The ADAMHS Board of Tuscarawas and Carroll Counties

Community Plan For SFY 2010-2011

4-29-09

Mission Statement

The ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD OF TUSCARAWAS AND CARROLL COUNTIES is a Public Board established by Ohio statute for the purpose of planning, funding, monitoring and evaluating contracted mental health, alcohol, and drug services provided to residents of Tuscarawas and Carroll Counties.

The Board is committed to providing cooperative leadership in fostering a quality, community based and comprehensive mental health, alcohol, and drug services delivery system for residents of the two-county district most in need of those services. That commitment also includes an assurance that services funded by the Board will be provided in the least restrictive manner, will be cost effective and publicly accountable with regard to quality and finance.

Vision Statement

Not Applicable

Value Statements

The ALCOHOL, DRUG ADDICTION AND MENTAL HEALTH SERVICES BOARD OF TUSCARAWAS AND CARROLL COUNTIES carries on its activities according to the following beliefs in its efforts to fulfill its mission:

- We believe in the effectiveness of a system which has community-based identification of needs and problems and the responsibility to determine solutions.
- We believe in cooperation between the Board, contract providers, other community organizations, the Ohio Department of Mental Health and the Ohio Department of Alcohol and Drug Addiction Services in the provision of quality services which are available, accessible, cost-effective, and directed to those with the greatest need.
- We believe accountability to community, consumers, taxpayers, and funders is accomplished through local management and decision making by a governmentally appointed body operating under Sunshine Law requirements.
- We believe that the Board has a special responsibility for the severely mentally disabled individual and that individuals with major mental illness, prolonged mental illness, and major personal crises are of primary concern for services.
- We believe that early intervention and prevention programs are important and should be an integral part of the community mental health, alcohol and drug system.
- We believe that the community system, its volunteers and professionals, should be strong and forceful advocates for those individuals needing and/or seeking services.
- We believe that mental health and substance abuse is a community concern and one that cannot and should not be addressed by our system alone, but rather, it must include cooperation with schools, churches, law enforcement, social services, employers, families, friends, and many others.
- We believe non-discrimination and confidentiality is essential in the delivery of services to all individuals.
- We believe in a service delivery system that provides services in the least restrictive environment possible and that many services are ideally provided in the consumer's own home.
- We believe that services should be designed to meet consumer needs and wants, not system needs; and therefore, non-traditional services may be the most consumer-effective service provided.
- We believe that an effective community delivery system requires local planning and responsibility, responsiveness to local needs and characteristics and the delivery of services in an accessible, available, and cost-effective manner.
- We believe that trained and competent professional staff are an essential component of quality of services. Staff at all levels are encouraged to pursue continued education, seminars, workshops, and other training activities to enhance their opportunity for self-growth and professional betterment.
- We believe that healthy communities develop and are networks of support and assistance and that appropriate responses to the delivery of services always involves the community in the planning and evaluation process.
- We believe that, as communities evolve and change, so must policies and programs; therefore, we value the ongoing process of assessment and evaluation.

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

Legal Context of the Community Plan

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

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

Ohio Revised Code (ORC) 340.03 and 340.033 – Board Responsibilities

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

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

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

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

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

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

OAC Section 5122-29-10(B)

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

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

agency or through a written affiliation agreement with an agency certified by ODMH for the crisis intervention mental health service;
(2) Provision for de-escalation, stabilization and/or resolution of the crisis;
(3) Prior training of personnel providing crisis intervention mental health services that shall include but not be limited to: risk assessments, de-escalation techniques/suicide prevention, mental status evaluation, available community resources, and procedures for voluntary/involuntary hospitalization. Providers of crisis intervention mental health services shall also have current training and/or certification in first aid and cardio-pulmonary resuscitation (CPR) unless other similarly trained individuals are always present; and
(4) Policies and procedures that address coordination with and use of other community and emergency systems.

HIV Early Intervention Services

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

Federal Substance Abuse Prevention and Treatment (SAPT) Block Grant

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

Federal Mental Health Block Grant

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

Environmental Context for the Community Plan

Board Area and Clients Served

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

II.A.1 - The ADAMHS Board of Tuscarawas and Carroll Counties comprises a geographic area of approximately 962 square miles and is located in East Central Ohio. The population of our service district is 119,914 with Tuscarawas County’s population at 91,398 and Carroll County’s population at 28,516. The Twin Cities of Dover and New Philadelphia represent approximately 33% of the population of Tuscarawas County. Brown Township is the highest populated municipal area within Carroll County representing 18% of its population. The gender ratio and age breakdowns of the catchment area are as follows: Tuscarawas County: male 49% versus female 51%; Carroll County: male 49% versus female 51%. Age Ranges of the population within our geographic area are represented in the following percentages: Tuscarawas County: age 19 and under 26%, age 20-44 32%, age 45-64 27%, age 65-85 13%, over age 85 2%; Carroll County: age 19 and under 27%, age 20-44 33%, age 45-64 26%, age 65-85 13%, over age 85 1%.

It is worth noting that a meaningful percentage of individuals and families with origins in Guatemala are immigrating to Tuscarawas County. Several Spanish speaking retail stores and human service programs developed in response to this cultural and racial demographic are operating in Tuscarawas County, including a Latin nightclub. A majority of the heads of household for these families are employed in the Canton area within poultry and meat processing plants. These individuals, particularly the adults, are limited English-speaking. Behavioral health, law enforcement and human services system are struggling to address the language barriers which they are encountering due to the very limited number of Spanish speaking services professionals working in the district.

The unemployment rate as of February 2009 stands at 10.7% percent in Tuscarawas County and 13.6% in Carroll County. According to the most recent employment information in Tuscarawas County, 3.6% of employed individuals are working in agriculture, 19.6% are employed in Healthcare, Education and social assistance, and 24.4%, the largest percentage, work in Manufacturing. In Carroll County the percentages are as follows: 4.0% of employed individuals are working in agriculture, 16.6% are employed in Healthcare, Education and social assistance, and 24.3%, the largest percentage, work in Manufacturing. The largest employer in Tuscarawas County is Union Hospital although Gradall Industries, Allied Machine and the County Boards of Education also employ a large percentage of the workforce in Tuscarawas County. In Carroll County the largest percentage of residents are employed in the government sector, followed by the County Boards of Education and Colfor Industries.

According to the most recent information available on educational attainment for individuals residing in the catchment area, 15% of Carroll County residents over 25 have an Associates Degree or higher and 54% individuals 25 or older are high school graduates. Twenty percent of individuals in Tuscarawas County have an Associates degree or higher and 49% of individuals over 25 are high schools graduates.

The median household income of Carroll County is $48,277 and in Tuscarawas County it is $49, 204. Our catchment area is Appalachian and 9% of families in Tuscarawas County and 10% families in Carroll County are currently living at or below the federal poverty level based on the most recent Census data. Each county served by the ADAMHS Board relies heavily on sales tax dollars to support their general revenue funds. Tax revenues at the county level continue to shrink and are creating significant stressors on basic infrastructure and services supported by county government.

State of Ohio revenues allocated to agencies which collaborated with the ADAMHS Board are experiencing reductions proportional to ADAMHS Board reductions resulting in additional stressors placed on high risk consumers receiving benefits through local departments of human services, boards of mental retardation and developmental disabilities, and a variety of other support programs aimed at addressing the needs of children, adults, and families with multi-system involvement. Layoffs, pay freezes, and permanent reductions in workforce are terms frequently heard in discussions amongst members of the Family and Children First Councils in each county. The economy is significantly impacting psychological conditions in our community and to a larger extent individuals and families residing in our communities. Feelings of safety and security are diminishing with the rapidly declining economy. Hopes attached to federal stimulus dollars do not appear presently to be improving people's outlook on our local economies. A number of organizations are applying for stimulus dollars for a variety of infrastructure and service needs. Small to midsized manufacturing and service sector employers appear to be suffering the greatest within the catchment area.

Impacts of local GRF reductions resulted in an announcement in late February by the Tuscarawas County commissioners that they will no longer be capable of financing operations at the County home, displacing approximately 39 individuals. The ADAMHS Board subsidizes the care for 6 individuals at this facility who will now need to be transferred to some other form of housing and/or care. Closure of this facility is a direct

result of reduced tax revenues in the county. The County Home is scheduled to close by October 1, 2009. Reduced county tax revenues appear to also be impacting, as recently as April 2009, contracts with the sheriff departments in both Tuscarawas and Carroll Counties. Reduced law enforcement presence and overcrowding at county jails will likely begin to influence public perception about the safety and stability of our communities.

The ADAMHS Board network of behavioral health providers are also being negatively impacted by the state's budget woes. The ADAMHS Board was able to absorb approximately 50% of ODMH's most recent round of budget adjustment reductions. FY '09 agency contract allocations were reduced by approximately 10% during the same period. Generally stagnant funding during the previous biennium coupled by the most recent round of reductions is impacting access to core services within the district. Most notably we are unable to finance adequate levels of psychiatric and outpatient interventions for persons with severe mental disability due to a lack of resources which has subsequently impacted the number of psychiatric professionals that we have available within the catchment area. Additionally home-based services for individuals and families with children who have severe emotional disabilities were discontinued during FY 09. This service was replaced by an intensive agency based program due to the high cost of providing home-based services with respect to stagnant funding and the inability of providers to recoup costs related to this service. Stagnant funding for substance abuse services has also significantly impacted our ability to enhance capacity for both treatment and prevention services. An ODADAS certified halfway house for women and women with dependent children came within several weeks of closing its doors due to the funding situation.

Additionally the ADAMHS Board has been unable to expand much-needed substance abuse prevention and residential services within the district which is exacerbating substance abuse problems for juveniles and preventing us from placing adults in much-needed residential levels of care.

Locally based behavioral health service providers, including both substance abuse and mental health, continue to offer a wide variety of high quality and cost effective services albeit not in the amount necessary to meet the needs of all persons residing in the catchment area. The ADAMHS Board pays in whole, or part, for all services along this continuum including mental health and substance abuse. Services not offered in the catchment area are made available via contracts executed by the ADAMHS Board with providers located in contiguous counties. These contracts are limited primarily to inpatient hospital services and inpatient detoxification/crisis intervention overflow services. Union Hospital in Dover, Ohio, discontinued their inpatient mental health unit in 1996 and are not currently entertaining any offers to reopen the psychiatric unit in the hospital due to demand and capacity issues related to med-surg needs within the community. The most glaring gap in our services array is residential services for adults with both substance-abuse and severe mental disorders. Concerning residential substance-abuse services, we are working closely with the group of local officials to create a residential treatment program that could be operated by an existing ODADAS certified agency, or we will create a private, not-for-profit if necessary to make this service a reality. Concerning residential services for severely mentally ill adults, we were in the process of moving forward with the Department of Mental Health on a capital improvement allocation; however, this was placed on hold as a result of a reduced allocation from the Department mid-year in SFY 2009.

In response to stagnant and reduced funding trends, in which there seems to be no end in sight, the ADAMHS system continues to examine improvements to the coordination of intensive, high cost services for both adults and children. We are currently initiating several planning and management processes aimed at improving the delivery of services for multi-system involved youth, adults and families. With respect to services for children, the Family and Children First Councils are acting as partners with our system particularly within the processes associated with the

"Partnerships for Success" grants that were recently awarded to each council served by the ADAMHS Board. Board staff is taking an active role in sharing important community assessment and feedback on service coordination activities in support of the PfS process.

On the SMI adult side, we are focused on a smaller group of providers and professionals within the community to improve access and retention in services by consumers. The impetus behind some of these coordination actions concern reducing waiting lists for service and delay of 30 to sometimes 45 days for an initial visit with psychiatrists. The ACSES (Adult Consumer Support, Empowerment and Stabilization) Program was developed to address these needs. This service coordination mechanism was created to help consumers maintain healthy lives in the community by addressing issues that may create barriers to service delivery, problem solving issues that perpetuate an individual's cycle of decompensation, and decrease the likelihood of hospitalization or legal involvement . Community Mental Healthcare, the catchment areas largest mental health services provider, has hired several clinical nurse practitioners in an attempt address the systems capacity to address the demand for psychiatric services.

Concerning high intensity substance abuse services, the ADAMHS Board is working very closely with Personal and Family Counseling Services to continue operation of a substance abuse Half-Way House for women and women with dependent children. As previously mentioned, this program was on the brink of closure in October of 2008 and through the efforts of the ADAMHS Board and agency, it appears that the program will continue operation through December 2009. Additional contract funding from the ADAMHS Board at the beginning of the FY '09 contract period and again in November, coupled by recent projects to increase awareness of this much needed service (e.g. newspaper articles, video documentary) will hopefully enable the program to continue well beyond calendar year 2009.

Characteristics of Clients Receiving Substance Abuse Prevention Services

II.A.2.a - Youth/Child (ages 0-17)

Most of the Prevention Programs made available via ADAMHS Board contract agencies are directed to the under 17 population and the majority of those served are Caucasian children in elementary and middle school. One of the largest prevention programs, Takin' It To The Schools, works in six school districts throughout the two counties. These schools are located in an Appalachian area with 98% Caucasian children with a ratio of 55% female to 45% male. A recent trend that has been noted by schools are the higher number of risk factors for students (e.g. stress, peer pressure, etc.) than had been seen and reported the prior 6 years of the program. There are also DARE To Be You programs that serve both children and families and utilize teen mentors. The DARE to Be You Prevention Program (DTBY - research-based CSAP Model Program) is conducted with preschool children and their families. It is a 12-week program designed to reduce drug and alcohol use through a multi-level primary prevention program. Resiliency factors are increased and risk factors are reduced for the participants. An additional prevention program focuses on first grade students in Carroll County with attention to feeling expression and delay of onset of use. This program expects to serve 200 first graders annually. AOD prevention programs also target boys and girls 4-H clubs. A program specifically targeted to junior and senior high school students addresses prevention and diversion to improve problem skills and increase awareness both about the risk of use and the laws and regulations related to alcohol, tobacco, and other drug (ATOD) use. This program is expected to serve adolescents in Tuscarawas and Carroll Counties. The population of the students in these programs mirrors the population of both counties in which is predominantly white, families where approximately 70% of the population's highest educational attainment is a high school diploma, and slightly less than 10% of families that are below poverty level. Prevention programs are also focused at our local Attention Center.

Adult (ages 18-64)

There are two Prevention/Diversion programs currently provided within the catchment area for adults in this age range. The first is for individuals over 21 with the goal being to increase the number of incarcerated

individuals who perceive ATOD to be risky and harmful. These individuals are primarily referred from the Southern District Court and the service is characterized as information and referral. It is anticipated that this program will serve 80 individuals annually. The second is a Drug Free Workplace program with the same goal of increasing the number of individuals who perceive ATOD to be risky and harmful.

Elderly (65 and older)
Consumers age 65 and older participate in the same programs offered to those 18-65. There are two Prevention/Diversion programs in place for adults for this population. The first is for individuals over 21 with the goal being to increase the number of incarcerated individuals who perceive ATOD to be risky and harmful. These individuals are referred by the Southern District Court. It is expected that this program will serve 80 individuals annually. The second is a Drug Free Workplace program with the same goal of increasing the number of individuals who perceive ATOD to be risky and harmful.

Characteristics of Clients Receiving Substance Abuse Treatment and Recovery Support Services

II.A.2.b - Youth/Child (ages 0-17)
During FY 08 there were 65 consumers who received substance abuse treatment and recovery services under the age 18 in Tuscarawas and Carroll Counties. Of these 65, 48 are male and 17 are female. Ninety five percent of the consumers in this age group are Caucasian. Two identified their race as African American and one identified as “other.” The majority of AOD treatment and recovery services consumers in this age group utilized group counseling and individual counseling (94% of all units billed for this age group). A portion of time was also spent in assessment (3%) as well as case management, intensive outpatient and urinalysis (3% combined.) Diagnoses in this age group related to substances such as alcohol, amphetamines, cannabis and polysubstance abuse.

Adult (ages 18-64)
During FY 08 there were 1239 consumers who initiated substance abuse treatment and recovery services in Tuscarawas and Carroll Counties. Of these, 878 are male and 361 are female. Ninety seven percent of the consumers are Caucasian, 2% identified themselves as African American and 1% identified themselves as “other.” The majority of AOD treatment and recovery services consumers in this age group utilized was group counseling (75%). Twenty one percent of service utilization in this age group related to assessment, individual counseling, intensive outpatient, and urinalysis screening services. It is also noteworthy that during FY 08 there were 843 units billed to methadone administration. All methadone administration was paid to a Medicaid only provider located in a contiguous county. Diagnoses in this age group most often related to alcohol use. In both counties served by the Board, alcohol abuse and alcohol dependence are the most common mental health or AOD diagnosis from individuals in Tuscarawas County aged 18-30. Alcohol dependence is the second most common diagnosis in Carroll County for the same age group. In the 31-45 age group, alcohol dependence is the second most commonly diagnosed condition in Tuscarawas County. Alcohol abuse is the third most commonly diagnosed condition in Carroll County in the same age group. It is interesting that no AOD diagnoses are identified as the most frequently diagnosed conditions in either county in the 46-61 age group. Depressive disorder NOS, recurrent mild/mod and schizoaffective disorders are the top three diagnoses in both counties.

Elderly (65 and older)
Five individuals age 65 and older participated in these services during SFY 08. All identified themselves as Caucasian. Alcohol Dependence is the primary issue identified for these consumers and group counseling is the most frequently utilized service (84%). Other services received at a less frequent rate are individual counseling, med/somatic, and intensive outpatient.

Characteristics of Clients Receiving Mental Health Prevention,

Consultation & Education (P, C&E) Services including Crisis Intervention Teams

II.A.2.c - Youth/Child (ages 0-17)

The majority of work in Mental Health Prevention is done through our Early Childhood Mental Health Consultation Program also known as the AECS (Advocates for Early Childhood Success) Program. This program served over 1500 children during FY 08 through consultation and training of day care and preschool providers and sites. Additionally, AECS served 35 children through individual focus both at their daycare/preschool setting and in their home environment. Personal and Family Counseling Services is a recipient of ODMH ECMH funding via the ADAMHS Board. The Early Childhood consultant screening and subsequent treatment services empower parents through training and counseling services to address their children's behavioral problems at a very early age. Funding enables the consultants to work closely with the early childhood service sites as well as within the home environments for eligible families. Utilizing the Deveraux assessment instrument, client satisfaction surveys and individualized Likert scale along with the method to enhance parent child relations makes this program a very strong resilience support and customer service oriented. A request to expand this program was recently submitted to ODMH.

Additionally, The STAND Program (Strengthening families by teaching Tolerance, Acceptance of self, Non-violence, and Drug-free living) allows HARCATUS Head Start to provide daily Prevention & Mental Health activities in the 13 centers and 4 partnerships it serves. Puppets for Prevention (research-based on 40 Developmental Assets), Second Step (research-based and proven effective), are at the core of our asset building and violence prevention curriculum. The children learn problem-solving skills, identifying and naming feelings, reducing anger, calming down, and empathy and esteem building activities. The Center on the Social and Emotional Foundations for Early Learning recognizes that the two most important skills young children need to learn in these areas are identifying and naming feelings and problem-solving skills. Trainings are conducted with the staff to help them develop a better understanding of the importance and incorporation of these types of activities. Prevention and Mental Health (V-ATOD) concepts are also presented at Parent Meetings and trainings and community resources are highlighted.

Concerning “traditional” resiliency supports, Personal and Family Counseling Services provides an array of interventions made available with special grant funding from the Ohio Department of Mental Health and via ODMH/ADAMHS from ABC and FAST resources. Some of these families are served through a service coordination “like” mechanism within the structure of Family and Children First Councils in both Tuscarawas and Carroll Counties. Children and families engaged with multiple systems of care and experiencing unstable or transitional custodial issues are a priority population for support from the ABC and FAST resource categories. The Tuscarawas County Family and Children First Council’s Creative Options committee develops coordinated interventions among providers and their family members for the purpose of achieving the best possible outcome for high-risk children. Many of the high-risk children supported with ABC and FAST resources are enrolled in alternative educational settings, have custodian parents that utilize respite services, and receive frequent and coordinated interventions from numerous local (network and out of network agency psychiatrists, home-based services, multiple case management providers) and periodically, out-of-network mental health interventions (Akron Children’s Hospital pediatric psychiatric services).

Mental health providers responding to the Boards key informant survey indicate that service is poorly coordinated among the major child serving systems and between behavioral health agencies. The major child serving systems report that access is such a problem that they are forced to seek alternative interventions including the hiring of counseling staff (Tuscarawas County Juvenile Court) and outside ADAMHS network providers, particularly for children with psychiatric and therapy interventions.

Adult (ages 18-64)

The ADAMHS Board is in the process of working in conjunction with the Tuscarawas County Sheriffs Department and NAMI to recruit, at a minimum, 25 law enforcement officers representing departments from both Tuscarawas and Carroll Counties to participate in CIT training. Lt Michael Woody and representative of Ohio NAMI are consulting the ADAMHS Board, local law enforcement and the Tusc-Carroll Chapter of NAMI to conduct a training in October 2009. A formal educational and recruiting presentation was recently conducted with the Police Chiefs Assn. of Tuscarawas County as a kick-off to our recruitment strategy.

Elderly (65 and older)
Demographic data continues to be collected on a new program called Older Adult Outreach Program. This program is targeted mainly at the Tuscarawas County Senior Center and seeks to support the 65 and older population through referral, support, and the enhancement of skills to handle concerns specific to this population.

It is worth mentioning that there are several notable achievements and trends within the service district specific to resilience supports for families. Per previous discussions concerning NAMI programs like "Hand to Hand" and "Family to Family", the availability of resiliency support programs is critical. Particularly because family interventions are unavailable through business rules (MACSIS) and service standards which exist between the Boards, providers, and the Ohio Department of Mental Health.

<u>Characteristics of Clients Receiving Mental Treatment and Recovery Support Services</u>

II.A.2.d - Youth/Child (ages 0-17)
During FY 08, there were 1088 child and adolescent consumers served in Tuscarawas and Carroll Counties. Of these 1088, 648 are male and 440 are female. Ninety five percent of consumers in this age group are Caucasian. Two identified their race as African American and one identified as “other.” Thirty two did not identify their race. The majority of MH treatment services consumers in this age group utilized were individual counseling (58% of all units billed for this age group) and CPST services (35%). Behavioral Disorders, Adjustment Disorders, and Attention Deficit Disorders were the most frequently diagnosed conditions in this age group.

Adult (ages 18-64)
During FY 08 there were 2867 consumers in this age group served in Tuscarawas and Carroll Counties. Of these 2867, 1151 are male and 1716 are female. Ninety eight percent of consumers in this age group are Caucasian. One percent identified their race as African American and one identified as Native American, Asian, or unknown. The majority of MH treatment services consumers in this age group utilized were community psychiatric supportive treatment services (64% of all units billed for this age group) and individual counseling services (27%). Individuals in this age group diagnosed with conditions other than AOD conditions were typically diagnosed with depressive disorders and Schizoaffective Disorder.

The majority of housing and residential services were used by this age group as well. Eighty seven percent of the dollars billed for residential and housing services were for this age group. As in the other services the majority of the individuals receiving housing services and residential services are Caucasian.

Individuals in this age group as well as the 65 and older age group have the opportunity to attend the ACE (Advocacy, Choices, and Empowerment) Clubhouse. There are 115 individuals that are members of this clubhouse. Of the 115, 51 are female and 63 are male. One hundred and fourteen of the members are Caucasian and one is African American. One hundred and thirteen of the members are between the ages of 18 and 64.

It is also noteworthy that there have been numerous meetings to plan for

the training and implementation of Wellness Management and Recovery locally. The Board is presently working with area agencies to collaborate with consumers to identify the outcomes they would like as a result of the implementation of WMR. Once these consumer outcomes have been identified they will be presented to the WMR CCOE for incorporation into a Partnership Agreement to be developed with the ADAMHS Board. We are hopeful that our FY 10 allocation will enable the ADAMHS Board to move forward on this important project. It is expected that WMR implementation will begin during FY 10.

Elderly (65 and older)
During FY 08 there were 185 consumers in this age group served in Tuscarawas and Carroll Counties. Of these 185, 53 are male and 132 are female. Ninety nine and a half percent of consumers in this age group are Caucasian. The majority of MH treatment services consumers in this age group utilized were community psychiatric supportive treatment services (39% of all units billed for this age group other than housing/residential). Individual counseling services came in a distant second (12%) Individuals in this age group were typically diagnosed with depressive disorders and Schizoaffective Disorder, and Mood Disorders.

All those receiving housing or HAP services identified themselves as Caucasian.

There are two individuals age 65 or older, one male and one female, who are members of the Clubhouse. The ADAMHS Board has also prioritized support of this "clubhouse" model within our local network of care. Advocacy, Choices, & Empowerment, Inc., is a private, not-for-profit organization with an all-consumer Board of Directors. ACE secured its corporate status in 1994. Day-to-day operational functions are managed by a .5 F.T.E. employee of a local ODMH certified agency. This individual also provides .5 F.T.E. case management services for the agency as well.

The ADAMHS Board owns the building which houses ACE and provides nearly 90% of the agency's operating budget. The ACE volunteers and their Board of Directors have made significant strides in securing non-ADAMHS Board revenue. This includes recently securing local foundation funding for the purchase of a van and private donations to make physical plant upgrades to the facility (e.g. picnic pavilion and landscaping upgrades). A variety of social recreational activities, advocacy, educational experiences, and support programs are offered through ACE.

The ADAMHS Board is working in conjunction with its recently created ACSES project to develop an implementation strategy for the Wellness Management and Recovery program. Our local system has initiated two meetings with WMR staff in order to familiarize our primary system providers to the potential benefits of the recovery support program and are in the process of reviewing a proposal to conduct the peer and professional training component of the program.

Recent trends in the development of meaningful "Recovery Supports" within Tuscarawas and Carroll Counties originated in 1994 when the ADAMHS Board developed our districts first consumer operated and Board funded program. These initial services have since evolved into important peer programs that are supported financially in whole or part by the ADAMHS Board. The evolution of these recovery supports has corresponded with the Board's ability to leverage resources within the 408 line item as well as Tuscarawas County taxpayers' on-going support of a levy. The evolution of consumers and secondary consumers role in developing meaningful recovery support programs will be critical as resources to support services continue to dwindle with the dual problems of providing Medicaid match and continued reduction in GRF to the Department of Mental Health.

Other significant improvements in supports have been accomplished by former members of the ADAMHS Board with a special interest in both adults and children/adolescents with severe mental illnesses residing in our district. These individuals are active in our local NAMI chapter. The Tuscarawas and Carroll County NAMI chapter is providing several recovery support programs which are integral components of our local services

array. These include NAMI's "Peer to Peer", "Family to Family", and "Hopeful Hearts" services. The ADAMHS Board supports these programs through the purchase of training materials, providing meeting space and public awareness, and production of NAMI chapter newsletters, as well as educational posters announcing the availability of these recovery supports.

We are interested in increasing the number of referrals to programs supported by NAMI throughout our system.

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

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

Community Resources & Coordination - Other

Face-to-Face Capacity for Adult Consumers - Other

Central Location Capacity for Adult Consumers - Other

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

Central Location Capacity for C&A Consumers - Other

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

II.A.2.d.i - The ADAMHS Board and it designated pre-screening agency, Community Mental Healthcare, focus a significant amount of our direct and administrative efforts managing the local continuum of crisis intervention services. A meaningful system of communication that includes intra-agency

clinical reporting systems and care elements included within the ODMH's SOQIC reporting format has enabled the local system to continuously improve our response to consumers in crisis. Services are provided in accordance with ORC 5122-29-10B. In other words, immediate phone contact capability with individuals, parents, and significant others and timely face-to-face intervention is accessible twenty-four hours a day/seven days a week with the opportunity for the crisis workers to see individuals in the home or community. Consultation with a psychiatrist is also available twenty-four hours a day/seven days a week.. The crisis workers are trained in and understand the process of de-escalation, stabilization and crisis resolution. Training specifically identified in ORC 5122-29-10 is required of crisis workers and must be documented prior to application for Health Officer Designation. These issues as well as service provision and collaboration with community and emergency providers are reviewed with the Board as well as local crisis providers through bi-monthly crisis services meetings.

One specific area of concern that has come to light recently is the disconnect between the mental health crisis services and the alcohol and other drug crisis services. The crux of this issue relates to AOD after hours crisis calls. The present mechanism of after hours AOD crisis management is functional but not best practice. The ADAMHS Board is in the process of meeting with two local providers to determine how best to alter the existing mechanism to meet the needs of both MH and AOD consumers. An option being considered is improved marketing of the existing crisis hotline as a MH and AOD crisis line. The agency that provides the existing after-hours crisis service is certified to provide both MH and AOD services. A second option being considered is moving the after hours AOD crisis services to a local agency that specializes in AOD work. We are confident that our collaboration with the agencies that provide the services will result in the best plan for the consumers in Tuscarawas and Carroll Counties.

Additionally, the ADAMHS Board is contracting with Summa Health Care to address overflow crisis needs of both our MH and AOD consumers. These adjunct services are for individuals with chronic mental illness as well as those individuals who experience crisis related to AOD or MH issues. The contract provides a 23-hour observational bed for MH and AOD clients as well as an additional resource for hospitalization for detoxification or stabilization of mental illness. This contract would also provide for a physician to administer Suboxone for Opioid Detox.

Services as they exist now are in compliance with

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

II.A.2.d.ii - As stated previously, training needs with personnel providing crisis intervention services started with a review and update of the existing Health Officer Policy and the identification of crisis-specific trainings for all Health Officers as well as ongoing training for crisis workers. OAC 5122-29-10 was used as a guideline to maintain compliance with Ohio law. Additionally, a discussion was recently initiated between the ADAMHS Board and Community Mental Healthcare of Dover regarding the potential of certification of either crisis workers or crisis agency through the The American Association of Suicidology. Attaining this certification at any level would allow agency and providers to exemplify best practices, policies and programs currently being used throughout the United States. While this is still in consideration, barriers that presently exist are available funding to attain the certification as well as availability of employees to participate in the process due to significant budget cuts. The Board is considering how to support Community Mental Healthcare in pursuing this certification.

As the opportunity for certification is being examined, the ADAMHS Board is working with the local crisis services provider to organize trainings specific to crisis services. A significant change to the existing Health Officer Policy specifies that all workers attempting to renew their

designation must document at least 6 hours of training approved by the Counselor, Social Worker and Marriage and Family Therapist Board related to crisis services. These trainings are determined based on need as well as those topics that the crisis services workers identify as important to their service delivery. The responsibility associated with this designation as well as this field warrants that the crisis services workers are up to date on the most effective research, theory, and intervention to manage the needs of individuals in Tuscarawas and Carroll Counties. An initial training on Suicide Prevention is being offered to all Tuscarawas and Carroll County crisis services workers in June 2009.

In addition to the crisis hotline and crisis management services, Community Mental Healthcare in Dover, Ohio operates a five-person capacity crisis unit. The agency and unit are conveniently located next to Union Hospital which provides 24 hour emergency medical clearance for consumers. The crisis stabilization unit is a critical point along our service continuum for adult SMI consumers within the Board's service district. Certified by ODMH as a residential level of care, the unit is an important juncture in relation to care management as individuals move between either more or less intensive levels of care (e.g. prior to admission to a hospital, admitting a consumer from the hospital) medical clearance is often secured from Union Hospital for individuals being admitted to Heartland Behavioral Healthcare. A review of sample cases from SFY 2007 revealed that approximately 24% of individuals (subsidized by the Board) leaving inpatient hospital settings are discharged directly to the crisis unit for purposes of easing their transition to the community and less intensive levels of care. We believe that this contributes to the Tuscarawas and Carroll Board system maintaining one of the lowest readmission rates within 30 days of discharge (5%) of counties admitting consumers to Heartland Behavioral Healthcare (IBHS reports).

The crisis unit and CPST staff work closely with consumers utilizing supportive and independent housing in order to minimize problems related to temporary admissions.

Capacity to Provide Services

Access to Services

Access to Alcohol and Drug Prevention and Treatment Services

II.B.1.a - The ADAMHS Board, in collaboration with our dually certified emergency and prescreening agency (Community Mental Healthcare) and the Alcohol and Addiction Program (AAP) (a division of the Tuscarawas County Board of Health) are working very closely on issues related to substance abuse crises and other screening/assessment issues related to the emergency services continuum. The ADAMHS Boards primary outpatient substance abuse contract provider, AAP, does not offer 24-hour hotline and information and referral services. Access to their clinicians is provided through an arrangement with CMH's crisis unit personnel. AAP and CMH are examining ways to streamline their responses to individuals experiencing substance-abuse emergencies, which represents a primary segue into our substance-abuse system of care. One of our system goals for SFY 10 includes establishing a toll-free 24-hour a day access number for alcohol and drug emergencies. A key component of this initiative will likely involve making face-to-face emergency substance-abuse assessments available within Tuscarawas and Carroll Counties. This will subsequently improve a more customer service oriented and clinically sound system for accessing Board contract detoxification and crisis intervention services located in Stark County. Additionally the Board is examining an agreement with the inpatient alcohol and drug addiction services unit located in St. Thomas Hospital (Akron, OH) which is operated by Summa Health Systems. Improved protocols related to access, continued stay decision-making, and discharge planning will be addressed in formal agreements either contractually or in memorandums of understanding. The agreement with Summa also will enable us to offer access to 23-hour observation services, which may be particularly helpful to monitor individuals under the influence before moving them to

intensive services.

Due to recent trends in addiction to prescription controlled substances and abuse of heroin, the ADAMHS Board and our substance-abuse providers are examining recruitment and training of physicians in the administration of Suboxone. The District Board of Health medical director has expressed an interest in obtaining certification to administer this medication and to work closely connecting consumers to intensive outpatient services offered within Tuscarawas and Carroll Counties. 56% of the ADAMHS Board's referrals to the Crisis Intervention and Recovery Center of Stark County were related to addiction to heroin and other opioid derivatives.

Although ODADAS eliminated Drug Court funding to the ADAMHS Board, the Alcohol and Addiction Program has been able to maintain adequate levels of support to a local felony drug court which is offered in conjunction with the Community Correction Program and Tuscarawas County. AAP provides a significant amount of court and agency based services on behalf of the Drug Court Program. AAP also provides assessment and treatment services for both municipal courts who referred drug involved offenders to treatment.

The ADAMHS Board is currently chairing a subcommittee of the Tuscarawas County Corrections Planning Board charged with exploring development of a residential program for males. The work of the subcommittee which also includes local treatment agencies, concerned citizens, ADAMHS Board staff, representatives from the Adult Parole Authority, local probation staff, Court Administrators, Community Corrections staff, a Common Pleas Judge, and the Tuscarawas County Commissioners office is moving toward completion of a grant to the Substance Abuse and Mental Health Services Administration and/or the office of Criminal Justice Services along with other potential funding sources. Courts will have the capacity to refer individuals on a voluntary basis to the program and we expect that self referrals will also comprise a large percentage of the enrollees if we are successful in establishing this service within the catchment area.

ADAMHS Board staff are working closely with the Alcohol and Addiction Program to ensure that individuals with hearing impairments and addictions are able to communicate utilizing the services of DODA. The ADAMHS Board, in conjunction with the Alcohol and Addiction Program, secured a communication device made available via collaboration between the Ohio Department of Alcohol and Drug Addiction Services and DODA. Two hearing impaired consumers are currently receiving addiction services provided at the agency. The ADAMHS Board also purchased a communication unit for use by a hearing impaired individual for use in their home.

The Women’s Half-way House at Harbor House operated by Personal and Family Counseling Services typically maintains a waiting list for women to receive residential drug and alcohol addiction treatment. Women’s Services Special Block Grant funding has been provided in support of this program for 14 years, and was maintained to support this target population. The management of Harbor House was transferred to Personal and Family Counseling Services in SFY 2007. Clinical and facility upgrades to the program and site have resulted in improved effectiveness and improved costs, in spite of flat funding from the Ohio Department of Alcohol and Drug Addiction Services. The ADAMHS Board increased the contract in support of the program during SFY 2009 in the amount of $73,000. The ADAMHS Board is working closely on a public awareness and outreach strategy, including production of a documentary on women served by the program, in order to increase charitable donations to the Harbor House Half-way House.

Concerning prevention services, the ADAMHS Board also increased funding and support to a program that is available through the Alcohol Addiction Program during SFY 09. We are interested in expanding the availability of prevention to students in grades nine through twelve. Specific needs for this population will be identified through an inventory of all school districts located within Tuscarawas and Carroll Counties and SFY 10. This inventory and/or survey will be conducted as a component of

the Partnership for Success Programs which were awarded to the Family and Children First Councils in both Tuscarawas and Carroll Counties. A key component of the PFS strategy includes a gap analysis. The gap analysis committee of the PFS project is being chaired by a member of the ADAMHS Board staff.

The absence of a local residential and/or Halfway House for adult males is creating significant access to care issues for consumers and concern about a lack of this service is continuously voiced by potential referral sources including the courts, treatment providers, mental health providers and numerous other human service systems located in both Tuscarawas and Carroll Counties. The ADAMHS Board has been specifically charged via their involvement with the corrections planning Board, to explore grant opportunities which would enable our system to develop this level of care on a local level. We are currently in the process of developing a grant which will be submitted to the office of criminal Justice services to implement residential care via an agreement with the Tuscarawas County community corrections office. We are currently targeting a vacant elementary school building located in New Philadelphia as a potential site for this program.

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

II.B.1.b - The ADAMHS Board has made significant progress in ensuring that consumers have access to a variety of mental health prevention and recovery supports and treatment services within the catchment area. Access to prescreening and emergency services, and associated clinical and quality improvement systems, have been in place for a number of years. Emergency access to a variety of inpatient facilities has been established in order to ensure that the required number of slots for individuals needing these levels of care currently exists.

A significant number of recovery support programs have recently been initiated by NAMI of Tuscarawas and Carroll Counties. These include the Hand-to-Hand, Peer-to-Peer, and Family-to-Family programs which are offered on a regular basis in each of the Counties and expanded via a contract between the ADAMHS Board and NAMI. The ADAMHS Board provides a significant amount of in-kind support to NAMI including the production of their curriculum materials, newsletters, and making meeting space available to NAMI. Additionally NAMI is offering their peer support program titled “Hopeful Hearts” on the crisis stabilization unit of Community Mental Healthcare.

The ADAMHS Board's consumer operated service, ACE Inc, is a significant source of recovery support for consumers with severe mental illnesses. Ace's membership currently stands at approximately 115 of which a significant percentage are active in social and recreational and peer support programs provided at the agency’s location in New Philadelphia, Ohio. Community Mental Healthcare previously provided partial hospitalization services at this location in order to improve participation and retention as well as to enhance continuity between this level of care and other peer programs which empowers consumers in a variety of ways. This was discontinued in FY 2009 however the part-time employee of CMH that provides administrative support to the program also facilitates the partial program and provides an enhanced degree of continuity between this important recovery support and clinical intervention program.

The ADAMHS Board also recently organized a multi-agency adult service coordination mechanism titled “ACSES-Adult Consumer Support, Empowerment and Stabilization” in order to improve clinical outcomes in quality of living improvements for high risk consumers with dual disorders. This intervention team consist primarily of mental health and substance abuse treatment agencies and family members, who in turn jointly determine how and when to engage other non-traditional forms of recovery support and education services (healthcare, law-enforcement, MR/DD, Adult Protective, Probation and other judicial staff, etc) to assist our higher risk target populations. The ACSES collaborative is also being charged with engaging the Wellness Management and Recovery Coordinating

Center of Excellence to implement this evidence-based practice within our service District. ACSES, in conjunction with the ADAMHS Board, is currently reviewing a draft contract with the staff of the CCOE in anticipation of implementing the training program during the first quarter of fiscal year 10. Tusc-Carroll NAMI is partnering closely with ACSES team in order to ensure appropriate levels of consumer feedback and support are addressed throughout the implementation and training phase of the WMR. This collaborative includes primarily representatives from Community Mental Healthcare, Southeast, Inc. and the Alcohol and Addiction Program. As previously stated, we anticipate conducting a training of trainers for WMR sometime in the late spring or early summer. Based on our current level of understanding of this model, we believe that it will become a meaningful level of service along the local continuum of care for consumers and other non-traditional referral sources (e.g. EAP, youth experiencing behavioral health problems). We will attempt to ensure that the Wellness Management and Recovery model is implemented simultaneously in Carroll and Tuscarawas Counties. Budget allocations will influence our implementation timetable.

Transportation for consumers of mental health services is an ongoing problem. The ADAMHS Board's consumer operated service added a van and part-time van driver to their staff in order to ensure that residents of Carroll County and Tuscarawas County have reliable transportation to the consumer drop-in center.

Workforce Development and Cultural Competence

II.B.2.a - The Board and provider network are keenly aware of workforce development issues confronting our network of care. Changing the dialog from a Board and provider perspective concerning broadening the concept of workforce, and its potential benefit within our system, is a valid and not previously addressed issue.

Providers and the Board obviously point to staff turnover as a negative influence not only on continuity of care for existing consumers, but also on the way it can negatively influence their ability to maintain meaningful relationships with other constituents and partners on the service continuum (e.g. juvenile justice, JFS, educational settings, supportive housing providers). We often hear anecdotal information about direct service personnel migrating to northern regions of Ohio for employment opportunities with better pay scales. A general lack of qualified mental health professionals is also cited as a problem in our catchment area by provider agencies. This lack of professionals is attributed to a lack of expansion of necessary important services, particularly in Carroll County.

As a first step in the strategy to attract and retain qualified personnel, the Board initiated an application with ODMH seeking a designation as a Mental Health Shortage Area. The relief of educational debt offered through this program, should be an incentive to persons with an interest in behavioral health to obtain graduate degrees and work in the service district.

Upon receipt of this designation, we anticipate approaching the Northeastern Ohio University's College of medicine to establish either the ADAMHS Board or a local provider of mental health services as a community teaching site for fourth year medical residents. The introduction of the public mental health services system to medical students can only improve our chances of increasing the number of doctors that select community psychiatry as a profession.

The SFY 2009 budget allocation process will enable the system to begin a dialog about the demand for services versus direct service personnel capacity available within the network of care supported by the ADAMHS Board. Some Medicaid only providers within our service district must also be involved in this information gathering process in order to gain an accurate picture of our community's overall mental health human resource needs.

Activities which will broaden the concept of workforce in our district

are currently underway, however are not recognized in this context. The myriad of programs offered by NAMI and discussed throughout this document will impact workforce trends and demands at the provider level on a clinical and cost basis. ACE (consumer advocacy) is influencing the demand for CPST for a portion of consumers served within our system. A methodology for examining these issues will also be discussed as a part of the budget allocation process. Extensive training, supervision and opportunities to develop skills in AOD treatment are offered by our providers. One provider is able to provide PERS which is attractive to many candidates. It is difficult to attract experienced providers in treatment or prevention due to our rural location and salary scale. Some of our providers also provide tuition reimbursement in order to develop qualified staff. They are also sites for field placements for students in hopes that they will become employees after completing their degree.

II.B.2.b.1 - Both Tuscarawas and Carroll Counties are identified as Appalachian areas. With this subculture comes a specific set of values and expectations regarding mental health and substance abuse services. We, as a Board, have a wealth of experience in our Board members, some of whom have received services through our local system of care or have family members who have received services. Insight and considerations are offered by Board members to ensure that the local system is supporting services with a high degree of cultural competence.

The strengths and weaknesses surrounding cultural competency are general across programs and services. By a wide majority most of the providers in Tuscarawas and Carroll Counties have been raised in either of the two counties and are familiar with issues specific to the Appalachian culture and their views of the helping professions. Many area providers have been trained in issues specific to the Appalachian culture and how to approach/treat situations differently to engage individuals and families. Information gained either through being raised in the counties or through trainings specific to certain cultures helps facilitate access to and acceptance of helping services that may have otherwise been refused.
Additionally the Board has hired a mental health and AOD provider in the position of Manager of Community Services. This staff member is typically the first stop for consumers contacting the Board about services options. Her experience as a provider in Tuscarawas and Carroll Counties has provided a conduit between the consumers, the Board, and the local service providers.

II.B.2.b.1.
Activities, strategies, successes and challenges in building a local system of care that is culturally competent for mental health treatment services: Agencies have contracted with interpreters to provide services to the Hispanic population which began to increase in Tuscarawas County in the late 1990s. An ideal situation would be having providers fluent in Spanish to alleviate the need for a translator. While the Board and agencies have found a solution that is working presently the presence of a translator does have an effect on the success of the therapeutic relationship.
Many of the area providers have been trained on issues specific to the Appalachian culture using the work of Dr. Ruby Payne and the book A Framework for Understanding Poverty. It is possible in the future that the Board will sponsor this training for providers in both Tuscarawas and Carroll Counties. This training would be appropriate across services.

II.B.2.b.2 - Activities, strategies, successes and challenges in building a local system of care that is culturally competent for substance abuse treatment services:
Strengths and concerns related to cultural competency are similar between the mental health providers and drug and alcohol providers. The use of translators to work with the Hispanic population and the training on the Appalachian culture is relevant to this provider group as well. In addition to using translators to during counseling sessions, the

providers work with translators to help consumers get physical and case management needs as well.

II.B.2.b.3 - Activities, strategies, successes and challenges in building a local system of care that is culturally competent for mental health prevention, consultation, and education services:
Specialized services have been developed for the Hispanic population including services through Headstart and Help Me Grow. Providers of these services are aware of the cultural traditions and norms that are typical of the local Guatemalan families and do their best to tailor programs to meet families needs. A more specific example of embracing this culture is a recent Fiesta sponsored by Tuscarawas County Headstart. This brought together staff and families to honor traditions specific to the Hispanic culture.
The ADAMHS Board is also working with local agencies to create a Wellness Management and Recovery Program. This evidence based program will be tailored to meet the specific needs of this community and will be facilitated by both a consumer and a provider. This program focuses on empowerment by identifying and defining what wellness and recovery means to each participating consumer.

II.B.2.b.4 - Activities, strategies, successes and challenges in building a local system of care that is culturally competent for substance abuse prevention services:
In addition to the consistent factors discussed previously the ADAMHS Board in conjunction with the local Family and Children First Councils conducted a focus group at the local Career Center, a two year vocational technical high school that serves students from both Tuscarawas and Carroll Counties. Through this anonymous survey students were able to identify whether the present methods of prevention education were viewed as successful. The results of this survey are being used to direct a Family Children First Council committee aimed at substance abuse prevention.
A Junior High/High School mentoring program is also being considered to increase awareness and support substance abuse prevention. Since junior high has been identified as a time when adolescent’s view on substance use begins to change pairing students in the lower grade levels with a positive role model in the High School is expected to have an effect on the onset and ultimately the progression of substance use. Surrounding younger students with positive peer support has been found to be an effective approach with this age group.
Additionally Takin' It To The Schools is a program for school-age children designed to teach them the skills necessary to prevent alcohol and other drug abuse. Providers in this program work with the schools to determine the children’s needs and are aware of this as they implement the program. This program is provided in the children’s school environment which prevents transportation from being an issue to access services.

Capital Improvements

II.B.3.a - Several contract agencies of the ADAMHS Board currently have needs with respect to capital improvement funding. First, in conjunction with Community Mental Healthcare, and ODMH, the Board secured consideration for construction of an 8-bed residential unit for adults with severe mental disability during the FY ’09 period. This project is an important component of the local service array as it was designed to address the psychiatric needs of individuals between the continuum of crisis stabilization and hospitalization. Our goals for this level of care include providing appropriate therapeutic support and interventions to assist persons with recurrent hospitalizations and/or episodes of acute decompensation requiring admission to the crisis stabilization unit. This project has temporarily been placed on “hold” as a result of the most recent round of budget reductions from the Ohio Department of Mental Health. The required amount of matching resources from the ADAMHS Board are no longer available because we did absorb approximately 48% of the department's reduction in funding in order to minimize the amount of contract adjustments passed along to our contract agencies. We anticipate moving forward with the project during the FY 2010 budget cycle if resources from the Department of Mental Health are

at a level which will enable us to again set aside matching resources for the project.

Another capital improvement project within the catchment area concerns establishing an adult male residential substance abuse treatment program. This project will be managed either through a collaboration with an existing treatment agency or via creation of a private not-for-profit to manage the program. The need for this level of care within Tuscarawas and Carroll Counties is well documented. The ADAMHS Board is currently chairing a committee comprised of various constituents interested in establishing this level of care in our community. This subcommittee of the local Community Corrections Planning Board includes Judge Elizabeth Thomakos, who operates a Common Pleas Drug Court Program; James Seldenright, Tuscarawas County Commissioner; administrative staff of the Alcohol and Addiction Program (housed within the District Board of Health); representatives of the Southern District Court; a representative of the adult parole authority and several concerned citizens who are active in human service related initiatives in our district. This committee is currently examining the feasibility of using a vacant elementary school building as a site for the program. The ADAMHS Board is currently developing a funding request to the Substance Abuse and Mental Health Services Administration and/or Office of Criminal Justice Services (via Community Reinvestment Act Funding) to initiate and support on-going operation of a residential program. We will be requesting up to $400,000 or more per year for up to three years to implement the program. Up to $75,000 of the SAMHSA request may be used for renovations and improvements to the building.

Another project which warrants consideration for capital improvement funding from the Department of Alcohol and Drug Addiction Services is a halfway house for women and women with dependent children. This project is operated by Personal and Family Counseling Services and is located in a century old home which is not adequate for the volume of individuals served by the program. Significant upgrades are needed with respect to HVAC, plumbing and commercial appliances. As recently as October 2008 the, Halfway House management of Personal and Family Counseling Services stated that they were strongly considering ceasing operations of the facility due to stagnant funding from the Department and ongoing resource problems associated with the program. The ADAMHS Board of Tuscarawas and Carroll Counties allocated additional resources to the program which has temporarily stabilized the operation. ADAMHS Board staff are working very closely with the agency on development of a public awareness campaign in order to increase charitable donations to the program.

Recently, management of the Alcohol and Addiction Program located within the offices of the District Board of Health has expressed concerns about the amount of space they have to appropriately operate within the Health Department. The Alcohol and Addiction Program serves a very high volume of consumers. We have had some preliminary discussions with management of the Health Department concerning strategies to possibly move their operations to another location. The district Board of Health would maintain administrative oversight of the program at a different location. We have also discussed the possibility of housing outpatient levels of care provided by the Alcohol Addiction Program on the same site of the proposed residential program for men.

Advocacy, Choices and Empowerment (ACE), a mental health consumer operated and managed program, is also experiencing problems related to the capacity of their current site. Operation of this program is supported financially almost exclusively by the ADAMHS Board of Tuscarawas and Carroll Counties. Their current location was secured through a mortgage by the Ohio Department of Mental Health. The ADAMHS Board is working with management of ACE and their consumer Board of Directors to examine the feasibility of moving their operations to a larger facility. ACE’s clubhouse currently has over 100 members however only approximately 25 or 30 individuals regularly attend programs at the facility because there is limited space. These capacity issues were identified by members through a survey concerning issues related to improving operation and participation in programs offered by the agency.

ACE is located in a residential home which is not suited to handle the volume of individuals which could benefit from their programs. This includes the location of staff offices on the second floor which are not easily accessible by consumers with physical limitations. Additionally, commercial plumbing and kitchen appliances are needed to improve operation of programs.

Financial Status

Impact of reduction in services.

II.B.4.a - The financial status of the ADAMHS Board during this current budget and planning cycle can best be described as "turbulent". The condition of Ohio's economy and subsequent revenue shortfalls are creating disruptions in service delivery and possibly permanently impacting our ability to support enhancements to programming as outlined in this planning document. ODMHs' recent actions aimed at ameliorating the impact of these reductions to the communities through internal cost-cutting measures and the closure of two state institutions is admirable.

The ADAMHS Board absorbed approximately 50% of the most recent round of budget reductions from the Ohio Department of Mental Health and 100% from the Ohio Department of Alcohol and Drug Addiction Services. The ADAMHS Board's personnel/operating budget was reduced by 8% and the Board's auxiliary services budget was reduced by 7%. This included reductions to the budget for ambulance services, community education, medications, and miscellaneous. The remaining 50% of the reduction was enacted through reductions in FY 09 purchase of service agreements at community agencies. Several key services were impacted by these budget adjustments. This includes a significant reduction in psychiatric services provided by Community Mental Healthcare and will impact primarily non-Medicaid enrollees characterized as either under-insured or having no insurance. The agency believes that 400 individuals will receive either no or significantly reduced amount of care as a result of these reductions. This includes services to both adults and children.

Personal and Family Counseling Services (PFCS) recently ended operation of its intensive home-based services as a result of the cumulative effect of relatively stagnant funding from the system. Costs associated with this effective program also contributed to the agency determining that it was no longer financially viable although the clinical outcomes remained positive. Management of PFCS frequently cites economic conditions as contributing significantly to their inability to attract and retain qualified staff to their agency and the community.

The ADAMHS Board is attempting to significantly expand the availability of mental health education and peer support programs within the service district. One of these expansions concerns a unique collaborative of several community agencies and implementation of the Wellness Management and Recovery program. These agencies are currently participating in a recently developed adult service coordination project initiated by the ADAMHS Board whose goal is to provide an enhanced level of coordinated interventions for individuals currently receiving services and individuals reaching out to our system for the first time. The collaborative is titled ACESS or Adult Consumer Support, Empowerment and Stabilization service. We envision utilizing the WMR program for a variety of mental health consumers and their families. The financial status of our system is jeopardizing our ability to implement this project appropriately.

Unfortunately the Board was required to reduce our contract with the Tuscarawas and Carroll Counties Chapter of National Alliance on Mental Illness, a result of the most recent round of budget reductions. NAMI is playing an increasingly important role within our local provider and consumer support network through implementation of some of the following programs: Peer-to-Peer, Family-to-Family, and Hand-to-Hand. These programs are contributing in a meaningful way to empowering our consumers and their families to better manage their mental illnesses and

to adjust to severe mental disabilities that exist with their children. Funding reductions are impacting the ability of NAMI to expand these programs.

Factors contributing to the costs of services.

II.B.4.b - Concerning factors which have impacted the cost of services in the last several years it is worth noting some of the following patterns in the cost of services. Since FY 2003, unit costs for outpatient levels of care for local providers which received discretionary resources have only increased by approximately 9%. Inpatient levels of care for the same period of time have only increased by 20%. Many of the unit costs of services provided by local providers remain below the Medicaid ceiling. In FY 2003 the Board expended $778,487 in match for local providers compared to a projected $1,013,095 in FY 2009. This is approximately a 30% increase.

Conversely, the amount of local matching dollars which the Board allocated for Medicaid only providers has increased by 38% since FY 2003. The total allocation for ADAMHS Board matching resources for Medicaid only providers was $471,009 in FY 2003 and in FY 2009 it is estimated at $650,000. When we examined the impact of a fixed fee proposal on our overall cost the model would have artificially inflated unit rates at providers receiving discretionary funding from the ADAMHS Board.

In general, costs for service at local agencies has remained relatively stable, however at the expense of their ability to improve some of the following areas of their operations: MIS systems and other technology upgrades, increasing administrative service-related expenses (e.g enrollment and data entry personnel, time spent on compliance and documentation, and management of multiple locations). Two of the primary factors that have impacted the cost of service are the rising cost of professional liability insurance as well as the significant increase in the cost of health insurance. Additionally, issues related to hardware and software/technology that have become necessary to perform job functions, the increase in cost of benefits, the increase in cost of advertising the services, as well as inflation as it relates to all supplies has impacted the cost of service.

What cost-saving measures and operational efficiencies.

II.B.4.c - An example of an operational efficiency that can be seen at the agency level is that providers are being asked to take on additional responsibilities in their scope of practice. For example a local supervisor of Adult Case Management Services is also now playing a management role in the Crisis Services Unit. At one agency a Home Based Treatment Program was dissolved due to numerous cost and staffing issues. The families previously served in this program are now being served through a specialized office based program where more resources are available.

At the ADAMHS Board level there has been a significant amount of work done on improving the existing service coordination mechanism for children in both counties as well as developing an adult service coordination mechanism. The goals of these programs are to prevent duplication of services, provide services in the most cost-effective manner possible, and prevent the need for higher levels of care. The adult service coordination team is also spearheading the potential development of a mental health court and will be an active supporter of Crisis Intervention Training. An additional example of an operational efficiency is the development of the Wellness Management and Recovery Program which is a best practice program designed to improve general health and wellness related to co-occurring mental health and substance use disorders. It is expected that as individuals become more empowered to manage their own mental illness or substance abuse issues there will be less dependence on the system or less recidivism.

Grants are sought when possible to support existing programs and address

unmet community needs. An example of this is a recent grant obtained from the Ronald McDonald House Charities to Personal and Family Counseling Services. This $ 5,238 grant will be used to purchase much needed items for their Child Behavioral Healthcare Program. Additionally, Grant money is being requested for the implementation cost of Wellness Management and Recovery as well as Crisis Intervention Training.

Other budgetary planning efforts.

II.B.4.d - Budgetary planning efforts currently undertaken by the Board include specific strategies related to securing funding from competitive grant sources at the federal and state level. Our constituents in the local health and human services field, judicial officials, and other government organizations realize that securing resources originating with the federal government are one of the few opportunities we must take advantage of in order to increase support for locally operated services. ADAMHS Board staff are playing a leadership role in organizing efforts to secure these resources. These planning collaboratives have enabled us to engage in meaningful dialog with our partners around utilization, costs for services and the benefits of substance abuse and mental health services. We have also developed a better understanding of ways to leverage the resources of other local systems service as well as to improve our understanding of budget issues related to the aforementioned organizations. Of particular interest is funding allocated to behavioral health related programs under contract to these organizations. These efforts support the departments objectives of this plan including “identifying tangible benefits for local communities that come from doing quality planning”.

We are currently engaged in organized activities to support minimally, a replacement behavioral health services levy in Tuscarawas County in the fall of 2010. We are beginning to dialog within the ADAMHS Board and will soon be establishing a levy committee comprised of constituents representing both Tuscarawas and Carroll Counties for the purpose of identifying factors and service needs which will assist in development of a formalized strategic plan to support a levy (ies) effort. To this end, several fundraisers are currently underway to offset costs related to these efforts through an existing issue political action committee established by the ADAMHS Board. Revenues from the fundraisers will significantly reduce or ameliorate the need for the ADAMHS Board to allocate existing resources toward levy related activities. In previous years, the Board allocated relatively large sums of funding in support of levy efforts and related expenses. Additionally, contract providers receiving discretionary funding from the Board also contributed significantly to levy planning efforts., Based on some preliminary calculations, we expect that a replacement levy will generate an additional half-million dollars per year to reinvest in core services impacted by recent budget reductions.

The ADAMHS Board and our Board counterparts are working closely with the Ohio Association of County Behavioral Health Authorities (OACBHA) to address policy and budget issues favorable to generating more resources for the system of care. Our budget platform is available on the association’s website and concerns recommendations related to enhancing Community Medicaid reimbursement, securing an additional percentage of the state's alcohol excise tax to support substance abuse treatment services, and advocating on behalf of the Department of Mental Health to receive the disproportionate share of hospital services and to permit the Boards to receive revenue for managing the community Medicaid program, which will in turn free up additional funding for the purchase of additional services from community providers

The ADAMHS Board is working closely with the Family and Children First Councils in Tuscarawas and Carroll Counties to improve the coordination and financing of services for multi-and high-risk children. The Board, local Department of Job and Family Services, Juvenile Court, the Board of County Commissioners, the MR/DD Board and the Tuscarawas-Carroll and Harrison ESC maintain a significant investment in services for children, however our organizations are not satisfied with the mechanisms

currently in place relative to treatment and intervention decision-making on behalf of families. Since the Governor's Ohio Summit on Children, a small group of leadership staff from the aforementioned agencies, including Juvenile Court Judge Linda Kate, have been meeting to develop an enhanced service coordination mechanism, including a financing model, similar to a coordination mechanism in Lorain County.

Beginning in fiscal year 2008 and throughout 2009, the ADAMHS Board has made a concerted effort to engage members of the Family and Children First Council and dialog about strengths and weaknesses of the service coordination mechanisms for multi-need families and children within Tuscarawas and Carroll Counties. These efforts support the Governor's shareholders group planning committee's key reasons for engaging in quality planning. Specifically with a goal to improve the financial position of local behavioral health systems by attracting support from other areas that have a vested interest in assuring that a healthy alcohol, drug and mental health system exists in the catchment area. Secondly, to support the shareholders goal of improving the ability of other systems to meet their needs and objectives. We believe our management experience and strategic assessment of needs and with respect to children and families adds a within the catchment area adds a tremendous amount of value to our communities.

In supporting the purposes of the Department of Mental Health and Department of Alcohol and Drug Addiction Services, we believe that our activities outlined in this plan and the identified needs are "purposefully connected with other related planning processes in the community." Many of our activities are clearly conducted with the purpose of demonstrating the value of our network of providers by engaging key stakeholders in the planning processes.

Tables 1 and 2: Portfolio of Providers

Section II: Capacity Development

Access to Services

Access to and retention in services by consumers, both mental health and substance abuse, are related to funding and knowledge of resources available within the community. Our efforts are focused on improving knowledge of ADAMHS Board administered resources for several target populations and other non-primary consumer customers (family members, courts, corrections, human services, self pay) of the health system. Philosophically the Board is interested in ensuring that consumers and our governmental and private counterparts are all perceived as customers of the ADAMHS Board and system providers. This includes a customer-oriented focused orientation with the Department of Mental Health and Department of Alcohol and Drug Addiction Services as well. Hopefully the Board and Department will be able to work closely to enhance resources on behalf of our local network of care.

Locally, Board staff work to communicate meaningfully and purposefully with our contract providers and counterparts at Job and Family Services, the judicial system, human services and systems, and other specialty providers to ensure individuals are aware of behavioral health and non-behavioral health funding options. Our actions include meaningful enhancements to our website which outline the ways in which funding is administered as well as eligibility criteria for Board administered resources. Additionally the Board implemented a request for services reporting mechanism for internal use, whereby we follow up with consumers when we receive calls about access to care and to document descriptions of experiences or difficulties they are having in engaging a Board contract agency. We spend a significant amount of time discussing, with constituents and agencies, the most appropriate ways to utilize Board administered resources to improve access to care.

The Board recently implemented an IS and fiscal users meeting every two-months in order to address issues related to financing, care for consumers, and ways to improve communication when persons contact providers about benefits that are available through the public system. Specific examples of obstacles related to access to care are shared within this group. These can concern problems related to citizenship, the designation of a sliding fee scale for service based on income, county of residence related to group home placements, and a variety of other circumstances.

The service coordination mechanism recently implemented by the Board is also an opportunity to discuss specific examples of consumers and families which are having difficulties with services. Difficulties sometimes related to a clients non-compliance with treatment plans and/or interaction with several professionals or agencies. Although the ACSES program is in its early stages of development, it has been helpful for providers that are participating to hear directly from family members of consumers about issues related to communication and the effect of certain types of interventions with their mentally ill family members, many of whom are dual disordered. Professionals representing the substance-abuse system and mental health system are actively engaged in this process and will coincidentally be partners on implementation of the Wellness Management and Recovery Program.

In conjunction with the Ohio Association of County Behavioral Health Authorities, the Board recently coordinated a training for human service agencies concerning client eligibility for behavioral health assistance through Medicare Part B. Opportunities for educating our system professionals are the memos from ODMH, and ODADAS, memos from the ADAMHS Board, and communication from providers and occur on a routine basis.

The ADAMHS Board is chairing a committee of the Family and Children First Council charged with reducing substance abuse among youth. We intend to survey each school within the catchment area for purposes of developing an inventory of the substance abuse and mental health prevention programs offered in each building. The results of this survey will assist our community and identify the types of mental health and substance abuse prevention programs we should be implementing for school-age children.

Workforce Development and Cultural Competence

Staff training:

During the next biennium the Board will be sponsoring trainings for provider agencies to allow providers to obtain CEUs locally, to continue to strengthen our mental health and AOD system by providing trainings on the most up-to-date practices, and to address issues related to cultural competency. The cultural issues specific to Tuscarawas and Carroll Counties relate more to culture of poverty than race. Both Counties are primarily Caucasian (97.7% in Tuscarawas and 98.5% in Carroll based on the most recent Census data). Both Tuscarawas and Carroll Counties have been identified by Ohio Department of Job and Family Services as Appalachian Counties.

While this cultural difference is the most prominent issue in Tuscarawas and Carroll Counties there has been an increase in the Hispanic population in both Counties during the past decade. The first generation Guatemalan immigrants have recently been more accepting of services and are most engaged through our local prevention programs, specifically Help Me Grow and Head Start. Local providers have been successful in engaging these families, often times with the help of an interpreter, and gaining an understanding of their culture. A barrier to overcome is the significant variance in cultural norms of this population based on the differences in villages from which the individuals immigrated.

Access to Services:
There specific values and relationship expectations tied to the Appalachian culture need to be understood in order to provide quality services that consumers are willing to accept. Examples of this include understanding the focus individuals in poverty place on relationships and how this effects who they will interact with, how they save or spend money, or their willingness to achieve levels higher than other family members. The Board will spend resources training the local providers in this area. It is expected that as providers become more aware of the values that are typical to this population consumer access to and satisfaction with services will continue to strengthen.

The Board is considering how to engage the Hispanic population in additional services. An opportunity exists to coordinate with the local advocates for the Hispanic community and increase their comfort with accessing services. This could be used as a starting point.

On a larger level, there are two existing mechanisms that examine service access. The local agencies participate in MACSIS Information Systems meetings to identify and address ongoing issues such as increasing the ease of service access for consumers. There are also two service coordination mechanisms, one for children and another for adults, that examine issues related to barriers and ease of access to services.

Outcomes Monitoring/ Consumer Satisfaction:
Information related to outcomes will be monitored in SFY 2010 and 2011 through the use of updated Outcomes Measures from the Ohio Department of Mental Health. Consumer satisfaction with services will also be monitored through this tool as well as through satisfaction surveys reported on by agencies annually. The involvement of mental health or AOD treatment consumers and family members on the ADAMHS Board also provides valuable information related to individuals satisfaction with services. Their feedback is used to examine our present mechanism of service delivery and make necessary changes.

Staff recruitment:
The Board has applied to the US Department of Health and Human Services to become designated as a Health Professional Shortage Area. Collaboration is also beginning with the local branch of Kent State University to examine the possibility of developing a counseling or social work program. This would allow individuals to receive degrees locally which would increase the likelihood of their local employment. Should this opportunity occur the program could be tailored to the specific cultural and clinical needs of the

residents of Tuscarawas and Carroll Counties.

Capacity Development Targets

C.1 - Capacity Targets: Reduce Stigma and Addiction is recognized as a legitimate health care issue with an appropriate and necessary continuum of care:
There has been a great deal of work done to address the identified capacity targets. One example of this is a collaboration between the Board and a local AOD provider, Personal and Family Counseling Services, to increase community support and awareness of a residential AOD program for women. The process began by considering the barriers that public and other systems may feel in seeking out or supporting this type of service. From this a set of action steps was developed to address the key areas of stigma reduction and understanding of addiction as a legitimate health care issue. To date, there have been two concrete results of this plan. The first is an informational DVD funded by the Board. This DVD provides an in-depth look at consumers who are either presently or have in the past received services through the Halfway House. The consumers and family members provide a real look at the journey through addiction and their struggles to get and remain sober. The stories become relatable for the viewers and change the perception of the addict. Interspersed with this is a discussion of the different levels of care through the system as well as the Halfway House specifically. This DVD will be aired by our local TV station and shared with organizations and churches to address stigma related to addiction and increase support for the services provides to treat the disease.

In addition to the DVD, local AOD providers and family members of consumers have agreed to participate in the creation of articles regarding, among other topics, the biological base of addiction for our local newspaper. The goal of these articles is to reduce stigma attached to addiction, identify local and state statistics related to substance use, and to make the public aware of the resources to treat this disease.

Capacity Target: Increase the use of “evidence-based” policies, practices, strategies, and programs in the AOD system
In April 2008, the Board co-sponsored along with the Motivational Interviewing Network of Trainers a Train the New Trainer Seminar in Dellroy, Ohio. A local provider was chosen to be a part of this group and received the 24 hour training. The provider then trained local AOD counselors, AOD case managers, and AOD house managers in Motivational Interviewing. Role plays specific to the population they serve were incorporated into the trainings and monthly follow-ups occurred to reinforce the information per best practice standards.

C.2 - Reduce the stigma of seeking care. The ADAMHS Board carries out a number of activities aimed at reducing the stigma of seeking care. Some examples include the following:

- A mental-health illness screening event organized by the ADAMHS Board and Community Mental Healthcare, NAMI of Tuscarawas and Carroll Counties, Southeast Inc. Representatives of local geriatric, inpatient psychiatric were also asked to participate in the event. Each agency provided volunteers at informational booths in a large conference room located at Union Hospital in Dover, Tuscarawas County. A similar series of manned informational table with agency representatives was held at the Aultman Hospital affiliated clinic in Carroll County. This event will occur on an annual basis during mental illness awareness week in October.
- The ADAMHS Board financed and participated in a half hour long television production aimed at increasing the public's awareness about agency and community-based services available in the two-county area. The show included a psychiatrist and therapist of Community Mental healthcare, the president of NAMI of Tuscarawas and Carroll Counties, a representative of Southeast, Inc. and the director of the ADAMHS Board. The show was broadcast approximately 15 times and focused on reducing the stigma of mental illness by attempting to educate the public about what actually occurs when you contact an agency for support and/or simply have questions about mental health. The show will air on an annual basis during mental illness awareness week. Our moderator for the show is a well-known radio personality who often

volunteers his time in support of our efforts.
Increasing the use of best practices. The ADAMHS Board carries out a number of activities aimed at increasing the use of best practices. Some examples include the following:

- The ADAMHS Board is in the process of implementing the Wellness Management and Recovery Program at local agencies which provide services in both Tuscarawas and Carroll Counties. Representatives from both primary mental health and primary substance abuse treatment agencies are involved in the implementation of this program. As previously stated, the ACSES service coordination mechanism will be responsible for rolling out WMR within our service district. An initial proposal from WMR will be reviewed by the ADAMHS Board and the ACSES team in April 2009. WMR staff will be in attendance at this initial goals setting and strategic planning meeting. We intend to train approximately 12 agency staff and 12 consumers. The ADAMHS Board is providing scholarships to representatives of NAMI to attend the WMR annual conference at Mohican in June. ADAMHS Board representatives will also be attending this event.

- HPSA-the ADAMHS Board is awaiting information from the Department of Mental Health concerning our status within the health professional shortage area designation process. We initiated the process in October of 2007 with the intent of utilizing this designation, if granted, to attract and retain mental health professionals because of the significant relief of educational debt incentives offered by the designation.

- CIT-the ADAMHS Board, along with NAMI of Tuscarawas and Carroll Counties is spearheading implementation of Crisis Intervention Team Training with local law enforcement officials. A group comprised of ADAMHS Board staff, NAMI, local mental health agencies and one of Ohio's leading experts on CIT recently convened a meeting with the Tuscarawas County Sheriff for the purpose of developing an implementation strategy. As a result of this meeting, we will be presenting a formal recruitment plan to the tester Ross County Police Chiefs Association in April of 2009. We intend to conduct the 40-hour training curriculum in October of 2009. Each of the aforementioned agencies will actively participate in developing the training curriculum.

- Maintain/increase access to service enriched housing-the ADAMHS Board will be initiating development of a private not-for-profit agency comprised of designated mental health provider staff, concerned citizens, mental health consumers, and others for the purpose of managing adult consumer housing related services. The impetus behind this agency is pursuit of a HUD 811 project which is currently moving forward. The ADAMHS Board recently executed an agreement with Consoc Housing in Columbus for architectural project services and to complete a project plan to the Department of Housing and Urban Development. We anticipate that in addition to managing the housing project, the private not-for-profit will also function to support housing related services to ensure that mental health consumers maintain residence and to ensure that the appropriate types of types of housing support are available in this service district.

- Increase diversity of funding sources-the ADAMHS Board will be completing an application to the Department of Urban Development*HUD) 811 program to construct new housing for adults with severe mental this disabilities. The impetus for this project was a funding opportunity with Ohio NAMI for purposes of conducting a mental-health housing needs assessment through the Mental Health Housing Leadership Institute. The ADAMHS Board's leadership coupled with the leadership provided by the Department of Mental Health and Ohio NAMI to initiate this type of housing program will likely result in meaningful housing for our consumers. We will attempt to establish housing startups jointly in Tuscarawas and Carroll Counties.

Section III: Prevention Services

Prevention Needs

Needs Assessment Methodology

A.1 - Concerning alcohol and other drug prevention needs, the ADAMHS Board has engaged in primarily qualitative identification of needs. The ADAMHS Board in conjunction with the Tuscarawas County Family and Children First Council, conducted a focus group with high-risk high school students concerning their attitudes and beliefs about substance abuse, alcohol and drug prevention programs, marketing campaigns (e.g. this is your brain on drugs, above the influence) and materials. We were also interested in obtaining their feedback on prevention materials or programs which they believed would be effective in assisting youth to make better decisions about the use of substances.

Additionally, we were interested in identifying risk and protective factors which exist and impact rates and patterns of substance abuse among youth in our community. Anecdotally we were informed that alcohol is routinely purchased by underage persons at convenience stores in Tuscarawas County. The youth also provided us with some insight into their perceptions of a double standard for individuals who are supposed to be role models, from the student's perspective, but who engage in unethical or substance abusing behavior (e.g. government officials, law enforcement officers, school officials). This process enabled us to discover that we do not have sufficient resources to target individuals in grades nine through twelve with adequate prevention programming. We did however use information obtained from the students to design a prevention campaign that was used with a local radio station and in the newspaper.

Concerning mental health prevention, consultation and education, assessment of needs occurred through numerous methods. Focus groups were completed in both Tuscarawas and Carroll Counties to determine the need and level of interest in developing an ECMH Program in both counties. In addition parents with children in day care facilities were asked to complete questionnaires related to mental health prevention and consultation. The data from the focus groups as well as the survey results were used when beginning the ECMH program in both counties.

Additionally, there have been preliminary discussions with the 12-year-old daughter of a Board member who is interested in developing an educational program for students with parents who have a severe and/or persistent mental illness. We have connected this young lady to representatives of the mental-health system in Carroll County who provide student assistance teams in the Carrollton school district. Our hope is that we can recruit a number of young people who are interested in assisting their peers to understand what it is to have a mental illness. We will be pursuing grant funding to implement a specific strategy to roll this out within the community.

As previously mentioned, the Board will be organizing annual depression and other mental illness screening events during mental illness awareness week. Additionally, the Board recently created a public relations committee for the purpose of monitoring opportunities for supporting both state and national prevention awareness events and will be conducting these in conjunction with our local providers and other constituents.

The issue of suicide prevention is also a priority for this Board. This is especially relevant in Carroll County schools due to the high suicide rate in this county. Carroll County has the 11th highest suicide rate of the 88 counties. Through the use of the Suicide Prevention Foundation grant it is likely that money will be used to address prevention issues specifically in Carroll County schools. Other opportunities related to suicide prevention will be determined and prioritized as stakeholder from the two counties complete strategic plan to direct the Board and the Coalition's prevention efforts.

Needs Assessment Findings

A.2.a - Alcohol and other drug prevention- unmet needs:
Prevention service needs within the district concern programming for children in grades 9-12 relative to ADAMHS Board supported programming. Currently we do not have adequate resources to support comprehensive prevention programs within the high schools in Tuscarawas and Carroll Counties. We intend to conduct and inventory service of each of the school districts in the catchment area as a component of a H.B. 289 Committee of the Tuscarawas County Family and Children First Council. A similar inventory will be conducted in the school districts of Carroll County. Other needs beyond currently support prevention programs supported by the Board may be identified for children in Pre-k through grades 5. Additionally the two local Family and Children First Councils received Partnership for Success grants. Assessment groups in both counties will be completing a thorough needs assessment of individuals in the counties based on the six indicators, one being children and youth engage in healthy behaviors. Results from this assessment will direct future prevention needs.

Alcohol and other drug prevention- met needs:
Most of the Prevention Programs made available via ADAMHS Board contract agencies are directed to the under 17 population in elementary and middle school. One of the largest prevention programs, Takin' It To The Schools works in six school districts throughout the two counties. A recent trend that has been noted by schools are the higher number of risk factors for students (e.g. stress, peer pressure, etc.) than had been seen and reported the prior 6 years of the program. There are also DARE To Be You programs that serve both children and families and utilizes teen mentors. The DARE to Be You Prevention Program (DTBY – research-based CSAP Model Program) is conducted with preschool children and their families. It is a 12-week program designed to reduce drug and alcohol use through a multi-level primary prevention program. Resiliency factors are reduced and risk factors are reduced for the participants. Teens from the local high schools are recruited to serve as Teen Mentors to the children in the families involved with DTBY. They are paired with children, serving as role models, building relationships and are committed to an ATOD free lifestyle. The parents and children are placed in groups (Parent Group, Preschool children, children, under preschool age, and School-aged children. They and their mentors work with adult leaders who are professionals in the field on various developmentally appropriate activities in the areas of decision-making, assertiveness, responsibility, empathy and esteem-building. Parents learn communication and positive parenting skills. At the end of each evening, they have an opportunity to join the target children to participate in a parent-child activity.

An additional prevention program focuses on first grade students in Carroll County with attention to feeling expression and delay of onset of use. This program expects to serve 200 first graders annually. AOD prevention programs target boys and girls 4-H clubs. A program specifically targeted to address junior and senior high school students addresses prevention and diversion to improve problem skills and increase awareness both about the risk of use and the laws and regulations related to alcohol, tobacco, and other drug (ATOD) use. This program is expected to serve adolescents in Tuscarawas and Carroll Counties. Prevention programs are also focused at our local Attention Center.

The focus of prevention programs at the younger population is based on the evaluation of most frequently occurring diagnosis. Substance abuse and dependence is a most frequent diagnosed condition in the 18-45 age range. There are two Prevention/Diversion programs currently provided within the catchment area for adults. The first is for individuals over 21 with the goal being to increase the number of incarcerated individuals who perceive ATOD to be risky and harmful. The second is a Drug Free Workplace program with the same goal of increasing the number of individuals who perceive ATOD to be risky and harmful. This is also to address the need for substance abuse and prevention seen in this age group.

A.2.b - Mental Health Prevention, Consultation, and Education- unmet needs-
The need for increased collaboration between the mental health system and the school system creates an unmet need. This was illustrated in a 2009 Service Coordination Survey assessing the strengths and weaknesses of the child-

serving system as it exists presently. While collaboration is improving, there is still a gap between the education system and the mental health system that prevents children from being identified earlier. The focus becomes treatment and intervention instead of prevention by the time mental health and education systems interact. Strengthening the relationship between these two systems will allow for children to be identified earlier, educators to have more of an awareness of mental health risk factors, preventative steps to be taken, and the focus to shift to how we, as a child serving system, are working together to support a child.

Mental Health Prevention, Consultation and Education- met needs-
As stated above the results of focus groups and surveys completed in Tuscarawas and Carroll Counties identified the need for Early Childhood Mental Health Consultation services. These programs are presently in existence in schools and day care settings in Tuscarawas and Carroll Counties.

Additionally, the STAND Program (Strengthening families by teaching Tolerance, Acceptance of self, Non-violence, and Drug-free living) allows HARCATUS Head Start to provide daily Prevention & Mental Health activities in the 13 centers and 4 partnerships it serves. Puppets for Prevention (research-based on 40 Developmental Assets), Second Step (research-based and proven effective), are at the core of our asset building and violence prevention curriculum. The children learn problem-solving skills, identifying and naming feelings, reducing anger, calming down, and empathy and esteem building activities. The Center on the Social and Emotional Foundations for Early Learning recognizes that the two most important skills young children need to learn in these areas are identifying and naming feelings and problem-solving skills. Trainings are conducted with the staff to help them develop a better understanding of the importance and incorporation of these types of activities. Prevention and Mental Health (V-ATOD) concepts are also presented at Parent Meetings and trainings and community resources are highlighted. The children seen through multiple systems as well as our service coordination mechanism indicates the need for preventative work prior to worsening of symptoms that leads to discussion of out-of-home placements.

Prevention Priorities

<u>Method for Determining Prevention Priorities</u>

B.1 - In this time of economic strain and budget cuts, the effectiveness, productivity, and relevance of different types of prevention services were closely examined using local and federal data. The Board continues to support, among others, early prevention through programs such as Takin' It To the Schools and DARE to Be You. Annual research completed by NIDA shows that there has been a decrease over the past 3 years in the amount of substances used by children and adolescents. This change is clear support for continued prevention measures with younger children and families as well as support for school based programs.

During the past year, a focus group was completed at the local vocational career center that serves 180 students. That focus group looked at issues presently facing teens as well as how they best receive messages. Not only was this information used in examining the effectiveness and sustainability of prevention services but also will be used to focus advertising and message through a medium the teens identified as most appropriate. This will be considered in addition to the DVD and local newspaper articles that are focusing on education and prevention of substance use. The ADAMHS Executive Director also chairs the House Bill 289 group whose mission is to decrease substance abuse. This committee is comprised of the director of nursing, school superintendents, principals, and county commissioners among others. The collaboration between these individuals provides information used to determine effective and well-received programs that the Board continues to support and fund.

The results of these processes is that the Board continues to support AOD priorities such as stigma reduction presented in a way that is received by adults and adolescents alike and research based prevention programs like Dare to Be You and BABES (Beginning Awareness Basic Education Studies).

Suicide Prevention has quickly become an important priority for SFY 10-11 based on data from the Ohio Suicide Prevention Foundation that indicate that one of the two counties covered by the ADAMHS Board has the 11th highest suicide rate in the state of Ohio. This has prompted the Board to apply for and receive a grant from the Suicide Prevention Coalition. Activities are in place to educate the community and community leaders about the present state of both counties in relation to suicide risk. From these meetings a Suicide Prevention Coalition will be developed to address the issues that lead to higher suicide attempt and completion rates in both counties. Already in place is the Survivors of Suicide support group which began in February 2008. This group arose out of a need identified by the community. The ADAMHS Board is working closely with this group to support the creation of the Suicide Prevention Coalition. Stakeholder meetings have occurred and will continue to occur during the remainder of the fiscal year to facilitate the creation of a strategic plan to address this concern.

Grouping of Priorities (High, Medium and Low)

B.2.a - The Board's prevention priorities relative to alcohol and other drug abuse prevention can all be grouped into the high and medium categories with respect to school and community based programs currently operating in the service district which were established many years ago. These programs continue to be high quality and a high priority for the ADAMHS Board. These programs and the populations they served were established the Safe and Drug-Free Schools programs through ODADAS as well as discretionary funding through the Board.

Organized ADAMHS Board-supported prevention programming within the high schools is a particularly high priority based on a lack of availability of an organized series of prevention for this target population as well as the valuable information obtained from the aforementioned focus group at the local vocational education center. We will be sharing the results of our focus group with school superintendents during our prevention service inventory survey which is projected to be completed during the first quarter of fiscal year 2010.

B.2.b - Re: mental-health prevention consultation and education, the ADAMHS Board secured a planning grant from the Ohio Suicide Prevention Foundation in October of 2008. The impetus for this grant was start up of a Survivors of Suicide Support group in Tuscarawas County. A group of survivors requested that the Board assist them in implementing a support group locally. The Board recruited a group facilitator for the survivors and they are currently meeting twice a month at the ADAMHS Board office. This group was initiated in February of 2008 following a grass-roots, community awareness event held at the local Tri –County JVS where formation of the group was announced to the public. A front-page article concerning the start up of this group was reported in the local paper. The Suicide Prevention Foundation planning grant was a natural outgrowth of the survivor group. Our purpose is to develop a strategic plan that will reduce suicides in the service district. The initial organizational meeting of the foundation was completed March 24, 2009. Over 50 individuals and organizations attended this three-hour event, which included introduction of our planning consultant, a representative of a well-established coalition in Stark County, and concluded with a local survivor of suicide and the support group facilitator. We intend to have the plan completed sometime in May and will present it to the community in early summer. Carroll County has the 11th highest per capita rate of suicide in the state of Ohio according to the Suicide Prevention Foundation’s website. Tuscarawas County ranks 85th of Ohio's 88 counties.

A hallmark of our education efforts concern addressing the connection between child abuse and animal abuse in our community. The animal and child abuse prevention committee of the Family and Children First Council in Tuscarawas County recently completed its ninth year of the poster and essay contest which are aimed at reducing incidents of child and animal abuse in our community. A very good cross section of professionals are used to judge essays and posters including law enforcement officials, the county prosecutor, local business owners, and concerned citizens.

Implications of Identified Priorities to Other Systems

B.3 - We are attempting to minimize the implications of the Board's prioritization process on other systems through routine service coordination initiatives on behalf of multi-needed children and adults via the Family and Children First Councils in Tuscarawas and Carroll Counties. These teams, which meet on a monthly basis, are able to discuss prevention and education needs of their organizations and on behalf of the clients they serve and has resulted in staff cross-training to provide updates on resources available through the ADAMHS Board, Department of Mental Health, and Department of Alcohol and Drug Addiction Services. The ADAMHS Board has been invited to agency staff meetings at the Board of Mental Retardation and Developmental Disabilities and the Department of Job and Family Services within the last two months. Contract agency personnel routinely provide training on their services and initiatives.

The ADAMHS Board intends to play an enhanced leadership role with respect to coordination of services per the councils in each county. We are actively involved in the Partnership for Success Programs which were granted to each county council during SFY 09. The ADAMHS Board is chairing the Community Assessment Committee of the Tuscarawas County's Partnership for Success subcommittee which will be developing a qualitative method for addressing substance abuse and mental health needs within the service district. The ADAMHS Board also recently initiated a survey of councils' member agencies concerning their opinions about service coordination on behalf of families and children. Although the response rate to this web-based survey was low, we were able to determine that we need to improve our outreach, interventions, and follow up with multi-needed families and children as a Family and Children First Council

Prevention Investor Targets

C.1 - ODADAS Investor Targets:

- Programs that increase the number of customers who avoid ATOD use and perceive non-use as the norm
- Programs that increase the number of customers who perceive ATOD use as harmful
- Programs that increase the number of customers who experience positive family management
- Programs that increase the number of customers who demonstrate school bonding and educational commitment
- Programs that increase the number of initiatives that demonstrate an impact on community laws and norms
- Increase the number of customers who demonstrate resiliency skills

ODMH Investor Targets:

- Programs that increase the number of persons involved in the criminal justice system who receive mental health services;
- Programs that decrease or eliminate stigma related to emotional problems and mental illness;
- Programs that increase recovery, resiliency and protective factors;
- Programs that increase the number of persons that receive mental health screenings, assessments or referrals to services;
- Programs that decrease the number of persons at risk of developing mental health problems and/or at risk for suicide;
- Programs that promote mental health and wellness.

Section IV: Treatment and Recovery Support Services

Treatment and Recovery Support Needs

Needs Assessment Methodology.

A.1 - Board staff conducted an internal strengths, weaknesses, opportunities and threats process during SFY 09 and in anticipation of addressing service and funding issues with respect to budget reductions and service priorities.

Identification of treatment and recovery support needs is an ongoing process for the ADAMHS Board of Tuscarawas and Carroll Counties. Key elements of the Board's annual contract allocation process require that agencies outline key service priorities and populations which are representative of their consumer base for services. Important elements of the allocation process also address the needs of referral sources and services which are developed in response to needs present in the judicial system, juvenile court, partnership with health departments, and other constituents. Contract providers of the Board completed a service plan that includes a variety of continuous quality improvement practices, including elements of consumer satisfaction with services.

NAMI plays an important role in the identification of treatment and support needs on behalf of consumers. We are frequently in communication with representatives of NAMI. NAMI representatives are active on the Family and Children First Council's service coordination mechanism and offer meaningful feedback on challenges which families face in accessing services as well as lend a tremendous amount of support to these families. We frequently refer families of children with disabilities, as well as family members of adults with psychiatric disabilities to programs offered by NAMI.

Quantitative factors which assist in the identification of these concerns routine analysis of information related to diagnosis, age group, and frequency of interaction with consumers in our network of services, particularly with respect to the utilization of crisis and inpatient services for adults with severe mental disabilities has also been reviewed. SOQIC level of care determination reports related to acute services are communicated to the Board and reviewed as a component of emergency services collaborative aimed at improving system interventions on behalf of clients needing crisis services.

Several members of the ADAMHS Board of Directors have tremendous insight into the types of supports needed by individuals with addictive diseases or psychiatric disabilities due to their own experiences or illnesses of their family members.
Our consumer operated service program, ACE, provides a high degree of support to individuals with persistent mental illnesses. ACE routinely provides advocacy for consumers in a variety of settings.

Findings of the Needs Assessment

A.2.a - Adult residents of the district hospitalized at the regional state psychiatric hospitals: Met needs-the ADAMHS Board receives SOQIC level of care assessments for individuals hospitalized at Heartland Behavioral Healthcare or other private and Board contracted psychiatric hospitals. These prescreening reports include extensive information relative to factors which contributed to an individuals’ hospitalization. The Board's prescreening agency, Community Mental Healthcare, ensures that hospitalized individuals are scheduled for a visit either with a psychiatrist or CPST personnel prior to discharge from the hospital. Individuals not clinically capable of being discharged from the hospital directly to their homes are transferred, in some cases, to the Crisis Stabilization Unit located at Community Mental Healthcare. Conversely individuals are sometimes transferred from the crisis stabilization unit to an inpatient setting if they are not responding to interventions on the crisis unit. We have encountered some problems with individuals being discharged from the state hospital or at private hospital setting without adequate amounts of medication prior to a schedule visit with their psychiatrist.

A previously identified unmet need for individuals returning from the state institution concerns the lack of residential services. This level of care is necessary in order to more appropriately transition individuals from the hospital to community-based services. Assisting individuals to stabilize to the point where they may live independently and monitor their response to psychotropic medications, connect them with meaningful recovery supports and organize CPST interventions more substantively could all be accomplished with a residential treatment program. Although the percentage of re-admissions to the state hospital within 30 days of discharge is relatively small, we will continue to attempt to improve access to all levels of care within the community.

A.2.b - Adults with severe mental disability living in the community-Met needs:
During the past year there has been an increased focus both on revisiting existing services to get consumer needs met but also the development of additional services. An example of this is a recent training by an employment rehabilitation program to revisit for the Board the extent of their services and how to strengthen their services to meet the new issues of consumers.

Transportation is a need identified by consumers and providers. The New Freedom Transportation Services has recently been developed for individual and families. This service provides transportation throughout Tuscarawas County "to enhance the quality of life and increase self-sufficiency." Consumers are now able to get to their doctors appointments, their counseling/case management appointments, and develop less reliance on the support system.

A service coordination mechanism has also been developed for adults. This group meets at least monthly to accept new referrals, coordinate their services throughout our local mental health and AOD system and work to develop new programs as needed. This group is in the process of developing other resources such as Wellness Management and Recovery and a Mental Health Court which will be discussed below.

Adult Consumer needs unmet/in the process of being met:
A 2008 survey conducted by Roy Lowenstein of consumers in Tuscarawas and Carroll Counties indicated that many consumers are unhappy with their present housing situation. To address this, the Board is contracting with Harrison Joseph to develop a HUD housing project to allow consumers to live independently with some supervision. This project will also allow for improvement of the local drop in center which has outgrown its present capacity.

As stated previously, the Adult Service Coordination mechanism is presently working to develop two programs, Wellness Management and Recovery (WMR) and a Mental Health Court. WMR's focus on recovery and wellness as it is defined by each specific consumer speaks to the need to allow individuals to manage their own illness. At this stage, providers in the community are identifying goals of program implementation both at an agency and consumers level but also at a system level. Federal stimulus money has been applied for to support the implementation of this program.

There is also recent collaboration with the local prosecutor's office and court system to develop a Mental Health Court. A judge has been identified as willing to participate and providers have agreed to participate in the process. Trainings will be scheduled to facilitate this process and benchmarking will likely be completed with a Stark County agency.

Child and Adolescent Consumers- met needs:
There has been a newly developed program in the local system called Child Behavioral Healthcare. This program was developed based on the increasing prevalence in the system of younger children needing clinical services and focuses specifically on trauma focused work. This program is an intensive treatment program that provides counseling and CPST services to children and families through office-based as well as community-based services as needed. This program serves children 12 and under with a specific focus on family involvement and wraparound care.

A recent needs assessment of kinship providers identified unmet needs related to the SED children in their homes. From that survey, it was determined that for many SED children to maintain and thrive in their homes more support was needed. A committee was developed to increase respite support as well as opportunities for more open communication between caregivers as well as between caregivers and the mental health and legal systems. Projects are underway to meet these needs.

Community Mental Healthcare of Dover recently incorporated two programs to support SED children. A psychologist trained in treatment of sexual offenders is running an open group for juvenile sexual offenders. This is the only treatment of its kind in two counties and provides a much needed resource. The second program is an in-depth psychiatric assessment for high-need children with multiple system involvement. This detailed assessment by a Child and Adolescent Board Certified Child Psychiatrist provides a comprehensive examination of the child, the family, and the different systems in which the child is involved. This allows for a thorough picture of the child prior to prescribing medication.

Child and Adolescent Consumers- unmet needs/in the process of being met:
During the past year the one home-based treatment program in Tuscarawas and Carroll Counties disbanded. While this child and adolescent SED population continues to be served, it is through a different mode of treatment. The magnitude of the loss of this level of care was felt by both families and child-serving systems. There is presently no service other than case management that is community based. The cost of this service and the difficulty retaining qualified staff contributed to its loss.

The lack of therapeutic groups for this population in both counties is also an unmet need that is frequently identified by providers in and out of the mental health system. Groups are an effective approach to treatment with this population but transportation is often the biggest barrier.

A.2.c - Children and Families receiving services through FCFC- met needs:

The most recent FCFC needs assessment completed by consumers and agencies determined that alcohol and drug use and improper baby care were the biggest concerns. Plans were created through FCFC to address these identified needs and progress has been made on both.

Children and Families receiving services through FCFC- unmet needs/in the process of being met:
A recent survey was completed by 36 Tuscarawas and Carroll County family members and providers to identify the strengths and areas to strengthen in the service coordination mechanism. The service coordination process as it exists will be altered based on the feedback to better serve children and family.

Additional issues that effect those receiving services through FCFC are the lack of funding/pooled funding to get high cost needs met and the lack of a network of respite providers that FCFC families could use.

A.2.d - Persons with substance abuse and mental illness: Met needs-Community Mental Healthcare is certified by both the Ohio Department of Mental Health and the Department of Alcohol and Drug Addiction Services. CMH has licensed chemical dependency counselors on staff capable of providing integrated treatment services on behalf of individuals with dual disorders. The ADAMHS Board's and system providers ACSES collaborative is also another option for serving individuals with a dual disorders, particularly if they are actively receiving treatment from several providers and not achieving adequate amounts of progress.

Personal and Family Counseling Services is also a dual certified facility capable of addressing the needs of individuals presenting with co-occurring disorders. Their specialty concerns addressing the needs of SAMI females and SAMI females with dependent children.

Persons with substance abuse and mental illness: Unmet needs- No local treatment agencies currently provide residential levels of care for persons with substance abuse disorders or severe and persistent mental illnesses

within the Board's catchment area. We recently placed on hold an application for capital improvement funding to the Department of Mental Health for construction of an 8-bed residential unit for adults with severe mental illnesses. This project may no longer be viable because of recent budget reductions from the Ohio Department of Mental Health. Additionally, we are attempting to develop residential substance abuse treatment services for adult males in our service District via a request to either SAMHSA or OCJS for court involved male offenders. These projects would not be possible without significant support from sources outside of the ADAMHS Board.

A.2.e - Individuals receiving general outpatient community mental health services: Met needs. The array of general outpatient community mental health services are capable of addressing the clinical needs of all individuals appropriate for this level of care. Resources are not available to address the volume of individuals seeking services, particularly the under-insured and non-Medicaid populations. This circumstance has continued to be exacerbated by increasingly significant amounts of discretionary Board resources allocated to addressing Medicaid-only contract providers.

One unmet need within the service district, which was previously provided, is home-based services. Home based services were discontinued by Personal and Family Counseling Services in fiscal year 2009 due to excessive costs related to the program coupled by diminishing discretionary resources available within the community to support the services.

A.2.f - Adults, children, and adolescents, who abuse or are addicted to alcohol or other drugs- met needs:

The most recent data indicates that the pressing needs are prevention related to adolescents and children. This continues to be addressed through local prevention programs and education programs that are community based.

Adults, children, and adolescents, who abuse or are addicted to alcohol or other drugs- unmet needs/in the process of being met:

The lack of local residential treatment for men has been a long standing concern of adults, families and consumers in the community. Males who have alcohol or other drug issues are sent out of county – the closest treatment option is 30 miles away- to gain skills and then return to an environment where they struggle to maintain sobriety. The Board has acknowledged this as a need and is presently working with a local AOD provider to request funding for a local men’s residential AOD facility. There has been collaboration between the Board, the AOD provider, local court, and the adult probation department.

Treatment and Recovery Support Priorities

Method for Determining Treatment Priorities

B.1 - Processes utilized by the Board to determine treatment priorities for SFY 2010 and 2011 concern ongoing communication with a variety of constituency groups including feedback from providers and the populations they serve, continuous feedback from representatives of NAMI, continuous feedback from the ADAMHS Board's consumer operated service, and feedback from a variety of customers of the ADAMHS Board including the judicial system, law enforcement, Health and Human Services, juvenile court, and initiatives developed by the Family and Children First Councils. Parent representatives on the Family and Children First Councils provide meaningful feedback on a monthly basis to ADAMHS Board staff concerning their satisfaction with contracted mental health and substance abuse services. All of the services currently supported by the ADAMHS Board are important to our consumers and stakeholders.

Although resources are not adequate to address the volume of services from a program versus client level of support, the Board is capable through our relationships with providers, to address unique and acute needs along the mental health disability continuum. The ADAMHS Board continues to invest significantly in community psychiatric support services for our most severely mentally ill clients to ensure that they are capable of functioning in the least restrictive forms of care within our community. The Board also invests

significantly in inpatient psychiatric services at non-state hospital facilities to ensure that we can address individuals requiring an intensive level of care. Investment in the hot line and crisis intervention and prescreening services continues to be an important priority for the ADAMHS Board to ensure that individuals have a immediate access to the system of services. Additionally the ADAMHS Board's investment in consumer support programs operated by NAMI is relatively small from a financial standpoint, however they are a tremendous value to our consumers and network of care. Ensuring that all persons regardless of payer source have immediate access to care and emergencies will always be a priority for the Board and the Board will invest appropriately to ensure that all persons have access to this level of care regardless of demand.

Several processes were utilized by the Board during SFY 2008 and SFY2009 to determine priorities for SFY 2010-11. This process is concerning information gathering activities at both the Board and provider level. The ADAMHS Board initiated an internal Board member self-evaluation to gauge priorities from the Board level. Additionally the Board completed a key informant survey for purposes of soliciting feedback from a variety of private and public individual's organizations representing Tuscarawas and Carroll Counties.

The Board self-evaluation was helpful in lending direction to the staff on administrative and system organizational issues. When asked about areas of focus for SFY 2010-11, Board members would like to concentrate on public awareness of the Board and system roles and responsibilities as well as to improve the use of service utilization and cost data collected by the Board to improve services. Board members also stressed the need to increase revenue to expand the existing array of services. When asked about ways to improve the Board performance, the Board prioritized consumer housing, service coordination and expanding resources as its top three areas. Ensuring the continuation of the women's halfway house service is also a priority of the board.

The second major information gathering process undertaken by the Board was a web-based key informant survey of over 391 public and private organizations/offices/individuals. We received a 26% response rate to the survey in which key informants were asked to provide the Board with feedback on ways to improve the delivery of both mental health and substance abuse services within our catchment area. The other focus of the survey concerned their feedback on conditions which exist within our catchment area which may be contributing to behavioral health illnesses. Responses were solicited from police chiefs, sheriff's department, county commissioners, school superintendents, school principals, school guidance counselors, the NAMI Tuscarawas-Carroll membership, provider agencies, mayors, township trustees, and agencies represented on the Family and Children First Councils within both Tuscarawas and Carroll Counties. Individuals and organizations familiar with the publicly supported system almost universally agreed that more resources are needed to improve access to care.

When service organizations were asked about behavioral health issues that impact their organizations, untreated and undiagnosed behavioral health disorders were cited as major obstacles preventing individuals and families from achieving customary standards of living. They also cited indirect costs of untreated behavioral health disorders as concerns which included lost productivity, need for foster care, law enforcement, and public assistance.

Non-behavioral health organizations primarily refer individuals with behavioral health disorders to services and attempt to educate, to the extent possible, their employees about substance abuse and behavioral health disorders

When asked about ways in which the ADAMHS Board system can assist their organizations or our communities to reduce behavioral health problems, more public awareness and outreach to the community was most often cited as well as expanding hours of operation of the mental health services and increasing access to services. Better coordination of service among ADAMHS Board supported providers was also a top priority of key constituents.

Other sources of information utilized by the ADAMHS Board in determining priorities concern contract provider agency's internal evaluations, which are

generated on an annual basis. These service plans contain a wealth of management information concerning a variety of qualitative issues about the delivery of services. In addition to addressing needs assessment, goals and objectives, analysis of strengths, weaknesses, opportunities, and threats (SWOT), the evaluations address important patterns of use information relative to clients served. Patterns of use data is provided in conjunction with general demographic information concerning gender, types of service provided, number served by program, prior treatment episode, new clients served, time in treatment, referral source, and other important information which assists the Board to establish service and funding priorities. These evaluations are also an opportunity for providers to give the Board some insight into political economic and other local factors which influence the provision of services.

Local implementation of the ODMH Outcomes/Ohio Scales system assists the Board in prioritizing services. Although our Board delayed implementation of the outcome initiative due to use of another vendor, we are working toward full implementation of the system which is already revealing important performance information for use by our provider network.

An internal mechanism for logging requests from the public on a variety of issues has also been helpful in gauging service priorities. The Board is often asked to assist individuals with access and care management issues which are documented and brought to the attention of provider agencies.

Board staff routinely examine utilization data related to payment of services as well as utilization data related to non-MACSIS supported activities such as contracts with Adult Care Facilities, non-State Hospital inpatient service agreements, routine meetings with agency service providers and planning activities related to the Family and Children First Councils within Tuscarawas and Carroll Counties. Most recently the Board is actively involved in monitoring implementation of goals and objectives developed in response to H.B. 289 planning in each county. Substance abuse prevention, children's mental health, and prevention have been identified by the Family and Children First Councils as priorities for our communities.

Grouping of Priorities (High, Medium and Low)

B.2 - Based on the identified needs, the Board's treatment service priorities categorized as high are as follows: hot line/crisis intervention, prescreening, inpatient psychiatric, community psychiatric support services, inpatient detoxification services, community psychiatric, and pharmacological and Halfway House programming for women and women with dependent children. Service grouped in the medium range of priorities include category include general outpatient levels of care for mental health and substance abuse consumers as well as educational programs.
Services which may be categorized as low priorities for the ADAMHS Board include partial hospitalization.

Implications of Identified Priorities to Other Systems

B.3 - Needs that may be categorized as unaddressed or under-addressed during the Board's prioritization process and which may have some implications for other systems are not at this time known. Other systems (e.g. judicial, human service, schools) have historically contracted services from non-ADAMHS Board contract service providers if they are not satisfied with the level of responsiveness or intensity of local service providers, or if the service is not provided on a local level. As previously stated, agencies benefit from the Board's prioritization process because our service priorities are generally aligned with the same acute needs which consumers present within these other systems.

Treatment and Recovery Support Investor Targets

Treatment and Recovery Support Investor Targets

C.1 - ODADAS Investor Targets:
A primary ODADAS target is determining the number of consumers who are abstinent upon completion of a program. It is believed that through provider training in more evidence based practices such as Motivational Interviewing

consumers will receive more tools to help maintain sobriety and support abstinence both at the programs end and in the future. An additional investor target is maintaining the number of women who leave the Halfway House that have safe, stable and permanent housing at the end of their intensive services. Progress toward both investor targets is able to be monitored through discharge records, collaboration with the agencies, and through the Behavioral Health Module.

ODMH Investor Targets:
A primary investor target identified by the ADAMHS Board for the next biennium is to increase access to housing. The results of a recent housing survey completed in Tuscarawas and Carroll Counties indicated that consumers want more opportunities for independent or semi-supervised housing. In some cases, half of the households awarded a section 8 voucher could not locate a unit in the allotted period. To meet this need, the Board has initiated a contract with Consoc Housing Counseling, Inc. to support the Board as it attempts to gain federal grant money to support HUD 811 units for MH consumers in Tuscarawas and Carroll Counties. The projected increase from this target is that more MH consumers will have an opportunity for safe and appropriate housing.

A second investor target the Board seeks to achieve is to decrease criminal and juvenile justice involvement. Following the Ohio Summit on Children, a group of local stakeholders joined to assess how this model could be used to support adolescents in the juvenile justice system. Over a series of meetings, the framework of a service coordination mechanism was developed with eligibility criteria to determine what youth would be served. The juvenile justice population was identified as a group that would benefit from this process with the goal being to stabilize the individual and family and prevent future legal involvement.

Hospitalized Adults:
There is one local agency, Community Mental Healthcare, that manages hospitalized individuals residing in Tuscarawas and Carroll Counties. There is communication between the crisis unit that facilitates hospitalization, the hospital case worker and the ADAMHS Board regarding the discharge planning process and follow up services for civilly hospitalized individuals. The communication is in written format and documents the date of the follow-up appointment post discharge as well as the specific provider.
The Forensic Monitor is also housed at Community Mental Healthcare. She maintains communication with the facility where the individual is hospitalized and attends court hearings to determine the individuals status, upcoming release, and discharge plans. She collaborates with the social workers at the different facilities to create as smooth a transition as possible for the individual.
Recently the ADAMHS Board hired an independently licensed counselor in the position of Manager of Community Services. This individual will work closely with the Forensic Monitor and crisis services at Community Mental Healthcare to monitor the process of individuals released from hospitalization and address any issues that adversely effect consumers.

ORC 340.033(H) (HB 484) Investor Target

C.2 - The ADAMHS Board has targeted H.B. 484 money to support and stabilize children and families involved in the child welfare system. This money is used to ensure that the most needy consumers in Tuscarawas and Carroll Counties are able to receive the services that they need. The local agencies determine quarterly which families are 484 eligible based on diagnostic assessment and intake information.
C1 In order to improve accountability to H.B. 484 programming, the Board is establishing the following investor target: To reduce reported cases of abuse and neglect to the child protective divisions of our local Departments of Human Service related to substance abuse by custodial mothers.

The Board will encourage the Department of Job and Family Services Foster Care Planning committee to incorporate this investor target into their foster care plan. The ADAMHS Board is a standing member of this committee and the plan is updated following each committee meeting.

HIV Early Intervention Investor Target

C.3 - Not Applicable

Section V: Collaboration

Continuity of Care Agreements

A - The Board has reviewed the continuity of care agreement and a copy has been submitted to the ADAMHS Board's designated pre-screening agency. The ADAMHS Board was visited by the CEO of Heartland Behavioral Healthcare in 2008 to discuss continuity of care issues with management staff of the pre-screening agency as well as to discuss communication issues related to admissions and discharge planning. We routinely discuss the quality of the communication between hospital staff and the designated agency. Implementation of the continuity of care agreement has been delayed due to the Heartland region Boards attempts to jointly adopt the agreement. It would make administrative sense to dialog with all pre-screening agencies as a part of this process directly with hospital staff.

The Board recently revised its criteria for appointing health officers assigned to conduct pre-hospital screening to Heartland Behavioral Health. The Board, in conjunction with the pre-hospital screening agency, placed a renewed emphasis on crisis and crisis related intervention techniques; coupled by enhancing work experience in crisis assessment units. These changes were initiated as a result of a series of meetings with contract providers involved in the emergency services continuum. We anticipate that feedback on the continuity of care agreement and associated referral and discharge planning processes will be discussed with this same collaborative.

The continuity of care agreement will be included as a requisite component of training for identified health officers sometime during SFY 2010.

Benefits/Results Derived from Collaborative Relationships

B - There has recently been and continues to be an increase in the amount of collaboration between the ADAMHS Board and other systems. One example of this is the collaborative between the ADAMHS Board, the Alcohol and Addiction Program, Tuscarawas County Common Pleas Court, Southern District Court, and Adult Probation, to develop a men's AOD residential facility. From assessing the need to writing the grant to determining an appropriate site and building layout the team has worked together to address an unmet treatment need.

Close collaboration has also occurred between the ADAMHS Board, MRDD, Tuscarawas County Juvenile Court, Tuscarawas County Job and Family Services, TCFCFC, and county commissioners to develop a service coordination mechanism based on information received from the Ohio Summit on Children. From this collaboration more children and families will have the opportunity to participate in this process and receive the maximum benefit our local services have to offer.

There has been close collaboration between the ADAMHS Board, TCJFS, two local mental health providers, Tuscarawas County Juvenile Court, and the Prosecutor's Office to develop Sex Offender Treatment Protocol in our community. The level of commitment and motivation of the individuals participating in this process will undoubtedly result in a strong treatment protocol to benefit the individuals in Tuscarawas County.

There has also been collaboration between the ADAMHS Board, Community Mental Healthcare, Southeast, and MRDD to develop an Adult Service Coordination mechanism. From this collaborative additional efforts are occurring. For example, members of this group are working with the local Prosecutor's office and court to develop a mental health court. Members from this group see the relationships with local law enforcement as an area to strengthen. With the implementation of CIT, the collaboration between these two important systems will be improved.

ADAMHS Board, in conjunction with its prescreening agency, has developed meaningful business partnerships with private hospitals and will be expanding access to both inpatient psychiatric and inpatient detoxification services during SFY 2010. Currently the board maintains contracts with two private psychiatric hospitals. One is located in Tuscarawas County and addresses the needs of older adults. The other facility is located in Lake County. We are currently reviewing a contract with SUMMA Health Systems and specifically St.

Thomas Hospital in Akron, for the purchase of inpatient psychiatric services, 23-hour observation bed services, and for the purchase of additional psychiatric coverage for our catchment area.

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

C - Concerning our consultation with the County Commissioners regarding services for individuals involved with the child welfare system, the ADAMHS Board is a member of the foster care planning committee. As a result of our involvement with this committee, the ADAMHS Board was asked to chair a sub-committee on coordinating services to juvenile sex offenders. This juvenile sex offender sub-committee has evolved into a juvenile sex offender task force which, although in its early stages of development, is being chaired by an Assistant Tuscarawas County Prosecutor. Preliminarily the task force and its representatives have discussed completing the community assessment protocol for juvenile sex offenders developed by the Juvenile Sex Offender Center and distributed by the Ohio Association of County Behavioral Health Authorities. The chairperson is currently soliciting participation in the task force by several law enforcement organizations located in Tuscarawas County.

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

D - The present management of the Board has been especially conscientious of involving the public and customers in information gathering and the decision making processes regarding policy and services. Examples of this include the involvement of the consumers and family members in the Adult Service Coordination mechanism. Their feedback regarding the strengths and weaknesses of community services has been used to direct the activities of the group and takes priority for the Board. Consumers and family members were asked for feedback through an anonymous survey regarding the success of the child and family service coordination mechanism. This feedback will be used to modify the existing mechanism and the success will be measured by the consumers' responses to a subsequent survey. Another example of how the Board has used feedback from customers and the general public is the data complied for the Housing Survey. Results from this survey are being used to direct plans for improved housing options for the residents of Tuscarawas and Carroll Counties. Additionally there are individuals that are very invested in supporting the ADAMHS Board and the mental health and AOD systems in Tuscarawas and Carroll Counties. When appropriate, their involvement in the planning process is invited and their input is especially valuable as someone who has had experience with the system. Examples of this are public and/or customer involvement in the Suicide Prevention Coalition, public involvement in the planning for the men's residential AOD facility, and public and consumer involvement in meetings regarding improving the housing options in Tuscarawas and Carroll Counties.

Section VI: Evaluation

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

A - Several processes were utilized by the Board during the third and fourth quarters of SFY 2008 to determine priorities for SFY 2009. This process is concerning information gathering activities at both the Board and provider level. The ADAMHS Board initiated an internal Board member self-evaluation to gauge priorities from the Board level. Additionally the Board completed a key informant survey for purposes of soliciting feedback from a variety of private and public organizations representing Tuscarawas and Carroll Counties.

The Board self-evaluation was helpful in lending direction to the staff on administrative and system organizational issues. When asked about areas of focus for SFY 2009, Board members would like to concentrate on public awareness of the Board and system roles and responsibilities as well as to improve the use of service utilization and cost data collected by the Board to improve services. Board members also stressed the need to increase revenue to expand the existing array of services. When asked about ways to improve the Board performance, the Board prioritized public relations activities and specifically cited improving relationships with partners and Board development activities as priorities.

The second major information gathering process undertaken by the Board was a web-based key informant survey of over 391 public and private organizations/offices/individuals. We received a 26% response rate to the survey in which key informants were asked to provide the Board with feedback on ways to improve the delivery of both mental health and substance abuse services within our catchment area. The other focus of the survey concerned their feedback on conditions which exist within our catchment area which may be contributing to behavioral health illnesses. Responses were solicited from police chiefs, sheriff's department, county commissioners, school superintendents, school principals, school guidance counselors, the NAMI Tuscarawas-Carroll membership, provider agencies, mayors, township trustees, and agencies represented on the Family and Children First Councils within both Tuscarawas and Carroll Counties. Individuals and organizations familiar with the publicly supported system almost universally agreed that more resources are needed to improve access to care.

When service organizations were asked about behavioral health issues that impact their organizations, untreated and undiagnosed behavioral health disorders were cited as major obstacles preventing individuals and families from achieving customary standards of living. They also cited indirect costs of untreated behavioral health disorders as concerns which included lost productivity, need for foster care, law enforcement, and public assistance.

Non-behavioral health organizations primarily refer individuals with behavioral health disorders to services and attempt to educate, to the extent possible, their employees about substance abuse and behavioral health disorders

When asked about ways in which the ADAMHS Board system can assist their organizations or our communities to reduce behavioral health problems, more public awareness and outreach to the community was most often cited as well as expanding hours of operation of the mental health services and increasing access to services. Better coordination of service among ADAMHS Board supported providers was also a top priority of key constituents.

Other sources of information utilized by the ADAMHS Board in determining priorities concern contract provider agency's internal evaluations, which are generated on an annual basis. These service plans contain a wealth of management information concerning a variety of qualitative issues about the delivery of services. In addition to addressing needs assessment, goals and objectives, analysis of strengths, weaknesses, opportunities, and threats (SWOT), the evaluations address important patterns of use information relative to clients served. Patterns of use data is provided in conjunction with general demographic information concerning gender, types of service provided, number served by program, prior treatment episode, new clients served, time in treatment, referral source, and other important information which assists the Board to establish service and funding priorities. These evaluations are also

an opportunity for providers to give the Board some insight into political economic and other local factors which influence the provision of services.

Local implementation of the ODMH Outcomes/Ohio Scales system assists the Board in prioritizing services. Although our Board delayed implementation of the outcome initiative due to use of another vendor, we are working toward full implementation of the system which is already revealing important performance information for use by our provider network.

An internal mechanism for logging requests from the public on a variety of issues has also been helpful in gauging service priorities. The Board is often asked to assist individuals with access and care management issues which are documented and brought to the attention of provider agencies.

Board staff routinely examine utilization data related to payment of services as well as utilization data related to non-MACSIS supported activities such as contracts with Adult Care Facilities, non-State Hospital inpatient service agreements, routine meetings with agency service providers and planning activities related to the Family and Children First Councils within Tuscarawas and Carroll Counties. Most recently the Board is actively involved in monitoring implementation of goals and objectives developed in response to H.B. 289 planning in each county. Substance abuse prevention, children’s mental health, and prevention have been identified by the Family and Children First Councils as priorities for our communities.

Collaboration with the Agencies in Evaluating Services.

B - Our level of collaboration in working with agencies on the evaluation of services was significantly hampered by the elimination of the 06 rule during the current biennium. This rule presented an excellent opportunity for the Board and providers to address the clinical appropriateness of all services although we did not conduct any type of audit relative to non-Medicaid services. Indirectly, issues and enhancements identified within the 06 rule process benefited all services provided by the agency.

The ADAMHS Board and contract substance abuse treatment agencies collaborated on developing an inter-agency independent peer review protocol versus contracting with an independent consultant. In December 2008 two local drug and alcohol providers participated in this collaborative effort to review documentation related to service delivery and provide strength based feedback. This process was beneficial to both parties as it allowed providers to view other professionals’ documentation, gather information about how agencies deliver services differently, and provide feedback to strengthen the quality of record keeping. An additional local provider has expressed interest in participating in the process during the next fiscal year.

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

C - The Board is currently prioritizing evaluation of services along the hotline-pre-screening, crisis intervention and hospitalization continuum. We are examining the relationship between support services and demand and utilization of crisis intervention and hospitalization. We collect a meaningful amount of data on consumers that receive crisis intervention and Board contracted hospital inpatient services. The ADAMHS Board recently established an adult service coordination mechanism. The team includes representatives of community mental health and alcohol and drug addition treatment agencies and selected other providers, depending on circumstance and the issues presented by the clients. Other organizations that can be involved include law enforcement, court personnel, human services and other divisions of local government (MR/DD, ESC) systems. A unique aspect of this program is the focus on engaging families in the therapeutic and problem solving process. It has been very helpful to agencies to hear directly from families concerning the nature and outcome of their interactions with direct service and administrative staff where services are being provided.

Residential and intensive levels of care for children and adolescents are also a focus of evaluation efforts within our system. The Board in conjunction with its other human service constituents consistently evaluates the efficacy of residential services for children, particularly those that are placed in out of

county facilities. A significant amount of communication about children's response to clinical interventions occurs between residential providers and a team of individuals via the Creative Options process established by the Family and Children First Councils representing Tuscarawas and Carroll Counties. Weekly communication followed by twice monthly team meetings concerning these child and adolescent cases ensures access to a variety of recovery supports for these severely emotionally disabled children and their families via FAST and ABC resources either prior to or upon return from placement. We have been able to significantly expand access to respite, social recreational services, families and family support personnel via these resources and this team approach.

Ongoing efforts to establish mutually agreed-upon utilization review protocols for individuals accessing both mental health and substance abuse services are underway at the state level and concern the MOU. Progress on any meaningful solutions via the memorandum of understanding which is currently being developed and involves the Ohio Council, Departments, Board Association, and other constituents is moving very slowly at this time.

Using the Results from the Evaluation of Programs/Services

D - We expect to impact the utilization of hospital services through analysis of trends in services delivery and its correlation to intensive services.

The ADAMHS Board uses the information collected from contract agency evaluations as a component of the allocation process on an annual basis. Although we do not offer financial incentives based on agency evaluation results, we can use utilization and reported outcomes to provide enhancements to the delivery of services. Agencies routinely engage in internal review and evaluation processes via their CQI programs to analyze service accessibility and appropriateness issues. For example, Community Mental Healthcare is making some meaningful changes in the manner in which they process incoming requests for service as a result of internal evaluations. They will be using the crisis unit which is staffed 24-7 to screen incoming calls for services rather than counseling personnel that are frequently unavailable due to scheduled counseling sessions with clients. Also, Personal and Family Counseling Services discontinued their Intensive Home-Based services as a result of an analysis of costs and staffing issues related to the program. An alternative agency based intensive program that maintained the ability to provide some limited services within the home environment was developed as an alternative.

The ADAMHS Board is taking part in the web-based BH pilot in conjunction with Community Mental Healthcare, the Alcohol and Addiction Program and Personal and Family Counseling Services. The Board is just beginning to receive quality data from the web-based system data in a quantity that will allow us to examine the effectiveness of all substance abuse treatment programs in the local system. For example, data concerning drug of choice and age of first use will allow us to refine and expand our substance abuse prevention system to more readily address the current threats to healthy behaviors among youth and young adults. Employment history data will also be available to assist in assuring that those consumers who are at a stage in their recovery where they are ready to begin employment are given the supports needed to achieve those goals.

Strategies to Evaluate Child & Adolescent Services Versus Adult Services

E - As indicated by ODMH the agencies continue to use the Ohio Scales to evaluate the effectiveness of services for adult as well as child and adolescent services.

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

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

Complete this form providing a brief explanation of services to be provided and a justification for this requested waiver. Medicaid-eligible recipients receiving services from hospital-based programs are exempt from this waiver.

Agency	UPID	Allocation	Services

B. Request for Generic Services

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

Agency	UPID	Allocation	Services

Prevention Strategy and Level of Care	a. Provider Name	b. Program Name (Provider Specific)	c. Population Served	d. Prevention Level	e. Evidence-Based Practice (EBP)	f. Number of Sites	g. Located outside of board area	h. Funding Source		i. MACSIS UPI
				(Universal, Selected or Indicated)	(List the EBP name)		(Check the box if yes)	ODADAS	Medicaid Only	
Prevention										
Information Dissemination	Alcohol & Addiction Program	Community Programs	School Aged Groups	Universal		6	No	Yes	No	1520
	Personal & Family Counseling Services	Takin' it to the Schools	4-6th graders	Universal	based on The Children's Program developed by Jerry Moe, MA, MAC, CET II	18	No	Yes	No	8310
Alternatives										
Education	Alcohol & Addiction Program	BABES	1st graders	Universal	BABES	2	No	Yes	No	1520
	Alcohol & Addiction Program	Diversion	Adults over 21	Indicated		1	No	Yes	No	1520
	Alcohol & Addiction Program	Drug Free Workplace	Empoyers/Employees	Universal		1	No	Yes	No	1520
	Alcohol & Addiction Program	Insight	High School Juniors/Seniors	Universal		1	No	Yes	No	1520
	Alcohol & Addiction Program	Life Skills	Youth and/or Adults	Universal	Life Skills	7	No	Yes	No	1520
	Alcohol & Addiction Program	Multi County Juvenile Attention Center	Youth	Selected		1	No	Yes	No	1520
	Alcohol & Addiction Program	SAME	Adults	Selected		1	No	Yes	No	1520
	Alcohol & Addiction Program	Spot the Poison	Kindergarten	Universal		2	No	Yes	No	1520
	Alcohol & Addiction Program	STAR Alternative	Youth	Selected		1	No	Yes	No	1520
	Personal & Family Counseling Services	Takin' it to the Schools	4-6th graders	Universal	based on The Children's Program developed by Jerry Moe, MA, MAC, CET II	18	No	Yes	No	8310
Community-Based Process										
Environmental										

Prevention Strategy and Level of Care	a. Provider Name	b. Program Name (Provider Specific)	c. Population Served	d. Prevention Level	e. Evidence-Based Practice (EBP)	f. Number of Sites	g. Located outside of board area	h. Funding Source		i. MACSIS UPI
				(Universal, Selected or Indicated)	(List the EBP name)		(Check the box if yes)	ODADAS	Medicaid Only	
Problem Identification and Referral										
Pre-Treatment (Level 0.5)										
Pre-Treatment										
Outpatient (Level 1)										
Outpatient	Alcohol & Addiction Program	Outpatient	All			2	No	Yes	Yes	1520
	Personal & Family Counseling Services	Outpatient	All			1	No	Yes	Yes	8310
	Community Mental Healthcare	Outpatient	All			3	No	Yes	Yes	10071
Intensive Outpatient	Alcohol & Addiction Program	IOP	Adolescents and Adults			3	No	Yes	Yes	8310
Day Treatment										
Community Residential (Level 2)										
Non-Medical	Personal and Family Counseling Services	Harbor House Halfway House	Women		MI, TF-CBT	1	No	Yes	No	8310
Medical										
Subacute (Level 3)										
Ambulatory Detoxification										
23 Hour Observation Bed										
Sub-Acute Detoxification	Crisis Intervention & Recovery Center	CIRC	Adolescents and Adults			1	No	Yes	No	1492
Acute Hospital Detoxification (Level 4)										

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

Promising, Best, or Evidence-Based Practice	Provider Name	MACSIS UPI	Number of Sites	Program Name	Funding Source (Check all that apply as funding source for practice)				Est. Number Served in SFY 09	Est. Number Planned for in SFY 10
					Medicaid + Match	GRF (Not as Medicaid Match)	Levy (Not as Medicaid Match)	Other (Not as Medicaid Match)		
Integrated Dual Diagnosis Treatment (IDDT)										
Assertive Community Treatment (ACT)										
Intensive Home-based Treatment (IHBT)										
Multi-Systemic Therapy (MST)										
Functional Family Therapy (FFT)										
Supported Employment										
Supported Housing	Community Mental Healthcare	10071	1		No	Yes	No	No	34	36
Wellness Management & Recovery (WMR)	Southeast Inc.	6723	1		No	Yes	No	No	0	18
	Community Mental Healthcare	10071	2		No	Yes	No	No	0	18
Crisis Intervention Training (CIT)		0	1		No	Yes	No	No	0	25
Therapeutic Foster Care										
Therapeutic Pre-School										
Transition Age Services										
Integrated Physical/Mental Health Services										
Older Adult Services										
Sexual Offender Services	Community Mental Healthcare	10071	1	Juv. Sexual Offender Group	Yes	Yes	No	No	8	10
Consumer Operated Service										
Clubhouse	Advocacy, Choices & Empowerment	0	1	ACE	No	Yes	No	No	115	120
Peer Support Services	Advocacy, Choices & Empowerment	0	1	ACE	No	Yes	No	No	115	120
	NAMI Tusc-Carroll	0	4		No	Yes	No	No	105	115

Promising, Best, or Evidence-Based Practice	Provider Name	MACSIS UPI	Number of Sites	Program Name	Funding Source (Check all that apply as funding source for practice)				Est. Number Served in SFY 09	Est. Number Planned for in SFY 10
					Medicaid + Match	GRF (Not as Medicaid Match)	Levy (Not as Medicaid Match)	Other (Not as Medicaid Match)		
MI/MR Specialized Services										
Consumer/Family Psycho-Education	Personal & Family Counseling Services	8310	1		No	Yes	No	No	273	280