

**Ohio Department of Mental Health and Addiction Services (OhioMHAS)  
Community Plan Instructions SFY 2017**

**Mental Health and Recovery for Licking and Knox Counties (MHR)**

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

**Environmental Context of the Plan/Current Status**

1. Describe the economic, social, and demographic factors in the board area that will influence service delivery.

Note: With regard to current environmental context, boards may speak to the impact of Medicaid redesign, Medicaid expansion, and new legislative requirements such as Continuum of Care.

**Local Economic Conditions:** Licking and Knox Counties have both experienced increases in poverty and significant fluctuations in unemployment during the past five years. For 2010-2014, 15.5% of individuals in Knox County were below the poverty line, up from 13.1% for 2007 – 2011. Although poverty is slightly lower in Licking County, the upward trend there has been similar; for the same period, 12.4% of Licking County individuals were below the poverty line, up from 11.6%. It is estimated that 23.8% of all Knox children (0 – 18), 27.4% under the age of five, live below the poverty line. In Licking County, 18.5% of all children (0-18) including 23.8% under the age of five live below the poverty line. (U.S. Census Bureau: 2010-2014 American Community Survey 5-Year Estimates). The proportion of students who are considered “economically disadvantaged” has risen sharply in all school districts in both counties from 2012 to 2015. By the 2014-15 school year, the two largest districts in the two-county area—Newark City Schools and Mount Vernon City Schools —were experiencing rate increases (2012 – 2015) of 59.7% to 61.21% and 48.65% to 56.07%, respectively (Ohio Department of Education District Profile Report, 2015).

The unemployment rate in both counties has largely tracked the statewide rate, peaking at 9.6% in 2009 (Knox). From August 2013 to May 2016, the unemployment rate had decreased in both counties; 6.5% to 4.1% in Knox County and 6.6% to 4.0% in Licking County (ODJFS, Ohio Labor Market Information, Ohio Unemployment Rates; May 2016 rate not seasonally adjusted). These statistics indicate an improving economy in both counties, but also indicate a significant number of working poor families when considering the number of adults living beneath 200% of poverty. In the last 12 months, it is estimated that 30.7% of Knox residents (18,748) and 25.7% in Licking County (43,903) live at or below 185% of poverty with 33.8% in Knox (20,651) and 28.9% in Licking (49,382) at or below 200% of poverty. (U.S. Census Bureau: 2010-2014 American Community Survey 5-Year Estimates). In SFY15, approximately 2.3 million dollars was used to provide non-Medicaid treatment services to over 2000 adults and 300 children living at or below 200% of the poverty level representing 28% of MHR’s total expenditures. This included individuals not qualifying for expansion or unable to take advantage of other ACA benefit options, those excluded from using third-party policies due to restrictions related to court ordered addiction treatment, adults and families who could not afford the high deductibles and co-pays of policies purchased on the exchange, and families needing case management services and other supports for children not covered by insurance. Forty-five percent (45%) of 2014 Knox County Community Health Assessment respondents identified the lack of health insurance as a major issue.

**Social and demographic factors:** Population growth is an important factor in both Licking and Knox Counties. According to the U.S. Census Bureau: *Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2015*, estimated Knox population for 2015 equaled 61,061 and for Licking 170,570. While total population of each county from 2000 to 2012 grew by 11.3% in Knox County and 15.1% in Licking County (U.S. Census Bureau: 2000 Census and 2010 Quick Facts) estimated rates of growth from 2012 to 2015 slowed considerably for Licking (2%) and remaining flat for Knox (U.S. Census Bureau: 2010-2014 American Community Survey 5-Year Estimates). This coupled the number of adults and children living in poverty or beneath 200% of poverty, as mentioned above, signals an increase in the number of residents with less financial resources. It should be noted that 83.7% of the 2014 Knox County Community Health Assessment respondents ranked poverty as a key community concern. Poverty was also identified by the 2015 Licking County United Way Community Assessment and Blueprint as a top priority.

**Impact on Service Delivery:** These factors present a variety of challenges to MHR, particularly the increasing number of individuals living below the poverty level especially children and the significant amount of working poor families potentially in need of services, including non-Medicaid services necessary to support recovery. In 2015, approximately 13,000 individuals received either a Medicaid or non-Medicaid behavioral health treatment service in Licking and Knox: 3,626 were youth and 9,554 were adults. Based on the application of prevalence data rates calculated from findings of SAMHSA’s *Behavioral Health Trends in the United States -Results for the 2014 National Survey on Drug Use and Health* (8.1%), an estimated 12,000 (Licking) and 4300 (Knox) residents ages 12+ are substance dependent and in need of substance abuse treatment services. Based on prevalence rates (18.1%) from the same survey an estimated 27,000 (Licking) and 8000 (Knox) adult residents would benefit from mental health treatment services with approximately 6050 (Licking) and 1800 (Knox) experiencing a severe mental illness (national rate – 4.1%). The current MHR system of care roughly provides treatment to 1 out of 5 people who are substance dependent and approximately half (46%) of adults

with serious mental illnesses. In Licking County, 2,820 Medicare beneficiaries and 1,186 in Knox received treatment for depression (2014). In addition, Knox County residents reported experiencing on average 3.2 mentally unhealthy days during the past 30 days with Licking County residents reporting 3.6 (2015 Ohio Department of Health Network of Care).

Untreated depression and anxiety are major public health issues impacting community wellbeing. SAMHSA reports nationally 6.6% of adults (15.7 million) and 11.4% of adolescents ages 12 to 17 (7.8 million) experienced a major depressive episode (2014). It is also estimated that 40 million Americans suffer from anxiety disorders with symptoms often appearing as early as age 11. Seventy-two percent (72%) of respondents in the Knox County Health Assessment identified alcohol and drug abuse and 57.8% mental health as major community health issues. In the same survey, 17.2% identified stress and 10.1% anxiety as major issues health issues faced by households. Disproportionately, Americans in poverty are more likely to struggle with a wide array of chronic health problems including depression. About 31% of Americans in poverty say they have at some point been diagnosed with depression compared with 15.8% that are not in poverty. (2011 Gallup Healthways Well-Being Index). Economic hardship is the most common adverse childhood experience (ACE) reported nationally and in almost all states, followed by divorce or separation of a parent or guardian. (2014 Child Trends Research Brief). Nationally, it is estimated that one in four children experience economic hardship. The four most common adverse childhood experiences (percentage prevalence) among children ages birth through 17 in Ohio include: Economic Hardship (27%), divorce (15%), violence (13%), and alcohol (12%). Untreated depression and anxiety increases the chance of risky behaviors such as drug or alcohol abuse or the self-medication of symptoms leading to potential addiction. The Anxiety and Depression Association of America estimates 20% of Americans with an anxiety or mood disorder such as depression have an alcohol or other substance use disorder, and 20% percent of those with an alcohol or substance use disorder also have an anxiety or mood disorder.

Other evidence of increased need for services is evident in the following trends identified in the MHR Outcomes Measures and Performance Target results:

- Increased demand for services: Calls to treatment providers for services from new clients or potential clients have increased by 41% in comparing fiscal years 2012 and 2013 to fiscal years 2010 and 2011. Growth continued from 2013 to 2015, with a three-year average of 7425 calls annually from new clients seeking services.
- Over a three-year period (2013 – 2015) the 211 Crisis/Hotline & Information and Referral Line averaged 28,000 calls annually with queries about mental health and addiction ranking consistently as the top request for information. In SFY15 alone, 211 received 5,227 crisis calls and almost 18,000 callers seeking information and referral.
- In SFY15, the average (median) number of days from initial call/first contact to first treatment appointment occurred for the following services:
  - All adult addiction treatment services: 21 days
  - All adult mental health services: 26 days
  - All youth addiction treatment services: 20 days
  - All child/youth mental health services: 29 days

### Environmental Factors Impacting Service Delivery

**Medicaid Expansion:** As was reported in the last Community Plan, MHR was projecting a SFY13 deficit of \$843,279 going into the SFY14 budgeting process. While expansion did not immediately bring new funding to the continuum of care it did reduce deficit funding and stabilized the system including non-Medicaid programs. If not implemented, MHR would have exhausted its unrestricted cash reserves by SFY15 resulting in major cuts to its safety net.

Realizing its potential benefits, MHR was one of the first boards to implement expansion beginning January 2014. Working with contract treatment providers, MHR adjusted set-aside amounts to reflect the increase of potential Medicaid consumers qualifying under expansion and the resulting reduction of non-Medicaid funding. MHR also paid providers to assist consumers in applying for the benefit. A Medicaid contingency fund was available to providers in the event MHR overestimated the impact of expansion. As a result, the system saved approximately \$500,000 during the last six months of SFY14.

Following SFY14, MHR has experienced approximately \$1.4 million annually in Medicaid savings. In SFY13, MHR budgeted 51% of funding to support non-Medicaid treatment versus 38% budgeted for SFY16. While MHR still pulls from its unrestricted reserves to fund its complete continuum of care, it does so at a much smaller amount.

In SFY15, MHR began to use Medicaid savings to pursue expansion of current programs and funding of new ones to better address community needs. These programs included new funding for AOD and MH services and re-entry planning for both jails, MAT outreach and case management, special docket court criminal justice specialists, scattered site housing vouchers, high-risk child/youth family team facilitators, and recovery housing; and increased funding to Emergency Services, ACT/FACT teams, MAT, and Children and Family First Council residential treatment pooled system dollars. In meeting the SAMHSA public health value of providing prevention first, funding was also increased for evidenced-based recovery and prevention programs increasing school based, early childhood, and suicide prevention services. This included LifeSkills, Project Alert, Parenting Programs, Second Step, Good Behavior Game, Mental Health First Aid, and Bridges Out of Poverty.

**Continuum of Care:** As public policy, MHR implements a balanced trauma informed prioritized funding system to support its continuum of care based upon a public health planning approach utilizing the Strategic Prevention Framework, SAMHSA best practice values of the "Public Health Model for Behavioral Healthcare," and ethical decision-making practices of Dr. Michael Gillette. It also incorporates the Ohio Department of Mental Health and Addiction Services (OhioMHAS) state comprehensive system of care including new ORC 340 requirements. The prioritization strategy seeks to align with the SAMHSA Modernized Comprehensive Continuum of Care model in identifying core services using Recovery Orientated Systems of Care (ROSC) as the framework to provide greater access to care and promoting health and wellness and recovery practices.

While the local continuum meets the majority of the ORC Essential Service Elements; ORC 340.033 Required Opiate Continuum of Care and ORC 340.03 (A)(11), several have been challenging to achieve under the opiate continuum of required services. These include Ambulatory Detox and Recovery Housing.

MHR initiated the Ad-hoc Recovery Housing Committee to plan for recovery housing for both counties. Currently, neither county has a program. Members include community representatives, housing experts, law enforcement and the criminal justice system, MHR, provider agencies, families, and consumers with lived experience. The committee has carefully developed strategies including conducting a community assessment of needs and using standards of the Ohio Recovery Housing Network and the National Association of Recovery Residences in developing the project and working with neighborhoods. The committee had planned to open the first home by July 1, 2016. However, progress has moved slower than expected including the siting of the project. MHR is committed to bringing Recovery Housing to both counties. To this end, \$160,000 has been budgeted in SFY17 to support the recovery coach – house manager, rental subsidies for participants and other operational costs. MHR may consider the purchase of a residence. MHR has also been awarded an OhioMHAS Recovery Housing grant for SFY17. It is MHR's plan that at least one residence will open by July 1, 2016.

Ambulatory Detox is not provided in accordance to OAC 3793:2-1-08(Y). Instead, Ambulatory Detox 'Light' is offered. MHR funds MAT and related services for individuals with no payer source. Included are doctor's appointments, MAT medications, and drug screens. Medications are prescribed by a qualified physician including an addictionologist at Licking Memorial Hospital - Shepherd Hill. Prescriptions must be filled at a designated pharmacy in both counties who may limit the quantity as needed. Depending upon need, individuals may begin MAT medications inpatient or outpatient. Individuals receiving MAT medications outpatient are required to participate in treatment generally beginning with IOP. Additional services offered in each county include the MAT Outreach and Case Manager. Currently, no medical provider in either county is interested in providing the service according to OAC standards. It should be noted that consumers with Medicaid may independently seek a qualified physician out of county to obtain MAT services. Unless they volunteer this participation with a provider, consumers may not engage fully in offered MAT related treatment and recovery supports.

**Behavioral Health Re-design:** MHR initiated the Ad-hoc System Change Committee to address the impact of state changes to the Licking and Knox Service District and objectively plan for the continuation of service delivery in the public system. Membership includes MHR board and staff, all contract provider executive directors and their board chairs, community hospitals, and other key community leadership including Rep. Scott Ryan. The committee was formed to represent community concerns not any specific organization. Maureen Corcoran, President of Vorys Health Care Advisors, is providing consultation. A survey of provider readiness for upcoming changes was conducted by the committee.

In June, the MHR board conducted its annual training focusing on the behavioral health re-design and future planning. Members concurred that next steps include an evaluation of treatment providers to determine the financial and operational impact of the re-design on existing programs. This is to assess organizational capacity, including the availability of necessary infrastructure, to support successful change.

It is MHR's goal to preserve the continuum of care. Any loss of service would impact the provision of the ORC Essential Services array. Disruption in services would have a negative impact on community health, wellness, and safety. A major contributing factor to successfully navigating upcoming change is the availability of a qualified workforce, especially licensed practitioners able to bill a service at full rate. In light of the current workforce shortage of qualified professionals, of concern is the ability of local providers to maintain their financial stability and thus continue to provide services.

### Assessment of Need and Identification of Gaps and Disparities

<p>2. Describe needs assessment findings (formal &amp; informal), including a brief description of methodology. Please include access issues, gaps in services and disparities, if any.</p> <ul style="list-style-type: none"> <li>a. Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and consumers in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention [ORC 340.03 (A)(1)(a)].</li> <li>b. Child service needs resulting from finalized dispute resolution with Family and Children First Council [340.03(A)(1)(c)].</li> <li>c. Outpatient service needs of persons currently receiving treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)].</li> <li>d. Service and support needs determined by Board Recovery Oriented System of Care (ROSC) assessments.</li> <li>e. Needs and gaps in facilities, services and supports given the Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)]</li> </ul> <p>2A. Complete Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. (Table 1 is an Excel</p>
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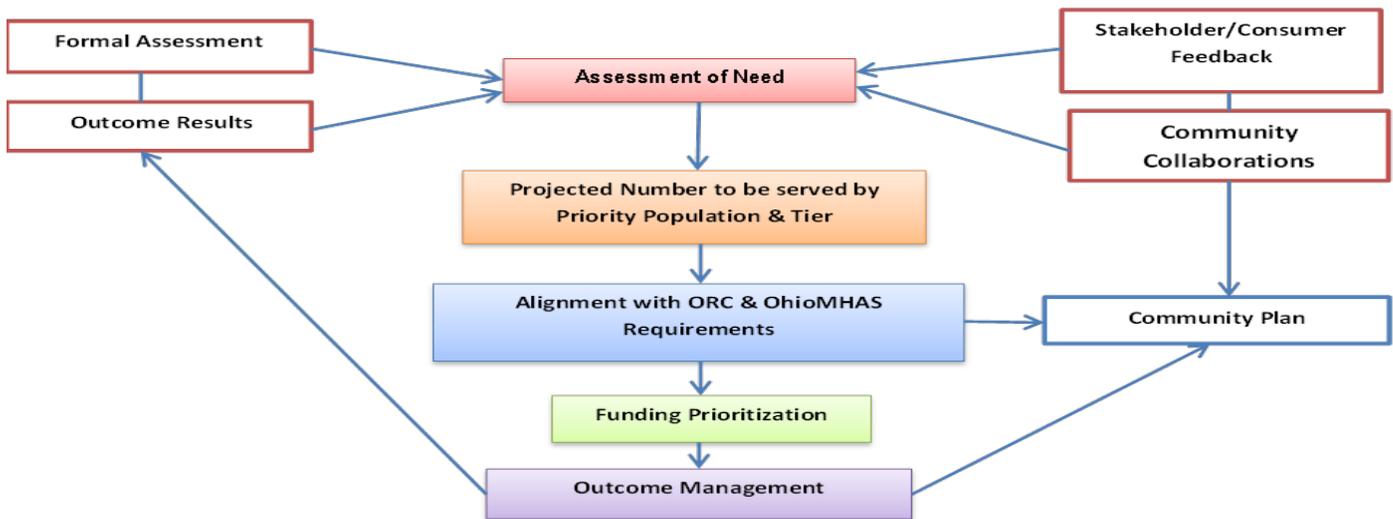
MHR has partnered for decades with community and state partners and other key stakeholders to assess needs and identify gaps and disparities. As public policy, MHR views behavioral health issues as public health issues promoting inclusive community planning. Most community issues contain complex challenges and intertwined complications, such as the impact of opiate addiction. This requires a comprehensive approach involving input and strategies from many sources to resolve a common problem. MHR participates in a variety of local and state planning initiatives including the Knox County Health Department A3 planning process, Licking Community Corrections Planning Board, and Collective Impact planning involving United Way in both counties; the Ohio Multi-system Youth Integration Planning workgroup, Ohio Interagency Youth Council, and Regional Trauma Informed Care Committee; OhioMHAS Access to Care and Clinical Round Table workgroups; and OACHBA System Modernization, Recovery is Beautiful Blueprint, Kids' Committees, and Executive Council; and the Licking and Knox HUD Continuums of Care and Balance of State Region 9 Executive Committee.

The board invests in strategies that contribute to addressing shared community concerns especially those promoting health, wellness, and safety. As an example, in its 5-year strategic plan, MHR adopted recommendations from the Knox County Health Department Health Improvement plan including the promotion of community-wide trauma informed practices. Current key local initiatives incorporated into MHR SYF17 planning and public policy development include:

- Knox County Health Department Community Health Assessment & Health Improvement Plan
- Licking County Health Department Community Health Assessment & Health Improvement Plan
- Knox County Family and Children First Shared Plan
- Licking County Children and Family First Shared Plan
- Licking Community Corrections Planning Board
- Knox Substance Abuse Action Taskforce
- Licking County United Way Community Blueprint Assessment & Planning
- Knox County United Way Community Vision Assessment & Planning
- MHR Ad-hoc System Change Committee
- MHR Ad-hoc Recovery Housing Committee

Common findings identified across all the above initiatives include the impact of addiction and mental health, poverty, and trauma in the community. Below is illustrated the process utilized by MHR as part of inclusive community planning.

**Process**



The following summary results of these needs assessments are provided in the chart below grouped by target populations. This chart summarizes the identified needs for which a gap still exists in the behavioral health system in Licking and Knox Counties. Many have been incorporated into the MHR 5-year Strategic Plan as objectives for improvement and development. The full table which follows identifies and describes needs assessments and key findings dating back to 2007. Utilization of key findings for planning and service delivery is found throughout the MHR prioritized system of care. Further detail is provided in the Priorities Section. (Question Six)

## Mental Health Treatment Needs & Gaps

- Expand early childhood mental health intervention and treatment
- Strengthen trauma informed practices and trauma informed environments
- Ensure seamless provision of 24-hour emergency services/crisis management
- Increase MH/AOD services in the criminal justice system including jails
- Increase physician availability/access in the community including integrated care
- Promote early identification and intervention of behavioral healthcare issues especially those related to untreated depression and anxiety
- Promote Recovery Orientated Systems of Care (ROSC)

## Alcohol/Drug Treatment Needs & Gaps

- Improved engagement and retention of AoD clients in treatment
- Improve treatment for co-occurring disorders
- Expand the availability of detox services and residential treatment and ensure seamless transition from detox to AoD residential or outpatient services
- Develop comprehensive strategies to address opiate addiction including the adoption of best practices related to medication-assisted treatment and recovery supports
- Strengthen trauma informed practices and trauma informed environments
- Increase MH/AOD services in the criminal justice system including jails
- Promote Recovery Orientated Systems of Care (ROSC)

## Recovery & Wellness Support Needs & Gaps

- Participate in community-based initiatives to address access to recovery/wellness support focused on housing, transportation, employment including recovery housing
- Strengthen the provision and/or availability of appropriate housing options for individuals with MH and SSD issues
- Incorporate nutrition education, tobacco cessation, stress management and other supportive education into recovery supports
- Strengthen trauma informed practices and trauma informed environments
- Promote Recovery Orientated Systems of Care (ROSC)

## Prevention Needs & Gaps

- Early screening and identification of children and adults and early intervention for at-risk children
- Parenting education and support:
  - For both low and high-risk families and availability for parents with children of all ages
  - Designed to increase positive family management
  - Effective early interventions for parents with young children
- Funding of prevention strategies designed to address multiple risk factors and result in positive changes addressing multiple outcome areas
- Funding of interventions that are evidence-based practices/programs based on SAMHSA criteria; interventions that result in behavior change
- Comprehensive prevention plans for both Licking and Knox counties
- Systematic prevention evaluation methods adopted by MHR agencies and coordinated system-wide to link agency prevention outcomes to community changes
- Evidence-based practices that reduce school discipline issues and increase learning time
- Public health strategies addressing youth access to alcohol and tobacco

## Administrative and System Needs & Gaps

- MHR System-wide monitoring and reporting methods based on consistently tracked data and meaningful outcomes
- Strengthen evaluation capacity including outcomes management among provider agencies
- Improved application and use of data for planning and assessment purposes
- Use of Prioritization Tiers to direct funding within MHR system
- Workforce stability and training within MHR system
- Support the adoption of trauma-informed environments within all system treatment provider organizations
- Strengthen cross-system collaboration to address needs of high-risk individuals (youth)
- Continue to increase community awareness of behavioral health needs, and services available along with addressing stigma
- Integration of behavioral health and physical health
- Enhance access to universal trauma-informed environments for children and youth
- Address linkage between poverty and behavioral health issues
- Strengthen community-wide support involving diverse community sectors to support behavioral health services

NEEDS ASSESSMENTS  Report, Responsible Organization(s) and Date	METHODOLOGY  Method and Stakeholders Involved/Number of participants	KEY FINDINGS  Including Access Issues, Gaps, and Disparities
<i>MHR Behavioral Health Re-design Provider Readiness Survey – May 2016</i>	An electronic survey was distributed to all 8 MHR contract providers to determine their understanding of the behavioral health re-design to their organization and steps needed to plan to meet upcoming changes.	The findings from the survey indicated a very good understanding and awareness of the impact of behavioral health re-design to MHR contract providers. Readiness varied across the system.
<i>Youth Alcohol/Tobacco Focus Groups, KSAAT Prevention Committee, May 2016</i>	Three focus groups were conducted at 3 high schools. 75 students participated. Focus groups assessed student perceptions of alcohol, tobacco and drugs being used; why students use; and the desire for factual and real-life presentations about substances.	The findings from these focused groups reinforced the information available to KSAAT from the PRIDE Survey and from the Alcohol/Tobacco Access survey. The information about how students want to learn more about substance use consequences was new.
<i>MHR Referral Source Satisfaction Survey, February 2016</i>	<p>The Referral Source Satisfaction Survey is an annual survey which assesses satisfaction with agencies funded by Mental Health &amp; Recovery of Licking and Knox Counties. During February 2016, individuals from organizations who refer to or interact with provider agencies responded to an on-line survey.</p> <p>This report summarizes the data from these surveys and includes information about the demographics of respondents; respondent perceptions about provider services and professionalism; and respondent ratings of the MHR Board. In general, individual agency ratings conform to the overall ratings reported. The report does include notable differences including strengths and areas of concern</p> <ul style="list-style-type: none"> <li>▪ 41 respondents of 199 surveys conducted (20% return rate)</li> </ul>	<p>Findings include the following:</p> <p>Quality of Treatment Services Measures:</p> <ul style="list-style-type: none"> <li>▪ Access to treatment services;</li> <li>▪ Effectiveness of treatment services</li> <li>▪ Would you recommend these treatment services to others</li> </ul> <p>Agency Professionalism Measures:</p> <ul style="list-style-type: none"> <li>▪ Clients are treated with dignity and respect</li> <li>▪ Phone calls are returned within two business days</li> <li>▪ Agency collaborates to conduct planning and to meet service needs</li> </ul> <p>For all providers combined, respondents' average ratings were at or above the target of 3.5 regarding the quality of treatment services for both adults and children and for <i>Agency staff are professional</i>. This was true for both counties.</p> <p><b>For Licking County:</b> The quality of adult services was rated higher than that for children's treatment services in 2016. The difference seemed to be faster access to services for adult clients. The one constant was the professionalism of the staff with all the agencies, which had a tremendous overall average rating of 3.9.</p> <p>Some of the comments about agencies in Licking County related to high staff turnover for children's treatment services and long waits to see clients. There were laudatory comments in regards to BHP's emergency services for kids. One respondent named Pathways as being highly responsive and professional with other agencies as well as clients.</p> <p><b>For Knox County</b> agencies, respondents indicated good ratings for all of these three sets of questions.</p>

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		Pathways 211 Hotline stood out in regard to agency professionalism. Some of the general comments in regards to Knox agencies were how tremendous the front line staff is at the Freedom Center and how successful the teen drug court program collaborates with BHP. There were also comments about administration being accountable to their staff at both BHP and Freedom Center. There continued to be concerns expressed about the time it takes to schedule an appointment for psychiatrists.
<i>Coalition Effectiveness Survey, KSAAT Membership, KSAAT Executive Committee, February 2016</i>	An electronic survey was distributed to KSAAT members to assess member perceptions of the coalition's participants, structures, processes, and stage of development. 25 members completed the survey.	Findings included the following: <ul style="list-style-type: none"> <li>▪ Strengths of the coalition included coalition leadership and commitment of members</li> <li>▪ Areas to improve included member training and involvement and coalition processes</li> <li>▪ It was determined that the coalition is in an early stage of development</li> </ul>
National Coalition Academy Training, KSAAT Coordinator and members	The KSAAT Coordinator has attended two of the three week-long National Coalition Academy trainings along with another KSAAT member. The KSAAT Prevention Committee then conducted further strategic planning based on this training.	Strategic Planning has included the following components: <ul style="list-style-type: none"> <li>▪ Assessment of needs to address youth substance use in Knox County <ul style="list-style-type: none"> <li>○ Description of the community</li> <li>○ Identification of community needs based on data</li> <li>○ Identifications of root causes and local conditions related to Knox youth substance use issues</li> </ul> </li> <li>▪ Development of Implementation Plans to address each of the identified local conditions</li> </ul>
<i>Drug Free Communities Grant Action Plan, Knox Substance Abuse Action Team (KSAAT) Executive Committee, Feb. 2015 and KSAAT Prevention Committee, January 2016</i>	12-month Action Plan was developed KSAAT Executive Committee in preparation to submit a Drug Free Communities Grant in March 2015. After grant was awarded, the KSAAT Prevention Committee developed the 12-month Action Plan for FY 2016/2017. Yearly Action Plans identify strategies and activities to address priority youth alcohol/drug issues in Knox County.	Priority issues included: <ul style="list-style-type: none"> <li>▪ Establish infrastructure through KSAAT to support long-term commitment to prevent substance abuse, with a focus on youth. Infrastructure will include membership, organizational structure and processes, and focused committees</li> <li>▪ Reduce access to alcohol and tobacco</li> <li>▪ Increase awareness of dangers of ATOD use among youth and parents</li> <li>▪ Improve access to parent education and support</li> <li>▪ Enhance access to universal trauma-informed environments for children and youth</li> </ul>
<i>MHR SFY15 System Outcome and Performance Measures Report, January 2016</i>	MHR Outcome Measures and Performance Targets are collected semi and annually from all contract providers. Providers are required to use a valid and reliable assessment tool to measure changes in functioning.	Analysis of SFy15 Findings include: <p><b>Crisis and Safety Services Strengthens</b></p> <ul style="list-style-type: none"> <li>• Strong and timely response of all system crisis services to individuals experiencing a behavioral healthcare crisis</li> <li>• Strong and effective safety planning provided by all system crisis services to individuals experiencing a behavioral healthcare crisis</li> <li>• Outreach and engagement success of Pathways Suicide Follow-up Program</li> <li>• Strong community partnerships with other community first responders</li> <li>• Strong networking and partnerships with other health officers across the state</li> </ul>

<p align="center"><b>NEEDS ASSESSMENTS</b></p> <p align="center"><b>Report, Responsible Organization(s) and Date</b></p>	<p align="center"><b>METHODOLOGY</b></p> <p align="center"><b>Method and Stakeholders Involved/Number of participants</b></p>	<p align="center"><b>KEY FINDINGS</b></p> <p align="center"><b>Including Access Issues, Gaps, and Disparities</b></p>
		<ul style="list-style-type: none"> <li>• Positive reputations with psychiatric units and hospitals</li> <li>• Strong crisis intervention and planning response by domestic violence shelters</li> <li>• Law enforcement support including continued engagement of CIT</li> <li>• Kids' Mobile Crisis Treatment Team</li> <li>• MHR funding method of BHP Crisis Intervention services</li> <li>• Licking Memorial Hospital BHP Crisis Intervention office space</li> <li>• Full continuum of funded crisis services</li> <li>• Availability of high risk child Family Team facilitators for both counties</li> </ul> <p><b>Promising</b></p> <ul style="list-style-type: none"> <li>• Newly opened Nationwide Children's Hospital In-patient Unit</li> </ul> <p><b>Concerns</b></p> <ul style="list-style-type: none"> <li>• Lack of capacity or willingness of higher levels of care to accept emergent cases in a timely manner</li> <li>• Competition for psychiatric beds with other communities</li> <li>• Lack of capacity or willingness of higher levels of care to accept high risk cases</li> <li>• Lack of adult crisis stabilization units</li> <li>• Limited child crisis stabilization units dependent upon state funding (Nationwide Children's Hospital)</li> <li>• Difficulty in recruitment and retention of crisis workers</li> </ul> <p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• Expand services of Kids' Mobile Crisis Team to serve children under the age of 8 (recommendation of Early Childhood Mental Health SPF planning groups)</li> <li>• Development of adult high risk MH Knox County 24/7 F/ACT team</li> <li>• Continue Mental Health First Aid and CIT training</li> </ul> <p><b>Treatment – Adult AOD Treatment</b></p> <p><b>Strengthens</b></p> <ul style="list-style-type: none"> <li>• Adults seeking AOD treatment services, including opiate treatment, had their first treatment appointment less than 28 days of their initial contact with a provider</li> <li>• Adults that remained in treatment ,including opiate treatment, were abstinent (no use of drugs or alcohol for the past 30 days) at discharge</li> <li>• 100% of adult IV drug users were scheduled for an initial clinical assessment appointment within 14 calendar days of the initial call</li> <li>• The overall success of residential and women's OP/IOP treatment services</li> </ul> <p><b>Promising</b></p> <ul style="list-style-type: none"> <li>• Expansion of AOD jail and re-entry services due to OhioMHAS Criminal Justice – Behavioral Health Linkage Project grant</li> <li>• The number of adults, including those opiate addicted, not incurring new criminal charges while engaged in treatment</li> <li>• Engagement and retention efforts of FC and LAPP outreach and case management</li> <li>• The number of adults engaged in MAT treatment and support services</li> <li>• The development of the Mt. Vernon Municipal Special Docket Drug Court</li> </ul> <p><b>Concerns</b></p>

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		<ul style="list-style-type: none"> <li>• The number of adults especially opiate addicted adults completing treatment</li> <li>• The number of opiated addicted adults completing MAT treatment and support services</li> <li>• Provider capacity to use reliable/valid functioning tool to collect data</li> <li>• Difficulty in recruitment and retention of workers</li> </ul> <p><b>Recommendations</b> Suggested by the Opiate Continuum of Care SPF Planning Group and supported by outcome results</p> <p><b>Access to Services</b></p> <ul style="list-style-type: none"> <li>• MAT and recovery supports</li> <li>• Jail Services</li> <li>• Outreach and case management</li> <li>• Universal system assessment</li> </ul> <p><b>Engagement and Retention</b></p> <ul style="list-style-type: none"> <li>• Recovery Coaches</li> <li>• Recovery Housing</li> <li>• Transportation</li> <li>• Treatment of co-occurring depression and anxiety disorders</li> <li>• Employment programs</li> </ul> <p><b>Treatment – Adult MH Strengthens</b></p> <ul style="list-style-type: none"> <li>• Decreased amount of criminal justice involvement for targeted programs</li> <li>• 83% of F/ACT adults demonstrated improvement in functioning</li> <li>• On average (median), adults seeking MH services were seen in their first treatment appointment in 21 days</li> <li>• As an aggregate adults receiving mental health treatment services reported positively about their outcomes</li> <li>• The impact of the Criminal Justice Specialist position in the management of adults involved in Licking County special docket courts</li> </ul> <p><b>Promising</b></p> <ul style="list-style-type: none"> <li>• Expansion of MH jail and re-entry services due to OhioMHAS Criminal Justice – Behavioral Health Linkage Project grant</li> </ul> <p><b>Concerns</b></p> <ul style="list-style-type: none"> <li>• Number of adults not demonstrating a higher level of functioning</li> <li>• Very low number of adults served by the SAMI/IDDT team demonstrating a higher level of functioning</li> <li>• Difficulty in recruitment and retention of workers</li> </ul> <p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• Based on history of effectiveness in the managing of the highest risk Licking County MH adults, developing a Knox F/ACT team to serve a similar population.</li> <li>• Consider combining the proposed Knox F/ACT team with the existing Knox SAMI/IDDT team to provide service to all identified high risk MH adults using the EBP ACT team model to improve levels of functioning</li> <li>• Continued support to providers in utilizing valid/reliable tool to measure functioning to measure results and</li> </ul>

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		<p>determine program effectiveness</p> <ul style="list-style-type: none"> <li>Promote use of evidenced based treatment practices that are targeted to specific clinical needs to improve functioning</li> </ul> <p><b>Treatment – Youth MH and AOD</b></p> <p><b>Strengthens</b></p> <ul style="list-style-type: none"> <li>AOD youth, including those opiate addicted, not incurring new criminal charges while engaged in treatment</li> <li>AOD youth abstinent (no use of drugs or alcohol for the past 30 days) at discharge</li> <li>AOD youth completed their program</li> <li>AOD youth demonstrating improved functioning</li> <li>The continuation of the Knox County Juvenile Drug Court</li> <li>MH youth and their families reporting positively on their outcomes</li> </ul> <p><b>Promising</b></p> <ul style="list-style-type: none"> <li>The development of the Knox County Juvenile Special Docket Mental Health Court</li> </ul> <p><b>Concerns</b></p> <ul style="list-style-type: none"> <li>On average (median), children and their families seeking MH services were seen for their first treatment appointment in 29 days</li> <li>Number of MH youth not demonstrating a higher level of improved functioning</li> <li>Difficulty in recruitment and retention of workers</li> </ul> <p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>Continued support to providers in utilizing valid/reliable tool to measure functioning to measure results and determine program effectiveness</li> <li>Promote use of evidenced based treatment practices that are targeted to specific clinical needs to improve functioning <ul style="list-style-type: none"> <li>Trauma informed practices</li> <li>Cognitive Behavioral Therapies</li> <li>Intensive Home-based Services</li> <li>Family Teams</li> </ul> </li> <li>Promote additional early childhood mental health services to provide earlier identification and intervention</li> </ul> <p><b>Wellness and Recovery</b></p> <p><b>Strengthens</b></p> <ul style="list-style-type: none"> <li>Adults receiving peer support services that reported positively about outcomes</li> <li>Adults utilizing employment programs that were employed or enrolled in continued training or and education program</li> <li>Transitional housing clients that established stable housing</li> <li>High percentage of domestic violence shelter and supported services participants that reported positively about outcomes and moved into safe housing at program completion</li> </ul> <p><b>Promising</b></p> <ul style="list-style-type: none"> <li>The award of the OhioMHAS Recovery Housing grant and the development of recovery housing for both counties</li> </ul>

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		<ul style="list-style-type: none"> <li>• The expansion of Bridges Out of Poverty services in the Licking County jail due to the OhioMHAS Criminal Justice – Behavioral Health Linkage Project grant</li> </ul> <p><b>Concerns</b></p> <ul style="list-style-type: none"> <li>• Discontinuation of use of the Malcolm-Granville apartments for transitional housing</li> <li>• Availability of affordable and safe housing</li> </ul> <p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• Continued support to providers in utilizing valid/reliable tool to measure functioning to measure results and determine program effectiveness</li> <li>• Explore alternative sites for BHP transitional housing program</li> <li>• Potential development of EBP Supported Employment for SFY17</li> <li>• Promoting the use of peer support to all mental health providers if it becomes a Medicaid reimbursable service</li> </ul> <p><b>Prevention Strengthens</b></p> <ul style="list-style-type: none"> <li>• Parenting programs continue to demonstrate strong outcomes</li> <li>• School-based programs demonstrated strong outcomes</li> <li>• Addition of Mental Health First Aid – Youth Signs &amp; Symptoms. Five trained instructors.</li> </ul> <p><b>Promising</b></p> <ul style="list-style-type: none"> <li>• The Good Behavior Game in Knox County</li> <li>• The impact of the Knox County KSAAT federal Drug Free Community grant</li> <li>• The percentage of individuals participating in a prevention program that is an evidenced-based practice continues to increase</li> </ul> <p><b>Concerns</b></p> <ul style="list-style-type: none"> <li>• Several high performing SFY14 programs did not report for SFY15.</li> <li>• Providers reported challenges in implementing prevention programming at full fidelity (dosage and frequency of sessions) due to other classroom time restraints and competing priorities,</li> <li>• Lack of certified MH prevention/education provider in Knox County able to provide services, especially suicide prevention</li> <li>• Providers continue to express challenges in using valid/reliable tools and methods of collecting outcome data</li> </ul> <p><b>Recommendations</b></p> <ul style="list-style-type: none"> <li>• Continued support to providers in utilizing valid/reliable tool to measure functioning to measure results and determine program effectiveness</li> <li>• Continue to promote use of EBP prevention services</li> <li>• Continue to promote the Good Behavior Game in Knox County.</li> <li>• Identify a potential certified MH prevention provider in Knox County to deliver classroom EBP suicide prevention services</li> <li>• Potential MHR funding of SBIRT and EBP depression screenings</li> <li>• Continue to promote adult, youth, and law enforcement Mental Health First Aid</li> </ul>

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<i>MHR 5-year Strategic Plan, November 2015</i>	5-year strategic plan based upon input from consumers and families, providers, and key community stakeholders. Brown Consultants provided facilitation of the process working with the MHR Ad-hoc Strategic Planning Committee.	<p><b>Key Results</b></p> <ul style="list-style-type: none"> <li>• <b>Planning</b> - To enhance MHR identity as a collaborative center and a resource for excellence in the planning and delivery of behavioral health care services in Licking and Knox Counties meeting community needs</li> <li>• <b>Finance</b> - -- Maintain financial viability of MHR and its service delivery system through efficient and accountable financial management</li> <li>• <b>Wellness &amp; Recovery</b> - Fund and maintain a high quality, cost effective service delivery system that is responsive to the needs of all Licking and Knox County residents</li> <li>• <b>Advocacy</b> - Ensure greater visibility through public outreach, advocacy, and technology, promote education, recovery and reduce stigma in Licking and Knox Counties</li> <li>• <b>Quality Improvement</b> -Quality Improvement - Implement a system-wide model of performance improvement that supports an organizational management philosophy that employees data-informed decision making</li> </ul>
<i>MHR 5-year Strategic Plan – Community Assessment &amp; Focus Groups, June – November 2015</i>	<p>As a component of the Mental Health and Recovery for Licking and Knox Counties strategic planning process, over 350 e-mail surveys were distributed to key community stakeholders to generate their input regarding their level of awareness and understanding of what the board does for the community. Several telephone surveys were also completed as part of the stakeholder input process. The survey process resulted in 76 e-mail surveys and 14 telephone surveys being completed.</p> <p>In addition, a series of five focus groups with thirty-eight participants were facilitated at various locations in Mount Vernon and Newark. The purpose for these focus groups was to identify and examine the perceived behavioral health service delivery system needs from participants representing both Licking and Knox Counties. The intent was to gain subjective input from the representative populations regarding their perceptions concerning the strengths, weaknesses, opportunities, threats, gaps, needs and priorities as they relate to MHR behavioral health service delivery system. Invitations/notification to participate in the focus groups were distributed by e-mail to over 350 community stakeholders that included behavioral health organization administrators and staff, local court , law</p>	<p>The following are priorities identified by the Key Stakeholders' Survey and Focus Group participants:</p> <p><b>Outcomes Based Funding</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Identify behavioral health needs of the community and prioritize and fund those needs</li> <li><input type="checkbox"/> Prioritize fiscal responsibility and hold providers accountable for their performance</li> <li><input type="checkbox"/> Develop a performance outcome system that includes tracking/monitoring system of providers, success matrix and reward system</li> <li><input type="checkbox"/> Expand opportunity for competition to apply for available annual funding</li> </ul> <p><b>Program Development</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Increased physician availability/access in the community including integrated care</li> <li><input type="checkbox"/> Housing and supportive services including recovery housing</li> <li><input type="checkbox"/> Increase MH/AOD services in the criminal justice system including jails</li> <li><input type="checkbox"/> Focus more on broad based prevention/education in the community</li> <li><input type="checkbox"/> Opiate and other addiction prevention and treatment including encouraging best practices in treating addiction</li> <li><input type="checkbox"/> Expanded early childhood mental health intervention and treatment</li> <li><input type="checkbox"/> Focus on strengthening trauma informed practices and trauma informed environments</li> </ul> <p><b>Public Awareness</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Improve community engagement/access to knowledge of system services</li> </ul> <p><b>Other</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Workforce recruitment and retention</li> </ul>

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	enforcement, government, social service, education/schools, healthcare representatives, clients, and family members	
<i>Youth Alcohol and Tobacco Access Survey, KSAAAT Prevention Committee, Sept. 2015</i>	Electronic survey completed by 317 high school students. Respondents included students from all 7 school districts, however, over half the respondents were from Mount Vernon City Schools.	Findings: <ul style="list-style-type: none"> <li>▪ Three most common ways that youth obtain tobacco are to have older friends purchase for them, to take from their parents/other sources, or other adults give them tobacco</li> <li>▪ Three most common ways that youth obtain alcohol are to give money to friends/siblings over 21 to purchase for them; friends/siblings give them alcohol; or they take alcohol from parents/other sources</li> <li>▪ Students are most often drinking at house parties, at other friends' houses, or at outside locations</li> </ul>
<i>PRIDE Survey of Knox County Youth, 2015-2016 School Year, MHR &amp; United Way, Sept. 2015</i>	<p>Pride Questionnaire for Grades 6 to 12 was administered to students in grades 6, 8, 10, and 12 in September 2015. 2015 results reflect the following:</p> <ul style="list-style-type: none"> <li>▪ 7 of the 7 public school districts in Knox County participated, up from 4 of the 7 districts in 2013.</li> <li>▪ 1,754 students completed the survey which constituted a 60% increase in responses from the 2013 PRIDE Survey administration</li> </ul> <p>Survey addresses youth ATOD use and risk/protective factors</p>	<p>Survey of 1,754 students in grades 6, 8, 10, and 12 in 4 Knox County school districts found that:</p> <ul style="list-style-type: none"> <li>▪ Alcohol was the most commonly used drug among youth, followed by tobacco which was only slightly more used than marijuana</li> <li>▪ Use of all primary substances (alcohol, tobacco, marijuana and Rx drugs) increases with ages</li> <li>▪ In comparing use between Knox County and US overall for, marijuana use was similar; alcohol use was higher in Knox 6<sup>th</sup> and 10<sup>th</sup> grades; and Rx drug use was lower in all Knox County grades</li> <li>▪ By gender, boys report higher rates of use of all substances, especially tobacco</li> <li>▪ For students who report using, average age of onset of use is between 13 and 14 for the four major substances</li> <li>▪ Among students who report using, 65% report dangerous use of marijuana, 23% report dangerous use of alcohol, and 49% report dangerous use of Rx drugs. Dangerous use is "very high" or "bombed/stoned"</li> <li>▪ 48% of students who reported drinking in the last year reported binge drinking</li> <li>▪ Based on data, an estimated 600 students in all grades 6<sup>th</sup>-12<sup>th</sup> started drinking at age 13 or younger</li> <li>▪ By high school, students report that it is easy to get alcohol and marijuana, and especially tobacco</li> <li>▪ Most students believe ATOD use is harmful but perception of risk of marijuana drops from 69% in 6<sup>th</sup> grade to 36% in 12<sup>th</sup> grade</li> <li>▪ Between 2011 and 2015, there was a nearly 20% decrease in perception of harm of marijuana among 12<sup>th</sup> grade students</li> <li>▪ Students reporting that parents feel that alcohol use is wrong drops steadily from 6<sup>th</sup> to 12<sup>th</sup> grade</li> <li>▪ ATOD use occurs at friends' houses or at home, rarely at school</li> <li>▪ 7.2% of students reported thinking about suicide often or a lot;</li> <li>▪ Relationships with supportive adults who provide clear rules shows the strongest correlation with not using alcohol, tobacco or other drugs</li> </ul>
<i>MHR Recovery Housing Needs Assessment Survey &amp; Community Assessment, June 2015</i>	The committee conducted an electronic survey of key community stakeholders in both counties to determine public awareness and opinion about Recovery Housing. Recipients included persons in recovery, family members, businesses, the court system, law enforcement and other first responders,	<p>Survey findings included:</p> <ul style="list-style-type: none"> <li>• While 74% claimed familiarity with Recovery Housing, the majority identified residential treatment or housing programs with a clinical focus as Recovery Housing currently operating in the community.</li> <li>• Majority of respondents identified that it was extremely important that Recovery Housing be made available for single men, single women, and parents with children</li> <li>• However, when asked to prioritize need due to limited resources 75% of respondents indicated parents</li> </ul>

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	<p>job and family services – children’s services, housing and homeless advocates, colleges and universities, local schools, the faith-based community, other social services and non-for-profits, governmental entities, and mental health and addiction providers. Over 300 surveys were sent out with 35% return rate (105).</p> <p>In addition other key community stakeholders were interviewed for additional input.</p>	<p>with children should have access to Recovery Housing first</p> <ul style="list-style-type: none"> <li>• Respondents identified that people in recovery involved with job and family services – children’s services and behavioral healthcare providers should have access to Recovery Housing first</li> <li>• 68% indicated they knew someone who would benefit from Recovery Housing</li> <li>• Very strong consensus that Recovery Housing is needed in the community: 95% of respondents in favor with 5% indicating they did not know</li> <li>• While there was strong support for Recovery Housing, many respondents commented that it needed to be supervised and that mentoring and access to treatment and other services should be provided</li> </ul> <p>Other Significant Community Information</p> <p><b>Licking County Job and Family – Children’s Services (2015)</b></p> <ul style="list-style-type: none"> <li>• 20 infants under 12 months were prenatally exposed to drugs and born with dependency/withdrawal issues</li> <li>• 184 children between ages 0 – 8 under agency custody had parents with addiction issues with 55 parents having Opiate specific addictions. 97 children (0 – 3) - 80 parents with addiction issues (30 with Opiate specific addictions) 41 children (4 – 5) - 35 parents with addiction issues (13 with Opiate specific addictions) 46 children (6 – 8) - 33 parents with addiction issues (12 with Opiate specific addictions)</li> </ul> <p><b>Licking County Special Docket Courts (2015)</b></p> <ul style="list-style-type: none"> <li>• LIFT municipal drug court – 4 women pregnant and/or have given birth</li> <li>• Felony drug court – 5 women pregnant and/or have given birth</li> </ul> <p><b>Licking County Felony Probation (2015)</b></p> <p>The amount of admissions at the local substance abuse agency (LAPP) for Opiates and Methamphetamine treatment increased 11.7% from FY 12 to FY 14 from 595 admissions to 674 admissions. The number of offenders placed on community control at Licking County felony drug court for drug related offenses increased 36.5% from 7/1/11 to 7/1/14. On 7/1/11 there were 323 drug related offenders on community control and on 7/1/14 there were 506 drug related offenders on community control. The total number of offenders placed on community control also increased during the same time frame, on 7/1/11 there were 700 offenders on community control, on 7/1/14 there were 885 offenders on community control. That is a 21% increase.</p> <p><b>Licking County Substance Abuse Provider – LAPP (2015)</b></p> <ul style="list-style-type: none"> <li>• Served 22 pregnant women in Women’s Gender Specific Treatment Program that would have benefited from Recovery Housing. An additional 38 single women with young children experiencing opioid dependency/abuse would also have benefited.</li> <li>• Outreach workers identified 15 – 20 single men who would have benefited from Recovery Housing</li> </ul> <p><b>Knox County Substance Abuse Provider – Freedom Center (2015)</b></p>

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		<ul style="list-style-type: none"> <li>• Served 6 pregnant women in Women’s Gender Specific Treatment Program</li> <li>• 40 women in treatment had children under the age of 8 with 35 of these women single</li> <li>• 96 single women were served with 26 at risk of losing their children and 19 losing their children due to addiction.</li> <li>• 28 women would have benefited from Recovery Housing</li> <li>• 419 single men were served</li> </ul> <p><i>Licking-Knox Substance Abuse Provider – Behavioral Healthcare Partners of Central Ohio (2015)</i></p> <ul style="list-style-type: none"> <li>• Courage House, a level IV residence, served 3 pregnant women in SFY2015</li> <li>• 8 women participated in the program with children age 3 and under</li> <li>• 7 women were court involved</li> <li>• All of these women would have benefited from Recovery Housing</li> </ul> <p><i>Knox County Health Assessment (2014)</i></p> <ul style="list-style-type: none"> <li>• Alcohol and drug abuse were identified as the top community health issue (70.2% of respondents) in a survey of 1095 households</li> <li>• In the same survey, respondents identified lack of parent involvement (54.2%) and child abuse/neglect (39%) as top safety issues facing children</li> </ul>
<i>PRIDE Survey of Knox County Youth, 2014-2015 School Year, MHR &amp; Our Futures, June 2015</i>	<p>Pride <i>Questionnaire for Grades 6 to 12</i> was administered to students in grades 6, 8, 10, and 12 in September 2015. 2015 results reflect the following:</p> <ul style="list-style-type: none"> <li>▪ 12 of 12 of public school districts in Licking County</li> <li>▪ 5,639 students completed the survey</li> </ul> <p>Survey addresses youth ATOD use and risk/protective factors</p>	<ul style="list-style-type: none"> <li>▪ 5,639 Students were surveyed this year. (5,768 last year)</li> <li>▪ .Alcohol and tobacco are still the most commonly used substances</li> <li>▪ Alcohol is highest in use, then tobacco, and then marijuana.</li> <li>▪ Tobacco use continues to decline at grades 10 and 12; and, despite some upward growth at grades 6 and 8, the trend lines for the combined average continues to go down.</li> <li>▪ Alcohol use is up this year at all 4 grade levels. Despite this, the trend line for the combined average is still downward.</li> <li>▪ A comparison with last year’s National Survey shows us to be as much as 5% above the national norm for alcohol and tobacco at 12th grade. Marijuana use is above the norm at all four grades tested.</li> <li>▪ Student perception of risk for alcohol and marijuana declines as grade levels increase except for the perceived risk of tobacco use which stays high.</li> <li>▪ There is a concerning drop in the perception of risk for marijuana.</li> <li>▪ Kids are using at other places – not at school. And they’re using tobacco but not alcohol in the car.</li> <li>▪ Over 60% of our students are not using anything at all grade levels since 2009.</li> <li>▪ Protective factors such as church attendance, good grades, participation in community and school activities show a relationship to non-use.</li> </ul>
<i>MHR Mental Health First Aid Satisfaction Survey of Participants, December 2015</i>	<p>Survey distributed to participants receiving Mental Health First Aid Training between August 2014 to December 2015 to determine if they continued to use the skills learned in training</p>	<ul style="list-style-type: none"> <li>▪ 49.44% (a great deal) and 47.19% (some practical knowledge) of knowledge gained in MHFA</li> <li>▪ Application of MHFA - 70% have used skills learned In MHFA training</li> <li>▪ Overall MHFA rating - 59.55% (excellent), 37.08% (good), and 3.37% (poor)</li> </ul>

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<i>Knox Parent and Caregiver Survey, Knox Health Planning Partnership Prevention Committee, November 2014</i>	<ul style="list-style-type: none"> <li>▪ 89 participants returned survey</li> </ul> <p>Survey distributed to parents and other primary caregivers for children. 709 respondents represented a range of ages, income levels, geographic areas, and educational levels. Survey assessed interest in, comfort with, and willingness to attend parent education; topics of interest to parents; how parents prefer to get information about parenting; levels of stress in their families; and selected child behaviors.</p>	<p>Findings from the survey included:</p> <ul style="list-style-type: none"> <li>▪ 68% indicated that they would benefit from parent training</li> <li>▪ 23% expressed attitude that parent training is for parents who don't know how to be a good parent</li> <li>▪ Parents identified the following top 5 parent training needs: <ul style="list-style-type: none"> <li>○ Helping kids succeed in school</li> <li>○ Improving family communication</li> <li>○ Helping children learn self-control</li> <li>○ Helping children cooperate</li> <li>○ Helping children develop empathy</li> </ul> </li> <li>▪ Many parents identified the need for childcare, meals, and transportation to make attendance possible</li> <li>▪ Stress in families was significantly correlated with income, with lower income families having much higher levels of stress</li> <li>▪ Having lower levels of support from family or friends was correlated with higher levels of stress</li> <li>▪ Higher levels of stress were correlated with lower levels of cooperation from children and lower levels of parent-child communication</li> </ul>
<i>Licking County United Way Community Assessment and Blueprint, 2014 - 2016</i>	<p>This comprehensive community assessment included four components:</p> <ul style="list-style-type: none"> <li>▪ Household survey to assess community strengths and issues: 509 respondents</li> <li>▪ Direct Service Recipient survey: 144 respondents</li> <li>▪ Key Community Stakeholders survey: 166 respondents</li> <li>▪ Five focus groups</li> </ul>	<p>Using the Collective Impact approach for community planning, the following top three priorities were determined from the assessment:</p> <ul style="list-style-type: none"> <li>▪ Behavioral Health – To promote a healthy community we, must address addiction, child abuse and neglect, domestic violence and mental health by increasing awareness and access to: <ul style="list-style-type: none"> <li>○ Addiction and recovery services</li> <li>○ Mental health care</li> <li>○ Resources that keep every child safe and healthy</li> <li>○ Resources that keep personal relationships safe and healthy</li> </ul> </li> <li>▪ Children, Youth and Families: Increasing opportunities so we can advance by: <ul style="list-style-type: none"> <li>○ Encouraging and strengthening healthy relationships</li> <li>○ Increasing accessibility to quality childcare and early learning experiences</li> <li>○ Raising awareness and encouraging use of available community resources</li> <li>○ Promoting physical health, development and well being</li> <li>○ Engaging and socializing in community activities</li> </ul> </li> <li>▪ Poverty: Coordinating and enhancing services that promote self-sufficiency by: <ul style="list-style-type: none"> <li>○ Increasing availability of safe and affordable housing</li> <li>○ Promoting financial literacy education</li> <li>○ Improving access to affordable and reliable transportation</li> <li>○ Developing opportunities for job-training and career advancement</li> <li>○ Expanding coordination and maintenance of safety net services: Providing food services, assisting with utilities, allocating disaster relief efforts, providing emergency shelter/housing, and offering affordable health care</li> </ul> </li> </ul>

<p align="center"><b>NEEDS ASSESSMENTS</b></p> <p align="center"><b>Report, Responsible Organization(s) and Date</b></p>	<p align="center"><b>METHODOLOGY</b></p> <p align="center"><b>Method and Stakeholders Involved/Number of participants</b></p>	<p align="center"><b>KEY FINDINGS</b></p> <p align="center"><b>Including Access Issues, Gaps, and Disparities</b></p>
<p><i>Knox County Community Health Assessment, Knox County Health Department, Fall, 2014</i></p> <ul style="list-style-type: none"> <li>▪ <i>Knox Community Assessment Improvement Plan, Knox Health Partnership, June 2016.</i></li> </ul>	<p>This comprehensive community health assessment included three components:</p> <ul style="list-style-type: none"> <li>▪ Household survey to assess community strengths and issues; 1095 respondents</li> <li>▪ Business survey assessing strengths and challenges of doing business; 60 responses</li> </ul> <p>3 committees of the Health Partnership were formed and each is focused on one of the priority issues. Each committee developed a logic model during 2015 and into 2016 and each committee is now in the process of developing strategic plans to address each priority issue.</p>	<p>Data indicated the following strengths:</p> <ul style="list-style-type: none"> <li>▪ Supportive community</li> <li>▪ Community works together on common goals</li> </ul> <p>Data also indicated that poverty and economic issues were the most significant community issues identified through the Health Assessment.</p> <p>Based on a review of the data, the Knox Health Planning Partnership identified three priority community health issues that could be addressed through community-wide initiatives: Alcohol, tobacco and other drug use; Mental health problems; and obesity. Subsequently, three committees were formed:</p> <ul style="list-style-type: none"> <li>▪ Obesity</li> <li>▪ Prevention (addressing both alcohol/drug prevention and mental health promotion)</li> <li>▪ Intervention (address alcohol/drug and mental health intervention strategies)</li> </ul> <p>Intervention Team as identified three priority areas for the 2016 Community Improvement Plan and will be developing plans for implementation, funding, and evaluation for each area:</p> <ul style="list-style-type: none"> <li>▪ Integration of mental health and physical health care to address needs of untreated depression and anxiety</li> <li>▪ Promotion of stigma campaign</li> <li>▪ Supporting the development of recovery housing</li> </ul> <p>Prevention Team has identified three priority areas for the 2016 Community Improvement Plan and will be developing plans for implementation, funding and evaluation for each area:</p> <ul style="list-style-type: none"> <li>▪ Promoting and supporting parent education/support</li> <li>▪ Building a trauma-informed community with a focus on supporting organizational adoption of trauma-informed practices</li> <li>▪ Supporting the development of school-based interventions that are trauma-informed</li> </ul>
<p><i>Knox County Community Health Assessment, Knox County Health Department, January 2012</i></p> <ul style="list-style-type: none"> <li>▪ <i>Knox Community Assessment Improvement</i></li> </ul>	<p>This comprehensive community health assessment included three components:</p> <ul style="list-style-type: none"> <li>▪ Household survey to assess community strengths and issues; 955 respondents</li> <li>▪ Key Informant Survey aimed at community leaders; 118 respondents</li> <li>▪ Business survey assessing strengths and challenges of doing business; 103 responses</li> </ul> <ul style="list-style-type: none"> <li>▪ 3 committees of the Health Partnership focused on each of the priority issues and</li> </ul>	<p>Data indicated the following strengths:</p> <ul style="list-style-type: none"> <li>▪ Supportive community</li> <li>▪ Community works together on common goals</li> </ul> <p>Data also indicated that poverty and economic issues were the most significant issues identified through the Health Assessment. Based on a review of the data, the Community Health Assessment Committee identified three priority issues that could be addressed through community-wide initiatives: Alcohol, tobacco and other drug use; Mental health problems; and obesity. Subsequently, three committees were formed:</p> <ul style="list-style-type: none"> <li>▪ Obesity</li> <li>▪ Prevention (addressing both alcohol/drug prevention and mental health promotion)</li> <li>▪ Intervention (address alcohol/drug and mental health intervention strategies)</li> </ul>

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<i>Plan</i> , Knox Health Partnership, June 2013.	developed a logic model and strategic plan to address each priority issue	<p>Intervention Team conducted further assessment of needs and developed plans around:</p> <ul style="list-style-type: none"> <li>▪ Stigma</li> <li>▪ Adoption of evidence-based strategies to identify behavioral health care issues (Kids' Mobile Crisis Team, Mental Health first Aid)</li> <li>▪ Information and education of community regarding behavioral health</li> </ul> <p>Prevention Team conducted further assessment of needs (Including the Knox Parent and Caregiver Survey – see below) around:</p> <ul style="list-style-type: none"> <li>▪ Promoting nurturing families through parent education/support <ul style="list-style-type: none"> <li>○ Expanded programming and reach of parent programs</li> </ul> </li> <li>▪ Trauma-informed practices and becoming a trauma informed community <ul style="list-style-type: none"> <li>○ Developed and implemented targeted training for educators, case workers, and community members</li> </ul> </li> </ul>
<i>Youth Alcohol and Tobacco Access Survey</i> , KSAAAT Prevention Committee, Sept. 2015	Electronic survey completed by 317 high school students. Respondents included students from all 7 school districts, however, over half the respondents were from Mount Vernon City Schools.	<p>Findings:</p> <ul style="list-style-type: none"> <li>▪ Three most common ways that youth obtain tobacco are to have older friends purchase for them, to take from their parents/other sources, or other adults give them tobacco</li> <li>▪ Three most common ways that youth obtain alcohol are to give money to friends/siblings over 21 to purchase for them; friends/siblings give them alcohol; or they take alcohol from parents/other sources</li> <li>▪ Students are most often drinking at house parties, at other friends' houses, or at outside locations</li> </ul>
<i>SFY13 Year-End Board Performance Target Report</i> , MHR, Oct. 2013	MHR Providers submit quarterly reports regarding access to services and program outcomes.	<p>In addition to identifying several system strengths, this analysis identified the following system challenges:</p> <ul style="list-style-type: none"> <li>▪ The system continues to need a streamlined monitoring and reporting system based on consistently tracked data and meaningful outcomes.</li> <li>▪ Workforce availability and stability continues to be a challenge within the system.</li> <li>▪ AoD treatment system performs well with clients who complete the program, but many clients do not complete their treatment program</li> </ul>
<i>Licking and Knox Counties Housing Continuum of Care Groups</i> , Ongoing community housing planning collaborations.	Both groups include representatives including government, housing/homeless advocates, consumer rights, social services and behavioral health services. Groups conduct ongoing planning focused on addressing housing needs.	<p>Needs and Gaps identified:</p> <ul style="list-style-type: none"> <li>▪ Ongoing issues of homelessness</li> <li>▪ Lack of shelter for women (both counties) and inadequate capacity to serve women affected by domestic violence</li> <li>▪ Access to housing is difficult for certain populations (e.g. people in crisis, requirement to adopt an individualized housing plan, etc.)</li> <li>▪ Changes in housing subsidies requires new strategies for providing stable housing</li> <li>▪ The HMIS data needs to be aggregated so that it is available for planning purposes.</li> </ul>
<i>Annual QA/QI Reports</i> , MHR Provider Agencies, August 2013.	Annual QA/QI reports from each provider agency identify agency service issues and strategies to address issues based on ongoing QA/QI within the agency.	<p>Reinforces need for basic services available through provider agencies</p> <ul style="list-style-type: none"> <li>▪ Need for monitoring and reporting meaningful measures and outcomes to be consistently reported by each provider agency</li> </ul>
<i>Licking County Re-Entry Strategic Plan</i> , MHR, June 2013.	Representatives of government, non-profits and community stakeholders attended 9 planning meetings, 2011-2013.	<p>Needs for successful transition of ex-offenders:</p> <ul style="list-style-type: none"> <li>▪ Increase capacity of system to fund services for ex-offenders</li> <li>▪ Identify and implement evidence-based interventions/approaches for service provision to ex-offenders</li> </ul>

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		<ul style="list-style-type: none"> <li>▪ Increase vocational and employment opportunities and support</li> <li>▪ Increase safe and affordable housing opportunities</li> <li>▪ Increase community awareness regarding successful reentry</li> <li>▪ Establish unified data collection strategies, database, and data utilization procedures</li> </ul>
<i>Consumer Advisory Council Meetings, May 2013.</i>	Focus groups with Consumer Advisory Councils representing consumers at The Main Place in both counties.	<p>Needs identified by groups focused on recovery supports:</p> <ul style="list-style-type: none"> <li>▪ Housing support including availability of decent housing with limited income, addressing stigma, and strengthening consumer skills related to housing</li> <li>▪ Transportation support including working within constraints of public transportation and increasing options for transportation</li> </ul>
<i>Pride Survey of Licking County Youth, 2012-13 School Year, Our Futures, May 2013</i>	<p>Pride <i>Questionnaire for Grades 6 to 12</i> was administered to students in grades 6, 8, 10, and 12 in May 2013</p> <ul style="list-style-type: none"> <li>▪ 11 of the 11 public school districts in Licking County participated in May 2011</li> <li>▪ 5,639 students completed the survey in May 201.</li> </ul> <p>Survey addresses youth ATOD use and risk/protective factors</p>	<p>Survey of 5,639 students in grades 6, 8, 10, and 12 in 11 Licking county school districts found:</p> <ul style="list-style-type: none"> <li>▪ Alcohol and tobacco use was slightly higher in 10<sup>th</sup> and 12<sup>th</sup> grades in Licking County than in the US overall; marijuana use rates are higher in all four grades</li> <li>▪ Tobacco use is showing an overall decline since 2009</li> <li>▪ Alcohol use showed an increase at all grade levels in 2013</li> <li>▪ Alcohol was the most commonly used drug among youth, followed by tobacco, marijuana and prescription drugs</li> <li>▪ Most students believe ATOD use is harmful though the perception of harm from alcohol and marijuana is lower in Licking County than the national rates; responses indicate a decline in the perception of harm of marijuana</li> <li>▪ Most ATOD use occurs at friends' houses or at home, not in school</li> <li>▪ Parental monitoring and supervision drops considerably at the high school level</li> <li>▪ Parental norms against drinking alcohol decrease by the end of high school</li> <li>▪ Licking County youth are slightly more likely to report that they have ever thought about committing suicide</li> </ul>
<i>PRIDE Survey of Knox County Youth, 2012-13 School Year, MHR &amp; United Way, May 2013</i>	<p>Pride <i>Questionnaire for Grades 6 to 12</i> was administered to students in grades 6, 8, 10, and 12 in May 2013. 2013 results reflect the following:</p> <ul style="list-style-type: none"> <li>▪ 4 of the 5 public school districts in Knox County participated both years.</li> <li>▪ 1,098 students completed the survey with a 52% response rate</li> </ul> <p>Survey addresses youth ATOD use and risk/protective factors</p>	<p>Survey of 1,098 students in grades 6, 8, 10, and 12 in 4 Knox County school districts found that:</p> <ul style="list-style-type: none"> <li>▪ Alcohol was the most commonly used drug among youth, followed by tobacco and then marijuana</li> <li>▪ Alcohol, tobacco, and other drug use (ATOD) was slightly lower in Knox County than in the US overall for 6<sup>th</sup>, 8<sup>th</sup>, and 10<sup>th</sup> graders;</li> <li>▪ Among users, 65% of students report dangerous use - binge drinking or smoking marijuana to get very high</li> <li>▪ Based on data, an estimated 600 students in all grades 6<sup>th</sup>-12<sup>th</sup> started drinking at age 13 or younger</li> <li>▪ High school students report easier access to tobacco and alcohol than US peers</li> <li>▪ Most students believe ATOD use is harmful</li> <li>▪ Students reporting that parents feel that alcohol use is wrong drops steadily from 6<sup>th</sup> to 12<sup>th</sup> grade</li> <li>▪ ATOD use occurs at friends' houses or at home, rarely at school</li> <li>▪ 16% of students reported thinking about suicide often or a lot, an increase of 5 percentage points from 2012</li> <li>▪ Only 6% of 10<sup>th</sup> and 12<sup>th</sup> graders get the recommended 9 or more hours of sleep per night</li> <li>▪ Relationships with supportive adults who provide clear rules shows the strongest correlation with not using alcohol, tobacco or other drugs</li> </ul>

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<i>Licking FCFC HB 289 Updated Community Plan for SFY 2014, Spring 2013, Licking Family &amp; Children Frist Council.</i>	Previous plans reviewed and modified by Licking Council.	<p>Identified priorities:</p> <ul style="list-style-type: none"> <li>▪ Reduce number of children in out-of-home placements through cross-system collaboration</li> <li>▪ Increase graduation rate through reduction of discipline problems and increasing youth participation in positive school and community activities</li> <li>▪ Decrease number of child abuse and neglect cases through parent support/education</li> </ul>
<i>Knox FCFC HB 289 Updated Community Plan for FY 2014, Spring 2013, Knox Family &amp; Children Frist Council.</i>	Previous plans reviewed and modified by FCFC/	<p>Identified priorities:</p> <ul style="list-style-type: none"> <li>▪ Improve health and well-being of children 0-6</li> <li>▪ Learning opportunities for children 0-6</li> <li>▪ Parenting education and activities that promote school success</li> </ul>
<i>Consumer Satisfaction and Outcomes Survey Results, MHR, August 2013</i>	<p>All mental health and AOD treatment providers participated in administering the following satisfaction and outcome surveys to consumers in May-August 2013: MHSIP (ages 18+), YSS (ages 13-17), and YSS-F (parents of children ages 0-12)</p> <ul style="list-style-type: none"> <li>▪ Data collection method: in person on site at provider agencies, self-administered paper-and-pencil</li> <li>▪ Instrument: standardized MHSIP/YSS/F instruments with additional items for assessing National Outcome Measures related to employment/school, housing, and law enforcement involvement</li> <li>▪ Sampling: MHR identified target sample sizes based on the typical number of clients who visit the agency each week, excluding first-time client visits (95% confidence level, confidence interval of 5).</li> <li>▪ August 2013: 1067 surveys were completed (809 MHSIP, 152 YSS, and 106 YSS-F)</li> </ul>	<p>Analysis of MHSIP, YSS, and YSS-F surveys with current consumers in Fall 2013 identified the following:</p> <p>System Strengths</p> <ul style="list-style-type: none"> <li>▪ Adult ratings of General Satisfaction, Access to Services and Quality and Appropriateness of Services was above the state and national norms for both AoD and MH providers. AoD services were also rated above these norms for Quality of Life-Outcomes, Functioning, and Social Connectedness.</li> <li>▪ Positive ratings by teens (YSS) of both MH and AoD services was at or above 70% for Quality and Appropriateness of Services, Participation in Treatment Planning, Access to Services, and Cultural Sensitivity. Additionally, both MH and AoD services showed consistent rating improvements between 2012 and 2013.</li> <li>▪ Parent ratings of MH services for their children indicate that services are at or, in some cases, well above the national and Ohio norms for the domains of Quality and Appropriateness, Participation in Treatment Planning, Access to Services, and Cultural Sensitivity.</li> <li>▪ Both AOD and MH treatment appears to be associated with a reduction in encounters with the police for both youth and adults</li> <li>▪ Adult MH and AoD consumers indicate decreased use of alcohol (74% for AoD and 31% for MH)</li> </ul> <p>System Challenges</p> <ul style="list-style-type: none"> <li>▪ Adult ratings of Participation in Treatment was below the state and national norms for both AoD and MH services. Ratings of MH services for Quality of Life and Functioning was between Ohio and national norms. MH Ratings of social Connectedness was below both Ohio and national norms.</li> <li>▪ About 60-65% of youth report positively about Outcomes.</li> <li>▪ Parent ratings of MH services regarding Outcomes and Social Connectedness fall between the Ohio and national norms, though Social Connectedness is still rated over 80%.</li> <li>▪ Although many children and youth indicate improved school attendance, a significant minority indicate worse attendance, particularly those receiving MH services</li> <li>▪ Employment is a challenge for adult consumers with 33% of AoD respondents indicating that they are actively looking for work and 16% of MH consumers.</li> </ul>

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<i>Referral Source Satisfaction Survey</i> , MHR, April 2013	63 individuals completed an on-line survey regarding their satisfaction with and perception of services provided by MHR agencies in both Knox and Licking Counties.	Summary of findings: <ul style="list-style-type: none"> <li>▪ Respondents expressed overall satisfaction with all MHR provider agencies</li> <li>▪ Respondents rated the effectiveness of adult treatment services higher overall than children's treatment services</li> <li>▪ Some concerns were expressed about crisis services, access to services, turnover and psychiatric services</li> </ul>
<i>Drug Free Communities Grant Action Plan</i> , Knox Substance Abuse Action Team, Feb. 2013.	12-month Action Plan developed by 6-member DFC Committee of KSAAT Coalition to identify strategies and activities to address priority youth alcohol/drug issues in Knox County.	Priority issues included: <ul style="list-style-type: none"> <li>▪ Establish infrastructure through KSAAT to support long-term commitment to prevent substance abuse, with a focus on youth. Infrastructure will include membership, organizational structure and processes, and focused committees</li> <li>▪ Reduce access to alcohol, tobacco and Rx drugs</li> <li>▪ Increase awareness of dangers of ATOD use among youth and parents</li> <li>▪ Improve access to parent education and support</li> <li>▪ Enhance access to universal trauma-informed environments for children and youth</li> </ul>
<i>Problem Gambling Prevention and Treatment Strategic Prevention Framework Assessment and Planning Process</i> , MHR and Provider Staff, Winter-Spring 2013	The Problem Gambling Plan was built upon the Strategic Prevention Framework (SPF) model for assessment and planning. Need and planning were based on the 2012 Ohio Problem Gambling Prevalence Survey (Kent State University), the Canadian Problem Gambling index used to determine level of risk, and additional community readiness assessment conducted by ODADAS. The SPF was completed by MHR and AOD provider prevention and treatment staff.	Assessment and Environmental Scan of Community Readiness determined: <ul style="list-style-type: none"> <li>▪ The 18 – 24 age group is estimated to contain the highest amount of at risk (low – medium risk) or problem gamblers.</li> <li>▪ Licking County residents impacted is estimated at 23,000 (13.8% of total population) either as risk (low – medium) or problem gamblers with Knox County having 18,124 impacted (29% of total population).</li> <li>▪ Providers receive very few inquiries about gambling issues.</li> <li>▪ Only one behavioral healthcare professional in both counties qualifies to provide gambling addiction treatment.</li> </ul>
<i>Priority Population Tiers for Funding</i> , MHR Staff, November 2012	Analysis of statute and community needs completed by MHR staff.	Tiers were defined and designated by priority populations which served to classify specific services provided by MHR agencies. <ul style="list-style-type: none"> <li>▪ Tier 1: Crisis Services</li> <li>▪ Tier 2: High Risk Treatment Services</li> <li>▪ Tier 3: Moderate Risk Treatment Services</li> <li>▪ Tier 4: Recovery Supports and Wellness</li> <li>▪ Tier 5: High Risk Prevention Population Services</li> <li>▪ Tier 6: Universal Prevention Population Services</li> </ul> <p>Recommendations also included designating set-asides for the lower tiers to guarantee base funding for Prevention and for Recovery Supports and Wellness</p>
<i>"Community Readiness Assessment"</i> - Licking	Five groups with 20 individuals completed structured	<i>Results of the interviews indicated the following:</i>

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<i>County Prevention</i> , MHR, May 2012	interviews assessing community readiness to implement strategies to prevent mental, emotional and behavioral (MEB) disorders.	<ul style="list-style-type: none"> <li>▪ Licking County is at the Preparation stage (level 5 of 9) in its readiness to prevent MEB disorders both overall and in the domains of community knowledge of efforts, leadership around issue, and resources for the issue.</li> <li>▪ Community efforts around prevention are at the stabilization stage (level 7)</li> <li>▪ Community climate and community knowledge about the issue are at the Preplanning level (stage 4)</li> </ul>
<i>"Community Readiness Assessment" - Knox County Prevention</i> , MHR, March 2012	Eight groups with 17 individuals completed structured interviews assessing community readiness to implement strategies to prevent mental, emotional and behavioral (MEB) disorders.	<p>Results of the interviews indicated the following:</p> <ul style="list-style-type: none"> <li>▪ Knox County is at a Vague Awareness/Pre-planning (level 3.5 of 9) stage in its readiness to prevent MEB disorders both Overall and in the domains of community knowledge of efforts and the issue, leadership around issue, and community climate</li> <li>▪ Community efforts are at a pre-planning stage (stage 4)</li> <li>▪ Resources for the issue are at a Vague Awareness (3) stage</li> <li>▪ Business respondents indicated that alcohol/drug issues are a significant concern in hiring and in retention</li> </ul>
<i>"Youth Issues Survey"</i> , Community Foundation of Knox County, March 2012	642 students from three school districts completed written survey assessing perceptions about youth issues and participation in activities.	<p>Students identified the following as the most important issues or challenges facing the youth of Knox County:</p> <ul style="list-style-type: none"> <li>▪ Alcohol/drug use</li> <li>▪ Bullying and discrimination</li> <li>▪ Stress and career/college pressure</li> <li>▪ Smoking</li> </ul>
<p><i>Knox County Community Health Assessment</i>, Knox County Health Department, January 2012</p> <ul style="list-style-type: none"> <li>▪ <i>Knox Community Assessment Improvement Plan</i>, Knox Health Partnership, June 2013.</li> </ul>	<p>This comprehensive community health assessment included three components:</p> <ul style="list-style-type: none"> <li>▪ Household survey to assess community strengths and issues; 955 respondents</li> <li>▪ Key Informant Survey aimed at community leaders; 118 respondents</li> <li>▪ Business survey assessing strengths and challenges of doing business; 103 responses</li> </ul> <p>3 committees of the Health Partnership focused on each of the priority issues and developed a logic model and strategic plan to address each priority issue</p>	<p>Data indicated the following strengths:</p> <ul style="list-style-type: none"> <li>▪ Supportive community</li> <li>▪ Community works together on common goals</li> </ul> <p>Data also indicated that poverty and economic issues were the most significant issues identified through the Health Assessment. Based on a review of the data, the Community Health Assessment Committee identified three priority issues that could be addressed through community-wide initiatives: Alcohol, tobacco and other drug use; Mental health problems; and obesity. Subsequently, three committees were formed:</p> <ul style="list-style-type: none"> <li>▪ Obesity</li> <li>▪ Prevention (addressing both alcohol/drug prevention and mental health promotion)</li> <li>▪ Intervention (address alcohol/drug and mental health intervention strategies)</li> </ul> <p>Intervention Team</p> <ul style="list-style-type: none"> <li>▪ Stigma</li> <li>▪ Adoption of evidence-based strategies to identify behavioral health care issues (Kids' Mobile Crisis Team, Mental Health first Aid)</li> <li>▪ Information and education of community regarding behavioral health</li> </ul> <p>Prevention Team</p> <ul style="list-style-type: none"> <li>▪ Promoting nurturing families</li> </ul>

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		<ul style="list-style-type: none"> <li>▪ Parent education/support               <ul style="list-style-type: none"> <li>○ Expanded programming and reach of parent programs</li> </ul> </li> <li>▪ Trauma-informed care and environments               <ul style="list-style-type: none"> <li>○ Targeted training for educators, case workers, and clinicians</li> </ul> </li> </ul>
<p><i>Prevention Priority Populations</i>, MHR, December 2011</p>	<p>Licking and Knox Counties each hosted two community meetings involving 39 (Licking) and 33 (Knox) participants. Stakeholders included key government, business, and organizational leaders. Participants identified ethical values and priority populations to guide funding decisions about prevention services.</p>	<p>Licking County priority prevention populations identified:</p> <ol style="list-style-type: none"> <li>1. Ages 5-12, universal</li> <li>2. Ages 0-5, high-risk</li> <li>3. Ages 5-12, high-risk</li> <li>4. Ages 13-18, high risk</li> <li>5. Ages, 13-18, high risk</li> </ol> <p>Knox County priority prevention populations identified:</p> <ol style="list-style-type: none"> <li>1. Ages 0-5, high risk</li> <li>2. Ages 5-12, universal</li> <li>3. Ages 5-12, high-risk</li> </ol> <p>(Stakeholders identified universal prevention targeting 0-5 as top priority, but determined that this population cannot be readily reached).</p>
<p><i>Prevention Agency Capacity Assessment</i>, MHR, September 2011</p>	<p>Interviews conducted with key prevention staff at each of the three primary MHR-funded agencies providing prevention services.</p>	<p>Key findings included the following:</p> <ul style="list-style-type: none"> <li>▪ Agencies and prevention programs are well established in their communities and have substantial prevention expertise</li> <li>▪ Agencies are in the process of adopting and strengthening evidence-based programming</li> <li>▪ Agencies have difficulty planning for prevention without a comprehensive prevention plan for the Board area</li> <li>▪ At an agency level, prevention evaluation and evaluation systems are weak</li> </ul>
<p><i>Licking County Community Health Improvement Plan</i>, Licking County Health Dept., 2011</p> <ul style="list-style-type: none"> <li>▪ <i>Licking County Behavior Risk Factor Surveillance System (BRFSS) Survey</i>, Licking County Health Department, 2008</li> </ul>	<p>Health Department facilitated a community-driven public health strategic planning process to prioritize public health issues and identify resources.</p> <p>Telephone survey of 583 Licking County adults to identify key health-related issues in the community.</p>	<p>Behavioral health issues identified in the CHIP included:</p> <ul style="list-style-type: none"> <li>▪ 3 of the top 6 identified health issues related to substance use – drug use, tobacco use, and alcohol use</li> <li>▪ Tobacco use and exposure was identified as the second highest priority for the county</li> </ul> <p>Behavioral health data included the following:</p> <ul style="list-style-type: none"> <li>▪ 28.3% indicated that their mental health was not good on at least one of the past 30 days</li> <li>▪ 24.6% reported feeling down, hopeless, or depressed on one or more days during the last 2 weeks</li> <li>▪ 66.2% reported feeling tired or lacking energy on at least one day during the last two weeks</li> <li>▪ 15% reported taking medicine or receiving treatment for a mental or emotional problem</li> <li>▪ 19.7% reported that they currently smoke every day</li> <li>▪ 31.8% of respondents who reported drinking in the last month reported binge drinking at least once during that time</li> </ul>

NEEDS ASSESSMENTS  Report, Responsible Organization(s) and Date	METHODOLOGY  Method and Stakeholders Involved/Number of participants	KEY FINDINGS  Including Access Issues, Gaps, and Disparities
<i>County Suicide Trends, 2009 to 2012</i> , data compiled by Knox County Health Department and Mental Health America for Licking County.	Compilation of county-level suicide data	<p>Total number of suicides in 2009:</p> <ul style="list-style-type: none"> <li>▪ 28 in Licking County, up 58% from 2008</li> <li>▪ 11 in Knox County, up 55% from 2008</li> <li>▪ Average age for suicides was 48 years in Licking and 46 years in Knox.</li> </ul> <p>Total number of suicides in 2010:</p> <ul style="list-style-type: none"> <li>▪ 23 in Licking County, down 18% from 2009</li> <li>▪ 7 in Knox County, down 36% from 2009</li> </ul> <p>Total number of suicides in 2011:</p> <ul style="list-style-type: none"> <li>▪ 22 In Licking County</li> <li>▪ 6 in Knox County</li> </ul> <p>Total number of suicides in 2012:</p> <ul style="list-style-type: none"> <li>▪ 26 In Licking County</li> <li>▪ 4 in Knox County</li> </ul>
<i>Preliminary 2011 Needs Assessment and Gaps Analysis, CMHRB (April 2011)</i>	<p>Supplemental assessment of secondary data on behavioral health needs and related health, social, demographic, and economic issues in Licking and Knox Counties.</p> <ul style="list-style-type: none"> <li>▪ Data from online compilations of county-level health, economic, and demographic indicators from across multiple community systems.</li> <li>▪ Community indicators used to identify trends that will likely affect the behavioral health system over the next five years, and potential service gaps, and challenges to system capacity.</li> </ul>	<p>Preliminary report reviewed at April 2011 CMHRB Board Meeting</p> <ul style="list-style-type: none"> <li>▪ Growing population and higher proportion living in poverty. The increase in the number of poor individuals will likely present a challenge to the behavioral health and other community systems.</li> <li>▪ Sharp increase in opiate use and unintentional drug-related death rate. The behavioral health system needs a <i>comprehensive strategy to address the rise in opiate addiction</i>, while maintaining or improving capacity to serve ongoing needs related to more commonly abused substances (e.g., alcohol, marijuana).</li> <li>▪ High rates of obesity, and the relationships between poor behavioral health and chronic medical conditions, call for an integrated response and a focus on wellness and prevention.</li> <li>▪ Low kindergarten readiness in some communities signals a need to improve <i>early intervention and services for families with young children</i>.</li> <li>▪ Potential <i>state policy changes</i> regarding the <i>release of non-violent offenders from prisons and/or SMD nursing home residents</i> being transitioned out of facilities may increase the number of adults needing behavioral health services.</li> </ul>
<p><i>2010 Community Plan Development:</i></p> <ul style="list-style-type: none"> <li>▪ <i>Consumer Forums (for feedback on SFY12-13 Community Plan goals), CMHRB, November-December 2010</i></li> </ul>	<p>46 behavioral health consumers participated in 4 forums held at neutral community locations, two in each county</p> <p>Strong representation for adult mental health (particularly consumers from The Main Place who were largely older, male, and challenged with co-occurring issues), moderate for drug and alcohol treatment, and minimal for domestic violence shelter</p>	<p>The following goals were suggested for the Community Plan:</p> <ul style="list-style-type: none"> <li>▪ Basic survival/poverty issues relating to housing and employment and stigma among employers</li> <li>▪ Family/child-related prevention <ul style="list-style-type: none"> <li>○ Increase positive family management (AOD Prevention)</li> <li>○ Prevention of child sexual abuse (MH Prevention)</li> <li>○ School based mental health (MH Prevention)</li> </ul> </li> <li>▪ More case management and peer support</li> </ul>

NEEDS ASSESSMENTS  Report, Responsible Organization(s) and Date	METHODOLOGY  Method and Stakeholders Involved/Number of participants	KEY FINDINGS  Including Access Issues, Gaps, and Disparities
<ul style="list-style-type: none"> <li>▪ <i>2010 Stakeholder Priorities Survey Results, CMHRB, May 2010</i></li>   <li>▪ <i>Consumer Focus Group Report, MHR, January 2010</i></li> </ul>	<p>and prevention programs.</p> <p>332 Licking and Knox County community members completed the survey, representing three groups of stakeholders:</p> <ul style="list-style-type: none"> <li>▪ 212 consumers (convenience sample)</li> <li>▪ 97 stakeholder organization representatives (purposive and snowball sampling, online survey)</li> <li>▪ 23 Innovations Committee members, including CMHRB members (purposive sample)</li> </ul> <p>Purpose of the survey was to obtain quantitative feedback about which behavioral health services are the most important</p> <p>5 focus groups with 34 consumers were held at treatment provider sites, 3 in Licking County and 2 in Knox County; facilitated by MHR staff. There were 2 groups with adult mental health consumers, 2 groups with adult AOD consumers, and 1 group with parents of child mental health consumers</p> <p>Purpose of the groups was to obtain consumer feedback regarding priorities for mental health and alcohol and other drug treatment services, and ideas for improving efficiency and quality in the system</p>	<p>Top-priority adult mental health services:</p> <ul style="list-style-type: none"> <li>▪ 24-hour emergency services/crisis management</li> <li>▪ Counseling</li> <li>▪ Treatment for co-occurring disorders (clients with both mental health and addiction issues)</li> <li>▪ Local outpatient psychiatry</li> </ul> <p>Top priority child/youth mental health services:</p> <ul style="list-style-type: none"> <li>▪ Early intervention for at-risk children</li> <li>▪ Family therapy</li> <li>▪ 24-hour emergency services/crisis management</li> <li>▪ Counseling</li> <li>▪ Local child psychiatry</li> <li>▪ Parenting education</li> </ul> <p>Top priority adult and youth alcohol and drug services:</p> <ul style="list-style-type: none"> <li>▪ Detoxification ("detox")</li> <li>▪ Outpatient treatment (assessment, group, individual)</li> <li>▪ 24-hour emergency services/crisis management</li> <li>▪ Intensive Outpatient (IOP)</li> <li>▪ Alcohol and drug prevention</li> </ul> <p>Recommendations included:</p> <ul style="list-style-type: none"> <li>▪ Adult consumers prioritized the following mental health services: case management, housing assistance, peer support, ACT Team, and psychiatry.</li> <li>▪ Parents prioritized the following mental health resources for children: case management, emergency services, child psychiatry in county, and pooled funds.</li> <li>▪ Adult consumers prioritized the following AOD resources: group counseling and IOP, referrals and links to other resources for basic needs, and individual counseling.</li> </ul> <p>Consumers identified the following concerns and suggestions for improving services:</p> <ul style="list-style-type: none"> <li>▪ Concerns about access to services at MGC.</li> <li>▪ Reduce duplication between mental health and AOD providers, and provide better link between inpatient detox and community services.</li> <li>▪ Increase consumer participation in treatment decisions at MGC.</li> <li>▪ Improve initial access and support for staying engaged in treatment.</li> <li>▪ Add or expand specific services, including nutrition education and wellness, medication education, and help paying for medications</li> </ul> <p>Maintain housing assistance (see as critical to recovery)</p>

NEEDS ASSESSMENTS  Report, Responsible Organization(s) and Date	METHODOLOGY  Method and Stakeholders Involved/Number of participants	KEY FINDINGS  Including Access Issues, Gaps, and Disparities
<i>Prevention Planning and Policy: Changing the Odds in Licking County</i> , PAXIS Institute for CMHRB, 2010	Review of prevention research literature to identify best practices and policy implications for the prevention system.	<ul style="list-style-type: none"> <li>▪ Multi-problem focus: Prevention strategies that significantly affect several outcomes are to be preferred over strategies that only affect one type of outcome.</li> <li>▪ Behavior change: Prevention programs or efforts that emphasize knowledge or attitude change in the absence of measurable behavior change should be discontinued. Simple awareness campaigns that do not involve clear behavior change should not be funded.</li> <li>▪ Simplicity and cost-effectiveness: Prevention efforts that can be easily applied to intervention and treatment with simple adjustments to dose, supports, or intensity are to be preferred. Prevention efforts that are less expensive in terms of training, supports, and infrastructure and more efficient are to be preferred.</li> <li>▪ Third party payers: Strategies that can be funded through third-party mechanisms should be pursued.</li> </ul>
<i>Knox County Wellness Coalition Prevention Plan Resource Assessment List &amp; Report</i> , CMHRB and United Way, May 2008	CMHRB and United Way worked with the Wellness Coalition members to conduct the resource assessment.	<p>The report identified 77 behavioral health prevention programs in the county, including 25 substance abuse (33%) and 16 child/teen social-emotional wellbeing and behavior issue programs (21%) (the two largest categories).</p> <p>Identified the following strengths in Knox County's prevention resources (related to behavioral health):</p> <ul style="list-style-type: none"> <li>▪ School staffs provide many prevention programs to their students, particularly in the area of behavioral health. Schools generally employ universal prevention strategies and reach large numbers of students in the K-12 years.</li> <li>▪ Health and social service organizations collaborate with each other frequently.</li> </ul> <p>Identified the following gaps:</p> <ul style="list-style-type: none"> <li>▪ Little use of evidence-based programs, particularly in the areas of substance abuse and life skills.</li> <li>▪ More specifically, only 1 evidence-based substance abuse program and no evidence-based mental health programs provided by community agencies.</li> <li>▪ Lacking a comprehensive strategy for coordinating prevention resources and tracking outcomes.</li> </ul>
<p><i>Licking County Community Blueprint</i>: United Way; 2006 <a href="http://www.lickingcountycommunityblueprint.com">www.lickingcountycommunityblueprint.com</a></p> <ul style="list-style-type: none"> <li>▪ <i>Licking County Behavioral Healthcare Task Force Survey</i>: United Way of Licking County; 2006</li> <li>▪ <i>Licking County Roundtable Discussions</i>; sponsored by United Way, CMHRB, and LC Family and Children First Council; 2007</li> </ul>	<p>Collaborative assessment of needs and services for Licking County.</p> <p>Surveys conducted by the task force in response to Community Blueprint report findings.</p> <p>Discussions in response to Community Blueprint Findings.</p>	<p>Assessment identified three top-priority issues for follow-up initiatives:</p> <ul style="list-style-type: none"> <li>▪ Health care and dental care affordability</li> <li>▪ Economic and employment issues</li> <li>▪ Behavioral health</li> </ul> <p>Highest behavioral health priorities identified for Licking County:</p> <ul style="list-style-type: none"> <li>▪ Life skills for families (communication, managing anger, etc.)</li> <li>▪ Drug and alcohol prevention for youth</li> <li>▪ Stress management</li> <li>▪ Focus on overall wellness for the entire community</li> <li>▪ Improve how agencies work together</li> <li>▪ Family focused in-home treatment/counseling services</li> </ul> <p>Identified three strategies needed to address current gaps ("Family Focus Initiative"):</p> <ul style="list-style-type: none"> <li>▪ Team service delivery (cross-system collaboration)</li> <li>▪ Family-oriented intervention strategies (family-driven)</li> </ul>

<b>NEEDS ASSESSMENTS</b>  <b>Report, Responsible Organization(s) and Date</b>	<b>METHODOLOGY</b>  <b>Method and Stakeholders Involved/Number of participants</b>	<b>KEY FINDINGS</b>  <b>Including Access Issues, Gaps, and Disparities</b>
<ul style="list-style-type: none"> <li>▪ <i>Licking County Population-Level Change Stakeholder Interviews; 2007</i></li> </ul>	Stakeholder interviews conducted by United Way and CMHRB in response to Community Blueprint Findings	<ul style="list-style-type: none"> <li>▪ Home and community-based interventions</li> </ul> Most important positive change needed for youth: <ul style="list-style-type: none"> <li>▪ Reduction or delay in onset of alcohol and other drug (AOD) use</li> <li>▪ Increased graduation rates and school attendance</li> <li>▪ Increased literacy</li> </ul>
<i>Licking and Knox Community Capacity-Building Prevention Plans; CMHRB; 2006</i>	Planning retreat in response to Community Blueprint report findings.	<ul style="list-style-type: none"> <li>▪ Both counties selected the following strategies to address unmet needs:</li> <li>▪ Fundraising (seek and write grants)</li> <li>▪ Strong prevention workforce (skills development, training)</li> <li>▪ Centralized data collection to inform needs assessment, grant writing, and impact assessment</li> <li>▪ Effective communication (among partners and with media/public)</li> <li>▪ Promotion of evidence-based, cost-effective, needs-driven prevention strategies</li> <li>▪ Licking County also specified: Collaboration and comprehensive prevention planning</li> </ul>
<i>Licking and Knox Counties Housing Continuum of Care Groups, Ongoing community housing planning collaborations.</i>	Both groups include representatives including government, housing/homeless advocates, consumer rights, social services and behavioral health services. Groups conduct ongoing planning focused on addressing housing needs.	Needs and Gaps identified: <ul style="list-style-type: none"> <li>▪ Ongoing issues of homelessness</li> <li>▪ Lack of shelter for women (both counties) and inadequate capacity to serve women affected by domestic violence</li> <li>▪ Access to housing is difficult for certain populations (e.g. people in crisis, requirement to adopt an individualized housing plan)</li> <li>▪ Changes in housing subsidies requires new strategies for providing stable housing</li> <li>▪ The HMIS data needs to be aggregated so that it is available for planning purposes.</li> </ul>

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

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

### 3. **Strengths:**

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

#### MHR Balanced System of Care (See Questions, One, Two, and Six)

- MHR adoption of SAMHSA best practice – behavioral health is part of public health
- Strong community partnerships
- Comprehensive community assessments
- Inclusive planning efforts
- Prioritized funding
- Responsive and involved contract providers

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

- MHR Prioritized Funding Process

### 4. **Challenges:**

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

#### Behavioral Health Re-design (See Question One)

- Unknown local impact
- Capacity of current local providers to implement
- Potential decrease in service capacity and loss of services
- Impact in meeting the ORC continuum of care requirements
- Lack of necessary qualified workforce to support re-design

#### ORC Continuum of Care requirements (See Question One)

- Conflict between local prioritization of needs verses ORC requirements. Prior to new law, the needs of children and youth were the MHR top priority.
- Sustainability of required services overtime.
- Currently out of compliance with opiate continuum of care.
- Difficulty in finding qualified professional/organization willing to locally provide ambulatory detox.
- Challenges in siting recovery housing.
- Lack of state-wide capacity of required detox programs and residential treatment services.
- Lack of state-wide access and capacity for high risk children/youth in need of residential treatment or hospitalization

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

- Not meeting compliance with ORC requirements.
- Losing state and federal funding as a result.
- Resulting very negative impact on the ability to provide necessary local services.
- Overall negative impact to community health, wellness, and safety.

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

- Advocacy of OhioMHAS in addressing the potential local negative impact of the Behavioral Health Re-design and the ORC statute in the disruption of critical local services
- OhioMHAS supported review of the ORC in-county requirements for service delivery especially under the opiate continuum of care
- OhioMHAS leadership in developing greater state-wide capacity of detox and residential treatment beds and access and capacity of residential treatment and hospital beds for high risk children/youth

5. **Cultural Competency**

a. **Describe the board's vision to establish a culturally competent system of care in the board area and how the board is working to achieve that vision.**

MHR has worked to refine the manner in which issues related to cultural competence are identified along with tracking trends in Licking and Knox counties. As was identified earlier in Question One and Question Two, the largest shift in population in the service area that can be quantified is the increase in poverty and those with less access to financial resources. (U.S. Census Bureau: 2010-2014 American Community Survey 5-Year Estimates). Poverty and a lack of economic opportunity are significant cultural issues.

While ethnicity and race play a role in the cultural make-up of the service district, culture is better defined by financial position. Both counties are predominately Caucasian (Licking – 93.2% and Knox 96.7%) with African Americans comprising the only other significant group (Licking – 3.4% and Knox - .8%). (U.S. Census Bureau: 2010-2014 American Community Survey 5-Year Estimates). Consumers of services within the MHR continuum of care are disproportionally represented within this cultural group of poverty. In Knox, 9% (8,162) of the population is classified as have a disability. Of that group, 32% lives at 125% of poverty verses 18.4% of the general population. In Licking, 8.4% (22,414) of the population is classified as have a disability. Of that group, 26.6% lives at 125% of poverty verses 14.6% of the general population. (Selected Characteristics of People at Specified Levels of Poverty in the Past 12 Months – 20110 -2014 American Community Survey 5-year Estimates).

Community assessments in both counties have identified poverty as a major community concern. Common themes include lack of transportation, housing, and jobs. In addition, individuals facing stressors associated in managing limited financial resources and a lack of economic opportunities often face depression and anxiety that may go untreated. Individuals may self-medicate untreated symptoms leading to addiction. These mental health disorders are also indicators of trauma. There is a very strong correlation between the impact poverty has on trauma especially generational poverty and trauma. (Questions One and Questions Two). The Licking County United Way Blueprint recommends the following approach to address these concerns:

- Poverty: Coordinating and enhancing services that promote self-sufficiency by:
  - Increasing availability of safe and affordable housing
  - Promoting financial literacy education
  - Improving access to affordable and reliable transportation
  - Developing opportunities for job-training and career advancement
- Expanding coordination and maintenance of safety net services: Providing food services, assisting with utilities, allocating disaster relief efforts, providing emergency shelter/housing, and offering affordable health care

MHR actively participates with county-wide planning efforts in promoting pathways leading to greater economic opportunities. The MHR 5-year Strategic Plan and SFY17 planning of services and programs supports the recommendations of community assessments in addressing issues related to poverty especially in meeting the needs of its consumers of services. Evidence is found throughout the SFY17 prioritized continuum of care. (Question Two and Question Six).

**Priorities**

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

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 section provided. For those federal and state priorities that are not selected by the board, please check one of the reasons provided, or briefly describe the applicable reason, in the last column.

Most important, please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in the board's response to question 2.d. in the "Assessment of Need and Identification of Gaps and Disparities" section of the Community Plan [ORC 310.02(A)(11) and 310.022]

MHR implements a balanced trauma informed prioritized funding system to support its continuum of care based upon a public health planning approach utilizing the Strategic Prevention Framework, SAMHSA best practice values of the "Public Health Model for Behavioral Healthcare," and ethical decision-making practices of Dr. Michael Gillette. It also incorporates the Ohio Department of Mental Health and Addiction Services (OhioMHAS) state comprehensive system of care including new ORC 340 requirements. The prioritization strategy seeks to align with the SAMHSA Modernized Comprehensive Continuum of Care model in identifying core services using Recovery Orientated Systems of Care (ROSC) as the framework to provide greater access to care and promoting health and wellness and recovery practices.

### Tier Placement

Programs/Services ranked and placed into four tiers each with their own ranking criteria:

- **Tier 1:** CRISIS SERVICES – Risk of Imminent Harm (1:1 – 1:3)
- **Tier 2:** TREATMENT – High Risk (2:1-2:4) & Treatment (2:4 – 2:8)
- **Tier 3:** RECOVERY SUPPORTS AND WELLNESS ACTIVITIES (3:1 – 3:7)
- **Tier 4:** PREVENTION – High Risk Prevention Populations (4:1 – 4:2) & Universal Prevention Populations (4:3 – 4:5)

In addition, programs/services meeting the following sub-continuums of care and/or targeted strategies leading to greater health and wellness are integrated across the continuum.

- **Trauma Informed Practices:** Services and programs where staff universally practice to at least one identified trauma informed best practice AND/OR the program or service itself is considered to be a trauma informed best practice
- **ROSC Strategies:** Services and programs that include specific recovery orientated system of care practices and/or actively practice to those values
- **Re-entry Strategies:** Services and programs that target youth and adults with mental health and/or addiction issues reentering the community from jail or prison for the purpose of decreasing recidivism by gaining access to care and planning
- **ECMH (Early Childhood Mental Health):** Services and programs that target behavioral healthcare needs of very young children and their parents
- **Opiate Continuum of Care:** Services and programs serving youth or adults meeting ORC requirements

### Tiers 1 & 2 Definitions & Criteria

1. **Risk:** Potential negative impact if the service was not provided.
  - Risk to public safety
  - Risk to self and/or others
  - Risk of diminished functioning or capacity
  - Risk of medical emergency (access to detox services)
  - Risk of institutionalization
  - Financial risk or high utilization of system resources
2. **Level of Care** required to manage risk and meet **medical necessity** (ORC 5101:3-1-01). **Medically necessary services** are defined as services that are necessary for the diagnosis or treatment of disease, illness, or injury and without which the individual can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of body organ or part, or significant pain and discomfort. (ODMH May 2010). A medically necessary service must meet generally accepted standards of medical practice, be appropriate to the illness or injury for which it is performed as to the type of service and expected outcome, and to the intensity of the service and level of setting.
  - The higher the risk and/or the greater the medical necessity, the higher the level of care required.
  - Programs providing higher levels of care were prioritized higher by tier. Programs with higher levels of care generally provided greater intensity and frequency of service.
  - Prioritization aligned with OhioMHAS service certification requirements. Service certification requirements address medical necessity and levels of care.
  - For AOD programs, prioritization aligned with ASAM Levels of Care. These levels of care incorporate medical necessity.
3. **MHR Priority Populations – MHR Administrative Policy #106**
  - **Mental Health Funding**
    1. Children and adolescents challenged with severe emotional disturbance (SED).

2. Forensic adults with either the forensic status of Not Guilty by Reason of Insanity (NGRI) or Incompetent to Stand Trial-Unrestorable-Criminal Court Jurisdiction (IST-U-CJ).
  3. Adults challenged with severe mental disability (SMD).
  4. Children and adolescent with non-severe emotional disturbance.
  5. Adults with non-severe mental disability
- **Alcohol and Other Drug Funding**
    1. Children and adolescents challenged with severe substance abuse/dependency.
    2. Adults challenged with severe substance dependency.
    3. Adults challenged with severe substance abuse.
    4. Adults affected by substance usage.

**Tier 1: CRISIS SERVICES – Risk of Imminent Harm (1:1 – 1:3) Criteria:** Risk of serious and imminent harm (includes need for emergency or urgent services due to danger to self/others, and/or incapable of self-care due to behavioral healthcare issues and/or potential life threatening symptoms resulting from withdrawal from substances). Services include assessment of risk, crisis/safety planning, and referral to appropriate level of care to resolve any imminent harm.

- **Mandated services**
- **All populations served regardless of payer source**
- **Level of Risk**
- **Medical Necessity**
- **Level of Care**

**Tier 2: Treatment Services – High Risk Treatment (2:1 – 2:4)**

**Criteria:** Court ordered NGRI/IST-U-CJ forensic care, monitoring, and treatment; services to persons of MHR priority populations with histories of community violence, treatment non-compliance, and/or criminal justice involvement; services to persons with co-occurring disorders and/or multiple hospitalizations and/or multiple detoxification stays; and services to youth (birth – 17) including those involved with multi community system involvement and/or in danger of out of home placement. Includes the use of a consumer specific plan and must be medically necessary.

**Tier 2: Treatment Services (2:4 – 2:7)**

**Criteria:** Risk of serious negative outcomes, but not imminent harm (includes need for treatment or intervention to persons of MHR priority populations that provides structured recovery focused activities leading to stabilization of behavioral healthcare symptoms and/or other safety issues and/or increased functioning). Includes the use of a consumer specific plan and must be medically necessary.

- **Mandated services**
- **Priority Treatment Populations focusing on mandated and most vulnerable populations**
- **Level of risk**
- **Medical Necessity**
- **Level of Care**

**Tier 3: Recovery Supports and Wellness Activities (3:1 – 3:8)**

**Criteria:** Risk of potential negative outcomes in long-term without these supports or activities. Includes promotion of structured recovery supports and wellness activities leading to stabilization of behavioral healthcare symptoms and/or other safety issues, and/or increased functioning AND/OR provides activities that support the recovery process. 3:1 to 3:3 contain services involving access to basic needs. Typically includes the use of a consumer specific plan and generally are not medically necessary. May or may not include MHR priority populations. Consumers may receive other medically necessary services on other tiers. Other resiliency-based interventions may also be used

- **Priority treatment populations served focusing on mandated and most vulnerable treatment populations**
- **Penetration of the intervention in decreasing risk, improving health, and/or increasing functioning for mandated and vulnerable treatment populations. Programs providing access to basic needs ranked higher.**
- **Interventions that are complementary or part of planning with treatment or other systems' interventions**
- **Purposeful approaches – including EBP's and other research based practices supporting recovery and wellness**

**2011 Prevention Planning Values:** Key stakeholders in both counties identified the following values to serve as criteria to guide funding decisions to best serve the prevention needs of the communities:

- The use of science-based preventive interventions (effectiveness)
- Ability to reach the target population given a reasonable investment of financial resources (efficiency).
- Additional preventive interventions should leverage existing community resources (the use of alternative resources).
- Ability to afford the preventive intervention. It is financially feasible to get quality outcomes.
- Use of universal preventive interventions if these can reach high-risk populations both efficiently and effectively.
- Priority populations should be those at greatest risk (equity).

**Prevention Priority Populations**

Licking County	Knox County
1.Universal prevention ages 5 - 12	1.High-risk children, ages 0 - 5
2. High- risk children, ages 0 - 5	2.Universal prevention, ages 5 - 12
3.High-risk children, ages 5 - 12	3.High-risk children, ages 5 - 12
4.High- risk children, ages 13 – 18	4.Universal prevention, ages 0 – 5 was identified as top priority, but not included because of challenges in reaching this population
5.Universal prevention, ages 13 - 18	

**Other Prevention Criteria**

- Priority Prevention Populations – according to risk and identified by the Knox and Licking Community Prevention Planning Process and the MHR Prevention Priority Policy #120
- Use of IOM Report – Science-based interventions that impact multiple problem behaviors and focus on population-based interventions
- Interventions that impact age-related developmental competencies by reducing risk factors and supporting protective factors
- EBPs following SAMHSA criteria

**Tier 4: PREVENTION – High Priority Prevention Populations (4:1 – 4:2)**

**Criteria:** Identified high-priority populations and the use of identified EBP implemented to target audience with fidelity with impact on multiple problem behaviors. Potential risk for negative outcomes for many participants in the intermediate to longer-term if services are not provided before more serious problems develop. Early intervention refers to programs delivered to young children and/or their parents and programs delivered to at – risk adolescents before serious problems emerge. Negative outcomes these programs aim to prevent include child abuse and neglect, behavioral and social-emotional problems, school failure, alcohol and other drug abuse, teen pregnancy, delinquency, and violence. Interventions are not considered medically necessary and typically do not include the use of a consumer specific plan. The use of resiliency-based interventions is stressed including targeted and selected prevention strategies for ages 0 to 17. Universal strategies are targeted to priority prevention populations involving ages 0 to 5 and 5 to 12.

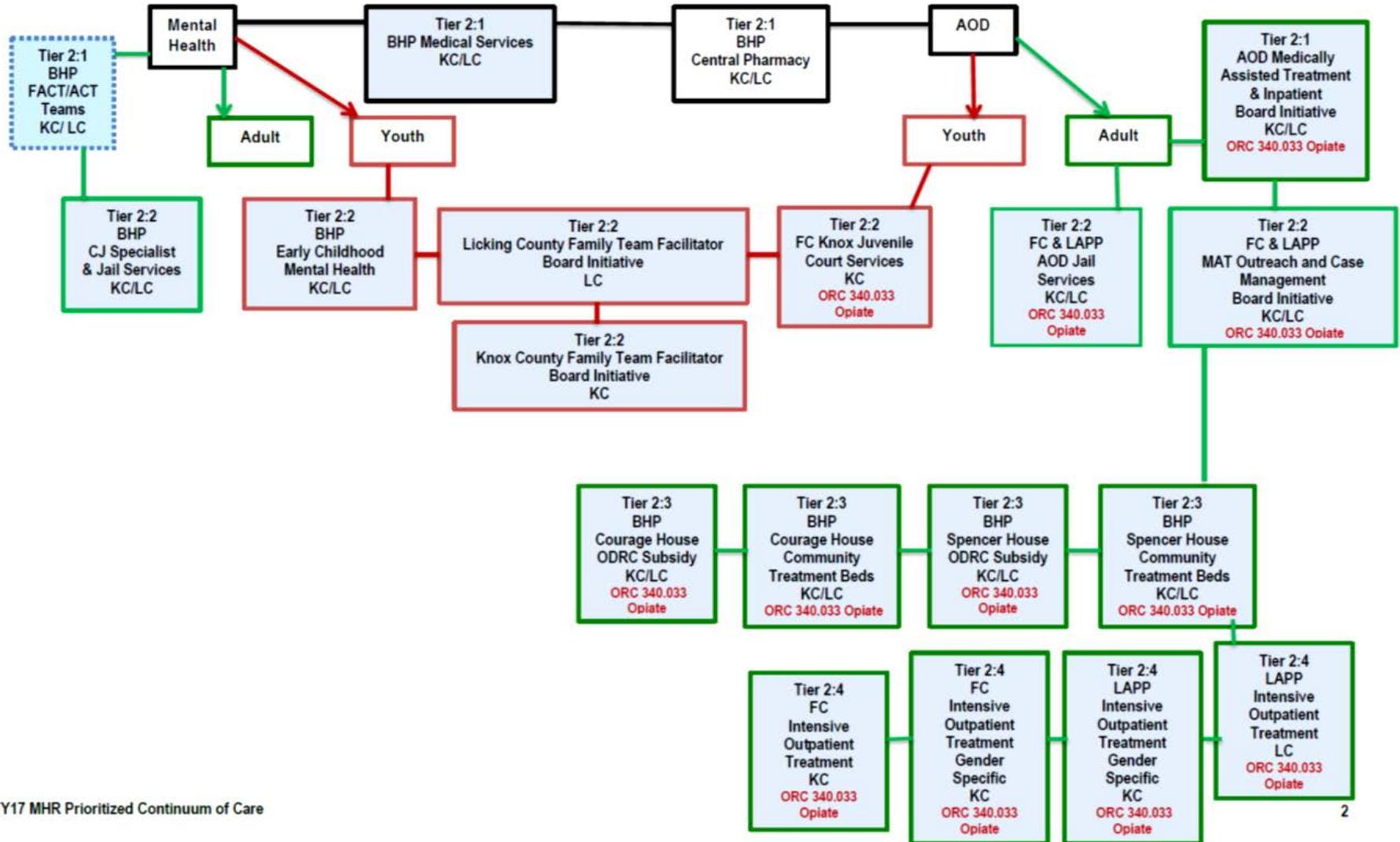
**Tier 4: PREVENTION – Universal Prevention Populations (4:3 – 4:5)**

**Criteria:** Potential risk for negative outcomes in the long-term for some participants. Negative outcomes these programs aim to prevent include alcohol and other drug use, violence, and sexual assault. Typically serve the general population of children or adolescents and their families, without regard to risk factors. Aims to prevent problems before they arise (primary prevention). Does not include a consumer specific plan and is not medically necessary. The use of resiliency-based interventions is stressed including science-based interventions that impact multiple problem behaviors and focus on population-based interventions.



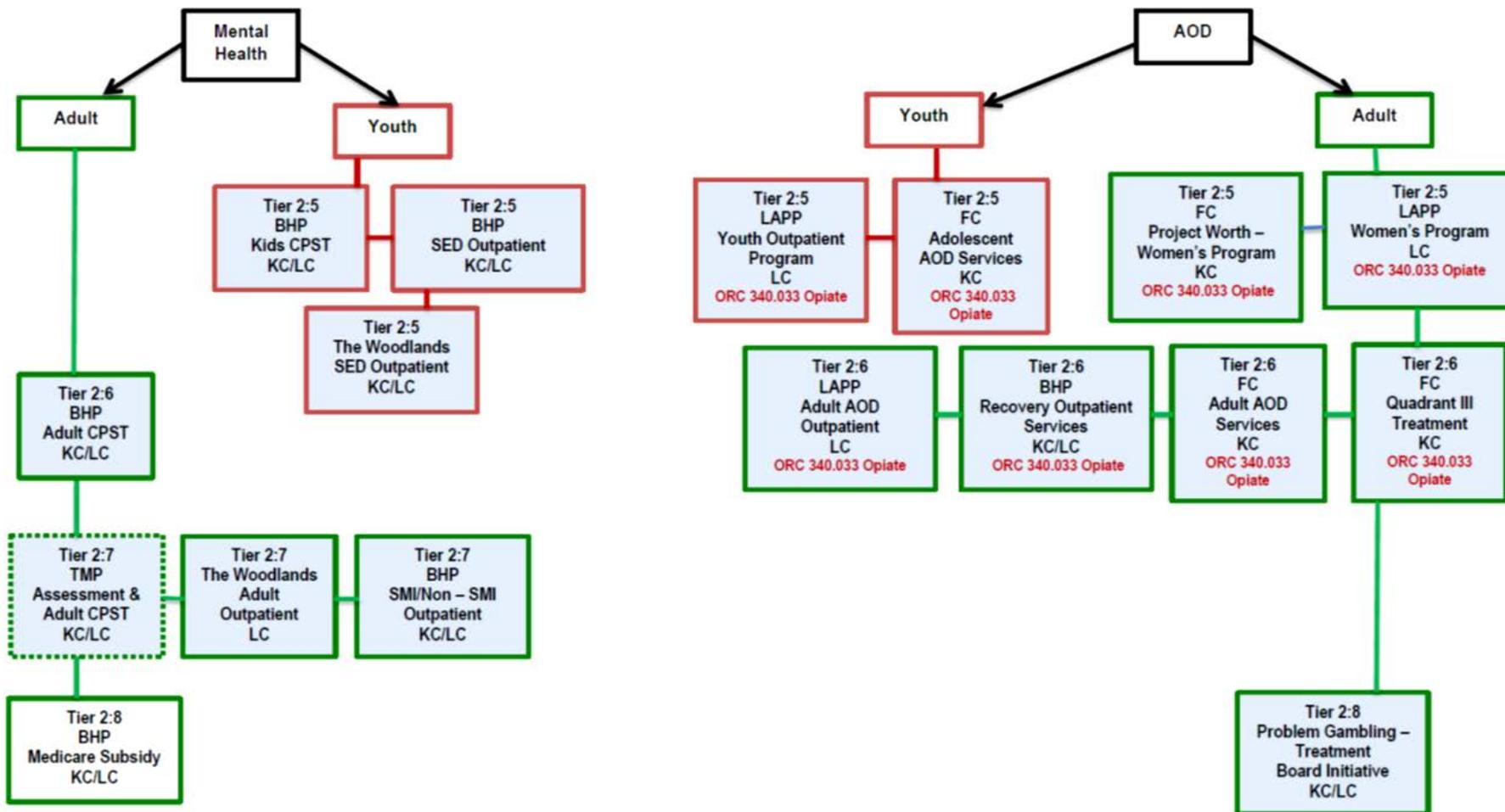
**Tier 2: Treatment Services – High Risk**

**Criteria:** Court ordered NGRI/IST-U-CJ forensic care, monitoring, and treatment; services to persons of MHR priority populations with histories of community violence, treatment non-compliance, and/or criminal justice involvement; services to persons with co-occurring disorders and/or multiple hospitalizations and/or multiple detoxification stays; and services to youth (birth – 17) including those involved with multi community system involvement and/or in danger of our of home placement. Includes the use of a consumer specific plan and must be medically necessary.



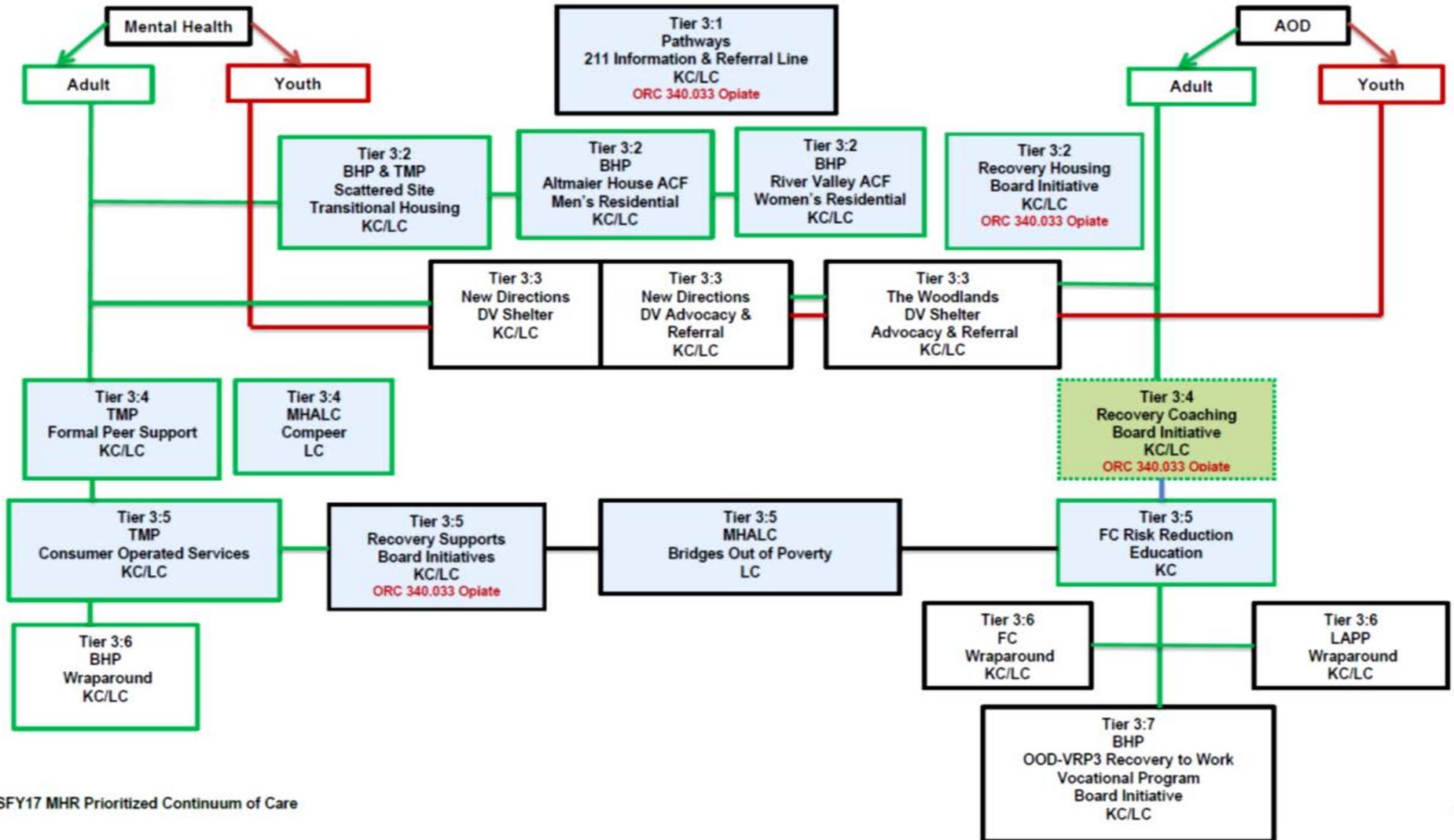
**Tier 2: Treatment Service**

**Criteria:** Risk of serious negative outcomes, but not imminent harm (includes need for treatment or intervention to persons of MHR priority populations that provides structured recovery focused activities leading to stabilization of behavioral healthcare symptoms and/or other safety issues and/or increased functioning). Includes the use of a consumer specific plan and must be medically necessary.



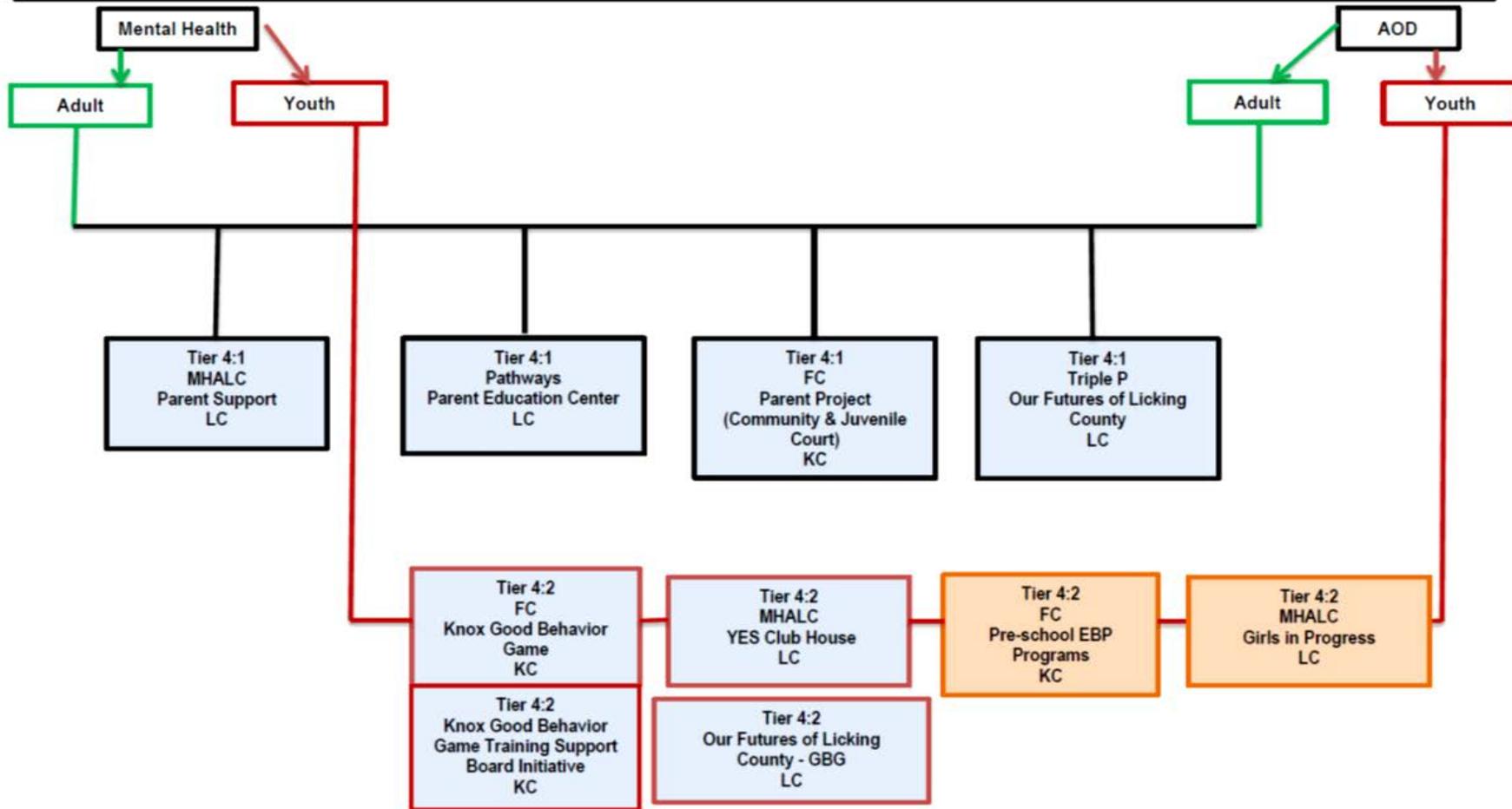
**Tier 3: Recovery Supports and Wellness Activities**

**Criteria:** Risk of potential negative outcomes in long-term without these supports or activities. Includes promotion of structured recovery supports and wellness activities leading to stabilization of behavioral healthcare symptoms and/or other safety issues, and/or increased functioning AND/OR provides activities that support the recovery process. 3:1 to 3:3 contain services involving access to basic needs. Typically includes the use of a consumer specific plan and generally are not medically necessary. May or may not include MHR priority populations. Consumers may receive other medically necessary services on other tiers. Other resiliency-based interventions may also be used.



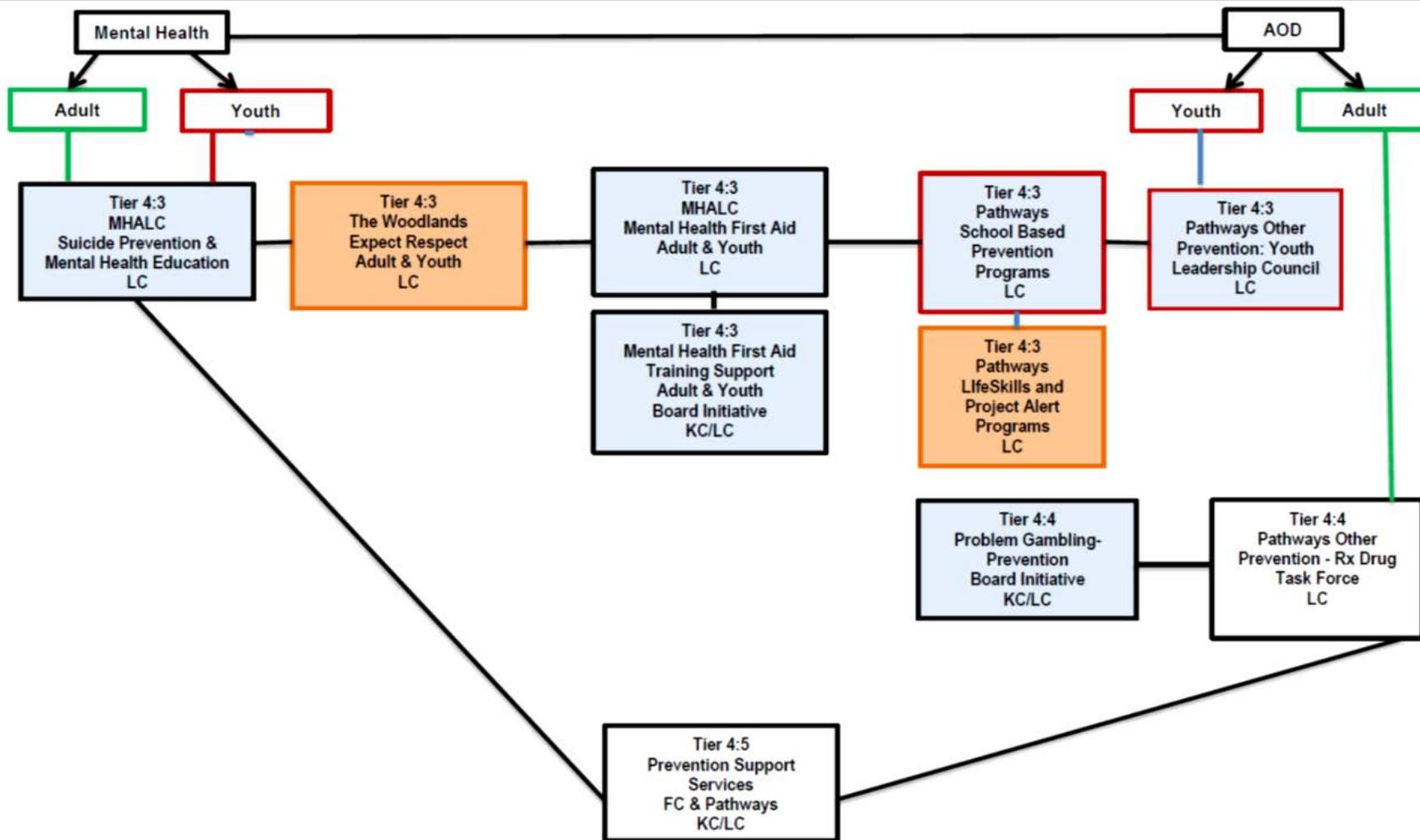
**Tier 4: PREVENTION – High Priority Prevention Populations**

**Criteria:** Identified high-priority populations and the use of identified EBP implemented to target audience with fidelity with impact on multiple problem behaviors. Potential risk for negative outcomes for many participants in the intermediate to longer-term if services are not provided before more serious problems develop. Early intervention refers to programs delivered to young children and/or their parents and programs delivered to at – risk adolescents before serious problems emerge. Negative outcomes these programs aim to prevent include child abuse and neglect, behavioral and social-emotional problems, school failure, alcohol and other drug abuse, teen pregnancy, delinquency, and violence. Interventions are not considered medically necessary and typically do not include the use of a consumer specific plan. The use of resiliency-based interventions is stressed including targeted and selected prevention strategies for ages 0 to 17. Universal strategies are targeted to priority prevention populations involving ages 0 to 5 and 5 to 12.



**Tier 4: PREVENTION – Universal Prevention**

**Criteria:** Potential risk for negative outcomes in the long-term for some participants. Negative outcomes these programs aim to prevent include alcohol and other drug use, violence, and sexual assault. Typically serve the general population of children or adolescents and their families, without regard to risk factors. Aims to prevent problems before they arise (primary prevention). Does not include a consumer specific plan and is not medically necessary. The use of resiliency-based interventions is stressed including science-based interventions that impact multiple problem behaviors and focus on population-based interventions.



**Priorities for Mental Health and Recovery for Licking and Knox Counties**

Substance Abuse & Mental Health Block Grant Priorities

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Priorities	Goals	Strategies	Measures	Reason for not selecting
<p>SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)</p>	<p><b>Adults/youth who are intravenous/injection drug users (IDU) will access treatment services promptly</b></p>	<p><u>Public Policy</u></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY17 prioritized funding of non-Medicaid AOD/MH crisis, treatment, recovery and prevention services for youth and adults for both counties</li> </ul> <p><u>Public Policy Development</u></p> <ul style="list-style-type: none"> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> </ul> <p><u>Community/Collation Planning and Strategies – Includes Assessment of Needs &amp; Gaps Analysis</u></p> <ul style="list-style-type: none"> <li>ODRC Halfway House Expansion</li> <li>Knox County Municipal Special Docket Drug Court</li> <li>Knox County Juvenile Special Docket Drug Court</li> <li>Licking County Common Pleas Special Docket Drug Court</li> <li>Licking County Municipal Special Docket Behavioral Health Court</li> <li>Licking County Municipal Special Docket OVI Court</li> <li>Licking County CIT</li> <li>Knox County CIT</li> <li>Newark Police Department NARI Program</li> <li>DDIT Teams (CJ/MH-AOD/DD)</li> <li>Licking County Community Corrections Planning Board</li> <li>Knox Substance Abuse Action Taskforce – Youth &amp; Adult Committees</li> <li>Licking County Prevention Partnership – Opiate Initiative</li> <li>Knox County Health Department – Assessment &amp; CHIP</li> <li>Licking County Health Department – Assessment &amp; CHIP</li> <li>Licking County United Way Community Blueprint Assessment &amp; Plan</li> </ul>	<p><u>Related NOMs</u></p> <ul style="list-style-type: none"> <li>Access/Capacity</li> <li>Retention</li> <li>Employment/ Education</li> <li>Abstinence</li> <li>Crime &amp; Criminal Justice System</li> <li>Social Connectedness</li> <li>Retention</li> <li>Use of EBPs</li> </ul> <p><u>MHR Outcome Measures &amp; Performance Targets– System Aggregate</u></p> <ul style="list-style-type: none"> <li>Provider &amp; Board Initiative Continuum of Care</li> <li>Semi and Annual Collection &amp; Review</li> </ul> <p><u>Crisis Services</u></p> <ul style="list-style-type: none"> <li>95% of individuals in crisis will be responded to within one hour of their initial contact. (All AOD &amp; MH)</li> <li>100% will be seen within three hours of their initial contact (All AOD &amp; MH)</li> <li>100% of individuals receiving crisis intervention services will be provided with a safety plan that takes into account risk assessment (All AOD &amp; MH)</li> </ul> <p><u>Treatment Services</u></p> <ul style="list-style-type: none"> <li>73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (All youth &amp; adult AOD)</li> <li>90% of adult IV drug users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call. (All youth &amp; adult AOD)</li> <li>90% of all adult opiate users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call. (All youth &amp; adult AOD)</li> <li>75% of clients receiving services will have no new involvement with the criminal justice system. (All youth &amp; adult AOD)</li> <li>Of those completing a program with a dependence diagnosis, 75% will report abstinence from drugs and/or alcohol use at discharge. (All youth &amp; adult AOD)</li> <li>50% of adult AOD clients assessed as appropriate for outpatient or residential services will complete the programs. (All adult AOD)</li> <li>65% of youth admitted will complete the program (All youth AOD)</li> <li>56% of offenders assessed in jail and referred to AOD services as part of re-entry planning will engage in</li> </ul>	<p>Priority Selected</p>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

Substance Abuse & Mental Health Block Grant Priorities

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<ul style="list-style-type: none"> <li>• Knox County United Way Community Assessment &amp; Plan</li> <li>• Licking County Our Futures</li> <li>• Licking County JFS/Children's Services - BHP AOD Outreach, Case Management and Treatment Addiction Services</li> <li>• Licking County JFS Planning Committee</li> <li>• Knox County Family and Children First Council</li> <li>• Licking County Children and Family First Council</li> </ul> <p><u>Use of Evidenced Based &amp; Best Clinical/Service Practices</u></p> <ul style="list-style-type: none"> <li>• SAMHSA Gender Specific Treatment EBP</li> <li>• SAMHSA MAT EBP</li> <li>• SAMHSA Matrix Model EBP</li> <li>• SAMHSA Stages of Change EBP</li> <li>• SAMHSA Motivational Interviewing EBP</li> <li>• SAMHSA AOD EBPs – 12-Step Treatment, Criminal Justice, Cognitive Based Treatment &amp; Contingency Management</li> <li>• SAMHSA – Solution Focused Therapy and Family Behavior Therapy EBPs</li> <li>• SAMHSA Trauma Informed Practices EBP</li> <li>• Recovery Orientated Systems of Care (ROSC)</li> <li>• University of Cincinnati Recommendations</li> <li>• Special Docket Courts</li> <li>• CIT</li> <li>• DDIT Teams (CJ/MH-AOD/DD) DD CCOE Best Practice</li> <li>• NREPP Teen Intervene</li> <li>• NREPP Prime for Life</li> </ul> <p>MHR SFY17 Funded Continuum of Care</p> <p><u>Provider Programs/Services – Continuum of Care</u></p> <p><i>Crisis Services</i></p> <ul style="list-style-type: none"> <li>• Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>• BHP 24/7 Emergency Services/Crisis Intervention</li> <li>• Kids' Mobile Crisis Team (MUTT)</li> <li>• Pathways 24/7 Recovery Warm Line</li> </ul> <p><i>Treatment Services</i></p>	<p>AOD services upon release from incarceration. (LAPP &amp; FC AOD Jail Services)</p> <ul style="list-style-type: none"> <li>• 70% of participants engaged in services upon release will decrease or have no new involvement with the criminal justice system. ( LAPP &amp; FC AOD Jail Services)</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• 80% of participants will report improvements in parenting skills and behaviors. (All parenting programs)</li> <li>• 75% are employed and/or in a continued training or education program (MHALC Bridges Out of Poverty)</li> <li>• 73% of participants will demonstrate improvement in functioning. (MHALC Bridges Out of Poverty)</li> </ul> <p><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b>  <i>Annual measures</i>  <i>Outcomes listed under Board Priorities</i></li> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b>  <i>Related Behavioral Health Goal – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li>• <b>Knox County Health Department Community Health Improvement Plan</b>  <i>Addiction &amp; Mental Health Prevention Goal – Implementation of community – wide trauma informed environments for children and youth</i>  <i>Addiction &amp; Mental Health Intervention Goal – Implementing community – wide early identification and intervention of behavioral health issues</i></li> <li>• <b>Licking County Health Department Community Health Improvement Plan</b>  <i>Improving Access to Affordable Healthcare Services</i></li> </ul>	

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		<ul style="list-style-type: none"> <li>• LAPP AOD Jail Treatment &amp; Re-entry Services</li> <li>• FC AOD Jail Treatment &amp; Re-entry Services</li> <li>• BHP Criminal Justice Specialist – Special Docket Courts</li> <li>• FC Juvenile Special Docket Drug Court Case Manager</li> <li>• BHP Engagement Specialist</li> <li>• BHP AOD Courage House – 16 units for women &amp; women with children</li> <li>• BHP AOD Spencer House – 16 units for men</li> <li>• LAPP AOD Women's IOP</li> <li>• FC AOD Women's IOP</li> <li>• LAPP AOD IOP</li> <li>• FC AOD IOP</li> <li>• LAPP AOD Women's OP</li> <li>• FC AOD Women's OP</li> <li>• BHP AOD Youth Program</li> <li>• LAPP AOD Adolescent Program</li> <li>• FC AOD Adolescent Program</li> <li>• BHP AOD Treatment &amp; Recovery Services OP</li> <li>• LAPP AOD Adult OP</li> <li>• LAPP FC AOD OP</li> <li>• FC AOD Quadrant III</li> </ul> <p><b><i>Wellness – Recovery &amp; Related Prevention</i></b></p> <ul style="list-style-type: none"> <li>• MHALC Bridges Out of Poverty</li> <li>• FC Risk Reduction Education –Knox Municipal Court</li> <li>• LAPP youth &amp; adult AOD Wraparound Services</li> <li>• FC youth &amp; adult AOD Wraparound Services</li> <li>• BHP youth &amp; adult AOD Wraparound Services</li> <li>• FC Parent Project – Community &amp; Juvenile Court</li> <li>• Pathways Parent Education Center</li> <li>• MHALC Parent Support</li> <li>• BHP Housing Support Services</li> <li>• The Woodlands New Beginnings DV Shelter &amp; Services</li> <li>• The Woodlands DV Advocacy &amp; Referral</li> <li>• New Directions DV Shelter &amp; Services</li> <li>• New Directions DV Advocacy &amp; Referral</li> </ul>		

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<p><b>Board Initiatives– Continuum of Care</b>  <b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>• Naloxone Kits Fund (Knox)</li> <li>• CIT</li> <li>• Kids' Mobile Crisis Team (MUTT)</li> <li>• Ambulatory &amp; Sub-ambulatory Detox Fund</li> <li>• Pooled Youth Residential Treatment Fund</li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>• MAT Fund</li> <li>• High Risk Family Team Facilitators</li> <li>• FC MAT Outreach and Case Management</li> <li>• LAPP MAT Outreach and Case Management</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• Recovery Housing Level III dedicated to women and women with children</li> <li>• Recovery Coaching</li> <li>• Recovery Supports – Family groups &amp; Special Docket Court &amp; Provider AOD treatment youth &amp; adult Contingency Management</li> <li>• VRP3 Recovery to Work</li> </ul> <p><b>Other Supports– Continuum of Care</b></p> <ul style="list-style-type: none"> <li>• Licking Memorial Health Systems – Behavioral Health Services – Shepherd Hill Hospital</li> <li>• Knox Community Hospital – New Vision Medical Stabilization ( Detox)</li> </ul>		
<p><b>SAPT-BG:</b> Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)</p>	<p><b>Women who are pregnant with substance use disorders will have access to gender-specific treatment programming.</b></p>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>• SAMHSA A Public Health Model for Behavioral Health</li> <li>• MHR Five Year Strategic Plan</li> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>• SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>• MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>• MHR SFY17 prioritized funding of non-Medicaid AOD/MH crisis, treatment, recovery and prevention services for youth and adults for both counties</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>• Access/Capacity</li> <li>• Retention</li> <li>• Employment/ Education</li> <li>• Abstinence</li> <li>• Crime &amp; Criminal Justice System</li> <li>• Social Connectedness</li> <li>• Retention</li> <li>• Use of EBPs</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets– System Aggregate</b></p> <ul style="list-style-type: none"> <li>• <i>Provider &amp; Board Initiative Continuum of Care</i></li> </ul>	<p><b>Priority Selected</b></p>

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> </ul> <p><b>Community/Collation Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>ODRC Halfway House Expansion</li> <li>Knox County Municipal Special Docket Drug Court</li> <li>Knox County Juvenile Special Docket Drug Court</li> <li>Licking County Common Pleas Special Docket Drug Court</li> <li>Licking County Municipal Special Docket Behavioral Health Court</li> <li>Licking County Municipal Special Docket OVI Court</li> <li>Licking County Municipal Special Docket OVI Court</li> <li>Licking County CIT</li> <li>Knox County CIT</li> <li>Newark Police Department NARI Program</li> <li>DDIT Teams (CJ/MH-AOD/DD)</li> <li>Licking County Community Corrections Planning Board</li> <li>Knox Substance Abuse Action Taskforce – Youth &amp; Adult Committees</li> <li>Licking County Prevention Partnership – Opiate Initiative</li> <li>Knox County Health Department – Assessment &amp; CHIP</li> <li>Licking County Health Department – Assessment &amp; CHIP</li> <li>Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>Knox County United Way Community Assessment &amp; Plan</li> <li>Licking County Our Futures</li> <li>Licking County JFS/Children’s Services - BHP AOD Outreach, Case Management and Treatment Addiction Services</li> <li>Licking County JFS Planning Committee</li> <li>Knox County Family and Children First Council</li> <li>Licking County Children and Family First Council</li> </ul> <p><b>Use of Evidenced Based &amp; Best Clinical/Service Practices</b></p> <ul style="list-style-type: none"> <li>SAMHSA Gender Specific Treatment EBP</li> <li>SAMHSA MAT EBP</li> </ul>	<ul style="list-style-type: none"> <li><i>Semi and Annual Collection &amp; Review</i></li> </ul> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>95% of individuals in crisis will be responded to within one hour of their initial contact. (All AOD &amp; MH)</li> <li>100% will be seen within three hours of their initial contact (All AOD &amp; MH)</li> <li>100% of individuals receiving crisis intervention services will be provided with a safety plan that takes into account risk assessment (All AOD &amp; MH)</li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (All youth &amp; adult AOD)</li> <li>90% of adult IV drug users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call. (All youth &amp; adult AOD)</li> <li>90% of all adult opiate users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call. (All youth &amp; adult AOD)</li> <li>75% of clients receiving services will have no new involvement with the criminal justice system. (All youth &amp; adult AOD)</li> <li>Of those completing a program with a dependence diagnosis, 75% will report abstinence from drugs and/or alcohol use at discharge. (All youth &amp; adult AOD)</li> <li>50% of adult AOD clients assessed as appropriate for outpatient or residential services will complete the programs. (All adult AOD)</li> <li>56% of offenders assessed in jail and referred to AOD services as part of re-entry planning will engage in AOD services upon release from incarceration. (LAPP &amp; FC AOD Jail Services)</li> <li>70% of participants engaged in services upon release will decrease or have no new involvement with the criminal justice system. (LAPP &amp; FC AOD Jail Services)</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>80% of participants will report improvements in parenting skills and behaviors. (All parenting programs)</li> <li>80% of participants will report improved behaviors of their children. (All parenting programs)</li> <li>75% are employed and/or in a continued training or education program (MHALC Bridges Out of Poverty)</li> <li>73% of participants will demonstrate improvement in functioning. (MHALC Bridges Out of Poverty)</li> </ul> <p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li>MHR Five Year - Strategic Plan <i>Annual measures</i></li> </ul>	

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<ul style="list-style-type: none"> <li>• SAMHSA Matrix Model EBP</li> <li>• SAMHSA Stages of Change EBP</li> <li>• SAMHSA Motivational Interviewing EBP</li> <li>• SAMHSA AOD EBPs – 12-Step Treatment, Criminal Justice, Cognitive Based Treatment &amp; Contingency Management</li> <li>• SAMHSA – Solution Focused Therapy and Family Behavior Therapy EBPs</li> <li>• SAMHSA Trauma Informed Practices EBP</li> <li>• Recovery Orientated Systems of Care (ROSC)</li> <li>• University of Cincinnati Recommendations</li> <li>• Special Docket Courts</li> <li>• CIT</li> <li>• DDIT Teams (CJ/MH-AOD/DD) DD CCOE Best Practice</li> <li>• NREPP Teen Intervene</li> <li>• NREPP Prime for Life</li> </ul> <p><b>MHR SFY17 Funded Continuum of Care</b></p> <p><b><u>Provider Programs/Services – Continuum of Care</u></b></p> <p><b><i>Crisis Services</i></b></p> <ul style="list-style-type: none"> <li>• Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>• BHP 24/7 Emergency Services/Crisis Intervention</li> <li>• Pathways 24/7 Recovery Warm Line</li> </ul> <p><b><i>Treatment Services</i></b></p> <ul style="list-style-type: none"> <li>• BHP Criminal Justice Specialist – Special Docket Courts</li> <li>• LAPP AOD Jail Treatment &amp; Re-entry Services (250)</li> <li>• FC AOD Jail Treatment &amp; Re-entry Services (190)</li> <li>• BHP AOD Courage House – 16 units for women &amp; women with children</li> <li>• LAPP AOD Women's IOP (100) &amp; MAT (40)</li> <li>• FC AOD Women's IOP</li> <li>• LAPP AOD Women's OP (633) &amp; MAT (50)</li> <li>• FC AOD Women's OP &amp; MAT (24)</li> </ul> <p><b><i>Wellness – Recovery &amp; Related Prevention</i></b></p> <ul style="list-style-type: none"> <li>• LAPP youth &amp; adult AOD Wraparound Services</li> <li>• FC youth &amp; adult AOD Wraparound Services</li> <li>• BHP youth &amp; adult AOD Wraparound Services</li> </ul>	<p><i>Outcomes listed under Board Priorities</i></p> <ul style="list-style-type: none"> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b>  <i>Related Behavioral Health Goal – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li>• <b>Knox County Health Department Community Health Improvement Plan</b>  <i>Addiction &amp; Mental Health Prevention Goal – Implementation of community – wide trauma informed environments for children and youth</i>  <i>Addiction &amp; Mental Health Intervention Goal – Implementing community – wide early identification and intervention of behavioral health issues</i></li> <li>• <b>Licking County Health Department Community Health Improvement Plan</b>  <i>Improving Access to Affordable Healthcare Services</i></li> </ul>	

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

Substance Abuse & Mental Health Block Grant Priorities

**MHR:** Mental Health and Recovery for Licking and Knox Counties **EBP:** Evidenced-based practice **NOMS:** SAMHSA National Outcome Measures **PT:** Performance Targets **LC:** Licking County **KC:** Knox County  
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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<ul style="list-style-type: none"> <li>• Pathways Parent Education Center</li> <li>• MHALC Parent Support</li> <li>• FC Parent Project – Community &amp; Juvenile Court</li> <li>• MHALC Bridges Out of Poverty</li> <li>• FC Risk Reduction Education –Knox Municipal Court</li> <li>• BHP Housing Support Services</li> <li>• The Woodlands New Beginnings DV Shelter &amp; Services</li> <li>• The Woodlands DV Advocacy &amp; Referral</li> <li>• New Directions DV Shelter &amp; Services</li> <li>• New Directions DV Advocacy &amp; Referral</li> </ul> <p><b><u>Board Initiatives– Continuum of Care</u></b></p> <p><b><i>Crisis Services</i></b></p> <ul style="list-style-type: none"> <li>• Naloxone Kits Fund (Knox)</li> <li>• CIT</li> <li>• Ambulatory &amp; Sub-ambulatory Detox Fund</li> </ul> <p><b><i>Treatment Services</i></b></p> <ul style="list-style-type: none"> <li>• MAT Fund</li> <li>• FC MAT Outreach and Case Management</li> <li>• LAPP MAT Outreach and Case Management</li> </ul> <p><b><i>Wellness – Recovery &amp; Related Prevention</i></b></p> <ul style="list-style-type: none"> <li>• Recovery Housing – Level III dedicated to women and women with children</li> <li>• Recovery Coaching</li> <li>• Recovery Supports – Family groups &amp; Special Docket Court &amp; Provider AOD treatment youth &amp; adult Contingency Management</li> <li>• VRP3 Recovery to Work</li> </ul> <p><b><u>Other Supports– Continuum of Care</u></b></p> <ul style="list-style-type: none"> <li>• Licking Memorial Health Systems – Behavioral Health Services – Shepherd Hill Hospital</li> <li>• Knox Community Hospital – New Vision Medical Stabilization ( Detox)</li> </ul>		
SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children	Parents with substance abuse disorders who have dependent children	<p><b><u>Public Policy</u></b></p> <ul style="list-style-type: none"> <li>• SAMHSA A Public Health Model for Behavioral Health</li> <li>• MHR Five Year Strategic Plan</li> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> </ul>	<p><b><u>Related NOMs</u></b></p> <ul style="list-style-type: none"> <li>• Access/Capacity</li> <li>• Retention</li> <li>• Employment/ Education</li> </ul>	Priority Selected

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

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Priorities	Goals	Strategies	Measures	Reason for not selecting
<p>(NOTE: ORC 340.03 (A)(1)(b) &amp; 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)</p>	<p><b>at risk of parental neglect/abuse due to SUD will have access to AOD treatment</b></p>	<ul style="list-style-type: none"> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>• SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>• MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>• MHR SFY17 prioritized funding of non-Medicaid AOD/MH crisis, treatment, recovery and prevention services for youth and adults for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>• MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>• MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> </ul> <p><b>Community/Collation Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>• ODRC Halfway House Expansion</li> <li>• Knox County Municipal Special Docket Drug Court</li> <li>• Knox County Juvenile Special Docket Drug Court</li> <li>• Licking County Common Pleas Special Docket Drug Court</li> <li>• Licking County Municipal Special Docket Behavioral Health Court</li> <li>• Licking County Municipal Special Docket OVI Court</li> <li>• Licking County Municipal Special Docket OVI Court</li> <li>• Licking County CIT</li> <li>• Knox County CIT</li> <li>• Newark Police Department NARI Program</li> <li>• DDIT Teams (CJ/MH-AOD/DD)</li> <li>• Licking County Community Corrections Planning Board</li> <li>• Knox Substance Abuse Action Taskforce – Youth &amp; Adult Committees</li> <li>• Licking County Prevention Partnership – Opiate Initiative</li> <li>• Knox County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department – Assessment &amp; CHIP</li> <li>• Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>• Knox County United Way Community Assessment &amp; Plan</li> <li>• Licking County Our Futures</li> <li>• Licking County JFS/Children's Services - BHP AOD Outreach, Case Management</li> </ul>	<ul style="list-style-type: none"> <li>• Abstinence</li> <li>• Crime &amp; Criminal Justice System</li> <li>• Social Connectedness</li> <li>• Retention</li> <li>• Use of EBPs</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets</b></p> <ul style="list-style-type: none"> <li>• <i>Provider &amp; Board Initiative Continuum of Care</i></li> <li>• <i>Semi and Annual Collection &amp; Review</i></li> </ul> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>• 95% of individuals in crisis will be responded to within one hour of their initial contact. (All AOD &amp; MH)</li> <li>• 100% will be seen within three hours of their initial contact (All AOD &amp; MH)</li> <li>• 100% of individuals receiving crisis intervention services will be provided with a safety plan that takes into account risk assessment (All AOD &amp; MH)</li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>• 73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (All youth &amp; adult AOD)</li> <li>• 90% of adult IV drug users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call. (All youth &amp; adult AOD)</li> <li>• 90% of all adult opiate users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call. (All youth &amp; adult AOD)</li> <li>• 75% of clients receiving services will have no new involvement with the criminal justice system. (All youth &amp; adult AOD)</li> <li>• Of those completing a program with a dependence diagnosis, 75% will report abstinence from drugs and/or alcohol use at discharge. (All youth &amp; adult AOD)</li> <li>• 50% of adult AOD clients assessed as appropriate for outpatient or residential services will complete the programs. (All adult AOD)</li> <li>• 56% of offenders assessed in jail and referred to AOD services as part of re-entry planning will engage in AOD services upon release from incarceration. (LAPP &amp; FC AOD Jail Services)</li> <li>• 70% of participants engaged in services upon release will decrease or have no new involvement with the criminal justice system. (LAPP &amp; FC AOD Jail Services)</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• 80% of participants will report improvements in parenting skills and behaviors. (All parenting</li> </ul>	

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

Substance Abuse & Mental Health Block Grant Priorities

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<p>and Treatment Addiction Services</p> <ul style="list-style-type: none"> <li>Licking County JFS Planning Committee</li> <li>Knox County Family and Children First Council</li> <li>Licking County Children and Family First Council</li> </ul> <p><b>Use of Evidenced Based &amp; Best Clinical/Service Practices</b></p> <ul style="list-style-type: none"> <li>SAMHSA Gender Specific Treatment EBP</li> <li>SAMHSA MAT EBP</li> <li>SAMHSA Matrix Model EBP</li> <li>SAMHSA Stages of Change EBP</li> <li>SAMHSA Motivational Interviewing EBP</li> <li>SAMHSA AOD EBPs – 12-Step Treatment, Criminal Justice, Cognitive Based Treatment &amp; Contingency Management</li> <li>SAMHSA – Solution Focused Therapy and Family Behavior Therapy EBPs</li> <li>SAMHSA Trauma Informed Practices EBP</li> <li>Recovery Orientated Systems of Care (ROSC)</li> <li>University of Cincinnati Recommendations</li> <li>Special Docket Courts</li> <li>CIT</li> <li>DDIT Teams (CJ/MH-AOD/DD) DD CCOE Best Practice</li> <li>NREPP Teen Intervene</li> <li>NREPP Prime for Life</li> </ul> <p><b>MHR SFY17 Funded Continuum of Care</b></p> <p><b>Provider Programs/Services – Continuum of Care</b></p> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>BHP 24/7 Emergency Services/Crisis Intervention</li> <li>Pathways 24/7 Recovery Warm Line</li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>LAPP AOD Jail Treatment &amp; Re-entry Services</li> <li>FC AOD Jail Treatment &amp; Re-entry Services</li> <li>BHP Criminal Justice Specialist – Special Docket Courts</li> </ul>	<p>programs)</p> <ul style="list-style-type: none"> <li>80% of participants will report improved behaviors of their children. (All parenting programs)</li> <li>75% are employed and/or in a continued training or education program (MHALC Bridges Out of Poverty)</li> <li>73% of participants will demonstrate improvement in functioning. (MHALC Bridges Out of Poverty)</li> </ul> <p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li><b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li><b>Licking County United Way Blueprint Assessment &amp; Plan</b> <i>Related Behavioral Health Goal – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li><b>Knox County Health Department Community Health Improvement Plan</b> <i>Addiction &amp; Mental Health Prevention Goal – Implementation of community – wide trauma informed environments for children and youth</i> <i>Addiction &amp; Mental Health Intervention Goal – Implementing community – wide early identification and intervention of behavioral health issues</i></li> <li><b>Licking County Health Department Community Health Improvement Plan</b> <i>Improving Access to Affordable Healthcare Services</i></li> </ul>	

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<ul style="list-style-type: none"> <li>• FC Juvenile Special Docket Drug Court Case Manager</li> <li>• BHP AOD Courage House – 16 units for women &amp; women with children</li> <li>• BHP AOD Spencer House – 16 units for men</li> <li>• LAPP AOD Women's IOP</li> <li>• FC AOD Women's IOP</li> <li>• LAPP AOD IOP &amp; MAT</li> <li>• FC AOD IOP &amp; MAT</li> <li>• LAPP AOD Women's OP</li> <li>• FC AOD Women's OP &amp; MAT</li> <li>• BHP AOD Youth Program</li> <li>• LAPP AOD Adolescent Program</li> <li>• FC AOD Adolescent Program</li> <li>• BHP AOD Treatment &amp; Recovery Services OP</li> <li>• LAPP AOD Adult OP</li> <li>• LAPP FC AOD OP</li> <li>• FC AOD Quadrant III</li> </ul> <p><b><i>Wellness – Recovery &amp; Related Prevention</i></b></p> <ul style="list-style-type: none"> <li>• LAPP youth &amp; adult AOD Wraparound Services</li> <li>• FC youth &amp; adult AOD Wraparound Services</li> <li>• BHP youth &amp; adult AOD Wraparound Services</li> <li>• MHALC Bridges Out of Poverty</li> <li>• FC Risk Reduction Education –Knox Municipal Court</li> <li>• FC Parent Project – Community &amp; Juvenile Court</li> <li>• Pathways Parent Education Center</li> <li>• MHALC Parent Support</li> <li>• BHP Housing Support Services</li> <li>• The Woodlands New Beginnings DV Shelter &amp; Services</li> <li>• The Woodlands DV Advocacy &amp; Referral</li> <li>• New Directions DV Shelter &amp; Services</li> <li>• New Directions DV Advocacy &amp; Referral</li> </ul> <p><b><u>Board Initiatives– Continuum of Care</u></b>  <b><i>Crisis Services</i></b></p> <ul style="list-style-type: none"> <li>• Naloxone Kits Fund (Knox)</li> </ul>		

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<ul style="list-style-type: none"> <li>CIT</li> <li>Ambulatory &amp; Sub-ambulatory Detox Fund</li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>MAT Fund</li> <li>FC MAT Outreach and Case Management</li> <li>LAPP MAT Outreach and Case Management</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>Recovery Housing Level III dedicated to women and women with children</li> <li>Recovery Coaching</li> <li>Recovery Supports – Family groups &amp; Special Docket Court &amp; Provider AOD treatment youth &amp; adult Contingency Management</li> <li>VRP3 Recovery to Work</li> </ul> <p><b>Other Supports– Continuum of Care</b></p> <ul style="list-style-type: none"> <li>Licking Memorial Health Systems – Behavioral Health Services – Shepherd Hill Hospital</li> <li>Knox Community Hospital – New Vision Medical Stabilization ( Detox)</li> </ul>		
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS,HIV, Hepatitis C, etc.)	<b>Individuals with tuberculosis and other communicable diseases will have access to appropriate health care</b>	<p><b>Local Health Strategies</b></p> <ul style="list-style-type: none"> <li>Licking Health Department Services</li> <li>Knox Health Department Services</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>Access/Capacity</li> </ul> <p><b>Community Health Assessments</b></p> <ul style="list-style-type: none"> <li>Licking County Community Health Assessment and Health Improvement Plan</li> <li>Knox County Community Health Assessment and Health Improvement Plan</li> </ul>	<b>Priority Selected</b>
<b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	<b>Children with Serious Emotional Disturbances (SED) will have improved functioning through participation in MH treatment services.</b>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY17 prioritized funding of non-Medicaid AOD/MH crisis, treatment, recovery</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>Access/Capacity</li> <li>Retention</li> <li>Employment/ Education</li> <li>Crime &amp; Criminal Justice System,</li> <li>Social Connectedness</li> <li>Use of EBPs</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets– System Aggregate</b></p>	<b>Priority Selected</b>

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		<p>and prevention services for youth and adults for both counties</p> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> </ul> <p><b>Community/Collation Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>Knox County Juvenile Special Docket Mental Health Court</li> <li>Licking County Municipal Special Docket OVI Court</li> <li>DDIT Teams (CJ/MH-AOD/DD)</li> <li>Knox County Family and Children First Council – Executive Council, Pooled Funders, Community Team</li> <li>Licking County Children and Family First – Executive Council, Pooled Funders, Clinical Committee</li> <li>Knox County Health Department – Assessment &amp; CHIP</li> <li>Licking County Health Department – Assessment &amp; CHIP</li> <li>Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>Knox County United Way Community Assessment &amp; Plan</li> <li>Licking County Our Futures</li> <li>Licking County JFS Planning Committee</li> </ul> <p><b>Use of Evidenced Based &amp; Best Clinical/Service Practices</b></p> <ul style="list-style-type: none"> <li>SAMHSA – Solution Focused Therapy and Family Behavior Therapy EBPs</li> <li>SAMHSA Motivational Interviewing EBP</li> <li>SAMHSA Stages of Change EBP</li> <li>SAMHSA Trauma Informed Practices EBP</li> <li>Special Docket Courts</li> <li>DDIT Teams (CJ/MH-AOD/DD) DD CCOE Best Practice</li> <li>Mobile Urgent Treatment Team (MUTT)</li> <li>Recovery Orientated Systems of Care (ROSC)</li> </ul> <p><b>MHR SFY17 Funded Continuum of Care</b></p>	<ul style="list-style-type: none"> <li><i>Provider &amp; Board Initiative Continuum of Care</i></li> <li><i>Semi and Annual Collection &amp; Review</i></li> </ul> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>95% of individuals in crisis will be responded to within one hour of their initial contact. (All AOD &amp; MH)</li> <li>100% will be seen within three hours of their initial contact (All AOD &amp; MH)</li> <li>100% of individuals receiving crisis intervention services will be provided with a safety plan that takes into account risk assessment (All AOD &amp; MH)</li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>73% of youth will demonstrate a higher level of functioning as measured on a recognized and valid functional scale</li> <li>90% of students will remain in their school and/or childcare setting without suspensions/expulsions while receiving ECMH services</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>80% of participants will report improvements in parenting skills and behaviors. (All parenting programs)</li> <li>80% of participants will report improved behaviors of their children. (All parenting programs)</li> <li>80% of participants will demonstrate increased developmental competencies – skills and/or behaviors (MH and AOD youth &amp; adult prevention programs)</li> </ul> <p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li><b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li><b>Licking County United Way Blueprint Assessment &amp; Plan</b> <b>Related Behavioral Health Goal</b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li><b>Knox County Health Department Community Health Improvement Plan</b> <b>Addiction &amp; Mental Health Prevention Goal</b> – <i>Implementation of community – wide trauma informed environments for children and youth</i> <b>Addiction &amp; Mental Health Intervention Goal</b> – <i>Implementing community – wide early identification and</i></li> </ul>	

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		<p><b>Provider Programs/Services – Continuum of Care</b></p> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>• Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>• BHP 24/7 Emergency Services/Crisis Intervention</li> <li>• Pathways 24/7 Recovery Warm Line</li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>• BHP Child/Youth MH Services - Medical, CPST &amp; Counseling</li> <li>• BHP ECMH</li> <li>• The Woodlands Youth MH OP</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• BHP Wraparound Services</li> <li>• BHP Knox County Juvenile Special Docket Mental Health Court Case Management</li> <li>• FC Parent Project – Community &amp; Juvenile Court</li> <li>• Pathways Parent Education Center</li> <li>• MHALC Parent Support</li> <li>• Our Futures Triple P Parenting</li> <li>• FC Pre-school EBP Program</li> <li>• FC Pre-school/elementary Good Behavior Game</li> <li>• Our Futures Elementary Good Behavior Game</li> <li>• MHALC YES Clubhouse</li> <li>• MHALC Mental Health First Aid</li> </ul> <p><b>Board Initiatives– Continuum of Care</b></p> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>• Kids' Mobile Crisis Team</li> <li>• Kids' Mobile Crisis Team ECHM</li> <li>• CIT</li> <li>• Youth Inpatient Hospital Fund</li> <li>• Pooled Youth Residential Treatment Fund</li> </ul> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>• High Risk Family Team Facilitators</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• Recovery Supports – Family groups &amp; Special Docket Court &amp; Provider AOD treatment youth &amp; adult Contingency Management</li> <li>• MHR Mental Health First Aid Support Fund</li> </ul>	<p><i>intervention of behavioral health issues</i></p> <ul style="list-style-type: none"> <li>• Licking County Health Department Community Health Improvement Plan <i>Improving Access to Affordable Healthcare Services</i></li> </ul>	

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

Substance Abuse & Mental Health Block Grant Priorities

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<p><u>Other Strategies</u></p> <ul style="list-style-type: none"> <li>MHR Executive Director chairs OACBHA State-wide Kids' Committee</li> <li>MHR Executive Director is a member of OhioMHAS Ohio Interagency Council for Youth</li> </ul>		
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Adults with Serious Mental Illness (SMI) will have improved functioning through participation in MH treatment services.	<p><u>Public Policy</u></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY17 prioritized funding of non-Medicaid AOD/MH crisis, treatment, recovery and prevention services for youth adults for both counties</li> </ul> <p><u>Public Policy Development</u></p> <ul style="list-style-type: none"> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> </ul> <p><u>Community/Collation Planning &amp; Strategies – Includes Assessment of Needs and Gaps Analysis</u></p> <ul style="list-style-type: none"> <li>Knox County Municipal Special Docket Drug Court</li> <li>Licking County Common Pleas Special Docket Drug Court</li> <li>Licking County Municipal Special Docket Behavioral Health Court</li> <li>Licking County Municipal Special Docket OVI Court</li> <li>Licking County Municipal Special Docket OVI Court</li> <li>Licking County CIT</li> <li>Knox County CIT</li> <li>Newark Police Department NARI Program</li> <li>DDIT Teams (CJ/MH-AOD/DD)</li> <li>Licking County Community Corrections Planning Board</li> <li>Knox Substance Abuse Action Taskforce – Youth &amp; Adult Committees</li> </ul>	<p><u>Related NOMs</u></p> <ul style="list-style-type: none"> <li>Access/Capacity</li> <li>Retention</li> <li>Employment/ Education</li> <li>Abstinence</li> <li>Crime &amp; Criminal Justice System</li> <li>Stability in Housing</li> <li>Use of EBPs</li> </ul> <p><u>MHR Outcome Measures &amp; Performance Targets– System Aggregate</u></p> <ul style="list-style-type: none"> <li>Provider &amp; Board Initiative Continuum of Care</li> <li>Semi and Annual Collection &amp; Review</li> </ul> <p><u>Crisis Services</u></p> <ul style="list-style-type: none"> <li>95% of individuals in crisis will be responded to within one hour of their initial contact. (All AOD &amp; MH)</li> <li>100% will be seen within three hours of their initial contact (All AOD &amp; MH)</li> <li>100% of individuals receiving crisis intervention services will be provided with a safety plan that takes into account risk assessment (All AOD &amp; MH)</li> </ul> <p><u>Treatment Services</u></p> <ul style="list-style-type: none"> <li>73% of adults will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (all adult MH treatment programs)</li> <li>90% of F/ACT clients released to community control will meet the terms of their conditional release (ACT/FACT)</li> <li>Rate of readmission to psychiatric hospitals will be no more than 5% at 30 days (ACT/FACT)</li> <li>Rate of readmission to psychiatric hospitals will be no more than 15% at 180 days (ACT/FACT)</li> </ul> <p><u>Wellness – Recovery &amp; Related Prevention</u></p> <ul style="list-style-type: none"> <li>75% of individuals receiving services will establish stable housing (All housing programs)</li> </ul>	Priority Selected

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

Substance Abuse & Mental Health Block Grant Priorities

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<ul style="list-style-type: none"> <li>• Licking County Prevention Partnership – Opiate Initiative</li> <li>• Knox County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department – Assessment &amp; CHIP</li> <li>• Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>• Knox County United Way Community Assessment &amp; Plan</li> <li>• Licking County Our Futures</li> <li>• Licking County JFS/Children’s Services - BHP AOD Outreach, Case Management and Treatment Addiction Services</li> <li>• Licking County JFS Planning Committee</li> <li>• Knox County Family and Children First Council</li> <li>• Licking County Children and Family First Council</li> </ul> <p><b>Use of Evidenced Based &amp; Best Clinical/Service Practices</b></p> <ul style="list-style-type: none"> <li>• SAMHSA Assertive Community Treatment Team (ACT) EBP</li> <li>• SAMHSA Stages of Change EBP</li> <li>• SAMHSA Motivational Interviewing EBP</li> <li>• SAMHSA – Solution Focused Therapy and Family Behavior Therapy EBPs</li> <li>• SAMHSA Trauma Informed Practices EBP</li> <li>• Special Docket Courts</li> <li>• DDIT Teams (CJ/MH-AOD/DD) DD CCOE Best Practice</li> <li>• Peer Support/Consumer Operated Services Best Practice</li> <li>• Recovery Orientated Systems of Care (ROSC)</li> <li>• NREPP Compeer</li> </ul> <p><b>MHR SFY17 Funded Continuum of Care</b></p> <p><b>Provider Programs/Services – Continuum of Care</b></p> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>• Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>• BHP 24/7 Emergency Services/Crisis Intervention</li> <li>• Pathways 24/7 Recovery Warm Line</li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>• BHP Medical Services</li> <li>• BHP Central Pharmacy</li> <li>• BHP ACT/FACT</li> </ul>	<ul style="list-style-type: none"> <li>• 73% of clients will demonstrate a higher level of functioning using a valid functioning scale (All housing programs)</li> <li>• Rate of readmission to psychiatric hospitals will be no more than 5% at 30 days (ACF)</li> <li>• Rate of readmission to psychiatric hospitals will be no more than 15% at 180 days. (ACF)</li> <li>• 75% will decrease or have no new involvement with the criminal justice system (ACF)</li> <li>• 73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (MHALC Compeer &amp; TMP Peer Support)</li> <li>• 75% are employed and/or in a continued training or education program (MHALC Bridges Out of Poverty)</li> <li>• 73% of participants will demonstrate improvement in functioning. (MHALC Bridges Out of Poverty)</li> <li>• 85% of SPMI adults attending the Consumer Operated Service will engage with a Peer Support Specialist and develop a Recovery Plan (TMP Consumer Operated Services)</li> </ul> <p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b> <b>Related Behavioral Health Goal</b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li>• <b>Knox County Health Department Community Health Improvement Plan</b> <b>Addiction &amp; Mental Health Prevention Goal</b> – <i>Implementation of community – wide trauma informed environments for children and youth</i> <b>Addiction &amp; Mental Health Intervention Goal</b> – <i>Implementing community – wide early identification and intervention of behavioral health issues</i></li> <li>• <b>Licking County Health Department Community Health Improvement Plan</b> <i>Improving Access to Affordable Healthcare Services</i></li> </ul>	

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

Substance Abuse & Mental Health Block Grant Priorities

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<ul style="list-style-type: none"> <li>• BHP MH Jail Services</li> <li>• BHP Criminal Justice Specialist – Special Docket Courts</li> <li>• BHP CPST</li> <li>• TMP Assessment/CPST</li> <li>• BHP SMD/Non SMD MH OP</li> <li>• The Woodlands Adult MH OP</li> <li>• Medicaid Subsidy</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• BHP &amp; TMP Housing Support Services</li> <li>• BHP &amp; TMP Scattered Site Transitional Housing</li> <li>• BHP Emergency Short Term Housing</li> <li>• BHP Altmaier Men's ACF</li> <li>• BHP River Valley Women's ACF</li> <li>• TMP Peer Support Services</li> <li>• MHALC Compeer</li> <li>• TMP Consumer Operated Services</li> <li>• MHALC Bridges Out of Poverty</li> <li>• BHP Wraparound Services</li> <li>• MHALC Mental Health First Aid</li> </ul> <p><b><u>Board Initiatives/Board System– Continuum of Care</u></b></p> <ul style="list-style-type: none"> <li>• MHR Forensic Monitoring Services</li> <li>• Probate legal support</li> </ul> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>• CIT</li> <li>• Out of Network Crisis Fund</li> <li>• Adult Private Inpatient Hospital Fund</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• Recovery Supports – Family groups &amp; Special Docket Court &amp; Provider MH treatment youth &amp; adult Contingency Management</li> <li>• MHR Mental Health First Aid Fund</li> <li>• VRP3 Recovery to Work</li> </ul>		
<p>MH-Treatment: Homeless persons and persons with mental</p>	<p>Permanent supportive housing will be available to</p>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>• SAMHSA A Public Health Model for Behavioral Health</li> <li>• MHR Five Year Strategic Plan</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>• Abstinence</li> <li>• Access/Capacity</li> </ul>	<p>Priority Selected</p>

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Priorities	Goals	Strategies	Measures	Reason for not selecting
illness and/or addiction in need of permanent supportive housing	persons with mental illness and/or addiction	<ul style="list-style-type: none"> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY17 prioritized funding of non-Medicaid AOD/MH crisis, treatment, recovery and prevention services for youth and adults for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> </ul> <p><b>Community/Collations Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>The Main Place – The Place Next Door Permanent Supportive Housing – 10 units</li> <li>The Main Place Housing First Apartments – 17 units</li> <li>Licking County Housing Continuum of Care Committee</li> <li>Knox- Holmes-Coshocton Housing Continuum of Care Committee – MHR Executive Director chair</li> <li>Licking County Community Corrections Planning Board</li> <li>Knox County Health Department – Assessment &amp; CHIP</li> <li>Licking County Health Department – Assessment &amp; CHIP</li> <li>Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>Knox County United Way Assessment &amp; Plan</li> <li>Licking County JFS Planning Committee</li> </ul> <p><b>Use of Evidenced Based &amp; Best Clinical/Service Practices</b></p> <ul style="list-style-type: none"> <li>SAMHSA Stages of Change</li> <li>SAMHSA Motivational Interviewing EBP</li> <li>Housing First</li> <li>Rapid Re-housing</li> <li>Permanent Supportive Housing</li> <li>“Housing in Place” Scattered Site Transitional Housing model</li> </ul>	<ul style="list-style-type: none"> <li>Retention</li> <li>Stability in Housing</li> <li>Employment/Education</li> <li>Crime and Criminal Justice</li> <li>Use of EBPs</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets– System Aggregate</b></p> <ul style="list-style-type: none"> <li>Provider &amp; Board Initiative Continuum of Care</li> <li>Semi and Annual Collection &amp; Review</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>75% of individuals receiving services will establish stable housing (All housing programs)</li> <li>73% of clients will demonstrate a higher level of functioning using a valid functioning scale (All housing programs)</li> <li>80 % of adults/families leaving shelter will move into violence-free homes (DV shelters &amp; services)</li> <li>100% of adults/families in DV shelter will learn more about community resources (DV Advocacy &amp; Referral)</li> </ul> <p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li><b>MHR Five Year - Strategic Plan</b> Annual measures Outcomes listed under Board Priorities</li> <li><b>Licking County United Way Blueprint Assessment &amp; Plan</b> <b>Related Behavioral Health Goal</b> – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</li> <li><b>Knox County Health Department Community Health Improvement Plan</b> <b>Addiction &amp; Mental Health Prevention Goal</b> – Implementation of community – wide trauma informed environments for children and youth <b>Addiction &amp; Mental Health Intervention Goal</b> – Implementing community – wide early identification and intervention of behavioral health issues</li> </ul>	

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<ul style="list-style-type: none"> <li>• SAMHSA Trauma Informed Practices EBP</li> <li>• Recovery Orientated Systems of Care (ROSC)</li> </ul> <p><b>MHR SFY17 Funded Continuum of Care</b></p> <p><b><u>Provider Programs/Services – Continuum of Care</u></b></p> <p><b><i>Information and Referral</i></b></p> <ul style="list-style-type: none"> <li>• Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> </ul> <p><b><i>Treatment</i></b></p> <ul style="list-style-type: none"> <li>• BHP Criminal Justice Specialist – Special Docket Courts</li> <li>• LAPP AOD Jail Treatment &amp; Re-entry Services</li> <li>• FC AOD Jail Treatment &amp; Re-entry Services</li> <li>• BHP ACT/FACT</li> <li>• BHP MH Jail Services</li> <li>• BHP Criminal Justice Specialist – Special Docket Courts</li> <li>• BHP CPST</li> <li>• TMP Assessment/CPST</li> <li>• BHP AOD Courage House – 16 units for women &amp; women with children</li> <li>• BHP AOD Spencer House – 16 units for men</li> </ul> <p><b><i>Wellness – Recovery &amp; Related Prevention</i></b></p> <ul style="list-style-type: none"> <li>• BHP Housing Support Services</li> <li>• BHP Scattered Site Transitional Housing Fund</li> <li>• BHP Emergency Short Term Housing Fund</li> <li>• BHP Altmaier Men's ACF – 7 units</li> <li>• BHP River Valley Women's ACF – 9 units</li> <li>• The Main Place Housing Support Services</li> <li>• TMP Scattered Site Transitional Housing Fund</li> <li>• The Woodlands New Beginnings DV Shelter &amp; Services</li> <li>• The Woodlands DV Advocacy &amp; Referral</li> <li>• New Directions DV Shelter &amp; Services</li> <li>• New Directions DV Advocacy &amp; Referral</li> <li>• MHALC Bridges Out of Poverty</li> <li>• LAPP youth &amp; adult MH/AOD Wraparound Services</li> <li>• FC youth &amp; adult MH/AOD Wraparound Services</li> <li>• BHP youth &amp; adult MH/AOD Wraparound Services</li> </ul>	<ul style="list-style-type: none"> <li>• Licking County Health Department Community Health Improvement Plan <i>Improving Access to Affordable Healthcare Services</i></li> </ul>	

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<p><u>Board Initiatives– Continuum of Care</u></p> <ul style="list-style-type: none"> <li>Recovery Housing Level III dedicated to women and women with children – 8 planned units</li> </ul>		
MH-Treatment: Older Adults	Older adults will have access to mental health treatment	<p><u>Public Policy</u></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>SPMI/SMI/SMD adults are a MHR priority population. Policy #106.</li> <li>MHR SFY17 prioritized funding of non-Medicaid MH treatment and recovery services for adults for both counties</li> </ul> <p>Strategies and Practices Related to the Integrated Healthcare Needs of Older Adults</p> <p><u>Community/Collations Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</u></p> <ul style="list-style-type: none"> <li>Knox County Rural Health Partnership</li> <li>Knox County Health Department – Assessment &amp; CHIP</li> <li>Licking County Health Department – Assessment &amp; CHIP</li> <li>Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>Knox County United Way Community Assessment &amp; Plan</li> </ul> <p><u>Other Community Strategies</u></p> <ul style="list-style-type: none"> <li>Knox County Federally Qualified Health Center (FQHC) development</li> </ul> <p><u>Use of Evidenced Based &amp; Best Clinical/Service Practices</u></p> <ul style="list-style-type: none"> <li>SAMHSA – CIH Standard Framework for Levels of Integrated Health Care: Level III – Basic Collaboration Onsite to Level IV Close Collaboration Onsite with Some System Collaboration</li> <li>SAMHSA Trauma Informed Practices EBP</li> <li>Recovery Orientated Systems of Care (ROSC)</li> <li>Peer Support/Consumer Operated Services Best Practice</li> <li>NREPP Compeer</li> </ul>	<p><u>Related NOMs</u></p> <ul style="list-style-type: none"> <li>Abstinence</li> <li>Employment/Education</li> <li>Crime and Criminal Justice</li> <li>Social Connectedness</li> <li>Retention</li> <li>Access/capacity</li> <li>Stability in Housing</li> <li>Use of EBPs</li> </ul> <p><u>MHR Outcome Measures &amp; Performance Targets– System Aggregate</u> – All MHR outcomes measures and performance targets would apply to older adults as they receive services throughout the continuum</p> <ul style="list-style-type: none"> <li><i>Provider &amp; Board Initiative Continuum of Care</i></li> <li><i>Semi and Annual Collection &amp; Review</i></li> </ul> <p><u>Treatment Services</u></p> <ul style="list-style-type: none"> <li>73% of adults will demonstrate a higher level of functioning as measured on a recognized and valid functional scale</li> </ul> <p><u>Wellness – Recovery &amp; Related Prevention</u></p> <ul style="list-style-type: none"> <li>73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (MHALC Compeer &amp; TMP Peer Support)</li> <li>85% of SPMI adults attending the Consumer Operated Service will engage with a Peer Support Specialist and develop a Recovery Plan (TMP Consumer Operated Services)</li> <li>80% of participants will demonstrate increased developmental competencies – skills and/or behaviors (Pathways and FC Old Adult AOD Community Outreach and Prevention Program)</li> </ul> <p><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></p>	Priority Selected

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<p>MHR SFY17 Funded Continuum of Care</p> <p><u>Provider Programs/Services – Continuum of Care</u></p> <p><b>Crisis</b></p> <ul style="list-style-type: none"> <li>BHP Emergency Services/Crisis Intervention – Hospital ER offices</li> </ul> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>BHP Medical Services - Licking Memorial Hospital Integrated Health Services Program</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>Pathways ‘Coffee with Connie’ Older Adult AOD Community Outreach and Prevention Program</li> <li>FC Older Adult Community Outreach and Prevention Program</li> <li>TMP Peer Support Services – Wellness Warriors</li> <li>MHALC Compeer</li> <li>TMP Consumer Operated Services</li> </ul> <p><u>Board Initiatives/Board System– Continuum of Care</u></p> <ul style="list-style-type: none"> <li>MHR Community Assessment &amp; Planning Fund</li> </ul> <p><u>Other Supports– Continuum of Care</u></p> <ul style="list-style-type: none"> <li>Licking Memorial Health Systems – Behavioral Health Services – Shepherd Hill Hospital</li> <li>Knox Community Hospital – New Vision Medical Stabilization (Detox)</li> </ul>	<ul style="list-style-type: none"> <li>MHR Five Year - Strategic Plan <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li>Licking County United Way Blueprint Assessment &amp; Plan <b>Related Behavioral Health Goal</b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li>Knox County Health Department Community Health Improvement Plan <b>Addiction &amp; Mental Health Prevention Goal</b> – <i>Implementation of community – wide trauma informed environments for children and youth</i> <b>Addiction &amp; Mental Health Intervention Goal</b> – <i>Implementing community – wide early identification and intervention of behavioral health issues</i></li> <li>Licking County Health Department Community Health Improvement Plan <i>Improving Access to Affordable Healthcare Services</i></li> </ul>	

**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant**

Priorities	Goals	Strategies	Measures	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	<b>Youth and adults with mental illness and/or addiction disorders and involved with the criminal</b>	<p><u>Public Policy</u></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> </ul>	<p><u>Related NOMs</u></p> <ul style="list-style-type: none"> <li>Abstinence</li> <li>Employment/Education</li> <li>Crime and Criminal Justice</li> <li>Social Connectedness</li> <li>Retention</li> <li>Access/capacity</li> </ul>	<b>Priority Selected</b>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

Substance Abuse & Mental Health Block Grant Priorities

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Priorities	Goals	Strategies	Measures	Reason for not selecting
	<p><b>justice system will have access to appropriate services.</b></p>	<ul style="list-style-type: none"> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY17 prioritized funding of non-Medicaid AOD/MH crisis, treatment, recovery and prevention services for youth adults for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> </ul> <p><b>Joint Funding: ODRC/MHR</b></p> <ul style="list-style-type: none"> <li>BHP AOD Courage House – 16 units for women &amp; women with children</li> <li>BHP AOD Spencer House – 16 units for men</li> </ul> <p><b>Community/Collation Planning &amp; Strategies – Incudes Assessment of Needs &amp; Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>ODRC Halfway House Expansion</li> <li>Knox County Municipal Special Docket Drug Court</li> <li>Knox County Juvenile Special Docket Drug Court</li> <li>Licking County Common Pleas Special Docket Drug Court</li> <li>Licking County Municipal Special Docket Behavioral Health Court</li> <li>Licking County Municipal Special Docket OVI Court</li> <li>Knox County CIT</li> <li>Licking County CIT</li> <li>Newark Police Department NARI Program</li> <li>DDIT Teams (CJ/MH-AOD/DD)</li> <li>Licking County Community Corrections Planning Board</li> <li>Knox Substance Abuse Action Taskforce – Youth &amp; Adult Committees</li> <li>Licking County Prevention Partnership – Opiate Initiative</li> <li>Knox County Health Department – Assessment &amp; CHIP</li> <li>Licking County Health Department – Assessment &amp; CHIP</li> <li>Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>Knox County United Way Community Assessment &amp; Plan</li> <li>Licking County Our Futures</li> <li>Licking County JFS/Children’s Services - BHP AOD Outreach, Case Management</li> </ul>	<ul style="list-style-type: none"> <li>Stability in Housing</li> <li>Use of EBPs</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets– System Aggregate</b></p> <ul style="list-style-type: none"> <li>Provider &amp; Board Initiative Continuum of Care</li> <li>Semi and Annual Collection &amp; Review</li> </ul> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>95% of individuals in crisis will be responded to within one hour of their initial contact. (All AOD &amp; MH)</li> <li>100% will be seen within three hours of their initial contact (All AOD &amp; MH)</li> <li>100% of individuals receiving crisis intervention services will be provided with a safety plan that takes into account risk assessment (All AOD &amp; MH)</li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (AOD &amp; MH)</li> <li>75% of clients receiving services will have no new involvement with the criminal justice system. (Youth &amp; adult AOD &amp; MH)</li> <li>90% of IV drug users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call. (All youth &amp; adult AOD)</li> <li>Of those completing a program with a dependence diagnosis, 75% will report abstinence from drugs and/or alcohol use at discharge. (All youth &amp; adult AOD)</li> <li>50% of clients assessed as appropriate for outpatient or residential services will complete the programs. (All youth &amp; adult AOD)</li> <li>56% of offenders assessed in jail and referred to AOD services as part of re-entry planning will engage in AOD services upon release from incarceration. ( LAPP &amp; FC AOD Jail Services)</li> <li>70% of participants engaged in services upon release will decrease or have no new involvement with the criminal justice system. ( LAPP &amp; FC AOD Jail Services)</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>90% of participants in Risk Reduction Education programs will report improved attitudes and perception of risk related to ATOD use. (FC Risk Reduction Education)</li> <li>80% of participants will report improvements in parenting skills and behaviors. (All parenting programs)</li> <li>80% of participants will report improved behaviors of their children. (All parenting programs)</li> <li>75% are employed and/or in a continued training or education program (MHALC Bridges Out of Poverty)</li> </ul>	

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

Substance Abuse & Mental Health Block Grant Priorities

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<ul style="list-style-type: none"> <li>and Treatment Addiction Services</li> <li>• Licking County JFS Planning Committee</li> <li>• Knox County Family and Children First Council</li> <li>Licking County Children and Family First Council</li> </ul> <p><b>Use of Evidenced Based &amp; Clinical Treatment Practices</b></p> <ul style="list-style-type: none"> <li>• Gaines Center Sequential Intercept Model</li> <li>• SAMHSA Assertive Community Treatment Team (ACT/FACT) EBP</li> <li>• SAMHSA Gender Specific AOD Treatment EBP</li> <li>• SAMHSA MAT EBP</li> <li>• SAMHSA Matrix Model EBP</li> <li>• SAMHSA Stages of Change EBP</li> <li>• SAMHSA Motivational Interviewing EBP</li> <li>• SAMHSA AOD EBPs – 12-Step Treatment, Criminal Justice, Cognitive Based Treatment &amp; Contingency Management</li> <li>• SAMHSA – Solution Focused Therapy and Family Behavior Therapy EBPs</li> <li>• SAMHSA Trauma Informed Practices EBP</li> <li>• Recovery Orientated Systems of Care (ROSC)</li> <li>• University of Cincinnati Recommendations</li> <li>• Special Docket Courts</li> <li>• CIT</li> <li>• DDIT Teams (CJ/MH-AOD/DD) DD CCOE Best Practice</li> <li>• NREPP Teen Intervene</li> <li>• NREPP Prime for Life</li> </ul> <p><b>MHR SFY17 Funded Continuum of Care</b></p> <p><b>Provider Programs/Services – Continuum of Care</b></p> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>• Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>• BHP 24/7 Emergency Services/Crisis Intervention</li> <li>• Pathways 24/7 Recovery Warm Line</li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>• BHP Criminal Justice Specialist – Special Docket Courts</li> <li>• LAPP AOD Jail Treatment &amp; Re-entry Services</li> </ul>	<ul style="list-style-type: none"> <li>• 73% of participants will demonstrate improvement in functioning. (MHALC Bridges Out of Poverty)</li> </ul> <p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b> Annual measures Outcomes listed under Board Priorities</li> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b> <i>Related Behavioral Health Goal – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li>• <b>Knox County Health Department Community Health Improvement Plan</b> <i>Addiction &amp; Mental Health Prevention Goal – Implementation of community – wide trauma informed environments for children and youth</i> <i>Addiction &amp; Mental Health Intervention Goal – Implementing community – wide early identification and intervention of behavioral health issues</i></li> <li>• <b>Licking County Health Department Community Health Improvement Plan</b> <i>Improving Access to Affordable Healthcare Services</i></li> </ul>	

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<ul style="list-style-type: none"> <li>• FC AOD Jail Treatment &amp; Re-entry Services</li> <li>• BHP MH Jail Treatment &amp; re-entry Services</li> <li>• FC Juvenile Special Docket Drug Court Case Manager</li> <li>• BHP AOD Courage House – 16 units for women &amp; women with children</li> <li>• BHP AOD Spencer House – 16 units for men</li> <li>• LAPP AOD Women's IOP</li> <li>• FC AOD Women's IOP</li> <li>• LAPP AOD IOP</li> <li>• FC AOD IOP</li> <li>• LAPP AOD Women's OP</li> <li>• FC AOD Women's OP</li> <li>• BHP AOD Youth Program</li> <li>• LAPP AOD Adolescent Program</li> <li>• FC AOD Adolescent Program</li> <li>• BHP AOD Treatment &amp; Recovery Services OP</li> <li>• LAPP AOD Adult OP</li> <li>• LAPP FC AOD OP</li> <li>• FC AOD Quadrant III</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• MHALC Bridges Out of Poverty</li> <li>• FC Risk Reduction Education –Knox Municipal Court</li> <li>• LAPP youth &amp; adult AOD Wraparound Services</li> <li>• FC youth &amp; adult AOD Wraparound Services</li> <li>• BHP youth &amp; adult AOD Wraparound Services</li> <li>• FC Parent Project – Community &amp; Juvenile Court</li> <li>• Pathways Parent Education Center</li> <li>• MHALC Parent Support</li> </ul> <p><b>Board Initiatives– Continuum of Care</b></p> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>• Naloxone Kits Fund (Knox)</li> <li>• CIT</li> <li>• Ambulatory &amp; Sub-ambulatory Detox Fund</li> <li>• Pooled Youth Residential Treatment Fund</li> </ul> <p><b>Treatment Services</b></p>		

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<ul style="list-style-type: none"> <li>• MAT Fund</li> <li>• County High Risk Family Team Facilitators</li> <li>• FC MAT Outreach and Case Management</li> <li>• LAPP MAT Outreach and Case Management</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• Recovery Housing Level III dedicated to women and women with children – 8 planned units</li> <li>• Recovery Coaching</li> <li>• Recovery Supports – Family groups &amp; Special Docket Court &amp; Provider AOD treatment youth &amp; adult Contingency Management</li> <li>• VRP3 Recovery to Work</li> </ul> <p><b>Other Supports– Continuum of Care</b></p> <ul style="list-style-type: none"> <li>• Licking Memorial Health Systems – Behavioral Health Services – Shepherd Hill Hospital</li> <li>• Knox Community Hospital – New Vision Medical Stabilization ( Detox)</li> </ul>		
Integration of behavioral health and primary care services	<b>MHR will collaborate with county health departments, providers, local hospitals, and other health professionals to develop strategies for the integration of behavioral health and primary care services</b>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>• SAMHSA A Public Health Model for Behavioral Health</li> <li>• MHR Five Year Strategic Plan</li> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>• SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>• MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>• MHR SFY17 prioritized funding of non-Medicaid AOD/MH crisis, treatment, recovery and prevention services for youth adults for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>• MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> </ul> <p><b>Community/Collations Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>• Knox County Rural Health Partnership</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>• Abstinence</li> <li>• Employment/Education</li> <li>• Crime and Criminal Justice</li> <li>• Social Connectedness</li> <li>• Retention</li> <li>• Access/capacity</li> <li>• Stability in Housing</li> <li>• Use of EBPs</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets – System Aggregate</b></p> <ul style="list-style-type: none"> <li>• <i>Provider &amp; Board Initiative Continuum of Care</i></li> <li>• <i>Semi and Annual Collection &amp; Review</i></li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>• 73% of adults will demonstrate a higher level of functioning as measured on a recognized and valid functional scale</li> </ul>	

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<ul style="list-style-type: none"> <li>• Knox County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department – Assessment &amp; CHIP</li> <li>• Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>• Knox County United Way Community Assessment &amp; Plan</li> </ul> <p><b>Other Community Strategies</b></p> <ul style="list-style-type: none"> <li>• Knox County Federally Qualified Health Center (FQHC) development</li> </ul> <p><b>Use of Evidenced Based &amp; Best Clinical/Service Practices</b></p> <ul style="list-style-type: none"> <li>• SAMHSA – CIH Standard Framework for Levels of Integrated Health Care: Level III – Basic Collaboration Onsite to Level IV Close Collaboration Onsite with Some System Collaboration</li> <li>• SAMHSA Trauma Informed Practices EBP</li> <li>• Recovery Orientated Systems of Care (ROSC)</li> <li>• Peer Support/Consumer Operated Services Best Practice</li> <li>• NREPP Compeer</li> </ul> <p><b>MHR SFY17 Funded Continuum of Care</b></p> <p><b>Provider Programs/Services – Continuum of Care</b></p> <p><b>Crisis</b></p> <ul style="list-style-type: none"> <li>• BHP Emergency Services/Crisis Intervention – Hospital ER offices</li> </ul> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>• BHP Medical Services - Licking Memorial Hospital Integrated Health Services Program</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• TMP Peer Support Services – Wellness Warriors</li> <li>• MHALC Compeer</li> <li>• TMP Consumer Operated Services</li> </ul> <p><b>Board Initiatives/Board System– Continuum of Care</b></p> <ul style="list-style-type: none"> <li>• MHR Community Assessment &amp; Planning Fund</li> </ul> <p><b>Other Supports– Continuum of Care</b></p> <ul style="list-style-type: none"> <li>• Licking Memorial Health Systems – Behavioral Health Services – Shepherd Hill</li> </ul>	<p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• 73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (MHALC Compeer &amp; TMP Peer Support)</li> <li>• 85% of SPMI adults attending the Consumer Operated Service will engage with a Peer Support Specialist and develop a Recovery Plan (TMP Consumer Operated Services)</li> </ul> <p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b>  <i>Annual measures</i>  <i>Outcomes listed under Board Priorities</i></li> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b>  <b>Related Behavioral Health Goal</b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li>• <b>Knox County Health Department Community Health Improvement Plan</b>  <b>Addiction &amp; Mental Health Prevention Goal</b> – <i>Implementation of community – wide trauma informed environments for children and youth</i>  <b>Addiction &amp; Mental Health Intervention Goal</b> – <i>Implementing community – wide early identification and intervention of behavioral health issues</i></li> <li>• <b>Licking County Health Department Community Health Improvement Plan</b>  <i>Improving Access to Affordable Healthcare Services</i></li> </ul>	

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		Hospital <ul style="list-style-type: none"> <li>Knox Community Hospital – New Vision Medical Stabilization (Detox)</li> </ul>		
Recovery support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support, transportation)	<b>Recovery support services, including housing and/or employment/ education services will be available to individuals with mental health or substance use disorders</b>	<u>Public Policy</u> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY17 prioritized funding of non-Medicaid AOD/MH crisis, treatment, recovery and prevention services for youth adults for both counties</li> </ul> <u>Public Policy Development</u> <ul style="list-style-type: none"> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> </ul> <u>Community/Collations Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</u> <ul style="list-style-type: none"> <li>Licking County Housing Continuum of Care Committee</li> <li>Knox- Holmes-Coshocton Housing Continuum of Care Committee – MHR Executive Director chair</li> <li>Licking County Community Corrections Planning Board</li> <li>Knox County Health Department – Assessment &amp; CHIP</li> <li>Licking County Health Department – Assessment &amp; CHIP</li> <li>Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>Knox County United Way Community Assessment &amp; Plan</li> <li>Licking County JFS Planning Committee</li> </ul> <u>Use of Evidenced Based &amp; Best Clinical/Service Practices</u> <ul style="list-style-type: none"> <li>SAMHSA Stages of Change</li> </ul>	<u>Related NOMs</u> <ul style="list-style-type: none"> <li>Access/Capacity</li> <li>Retention</li> <li>Abstinence</li> <li>Employment/Education</li> <li>Crime and Criminal Justice</li> <li>Social Connectedness</li> <li>Use of EBPs</li> </ul> <u>MHR Outcome Measures &amp; Performance Targets – System Aggregate</u> <ul style="list-style-type: none"> <li>Provider &amp; Board Initiative Continuum of Care</li> <li>Semi and Annual Collection &amp; Review</li> </ul> <u>Treatment</u> <ul style="list-style-type: none"> <li>90% of all scheduled appointments will be attended (BHP Engagement Specialist)</li> <li>56% of offenders assessed in jail and referred to AOD services as part of re-entry planning will engage in AOD services upon release from incarceration. ( LAPP &amp; FC AOD and BHP MH Jail Services)</li> <li>70% of participants engaged in services upon release will decrease or have no new involvement with the criminal justice system. ( LAPP &amp; FC AOD and BHP MH Jail Services)</li> </ul> <u>Wellness – Recovery &amp; Related Prevention</u> <ul style="list-style-type: none"> <li>Rate of readmission to psychiatric hospitals will be no more than 5% at 30 days (ACF)</li> <li>Rate of readmission to psychiatric hospitals will be no more than 15% at 180 days. (ACF)</li> <li>75% will decrease or have no new involvement with the criminal justice system (ACF)</li> <li>73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (MHALC Compeer &amp; TMP Peer Support)</li> <li>75% are employed and/or in a continued training or education program (MHALC Bridges Out of Poverty)</li> <li>73% of participants will demonstrate improvement in functioning. (MHALC Bridges Out of Poverty)</li> <li>85% of SPMI adults attending the Consumer Operated Service will engage with a Peer Support Specialist and develop a Recovery Plan (TMP Consumer Operated Services)</li> </ul>	<b>Priority Selected</b>

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<ul style="list-style-type: none"> <li>• SAMHSA Motivational Interviewing EBP</li> <li>• Housing First</li> <li>• Rapid Re-housing</li> <li>• Permanent Supportive Housing</li> <li>• "Housing in Place" Scattered Site Transitional Housing model</li> <li>• Peer Support/Consumer Operated Services Best Practice</li> <li>• SAMHSA Trauma Informed Practices EBP</li> <li>• Recovery Orientated Systems of Care (ROSC)</li> <li>• NREPP Teen Intervene</li> <li>• NREPP Prime for Life</li> <li>• NREPP Compeer</li> </ul> <p><b>MHR SFY17 Funded Continuum of Care</b></p> <p><u>Provider Programs/Services – Continuum of Care</u></p> <p><b>Information and Referral</b></p> <ul style="list-style-type: none"> <li>• Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> </ul> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>• BHP Engagement Specialist</li> <li>• BHP Criminal Justice Specialist – Special Docket Courts</li> <li>• LAPP AOD Jail Treatment &amp; Re-entry Services (250)</li> <li>• FC AOD Jail Treatment &amp; Re-entry Services (190)</li> <li>• BHP MH Jail Treatment &amp; re-entry Services</li> <li>• FC Juvenile Special Docket Drug Court Case Manager</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• BHP Housing Support Services</li> <li>• BHP Scattered Site Transitional Housing Fund</li> <li>• BHP Emergency Short Term Housing Fund</li> <li>• BHP Altmaier Men's ACF – 7 units</li> <li>• BHP River Valley Women's ACF – 9 units</li> <li>• The Main Place Housing Support Services</li> <li>• The Main Place – The Place Next Door Permanent Supportive Housing – 10 units</li> <li>• The Main Place Housing First Apartments – 17 units</li> <li>• TMP Scattered Site Transitional Housing Fund</li> </ul>	<p><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b> <b>Related Behavioral Health Goal</b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li>• <b>Knox County Health Department Community Health Improvement Plan</b> <b>Addiction &amp; Mental Health Prevention Goal</b> – <i>Implementation of community – wide trauma informed environments for children and youth</i> <b>Addiction &amp; Mental Health Intervention Goal</b> – <i>Implementing community – wide early identification and intervention of behavioral health issues</i></li> <li>• <b>Licking County Health Department Community Health Improvement Plan</b> <i>Improving Access to Affordable Healthcare Services</i></li> </ul>	

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<ul style="list-style-type: none"> <li>• The Woodlands New Beginnings DV Shelter &amp; Services</li> <li>• The Woodlands DV Advocacy &amp; Referral</li> <li>• New Directions DV Shelter &amp; Services</li> <li>• New Directions DV Advocacy &amp; Referral</li> <li>• MHALC Compeer</li> <li>• FC Risk Reduction Education –Knox Municipal Court</li> <li>• The Main Place Consumer Operated Services</li> <li>• The Main Place Peer Support Services</li> <li>• MHALC Bridges Out of Poverty</li> <li>• LAPP youth &amp; adult MH/AOD Wraparound Services</li> <li>• FC youth &amp; adult MH/AOD Wraparound Services</li> <li>• BHP youth &amp; adult MH/AOD Wraparound Services</li> </ul> <p><b>Board Initiatives– Continuum of Care</b>  <b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>• County High Risk Family Team Facilitators</li> <li>• FC MAT Outreach and Case Management</li> <li>• LAPP MAT Outreach and Case Management</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• Recovery Housing Level III dedicated to women and women with children – 8 planned units</li> <li>• Recovery Coaching</li> <li>• Recovery Supports – Family groups &amp; Special Docket Court &amp; Provider AOD treatment youth &amp; adult Contingency Management</li> <li>• VRP3 Recovery to Work</li> </ul>		
<p><b>Promote health equity and reduce disparities across populations</b>                      (e.g. racial, ethnic &amp; linguistic minorities, LGBT)</p>	<p><b>Health equity will be promoted to reduce disparities across populations</b></p>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>• MHR Civil Rights Policy #126</li> <li>• MHR Communication with Sensory Impaired People Policy #127</li> <li>• MHR Community Complaints/Concerns Policy #128</li> <li>• MHR Clients Rights Policy #151</li> <li>• SAMHSA A Public Health Model for Behavioral Health</li> <li>• MHR Five Year Strategic Plan</li> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>• Severely Substance Abusing adults/youth are a MHR priority population. Policy #106.</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>• Access/Capacity</li> </ul> <p><b>MHR Provider Annual Quality Improvement Report – System Aggregate</b></p> <ul style="list-style-type: none"> <li>• Number of consumer complaints and client rights grievances</li> <li>• Number of resolutions and outcomes</li> <li>• Resulting quality improvement plans</li> </ul>	<p><b>Priority Selected</b></p>

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		<ul style="list-style-type: none"> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY17 prioritized funding of non-Medicaid AOD/MH treatment, recovery, and prevention services for adults/youth for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> </ul>		
Prevention and/or decrease of opiate overdoses and/or deaths	Opiate-addicted individuals will have access to AOD services and supports necessary to prevent and/or decrease opiate overdoses and/or deaths	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>Severely Substance Abusing adults/youth are a MHR priority population. Policy #106.</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY17 prioritized funding of non-Medicaid AOD/MH treatment, recovery, and prevention services for adults/youth for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> </ul> <p><b>Community/Collation Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>ODRC Halfway House Expansion</li> <li>Knox County Municipal Special Docket Drug Court</li> <li>Knox County Juvenile Special Docket Drug Court</li> <li>Licking County Common Pleas Special Docket Drug Court</li> <li>Licking County Municipal Special Docket Behavioral Health Court</li> <li>Licking County Municipal Special Docket OVI Court</li> <li>Knox County CIT</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>Access/Capacity</li> <li>Retention</li> <li>Employment/ Education</li> <li>Abstinence</li> <li>Crime &amp; Criminal Justice System</li> <li>Social Connectedness</li> <li>Retention</li> <li>Use of EBPs</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets – System Aggregate</b></p> <ul style="list-style-type: none"> <li><i>Provider &amp; Board Initiative Continuum of Care</i></li> <li><i>Semi and Annual Collection &amp; Review</i></li> </ul> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>95% of individuals in crisis will be responded to within one hour of their initial contact. (All AOD &amp; MH)</li> <li>100% will be seen within three hours of their initial contact (All AOD &amp; MH)</li> <li>100% of individuals receiving crisis intervention services will be provided with a safety plan that takes into account risk assessment (All AOD &amp; MH)</li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (All youth &amp; adult AOD)</li> <li>90% of adult IV drug users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call .(All youth &amp; adult AOD)</li> </ul>	Priority Selected

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		<ul style="list-style-type: none"> <li>• Licking County CIT</li> <li>• Newark Police Department NARI Program</li> <li>• DDIT Teams (CJ/MH-AOD/DD)</li> <li>• Licking County Community Corrections Planning Board</li> <li>• Knox Substance Abuse Action Taskforce – Youth &amp; Adult Committees</li> <li>• Licking County Prevention Partnership – Opiate Initiative</li> <li>• Knox County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department – Assessment &amp; CHIP</li> <li>• Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>• Knox County United Way Community Assessment &amp; Plan</li> <li>• Licking County Our Futures</li> <li>• Licking County JFS/Children’s Services - BHP AOD Outreach, Case Management and Treatment Addiction Services</li> <li>• Licking County JFS Planning Committee</li> <li>• Knox County Family and Children First Council</li> <li>• Licking County Children and Family First Council</li> </ul> <p><b>Use of Evidenced Based &amp; Best Clinical/Service Practices</b></p> <ul style="list-style-type: none"> <li>• SAMHSA Gender Specific Treatment EBP</li> <li>• SAMHSA MAT EBP</li> <li>• SAMHSA Matrix Model EBP</li> <li>• SAMHSA Stages of Change EBP</li> <li>• SAMHSA Motivational Interviewing EBP</li> <li>• SAMHSA AOD EBPs – 12-Step Treatment, Criminal Justice, Cognitive Based Treatment &amp; Contingency Management</li> <li>• SAMHSA – Solution Focused Therapy and Family Behavior Therapy EBPs</li> <li>• SAMHSA Trauma Informed Practices EBP</li> <li>• Recovery Orientated Systems of Care (ROSC)</li> <li>• University of Cincinnati Recommendations</li> <li>• Special Docket Courts</li> <li>• CIT</li> <li>• DDIT Teams (CJ/MH-AOD/DD) DD CCOE Best Practice</li> <li>• NREPP Teen Intervene</li> <li>• NREPP Prime for Life</li> </ul>	<ul style="list-style-type: none"> <li>• 90% of all adult opiate users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call. (All youth &amp; adult AOD)</li> <li>• 75% of clients receiving services will have no new involvement with the criminal justice system. (All youth &amp; adult AOD)</li> <li>• Of those completing a program with a dependence diagnosis, 75% will report abstinence from drugs and/or alcohol use at discharge. (All youth &amp; adult AOD)</li> <li>• 50% of adult AOD clients assessed as appropriate for outpatient or residential services will complete the programs. (All adult AOD)</li> <li>• 65% of youth admitted will complete the program (All youth AOD)</li> <li>• 56% of offenders assessed in jail and referred to AOD services as part of re-entry planning will engage in AOD services upon release from incarceration. (LAPP &amp; FC AOD Jail Services)</li> <li>• 70% of participants engaged in services upon release will decrease or have no new involvement with the criminal justice system. (LAPP &amp; FC AOD Jail Services)</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• 80% of participants will report improvements in parenting skills and behaviors. (All parenting programs)</li> <li>• 75% are employed and/or in a continued training or education program (MHALC Bridges Out of Poverty)</li> <li>• 73% of participants will demonstrate improvement in functioning. (MHALC Bridges Out of Poverty)</li> </ul> <p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b> Annual measures Outcomes listed under Board Priorities</li> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b> <i>Related Behavioral Health Goal – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li>• <b>Knox County Health Department Community Health Improvement Plan</b> <i>Addiction &amp; Mental Health Prevention Goal – Implementation of community – wide trauma informed environments for children and youth</i> <i>Addiction &amp; Mental Health Intervention Goal – Implementing community – wide early identification and</i></li> </ul>	

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		<p><b>MHR SFY17 Funded Continuum of Care</b></p> <p><b>Provider Programs/Services – Continuum of Care</b></p> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>• Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>• BHP 24/7 Emergency Services/Crisis Intervention</li> <li>• Kids' Mobile Crisis Team (MUTT)</li> <li>• Pathways 24/7 Recovery Warm Line</li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>• LAPP AOD Jail Treatment &amp; Re-entry Services</li> <li>• FC AOD Jail Treatment &amp; Re-entry Services</li> <li>• BHP Criminal Justice Specialist – Special Docket Courts</li> <li>• FC Juvenile Special Docket Drug Court Case Manager</li> <li>• BHP AOD Courage House – 16 units for women &amp; women with children</li> <li>• BHP AOD Spencer House – 16 units for men</li> <li>• LAPP AOD Women's IOP</li> <li>• FC AOD Women's IOP</li> <li>• LAPP AOD IOP</li> <li>• FC AOD IOP</li> <li>• LAPP AOD Women's OP</li> <li>• FC AOD Women's OP</li> <li>• BHP AOD Youth Program</li> <li>• LAPP AOD Adolescent Program</li> <li>• FC AOD Adolescent Program</li> <li>• BHP AOD Treatment &amp; Recovery Services OP</li> <li>• LAPP AOD Adult OP</li> <li>• LAPP FC AOD OP</li> <li>• FC AOD Quadrant III</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• MHALC Bridges Out of Poverty</li> <li>• FC Risk Reduction Education –Knox Municipal Court</li> <li>• LAPP youth &amp; adult AOD Wraparound Services</li> <li>• FC youth &amp; adult AOD Wraparound Services</li> <li>• BHP youth &amp; adult AOD Wraparound Services</li> <li>• FC Parent Project – Community &amp; Juvenile Court</li> </ul>	<p><i>intervention of behavioral health issues</i></p> <ul style="list-style-type: none"> <li>• Licking County Health Department Community Health Improvement Plan <i>Improving Access to Affordable Healthcare Services</i></li> </ul>	

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		<ul style="list-style-type: none"> <li>• Pathways Parent Education Center</li> <li>• MHALC Parent Support</li> </ul> <p><b><u>Board Initiatives– Continuum of Care</u></b></p> <p><b><i>Crisis Services</i></b></p> <ul style="list-style-type: none"> <li>• Naloxone Kits Fund (Knox)</li> <li>• CIT</li> <li>• Kids’ Mobile Crisis Team (MUTT)</li> <li>• Ambulatory &amp; Sub-ambulatory Detox Fund</li> <li>• Pooled Youth Residential Treatment Fund</li> </ul> <p><b><i>Treatment Services</i></b></p> <ul style="list-style-type: none"> <li>• MAT Fund</li> <li>• County High Risk Family Team Facilitators</li> <li>• FC MAT Outreach and Case Management</li> <li>• LAPP MAT Outreach and Case Management</li> </ul> <p><b><i>Wellness – Recovery &amp; Related Prevention</i></b></p> <ul style="list-style-type: none"> <li>• Recovery Housing Level III dedicated to women and women with children</li> <li>• Recovery Coaching</li> <li>• Recovery Supports – Family groups &amp; Special Docket Court &amp; Provider AOD treatment youth &amp; adult Contingency Management</li> <li>• VRP3 Recovery to Work</li> </ul> <p><b><u>Other Supports– Continuum of Care</u></b></p> <ul style="list-style-type: none"> <li>• Licking Memorial Health Systems – Behavioral Health Services – Shepherd Hill Hospital</li> <li>• Knox Community Hospital – New Vision Medical Stabilization ( Detox)</li> </ul>		

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Promote Trauma Informed Care approach	<b>Focus on strengthening trauma-informed practices and trauma-informed environments with other community stakeholders utilizing a public health approach and the Strategic Prevention Framework (SPF)</b>	<p><u>Public Policy</u></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY17 prioritized funding of non-Medicaid services for youth and adults integrating trauma informed practices leading to protective factors</li> </ul> <p><u>Public Policy Development</u></p> <ul style="list-style-type: none"> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> </ul> <p><u>Community/Collations Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</u></p> <ul style="list-style-type: none"> <li>Knox County Municipal Special Docket Drug Court</li> <li>Knox County Juvenile Special Docket Drug Court</li> <li>Licking County Common Pleas Special Docket Drug Court</li> <li>Licking County Municipal Special Docket Behavioral Health Court</li> <li>Licking County Municipal Special Docket OVI Court</li> <li>Licking County Municipal Special Docket OVI Court</li> <li>Licking County CIT</li> <li>Knox County CIT</li> <li>DDIT Teams (CJ/MH-AOD/DD)</li> <li>Licking County Community Corrections Planning Board</li> <li>Knox Substance Abuse Action Taskforce – Youth &amp; Adult Committees</li> <li>Licking County Prevention Partnership – Opiate Initiative</li> <li>Knox County Health Department – Assessment &amp; CHIP</li> <li>Licking County Health Department – Assessment &amp; CHIP</li> <li>Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>Knox County United Way Community Assessment &amp; Plan</li> </ul>	<p><u>Related NOMs</u></p> <ul style="list-style-type: none"> <li>Access/Capacity</li> <li>Retention</li> <li>Employment/ Education</li> <li>Abstinence</li> <li>Crime &amp; Criminal Justice System</li> <li>Social Connectedness</li> <li>Retention</li> <li>Use of EBPs</li> </ul> <p><u>MHR Outcome Measures &amp; Performance Targets – System Aggregate</u></p> <ul style="list-style-type: none"> <li>Provider &amp; Board Initiative Continuum of Care</li> <li>Semi and Annual Collection &amp; Review</li> </ul> <p><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></p> <ul style="list-style-type: none"> <li><b>Knox Family and Children First Shared Plan</b> <ul style="list-style-type: none"> <li>Provide and strengthen child centered programs focused on building resiliency skills which diminish the negative impact of early childhood trauma. Measured by the number of children receiving child-centered programs focused on building resiliency.</li> <li>Support community wide initiatives to develop a trauma informed community targeting organizations which serve children and their caregivers. Measured by number of trained providers and number of organizations signing a cooperative agreement to embrace trauma informed practices</li> </ul> </li> <li><b>Licking County Children and Family First Shared Plan</b> <ul style="list-style-type: none"> <li>Shared goal of addressing children with histories of trauma and promotion of trauma informed care</li> </ul> </li> <li><b>MHR Five Year - Strategic Plan</b> Annual measures Outcomes listed under Board Priorities</li> <li><b>Licking County United Way Blueprint Assessment &amp; Plan</b> <i>Related Behavioral Health Goal – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that</i></li> </ul>	Priority Selected

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		<ul style="list-style-type: none"> <li>Licking County Our Futures</li> <li>Licking County JFS/Children's Services - BHP AOD Outreach, Case Management and Treatment Addiction Services</li> <li>Licking County JFS Planning Committee</li> <li>Knox County Family and Children First Council</li> <li>Licking County Children and Family First Council</li> <li>DDIT Teams (CJ/MH-AOD/DD)</li> </ul> <p><u>Use of Evidenced Based &amp; Best Clinical/Service Practices</u></p> <ul style="list-style-type: none"> <li>Community-wide use of ACEs</li> <li>EBP Parenting Programs</li> <li>EBP Prevention Programs</li> <li>Ohio Alliance to End Sexual Violence: Core Standards for Rape Crisis Programs in Ohio</li> <li>Ohio Domestic Violence Network Programs: Trauma Informed Care, Best Practices and Protocols</li> <li>AOD Gender Specific Treatment Curricula</li> <li>MH EBP treatment practices</li> </ul>	<p><i>keep personal relationships safe and healthy.</i></p> <ul style="list-style-type: none"> <li><b>Knox County Health Department Community Health Improvement Plan</b> <i>Addiction &amp; Mental Health Prevention Goal – Implementation of community – wide trauma informed environments for children and youth</i> <i>Addiction &amp; Mental Health Intervention Goal – Implementing community – wide early identification and intervention of behavioral health issues</i></li> <li><b>Licking County Health Department Community Health Improvement Plan</b> <i>Improving Access to Affordable Healthcare Services</i></li> </ul>	

**Prevention Priorities**

Priorities	Goals	Strategies		Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents	<b>Prioritize prevention funding for services targeting children and families with children (ages 0-12)</b>	<p><u>Public Policy</u></p> <ul style="list-style-type: none"> <li>SAMHSA - A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY17 prioritized funding of non-Medicaid MH/AOD crisis, treatment, recovery, and prevention services for youth and adults for both counties</li> </ul>	<p><u>Related NOMs</u></p> <ul style="list-style-type: none"> <li>Access/Capacity</li> <li>Social Connectedness</li> <li>Employment/ Education</li> <li>Abstinence</li> <li>Crime and Criminal Justice</li> <li>Use of EBPs</li> </ul> <p><u>MHR Outcome Measures &amp; Performance Targets – System Aggregate</u></p> <ul style="list-style-type: none"> <li><i>Provider &amp; Board Initiative Continuum of Care</i></li> </ul>	Priority Selected

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> </ul> <p><b>Community/Collation Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>Knox Substance Abuse Action Taskforce – Youth &amp; Adult Committees</li> <li>Licking County Prevention Partnership – Opiate Initiative</li> <li>Knox County Health Department – Assessment &amp; CHIP</li> <li>Licking County Health Department – Assessment &amp; CHIP</li> <li>Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>Knox County United Way Assessment &amp; Plan</li> <li>Licking County Our Futures</li> <li>Licking County JFS Planning Committee</li> <li>Knox County Family and Children First Council</li> <li>Licking County Children and Family First Council</li> <li>Licking County Suicide Taskforce</li> <li>Knox County Suicide Taskforce</li> </ul> <p><b>Use of Evidenced Based &amp; Best Clinical/Service Practices</b></p> <p><b>NREPP</b></p> <ul style="list-style-type: none"> <li>Incredible Years Infant, Toddler, and School Age Parent Program (ages 8-14)</li> <li>Active Parenting</li> <li>Parents as Teachers</li> <li>Triple P Parenting</li> <li>Parenting Wisely</li> <li>Active Parenting Now</li> <li>1-2-3-4 Parenting</li> <li>Project Alert</li> <li>LifeSkills</li> <li>Signs of Suicide - SOS</li> <li>Gatekeeper Training</li> <li>Second Step</li> <li>Too Good for Drugs</li> <li>Good Behavior Game</li> </ul>	<ul style="list-style-type: none"> <li><i>Semi and Annual Collection &amp; Review</i></li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>80% of participants will report improvements in parenting skills and behaviors. (All parenting programs)</li> <li>80% of participants will report improved behaviors of their children. (All parenting programs)</li> <li>80% of participants will demonstrate increased developmental competencies – skills and/or behaviors (MH and AOD youth &amp; adult prevention programs)</li> <li>80% of Youth Led Initiative Council participants will report increased social connectedness with the group and/or community. (Pathways YLC)</li> <li>80% of classrooms with GBG trained teachers will demonstrate a 25% decrease in classroom problem behaviors by June 2016. (FC Good Behavior Game)</li> </ul> <p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li><b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li><b>Licking County United Way Blueprint Assessment &amp; Plan</b> <i>Related Behavioral Health Goal – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li><b>Knox County Health Department Community Health Improvement Plan</b> <i>Addiction &amp; Mental Health Prevention Goal – Implementation of community – wide trauma informed environments for children and youth</i> <i>Addiction &amp; Mental Health Intervention Goal – Implementing community – wide early identification and intervention of behavioral health issues</i></li> <li><b>Licking County Health Department Community Health Improvement Plan</b> <i>Improving Access to Affordable Healthcare Services</i></li> </ul>	

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<p><i>Meeting SAMHSA Criteria</i></p> <ul style="list-style-type: none"> <li>• Pathways Youth Leadership Council of Licking County</li> <li>• MHALC Girls in Progress</li> <li>• Woodlands Expect Respect</li> <li>• MHALC Yes Clubhouse</li> <li>• FC Parent Project</li> </ul> <p><b>MHR SFY17 Funded Continuum of Care</b></p> <p><u>Provider Programs/Services – Continuum of Care</u></p> <p><i>Wellness – Recovery &amp; Related Prevention</i></p> <ul style="list-style-type: none"> <li>• Pathways Parent Education Center</li> <li>• MHALC Parent Support</li> <li>• FC Parent Project</li> <li>• Our Futures of Licking County Triple P Parenting</li> <li>• FC Good Behavior Game</li> <li>• Our Futures of Licking County Good Behavior Game</li> <li>• MHALC YES Clubhouse</li> <li>• FC Pre-School Prevention</li> <li>• MHALC Girls' in Progress</li> <li>• MHALC Suicide Prevention &amp; Mental Health Education</li> <li>• MHALC Mental Health First Aid – Adult &amp; Youth</li> <li>• Pathways School Based Prevention Programs</li> <li>• Pathways Life Skills/Project Alert</li> <li>• Pathways Youth Led Initiatives</li> <li>• Woodlands Expect Respect</li> <li>• Pathways Gambling Prevention</li> <li>• Pathways Center for Prevention Services – Prevention Partnership and General Prevention Services</li> <li>• FC &amp; Pathways Prevention Support Services</li> </ul> <p><u>Board Initiatives– Continuum of Care</u></p> <p><i>Wellness – Recovery &amp; Related Prevention</i></p> <ul style="list-style-type: none"> <li>• Knox County Good Behavior Game Training Support</li> <li>• Mental Health First Aid – Adult &amp; Youth Training Support</li> </ul>		

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<ul style="list-style-type: none"> <li>Mental Health First Aid MHR Staff Instructors – Adult &amp; Youth</li> <li>Recovery Supports – Family groups &amp; Special Docket Court &amp; Provider AOD treatment youth &amp; adult Contingency Management</li> </ul> <p><b>MHR Strategic Prevention Framework (SPF) Planning</b></p> <ul style="list-style-type: none"> <li>Gambling Prevention and Treatment</li> <li>Emergency Services/Crisis Intervention</li> <li>Early Childhood Mental Health</li> <li>Opiate Continuum of Care</li> <li>Recovery Housing</li> <li>Jail Services</li> <li>Behavioral Health Re-design</li> </ul>		
<p><b>Prevention:</b> Increase access to evidence-based prevention</p>	<p><b>Youth and adults will have access to evidence-based prevention based on established SAMHSA criteria, IOM recommendations, and MHR policy</b></p>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR SFY17 prioritized funding of non-Medicaid services for youth and adults integrating trauma informed practices leading to protective factors</li> </ul> <p><b>Specific Public Policy</b></p> <ul style="list-style-type: none"> <li>Priority Prevention Populations – according to risk and identified by the MHR 2011 Knox and Licking Community Prevention Planning Process and the MHR Prevention Priority Policy #120</li> <li>Use of IOM Report – Science-based interventions that impact multiple problem behaviors and focus on population-based interventions</li> <li>Interventions that impact age-related developmental competencies by reducing risk factors and supporting protective factors</li> <li>EBPs following SAMHSA criteria</li> </ul>	<p><b>Related NOMs</b> Use of EBPs</p> <p><b>MHR Outcome Measures &amp; Performance Targets – System Aggregate</b></p> <ul style="list-style-type: none"> <li><i>Provider &amp; Board Initiative Continuum of Care</i></li> <li><i>Semi and Annual Collection &amp; Review</i></li> <li>80% of prevention programs offered will be full evidence-based programs by meeting SAMHSA criteria and IOM recommendations</li> </ul> <p><b>Outputs – Number to be Served</b></p> <ul style="list-style-type: none"> <li>Number of participants in Evidence-Based programs (SAMHSA criteria)</li> <li>Number of participants in Evidence-Based programs (SAMHSA criteria)</li> </ul> <p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li><b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li><b>Licking County United Way Blueprint Assessment &amp; Plan</b> <i>Related Behavioral Health Goal – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that</i></li> </ul>	<p><b>Priority Selected</b></p>

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Priorities	Goals	Strategies	Measures	Reason for not selecting
			<p><i>keep personal relationships safe and healthy.</i></p> <ul style="list-style-type: none"> <li>• Knox County Health Department Community Health Improvement Plan  <i>Addiction &amp; Mental Health Prevention Goal – Implementation of community – wide trauma informed environments for children and youth</i>  <i>Addiction &amp; Mental Health Intervention Goal – Implementing community – wide early identification and intervention of behavioral health issues</i></li> <li>• Licking County Health Department Community Health Improvement Plan  <i>Improving Access to Affordable Healthcare Services</i></li> </ul>	
Prevention: Suicide prevention		<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>• SAMHSA A Public Health Model for Behavioral Health</li> <li>• MHR Five Year Strategic Plan</li> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>• MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>• MHR SFY17 prioritized funding of non-Medicaid MH/AOD crisis, treatment, recovery, and prevention services for adults for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>• MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> </ul> <p><b>Community/Collation Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>• Licking County Suicide Prevention Taskforce</li> <li>• Knox County Suicide Prevention Taskforce</li> <li>• Annual Licking County Coroner Child Fatality Review</li> <li>• Annual Knox County Coroner Child Fatality Review</li> <li>• Knox County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department – Assessment &amp; CHIP</li> <li>• Licking County United Way Community Blueprint Assessment &amp; Plan</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>• Social Connectedness</li> <li>• Use of EBPs</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets – System Aggregate</b></p> <ul style="list-style-type: none"> <li>• <i>Provider &amp; Board Initiative Continuum of Care</i></li> <li>• <i>Semi and Annual Collection &amp; Review</i></li> <li>• 90% of students will demonstrate an improved attitude about reaching out for help. (MHALC SOS)</li> <li>• 90% of individuals trained in Gatekeeper Training will show increased knowledge about the process of effectively responding to a suicide crisis. (MHALC Gatekeeper Training)</li> </ul> <p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li>• MHR Five Year - Strategic Plan  <i>Annual measures</i>  <i>Outcomes listed under Board Priorities</i></li> <li>• Licking County United Way Blueprint Assessment &amp; Plan  <i>Related Behavioral Health Goal – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> </ul>	Priority Selected

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Priorities	Goals	Strategies	Measures	Reason for not selecting
		<ul style="list-style-type: none"> <li>• Knox County United Way Assessment &amp; Plan</li> <li>• Knox County Family and Children First Council</li> <li>• Licking County Children and Family First Council</li> </ul> <p><b>Use of Evidenced Based &amp; Best Clinical/Service Practices</b></p> <ul style="list-style-type: none"> <li>• NREPP Mental Health First Aid</li> <li>• NREPP SOS</li> <li>• NREPP Gatekeeper Training</li> <li>• LOSS Teams (Local Outreach to Suicide) &amp; Active Postvention Model (APM)</li> </ul> <p><b>MHR SFY17 Funded Continuum of Care</b></p> <p><b>Provider Programs/Services – Continuum of Care</b></p> <p><b>Crisis</b></p> <ul style="list-style-type: none"> <li>• BHP 24/7 Emergency Services/Crisis Intervention</li> <li>• Pathways 24/7 Crisis/Hotline and Information &amp; Referral including Warm Line</li> <li>• Pathways Suicide Follow-up Program</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• MHALC Suicide Prevention – Middle/High School Depression Screening</li> <li>• MHALC Suicide Prevention – SOS</li> <li>• MHALC Suicide Prevention – Gatekeeper Training</li> <li>• MHALC Suicide Prevention – Mental Health First Aid – Youth &amp; Adult</li> </ul> <p><b>Board Initiatives– Continuum of Care</b></p> <ul style="list-style-type: none"> <li>• MHR Mental Health First Aid Training Support – Youth &amp; Adult</li> <li>• MHR Recovery Supports – Family Support Groups</li> </ul> <p><b>Other Community Supports – Continuum of Care</b></p> <ul style="list-style-type: none"> <li>• Knox County LOSS Team</li> <li>• Licking County LOSS Team</li> </ul>	<ul style="list-style-type: none"> <li>• Knox County Health Department Community Health Improvement Plan <i>Addiction &amp; Mental Health Prevention Goal – Implementation of community – wide trauma informed environments for children and youth</i> <i>Addiction &amp; Mental Health Intervention Goal – Implementing community – wide early identification and intervention of behavioral health issues</i></li> <li>• Licking County Health Department Community Health Improvement Plan <i>Improving Access to Affordable Healthcare Services</i></li> </ul>	
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in	<b>Provision of integrated problem gambling and</b>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>• SAMHSA A Public Health Model for Behavioral Health</li> <li>• MHR Five Year Strategic Plan</li> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>• Access/Capacity</li> <li>• Retention</li> <li>• Employment/ Education</li> </ul>	Priority Selected

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Priorities	Goals	Strategies	Measures	Reason for not selecting
Community and Healthcare Organizations	<b>screening strategies in community and healthcare organizations</b>	<ul style="list-style-type: none"> <li>SPMI/SMI/SMD adults are a MHR priority population. Policy #106.</li> <li>MHR SFY17 prioritized funding of non-Medicaid MH treatment and recovery services for adults for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> </ul> <p><b>Use of Evidenced Based &amp; Best Clinical/Service Practices</b></p> <ul style="list-style-type: none"> <li>NREPP LifeSkills</li> <li>Gambling Addiction Screening Tool</li> </ul> <p><b>Provider Programs/Services – Continuum of Care</b></p> <p><b>Crisis</b></p> <ul style="list-style-type: none"> <li>Pathways 24/7 Crisis/Hotline and Information &amp; Referral including Warm Line</li> </ul> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>BHP AOD Treatment &amp; Recovery Services OP</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>Pathways Social Marketing Campaign- gambling prevention website (<a href="http://www.playitsafeohio.org">www.playitsafeohio.org</a>), Facebook ads, radio ads, and local newspapers including strategies targeted at specific risk groups (i.e. ages 18 – 24).</li> <li>Pathways information dissemination and education strategies including the distribution of gambling information brochures to lottery outlets, local businesses, governmental agencies, schools and universities, older adult organizations, and other community stakeholders</li> <li>Pathways Youth Leadership Council</li> <li>Pathways Life Skills to reinforce protective factors necessary to decrease the risk of gambling and other addictive behaviors</li> </ul>	<ul style="list-style-type: none"> <li>Abstinence</li> <li>Crime &amp; Criminal Justice System</li> <li>Social Connectedness</li> <li>Retention</li> <li>Use of EBPs</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets – System Aggregate</b></p> <ul style="list-style-type: none"> <li><i>Provider &amp; Board Initiative Continuum of Care</i></li> <li><i>Semi and Annual Collection &amp; Review</i></li> </ul> <p>Individuals will better understand the issue of problem gambling and be informed of the resources available to help</p> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li><i>AOD treatment providers will monitor the amount of individuals identified with a gambling concern or addiction problem using a gambling addiction screening tool</i></li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li><i>The number of contacts to Pathways 211 Hotline and to the Play-It Safe website</i></li> </ul> <p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li><b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li><b>Licking County United Way Blueprint Assessment &amp; Plan</b> <i>Related Behavioral Health Goal – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li><b>Knox County Health Department Community Health Improvement Plan</b> <i>Addiction &amp; Mental Health Prevention Goal – Implementation of community – wide trauma informed environments for children and youth</i> <i>Addiction &amp; Mental Health Intervention Goal – Implementing community – wide early identification and intervention of behavioral health issues</i></li> <li><b>Licking County Health Department Community Health Improvement Plan</b> <i>Improving Access to Affordable Healthcare Services</i></li> </ul>	

**Board Local System Priorities (add as many rows as needed)**

Priorities	Goals	Strategies	Measurement
<p><b>MHR Five-year Strategic Plan: Planning</b> - To enhance MHR identity as a collaborative center and a resource for excellence in the planning and delivery of behavioral health care services in Licking and Knox Counties meeting community needs</p>	<ul style="list-style-type: none"> <li>Equip the Board with current knowledge regarding the changing role and the establishment of priorities of MHR</li> <li>To continue to identify community needs</li> </ul>	<p><u>Public Policy</u> MHR Five Year Strategic Plan</p> <p><u>Other Supportive Public Policy</u></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY17 prioritized funding of non-Medicaid services for youth and adults integrating trauma informed practices leading to protective factors</li> </ul> <p><u>Public Policy Development</u></p> <ul style="list-style-type: none"> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> </ul> <p><u>Strategies</u></p> <ul style="list-style-type: none"> <li>Development of private – public partnerships</li> <li>Participation in Knox Collective Impact Initiative</li> <li>Continued participation in community/collation assessment &amp; planning</li> <li>Adoption of Values Based Funding</li> <li>Alignment with the Behavioral Health Re-design and Manage Care Initiatives</li> </ul>	<p><u>MHR Annual Review – Related objectives to be measured</u></p> <ul style="list-style-type: none"> <li>Provide Board members with education regarding population based prevention and recovery</li> <li>Complete research on innovative Board models</li> <li>Provide state and federal-level changes in behavioral health</li> <li>Continue to work with state and local partners to further integrate physical and mental health and addiction treatment, services, and supports</li> <li>Ensure participation/collaboration in the Community Planning processes</li> <li>Evaluate effectiveness of current processes and adjust as needed</li> </ul> <p><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></p> <ul style="list-style-type: none"> <li><b>Licking County United Way Blueprint Assessment &amp; Plan</b> <i>Related Behavioral Health Goal – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li><b>Knox County Health Department Community Health Improvement Plan</b> <i>Addiction &amp; Mental Health Prevention Goal – Implementation of community – wide trauma informed environments for children and youth</i> <i>Addiction &amp; Mental Health Intervention Goal – Implementing community – wide early identification and intervention of behavioral health issues</i></li> <li><b>Licking County Health Department Community Health Improvement Plan</b> <i>Improving Access to Affordable Healthcare Services</i></li> </ul>
<p><b>MHR Five-year Strategic Plan: Finance</b> - – Maintain financial viability of MHR and its service delivery system through efficient and accountable financial management</p>	<ul style="list-style-type: none"> <li>Improve services by increasing the effective and efficient use of resources</li> <li>Allocate non-restricted funds to meet local community needs and gaps in services</li> </ul>	<p><u>Public Policy</u> MHR Five Year Strategic Plan</p> <p><u>Other Supportive Public Policy</u></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> </ul>	<p><u>MHR Annual Review – Related objectives to be measured</u></p> <ul style="list-style-type: none"> <li>Encourage the use of share service arrangements with contract providers</li> <li>Review allocations between different types of services</li> <li>Align, consolidate or eliminate poor performing provider agencies/programs based on assessed community needs, priorities, and available resources</li> <li>Develop and implement a Board-approved program evaluation and decision-making process to address underperforming organizations</li> <li>Research and develop potential RFP process for competitive bidding</li> </ul>

**Board Local System Priorities (add as many rows as needed)**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>MHR SFY17 prioritized funding of non-Medicaid services for youth and adults integrating trauma informed practices leading to protective factors</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> </ul> <p><u>Strategies</u></p> <ul style="list-style-type: none"> <li>Development of private – public partnerships</li> <li>Participation in Knox Collective Impact Initiative</li> <li>Continued participation in community/collation assessment &amp; planning</li> <li>Adoption of Values Based Funding</li> <li>Alignment with the Behavioral Health Re-design and Manage Care Initiatives</li> </ul>	<p><b><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></b></p> <ul style="list-style-type: none"> <li><b>Licking County United Way Blueprint Assessment &amp; Plan</b> <i>Related Behavioral Health Goal – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li><b>Knox County Health Department Community Health Improvement Plan</b> <i>Addiction &amp; Mental Health Prevention Goal – Implementation of community – wide trauma informed environments for children and youth</i> <i>Addiction &amp; Mental Health Intervention Goal – Implementing community – wide early identification and intervention of behavioral health issues</i></li> <li><b>Licking County Health Department Community Health Improvement Plan</b> <i>Improving Access to Affordable Healthcare Services</i></li> </ul>
<p><b>MHR Five-year Strategic Plan: Wellness &amp; Recovery - Fund and maintain a high quality, cost effective service delivery system that is responsive to the needs of all Licking and Knox County residents</b></p>	<ul style="list-style-type: none"> <li><b>Advocate and support implementation of Trauma-Informed service delivery system</b></li> <li><b>Advocate and support Recovery-Oriented System of Care</b></li> <li><b>Ensuring timely Access to Care</b></li> <li><b>Increase Pharmacological Services capacity within the service delivery system</b></li> </ul>	<p><u>Public Policy</u> MHR Five Year Strategic Plan</p> <p><b>Other Supportive Public Policy</b></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY17 prioritized funding of non-Medicaid services for youth and adults integrating trauma informed practices leading to protective factors</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> </ul> <p><u>Strategies</u></p> <ul style="list-style-type: none"> <li>Adoption of the OACHBA 'Recovery is Beautiful' Campaign</li> <li>Development of private – public partnerships</li> <li>Participation in Knox Collective Impact Initiative</li> </ul>	<p><b><u>MHR Annual Review – Related objectives to be measured</u></b></p> <ul style="list-style-type: none"> <li>Develop and implement system wide training components and schedule</li> <li>Schedule community education and awareness activities.</li> <li>Develop and implement system wide training components and schedule.</li> <li>Schedule community education and awareness activities.</li> <li>Enhance approaches to engagement in services</li> <li>Improve access to services by identifying and mitigating removing barriers</li> <li>Consider 'No Wrong Door' model</li> <li>Improve retention in services</li> <li>Research the need to develop psychiatric service plan</li> </ul> <p><b><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></b></p> <ul style="list-style-type: none"> <li><b>Licking County United Way Blueprint Assessment &amp; Plan</b> <i>Related Behavioral Health Goal – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> </ul>

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>Continued participation in community/collation assessment &amp; planning</li> <li>Adoption of Values Based Funding</li> <li>Alignment with the Behavioral Health Re-design and Manage Care Initiatives</li> <li>Promotion of early childhood mental health and trauma informed practices</li> <li>Promotion of early identification and intervention for depression and anxiety</li> <li>Promotion of integration of physical healthcare and behavioral healthcare</li> </ul>	<ul style="list-style-type: none"> <li><b>Knox County Health Department Community Health Improvement Plan</b> <i>Addiction &amp; Mental Health Prevention Goal – Implementation of community – wide trauma informed environments for children and youth</i></li> <li><b>Addiction &amp; Mental Health Intervention Goal – Implementing community – wide early identification and intervention of behavioral health issues</b></li> <li><b>Licking County Health Department Community Health Improvement Plan</b> <i>Improving Access to Affordable Healthcare Services</i></li> </ul>
<p><b>MHR Five-year Strategic Plan:</b> <b>Advocacy</b> - Ensure greater visibility through public outreach, advocacy, and technology, promote education, recovery and reduce stigma in Licking and Knox Counties</p>	<ul style="list-style-type: none"> <li>Develop advocacy plan</li> <li>Create awareness that overall health and wellness includes behavioral health</li> </ul>	<p><u>Public Policy</u></p> <p><b>MHR Five Year Strategic Plan</b></p> <p><b>Other Supportive Public Policy</b></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY17 prioritized funding of non-Medicaid services for youth and adults integrating trauma informed practices leading to protective factors</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> </ul> <p><u>Strategies</u></p> <ul style="list-style-type: none"> <li>Adoption of the OACHBA 'Recovery is Beautiful' Campaign</li> <li>Development of private – public partnerships</li> <li>Participation in Knox Collective Impact Initiative</li> <li>Continued participation in community/collation assessment &amp; planning</li> </ul>	<p><u>MHR Annual Review – Related objectives to be measured</u></p> <ul style="list-style-type: none"> <li>Identify specific public relations target areas, develop and implement strategies to penetrate the Licking and Knox Counties market area.</li> <li>Identify and prioritize specific population / special population groups or segments to target advocacy and public relations efforts toward. Implement as indicated</li> <li>Identify new and emerging corporate and public partnerships</li> <li>Develop speakers bureau</li> <li>Provide training on the use of social media</li> <li>Outreach plan to better engage civic groups, churches, businesses, community organizations, etc.</li> <li>Utilize all facets of available technology to advocate and educate</li> </ul> <p><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></p> <ul style="list-style-type: none"> <li><b>Licking County United Way Blueprint Assessment &amp; Plan</b> <i>Related Behavioral Health Goal – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li><b>Knox County Health Department Community Health Improvement Plan</b> <i>Addiction &amp; Mental Health Prevention Goal – Implementation of community – wide trauma informed environments for children and youth</i> <i>Addiction &amp; Mental Health Intervention Goal – Implementing community – wide early identification and intervention of behavioral health issues</i></li> <li><b>Licking County Health Department Community Health Improvement Plan</b> <i>Improving Access to Affordable Healthcare Services</i></li> </ul>

**Board Local System Priorities (add as many rows as needed)**

Priorities	Goals	Strategies	Measurement
<p>MHR Five-year Strategic Plan: <b>Quality Improvement</b> -Quality Improvement - Implement a system-wide model of performance improvement that supports an organizational management philosophy that employees data-informed decision making</p>	<ul style="list-style-type: none"> <li>Update the MHR Board Performance Improvement Plan</li> <li>Develop standardized outcome measures to evaluate program performance and effectiveness</li> </ul>	<p><u>Public Policy</u> MHR Five Year Strategic Plan</p> <p><u>Other Supportive Public Policy</u></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required AOD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY17 prioritized funding of non-Medicaid services for youth and adults integrating trauma informed practices leading to protective factors</li> </ul> <p><u>Public Policy Development</u></p> <ul style="list-style-type: none"> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> </ul> <p><u>Strategies</u></p> <ul style="list-style-type: none"> <li>Adoption of the OACHBA 'Recovery is Beautiful' Campaign</li> <li>Continued participation in community/collation assessment &amp; planning</li> <li>Adoption of Values Based Funding</li> <li>Alignment with the Behavioral Health Re-design and Manage Care Initiatives</li> </ul>	<p><u>MHR Annual Review – Related objectives to be measured</u></p> <ul style="list-style-type: none"> <li>Develop / Identify system-wide PI Process system-wide in collaboration with providers</li> <li>Develop / Identify system-wide PI Outcome Measurement System in collaboration with providers.</li> <li>Develop / Identify system Program Evaluation model / tool in collaboration with providers.</li> <li>Develop / Identify reporting Structure to leadership / system. In collaboration with providers.</li> <li>Identify system-wide outcome measures for all specific services to include residential, partial hospitalization, employment, and housing</li> <li>Develop service – specific outcomes success indications</li> <li>Evaluate and make recommendations to standardize the reporting process across funding systems and different funders to reduce duplication of effort.</li> <li>Integrate program outcomes into current dashboard.</li> </ul> <p><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></p> <ul style="list-style-type: none"> <li><b>Licking County United Way Blueprint Assessment &amp; Plan</b> <i>Related Behavioral Health Goal – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li><b>Knox County Health Department Community Health Improvement Plan</b> <i>Addiction &amp; Mental Health Prevention Goal – Implementation of community – wide trauma informed environments for children and youth</i> <i>Addiction &amp; Mental Health Intervention Goal – Implementing community – wide early identification and intervention of behavioral health issues</i></li> <li><b>Licking County Health Department Community Health Improvement Plan</b> <i>Improving Access to Affordable Healthcare Services</i></li> </ul>

**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) Increase housing options	Additional housing options are needed for consumers of addiction and mental health services. Both the Licking and Knox local HUD Continuum of Care have the resources to increase housing specifically for the population. The Balance of State has also limited Region 9 in availability of new dollars.
(2)Evidenced-based Supportive Employment	While MHR supports the VRP3 Recovery to Work program, it does not meet the needs of adults with mental health issues. It is better suited to work with adults with addiction disorders. The state program is also complicated in processing applications which negatively impacts the timeliness for individuals to begin services.
(3)Support system-wide electronic record and data collection system	This is in preparation for managed care and supports greater integrated care with health providers and hospitals.
(4)Common point of access to services –‘No Wrong Door’	This is in preparation for managed care and supports greater integrated care with health providers and hospitals. It also provides seamless and greater access to care for consumers.

## Collaboration

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

In order to fulfill its mission, MHR has developed significant partnerships locally and on a state level. This has provided MHR with opportunities to engage in shared community planning including assessment of needs and the development of strategies. MHR has incorporated these results into public policy and the investment of local dollars. Evidence is found in Questions One, Two, Five, and Six. Below is the list of key collaborations and partnerships.

- Licking-Muskingum Criminal Justice Community Based Planning Group: ODRC Halfway House Expansion
- Knox County Municipal Special Docket Drug Court
- Knox County Juvenile Special Docket Drug Court
- Licking County Common Pleas Special Docket Drug Court
- Licking County Municipal Special Docket Behavioral Health Court
- Licking County Municipal Special Docket OVI Court
- Licking County CIT
- Knox County CIT
- Newark Police Department NARI Program
- DDIT Teams (CJ/MH-AOD/DD)
- Licking County Community Corrections Planning Board
- Knox Substance Abuse Action Taskforce – Youth & Adult Committees
- Licking County Prevention Partnership – Opiate Initiative
- Knox County Health Department – Assessment & CHIP
- Knox County Rural Health Initiative and FQHC Planning Group
- Licking County Health Department – Assessment & CHIP
- Licking County United Way Community Blueprint Assessment & Plan
- Knox County United Way Community Assessment & Plan
- Licking County Our Futures
- Licking County JFS Planning Committee
- Knox County Family and Children First Council
- Licking County Children and Family First Council
- Ohio Multi-system Youth Integration Planning workgroup
- Ohio Interagency Youth Council
- OhioMHAS Central Ohio Trauma Informed Care Collaboration
- OhioMHAS Clinical Roundtable & committees
- OhioMHAS Access to Care Workgroup
- OACHBA System Modernization,
- OACHBA Recovery is Beautiful Blueprint
- OACHBA Kids' Committees
- OACHBA Executive Council
- Ohio Balance of State Region 9 Executive Committee
- Licking HUD Continuum of Care Committee
- Knox HUD Continuum of Care Committee ;MHR ED chair

## Inpatient Hospital Management

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

MHR continues to use the established processes described below to meet needs of consumers and to monitor hospital utilization. Further, MHR continues to utilize performance targets which monitor hospitalization. For FY17, these performance targets are as follows:

- The average (median) number of days between discharge from board-funded non-state hospital psychiatric services and provider service follow-up contact will be 7 days or less.
- 90% of state hospital admissions will have face-to-face follow-up contact with a nurse practitioner or psychiatrist within 7 days of discharge
- The average (median) number of days between discharge from detox/AoD in-patient and face-to-face follow up contact will be 5 days or less.

Progress toward these performance targets is measured and reviewed semi-annually with providers instituting strategies for improvement, as needed.

In addition to the established processes described below, MHR has implemented a youth mobile crisis response team in both counties. MHR received a grant since August of 2013 which has facilitated the development of these teams. The teams include individuals from Behavioral Healthcare Partners and the Boards of DD in both Licking and Knox County. In addition, Pathways/211 serves as the agency receiving, screening, and dispatching referrals. The Village Network has also offered its services in support of this project by offering Crisis Stabilization at their Children's Resource Center (5 days) or Respite Foster Care (3 days) The team addresses the critical issues faced by families with youth (ages 8 – 24) in crisis who present a risk to themselves, their families, or others due to mental illness and/or developmental disabilities. Referrals have come from hospitals, schools, community agencies and families. The team goes to the individual's house or another agreed-upon location, meets with the individual and/or family, and provides targeted crisis intervention services and safety planning and intensive care coordination with referral to appropriate services. Since its inception in August of 2013, 58 youth have been served (11 in Knox and 47 in Licking). Of these individuals served, only 4 have been hospitalized.

#### Private hospitals:

- Both the Licking and Knox County CIT programs have developed procedure protocols that actively involve law enforcement, community hospitals and MHR contract providers in increasing face-to-face capacity of emergency service provision to both adults and children and adolescents. Both community hospitals provide the central location for CIT identified cases in need of further crisis intervention or pre-hospital screening that cannot be addressed in the field.
- Shepherd Hill Hospital, the behavioral healthcare inpatient psychiatric unit for Licking Memorial Hospital, participates in collaborative efforts involving crisis intervention and pre-hospital screening activities with the staff of Licking Memorial Hospital and the BHP Crisis Intervention/Emergency Services Department.
- MHR allocates detoxification funding to their AOD providers to purchase detoxification and short term treatment private facilities. Shepherd Hill Hospital partners with MHR AOD agencies to provide detoxification and other addiction services. This includes the use of MAT treatment. To meet the needs of the growing opioid addiction crisis in both counties, MHR set aside additional funding specifically for medically assisted treatment and short term residential treatment.
- Both community hospitals participate in multi-system collaborative groups that address issues of planning and implementation of programming. These groups include:
  - The Licking County CIT Steering Committee
  - The Knox County CIT Steering Committee
- MHR has designated funding for families having no means of payment for inpatient psychiatric care for their children. MHR contracts with private hospitals which provide inpatient psychiatric care for children and manages this funding in conjunction with the hospital pre-screening activities provided by the BHP Crisis Intervention/Emergency Services Department.
- MHR allocates designated funding to BHP for adults with no means of payment for inpatient psychiatric care. Without this funding, state hospital bed day use would increase. This ensures greater flexibility in using private hospitalization with shorter lengths of stay when it is clinically appropriate. BHP directly contracts with private hospitals to purchase beds as needed.
- Both community hospitals, Licking Memorial Hospital (Licking County) and Knox Community Hospital (Knox County), work very closely with the BHP Crisis Intervention/Emergency Services Department by providing safe observation space in their emergency room departments and the support of their emergency room staff for individuals in need of crisis intervention and/or pre-hospitalization screening and medical clearance.

## **Regional Psychiatric Hospital Continuity of Care Agreements/State Hospital Bed Day Utilization Project**

The Continuity of Care Agreement between Twin Valley Behavioral Healthcare, Behavioral Healthcare Partners (BHP), and MHR has been implemented to ensure a seamless process to access and improve continuity of care in the admissions, treatment and discharge between state hospitals and community mental health providers by the following:

1. All BHP staff involved in the Continuity of Care processes is knowledgeable about its content and expectations including responsibilities of hospital admission, inpatient-outpatient team participation, discharge planning, and aftercare services. Additionally, MHR provides annual training opportunities for health officers including review of OAC 5122 and best practice crisis intervention models. Supervision for the Continuity of Care implementation is provided by the BHP Medical Director, the BHP Crisis Intervention /Emergency Services Supervisors for Licking and Knox Counties, and clinical administration. MHR monitoring and consultation is provided by the MHR Clinical Director on a 24/7 as needed basis.
2. Local aggressive utilization management:
  - Daily the MHR Clinical Director review state hospital reports and refers to the OhioMHAS PCS Data system for consumer information. This information is sent to BHP for distribution to all pertinent staff.
  - BHP health officers daily fax all probate and pink slip documents to the MHR Clinical Director for review.
  - The BHP Medical Director, other BHP supervisors, and the MHR Clinical Director regularly consult on admissions, continuing stays, and discharge planning. All consult with TVBH administration concerning consumer inpatient status.
  - BHP staff participates in scheduled team meetings with TVBH in person, via phone conference, or by teleconferencing. In between scheduled team meetings, the BHP Medical Director and other BHP clinical staff meet with hospitalized consumers and hospital staff to continue to develop the discharge plan and assess for continued stay.
3. Administrative Meetings
  - Administrative staff from TVBH, the BHP Medical Director and other clinical staff, and MHR confers frequently on the implementation of the Continuity of Care Agreement, methods of improving the collaborative partnership, and specific cases.
  - MHR participates with the Central Ohio Collaborative to assess and plan for regional needs and gaps in services.

## **Addressing Needs of Civilly and Forensically Hospitalized Adults**

MHR and BHP adhere to the conditions of the Continuity of Care agreement with Twin Valley Behavioral Healthcare in assuring that needs of hospitalized consumers are met in discharge planning and the provision of aftercare services.

Since FY 2008, MHR has funded the evidence based practice ACT/FACT team in Licking County. In SFY17, a Knox County team will be developed. Team staff provides services to all ACT/FACT consumers, while ACT serves non-forensic adults and FACT serves the forensic population. The team serves some of the highest risk mental health consumers in the system.

Forensically hospitalized consumers are followed by Behavioral Healthcare Partners (BHP), a MHR provider and the MHR Forensic Monitor. In Licking County forensic consumers are served by the ACT/FACT team and in Knox County by adult CPST services. Both BHP and the forensic monitor attend hospital treatment team meetings to plan for discharge and conditional release into the community. BHP staff frequently involve The Main Place, the MHR funded peer support/consumer operated center in both counties, as part of a coordinated team effort to address the needs of forensic consumers as part of the conditional release plan. Both providers take consumers into the community prior to release so that the plan can be practiced and the consumer become reintegrated. The MHR forensic monitor becomes involved with a forensically hospitalized consumer fairly early in the process, generally beginning during competency evaluation or restoration process. This is to establish a relationship with the consumer and provide consultation to the treatment team, BHP, and the court. The MHR Chief Clinical Officer reviews the conditional releases of each forensic consumer and provides additional consultation.

### Innovative Initiatives (Optional)

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

- a. **Service delivery:**
  - Pathways 211 Crisis/Hotline and Information and Referral
  - Kids' Mobile Crisis Team
  - ACT/FACT and Forensic Coordination
  - The Main Place Wellness Warriors
- b. **Planning efforts:**
  - MHR Prioritized Funding Process
  - Shared community assessment and planning
- c. **Business operations:** MHR Prioritized Funding Process
- d. **Process and/or quality improvement:**
  - Public Policy adopting trauma informed environments
  - Public Policy adopting ROSC

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

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

### Advocacy (Optional)

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

### Open Forum (Optional)

12. Please share other relevant information that may not have been addressed in the earlier sections. Report any other emerging topics or issues, including the effects of Medicaid Expansion, which is believed to be important for the local system to share with the department or other relevant Ohio communities.

## Community Plan Appendix 1: Alcohol & Other Drugs Waivers

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

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

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

A. HOSPITAL	UPID #	ALLOCATION

### B. Request for Generic Services

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

B.AGENCY	UPID #	SERVICE	ALLOCATION

SIGNATURE PAGE

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

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

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

**Mental Health and Recovery for Licking and Knox Counties**

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

\_\_\_\_\_  
ADAMHS, ADAS or CMH Board Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
ADAMHS, ADAS or CMH Board Chair

\_\_\_\_\_  
Date

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

## Instructions for Table 1, “SFY 2017 Community Plan Essential Services Inventory”

Attached are the SFY 17 Community Plan (ComPlan) Essential Services Inventory and some supporting files to enable the Inventory’s completion.

Various service inventories have been included in the ComPlan in the past. The current Essential Services Inventory included with the 2017 ComPlan requires a new element: the listing of services for which the board does not contract. This new element is necessary due to recent changes in the Ohio Revised Code to detail the behavioral health (BH) continuum of care in each board area. The department and constituent workgroups, in pilot studies, have found this information necessary for boards to meet the Ohio Revised Code CoC requirements.

Some additional CoC information resources have been provided (Section VI) to assist in this process, but board knowledge is vitally important given the limitations of these included CoC resources. For example, the attached resources will not address BH services provided by Children Service Boards and other key providers within the local behavioral healthcare system.

### Instructions for the Essential Services Inventory

The 1<sup>st</sup> file is the Services Inventory. The goal is to provide a complete listing of all BH providers in the board area. To be able to proceed, please click on the “Enable Editing” and/or the “Enable Content” buttons, if they occur on top of the spreadsheet, and enter the name of the board in the 1<sup>st</sup> row.

The spreadsheet lists the ORC required Essential Service Categories in each row. Also in each row are cells to collect information about how each category requirement can be met. The information requested includes:

- Provider Name. Also included in some Provider Name cells are prompts for descriptions of services for which there are no FIS-040 or MACSIS definitions. The prompts request that descriptions of how the Board provides for these services be put in the last column, “Board Notes”. The prompts can be deleted to make room for a Provider Name.
- Mandatory individual service(s) that satisfy the ORC Essential Service Category
- Services related to the required category, but are needed to meet local BH needs, rather than the CoC mandate.
- “Yes” or “No” response indicating that the board contracts with the provider providing the service.
- Counties within the board where the provider provides the required “must be in the board area” service; or, out-of-board location when the required service is allowed to be provided outside the board area.
- Populations for which the service is intended to serve; or, for Prevention/Wellness services, the IOM Category.

Except for “Provider Name” and “Board Notes” cells, in which information is manually entered, all the other cells have a drop down menu from which services are chosen, and typed data entry cannot occur.

**To use the drop down menu**, click on a cell and a downward pointing arrow will appear. Click on the arrow and a drop-down list of services will appear. Click on a service and it will appear in the cell. Click on the service a 2<sup>nd</sup> time and it will erase the service entry in the cell; or highlight the unwanted service entry and click “Clear Content” from the right mouse button menu. Click on as many services as are needed for each provider cell in the row. Use the slide-bar on the right side of the drop down menu to see all available items in the list.

**To add additional providers in a particular Essential Service row**, highlight all cells in the row below the needed Essential Service, and click “Insert” from the right mouse button menu. All of the instructions and drop down menus for that Essential Service will be included in the “Inserted” rows.

## Additional Sources of CoC Information

### 1. MACSIS Data Mart Client Counts by AOD and MH services for 2015.

Explanation: If a required service or support is not found in a Board’s budget, there may be a number of possible explanations, e.g.:

- Variation in how Boards account for services and supports in the budgeting process. A check of the MACSIS Data Mart may reveal budgeted services or supports that haven’t been directly captured in the current budget.
- Required service or support is delivered by Providers serving Medicaid only clients. The Data Mart will show that the Medicaid paid service or support is being provided within the Board service area even though the Board has no contract with that Provider.

### 2. OhioMHAS 2015 Housing Survey.

Explanation: Certain required housing categories may not be budgeted, e.g., Recovery Housing, or there may be lack of clarity between required housing categories and 040 reporting categories or specified in the Community Plan. The OhioMHAS Housing Survey brings greater clarity to classifications of housing services and environments and better track provision of those Continuum of Care (CoC) elements in Board service areas.

### 3. SAMHSA 2014 National Survey of Substance Abuse treatment Services (N-SSATS), and the

### 4. SAMHSA 2014 National Mental Health Services Survey (N-MHSS).

Explanation: SAMHSA annually surveys AOD and MH Providers irrespective of their OhioMHAS certification status. The surveys provide a broad spectrum of information, including the existence of some AOD or MH services or supports within a Board’s service district that are required essential CoC elements, but which are not found within the public behavioral health service taxonomy, or are not captured within the Board’s budget. These surveys should be reviewed for existing required CoC elements delivered by Providers that are OhioMHAS certified (in network) and those Providers that are not (out of network).

## Service Crosswalks between ORC Required Essential Service Category Elements and the Additional Information

### Sources

<u>Essential Service Category Elements</u> (‡ = ORC 340.033 Required)	<u>2015 OhioMHAS Housing Survey</u>	<u>2014 National Survey of Substance Abuse Treatment Services (N-SSATS)</u>	<u>2014 Nation Survey of Mental Health Services Survey (N-NHSS)</u>
A-Ambulatory Detox ‡		OP Detox ASAM Level I.D & II.D	
A-Sub-Acute Detox ‡		Residential Detox ASAM Level III.2-D	
A-Acute Hospital Detox		Inpatient Detox	
Intensive Outpatient Services: <ul style="list-style-type: none"> <li>A-IOP ‡</li> <li>M-Assertive Community Treatment</li> <li>M-Health Homes</li> </ul>		Intensive OP ASAM Level II.1 (9+ HRS/WK)	<ul style="list-style-type: none"> <li>Assertive Community Treatment (ACT)</li> <li>Primary Physical Healthcare</li> </ul>
<u>Essential Service</u>	<u>2015 OhioMHAS Housing</u>	<u>2014 National Survey of</u>	<u>2014 Nation Survey of Mental</u>

<u>Category Elements</u> (‡ = ORC 340.033 Required)	<u>Survey</u>	<u>Substance Abuse Treatment Services (N-SSATs)</u>	<u>Health Services Survey (N-NHSS)</u>
A-Medically Assisted Treatment ‡		<ul style="list-style-type: none"> <li>• Naltrexone</li> <li>• Vivitrol</li> <li>• Methadone</li> <li>• Suboxone</li> <li>• Buprenorphine (No Naltrexone)</li> </ul>	
12 Step Approaches ‡		Clinical/therapeutic approaches Used:.. <ul style="list-style-type: none"> <li>• 12 step facilitation</li> </ul>	
Residential Treatment: A-MCR-Hospital A-BHMCR-Hospital		Hospital IP Treatment ASAM IV & III.7	
Residential Treatment ‡: A-MCR- Non-Hospital A-BHMCR-Non-Hospital	Residential Treatment Medical Community Residence	Residential Short-Term ASAM Level III.5 (High Intensity)	
<u>Essential Service</u> <u>Category Elements</u> (‡ = ORC 340.033 Required)	<u>2015 OhioMHAS Housing Survey</u>	<u>2014 National Survey of Substance Abuse Treatment Services (N-SSATs)</u>	<u>2014 Nation Survey of Mental Health Services Survey (N-NHSS)</u>
Residential Treatment ‡: A-NMR-Non-Acute A-BH-Non-Medical-Non- Acute	Residential Treatment Medical Community Residence	Residential Long-Term ASAM Level III.3 (Low Intensity)	
Recovery Housing ‡	Recovery Housing		
M-Residential Treatment	Residential Treatment- MH		24 Hour Residential (Non- Hospital)
Locate & Inform: <ul style="list-style-type: none"> <li>• M-Information and Referral</li> </ul>			MH Referral, including emergency services
M-Partial Hospitalization			Setting: Day Treatment/Partial Hospitalization
M-Inpatient Psychiatric Services (Private Hospital Only)			Inpatient Services
Recovery Supports: <ul style="list-style-type: none"> <li>• M-Self-Help/Peer Support</li> <li>• M-Consumer Operated Service</li> </ul>			MH Consumer Operated (Peer Support)
Recovery Supports: <ul style="list-style-type: none"> <li>• M-Employment/ Vocational Services</li> </ul>			<ul style="list-style-type: none"> <li>• Supported Employment Services</li> <li>• MH Vocational Rehabilitation Services</li> </ul>
<u>Essential Service</u>	<u>2015 OhioMHAS Housing</u>	<u>2014 National Survey of</u>	<u>2014 Nation Survey of Mental</u>

<u>Category Elements</u> (‡ = ORC 340.033 Required)	<u>Survey</u>	<u>Substance Abuse Treatment Services (N-SSATs)</u>	<u>Health Services Survey (N-NHSS)</u>
Recovery Supports: • M-Social Recreational Services			Activities Therapy
M-Crisis Intervention			MH Psychiatric Emergency (walk-in)
Wide Range of Housing Provision & Supports: • M-Residential Care	Residential Care: • Adult Care Facility/ Group Home • Residential Care Facility (Health) • Child Residential Care/Group Home		MH Supported Housing Services
<u>Essential Service Category Elements</u> (‡ = ORC 340.033 Required)	<u>2015 OhioMHAS Housing Survey</u>	<u>2014 National Survey of Substance Abuse Treatment Services (N-SSATs)</u>	<u>2014 Nation Survey of Mental Health Services Survey (N-NHSS)</u>
Wide Range of Housing Provision & Supports: • M-Community Residential • M-Housing Subsidy	Permanent Housing: • Permanent Supportive Housing • Community Residence • Private Apartments		MH Housing Services
Wide Range of Housing Provision & Supports: • M-Crisis Bed • M-Respite Bed • Temporary Housing • Transitional	Time Limited/ Temporary: • Crisis • Respite • Temporary • Transitional		
Wide Range of Housing Provision & Supports: • M-Foster Care	Time Limited/ Temporary: • Foster		• Therapeutic Foster Care
Wide Range of Housing Provision & Supports: • AOD			• See Residential Treatment, above