

**Ohio Department of Mental Health and Addiction Services (OhioMHAS)**  
**Community Plan Guidelines SFY 2019 and 2020**

**Enter Board Name: Mental Health and Recovery Board of Erie and Ottawa Counties  
(MHRBEO)**

**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.

<b>Environmental Context of the Plan/Current Status</b>
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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.

Erie County has population of 77,079 residents and Ottawa County has 41,433 residents for a combined Board population of 118,512. Erie County is 87% White with 12.4% of the people living in poverty. Ottawa County is 97% White with 8.9% living in poverty. Unemployment rates fluctuate with the lowest unemployment rates occurring in the Spring through fall as both are coastal communities.

There is ongoing legislative activity regarding the Davis Besse Power Plant and its existence. Depending upon the outcome, this will result in a loss of jobs and tax dollars for Ottawa County.

In Erie and Ottawa Counties, 23 school systems/programs (public, private, alternative and career centers) provide education to 19,077 students with Sandusky City Schools having the most students at 3994 and Kelly's Island having the fewest with only 5 students.

There is a workforce shortage in Erie and Ottawa Counties. One provider has offered signing bonuses, student loan forgiveness options, higher pay, etc., to recruit licensed clinicians for the continuum of services in mental health and addiction. This has resulted in marginal success. Two new providers have moved into Erie County to offer primarily substance use disorder services and they have begun to provide mental health services. In addition, one existing provider has expanded available services to include mental health and substance use disorder services. As a result, the competition for licensed/credentialed staff is greater than the number of staff available.

For 21 years the MHRBEO was led by the same director. He vacated the position in 2017 and an interim served as the Director for 6 months. The current director has been in the position for 2 years.

## 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.

In 2017, the MHRBEO hired a consultant to complete a strategic plan. The plan was adopted in August of 2018. Because the MHRBEO had not done an assessment, nor participated in strategic planning for several years, there were more issues to address than time or available manpower permitted for the two-year plan. Needs, strengths and challenges were identified with the help of the following activities:

1. Number of 30-45-minute consultant interviews completed with community leadership (included all six commissioners):	<b>27</b>
2. Focus Groups and public forum notifications:	<b>1280</b>
a. Number of individuals notified via email about focus groups and public forum:	
Ottawa Chamber of Commerce members	200+
Erie Chamber of Commerce members	900+
Local Churches	37
Pastor Alliance	50
Erie County Commissioners	3
Ottawa County Commissioners	3
Judges & staff	12
Superintendents Board of DD	2
Emergency Responders	22
Provider Agencies	14
MHR Board Trustees	17
Other	20
b. Newspaper and radio ads to announce focus groups	<b>40</b>
3. Total number of individuals participating in focus groups:	<b>99</b>
Consumers (Recovery and Mental Health):	64
Parents, Loved Ones, Friends	1
Educators	12
Family and Children First Councils	11
Providers	11
4. Number of individuals participating in general public forums (Many parent reps):	<b>48</b>

In FY18 and FY19, the MHRBEO also coordinated four Sequential Intercept Mapping (SIM) exercises, two in Erie County and two in Ottawa County. The SIMS were facilitated

by Ruth Simera, Director of Criminal Justice Coordinating Center of Excellence, Northwest Ohio Medical University. Consumers were invited and participated in the exercises.

During the first six months as the new Executive Director (ED), the ED met with community stakeholders in Erie and Ottawa Counties to have one-on-one discussions about the customer satisfaction relevant to the Mental Health and Recovery Board.

The MHRBEO will have a public forum in FY 20 to gather input from a variety of community members. In addition, the Board will review the progress on the current strategic plan, review OhioMHAS goals, review the ROSC survey results and create a two-five-year strategic plan as the current one expires July 1, 2020.

- 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.

b1. In calendar year 2019, the MHRBEO was invited to participate in the Erie County Health Department's review and editing of the Hospital Council of Northwest Ohio's survey questions that will be completed by community members. This process is currently underway.

b1. In calendar year 2018, the MHRBEO was part of the Ottawa County Health Department's committee to review survey questions, review the answers and establish goals for Ottawa County with facilitation from the Hospital Council of Northwest Ohio. The Plan is completed and posted on their website.

b2. The MHRBEO has been open and transparent with local health departments in the MHRBEO's efforts to work within a collaborative framework for public health and behavioral health community planning. The MHRBEO believes this is done by working in partnership beginning at the point of idea/concept discussion to implementation and operation. Progress is being made and one county is advancing more quickly than the other county but we continue to be open to working collaboratively to align public health and behavioral health community planning.

b3. The MHRBEO works collaboratively with both county health departments in providing mental health and addiction services to those who are incarcerated. This consists of counseling, group, medication addiction treatment, administration of psychotropic medication and release planning (case management). The Board has also worked in partnership to provide funding for NARCAN to the Erie County Health Department and, as a result, more citizens have it in their possession than ever before. The Board also

provides \$100,000 (capital match) per year to the Erie County Health Department for detox services. Since January of 2018, 219 individuals have been admitted to this facility.

b4. Continue with these current Board strategic plan initiatives with the Erie County Health Department also participating:

1. Family Dependency Treatment Court-Erie County (Already exists in Ottawa County);
2. Drug Court-Erie County (Already exists in Ottawa County).

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

There have been no dispute resolution events with the Erie County Family and Children First nor the Ottawa County Family and Children First Councils.

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

Relevant to mental health, Sequential Intercept Mapping was completed in FY 19 for Erie and Ottawa Counties. All are needed pre and post hospitalization. The following priorities were identified:

<b>Erie County June 2019</b>	<b>Ottawa County April 2019</b>
Housing	Community Based Crisis Services
Specialty Courts	Housing
Peer Supports	Efficient Use of Officer Time at Hospital
Mobile Crisis	Coordinated Point of Entry
Crisis Intervention Team (CIT) Training	

Erie and Ottawa Counties need an alternative to jail for individuals with mental illness. That is, a place for individuals to go that is a respite, or short-term residential setting that is not a psychiatric unit.

In addition to SIM exercises, the MHRBEO welcomed Betsy Johnson of the Treatment Advocacy Center (TAC) to present to community stakeholders, the benefit of Assisted Outpatient Treatment (AOT). This presentation was coupled with a visit to Stark County Probate Court to observe their AOT process. Ottawa County Probate Court immediately began the implementation of AOT and it is currently active. Much effort has been expended to encourage the Erie County Probate Court to implement an AOT process in Erie County to no avail.

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

The number of respondents for the ROSC survey was very low. Our first priority for ROSC is to increase survey responses when the surveys are released again. Lowest Scoring Items include the following:

Focusing on Clients and Families

Age appropriate services are developed and for known high risk populations. (4.1)  
Barriers (e.g., childcare, transportation, legal issues) are addressed for each participant. (4.3)

Most services are provided in a person’s natural environment (m=3.9)

Ensuring Timely Access to Care

Individuals have timely access to the services and supports that are most helpful for them. (3.8)

Peer supports are used to improve access to care and the continuation in ongoing care. (3.9)

Collaborations exist with child-care centers to promote early intervention (m=3.9)

Promoting Health, Safe and Drug Free Communities

Prevention strategies reflect specifically designed steps to address primary (indicated), secondary (selective) and tertiary (universal) populations in the community. (3.5)

Prevention strategies are, in turn, informed by actual needs of community and sound ways that strengthen individual, family and community resilience and health. (3.5)

A sufficient array of mental health prevention programs are available throughout the community (3.6)

Prioritizing Accountable and Outcome Driven Financing

Family members and citizens in general are engaged in the evaluation of care. (3.7)

Clients receiving services are actively involved in the evaluation of programs and services offered and received. (m=3.8)

Appointment "no show" rates are monitored regularly and followed up on within 24 hours after the missed appointment (m=3.6)

Locally Managing System of Care

Clients understand their rights to be referred if their individual needs cannot be met. (3.7)

Young adults have the opportunity to serve as peer support specialists and advisers to agencies serving them. (3.8)

Individual Recovery Capital is measured as a barometer of progress and recovery. (m=3.7)

- 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)].

In addition to what has already been documented, Sequential Intercept Mapping was completed in FY 19 for Erie and Ottawa Counties relevant to substance use disorder. The following priorities were identified:

<b>Erie County 2018-26 participants</b>	<b>Ottawa County 2018-31 participants</b>
Recovery Housing for Men-underway	Women’s Sober Housing-done
Drug Court-underway	Trauma Programming-done
Residential Treatment-diverted	Reentry Planning and Coordination in Jail
Increase Services to Jails	Increase DART Capacity-done
	Transportation

- 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.

Mental Health:

1. Psychiatric care for adolescents that extends beyond 3-5 days;
  2. Crisis stabilization services for children and adults
  3. Assisting local Job and Family Services with avoiding removal, and/or long-term care for children whose parents have a mental health and/or addiction issue.
  4. Prevention and treatment services for school age children.
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).

<b>Priorities</b>
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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.

<b>Goal: Increase access to prevention programs focused on school-age children and youth, including trauma awareness by March 30, 2019.</b>
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1a. Develop a coordinated prevention continuum that prioritizes and increases contracted funding for best-practice programs with identified outcomes.

- 18 school districts have presented plans for providing prevention, intervention and treatment services and will be monitored in FY2020. The MHRBEO has provided \$195,000 for this partnership (See Attached).
- Work with the Ohio Suicide Prevention Foundation (OSPF) to develop a customized youth strategy for suicide prevention efforts in Erie and Ottawa Counties by June 30, 2020; OSPF partnership will be strengthened this fiscal year by establishing a Suicide Prevention Coalition in Erie and Ottawa Counties.
- Question, Persuade, Refer (QPR) training for the public and youth will continue in FY2020.

<b>Goal: Increase services for children and youth with behavioral health issues and/or a diagnosis.</b>
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1a. Prioritize services and supports to the child welfare population to mitigate long-term, out-of-home placements.

Establish a Family Dependency Treatment Court-Erie County

- The Ohio Supreme Court, Specialty Docket Section, is providing technical assistance.
- The target for full implementation is the first quarter of calendar year 2020.

University of Toledo Medical Center-Crisis Management Unit

- \$114,000 FY20-Contract has been signed for youth 13-17 years of age. Length of stay can be up to 17 days.

Mobile Response Stabilization Services (MRSS)

- In FY2020, MHRBEO will work with Firelands Counseling and Recovery Services, a local provider and the Erie County Sheriff's Department to create a MRSS protocol in Erie County. After a year of ongoing effort, the MHRBEO withdrew from participation due to expected mission creep and workforce shortage. The MHRBEO will work locally with law enforcement and providers to implement an alternative model.

**Goal: Increase resources to strengthen the continuum of services for individuals with substance use disorders.**

3a. As the County Hub to Combat Opioid Addiction, assess the current substance use disorder continuum against best practices to identify service gaps for target populations and make associated recommendations.

- **Sequential Intercept Mapping**, an evidence-based model, was completed on April 21, 2018 in Ottawa County (Mapping occurred prior to adoption of strategic plan. Addressing priorities is ongoing). Thirty-one (31) participants set priorities for FY2020:
  1. Reentry Planning and Coordination in Jail-Pending for FY2020
  2. Transportation-Pending for FY2020
- Sequential Intercept Mapping was completed on October 30, 2018 in Erie County. Twenty-six (26) participants identified three priorities:
  1. Recovery Housing for Men in Erie County for FY2020.
  2. Erie County Drug Court-A community collaborative, including MHRBEO staff, is currently working with Judge Tone and municipal court judges to establish a drug court. Drug Court will be operational in FY2020.
  3. Increase Services to Jails

3b. Prioritize supports for first responders, including access to Crisis Intervention Team Training (CIT), commencing July 1, 2018.

**Goal: Develop and implement support options for individuals with Severe and Persistent Mental Illness (SPMI) and their personal support systems.**

4a. Develop an implementation plan for short-term, crisis-intervention and respite services for individuals with SPMI by June 30, 2020.

4b. Implement the Assisted Out-Patient Treatment model by June 30, 2019.

- Erie County probate judge has expressed a lack of time and resources to implement, however, this effort will continue.

4c. Strengthen the NAMI Chapter in Erie and Ottawa Counties and work with NAMI Ohio and local members to create a strong and functional NAMI Chapter. Increase membership by 20%.

4d. The Mental Health and Recovery Board will double funding for 4 CIT training sessions and 4 Mental Health First Aid sessions.

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.



				Health Department and Magruder Hospital.
<b>SAPT-BG:</b> Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Prioritize services and supports to the child welfare population to mitigate long-term, out-of-home placements by December 2020.	Create a Family Dependency Treatment Court in Erie County in collaboration with the Erie County Juvenile Court and Erie County Job and Family Services by March 2020.  Establish a drug court in Erie County in collaboration with Erie County Common Pleas Court and Adult Probation, as well as other community stakeholders by December 2020.	Family Dependency Treatment Court is operational.  Drug court established and operational	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS, HIV, Hepatitis C, etc.)				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): Services for these illnesses are provided by Firelands Regional Medical Center and Firelands Counseling and Recovery Services (under the umbrella of the hospital) and the Health Department in Erie County. McGruder Hospital and the Ottawa County Health Department work closely with Firelands Counseling and Recovery Services and Bayshore Counseling Services.
<b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Update the strategy for individuals with a Serious Emotional Disturbance (SED) diagnosis by December 31, 2020.	Evaluate available services and identify service gaps.  Create a plan for increasing services to children with SED	Plan completed with tasks and timelines.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-BG:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Develop an implementation plan for short-term, crisis stabilization and respite services for individuals with SPMI by June 30, 2020	Create a planning team involving providers, local hospital, law enforcement, etc.	Plan in place for the establishment of a short-term, crisis stabilization service locally.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		<p>Identify providers who are interested in managing a short term, crisis stabilization program locally.</p> <p>Determine location, number of beds, staffing needs and a budget for a local facility.</p> <p>Determine eligibility for services</p>		
<p><b>MH-Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of supportive housing</p>				<p><input type="checkbox"/> No assessed local need</p> <p><input checked="" type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input checked="" type="checkbox"/> Other (describe): Volunteers of America operates the homeless shelter in Erie County; In addition, they have 68 beds in apartment settings for individuals who are homeless; Homeless individuals have access to mental health and addiction services with the Firelands and Bayshore-both contracted providers of the MHRBEO.</p>
<p><b>MH-Treatment:</b> Older Adults</p>				<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input checked="" type="checkbox"/> Other (describe): The Board has many priorities due to the fact that strategic planning and the identification of service gaps had not been done for a number of years. The MHRBEO is establishing services that other communities have had for quite some time such as a drug court, recovery housing, and Assisted Outpatient Treatment. Since older adults may use existing mental health and addiction</p>

				services, the MHRBEO is requesting that this be acceptable as priorities must be manageable with the 5 Board staff that are available.
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	The MHRBEO will focus on ensuring that the services are the most-effective, evidence-based services for individuals in the criminal justice system. (A number of services are provided to individuals involved in the court and the jails but at this time it is uncertain how effective and efficient that they are)	Assess need Evaluate current services being offered; Determine services to be provided for individuals with mental ill and/or substance use disorder; Establish priorities	Drug Court operational; Jail services are evidence-based and delivered in the most economic, efficient manner; Plan begins for bringing priorities to fruition	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe) Assisted Outpatient Treatment is operational in Ottawa County; Erie County Probate Judge has declined
Integration of behavioral health and primary care services				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input checked="" type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Establish Recovery Housing for men in Erie County;	Select provider to establish recovery housing; Create a budget; Work with OhioMHAS for capital funding;	Recovery Housing for men operational in Erie County	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input checked="" type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): The Ottawa County and Erie County Health Departments serve a number of individuals.

Prevention and/or decrease of opiate overdoses and/or deaths	Noted previously in this worksheet. Also see attached school funding initiative.			<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe Our two contract providers, Bayshore Counseling Services and Firelands Counseling and Recovery Services provides services to the schools. In addition, the Board will fund prevention activities in the 2019-2020 school year.
Promote Trauma Informed Care approach				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input checked="" type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe Bayshore Counseling Services and Firelands Counseling and Recovery Services have a culture whereby TIC is woven throughout their treatment models. ACES is a standard tool used by both when determining the most appropriate treatment plan. These providers are working in the jails, courts, schools, and in their primary offices.
<b>Prevention Priorities</b>				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>Prevention:</b> Ensure prevention services are available across the lifespan	Increase prevention, intervention and treatment services to students by June 30, 2020	Provide funding to the 18 schools in Erie and Ottawa County to provide evidence -based services to students.	Number of programs/services implemented  Number of students receiving the services.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

			Number of school personnel trained in evidence-based practices.	
<b>Prevention:</b> Increase access to evidence-based prevention	Increase prevention, intervention and treatment services to students by June 30, 2020	Provide funding to the 18 schools in Erie and Ottawa County to provide evidence -based services to students.	Number of programs/services implemented  Number of students receiving the services.  Number of school personnel trained in evidence-based practices.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Suicide prevention	Develop a customized strategy for suicide prevention efforts in Erie and Ottawa Counties by June 30, 2020;  OSPF partnership will be strengthened this fiscal year by establishing a Suicide Prevention Coalition in Erie and Ottawa Counties.  Increase Question, Persuade, Refer (QPR) training for the public and youth in FY2020.	Identify best practices  Create a Suicide Prevention Coalition Increase community awareness by advertising, giving presentations, updating and distributing suicide prevention materials.  Training will be scheduled and provided by experts in this topic.	Increase in communication options to bring about community awareness about suicide prevention such as pamphlets, social media, presentations, etc.;  More community engagement in the initiative;  Increase in entities who have been informed about suicide prevention.  Number of training hours completed Number of individuals trained.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Increase the utilization of Problem Gambling Screening with our providers.	Establish baseline; Identify an evidenced-based screening tool; Meet with local providers to discuss utilization of tool during intake	Increase in providers using the tool;  Increase in identifying those in need of services;  Implement best-practices for assisting those with problem gambling issues.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

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

Priorities	Goals	Strategies	Measurement
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All have been listed in Block Grant Priorities			

## 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?)
- School funding formula has been created and \$195,000 for school-based mental health and/or substance use disorder services has been provided by the Board.
    - Agreement has been created with Northpoint Educational Services Center and 18 school districts/systems to provide prevention, intervention and treatment in the school setting.
  - Question, Persuade, Refer (QPR) training is being done in the public schools in Ottawa and Erie Counties. Over 400 education staff have been trained.
  - GRAND Love was established in Ottawa County
    - Funding has been provided for a coordinator of services for family members who are raising children whose parents are absent due to substance use disorder or mental illness. The benefit of this service is to provide support to family members, namely grandparents, who are raising their grandchildren in order to avoid foster care placement.
    - Sixty-two grand families and nine-two (92) children have contacted GRAND Love.
    - Grandparent café-Organized event for custodian and children-once/month
    - Grandparent coffee every Wednesday morning-informal-Port Clinton, Genoa and Oak Harbor
    - Kids support group-2/month
  - University of Toledo Medical Center-Crisis Management Unit
    - \$15,000 FY19 and \$114,000 FY20-Length of stay can be up to 17 days.
    - To date, 4 youth have been served
  - Women's Sober Housing (\$91,000 FY19)-Seven beds are now available with the MHRBEO providing 100% funding for operations. In FY19, 14 women have been received into the program.
  - Trauma Programming-Trauma programming and training has increased at Firelands and Bayshore.
  - DART Capacity-An additional staff person has been added to the DART services to respond to individuals who have overdosed in an effort to encourage detox and treatment.
  - Partial hospitalization, an evidence-based model, was established at Firelands Counseling and Recovery Services in October 2018; 9 people have participated in the program.
  - Assisted Outpatient Treatment has been established and is operational in Ottawa County. There have been two participants who have graduated without incarceration or hospitalization during their AOT participation.

- Erie Shore Network-Erie County (Peer Recovery Operation)-A peer supporter has been hired at Erie Shore Network to increase programming, transportation and day-to-day operations. New participants have increased 9%.
- Sandusky Artisans-Erie and Ottawa Counties (Peer Recovery Operation)-The Board approved \$40,000 toward the capital budget that has been approved by OhioMHAS and the Controlling Board. Sandusky Artisans is working with contractors to begin the renovations and adolescent programming will increase.

<b>Inpatient Hospital Management</b>
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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.

Northwest Ohio Psychiatric Hospital's director has been engaged in the Erie and Ottawa Counties area. Two meetings have occurred with Erie and Ottawa County providers, law enforcement and NOPH staff to discuss barriers to services. Many individuals, including MHRBEO board members have toured NOPH.

Both sheriffs' offices and the MHRBEO's primary provider want more willingness on the part of NOPH to accept individuals who are in need of services. After legal requirements are met for admissions to NOPH, there are still delays in getting the patients admitted due to bed space. The result is that these individuals remain in jail until a bed is available, sometimes 3 or 4 days. Sheriffs have inquired about the available option for NOPH to deny admissions when they are at capacity when no other entity has that option such as local jails, DRC, DYS and local hospitals.

Firelands Hospital has a 34-bed inpatient, psychiatric wing and many residents are admitted locally. This adds to the frustration because if there is an effort in keeping consumers locally, when Erie and Ottawa County providers "sound the alarm" then it is desired that an NOPH admission is available.

The requirement for a pre-admission medical exam has been a recent topic of conversation. By many locals and the Board attorney's interpretation, it is not in statute that a pre-medical exam is required. Yet, this is required by NOPH. In addition, some medical exams cannot be performed when a patient is in an extreme mental illness state e.g. pregnancy tests. Without the tests, the admission is denied.

While the director of NOPH should be commended for his willingness to meet with individuals in Erie and Ottawa Counties, the above issues remain unresolved. This issue will continue until more beds are available.

## 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	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

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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.

\_\_\_\_\_  
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 2019 -20 Community Plan Essential Services Inventory"

Attached is the SFY 19-20 Community Plan Essential Services Inventory. **Each Board's completed SFY 2018 form will be sent in separate email should the board want to use it to update information.**

The Essential Services Inventory form included with this Community Plan requires the listing of services for which the board may not contract. This element is necessary due to current Ohio Revised Code to detail the behavioral health (BH) continuum of care in each board area.

Some additional Continuum of Care (CoC) information resources have been provided below to assist in this process, but board knowledge is vitally important given the limitations of these included CoC resources. For example, the attached resources may 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 goal is to provide a complete listing of all BH providers in the board area. However, at a minimum, at least one entity must be identified for each essential service category identified in Column A of the form.

In addition to the identification of the Essential Service Category, the spreadsheet identifies the treatment focus (Column B) and Service Location (Column C) of the service as required in Ohio Revised Code. The fourth column (Column D) provides a list of the Medicaid and Non-Medicaid services associated with each of the Essential Service Categories.

In Column E, please identify the Names and Addresses of providers who deliver the Column D Medicaid/Non-Medicaid payable services associated with each Essential Service Category and in Column F indicate by "Y" or "N" whether the Board has a contract with this agency to provide the services.

### **Additional Sources of CoC Information**

1. Emerald Jenny Treatment Locator <https://www.emeraldjennyfoundation.org/>
2. SAMHSA Treatment Locator <https://www.findtreatment.samhsa.gov/>