Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Community Plan Guidelines SFY 2019 and 2020

Enter Board Name: Crawford-Marion ADAMH

NOTE: OhioMHAS is particularly interested in areas identified as priorities for RecoveryOhio, including: (1) access and capacity changes for mental health and addiction services for both adults and children/youth; (2) health equity concerns for racial and ethnic minorities and people living in Appalachia or rural Ohio; (3) distinctive challenges for multisystem youth, families involved in child welfare, and for criminal justice-involved Ohioans; (4) prevention and/or decrease of opiate overdoses and/or deaths; and/or (5) suicide prevention.

Environmental Context of the Plan/Current Status

1. Describe the economic, social, and demographic factors in the board area that influence service delivery. Note: With regard to current environmental context, boards may describe the impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.

The Crawford-Marion ADAMH board serves a two county area in north central Ohio with a total population of roughly 107,000 persons. The majority of individuals are white (89.8%-Marion and 96.9%- Crawford), with 6.2% in the total area reporting their race as African American. We have seen an increase in the Hispanic/Latino population with 4% reporting that category for their race – up from the previous two plans. An area not collected in the demographic survey but clearly important is that of the Appalachian Culture. Both counties have been populated with people moving from West Virginia, southern Pennsylvania and Kentucky to the area in the 1940's and 1950's because of an abundance of factory jobs. These individuals brought their culture with them. Part of the Appalachian way is to rely on self and families first and exhaust that as a resource before going to others for help. In addition, the tacit acceptance of alcohol and drug use -- specifically marijuana -- along with the increase in availability of prescription opiate medication, have played a role in this population. The historic economic problems and living on the edge of poverty contribute to an overall certainty in powerlessness. Poverty is clearly an issue in both counties with Marion's rate for the last reported period being 16.6% (down from 19.1% in the previous plan) and Crawford's is at 16.2% (down 16.3% in the previous plan). When we look at rates specific to children, the rates stand at 26.2% in Marion County and 23.2% in Crawford County. From a behavioral health standpoint, economic issues often increase the strain on families. Both unemployment and underemployment pose problems and often impact whether or not people in need seek care because of lack of resources. As of 2018, the unemployment rate in Marion was 4.4% and 5.2% in Crawford. Unstated in these numbers is the fact that underemployment and service sector employment continue to be significantly contributing factors to keeping poverty high and income low.

BH Redesign: The impact of BH Redesign has been felt in both Crawford and Marion Counties. Specific to Marion County, Marion Area Counseling Center (MACC) has had to close its 15 bed residential program (known as Foundations) due to reimbursement challenges. The Board worked quickly to develop alternative arrangements so that individuals could have access to that level of care. The impact though was still significant that a homegrown resource had been lost. Both MACC and Community Counseling Services (CCS) have had to make modifications to staffing levels and benefits to adjust to the new rates and reimbursement timeframes. The Board has worked with both providers by contracting with a billing consultant to help them identify billing issues that are impacting their business.

Emerging Drug Trends: Over the past two years, we have seen a shift in drug trends and related seizure activity. Heroin and other opiates (with the exception of fentanyl) have been on the decline while we have seen large increases in meth and cocaine.

*Marion County continues to have an unintentional drug overdose death rate higher than the state average – 36.7 compared to 27.9. Crawford County's rate is below the state average at 23.4. However, both counties have been hit hard when considering years of life lost. According to the Ohio Alliance for Innovation in Public Health, there have been **19,000** years of life lost from 2009-2018. When adjusting for population, Marion has the **13th highest** years of life lost in the state. Based on 2018 data from the Ohio Automated Rx Reporting System (OARRS), both counties have per capita opiate dispensing rates above the state average – Crawford is 49.4, Marion is 68.2. While most counties saw nearly 20% decreases from 2017 to 2018, Marion's rate only decreased by half that amount. In fact, Marion had the **4th highest** rate of opiate prescription in the state. We are working with our partners to try to better understand this issue.*

Jail overcrowding (Marion County): The Multi-County Correctional Facility (which serves Hardin and Marion County) has been dealing with overcrowding for some time now. The county is leasing space from other county jails. This is putting pressure on our system to approve residential and detox services for individuals facing a jail sanction.

Drug Free Coalitions (Crawford and Marion): Over the last year, we have focused on creating Drug Free Coalitions in both counties. We have been using the coalitions to serve as our "county hub" as well as the implementation arm of Community Health Improvement Plans in both counties.

Housing: Our Board will be reaching out to the OhioMHAS Capital Bureau to discuss possible changes to our Board-owned housing units. Our long time property management vendor, Del-Mor Dwellings, notified us that they would no longer be contracting with us. We are in the process of contracting with Coleman Professional Services to assume the duties Del-Mor once provided. The Board will be looking to divest from its current properties and developing a new one over the next 2-3 years.

Funds for Withdrawal Management: Our Board has greatly benefitted from the funding to provide withdrawal management (subacute detox). We have sent more people for detox than many larger boards in the Twin Valley collaborative. This has been a huge asset to our community.

Assessing Needs and Identifying Gaps

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gaps in services and disparities, if any.

    a. Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and people living with or recovering from mental illness and addiction in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention in SFY 2019. [ORC 340.03 (A)(1)(a)]. Describe the board's plan for on-going needs assessment in SFY 2020 if they differ from this current fiscal year.

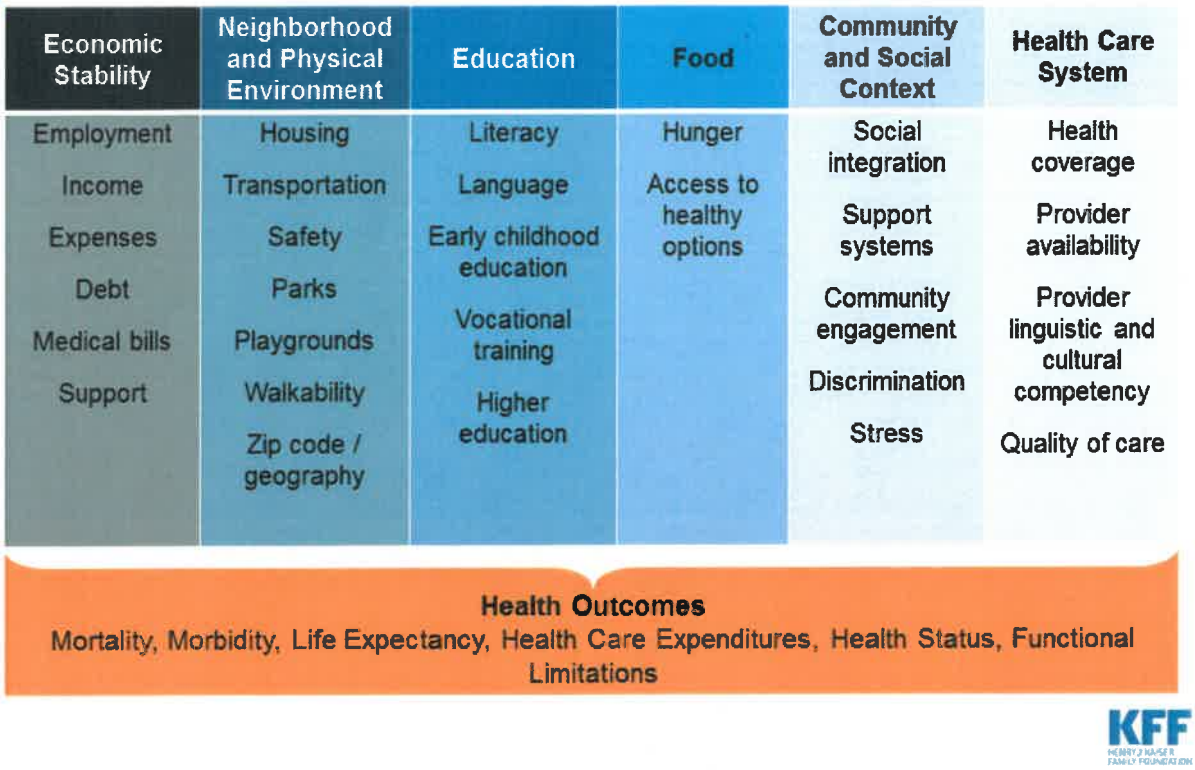
The Board uses a variety of methods to assess need. We work closely with our local health departments, hospital systems, funders, providers and persons with lived experiences. This year we sent the OhioMHAS priorities out to both our counties and have incorporated their feedback into this plan. In addition, we have regular dialogue with county, state and federal elected officials.

    b. Describe how the board collaborated with local health departments and their 2019 State Health Improvement Process. In your response, please include, if applicable, the following: 1) collaborative efforts specific to assessing needs and gaps and setting priorities. 2) barriers or challenges the board believes will have to be overcome moving forward that will result in complimentary public health and behavioral health plans, 3) advantages, if any, realized to date with collaborative planning efforts, 4) next steps your board plans on undertaking to further alignment of public health and behavioral health community planning.

Our Board has worked closely with our local health departments for many years. We partner with the two county health districts – Marion Public Health and Crawford County Public Health – and the Galion City Health Department in funding and implementing the Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP). The Board supports planning efforts around the Social Determinants of Health.

Figure 1

Social Determinants of Health



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This partnership allows us to share the cost and to gather information in a way that reduces duplication and increases utility of the data gathered. In Marion County the Needs Assessment is conducted every 5 years and was last completed in 2015; Crawford County has recently completed a Community Health Assessment and is in the process of completing its Community Health Improvement Plan. The ADAMH Board, along with Avita Health System, Crawford County Education & Economic Development Partnership, Crawford County Public Health, Galion City Health Department, Together We Hurt, Together We Heal, the Crawford County Board of Developmental Disabilities and the Community Foundation for Crawford County, funded the Health Assessment in Crawford County.

The Crawford County General Health District and Galion City Health Department conducted a Health Assessment published in 2019 to measure the health of citizens in Crawford County. It was intended as a snapshot of the current health status of residents, using the most recent available data in each area discussed. Most of the data in the Crawford County report is collected from other sources, including the Ohio Department of Health, The Centers for Disease Control and the U.S. Census Bureau. Based on the 2019 Crawford County Health Assessment, Crawford County will focus on the following four priorities over the next 3 years:

- *Chronic Diseases (including adult/youth obesity, heart disease, diabetes and adult/youth physical activity)*
- *Mental Health and Substance Use Disorders (includes adult/youth depression, suicide, ACEs, youth bulling, poor mental health days, adult drug use, adult/youth alcohol use and adult/youth vaping)*

The following tables provide insight on the impact of trauma on mental health, suicide risk and depression along with other chronic diseases and risky behaviors for both adults and youth in Crawford County.

Behaviors of Crawford County 6th-12th Grade Youth

Experienced 3 or More ACEs vs. Did Not Experience Any ACEs

Youth Behaviors	Experienced 3 or More ACEs	Did Not Experience Any ACEs
Felt sad or hopeless for two or more weeks in a row (in the past 12 months)	54%	14%
Seriously considered attempting suicide (in the past 12 months)	33%	6%
Currently participate in extracurricular activities	16%	13%
Attempted suicide (in the past 12 months)	14%	2%

Behaviors of Crawford County Adults

Experienced 4 or More ACEs vs. Did Not Experience Any ACEs

Adult Behaviors	Experienced 4 or More ACEs	Did Not Experience Any ACEs
Classified as overweight (BMI of 25.0 – 29.9) **and obese** (includes severely and morbidly obese, BMI of 30.0 and above)	74%	78%
Felt sad or hopeless for two or more weeks in a row	53%	3%
Current drinker (drank alcohol at least once in the past month)	52%	58%
Binge drinker (defined as consuming more than four [women] or five [men] alcoholic beverages on a single occasion in the past 30 days)	48%	50%
Ever diagnosed with arthritis	34%	43%
Current smoker (currently smoke on some or all days)	33%	12%
Had been told their blood cholesterol was high	30%	42%
Considered attempting suicide (in the past 12 months)	29%	1%
Had been told they had high blood pressure	26%	39%
Ever been told they have asthma	22%	13%
Had more than one sexual partner (in past 12 months)	20%	2%
Misused prescription medications (in the past 6 months)	14%	4%
Ever been told by a doctor they have diabetes (not pregnancy-related)	7%	12%
Used recreational drugs (in the past 6 months)	7%	5%
Ever diagnosed with angina or coronary heart disease	7%	4%

The 2016-2020 Marion Community Health Improvement Plan is still in effect. These priorities are:

- *Obesity*
- *Tobacco*
- *Substance Abuse*
- *Maternal and Child Health*
- *Safe and Healthy Housing*

The ADAMH Board continues to be an active partner in the working groups around each of these issues.

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

Both Family and Children First Councils have existing dispute resolution process however we have not needed to use this process in the past six years.

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

In regards to outpatient service needs of persons currently receiving treatment in State Regional Psychiatric Hospitals, one area of focus identified is increased coordination of care for discharge preparation. A gap in information sharing seems to exist between the State hospitals and CPST or agency staff of the consumer. The use of teleconferencing could be utilized more efficiently to include staff at the State hospitals working with the consumer and the agency staff of where the consumer is being discharged to. Regular teleconference meetings conducted throughout the consumer's hospitalization would help ensure a smoother coordination of care with discharge planning, hopefully reducing recidivism of future hospital admissions. Consumers that are not previously linked to a mental health provider agency prior to their State hospitalization could be enrolled with local provider agencies, having their case opened up as a new intake appointment, prior to discharge from the State Hospital, thus allowing a CPST worker to begin working with them prior to discharge. Ideally, this expedited intake appointment/linkage opportunity prior to discharge would assist clients with feeling comfortable with their new mental health provider in order to follow up with care upon release. Another suggestion for care linkage would be the utilization of a care navigator that would be assigned to our Board region for the coordination of care services, as were mentioned.

Another outpatient service need identified is inadequate housing placement in the system of care. We have short-term respite beds available for individuals that need this transitional care. Group home placements are necessary to meet the needs of some consumers but are insufficient for our area. We often have to reach outside of our community to find these locations equipped to provide the level of care needed for some consumers. The geographical location of these placements can be a hardship for local CPST team members, as teleconferencing is not an option with most group home settings. Often, agency crisis staff and local hospital social workers feel pressure to find placement out of the emergency department and the inpatient behavioral health unit. The homeless shelter is sometimes utilized in situations when housing placement is not available, which is less than ideal. We do not have the resources to serve the needs of some more difficult and challenging cases requiring more intense care.

More guardians are needed for some individuals living with mental illness that are experiencing difficulty caring for themselves. A lack of available legal guardians as well as lack of resources to pay for the growing guardianship expenses is a concern.

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

	Crawford County	Marion County	Combined	Ohio
Number of Participants	**22**	**40**	**62**	**2822**
Overall ROSC Score (Average)	**4.12**	**4.48**	**4.35**	**4.58**
Focus on Clients and Families	**4.58**	**4.76**	**4.70**	**4.78**
Timely Access to Care	**4.50**	**4.54**	**4.53**	**4.68**
Healthy, Safe, &Drug Free Communities	**4.04**	**4.29**	**4.20**	**4.45**
Accountable Financing	**3.84**	**4.24**	**4.41**	**4.49**

Systems of Care	**4.04**	**4.11**	**4.09**	**4.44**

There are clear opportunities for improvement for peers based on the following measures: Peer-run leisure activities are available and supported throughout the community. (3.6), Peers are involved in the program development, evaluation and improvement of services. (3.8) · Peers may be used for outreach to strengthen treatment participation. (3.7). The Board's strategic plan is deeply rooted in ROSC principles and we will work to provide additional training during this planning period.

f. 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)].

We have noted several trends through working with individuals attempting to find employment through the Recovery to Work employment contract with OOD.

a. Within the past year we have noted an increase in the number of persons relocating from Columbus and other major cities to our rural communities. The individuals report they are doing this due to the cost of living and provision of services. Majority of the individuals are receiving social security disability (either SSI or SSDI). They report moving to our ADAMH Board area because our counties are the closest they can obtain housing which they can afford and be close to their families. These individuals were unable to obtain housing assistance closer to their families.

b. We anticipate a growing need for safe, affordable housing for individuals in our Board area. We have observed that the housing which has been developed in our counties is at capacity. In addition, there has been a withdrawal or selling off of properties by landlords who have worked with us in the past. These landlords have been useful in filling a housing gap for our population for those convicted of sex related offenses and who are generally difficult to house due to behaviors caused by their mental health and SUD/AOD problems. We anticipate that those individuals needing this type of housing will be more likely to end up in a more restrictive level of housing. At the same time the ADAMH owned properties have become unsustainable and are preventing our ability to participate and invest in new suitable housing development.

c. We have also seen an increase in demand of what we would traditionally label case management services from the job developers. Every job developer has reported an average of helping at least one-person access Recovery Supports every month. This includes not just helping individuals arrange for intake into services, but requesting CPST services, counseling appointments, requesting medication adjustment, and three crisis assessments in the past year. We have noted an increase in need for services for those individuals in need of mental health services who cannot independently function, but do not meet criteria for the most functionally limited.

g. Needs and gaps associated with priorities of the Executive Budget for 2020-2021 including crisis services, criminal justice-involved populations, families involved with child welfare, and prevention/early intervention across the lifespan.

Our Board continues to play an active role in offender reentry. We are working with probation and parole, provider agencies, courts and others. In Marion County, we are fortunate to have a working Community Corrections Planning Committee as well as an active Mid-Ohio Reentry Coalition. Both work to gather those individuals involved in the justice system and behavior health as well as employment to serve those reentering individuals.

Our Board was part of the original Addiction Treatment Pilot Project (ATPP) by virtue of having Crawford County identified as one of the original pilot counties. Both Crawford and Marion Counties were slated to be part of the Addiction Treatment Pilot (ATP), however Crawford County did not have a certified drug court in their community, so we have focused our efforts in Marion County. We have three certified Drug Courts in Marion County and have worked diligently with both our treatment providers and justice partners to keep the project moving.

We do struggle at times to find placement for children/adolescents that have entered into the child welfare system. We are fortunate to have good relationships with each PCSA, but we have had difficult cases in which we have found it nearly impossible to find providers willing to take challenging kids. As noted in the environmental section, our Board has greatly benefitted from access to crisis services – such as detox – but those services are either too brief in duration or not the appropriate level for many of our difficult cases.

3. Complete Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. (Table 1 is an Excel spreadsheet accompanying this document. Instructions are found on page 10 of the Guidelines).

Priorities

4. 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? Please be specific about strategies for adults; children, youth, and families; and populations with health equity and diversity needs in your community.

Our community has ranked the following priorities as the top 5 from the list the Department provided: 1) Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation); 2) Prevention and/or decrease of opiate overdoses and/or deaths; 3) Integration of behavioral health and primary care services; 4) Promote Trauma Informed Care approach; and 5) MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment. Further prioritization based on urgency would lead to focus on the following: ***Promote Trauma Informed Care approach; MH/SUD Treatment in Criminal Justice system; Recovery support services for individuals with mental illness or substance use disorders and Prevention across the lifespan.***

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.

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 340.03(A)(11) and 340.033].

Priorities undertaken in SFY 2019 that the board is continuing into 2020 as well as new priority areas identified for SFY 2020 may be included.

Collaboration

5. Describe the board's accomplishments achieved through collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, 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 addition to our providers, our board collaborates with several other programs and organizations. Our reentry program, Mid-Ohio Reentry Coalition, requires us to work closely with the courts, job programs like Goodwill, the homeless shelter, correctional institutions, legal aid, the judicial system & law enforcement, Family & Children First (FCF), and housing programs. Our director serves as the co-chair for the reentry coalition. We have a long history of collaboration with Family & Children First. The challenge is and will continue to be, full participation by all members – especially schools. And always, the issue of funding – or lack thereof – creates pressure for the council. Without funds to support an array of treatment options for children and families, some members see little benefit in participating. In addition, the basic structure of the council is a challenge. It is a part of county government – but not a real part of county government. Members are not required to participate financially. There is the expense of the audit which seems redundant since each council is part of another county entity. These structural issues need to be addressed by the State of Ohio.

An ADAMH Board employee is currently serving on the Marion County Continuum of Care to End Homelessness. This relationship allows the Board to work on projects with various agencies, local governments, and not for profit groups in Marion and Crawford to address housing issues for adults and families dealing with the effects of mental illness and drug dependency.

We began contracting with Opportunities for Ohioans with Disabilities about seven years ago to offer the Recovery to Work VRP3 program for individuals suffering from drug addiction and/or mental illness. It has been a wonderful partnership. This program has helped provide treatment as well as helping people find jobs and become productive citizens once again. Employment can be therapeutic, especially for individuals who haven't been able to work in years because they couldn't stay sober long enough to pass a drug screen. We value this program and hope that it can continue.

Another very important collaborative effort we maintain is with the Faith Community. This is the seventh year we have collaborated with Restore Ministries in Galion, Ohio. This program was started by Pastor Joe Stafford of Wesley Chapel in Galion. The program is based on Galatians 6:2 "Share each other's burdens". All of their services are free and confidential. Members of Restore have been able to take on guardianships for two of our consumers in Crawford County. This ministry also provides case management services, individual counseling (The lead pastor is an independently licensed counselor), mentoring, respite care, etc. This program has also assisted some of our AOD consumers find transportation to detox centers. We have given this program a small grant for the past seven years to help defray travel expenses and acquire additional training in regard to working with mentally ill and addicted individuals and families.

The ADAMH Board has taken a leadership role in providing community education and training on different topics including but not limited to: Problem Gambling, Mindful Self Care, Mental Health First Aid, etc. We are preparing for an Addiction Symposium in September in conjunction with ARCHway Institute, Marion-Crawford Prevention Program, Marion Technical College, and Ohio State University – Marion. We are also partnering with OhioHealth to provide a training for medical professionals in October to discuss prescribing practices along with Street Smart Ohio (formerly Operation Street Smart).

Board staff presently sits on a variety of county committees as well as advisory committees for four different drug courts.

We have collaborated with Marion Public Health, Crawford County Public Health, and Galion City Health Departments to offer free naloxone trainings to the public on a monthly basis. Class participants receive naloxone education, learn how to utilize the naloxone medication, and receive a personal kit to take with them. We also go to area business, churches, and organizations to provide this training. The ADAMH Board also provides this training at local peer supporter training classes, which we sponsor several times per year in both Crawford and Marion counties.

Inpatient Hospital Management

6. 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.

This past year we have worked closely with Marion General Hospital as they offer tele-psychiatry for expert evaluations needed for probate situations for those in the inpatient behavioral health unit.

We have worked closely with the State Hospitals for coordination of care with an individual that is symptomatic most of the time, even while taking medication. This individual cycles in and out of the hospitals and more recently group homes with no suitable living arrangements available. This individual does not seem to be capable of residing in the community safely. The professionals involved in his care have all stated that he needs permanent housing such as a locked hospital setting but this is not an available solution long term in Ohio. We appreciate the Access to Success grant assistance provided by OHMAS for assistance with his placement needs. Another case that we have worked collaboratively on is an individual with criminal behavior, developmental disabilities and mental health concerns. Housing placement is also a challenge in cases such as the

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	Identifier Number	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	Identifier Number	SERVICE	ALLOCATION

SIGNATURE PAGE

Community Plan for the Provision of Mental Health and Addiction Services SFY 2019-2020

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.

Crawford-Marion ADAMH Board

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

ADAMHS, ADAS or CMH Board Executive Director — Date: 8-8-19

MIKE STUCKEY

ADAMHS, ADAS or CMH Board Chair — Date: 8/8/19

[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.)].