Environmental Context of the Plan/Current Status

1. Describe the economic, social, and demographic factors in the Board area that will influence service delivery. (NOTE: There will be an opportunity to discuss the possible effects of Medicaid expansion upon your local system in question #12.)

Montgomery County, spreading across 461.7 square miles and the 5th most populous county in Ohio, is residence to 534,325 people (US Census, 2012) which represents a .0015% reduction when compared to the 2010. The Census data indicates that the racial composition is 73.9% White, 20.9% Black, 4.3% Asian, Native American or two or more races; and 2.3% Hispanic or Latino. Children less than 18 years of age comprise nearly 25% of the county population; females outnumber males and are living longer, and as the county population ages, the White proportion of the population increases while the Black decreases. Montgomery County is home to 16 school districts, 19 municipalities, 9 townships, and 25 Judges.

Of 88 Ohio counties, Montgomery County ranked 68 for health outcomes and 65 for behavioral and socioeconomic health factors. In general, Blacks report more fair or poor health than Whites living in Montgomery County, and as income decreases, poor physical, mental and oral health increases.

Montgomery County's unemployment rate as of August 2013 is 7.6%, ranking in 26th place across the state. A trend analysis indicates a downward trend. CY 2010: 11.1%; CY 2011: 9.4%; CY 2012: 7.8%. The 2010 Census Poverty Levels reported that 27.2% of individuals under 18 lived below the Federal Poverty Level in Montgomery County. This compares to 23.1% in Ohio and 21.6% across the United States. In regards to All Ages In Poverty the 2010 report stated 18% of Montgomery County population lived below the Federal Poverty Level.

Per Capita income in Montgomery County fairs better than the state average at $36,302. However, during SFY 2012, 42 out of every 1,000 residents in Montgomery County received cash benefits from the Ohio Works First TANF Program and 126,760 unduplicated children and adults in Montgomery County were recipients of service from the Food Assistance Program. Montgomery County had the 4th highest rate of home foreclosure filings in Ohio and has approximately 960 people homeless any given night (COHHIO's 2010-2011 Ohio Homelessness Report & Montgomery County Homeless Solutions).

Montgomery County suffers an average of 74 lost lives per year due to suicide with the highest number of youth (ages 10-17) suicides in 2012 at four.

Local Behavioral Health risk data indicates that residents need to exercise more, eat a healthier diet, reduce alcohol consumption, stop smoking and pay closer attention to their oral health. Montgomery County has an overweight/obesity problem among adults and children. Almost one-third of underage (age 12-20) individuals consume alcohol, nearly one-third of individuals age 12 and older use tobacco products. Through August 2013 Montgomery County has experienced 147 lives lost related to unintentional poisoning. Projections by Wright State University's CITAR predict 220 total deaths by the end of the calendar year. Of the noted deaths, 92% were linked to having an opiate present at the time of death while 71% were reported

to have Heroin present in the decedent's blood stream at the time.

The county behavioral system is a complex system that is comprised of more than 30 contracted and other non-ADAMHS contracted providers who offer a variety of behavioral health services to Montgomery County residents. The ADAMHS Board for Montgomery County provides local funding for the indigent as well as to supplement private insurances, Medicare/Medicaid and VA Benefits via a Combined Human Services Levy that allows for behavioral health services to be provided to our community.

The Board's priority populations are IV Drug Users, Women who are pregnant, of child bearing age or parenting, Parents with dependent children including those who are Children Services Involved, SED youth, SMI Adults. In addition persons with TB or other communicable diseases, homeless mentally ill, opiate addicts, multi-system and transition aged youth, individuals with disabilities, criminal justice involvement, and early childhood mental health needs are priority.

The ADAMHS Board for Montgomery County, with Federal, State and Local Funding provides funding for traditional mental health and substance abuse treatment and prevention services such as Diagnostic Assessment, Individual and Group Therapy and CPST, Psychiatric Evaluation and medication/somatic services, Crisis Hotline, Hospital Pre-Screening and Crisis Intervention Services, Standard & Intensive Outpatient Treatment and Residential Treatment for people with substance use issues or dual diagnosis needs.

In addition, Recovery Supports such as an entire spectrum of housing options, employment skills training, consumer operated clubhouse, peer support, NAMI, Suicide Prevention Programming, Youth Move, MH Court, Forensic Monitoring, Medication Assisted Treatment including Methadone and Suboxone®, Project Dawn kit distribution, Housing for transition age youth, service coordination including financial support for placement costs for youth in inpatient and foster care, group home or residential treatment or other services/supports to address individual family needs, guardianship, payees, deaf and language interpreter services, behavioral health workforce development, community education and a whole host of other supportive services are funded with local dollars. The local board is always seeking innovative programming that can meet the needs of the residents of Montgomery County.

Assessment of Need and Identification of Gaps and Disparities

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gap issues and disparities, if any. (NOTE: ORC 340.03 requires service needs review of: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils; and, (2) outpatient service needs of persons currently receiving treatment in state Regional Psychiatric Hospitals)

    Public Health Dayton & Montgomery County published the Montgomery County Community Needs Assessment 2010 that addressed not only physical health needs of the county, but also, behavioral health needs. This document focused on the following areas when speaking to behavioral health needs: physical activity, Nutrition, Weight, Substance Abuse—Drugs & Alcohol, Tobacco Use, Vaccination, Preventative Cancer

Screenings, and Birth. Areas of practical interest to the ADAMHS Board are Substance Abuse and Tobacco Use. Findings indicated:

- *1 in 3 (31%) of Montgomery County's 12-20 year olds drink alcohol monthly,*

- *1 in 5 (20%) of this same population binge drink (5 or more drinks in a row) on a monthly basis,*

- *Annually 8% of Montgomery County residents 12 and older need treatment for alcohol abuse and do not receive it.*

- *As it pertains to tobacco use, Montgomery County displays characteristics similar to others in Ohio and across the nation.*

The ADAMHS Board for Montgomery County was a tri-chair member of the Montgomery County Affordable Care   Act Task Force in collaboration with Public Health-Dayton & Montgomery County and the Greater Dayton Area Hospital Association whose goal was to analyze the Montgomery County current health care delivery system, conduct a Montgomery County health care workforce analysis, and identify current gaps in the safety net system, all in preparation for the healthcare changes associated with the Affordable Care Act. The needs assessment, and its results, are as follows:

Montgomery County contracted with Health Policy Institute of Ohio (HPIO) to conduct research and analysis, utilizing the following methodology:

- For service usage trends, HPIO worked with behavioral health providers to ~~pull~~ analyze claims data for fiscal year 2009-2012 and to conduct a service utilization trend analysis.

- For workforce capacity analysis, HPIO subcontracted with the National Center for the Analysis of Healthcare Data (NCAHD) and developed reports utilizing "license-to-practice" records.

- To assess new patient access to services for Medicaid and non-Medicaid, HPIO utilized a "Secret Shopper" telephone survey administered by HPIO with assistance from ADAMHS Board staff. Multiple scenarios were developed, e.g., SMD client with Medicaid seeking treatment, AOD only patient without insurance seeking treatment, etc. (This was inclusive of a larger Secret Shopper survey being completed for Physical Health and Dental Health providers as well.) Scenarios were acted out through phone calls made to the intake staff at local behavioral health provider agencies.

Findings specific to the "Secret Shopper" process:
- Regardless of the fact that Behavioral Health clinics can directly intake Medicaid eligible clients, they tend to send them to Samaritan Crisis Care regardless of their payer source.
- Of 15 Secret Shopper calls made to Montgomery County Behavioral Health Centers, only three of them scheduled intake appointments. All three appointments were schedule for one week from the initial call date.

Findings specific to other behavioral health issues included the following:
- The number of ADAMHS Board clients and units of services from FY 2009-2012 are increasing, with one exception in FY 2012 where number served declined, while the overall county census has declined from 2000 to 2010:
    - 19% increase in the number of clients with depressive disorder
    - Mental health individual counseling/therapy increased by nearly 40%
    - Mental health group counseling/therapy increased 19%

- **Alcohol & Drug Methadone administration increased by nearly 34%**
- **Alcohol & Drug group counseling decreased by 15%**

- **Crisis Services:**
    - **68% of assessments indicated alcohol or other drug dependence as a primary diagnosis – the top diagnoses included: 1) opioid dependence, 2) alcohol dependence, 3) cannabis dependence, 4) cocaine dependence, and 5) alcohol abuse.**

    - **32% of Assessments indicated mental health as a primary diagnosis – the top diagnoses included: 1) Schizoaffective Disorder; 2) Depressive Disorder; 3) Disruptive Disorder; 4) Major Depressive Disorder, Recurrent, Moderate; and 5) Oppositional Defiant Disorder.**

Lastly, Psychiatrists and Psychologists are not geographically distributed equally in areas of greatest need throughout the county, thereby limiting access to care for those with lesser resources for transportation, childcare, and financial capacity (this is also a disparity).

Information from Wright State University's/Center for Intervention, Treatment & Addictions Research's (CITAR) Unintentional Prescription Drug Poisoning Project has yielded significant needs assessment data for Montgomery County. This information is extrapolated from Coroner's reports, toxicology reports, and death certificates. The information from these quarterly reports is used to inform ADAMHS Board staff and stakeholders on what drugs are directly responsible for overdose deaths, demographics on those that have died, and the circumstances surrounding their deaths.

ADAMHS is currently in the process of conducting a Training Needs Assessment for both services providers and the ADAMHS staff. This assessment is conducted annually and is geared towards identifying gaps in knowledge that is needed to maintain a professional workforce that is both knowledgeable and up-to-date with the evolving behavioral health field. This training needs assessment is administered by the Business Research Group at the University of Dayton. Dr. Richard Stock, of UD, developed web-based surveys that are anonymously completed by ADAMHS and provider staff. The results are analyzed and presented as recommendations for calendar year '14 training topics that are then coordinated and offered by the ADAMHS Board to both contract provider and the community at-large with the goal of increasing workforce competency. Data gathering for this year's survey is underway currently with a final report due in December.

The Montgomery County, Ohio Gambling Survey was conducted to discern Montgomery County's prevalence of At-Risk and Problem Gambling. This research project was contracted to the Business Research Group (BRG) at the University of Dayton. BRG managed a duplication of the Ohio Gambling Survey for administration in Montgomery County. The survey field work was sub-contracted with the Survey Research institute at Kent State university who completed 735 phone interviews in Montgomery County and provided the raw data to BRG. Results were appropriately weighted to reflect age, sex, and ethnicity in Montgomery County. Results were compared to the ODADAS Ohio Gambling survey for the state and the Cincinnati, Cleveland, Columbus, and Toledo metropolitan areas. The most significant finding indicated that At-Risk and Problem Gamblers in Montgomery County are more likely to have had family and individual issues with alcohol and drugs, a family history of gambling problems, and more likely to have struggled themselves with emotional issues than either non-gamblers or Non-problem gamblers. These correlates were higher than the other Ohio urban counties.

ADAMHS led a consortium to conduct a service gap assessment for Foster Care Children over a 5 week period in June and July of 2013. The consortium met twice weekly to discuss the area of clinical service needs. They also met once weekly to discuss technology needs that would improve the quality of

clinical care as well to discuss the potential of conducting a fiscal assessment of service utilization. This group completed assessments of nationally utilized best-practices and identified services not currently being utilized in Montgomery County. Findings of this assessment concluded that high-fidelity wraparound services would be an effective approach at reducing escalating levels of care with Foster Care children, controlling Title IV-E residential costs, reducing costs associated with the Juvenile Justice systems, reducing the utilization of prescription medication, and would be most effective as a prevention intervention in the criminal justice involvement delinquent population who are in many instances predisposed for foster care placement.

ADAMHS also coordinated a Gateway Access Round Table, a behavioral health system wide workgroup tasked with addressing barriers that are preventing timely access to treatment in both inpatient and outpatient settings. The group completed a SWOT analysis process with stakeholders from inpatient, outpatient, juvenile and adult courts, children's providers, local developmental disabilities, etc. This process identified a consensus grouping of issues. Next steps include ongoing meetings to identify recommendations that will address access to care and consideration of a consultant to complete the system-wide restructure that appears to be needed.

Access to care continues to be unequal between those with private insurance, Medicare, Medicaid, and the uninsured/indigent population. ADAMHS continues to allocate dollars to the uninsured/indigent population, but prior to Medicaid expansion, services to this population will continue to be limited in breadth.

An informal needs assessment was conducted on the State Regional Psychiatric Hospitals, that concluded in the following findings:
- The Forensic Sex Offender Population in the state hospital continues to have difficultly accessing housing and treatment (especially for those who have been convicted and are mandated to register as a sex offender);
- Individuals with mild DD/MI in the hospitals have challenges accessing community services due to not qualifying for Development Disability Waiver Services, yet they often require that level of care and specialized services due to behavioral issues;
- Montgomery County is within the counties with the highest per capita NGRI population in the state psychiatric hospital system, thereby making us a high utilizer of Inpatient Forensic Services compared to other Board areas in the state and limiting our ability to access Community beds;
- Loss of Community Support Networks has resulted in the loss of dedicated forensic treatment programs versus having community based forensic treatment teams. There is a gap in existing finances to incentivize community based providers to engage clients in the state hospital with high intensity community reconnection services;
- Central Pharmacy dollars, through emergency prescriptions, are in some cases having to be spent twice due to delays in filling and distributing prescriptions for individuals with limited resources that purchase medications independent of Central Pharmacy. This situation combined with what appears to be an increased cost for medications in SFY 2014 through the new statewide vendor is causing Central Pharmacy dollars to cover fewer patients than in the past;
- Providers allege that many individuals are not transitioned out of prison appropriately. Despite the Community Linkage process, clients are returning on day 30 post discharge looking for prescription refills and have yet to connect with community based providers.

Lastly, there have been no cases of children service needs reviews resulting from a finalized dispute resolution with the Montgomery County Family & Children First Council during the last two years in Montgomery County.

The ADAMHS Board for Montgomery County Senior Leadership Team and Board of Directors meet annually to conduct strategic prioritization and planning. This year, the meeting resulted in five key areas of strategic priority: 1) Access 2) Prevention 3) ACA/Medicaid Expansion 4) Transportation & Supportive Services 5) Human Services Levy. The Board operates in five Divisions: 1) Administration 2) Fiscal Operations 3) Behavioral Health Operations 5) Community Engagement 6) Management Information Systems. Each Division will define Division-Specific Indicators/Goals, Measures, and Action Steps. All of this work will result in the 2014 Strategic Plan that will drive future work of the ADAMHS Board.

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

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

3. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment? *(see definition "local system strengths" in Appendix 2).*

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

    Montgomery County has a strong history of innovation and community collaboration. This is evident even in the manner with which human services dollars are received and allocated throughout Montgomery County through the Combined Human Services Levy's which generate local funds to allow for greater local service planning. Montgomery County has consulted with many other counties around Ohio who have explored pursuing a combined human services levy as opposed to maintaining separate levies for mental health & addiction, DDS, Children Services, Council on Aging, etc.

    Montgomery County ADAMHS serves as an ASM Provider Board for other boards who wish not to provide this function in house. We are open and willing to consult with other Boards on how we provide this service.

    Montgomery County's Board of Trustees adopted the Carver Model of Board Governance, which has strengthened policy making as well as Board operations.

4. What are the challenges within your local system in addressing the findings of the needs assessment? *(see definition of "local system challenges" in Appendix 2).*

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

    The Human Services Levy has suffered reductions in generated revenue due to the economic downturn and number of foreclosed homes. This may impact local dollars available for distribution to the human services agencies throughout the county. The levy will go before voters in 2014. Its outcome could have significant impact to locally funded programs and services.

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

We are always working with other Boards to gather input into how they make decisions, monitor programs & services and perform general Board functions in their local communities We utilize the Ohio Association of County Behavioral Health Authorities as needed also.

5. Describe the Board's vision to establish a culturally competent system of care in the Board area and how the Board is working to achieve that vision *(see definitions of "cultural competence" and "culturally competent system of care" in Appendix 2).*

Montgomery County ADAMHS staff has participated in the C.O.P.E. as a means to gain insight into the lives of persons living in poverty and also maintains a close relationship with the local NAMI and Friends of the Castle program as a means to obtain consumer input. Staff has accompanied PATH workers into the community to meet and talk with homeless persons to hear their experiences and perspectives. Also, staff is making every effort to explore the system of care outside of the ADAMHS funded agencies to ensure a proper pulse on the spectrum of services available to the people within Montgomery County. Conversations about services have enlightened staff about the consumer experience in the system of care.

The Board participates with the Dayton Mediation Center for culturally responsive training and activities.

We would be interested in the work of the Multi-ethnic Advocates for Cultural Competence if that could be extended locally.

Priorities

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

Priorities for ADAMHS Board for Montgomery County)				
Substance Abuse & Mental Health Block Grant Priorities ***Priorities Consistent OHIOMAS Strategic Plan**				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Persons who self identify as IDU get priority for services within 2 days of request. Ensure quality programming available to this population.	Require each service provider to maintain compliance with access timeframes in accordance with the federal standard. Provide programming that includes Medication Assisted Treatment Options including Methadone, a pilot program for Suboxone®, outpatient, IOP and residential treatment options.	Persons who self identify as IDU upon access to care are to be seen within 2 days. This information is tracked by the County's centralized intake provider and reported to ADAMHS quarterly ADAMHS conducts compliance review surveys and provides a compliance rating for each contracted service providing agency Number of persons who self identify as IDU served during the fiscal year	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Ensure compliance with access requirements for pregnant women within the local system of care. Ensure quality programming available to this population.	Require each service provider to maintain compliance with access timeframes in accordance with the federal standard. Partner with local Children Services, Family & Children First Council regarding service coordination.	Persons who self identify as a pregnant AoD user upon access to care are to be seen within 2 days ADAMHS conducts compliance review surveys and provides a compliance rating for each contracted service providing agency Number of women served who are identified as HB 484 service recipients	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory: Parents with substance abuse disorders who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Ensure compliance with access requirements for parents with dependent children within the local system of care. Ensure quality programming available to this population.	Provide funding for site specific providers at MCCSD. Partner with local Interagency Clinical Assessment Team for multi-system youth to plan for services and cost share when MH treatment is a primary	Persons who self identify as a AoD user upon access to care are to be seen within 2 days ADAMHS conducts compliance review surveys and provides a compliance rating for each contracted service	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		need. Partner with CSD and Juvenile Court to fund the ICAT Coordinator position. Provide outpatient programming for this population at varied provider agencies.	providing agency Number of youth who participate in ICAT process. Number of youth where ADAMHS cost shares	
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases	Persons at risk of or with TB or other communicable diseases receive counseling and testing.	Agencies provide counseling, testing and/or a referral to testing and treatment for communicable diseases.	TB counseling and referral data is submitted to ADAMHS and report to Ohio MHAS quarterly	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Youth with SED have access to and receive treatment that is of high quality and responsive to the needs of the child/family.	Multi-system youth may be referred to ICAT for service coordination and access to services as identified. Core BH services are available within the system of care for SED youth.	Family reports services have a positive impact on the family/youth who are ICAT involved # youth who disrupt despite ICAT plans # youth who receive treatment services is tracked yearly UOS by service type for SED youth are tracked yearly	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	SMI adults have access to and receive treatment that is of high quality and responsive to their needs.	Core BH services are available within the system of care for SMI adults. SMI adults are afforded supportive services within the spectrum of care.	# adults with SMI diagnosis area tracked yearly UOS by service type for SMI adults are tracked annually	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	Integration of BH and Primary Care for persons living in Montgomery County. Support new ways of contracting to encourage integration of care.	Encourage CMHC agencies to continue to be innovative with their implementation of integrated care.	All large CMHCs who receive ADAMHS funding can display some form of integrated care within their business structure	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

MH&SAPT-BG: Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	Recovery Support services are plentiful throughout Montgomery County for SMI and substance use disorders. Expand Peer Support services provider network.	Provide a host of supportive services that are in alignment with our priorities as well as those emerging community needs. Host training in Dayton for potential Peer Support providers. Work with provider agencies to implement Peer Support programs.	UOS by service type are tracked yearly for supportive services # of persons who receive each supportive service tracked yearly ADAMHS will work to create as much client specific tracking as can be created Number of persons trained.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant** ***Priorities Consistent OHIOMAS Strategic Plan**
Treatment: Veterans	Develop an ongoing relationship with the Dayton VA for the purposes of coordination of care.	Cross training of ADAMHS and VA staff regarding the spectrum of care available within each system and how to access. Care coordination services will be provided to persons who may be veterans to maximize resources between VA and ADAMHS systems of care.	Dates of meetings, presentations will be kept Track care coordination of services for veterans.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Individuals with disabilities	Promote the need for persons with disabilities to address MH/AoD issues. Assist with access to care by providing deaf and language interpreter services to the contracted agencies.	Contract with at least one agency who can be the specialty provider for persons with communication needs, head injuries, and the like.	Contract in place for services to support the goal Annual assessment of the languages	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	Increase options for MAT in Montgomery County. Reduce opiate overdose related deaths in Montgomery County.	Expand services for opiate addicted indigent individuals to include Suboxone® and Naloxone kit distribution.	Selection of a provider for MAT/Naloxone Kit distribution via RFP Process Number of persons served in MAT via Suboxone® in Montgomery County	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

Priorities	Goals	Strategies	Measurement	Reason for not selecting
			through ADAMHS funded provider in SFY 14 Number of Naloxone kits distributed Number of overdose reversals documented in Montgomery County	
Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	Persons experiencing SPMI will obtain affordable housing with supportive services to assist them to remain housed, and recover from MH / Addiction.	Obtain a baseline of housing stock & subsidies in the ADAMHS system and Continuum of Care. Assess supportive services availability. Establish a baseline of recovery housing throughout Montgomery County. Conduct a needs assessment for recovery housing. Explore options to support recovery housing system of care. Explore resources for expansion of recovery housing options. Enhance collaboration with and among housing providers.	Number of HAP vouchers available and used Number of persons housed in all types of housing funded by ADAMHS Meetings with recovery housing providers and tours of houses Assess resources for recovery housing Assess needs of the recovery housing and supportive housing providers Number of opportunities for collaboration and communication hosted by ADAMHS	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Underserved racial and ethnic minorities and LGBTQ populations				X_ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Treatment: Youth/young adults in transition/adolescents and young adults	Provide housing, intervention and supportive services to TAY with MH/AoD diagnosis.	Fund, through 505 Hot Spot funds, Alma's Place who provides housing and targeted services to TAY.	Outcomes report information provided quarterly to MC and Ohio MHAS	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Treatment: Early childhood mental health (ages 0 through 6)*	Parents of 0-6 year old youth in need of behavioral health services will have	Provide funding to YCATs* administrative agency SBHI.	Number of youth ages 0-6 who receive services	__ No assessed local need __Lack of funds

	a specialized treatment option.	*Young Child Assessment & Treatment Program		__ Workforce shortage __ Other (describe):
Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure	Utilize information from the SPF process to guide decision-making for the allocation of funding to support prevention services	Completion of all five SPF steps with additional focuses on Cultural Competence and Sustainability: 1. Assessment 2. Capacity Building 3. Planning 4. Implementation 5. Evaluation	Documentation of completed strategies in the form of final reports, attendance records, meeting minutes, etc. Documented decreases in prevalence, incidence, and consequences of AOD and MH problems, as dictated by, and evaluated against, the assessment data	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*****	Assess current prevention programs to inform recommendation for future prevention programming.	Conduct a gap analysis as well as quality review of current program providers.	Compliance review reports Corrective Action Plans written Follow up CAP reviews	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices	Pregnant women and women who are of child bearing age can learn healthy parenting techniques.	Prevention services are funded for this population specifically.	Number of women, ages 18-40 who are served by the prevention service provider agencies	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Promote wellness in Ohio's workforce	Promote SBIRT services to community stakeholders that have access to Montgomery County's workforce Increase Medicaid penetration rate among persons with MH/AoD treatment needs.	Implement "Second Chance Initiative" in partnership with MCDJFS Work with employers to ensure Drug Free Workplace (DFWP) policies are incorporated into business structure In partnership with JFS, ADAMHS will fund an ESS worker at JFS who will fast track BH system referred people into Medicaid application process.	Decreased substance use and increased mental wellness as evaluated through the utilization of validated screening tools such as DAST, AUDIT, PHQ-9, and potential others Increased employability Implementation of DFWP policies ESS worker will track number of persons referred for fast tracking by the BH system, as well as the number who prove eligible for Medicaid	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*****	Persons presenting for AoD SOP and IOP services will be screened for problem gambling.	Implement gambling screening at the time of intake for AoD SOP and IOP services.	Number of people who receive a gambling screening	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*****	Utilize the SPF process to integrate problem gambling prevention strategies in community and healthcare organizations	Completion of all five SPF steps, specific to problem gambling, with additional focuses on Cultural Competence and Sustainability: 1. Assessment 2. Capacity Building 3. Planning 4. Implementation 5. Evaluation	Documentation of completed strategies in the form of final reports, attendance records, meeting minutes, etc. Documented decreases in prevalence, incidence, and consequences of problem gambling OR documented maintenance of no problem gambling issues according to assessment data	

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Access to services	Persons in need of behavioral health services can access services within expected timeframes.	Conduct an assessment of the system of care specifically evaluating access issues Investigate/assess sufficiency of gateway/timeliness/capacity Increase Forensic discharges from State Regional Psychiatric Hospitals Further develop/increase joint venture with Children's Medical Center to reduce the number of dually diagnosed youths who must leave the community to receive mental health services	Documentation of completion of a SWOT analysis and other activities to evaluated access to care.

Workforce development	Encourage mental health professionals to live and work in Montgomery County.	Support academic programs that educate MH professionals through the provision of partnerships	Number of MH professionals who receive benefits of ADAMHS funding who obtain employment in the County.
	Identify individuals who may be unable to obtain employment due to failed drug screens.	Implement an SBIRT program in partnership with Montgomery County JFS Work Force program	Under negotiation.
ACA/Medicaid Expansion	Identifying gaps in services for Montgomery County residents, including access, education and linkages Connecting/developing services to close those gaps	A County-wide task force is currently in the process of completing the first phase of its work and beginning to develop an implementation plan to address the identified needs. That plan will move forward with recommendations to the Board of County Commissioners	Monitoring the implementation plan and issuing a community report
Transportation and Supportive Services	Increase: Resources, Housing, Supported Employment and IT/Data Collection	Enhance the system infrastructure	Being developed

Priorities (continued)

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

Priority if resources were available	Why this priority would be chosen
(1) Recovery Housing	Identified community gap combined with the high prevalence of substance abusing persons in Montgomery County.
(2) Sobering Center	Identified community gap combined with the high prevalence of substance abusing persons in Montgomery County.
(3) Sub Acute Detoxification Services	Identified community gap combined with the high prevalence of substance abusing persons in Montgomery County.
(4) SBIRT Services	Identified community benefit.
(5) Forensic Transition Program	Benefit of reduced cost of placements outside of Summit RPH. High number of Montgomery County persons on the forensic rolls at Summit RPH.

8.   Describe the Board's accomplishments achieved through collaborative efforts with other systems, consumers and/or the general public during the past two years.

The ADAMHS Board for Montgomery County is committed to involving customers, community stakeholders, and the general public in its service delivery planning process. Individuals who are clients/customers of the public health system are members of the ADAMHS Board of Directors and its Program & Services Committee. The Executive Director meets monthly with contract providers to discuss successes and address concerns identified by the providers. Data and other information generated during these meetings are used by Board Staff and the Board of Directors to improve and refine the services purchased by the Board.

In Montgomery County, the Board is one of the four (4) mandated agencies that participate in the County's combined Human Services Levy process. As a part of this process, Community Review Teams -that consist of individuals appointed by the Board of County Commissioners - review the ADAMHS Board's operations and make suggestions for change. The recommendations made by this Community Review Team lead directly to the Board's Human Services Levy allocation.

Additionally, the ADAMHS Board participates in numerous community initiatives that assist with the planning, prioritizing, implementation, and evaluation of the publicly funded system of care. Specific issues are identified and planning processes assist in developing strategic initiatives that contribute to their resolution. Some of the initiatives in which ADAMHS is involved, as well as their accomplishments, include the following:

Synthetic Drugs Task Force – This Task Force was created as a result of a significant increase in the number of people seen in Montgomery County Emergency Departments related to synthetic drugs. This collaborative group focuses on addressing issues related to all synthetic drugs including bath salts, K2/Spice, Krokodil, among others. Collaborative partners include the Greater Dayton Area Hospital Association, the Miami Valley EMS Council, Dayton Police Department, Montgomery County Sheriff's Office, the Coroner's office, and other law enforcement and healthcare stakeholders. This Task Force was instrumental in establishing funding to purchase an analog tracking system so the Coroner's office could track the multitude of analog's found in seized synthetic drugs; this effort has led to greater ability for prosecution. ADAMHS also partnered with the Synthetic Drugs Task Force to conduct a Synthetics Symposium in March 2013; there were over 400 people in attendance.

Fetal Alcohol Spectrum Disorders Task Force – This Task Force addresses the FASD issue on a broad scale in Montgomery County including pre-pregnancy awareness, prenatal screening, screening infants/youth, and services to people who are inflicted and their caregivers. Collaborative partners include Public Health – Dayton & Montgomery County, MCBDDS (Developmental Disability Services), Montgomery County Children Services, Wright State University/School of Medicine, obstetricians, pediatricians, a parent with a child with FASD, and others. This Task Force achieved the following accomplishments over the last two years:
- Implemented the Alcohol Screening & Brief Intervention project in all Montgomery County WIC clinics. Utilizing the SBIRT model, this project, to date, has screened over 11,000 women for alcohol use during pregnancy, has provided over 500 brief interventions, and reports that 97% of women receiving a brief intervention have abstained from further alcohol use after their initial brief intervention. This project has been so successful at showing positive outcome evaluation results that Ohio WIC (through the Ohio Department of Health) has agreed to implement this project statewide. The Montgomery County FASD Task Force was instrumental in developing the training protocol for statewide implementation.
- Promoted SBIRT to local primary healthcare providers

Tobacco-Free Coalition – This Coalition addresses the significant tobacco problem in Montgomery County. Coalition members include the health department, healthcare providers, university representatives, K-12 school representatives,

among others. The Coalition achieved the following accomplishments over the last two years:

- Entered into ongoing discussions with local universities to promote 100% tobacco free campuses.
  - The University Of Dayton (UD) has implemented a new "Smoking Zone" policy in August 2013. While the Coalition advocates for 100% Tobacco-Free Campuses, this is a good first step for the university. With the implementation of this new policy, the Coalition is working with UD to provide smoking cessation classes and the first series had 15 staff and faculty in attendance. Two additional series were offered in the fall: one for staff and faculty and one for students.
  - Wright State University (WSU) has developed a "Tobacco Committee" to look at the Tobacco-Free Campus option and while they have not yet made a decision, they have decided to keep the committee active and hope to make a decision by January 2014.
  - Sinclair Community College is planning to do a survey for students, faculty and staff to make a determination on becoming a Tobacco-Free Campus. No word yet on the progress of this survey.
  - Dayton Public Schools has agreed to review and update their tobacco policy to be the first in Montgomery County to meet the new ODH 100% Tobacco-Free School grade.
- The Coalition was asked to testify before the Senate Finance Committee on a new bill that would equalize "other tobacco" products. If an equalization tax passes, a portion of the revenue will fund cessation and prevention efforts in the state.
- Had a student intern from WSU's Master's in Public Health Department who conducted a Strategic Prevention Framework process for the Coalition. The report was completed and presented to the Coalition members in October 2013.
- Created a "Smoking Cessation Services in Montgomery County" brochure that markets local smoking cessation opportunities. Copies were made and passed out to Coalition members in September 2013.
- Assisted students with conducting advocacy with state legislators to discuss the need for state funding to support tobacco prevention efforts.
- Letters sent to all Montgomery County middle schools letting them know about the dangers of tobacco, where to find resources when needed, and that speakers are available by request.

Montgomery County Homeless Solutions Community 10-Year Plan - As part of this collaboration, ADAMHS staff provides consultation and technical assistance on the System Performance and Evaluation in order to enhance system performance issues and identify effective evaluation tools.

Data Sharing Implementation Committee – This committee initiated a Community Consent Form Project. The goal of this project is to facilitate data sharing through the Community Consent Form and technology solutions to allow community partners and other health care providers to review releases of information so that health care information can be shared.

Youth and Young Adults in Transition (YYAT) Committee – This committee's goal is to gather data in order to determine Medicaid penetration rates of children who are Children's Services involved and who are involved with multiple systems.

Opiate Task Force – This Task Force addresses the opiate epidemic in Montgomery County, including the increasing trend of prescription drug and heroin abuse. Task Force membership includes law enforcement, healthcare providers, ER physicians, the Ohio State Medical Board, health department, individuals in recovery, treatment providers, pharmacists, pain management specialists, EMS providers, Coroner's office, among others. The Task Force achieved the following accomplishments over the last two years:

- **Montgomery County Training Event:** In May 2012, a training entitled "Community Partnerships to Study and Reduce Harm from Prescription Drugs" was sponsored. The training was conducted by Christy Porucznik, PhD, MSPH, who is an assistant professor in the Public Health Program at the University of Utah. The training provided an overview of what other communities have done to address prescription related harm, information on the identification of local data gaps, and strategies on how to get data for surveillance and evaluation. Free and open to the public, this training also provided participants with

CEUs from the State of Ohio Counselor and Social Worker and Marriage and Family Therapist Board and The Ohio Chemical Dependency Professionals Board. A total of 129 participants were in attendance at this training.

- **"Don't Get Me Started" Public Service Campaign:** "Don't Get Me Started" posters were made available for posting to the 129 attendees of the "Community Partnerships to Study and Reduce Harm from Prescription Drugs." In addition, 250 magnets and other materials related to this campaign were distributed to all of Wright State University's 2012 incoming freshman students.

- **NIATx/Buprenorphine Research Grant:** ADAMHS applied for and secured a training and technical assistance grant opportunity through NIATx to assist community providers in overcoming barriers to providing buprenorphine services. All five eligible treatment providers committed to participating in this opportunity. The first training opportunity occurred on October 26, 2012 and focused on technical assistance related to Buprenorphine as a MAT for opiate addiction, prescribing regulations, therapeutic treatment issues, the science of addiction, and the various roles of health care providers.

- **NARx Program**: This software product was designed to help busy healthcare providers make informed decisions regarding the prescribing of narcotics to their patients and has been integrated into all nine Emergency Departments in the Miami Valley. The product provides a patient score based on their past history and current use of prescription medications and identifies potential drug seeking behaviors.

"Lock Your Meds" Prescription Drug Abuse Awareness Campaign: ADAMHS reached out to the Dayton Area Board of Realtors (DABR) to join in community prevention efforts targeting the decrease in abuse and theft of prescription medications. Resources were made available to educate them on how to improve the safety of their listed properties that are accessible to the public via open houses and private showings. Literature about this issue was distributed via a monthly DABR newsletter sent to approximately 2,000 area real estate agents. Ongoing face-to-face trainings occur by request. While any audience is appropriate for a "Lock Your Meds" presentation, our focus has been on educating the elderly because of their vulnerability and high quantity of prescription medications.

Partnership with Central State University – ADAMHS has partnered with Central State University to educate their student population. ADAMHS leadership has met with eight student leaders from the university, and distributed approximately 30 "Don't Get Me Started" campaign materials, OACBHA newsletters, and links to OSAM-O-Grams. In addition, ADAMHS has signed off on a small grant opportunity to offer support and education around prescription drug abuse awareness targeting incoming students who have served in the Armed Forces.

Ongoing Training and Education – Nine videos, available on YouTube, have been developed by Wright State University and are comprised of an educational series on prescription drug disorders. These online educational tools target medical students, emergency department residents, other medical residents, the dental society, and the community at large, and are available 24/7 to anyone with Internet access by going to http://www.med.wright.edu/rxdrugs or http://youtube.com/bsomcitar.

Medication Drop Boxes – Through a partnership with the City of Dayton Police Department, Dayton residents can now dispose of their unwanted and expired prescription medications at four Dayton Police Departments. The drop boxes are a great way for the public to properly dispose of unused medications that otherwise might end up being diverted or pose a threat to the environment. Residents are advised to remove the prescription labels on the medication bottles to protect their privacy. The drop-off sites are secure and confidential. When they are emptied, the drugs are taken to be incinerated. The goal is to keep these drugs out of the hands of people who will misuse them or sell them on the street.

"Don't Get Me Started" Poster Contest - Three Dayton Public School middle school students earned top honors for their design in the Montgomery County "Don't Get Me Started" poster contest to inspire people to be concerned about drug abuse and the opiate epidemic. First place was awarded to Chelsea Brundon, a 14-year-old 8th grader at Wright Brothers who said that she "wants to inspire others with her art." Chelsea received a $100 gift card and was later selected as the third place winner at the state level, receiving a $250 prize from the Ohio Association of County Behavioral Health Authorities. Her poster themed, "Don't let it get this bad," was displayed along with other statewide winners at the Ohio Opiate Summit in Columbus on April 2013.

Opiate Town Hall Meeting – An Opiate Town Hall Meeting was conducted in May 2013 located at a community center in one of the highest overdose zip code areas in Montgomery County. The event was moderated by Montgomery County Commissioner Dan Foley. Highlighted speakers included: Orman Hall, Director of the Ohio Department of Alcohol and Drug Addiction Services; Aaron Haslam, Ohio Attorney General's Office; Dr. Doug Teller, Addictionologist at Kettering Hospital; Russel Falck, Associate Director with Wright State University's Boonshoft School of Medicine; Danielle Smoot, parent; and a panel consisting of addiction experts, law enforcement, healthcare professionals, and elected officials. There were approximately 150 people in attendance.

Montgomery County Poisoning Death Review Process – Led by Wright State University, a Poison Death Review process has been developed based on the Child Fatality Review model to identify the circumstances surrounding all new drug poisoning/overdose deaths, and conduct reviews on all decedents to inform prevention initiatives. A database captures this data and contains information about the drugs involved in the death, circumstances of the death, and any other available and informative details of the decedent's history, including history of substance abuse. Information is gathered from the death certificate, case synopsis, postmortem report, and toxicology report.

Risk Reduction/Community Education on Preventing Overdoses: A handout that outlines ways to prevent prescription drug overdoses has been developed and approved for distribution. This literature was distributed by priority zip codes within local areas identified as having a high risk for overdoses based upon findings from the Poisoning Death Review process. Distribution began in May 2013.

Behavioral Health Transportation Workgroup – ADAMHS developed the Behavioral Health Transportation Workgroup in July 2013. Their objective is to address transportation gaps that currently exist for consumers of behavioral health services in Montgomery County. The workgroup attempts to link public and private transportation providers with community behavioral health providers. The workgroup has established partnerships between the various behavioral health provider organizations and private Medicaid-reimbursed transportation agencies that would not have existed if not for the workgroup. The group has also been the hatching ground for a Volunteer Driver Program.

Affordable Care Act Task Force - The Montgomery County Board of County Commissioners established the Montgomery County Affordable Care Act (ACA) Task Force in February 2013. This Task Force is tasked with preparing the community for the implementation of the ACA and its impacts on the human services' safety net in Montgomery County. The Task Force initiated their work with four primary goals: 1) develop an understanding of the issues, 2) review our current status, 3) develop recommendations, and 4) provide an action plan and steps for readiness. This group is tri-chaired between the ADAMHS Board, the Greater Dayton Area Hospital Association, and Public Health – Dayton & Montgomery County.

Prostitution Intervention Collaborative-A community collaboration where victim advocates, law enforcement and other community stakeholders identify the issues impacting prostitutes and works to change perception and policy that impact prostitutes and human trafficking victims.

Young People Succeeding & Health Family Collaborative-These are two separate workgroups of the Human Services that oversee the services and programs funded with these populations in mind. ADAMHS provides input regarding issues of

behavioral health and makes recommendations for service gaps/needs.

Samaritan/Crisis Care Meeting- System level staff attend this meeting where difficult cases can be staffed, information sharing and solution focused efforts towards improved inpatient and outpatient partnerships and patient experiences of smooth coordination of services.

Electronic Enrollment and Board Adjudication - ADAMHS has collaborated with other Boards and network providers for the development of an enrollment system and claims adjudication system. The Board has trading partner agreements with several agencies to bill MITS on their behalf as well as currently billing MACSIS.

 Electronic Health Record - The Board is working towards the goal of all agencies utilizing EHR, or electronic health record. This project may include a health information exchange amongst behavioral health providers. This work also entails the writing of a RFP which is scheduled to be released in 2014.

Grant Writing - ADAMHS has collaborated with a variety of community partners in order to pursue, develop, and secure grant dollars. The subsequent program/services have been initiated as a result of receiving new funding awards:

- **Behavioral Health/Juvenile Justice/Learning Independence and Family Empowerment (BHJJ/LIFE) Program** was written and secured for the continuation of programming that provides in-home services to youth, along with their families, who are at risk of commitment to the Ohio Department of Youth Services with the accompanying goal of decreasing recidivism rates and improving reunification. Partners included the following: South Community, Inc.; Samaritan Behavioral Health, Inc.'s (SBHI) Crisis Care, and the Montgomery County Juvenile Court. Services are provided to a minimum of 330 juvenile offenders between the ages of 10-18 and their caregivers.
- **Race To The Top / Early Childhood Mental Health Innovation** – A grant was written and secured in collaboration with SBHI to develop and produce an instructional video on the Young Children's Assessment and Treatment Services (YCATS) program that serves high needs, low-income children with mental health and/or developmental delays via a comprehensive continuum of mental health treatment and prevention services for children from birth through kindergarten age.
- **Training for Adoption Competency (TAC)** grant was written and secured in collaboration with Montgomery County Children Services, Catholic Social Services, and CHOICES, Inc. to provide specialized training to therapists on issues unique to foster care and adopted children in order to address issues unique to this population and to decrease the occurrence of multiple home placements. ADAMHS conducts the QI activities for this program on an ongoing basis to ensure evaluation information is collected and that the program is staying true the fidelity of the model.
- **Criminal Justice/Behavioral Health Linkages** – Collaboration with the Montgomery County Sheriff's Office, Miami Valley Housing Opportunities-PATH Program, and Samaritan Behavioral Health, Inc. allowed us to successfully seek and secure funding to begin a pilot project that links individuals leaving our county jail system to behavioral health services post release.
- **Suicide Prevention Efforts** - In collaboration with the Montgomery County Suicide Prevention Coalition, we sought and secured three grant awards that resulted in funding for the following activities:
  - **AOD and Suicide Prevention Collaborative** training to local AOD prevention and suicide prevention service providers that focused on cross-competency education: the effects of substance abuse on the development of suicidal ideation, and conversely, the effects of depression and suicidal ideation on increased substance abuse. The entire session focused on prevention methodologies.
  - "**Postvention with High Risk Populations**" training to area professionals and community members regarding issues related to survivors of suicide.
  - **Kognito Online Gatekeeper Training**, an online training, was promoted to all public, charter, and private middle schools as part of a statewide initiative to educate "gatekeepers" on identifying youth at risk for suicide and other mental health related issues. ADAMHS conducted a county-wide competition between

middle schools to see which school would have the highest number of staff and faculty that took the online training.

- **Developmental Disabilities Services Board-** DDS and the ADAMHS Board collaborate on several initiatives including those that provide direct services to mentally ill individuals with developmental disorders.

Hospital Partnerships-The local hospital authorities and the ADAMHS Board continue to collaborate on several campaigns to combat the use of synthetic drugs through public awareness events and educational sessions.

Professional Workforce Partnership-The ADAMHS board has collaborated with Wright State University to provide well-attended, quality continuing education for mental health and addiction treatment providers on a wide array of topics including changes in the DSM-5.

Greater Dayton Mental Health Foundation-The ADAMHS board continues to collaborate with public entities such as the Greater Dayton Mental Health Foundation to combat stigma and increase access to mental health services.

Without listing every collaborative more than what is stated, hopefully, it is evident that the tradition of creativity and collaborative efforts if alive and well in Montgomery County, particularly as it relates to how the citizens who are most vulnerable can be helped. Lastly, ADAMHS provides funding for contracts to a variety of service organizations to provide a full array of behavioral health services.

Mind Matters is a statewide initiative which includes pediatricians, mental health providers, child welfare, law enforcement, hospitals, and others. It is specifically addressing polypharmacy issues related to young people in foster care and both reducing and better managing the prescribed medications overall.

Learn to Earn is a community public-private initiative, which is designed to address young peoples' academic attainment by building a supportive network which begins in early childcare.

Inpatient Hospital Management

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

Summit Discharge Meeting: With ADAMHS hosting, the outpatient mental health and housing program providers meet with Board staff and state hospital staff every two weeks. Resource utilization is reviewed and disposition is planned. This collaborative setting allows for special planning for difficult cases and coordination of care for the highest utilizing individuals. Specifically addressing state hospital utilization, our staff has convened a work group with the state and community hospital leadership, local outpatient providers, and representatives from the legal system which is charged with developing a community plan to address long-term forensic patients and bed access with a special focus on community bed access. Additionally, Board staff meets with treatment providers on-site at the state hospital and discuss issues related to patient flow, access, level of care, and appropriate treatment.

Good Samaritan Hospital: Most recently in Montgomery County Premier Health Administration made the decision to close the hospital's Mental Health Inpatient Unit. This resulted in the loss of 29 inpatient beds from our local system. This has resulted in the remaining psychiatric units being at full capacity more often recently, causing patients to transfer out of the local community for care and a push for Summit transfers to occur more quickly.

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

   a. Service delivery

   b. Planning efforts

   c. Business operations

   d. Process and/or quality improvement

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

Medication Assisted Treatment Pilot Project – ADAMHS released a Request for Proposals (RFP) in February 2013 to implement a Medication Assisted Treatment (MAT) Pilot Project in Montgomery County. MAT has been thoroughly researched and evaluated for its efficacy in treating opioid dependence, yet Montgomery County lacked a variety of treatment options for this population, particularly Buprenorphine services. A funding contract was issued in July 2013 to a provider that is Suboxone® certified and meets DEA requirements to provide Suboxone® services. MAT services began in October 2013 and are coupled with counseling services.

Project DAWN – In response to the exorbitant drug overdose deaths occurring in Montgomery County, ADAMHS released an RFP in February 2013 to begin a Naloxone distribution program through the replication of Project DAWN (Deaths Avoided With Naloxone). Naloxone is a safe, non-narcotic, generic prescription medication that has the ability to reverse the effects of opioids on the brain and respiratory system. Initially piloted through the Ohio Department of Health, Project DAWN trains individuals in the administration of Naloxone in order to avoid deaths by opioid overdose. Within two to eight minutes, Naloxone can prevent death via its ability to restore an individual's breathing and consciousness in an opioid overdose situation. The distribution program follows ODH-established protocol and distributes Naloxone kits to the family members and other support persons of opiate addicted individuals receiving treatment services as well as to the larger community through effective outreach efforts. Services began in November 2013.

Ambulatory Detoxification Services with Sobering Center Beds – A complete lack of detox services had become abundantly apparent in Montgomery County. The County Jail and the community hospitals have had to provide these services by default and as a safety net in response to this gap in service. These services, however, are inappropriate and non-therapeutic, and do not support individuals in accessing ongoing services. Therefore, ADAMHS released an RFP in February 2013 and funded a $25,000 planning project from Judy 2013 to December 2013 to develop a community plan to implement detox services.   Community stakeholders involved in this process include law enforcement, hospital representatives, treatment and homeless providers. Services will include three levels of care: Sobering Center, Outpatient Detoxification, and Subacute Residential Detoxification Services. Services will follow best practices as established and endorsed by SAMHSA/CSAT as identified in the document "Detoxification and Substance Abuse Treatment: A Treatment Improvement Protocol (TIP 45)." It is anticipated that an implementation contract will be issued for services to begin in early 2014.

Second Chance Initiative – This initiative is a partnership between ADAMHS and the Montgomery County Department of

Job and Family Services (MCDJFS) in order to address behavioral health issues that play a significant role in the economic viability of our community.   A sizeable number of failed drug screens and co-occurring depression and anxiety issues lead to a workforce shortage. The inability for people to become and remain gainfully employed negatively impacts individuals, families, businesses, and the economic viability of our community. The Second Chance Initiative works with individuals participating in the Workforce Development Division at MCDJFS, utilizing SBIRT to screen for alcohol and other drug use as well as mental health issues. Individuals who score as low or moderate risk are referred to prevention education services utilizing evidence-based practices. Those that screen at high risk are referred out for a more comprehensive diagnostic assessment and, potentially, treatment. ADAMHS released an RFP in October 2013 and is anticipated to begin services in January 2014.

Downtown Dayton Initiative – ADAMHS is partnering with the Dayton Police Department, Montgomery County Office of Family & Children First, MVHO's PATH Program, the Downtown Dayton Partnership, and the Goodwill Easter Seals Miracle Clubhouse in an effort to effectively engage and treat individuals needing behavioral health services and who are highly visible in the downtown business core. These individuals have a high rate of interactions and incarcerations with the police department combined with a low rate of traditional outpatient community behavioral health utilization. The collaboration will train peer specialists affiliated with the Miracle Clubhouse to go out into the downtown core on a daily basis with the intent to engage the identified parties and encourage them to become affiliated with the Miracle Clubhouses "drop-in center" services. Data will be utilized to geo-map previous police encounters with the individuals so that timely engagements can occur. Transportation will be provided to those individuals who are willing to be accompanied to the Miracle Clubhouse where they will be provided with a shelter, a safe-environment, and meals. As individuals become more engaged with the clubhouse overtime, recovery services will be offered to them as well as community behavioral health treatment. The intent is that ultimately individuals will become accustomed to the clubhouse environment while more actively engaging in multiple forms of treatment and psychosocial rehabilitation with the final goal being symptom stabilization, steady housing, and employment training. It is estimated that services will begin in early 2014.

Montgomery County Community Linkage Project - Given the significant obstacles faced by individuals returning to the community post-incarceration, most ex-offenders need assistance with accessing services that will prevent them from recommitting criminal acts. This project provides a holistic and comprehensive plan for providing services pre-release with successful linkages to services post-release.   Individuals assessed as being at the highest-risk, based upon their mental health and substance abuse status as well as criminogenic profile, are referred to individual and/or group counseling provided by a Master's level licensed therapist positioned at the jail.   Therapeutic interventions focus on Cognitive Behavioral Therapy (CBT) while case management services offer support and coordinate linkages to other appropriate service providers, including mental health treatment, substance abuse treatment, and assistance with securing housing and employment, among others. Caseloads are based on best practice guidelines for this population averaging between 40 and 60 per case manager based upon the clients' level of acuity and complexity, psychosocial factors, and their existing support system.

Volunteer Driver Pilot Program - This pilot project was developed to address the significant rate of no-shows to pharmacological, psychiatric, and therapeutic appointments at our Community Behavioral Health providers. These no-show rates range from 22% to up to 30% consistently across the provider continuum. These no-shows result in reduced compliance in treatment, higher utilization of crisis and inpatient services, and millions of dollars in lost revenue for our community behavioral health system. In response to this issue, the ADAMHS Board for Montgomery County presented a proposal to the Greater Dayton Mental Health Foundation (GDMHF) to fund a small, data-gathering, pilot project to study the effects of introducing a volunteer mileage reimbursement program at two large Community Behavioral Health Centers. GDMHF agreed to award ADAMHS a grant of $5,000 to fund the project over a four-month period. The data obtained from the pilot will be utilized to apply for Federal Transportation 5310 funds in the spring of 2014, which will be distributed through the Miami Valley Regional Planning Commission. If the data indicates that the program is effective, we will be able to utilize the 5310 funds to implement a system-wide roll-out of the project and open it up ~~all~~ to other agencies affiliated with the ADAMHS Board.

Recovery Housing Pilot-ADAMHS has been touring local grassroots organizations to inform ourselves about the system of housing available locally (but outside of the ADAMHS network of contracted providers) for persons combating substance abuse and working for sobriety/recovery. It is the intent of the ADAMHS Board to develop a pilot for local recovery housing that will launch in 2014.

Advocacy (Optional)

11. Please share a story (or stories) that illustrate the vital/essential elements you have reported on in one or more of the previous sections.

Open Forum (Optional)

12. Please share other relevant information that may not have been addressed in the earlier sections. Report any other emerging topics or issues, including the effects of Medicaid Expansion, which you believe are important for your local system to share with the Departments or other relevant Ohio Communities.

Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	ODADAS UPID #	ALLOCATION

B. Request for Generic Services

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

B.AGENCY	ODADAS UPID #	SERVICE	ALLOCATION

Appendix 2: Definitions

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

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

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

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

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

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

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

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