

helping children soar



**PROJECT  
LAUNCH**

# Project LAUNCH

## Newsletter

July 24, 2013



**Ohio**  
Department of Health

### Joint Councils' Sustainability Planning Meeting

The Project LAUNCH State and Local Councils held their third annual all-day joint planning meeting in Logan, Ohio on June 3, 2013. The full memberships of the State and Local LAUNCH Councils were invited to participate in this joint session to begin drafting a sustainability plan for Project LAUNCH; out of 55 members 45 attended this session. The meeting was facilitated by LAUNCH's technical assistance facilitators; Michael Rovaris, Senior TA Specialist, Education Development, Inc., and Deborah Perry, Associate Professor, Georgetown University. Federal LAUNCH Project Officer Andrea Harris also attended and participated in the day's activities.



The meetings goals and focus included discussion of local activities regarding the 5-Federal LAUNCH Strategies; linking local LAUNCH activities to statewide children's health initiatives; and, identifying key elements for a sustainability work plan.

Several presentations were provided for these state-level initiatives:

- Building Mental Wellness (BMW); Medicaid Technical Assistance Policy and Program (MEDTAPP), and, brief overviews were provided for nine key state-level initiatives by their subject matter experts including, Race to the Top (RttT);
- Ohio Department of Health programs -- Child and Family Health Services, Help Me Grow/Home Visiting/ Maternal, Infant, Early Childhood Home Visiting (MIECHV), School Nursing Program, Patient-Centered Primary Care, and,
- Increasing Workforce Capacity for Advanced Primary Care; Pediatric Psychiatry Network (PPN); Ohio Medicaid Health Homes; Medicaid managed care plans care management.

Local presentations included "Local Implementation of the Five Federal Project LAUNCH Strategies" and "the Family Navigator program."

To provide a family perspective to inform planning, the Families At The Center session offered the experiences, insights and views of parents with children needing significant health and related services.

Following the morning presentations, two sustainability planning work sessions were conducted by the TASs facilitators. Each table was assigned one of the three local goals: Integration of Primary Care and Mental Health, Care Coordination or Workforce Development. Participants were given a sustainability planning tool to guide their discussions. This tool provided participants with a grid that allowed them to identify a Description of Service/Activity; Sustainability Strategies Actions Immediate – Intermediate – Long Term; Unanswered Questions; Lead agency/individual and Timelines.

From the tables' discussions, several major themes developed to support sustainability including involvement of local practices in the BMW initiative; expanding children's telepsychiatry services and area as well as faster implementation; Medicaid health home implementation in the local area; Medicaid managed care plans working more closely with providers to improve care coordination; participation in Race to the Top as it is rolled out locally; build on, better use of home visiting and MIECHV and, enable Family Navigator for the long term. There was also interest expressed regarding more active involvement locally in MEDTAPP; a broad workforce development strategy for attracting, retaining and training providers; expanding PATHWAYS Hub to include children's developmental conditions; resources for providers to improve care coordination including with and for the broad community of providers and increased trauma awareness and treatment. Further meeting outcomes detail will be discussed at the August 5<sup>th</sup> State Council meeting.

Initiatives councils' members would like to learn more about include Building Mental Wellness (BMW), Race to the Top (RttT), Medicaid Health Homes, Maternal, Infant, Early Childhood Home Visiting (MIECHV) and MEDTAPP.

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# Care Coordination

## *Ohio Children with Special Healthcare Needs Care Notebook/Website*

The Ohio Department of Health's, Children with Medical Handicaps program, Family Voices of Ohio, Ohio Help Me Grow, Project LAUNCH, Ohio Department of Developmental Disabilities, Ohio Developmental Disabilities Council, Cincinnati Children Hospital, UC University Center for Excellence in Developmental Disabilities (UCEDD), Mercy St. Vincent (Toledo, Oh), and Nationwide Children's Hospital Autism Treatment Network are working in partnership to develop an online, interactive resource for families to assist in managing the comprehensive care needs of children. The project is titled the **Ohio Children with Special Healthcare Needs Care Notebook/Website**. The purpose of the project is to provide an organizational tool for families, designed as a stand-alone website that will empower parent/professional partnerships which have a child/family focus. Families will be able to use this care notebook website to maintain and manage information about their child's medical care, to provide concise information about the child to the various members of the healthcare team and to help families access other resources such as transition, recreational and other services available locally and at the state and federal level.

Currently families may access the BCMH Handbook for Families of Children with Special Healthcare Needs at [www.odh.ohio.gov](http://www.odh.ohio.gov), by selecting "B" in the "A-Z Index" then selecting "BCMh" "Forms" "Materials" and "Resources." This handbook is designed to assist families in understanding the BCMH program and to provide additional information about eligibility requirements for other programs. Transition information may also be accessed at this website by selecting the "Information for Families" tab.

For more information, contact [Kim.weimer@odh.ohio.gov](mailto:Kim.weimer@odh.ohio.gov)

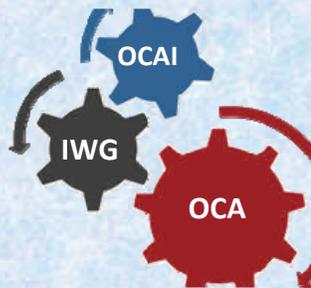
### **Ohio Interagency Work Group on Autism**

Ohio's infrastructure for doing business related to autism was strengthened as the Interagency Work Group on Autism (IWGA), Ohio Center for Autism and Low Incidence (OCALI), and the OCALI Advisory Board developed a solid working relationship. Together, these entities now actively partner to inform the development of new autism policies and initiatives.

The new Ohio Autism Recommendations were released through the working partnership of the IWGA, OCALI, and the OCALI Advisory Board. The recommendations reflect the voices of many Ohio families and stakeholders who contributed via statewide forums and an online survey.

IWGA state partners, which include the Governor's Office, the Office of Budget & Management, the Ohio Rehabilitation Services Commission, Ohio Center for Autism and Low Incidence and the Ohio Departments of Education, Health, Job & Family Services, Mental Health and Developmental Disabilities, came together to complete a data pull from each member agency to get baseline information of numbers of individuals with autism served and public expenditures for those services.

Ohio began its work on a State Implementation Grant for Improving Services for Children and Youth with Autism and Other Developmental Disabilities, awarded by the U.S. Department of



Health and Human Services. The project initiated work in public awareness, early identification and intervention, training for medical school and residency programs, and continued interagency coordination through the IWGA.

Health Transformation Innovation Funds were awarded in the amount of \$1.3 million dollars to support autism-related work that upholds Ohio's focus on lifespan issues. Funds support a project, The First Five Years: A Whole Child Approach to Autism Spectrum Disorders, to improve identification, diagnosis, and intervention for Ohio's youngest. Funds also support training efforts to further the understanding and implementation of Employment First, and increase the likelihood that youth with developmental disabilities successfully exit high school directly to community-integrated employment.

Governor Kasich announced that autism services will be defined as part of Ohio's "essential health benefit" package that federal law requires in every state beginning in 2014. Also, Ohio children with autism and their families will have access to needed services through policy changes for state employee health insurance, health insurance sold in the private market, and health insurance sold through the upcoming federally managed health insurance exchange.

For more information, contact Monty Kerr at: [Monty.kerr@dodd.ohio.gov](mailto:Monty.kerr@dodd.ohio.gov)



# Care Coordination

## OHIO UNIVERSITY CLINIC EVALUATES 100<sup>TH</sup> CHILD



The only clinic of its type in southeast Ohio, the Southeast Ohio Interdisciplinary Assessment Team (IAT), recently evaluated its 100<sup>th</sup> child. That was a milestone for an organization that is funded by grants and has always had doubts that they would be able to keep running. The clinic serves Athens, Hocking, Meigs and Vinton Counties and occasionally gets

children from Perry. Sue Meeks, RN, manager of the family navigator program at OU Heritage College of Osteopathic Medicine Community Health Programs said that she wishes they could help more children than they do but the clinic is booked full usually one or two months ahead.

The staff for the IAT currently consists of Brandi Nance, audiologist and IAT coordinator; Sue Meeks; Dr. Caroline Murphy, clinical child psychologist at the Child Development Center at Nationwide Children's Hospital; Sarah Taylor, speech/language therapist and clinical supervisor at the Hearing, Speech & Language Clinic at OU's College of Health Sciences and Professions; and Dr. Jennifer Walton, developmental pediatrician from Nationwide Children's Hospital.

Doctors from Nationwide Children's Hospital in Columbus come to Athens to help evaluate children on the fourth Tuesday of the month. On the second Friday following the evaluation when parents come in to discuss the results, the doctors at Nationwide use Telehealth, a teleconference program, to discuss the results. If an in-person visit is better for discussing results, the parents will wait until the fourth Tuesday to meet.

Sue Meeks said, "That we have been able to maintain that all these years through 100 children is a marker for us and allows me to think maybe we can keep this forever."

SEO-IAT began in 2008 because of a concern about the health and wellbeing of children in Southeastern Ohio and a realization that a lot of children needed to be evaluated but, because of the cost and intimidation of traveling to Columbus or Cleveland, were not getting seen, Meeks said.

When the clinic opened in Athens, Meeks was and still is the navigator. Nance joined in July 2008, when the clinic saw it's first child. Meeks' job is to take the referrals that come in for

children from birth to age 8. If she finds them appropriate for IAT, she will then look for records, look at the child's history and make sure that there is funding for the child to be evaluated.

Once that is done, Meeks will take the case to the team members, who sometimes send the child for a neurological exam before his or her evaluation. The team will then evaluate the child and then Meeks will step in again to help the child and the family find resources and to follow up with them. Meeks said it is not a quick process.

Even if a child does not meet IAT criteria, they may need other services that Meeks can help them find. "Whatever it is that they need, we try to figure it out," Meeks said.

The clinic is not meant to be a secret but is also not advertised. Meeks said that they would be unable to keep up with the number of referrals made if the clinic was widely known. Agencies in the area that are serving children do know about the clinic and so are able to make referrals when they think they are needed. Parents can also make referrals themselves if needed. Meeks said that sometimes parents will come to the clinic by themselves because no one else will listen to their concerns.

For more information contact Sue Meeks at: [meeks@ohio.edu](mailto:meeks@ohio.edu)



# Care Coordination

## *Tell Us How We Are Doing Managing Ohio's Maternal and Child Health Performance Measures!*

The Ohio Department of Health, Division of Family and Community Health Services (DFCHS) needs your input! As part of the Title V Social Security Act, the Maternal and Child Health (MCH) Block Grant is the only federal program devoted to improving the health of reproductive age women, infants, children, and children with special health care needs and their families. The MCH Block Grant provides about \$22 million in funding to Ohio which enables ODH to allocate funds for a wide range of public health service programs on a state and local level that benefit the MCH population.

As a recipient of MCH Block Grant funding, ODH submits an annual application to the federal Health and Human Services' (HHS), Maternal and Child Health Bureau (MCHB) that describes the impact and improvement of healthcare services to the MCH population, funded by the MCH Block Grant. As part of the application process the goal is to engage MCH stakeholders, consumers and family members from across the state by requesting their feedback regarding strategies and activities ODH is engaged in to improve MCH performance measures. These performance measures help ODH determine how we are doing regarding the health and welfare of recipients of MCH services. Please proceed to the link provided and you will see a "Scorecard" that highlights a five-year trend for the MCH Performance Measures. [Click here for Scorecard.](#)

For those of you who responded to our request for feedback about performance measure strategies in the FFY2013 application, and submitted comments or questions, ODH would like to provide you with a response. The following link [click here](#) will take you to a matrix that outlines the comments or questions ODH received and ODH's response. We hope this information is helpful to you and would appreciate any feedback you have about the scorecard or matrix.

### **What Can You Do to Help This Year?**

As an advocate for or recipient of MCH services in Ohio, will you please take a few minutes to complete a survey regarding the strategies ODH will focus on for each of its National and State Performance Measures in FFY2014. While the survey only lists the specific strategies we will work on from October 1, 2013 through September 30, 2014, you can access detailed information regarding the accomplishments ODH made on these performance measures from October 1, 2011 through September 30, 2012 by viewing the documents below.

[National Performance Measures](#)  
[State Performance Measures](#)

In the spirit of transparency and collaboration, this information will also be posted to the ODH Web page ([http://www.odh.ohio.gov/en/landing/phs\\_access/family.aspx](http://www.odh.ohio.gov/en/landing/phs_access/family.aspx)) and will remain active throughout the next year. As available, we will post updated information about the MCH Block Grant. You will have the opportunity to provide on-going feedback, and we will respond to comments and question from the FFY2014 Survey. Submit your online feedback now via Survey Monkey by [clicking here](#) or by using the email listed below. This link was available through July 12, 2013, taken down to tabulate the survey for submission to MCHB, and reactivated at the beginning of the new FFY on October 1, 2013. Thanks for your participation!

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# Integration of Primary & Behavioral HealthCare

## State Consolidates Mental Health, Addiction Services



### Ohio Department of Mental Health & Addiction Services

Gov. John R. Kasich's "Jobs 2.0 Budget" includes a number of common sense reforms that promote smarter, more efficient state government. Among the many transformations is the establishment of the Ohio Department of Mental Health & Addiction Services (OhioMHAS) - a consolidated cabinet-level agency born from the marriage of the former departments of Alcohol and Drug Addiction Services and Mental Health.

"One of the charges of creating the Governor's Office of Health Transformation was to recommend an improved permanent structure for Ohio's health and human services agencies. This agency consolidation is an outcome of that work," said Tracy Plouck, who will serve as inaugural director of the new department.

Beginning July 1, OhioMHAS will oversee a statewide service network that includes more than 460 alcohol, drug and gambling addiction prevention and treatment providers, 400 community mental health agencies and six regional psychiatric hospitals. The blended department will have a staff of approximately 2,400 (including 300 central office

employees) and a budget of approximately \$698 million in FY 14 and \$687 million in FY 15. The department's mission is "to provide statewide leadership in support of a high quality mental and addiction prevention, treatment and recovery system that is effective and valued by all Ohioans."

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"Because both addiction and mental illness are diseases of the brain that can be treated successfully, it makes sense that treatment services for people with

these illnesses are coordinated," said Dr. Mark Hurst, medical director for the new agency. "We anticipate being able to provide better services through integrated care."

Under the new structure Ohioans needing help for mental illness or an addiction will benefit from shared expertise and resources. Not everyone with mental illness has a substance abuse issue, but the percentage of those who do live with both issues is high. According to the federal Substance Abuse and Mental Health Services Administration (SAMHSA) 2011 National Survey on Drug Use and Health, 20 to 25 percent of individuals with a mental illness also will have a substance use disorder. In the state's regional psychiatric hospitals, rates in excess of 50 percent are consistently found. Likewise, according to SAMHSA, it is common for people with substance abuse disorders to also experience symptoms of mental illness.

For more information, go to: <http://mha.ohio.gov/Portals/0/assets/FeaturedNews/Consolidation%20PR.pdf>



# Integration of Primary & Behavioral HealthCare



## *Tri-County Mental Health & Counseling Services and Family Healthcare merger effective July 1, 2013*

Tri-County Mental Health and Counseling Services, Inc. and Family Healthcare, Inc. are pleased to announce their merger effective July 1, 2013. The name of the new corporation is Hopewell Health Centers, Inc. This event brings together two of Southeast Ohio's healthcare leaders, blending talents and resources for increased access to high quality care for residents of the region.

The Ohio Department of Health and Ohio University/IPAC Project LAUNCH initiative funded by the federal Substance Abuse and Mental Health Services Administration played a significant role in encouraging conversations starting a few years ago regarding the need for integration of primary medical care and behavioral/mental health to improve service access, quality and realize cost reduction. These conversations were key to making the merger a reality.

Hopewell Health will be a nationally accredited community mental health center and federally qualified health center with 16 sites across eight counties—Athens,

Hocking, Jackson, Meigs, Perry, Ross, Vinton, and Washington. The new name was selected in an open contest. A Family Healthcare patient and a Tri-County counselor both won the contest by entering the name "Hopewell," in reference to the Native American people who lived in the region. History suggests that the Hopewell people were known for settling conflict through peaceful resolution and collaboration.

In this spirit, leaders of both organizations remain committed to combining the best of both through shared, equitable decision-making. This is reflected in the new management structure. Mark Bridenbaugh, the current Chief Executive Officer for Family Healthcare, will serve as the CEO of the new organization. George Weigly, the current CEO of Tri-County Mental Health, will become associate CEO until his retirement in 2014. They are supported by five senior level executives: Three from Family Healthcare, Dr. Dawn Murray as Chief Medical Office, Melissa Walls as Chief of Operations, and Lesley Shope the Chief Financial Officer; and two

from Tri-County, David Schenkelberg as Behavioral Health Chief Clinical Officer, and Sherry Shamblin as Chief of Behavioral Health Operations.

Former Family Healthcare sites will continue providing primary care, pediatrics and dentistry at all seven clinics. Electronic medical records are being phased in. Clinical staff is formalizing procedures required to obtain Patient-Centered Medical Home (PCMH) status through the Ohio Department of Health. The hallmark of PCMH is coordination and integration of care through an ongoing relationship between a patient and physician. Previous Tri-County sites will continue their full range of services at all clinics. Sites are in process of implementing Medicaid health home services through the Ohio Department of Mental Health.

For more information, contact Mark Bridenbaugh, CEO, Family Healthcare, Inc. at 740-773-1006 ext. 2004 or George Weigly, CEO, Tri-County Mental Health and Counseling at 740-594-5045 ext.

# Integration of Primary & Behavioral HealthCare



## Kickoff Meeting for Minds Matter:

### Ohio Psychotropic Medication Quality Improvement Project

A statewide kickoff meeting was held on June 4, 2013 for Ohio Psychotropic Medication Quality Improvement Collaborative. The goal of this collaborative, called Minds Matter, is to increase timely access to safe and effective psychotropic medications and other treatments for children who need it, improve pediatric patient health outcomes for these children, and reduce potential medication-related adverse effects. In partnership with BEACON (Best Evidence Advancing Child health in Ohio Now!), the State of Ohio is working with various healthcare leaders, stakeholders, and medical professionals to evaluate and improve prescribing of atypical antipsychotics and other psychotropic medications to the youngest members of the Medicaid population.

During the kickoff meeting, a statewide clinical advisory panel consisting of Ohio's leading children psychiatrists, pediatricians, pharmacist and state clinical leader-

ship introduced a new tool kit that is intended to serve as a resource for guidelines and best practices for the use of psychotropic medications in Ohio. During the course of the next two and a half years, this initiative will:

**Develop technical resources** supporting best practices and clinical guidelines for safe and effective use of psychotropic medications under the guidance of a panel consisting of Ohio and national and psychiatric experts.

**Improve the use of best practices** and clinical guidelines for psychotropic medications by providing second opinion consultation, educational outreach and technical support opportunities to Medicaid providers who are considering initiating psycho-pharmacological treatment or who are currently prescribing psychotropic medications in their practices.

**Advance the knowledge and understanding of parents or caregivers,** pediatric patients and child-serving workers from schools and child-welfare systems regarding the safe and effective use of psychotropic medications by developing targeted resources especially for them.

In three pilot communities across the state, teams of healthcare and community service professionals will utilize the tool kit and identify challenges/issues in their communities that can be improved and design and test community-specific interventions. The State of Ohio will use the findings to support the collaborative's goals.

More information can be found at: <http://www.ohiomindsmatter.org>

Or you can contact Dushka Crane, Ph.D. at [Dushka.Crane-Ross@osumc.edu](mailto:Dushka.Crane-Ross@osumc.edu)

## Ensuring Overall Child Wellness and Integration of Services!

### Ohio CMMI State Innovation Model grant update

Ohio began the six month planning process on April 1 for the State Innovation Models (SIM) grant, an initiative funded by the Centers for Medicare and Medicaid Innovation (CMMI). The design work has begun for episode-based payment and PCMH models in the state of Ohio with leadership from a broad group of internal stakeholders (e.g., Office of Health Transformation, Ohio Department of Job and Family Services / Ohio Medicaid, Ohio Department of Health, Ohio Department of Mental Health and Addiction Services, Ohio Department of Aging). As we move forward in the process there will be various opportunities to provide input and learn about the progress on each of these models.

More details about Center for Medicare and Medicaid Innovation's SIM grant are available on the

[CMMI SIM web site](#). Ohio's [press release](#) announcing the SIM grant award, a [fact sheet](#) detailing all SIM awards to states by the Centers for Medicare and Medicaid, and the Office of Health Transformation's [payment innovation presentation](#) to the Ohio Senate Finance Medicaid Subcommittee are available on the Governor's Office of Health Transformation website.

For more information contact [Amy.bashforth@odh.ohio.gov](mailto:Amy.bashforth@odh.ohio.gov)

**Mental Health Surveillance Among Children –United States, 2005–2011**  
<http://www.cdc.gov/mmwr/pdf/other/su6202.pdf>

This report summarizes information about ongoing federal surveillance systems that can provide estimates of the prevalence of mental disorders and indicators of mental health among children living in the United

States and presents estimates of childhood mental disorders and indicators from these systems during 2005–2011. Attention-deficit/hyperactivity disorder (6.8%) was the most prevalent parent-reported current diagnosis among children aged 3–17 years, followed by behavioral or conduct problems (3.5%), anxiety (3.0%), depression (2.1%), autism spectrum disorders (1.1%), and Tourette syndrome (0.2% among children aged 6–17 years). An estimated 4.7% of adolescents aged 12–17 years reported an illicit drug use disorder in the past year, 4.2% had an alcohol abuse disorder in the past year, and 2.8% had cigarette dependence in the past month. The overall suicide rate for persons aged 10–19 years was 4.5 suicides per 100,000 persons in 2010. Approximately 8% of adolescents aged 12–17 years reported ≥14 mentally unhealthy days in the past month.

# Integration of Primary & Behavioral HealthCare

## **Nisonger Center**

A University Center for Excellence  
in Developmental Disabilities

### Ohio Disability and Health Program (ODHP)

The Ohio Disability and Health Program (ODHP) is a Centers for Disease Control and Prevention funded program that aims to improve the health and well-being of people with disabilities in Ohio. This is the first time that the state of Ohio was awarded this grant to increase the state's capacity to meet the health needs of people with disabilities. ODHP is a partnership among the Ohio Department of Health, the Ohio State University Nisonger Center, the University of Cincinnati Center for Excellence in Developmental Disabilities and the Ohio Colleges of Medicine Government Resource Center. The overarching goals of the program are to promote health, improve emergency preparedness initiatives, and to increase access to healthcare for Ohioans with disabilities. People with disabilities are often susceptible to additional health conditions associated with their primary disability. For example, determinants of common chronic diseases, such as physical inactivity, obesity, hypertension, and

high cholesterol, are more prevalent among people with disabilities than people without disabilities. Despite these higher health risks, people with disabilities are often overlooked by health promotion and disease prevention efforts. ODHP ensures that people with disabilities are included in ongoing state prevention, health promotion, and emergency response activities.

Please visit the program website at <http://nisonger.osu.edu/odhp> to explore the many valuable resources that ODHP has to offer. You can also follow us on Facebook at [www.facebook.com/OhioDisabilityandHealthProgram](http://www.facebook.com/OhioDisabilityandHealthProgram) and on Twitter at [www.twitter.com/OhioDHP](http://www.twitter.com/OhioDHP).

You may contact Anureet Benipal for any general questions at [Anureet.Benipal@odh.ohio.gov](mailto:Anureet.Benipal@odh.ohio.gov)

#### **What You May Not Know About Disability**

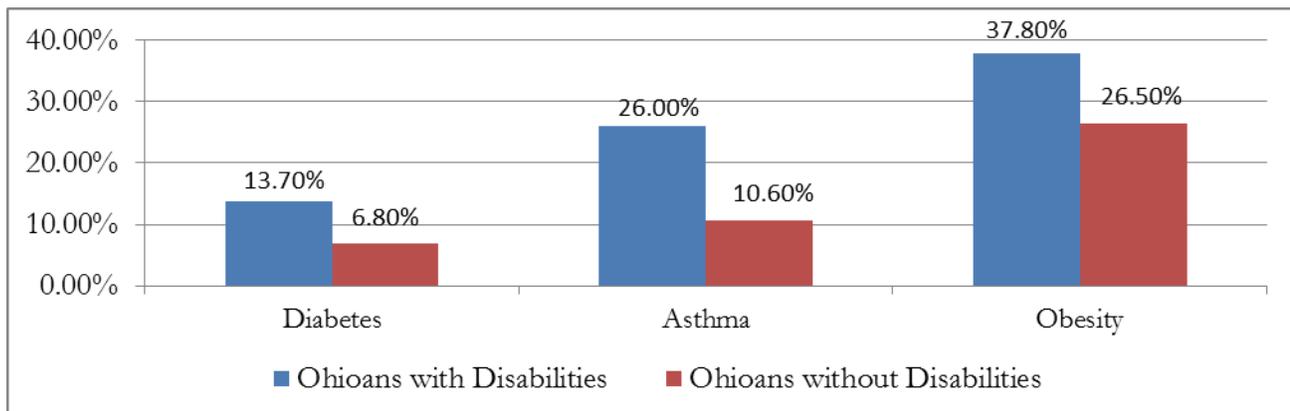
##### **Disability Prevalence**

- More than 18%** of Ohioans report having a disability (5). Over **97%** of people with disabilities live in the community; which means they seek healthcare from the same providers as people without disabilities (3;6).
- According to OMAS 2012, Appalachian adults reported the highest prevalence of disability (**21.4%**) when compared to adults from other regions such as metropolitan and suburban. Child disability prevalence data also showed similar trends (5).

##### **Chronic Health Conditions**

People with disabilities often have an increased need for healthcare as they are more likely to have chronic health conditions such as arthritis, asthma, and obesity, as seen in Figure 1.

Figure 1: Chronic Health Conditions



(Source: Centers for Disease Control and Prevention, 2011) (Source: 2011 BRFSS')

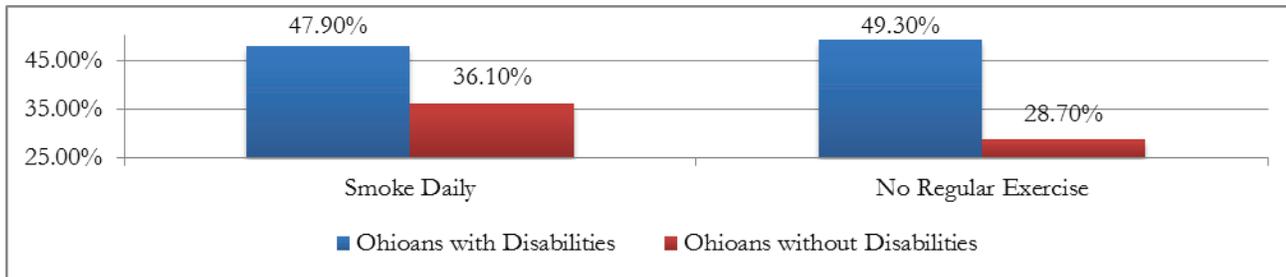
Disability as measured by variables indicating needed long term, day-to-day assistance, needed special therapies, had a potential disabling mental health condition, needed assistance for adults with special health care needs that are in fair or poor health, or were involved in certain disability benefit programs (5).

## Ohio Disability and Health Program (ODHP)

### Health Behaviors and Risks:

- Figure 2 illustrates behavioral trends, specifically, smoking and physical inactivity among Ohioans with disabilities and those without disabilities.

Figure 2: Health Behaviors and Risks

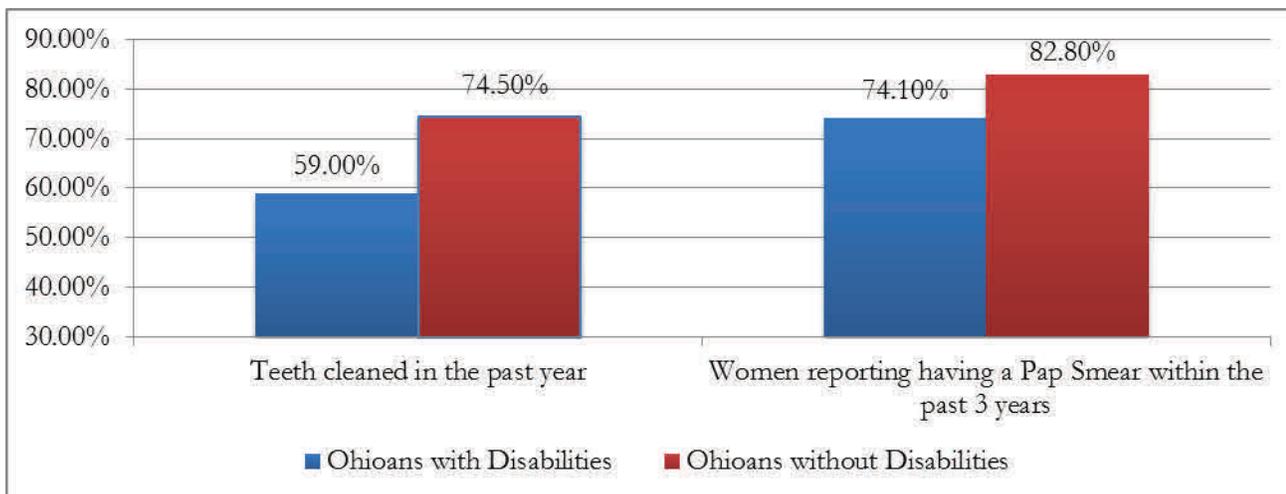


(Source: 2012 OMAS<sup>5</sup>)

### Barriers to Healthcare:

- Figure 3 shows the disparity that exists in oral health for Ohioans with disabilities and those without disabilities. Also, women with disabilities are likely to have fewer pap tests than women without disabilities as shown in figure 3.

Figure 3: Preventive Healthcare Screenings



(Source: Centers for Disease Control and Prevention, 2011)

People with disabilities are affected disproportionately by barriers to healthcare.

These barriers include:

- Health care provider assumptions about disability
- Lack of disability training for healthcare providers
- A lack of accessible medical facilities and examination equipment including sign language interpreters, and individualized accommodations (4)

As a result, people with disabilities report difficulty finding a healthcare provider. Among nonelderly PWD, 25% reported that they had difficulty finding a healthcare professional who understood their disability (2).

## Ohio Disability and Health Program (ODHP)

The U.S. Surgeon General addressed the lack of trained primary and specialty healthcare professionals capable of working with individuals with developmental and other disabilities (7).

### ODHP as a resource

ODHP serves as a resource to Ohio, related to disability and health for businesses, families, service providers, organizations, and people with disabilities to promote health, quality of life, and community inclusion.

- We have a large network of disability organizations, individuals, and state agency partners across the state that serve as a resource for our initiatives.
- We can provide expertise on reaching/serving people with disabilities; utilize our network to educate, inform, and recruit from the disability community; provide any helpful data/resources regarding disabilities; and help make relevant connections (e.g. American Sign Language services).

Initiatives that promote the health and well-being of people with disabilities:

- To increase the number of people with disabilities receiving preventive health screenings, ODHP will evaluate and improve the accessibility of Federally Qualified Health Centers for the disability community.
- We are also collaborating with Tobacco Prevention and Cessation Program to be more accessible to and inclusive of people with disabilities in order to eliminate the disparities that exist in smoking rates for people with disabilities and their counterparts.

Please visit the program website at <http://nisonger.osu.edu/odhp> to explore the many valuable resources that ODHP has to offer. You can also follow us on Facebook at [www.facebook.com/OhioDisabilityandHealthProgram](http://www.facebook.com/OhioDisabilityandHealthProgram) and on Twitter at [www.twitter.com/OhioDHP](http://www.twitter.com/OhioDHP). You may contact Anureet Benipal for any general questions at [Anureet.Benipal@odh.ohio.gov](mailto:Anureet.Benipal@odh.ohio.gov)

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# Workforce Development

## Ohio Department of Developmental Disabilities Update

### P.L.A.Y Project

The Play and Learning for Autistic Youth (P.L.A.Y.) Project is a relationship-based training model. In May 2011, 43 staff from 17 county boards participated in this training. Training and certification was again offered in September 2012, where 51 staff from 24 county boards participated. Another round of P.L.A.Y. Project training for September 2013 is scheduled. This training will target the largest counties in Ohio, as well as counties with no access to PLAY Project services. The goal for Ohio is that every Ohio family who has a child diagnosed with ASD can have access to P.L.A.Y. Project Services.

### Positive Culture Initiative (PCI)

Positive Culture is an intentional way of supporting people that focuses on:

- Truly knowing and valuing the person
- Creating healthy relationships
- Acknowledging the difficulties they face
- Offering encouragement and support
- Providing safe interactions during times of crisis

Training has been provided to more than 12,000 individuals on PCI concepts and approaches. This work continues with the Ohio Association of County Boards.

### Imagine

This is a regional collaboration through shared processes, that results in increased efficiency and effectiveness of services without the loss of local identity for county boards of developmental disabilities. Currently, there are 18 counties in south eastern Ohio sharing services.

They include:

Belmont, Carroll, Coshocton, Fairfield, Harrison, Hocking, Holmes, Guernsey, Jefferson, Knox, Licking, Monroe, Morgan, Muskingum, Perry, Noble, Tuscarawas, and Washington



This project is supported by DODD and the Mid-East Ohio Regional Council, as well as a grant from the Ohio Department of Development. Consultants include Support Development Associates, McGladrey, and Healthcare Perspectives. Currently, the above 18 counties are piloting re-designed processes to better support individuals with disabilities with the focus on Person Centered Planning (PCP). The DODD IT Division and McGladrey began IT Development in January 2013. The result of their efforts will be an IT program that will support PCP and promote increased collaboration among individuals with disabilities, their families, guardians, providers of support, County boards of developmental disabilities and DODD.

For more information contact [Katrina.Bush@dodd.ohio.gov](mailto:Katrina.Bush@dodd.ohio.gov)

## Announcements/Upcoming Events/Webinars

#### WELCOME

Integrating Professionals for Appalachian Children (IPAC) welcomes our new executive director, Jordan Guiliani, to the team. Ms. Guiliani has a background in health policy, advocacy rights, and grants management. We're thrilled to have you, Jordan!

#### KUDOS

An article written by Dr. Ben Bates of the LAUNCH communication team was published in the journal, *Health Promotion Practice*. The article is titled, "Examining Antecedents of Caregivers' Access to Early Childhood Developmental Screening: Implications for Campaigns Promoting Use of Services in Appalachian Ohio." Dr. Bates presented the results of his findings in London this June. The online version of this article can be found at <http://hpp.sagepub.com/content/early/2013/03/11/1524839913479955>

LAUNCH congratulates Sherry Shamblin (Tri County Mental Health) on successful completion of her doctoral degree in counselor education from Ohio University. Congrats, Dr. Shamblin!

#### STATE Project LAUNCH Council Meeting

##### AUGUST

##### Monday, August 5

1-3 P.M.

35 E. Chestnut St. Basement Training Room A  
Columbus, OH 43215

##### OCTOBER

##### Monday, October 7

1 -3 P.M.

35 E. Chestnut St.  
Basement Training Room A  
Columbus, OH 43215

##### DECEMBER

##### Monday, December 2

1-3 P.M.

35 E. Chestnut St.  
Basement Training Room A  
Columbus, OH 43215

#### LOCAL Project LAUNCH Council Meetings

##### Wednesday, August 7

2:30—4 P.M.

The next local LAUNCH meeting will be held at the Pomeroy Library in Meigs County Ohio. All state council members are welcome to attend.

##### Wednesday, August 14

David Zidar, LISW-S will offer a full-day training on trauma treatment titled, "Community Interventions with Children Who Suffered Trauma" for local health and school professionals in the four-county region at the Baker Center—Ohio University Campus in Athens. Registration is \$80; \$25 if an agency wants a booth.

For more information contact: [jguiliani@ipacohio.org](mailto:jguiliani@ipacohio.org)

