County Family and Children First Council (FCFC) has made the promotion of a trauma informed county a priority. Trauma informed Care (TIC) is to be a major part of every goal of the Wood County FCFC strategic plan. All eight FCFC committees are working to promote TIC in their work. In addition, FCFC has a TIC report from the Wood County Trauma Informed Community Coalition Steering Committee at each FCFC meeting.
2. We have established onsite at Jobs and Family Services (JFS), child and family therapists and CPST personnel to assist with rapid diagnostic assessments, therapy and consultation for the population served by JFS. Funding is shared for this program.

Collaboration arrangements are provided above in our narrative. Please refer to:

1. Page 3 for collaboration with Bowling Green State University
2. Page 5, subtitle Wood County and Regional Social Services Collaboration
3. Page 9, a listing of 16 entities where collaboration regularly occurs, as well as others mentioned
4. Page 21, discusses our Criminal Justice collaboration
5. Page 22, discusses our Opiate Task Force, which has received high praise from Ms. Andrea Boxill
6. Pages 24-25

Inpatient Hospital Management

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

1. This was answered in our response on page 22, under the subheading "Psychiatric Hospitalization Utilization Management (adults and youth)"

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 is believed to benefit other Ohio communities in one or more of the following areas:

a. Service delivery

As described above, we have implemented several innovations for service delivery.

1. Improving accessing services with a regional Recovery Helpline using United Way's 211 information and referral services and widespread professional marketing campaign
2. Transportation barriers should be eliminated via our NETPlus transportation program
3. Walk-in clinics provided 4 days per week through Behavioral Connections
4. Improvements in our emergency services response, especially when law enforcement is involved
5. Expansion of available psychiatric hospital beds
6. Hospital Liaison service to promote discharge planning and support until outpatient treatment begins

7. Evidence based and trauma informed treatment approaches are being utilized to a greater and growing extent
8. Treatment and recovery response to the opiate epidemic via
    1. Jail Vivitrol program
    2. I-CARE 50-hour/6-day outpatient treatment program
    3. Expansion of sub-acute capacity via Arrowhead contract
9. Criminal Justice collaboration guided by our Sequential Intercept mapping and the Board's Criminal Justice Coordinator, who also provides diagnostic assessments in Jail
10. Promotion of Trauma Informed Care throughout the county and across systems

b. <u>Planning efforts</u>

The Board engages in three-year strategic planning. The Board also engages in specific planning for several specific problems, as evidenced by the Board's Suicide Prevention Plan and the Board's Problem Gambling Plan. The Board is actively involved joint planning with other agencies, including FCFC.

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.

NOTE: The Board may describe Hot Spot or Community Collaborative Resources (CCR) initiatives in this section, especially those that have been sustained.

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 is believed to be important for the local system to share with the department or other relevant Ohio communities.

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

To request a waiver, please complete this form providing a brief explanation of services to be provided and a justification. **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	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	UPID #	SERVICE	ALLOCATION

SIGNATURE PAGE

Community Plan for the Provision of Mental Health and Addiction Services SFY 2017

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Mental Health and Addiction Services (OhioMHAS) department a community mental health and addiction services plan for its service area. The plan is prepared in accordance with guidelines established by OhioMHAS in consultation with Board representatives. A Community Plan approved in whole or in part by OhioMHAS is a necessary component in establishing Board eligibility to receive State and Federal funds, and is in effect until OhioMHAS approves a subsequent Community Plan.

The undersigned are duly authorized representatives of the ADAMHS/ADAS/CMHS Board.

_____

ADAMHS, ADAS or CMH Board Name (Please print or type)

_____ _____

ADAMHS, ADAS or CMH Board Executive Director Date

_____ _____

ADAMHS, ADAS or CMH Board Chair Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].