

The Fairfield County Alcohol, Drug Addiction, and Mental Health (ADAMH) Board

Environmental Context of the Plan/Current Status

1. Economic, Social, and Demographic Factors in the Board area that Influence Service Delivery.

The Ohio Development Services Department estimates Fairfield County's 2018 population to consist of 155,782 persons<sup>1</sup>. Violet Township, located in the northwest corner of the county has an estimated population of 20,065 persons<sup>2</sup>. The City of Pickerington, within Violet Township, has an estimated population of 21,114 persons<sup>3</sup>. The combined total population of these two areas is slightly more than the estimated population of the county seat, Lancaster (population 40,414)<sup>4</sup>. The remaining portion of the county is largely rural, punctuated with small towns/villages (Amanda, Baltimore, Bremen, Canal Winchester (partial), Carroll, Lithopolis, Millersport, Pleasantville, Rushville/West Rushville, Stoutsville, Sugar Grove, and Thurston). It is of interest to note that a small part of the Ohio capital city of Columbus is located in Fairfield County. Fairfield County is contiguous to Franklin County (Columbus, Ohio) on its northwestern border and Appalachian-designated counties on its eastern and southern borders.

Race<sup>5</sup>. According to the Ohio Development Services Department, the majority of Fairfield County's population is White (88.3%). African-American (7.2%), Hispanic of any race (2.0%), Two or more races (2.2%), Asian (1.6%), Other (0.6%), and Native American (0.1%) follow.

Age<sup>6</sup>. The median age of a Fairfield County resident is 39 years. Persons ages forty-five to sixty-four comprise the largest age cohort (27.5%), followed by twenty-five to forty-four (24.9%), five to seventeen (18.5%), sixty-five and over (14.8%), eighteen to twenty-four (8.5%), and under age 5 (5.9%).

Family Type by Presence of Own Children Under 18<sup>7</sup>. Slightly more than half of families with children under the age of 18 indicate the children in the home are not their own (55.3%). The remaining families with own children in the home are as follows: Married-couple families with their own children (31.6%), Female head of household, no husband present, with own children (8.8%), and Male head of household, no wife present, with own children (8.8%).

Education<sup>8</sup>. The majority of Fairfield County residents ages twenty-five (25) and older have attained at least a high school level of education (91.9%) with two-thirds of those persons reporting post-high school education: Some college w/o degree (22.0%), Associate's Degree (9.6%), Bachelor's Degree (17.8%), and Master's Degree or Higher (8.8%).

Employment. Fairfield County's current rate of unemployment (3.8%) matches that of the United States as a whole, and is slightly lower than the State of Ohio unemployment rate of 4.2%.<sup>9</sup> The Ohio Department of Job and Family Services indicates that only 3,000 of Fairfield County's 78,900 labor force is currently employed.<sup>10</sup>

Income<sup>11</sup>. The median household income is \$63,424. The poverty rate is 9.95% which is below the state rate of 14.9%. The largest demographic who are impoverished are females between the ages of 25 and 34, followed by females between the ages of 18 and 24.

Health Insurance Coverage. Almost fifteen percent (N=14.7%) of Fairfield County residents are covered by Medicaid. Roughly six percent (5.7%) of the population is uninsured. A number of families in the county have Medicare or private health insurance that has inadequate coverage for mental health and substance use treatment services and/or reimbursement rates that are not practical for a provider agency to accept.

Economic development. Fairfield County recently announced several new economic development opportunities that promise to expand options for Fairfield County residents: 1) The groundbreaking for a new manufacturing plant that will employ 300 persons in well-paying jobs in the over the next several years, 2) The opening of a new workforce training center to be used by Ohio University – Lancaster and Hocking College. Training opportunities will include “stackable certificates and micro-degrees for manufacturing, robotics, culinary arts, HVAC repair, and other skilled trades”<sup>12</sup> Forty-nine (49) youth received the designation of “career ready” at the conclusion of the first year of a new career readiness program. <sup>13</sup> These efforts are designed to promote well-paying skilled trade and other “blue collar” jobs which have unfortunately been stigmatized over the years.

#### Medicaid Expansion, Behavioral Health Resign, and Managed Care.

The patient-to-clinician ratio in Fairfield County is 1529 to 1. The patient-to-mental health provider ratio is 1017 to 1. Current service providers of The Fairfield County ADAMH Board include both specialty organizations and general service providing agencies. The number and variety of agencies in the community and agencies wishing to provide services under contract with ADAMH has grown substantially since Medicaid expansion began. Too, other entities have asked the ADAMH Board to contract with new agencies so the new provider can be used to provide services under particular types of funding (for example, Addiction Treatment Program (ATP)). The increase in providers has been beneficial (for example: consumer choice and availability of diverse approaches); it has also had the unintended consequence of substantially expanding the complexity of the Board’s administrative functions.

There is also the reality that local providers are having a difficult time keeping Independently licensed clinical staff because smaller non-profits cannot pay as much or offer the same benefit package as larger cities, hospitals, and for-profit organizations. The State of Ohio Medicaid Behavioral Health Re-design has provided a variety of challenges to local providers. The complexity of adding five (5) different managed care companies as an additional level in the administration of Medicaid will present a number of difficulties for both consumers and provider agencies.

#### Disparities in Behavioral Health Coverage.

Enforcement of the federal behavioral health parity legislation remains weak; inadequate coverage for mental health and substance use disorder treatment remains a significant policy concern.

## 2. Assessing Needs and Identifying Gaps

### 2. Needs Assessment Findings, Access Issues, Gaps in Services and Disparities, if any.

#### a. Needs Assessment

The Fairfield County ADAMH Board uses a variety of formal and informal mechanisms to assess the behavioral health needs of its catchment area.

##### Informal Mechanisms.

Board Members and Board Staff are actively involved with the fabric of the community and have engagement with persons and groups from whom feedback is regularly received. For example, Board Staff participate in the county Housing Coalition, Perinatal Cluster/Committee, a monthly clinical Inter-systems Meeting, monthly opiate task force committees (prevention/education, treatment, recovery supports), multi-system youth cluster, quarterly Community Corrections Board, and so forth.

##### Formal Mechanisms.

The Fairfield County ADAMH Board uses a variety of mechanisms to formally assess community needs. In past years, focus groups, electronic surveys, paper surveys, community forums, etc. have been used. Data collected most recently includes:

***Fairfield County Biennial Youth Behavior Survey.*** Every two years in collaboration with all Fairfield County public school districts, high school sophomores and seniors are surveyed on a variety of behavioral health issues. The most recent survey was a collaboration among the County Schools, ADAMH Board, and Ohio University. Data from the most recent survey will be released on September 12, 2019. Past survey results can be found here<sup>14</sup>: <http://www.fairfieldadamh.org/local-data--reports.html>

***Behavioral Health Housing Needs Assessment.*** The Board engaged Sally Luken, Luken Solutions, to conduct a Housing Needs Assessment in the Spring, 2018. The survey identified current housing stock available to persons with a mental health, a substance use disorder, or both a mental health and substance use disorder. It also included recommendations regarding the development of future housing investments.

***Fairfield County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP).*** Every three (3) years Fairfield Medical Center, the Fairfield County Health Department, and the Fairfield Community Health Center is required to conduct a Community Health Assessment and develop a 3- year Community Health Improvement Plan. The ADAMH Board has historically participated in these efforts. ADAMH has become a full financial partner for the CHA currently being completed. Past survey results can be found here: <https://www.myfdh.org/Community-Health-Assessment.html>

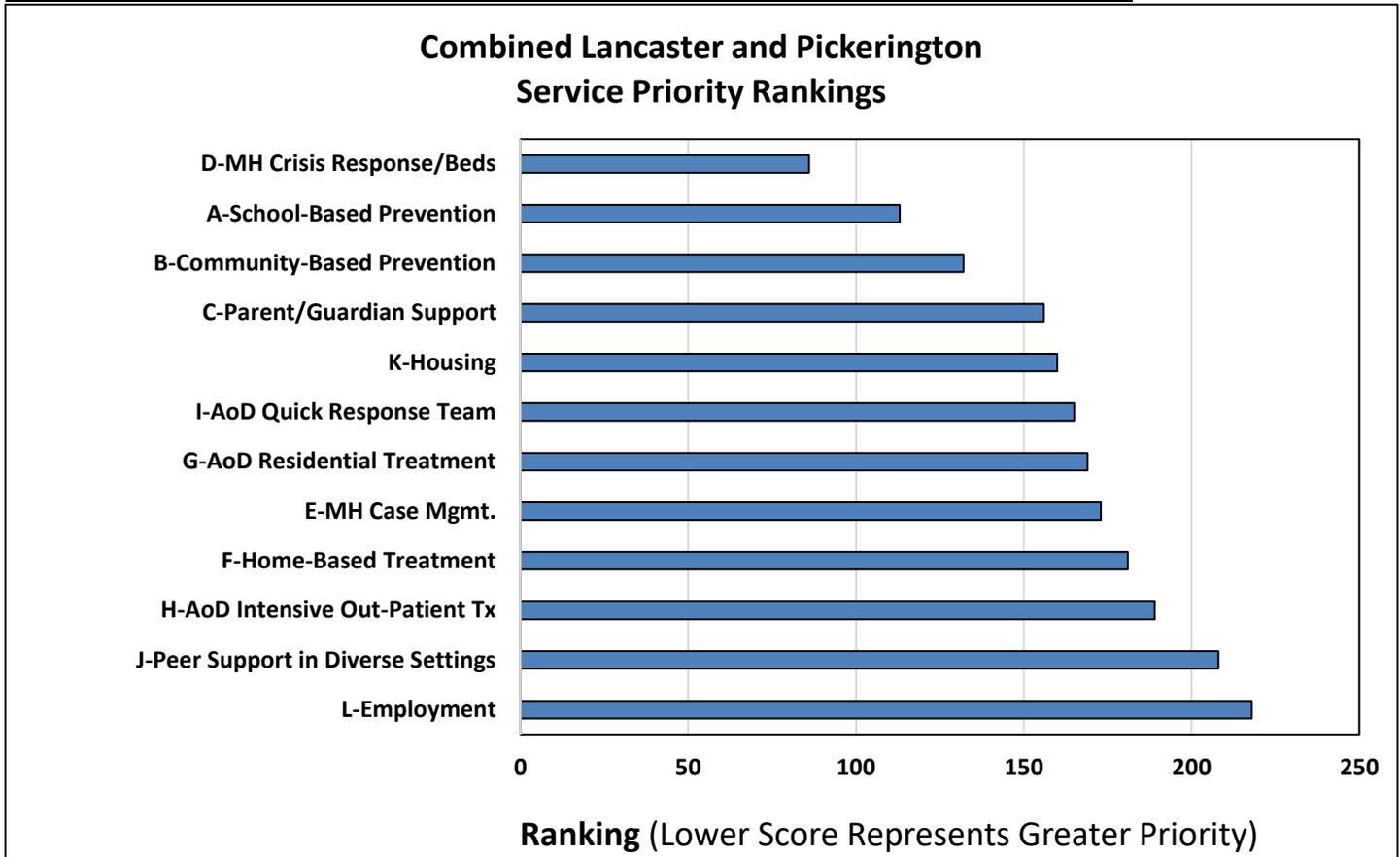
***Physician Survey.*** The Physicians' Behavioral Health Survey measures the type and frequency of mental health and addiction screenings and treatments administered in Fairfield County by physicians to assess the health needs of the community. It is a part of the Community Health Assessment in partnership with the Fairfield Department of Health, Fairfield Medical Center, and the Fairfield Community Health Center. This survey will contribute to the assessment of the county's health, factors that affect it, and resources that available to the community. This in turn will inform the Community Health Improvement Plan.

**ADAMH Public Community Forums.**

**Spring, 2018**

In the Spring of 2018, The Fairfield County ADAMH Board held a professionally facilitated public forums in each Lancaster and Pickerington to determine unmet needs and community priorities. Participants included representatives from the following sectors: Elected Officials, School Administration, Consumers, Family Members, Board Contract Providers, Social Service Providers, Behavioral Healthcare Providers, Healthcare Providers, the Faith Community, General Community, etc. The combined aggregate priorities are as found on the below graph.

**Graph 1. Combined Lancaster and Pickerington Service Priority Rankings (Spring, 2018).**



The Fairfield County ADAMH Board requested, and the Fairfield County Commission kindly agreed, to place before Fairfield County residents on the November 7, 2018 ballot a 1.0 mil levy. The levy would annually generate an additional \$3.6 million dollars for vitally needed mental health and substance use disorder prevention, treatment, and recovery supports services. The levy passed by a razor-thin margin, triggering an automatic recount of the vote.

**Spring, 2019**

The ADAMH Board held a professionally facilitated meeting on May 12, 2019 in which feedback from each of its Network of Care Providers and their respective Board of Directors, all comprised of community members,

met with the ADAMH Board to discuss “go forward” plans. The results of this forum were used to inform the content of the two community forums which followed.

Two Community Forums were held in June, 2019, one in each Lancaster and Pickerington. The following questions were posed and discussed:

- As the Board continues to fine-tune its funding and service priorities, what do you believe are the current, hot-button issues in our county?
- Thinking about the mental health and substance use disorder continuum, on what topics do the people of our county need to know more...need to be better informed?
  - How to recognize the symptoms of mental illness in young people and what to do
  - How to recognize the symptoms of depression and what to do
  - How to recognize the symptoms of substance abuse and what to do
  - Understanding how to access to the system; when to seek help, how, where
  - How to be active in preventing suicide, understanding resilience, what are the signs, what to do
  - Understanding trauma and what to do
  - Understanding Recovery and how to be supportive
- What barriers exist to care? - for mental health and for substance use disorders?
- What does success look like to you? If we came back together next year, what do you realistically expect to be different?

The ADAMH Board will hold a Strategic Planning Retreat this fall to determine next steps in the future administration of ADAMH Board funds. The results of all forums will inform that work.

#### Collaboration/Coordination With Other Community Planning Endeavors.

The ADAMH Board Staff collaborate in the formulation of other relevant community plans. For example: Fairfield County (as a whole), Fairfield County Housing Coalition, Fairfield County Family, Adult, and Children First Council (FACFC) Shared Plan, Fairfield County Workforce Development, etc.

#### ***b. Describe how the board collaborated with local health departments and their 2019 State Health Improvement Process.***

The Fairfield County ADAMH Board is a partner in the development and implementation of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). Participating organizations include Fairfield Medical Center (local hospital), Fairfield County United Way, Fairfield Community Health Center, the Fairfield County Health Department, and others. The group meets regularly to provide an update for each organization’s progress on the shared goals identified in the current CHIP. Goal areas include obesity, mental health, substance use, physical health, and transportation.

The group is simultaneously collaborating on the implementation of a new Community Health Assessment (CHA) which will inform the development of the next Community Health Improvement Plan (CHIP): sharing data and executing surveys to find the gaps within the community. This has created a stronger relationship among the organizations to move across silos. It is also an opportunity for organizations to learn about the

different projects happening in the community that may benefit its respective organization either directly or indirectly. For example, the health department is working to promote the healthy food prescription for low income individuals and families to combat hunger and obesity. Some of these clients are also within the ADAMH Board's Network of Care. Food support for healthy living better helps persons served by the ADAMH Network of Care increase their likelihood of success.

Currently, the ADAMH Board is taking the lead to implement a CHA/CHIP-related Physician Survey in the community. The Physician Survey asks responding community physicians what kinds of behavioral health assessments and treatment they are providing to patients and/or to whom they are referring patients for services.

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

The ADAMH Board, The Fairfield County Juvenile Court, and The Fairfield County Department of Developmental Disabilities pool funds each year to serve youth in need of a higher level of service coordination who are served by more than one county system. The Fairfield County Commission provides additional funding. Based upon service demand, in-home based therapy for non-Medicaid eligible residents and residential treatment for both Medicaid and non-Medicaid eligible residents have been the greatest areas of clinical services need.

In SFY 2018, the ADAMH Board, in partnership with the Fairfield County Family, Adult, and Children First (FACFC), The Fairfield County Department of Developmental Disabilities, and New Horizons Mental Health Services received a two-year Youth Mobile Crisis grant to better serve Fairfield County youth. The Youth Mobile Crisis Grant provides on-site response to youth who are in need of an immediate intervention who meet specified criteria. The ADAMH Board convenes a quarterly Planning Committee comprised of many youth serving entities in the county (for example, Child Protective Services, Juvenile Court, schools, Developmental Disabilities, Family Adult and Children First Council, etc. The ADAMH Board is grateful for the renewal of this grant for SFY 2020-2021.

The Fairfield County ADAMH Board also provides funding to FACFC for Parent Education Classes: Active Parenting, First Five Years and Parent Project. The purpose of Parenting Education programs is to help parents learn effective parenting skills, keep families in our community aware of child-centered positive activities, provide a safe and supportive place for group support meetings, and empower families to raise healthy, well-adjusted children despite setbacks, which may include mental illness and substance abuse.

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

The Fairfield County ADAMH Board Clinical Care Coordinator and a representative from New Horizons Mental Health Services meets at least once per month at the Appalachian Behavioral Healthcare (ABH) facility in Athens to review admissions and plans for discharges. ADAMH provides funding for case management to

coordinate and oversee hospitalized patients' discharge planning to assist them with a successful return to the community. ADAMH also provides funding to Lutheran Social Services for post-hospitalization transition beds to address housing and homelessness issues. The ADAMH Clinical Care Coordinator works with ABH and New Horizons to track readmissions and assure that follow-up occurs post-discharge to decrease frequency of admissions when possible. Some Fairfield County patients have also been able to utilize the Adam and Amanda facility in Athens when they can benefit from a transitional supportive stay before returning to the community.

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

Ninety-eight (98) persons responded to the Fairfield County 2018 Recovery-Oriented Systems of Care (ROSC) Survey conducted by the Ohio Association of Behavioral Health Authorities (OACBHA). This number represents 3.47% of the total number (N=2822) of persons surveyed across the State of Ohio. Fairfield County respondents included Board Members (N=6), People in Recovery (N=15), Family Members (N=7), Providers (N=23), and (Other) Stakeholders (N = 26).

The survey measured the attributes of five (5) domain areas of Recovery Oriented Systems of Care (ROSC):

- Focusing on Clients and Families
- Ensuring Timely Access to Care
- Promoting Healthy, Safe, and Drug-Free Communities
- Prioritizing Accountable and Outcome Driven Financing
- Locally Managed Systems of Care

Overall, consumers tended to award higher scores than any other responding cohort, followed by Board Members, Providers, and (Other) Stakeholders followed. Family members provided the lowest ratings of all groups who responded.

Items in each domain that received the lowest scores, and therefore greatest areas of potential improvement, include:

- Focusing on Clients and Families
  - ❖ Every effort is made to involve natural supports (e.g., clergy, neighbors, landlords, coaches, peer supports, etc.) in the planning of services – if so desired. (m=4.2)
  - ❖ Barriers (e.g., childcare, transportation, legal issues) are addressed for each participant. (m=4)
  - ❖ Most services are provided in a person's natural environment (e.g., home, community, workplace). (m=3.9)
- Ensuring Timely Access to Care
  - ❖ Childcare centers to promote early interventions. (m=4.1)
  - ❖ Groups, meetings, and other activities are scheduled in the evenings and on weekends to minimize conflict with other recovery-oriented activities (e.g., employment or school). (m=4)
  - ❖ Individuals have timely access to the services and supports that are most helpful for them. (m=3.4)
- Promoting Healthy, Safe, and Drug-Free Communities

- ❖ A sufficient array of mental health prevention programs are available throughout the community. (m=3.8)
- ❖ Strategies to identify and decrease stigma are consistently implemented in communities. (m=3.8)
- ❖ Cities and townships are receptive to sober lifestyle communities (e.g., housing, self-help groups, consumer advocacy groups, recovery centers, peer support, etc.). (m=3.5)
- Prioritizing Accountable and Outcome Driven Financing
  - ❖ Peers may be used for outreach to strengthen treatment participation. (m=4)
  - ❖ Appointment "no show" rates are monitored regularly and followed up on within 24 hours after the missed appointment. (m=3.8)
  - ❖ Family members and citizens in general are engaged in the evaluation of care. (m=3.7)
- Locally Managed Systems of Care
  - ❖ Safe, sober, and fulfilling activities are offered in the community. (m=3.9)
  - ❖ Primary care and behavioral health follow-ups are integrated as medical care follow-up. (m=3.8)
  - ❖ Partnerships exist with local businesses for individuals in recovery to reduce stigma and gain employment. (m=3.8)

**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)].**

Facilities.

Fairfield County is fortunate to have a six (6) bed psychiatric unit at Fairfield Medical Center (FMC) in Lancaster, Ohio. FMC also has an acute detoxification unit at its Diley-Ridge location in Canal Winchester. (Diley Ridge is a shared emergency room venture between FMC and Mt. Carmel.) There is a need for a mental health crisis stabilization facility and an up to 30-day detoxification (3.2 to 3.5) facility in Lancaster. ADAMH has been working to establish such a facility (8 beds mental health crisis and 12 beds detox) over the past (9) nine months. Currently, a Phase I environmental test is underway on a potential building site.

Services.

**1. Prevention/Early Intervention.**

While the ADAMH Board is grateful for the additional roughly \$6,100,000 added to Fairfield County Schools for mental health services over the next biennium, sufficient funds to provide a robust program of prevention/early intervention services (eg. development of self-regulation skills) is needed. Prevention/early intervention is an important area in which The ADAMH Board intends to invest some of its new levy funding; the needs are still greater than resources available. The community believes that changing the unhealthy trajectory of a child at the earliest possible point results in less suffering for the child and family as well as a long-term cost savings to the community.

**2. Inadequate Behavioral Healthcare Coverage by Private Insurance Plans.**

Individuals and families who have health insurance with poor behavioral health coverage have difficult circumstances to obtain care. For example: 1) there may be no local providers who accept the reimbursement rate of the insurance coverage, 2) the provider may be willing to accept the reimbursement but is unable to obtain a clinician who can be empaneled, or 3) there is a long wait for the clinician who is empaneled with a given provider.

### **3. Independently Licensed Clinicians.**

Recruiting and retaining independently licensed clinicians is an ongoing challenge. This includes Licensed Independent Chemical Dependency Counselors (LICDC), Licensed Independent Social Workers (LISW), and Licensed Professional Clinical Counselors (LPCC) in the county for non-profit behavioral health provider organizations. A lack of independently licensed clinicians results in outpatient providers who are unable to accept all private insurance plans. One of the providers, The Recovery Center, only accepts Medicaid at this time. OhioGuidestone, and New Horizons do have staff on private insurance panels, but it is becoming harder to attract and keep the qualified staff.

### **4. MAT Services.**

Substance Use Disorder Medication Assisted Treatment (MAT) services have been expanded with credit due to the MAT/PDOA funding awarded by OhioMHAS. It has allowed us to expand MAT from (1) one network of care provider to three (3). It is our hope another source of state or federal funds will be available to fill the gap once these funds are no longer available.

#### Supports.

A shortage of safe, decent affordable housing in the community is a barrier to persons being able to move on from subsidized, time-limited housing options.

#### **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.**

The Governor's Budget appears to be in line with many of the needs in our community, for example: 1) the \$11 million dollars in grant funding over the next two years to help employers and unemployed workers across the state to overcome issues related to the opioid epidemic, and 2) a proposed investment of \$ 50 million in evidenced based home visiting programs, consistent with the community's desire to address issues earlier in childhood, and 3) investing an additional \$5 million to create at least 30 more specialized courts during the biennium: the Municipal Court has both a Drug Court and a Mental Health Court but is interested in developing a Veteran's Court.

Governor DeWine's commitment to investing \$20 million dollars to provide Ohio's schools with free, evidence-based curricula and professional development for school personnel is consistent with our recent completion of OMHAS' Request for Information (RFI) through discussions held with school personnel. This funding should allow us to leverage our local ADAMH Board prevention dollars effectively. Most recently we have contracted with the Fairfield County Educational Service Center to provide training through PAXIS for the PAX Good Behavior Game in SFY 2020. These funds will allow for four trainings of school personnel including teachers, aides, administrators, principals, and support staff throughout our county. We anticipate training 169 staff.

Fairfield County is one of the original START counties. The Governor's interest in Investing funds to expanding Ohio START, to provide support to children and parents impacted by substance use disorder, is viewed as positive. ADAMH is interested in developing more evidenced based treatment programs for children and adolescents who are being impacted by parental substance use.

#### **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). Please see Table 1, a separate document.**

## 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.

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.

### Introduction to Priorities.

Taking into account the feedback received in the spring, 2019 meeting/forums and other needs assessment data, the ADAMH Board will undertake a Strategic Planning Process this fall to:

1. Examine the percentage of funds currently allocated into each of the following service areas: prevention, intervention, crisis, treatment, and recovery supports.
2. Determine the appropriate percentage to be allocated to each service area (prevention, intervention, crisis, treatment, and recovery supports) once the new levy resources are included in the total pool of funds to be allocated beginning in SFY 2021. This may require a phase-in period over several years in order to not destabilize agencies as funds are moved from one program area, and potentially agency, to another.
3. Redefine criteria for allocation of funds (eg. cost comparisons, production of positive outcomes, etc.) in future fiscal years.

Concurrently, a three (3) to five (5) year strategic plan will be developed for specific services and supports based upon the above percentages for each type of services.

The programs and services provided in SFY 2019 and SFY 2020 are largely the same with a few exceptions due to receipt of specialized grant funds.

**Priorities for Fairfield County ADAMH**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p><b>SAPT-BG:</b> Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)</p>	<p>To increase available services to individuals who are intravenous/injection drug users (IDU).</p> <p>To assure the statutorily required continuum of care for persons with an opioid disorder are in place.</p>	<p>1) To increase available Medication Assisted Treatment (MAT) services in the third year of the MAT/PDOA grant partnering with OhioGuidestone, New Horizons, and the Recovery Center.</p> <p>2) To continue to promote available free trainings through OhioMHAS within the Fairfield County Medical Community.</p> <p>3) To have Sara McIntosh, MD, Addictionologist/Psychiatrist, provide a Substance Use Disorder treatment presentation at Fairfield Medical Center, encouraging more physicians to prescribe Naltrexone, Vivitrol, etc.</p> <p>4) To continue to develop the twelve (12) bed withdrawal management unit to be operated by OhioGuidestone, funded by ADAMH Levy and OhioMHAS capital funding.</p> <p>5) To continue to fund the Recovery Center to assess individuals in need of SUD treatment to determine level of care needed and to make necessary</p>	<p>Number of persons completing initial GPRA forms compared with prior year(s).</p> <p>Number of persons completing follow-up GPRA forms at each specified interval compared with prior year(s).</p> <p>Number of physicians in Fairfield County who are providing Medication Assisted Treatment compared with prior year(s).</p> <p>The number of physicians attending the training.</p> <p>The completion of the American Society of Addiction Medicine (ASAM) 3.5/3.2 Level of Care Withdrawal Management Unit.</p> <p>Number of persons needing and type of referral and linkage services that are not available in county.</p> <p>Number of these persons and amount</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 type="checkbox"/> Other (describe):</p>

		<p>transfer to Residential or Inpatient Detox services when needed.</p> <p>6) To continue to fund Naloxone kits for distribution by the Project Fairfield Overdose Response Team (F.O.R.T.) and for the use by the Fairfield County Sheriff's Department patrol deputies and jail staff.</p> <p>7) Continue work as backbone organization to the Fairfield County Opiate Task Force, providing staff to co-facilitate 4 active planning and implementation committees including the Advocacy, Prevention/Education, Treatment, and Recovery Supports.</p>	<p>paid for by the ADAMH Board by type of service.</p> <p>Number of Naloxone kits distributed throughout the county.</p> <p>Report of activities implemented by the committees at the Annual meeting.</p>	
<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>Reduce the number of infants born addicted to illicit opiates.</p> <p>Ensure that services and housing are available for this population.</p>	<p>1) Continue to fund the Perinatal Program at The Recovery Center that serves women who are pregnant or who have recently given birth (up to 1 year post birth) who have a history of abusing opiates.</p> <p>2) Continue to fund Lutheran Social Services to ensure that housing is available for women who are pregnant and have substance use disorders.</p> <p>3) Participate as a partner in the training by Dr. Ira Chasnoff, The Mystery of Risk- Drugs, Alcohol, Pregnancy and the Vulnerable Child.</p>	<p>Number of women in the Perinatal Program who 1) do not use illegal substances or abuse medications while pregnant, and 2) who give birth while in the program to substance free babies.</p> <p>Number of women identified as needing housing who are pregnant and have opiate use disorders.</p> <p>Number of women in Perinatal Program who 1) are offered housing, and 2) accepted the offered housing.</p> <p>Number of persons attending the training.</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 type="checkbox"/> Other (describe):</p>

<p><b>SAPT-BG:</b> Mandatory (for boards): Parents with SUDs who have dependent children (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>Offer partnership and support to Children’s Protective Services</p>	<p>1) Provide Peer Support Training in Fairfield County; potential peer support workers for the Fairfield County START program will receive priority.</p> <p>2) Explore with community partners the possibility of developing specific treatment program for youth living with a substance use disorder (SUD) in the family.</p>	<p>Number of peer support workers trained for the Fairfield County START Program.</p> <p>Identification of an evidence-based practice that will be of assistance to children and youth who: 1) have a family member with a substance use disorder, and/or 2) children who are placed in kinship care due to a parent with a substance use disorder.</p> <p>Identification of a qualified provider.</p> <p>Identification of possible funding sources, including ADAMH levy funds.</p>	<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>
<p><b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>	<p>Continue to monitor providers to ensure that this mandate is being met.</p>	<p>Request and receive Annual TB report and submit to OhioMHAS.</p>	<p>Submission of annual report to OhioMHAS.</p>	<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>
<p><b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<p>Increase services to this population, specifically evidence-based practices. that are implemented in earlier childhood.</p>	<p>1) Explore evidence-based practices being implemented in other communities similar to Fairfield County.</p> <p>2) Determine and implement methodology to assess needs for this special population.</p> <p>3) Continue to fund parenting classes.</p>	<p>Identify evidence-based practices that are working in other communities.</p> <p>Identify needs and gaps in services.</p> <p>Examination of pre and post test data.</p>	<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>
<p><b>MH-BG:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<p>Continue to ensure that services are delivered to this population and that whenever possible individuals are treated within the community.</p>	<p>1) Continue to ensure that quality outpatient services, including Med/Somatic, CPST/TBS/CSP, Counseling, Peer Support, etc. are all</p>	<p>Number of persons with a severe and persistent mental illness estimated to be served.</p>	<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>

		<p>available in our system of care.</p> <p>2) Ensure that the Assisted Outpatient Treatment Program is coordinating services with the Probate Court, Fairfield Medical Center, Athens Behavioral Health Care, and outpatient providers.</p> <p>3) Continue to fund the Fairfield Mental Health Consumer Group so that consumers can opt for Peer Support and alternatives if they do not choose to work with a treatment provider, or if they want peer support in addition to a specific treatment.</p> <p>3) Continue to contract with Washington County Board for Forensic Services.</p> <p>4) Continue to have the Clinical Care Coordinator at the ADAMH Board work with all the outpatient and inpatient providers to ensure that quality care is offered, and so that consumers have choices.</p>	<p>Number of Persons in the Assisted Outpatient Treatment (AOT) Program.</p> <p>Number of staffings and hearings attended.</p> <p>Number of persons who remain engaged in treatment that is court ordered.</p> <p>Number of persons released from AOT back to a voluntary status.</p> <p>Number and types of services provided by the Fairfield Mental Health Consumer Group.</p> <p>Monthly reports by Forensic Monitor on contacts with consumers.</p> <p>Number of Client Grievances and Complaints within the system.</p>	
<p><b>MH-Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of supportive housing</p>	<p>Assist persons who are homeless who have a mental illness and or addiction disorder to receive as many</p>	<p>1) Continue to fund Lutheran Social Services to ensure that a housing specialist works with anyone in the East Side homeless shelter who has</p>	<p>LSS quarterly reports to ADAMH on number of persons in shelter who have mental health disorders, substance use</p>	<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>

	<p>opportunities for housing as is possible within this community.</p>	<p>mental health and/or addiction issues.</p> <p>2) Continue to fund the psychiatric aftercare housing program in which persons who have recently been hospitalized and who are homeless can be housed until a more permanent solution can be accessed.</p> <p>3) Continue to fund the Promise House, Men and Women’s Sober Living Programs, Creed of Recovery, and other Recovery Housing.</p> <p>4) Continue to fund a position at the Recovery Center for a Housing Specialist to work with persons housed at The Pearl House Recovery Housing, and to work with other persons having substance use disorders.</p> <p>5) Continue to provide New Horizons with a fund to supplement persons with severe and persistent mental illness who need to be placed in an Adult Care Facility, but who do not yet have the income to pay for it.</p> <p>6) To ensure that the Program Coordinator of the ADAMH Board continues to serve on the Fairfield County Housing Coalition.</p>	<p>disorders, or both a mental health and substance use disorder.</p> <p>Number of persons served in the Psychiatric Aftercare Housing program.</p> <p>Percentage of persons who are successfully placed in permanent safe and affordable housing.</p> <p>Percentage of persons who are successfully placed in Recovery Housing.</p> <p>Percentage of those persons who have been placed in permanent safe and affordable housing.</p> <p>Number of persons in Recovery Housing that have remained alcohol and or drug free.</p> <p>Number of trainings provided to Adult Group Home Facilitators.</p> <p>Number of persons served through the allocation given to New Horizons for the purpose of assisting people who need Adult Group Facilities subsidized.</p> <p>Percentage of Housing Coalition Meetings attended, trainings on housing attended, etc.</p>	
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<b>MH-Treatment:</b> Older Adults	To provide opportunities for older adults to receive treatment services	Continue the Senior Home Based treatment program in which an Independently Licensed clinician makes home visits and provides counseling to persons referred by Meals on Wheels and other services to the aging.	<p>Number of referrals.</p> <p>Number of Home Visits made to assess potential referrals.</p> <p>Number of persons provided home based counseling through this program.</p> <p>Additional needs identified and assistance provided to this population.</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 type="checkbox"/> Other (describe)</p>
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**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	<p>To assist persons who are incarcerated to receive needed MH and substance abuse services are feasible during incarceration.</p> <p>To ensure that persons being released from jails and from prisons are successfully linked to mental health and substance use disorder treatment services in a timely manner.</p>	<p>1) Continue to provide Crisis Assessments at the Fairfield County Jail in collaboration with Fairfield County Commission for persons who are indicating suicidal ideation.</p> <p>2) Continue to provide Substance Use Disorder assessments to persons at the Fairfield County Jail.</p> <p>3) Provide Peer Support services to persons being released from jail; case management services to persons being released from prison.</p> <p>4) To provide Reentry In-reach and planning services to persons with severe and persistent mental illness so that upon release they are linked to treatment services.</p>	<p>Number of assessments completed.</p> <p>Number of substance use disorder assessments completed.</p> <p>Number of GPRA completed and relevant GPRA data.</p> <p>Number of persons successfully linked to mental health and/or substance use disorder services within 48 hours of their release.</p> <p>Number of persons served by Reentry Peer Support Workers.</p> <p>Number of persons served by Prison Reentry Case Manager.</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 type="checkbox"/> Other</p>

		<p>5) Train new jail personnel in Mental Health First Aid with emphasis on the Substance Use Disorder section.</p> <p>6) Offer Law Enforcement Officers in Fairfield County Crisis Intervention Team (CIT) Training.</p>	<p>Number of new Mental Health First Aid trainings conducted.</p> <p>Number of persons attending Mental Health First Aid trainings and what organization they are representing.</p> <p>Number of Law Enforcement Officers attending Crisis Intervention Team (CIT) Training.</p>	
Integration of behavioral health and primary care services	<p>To assess gaps in behavioral health screenings, assessment, and treatment of primary care services and provide resources so that they may refer patients to other agencies for the services they might not be able to provide.</p> <p>Provide education on prescription drug dispensing and promote the use of OARRS.</p>	<p>1) Conduct county wide survey to determine behavioral health screenings, assessment, and treatments provided by primary care physicians in Fairfield County.</p> <p>2) Provide resources and educational material to physicians so they know where to refer patients with behavioral health issues.</p> <p>3) Provide training on the use of OARRS and responsible prescription drug dispensing.</p>	<p>Number of physicians providing screenings, assessments, and treatments for behavioral health disorders in primary care practice.</p> <p>Number of varieties of screenings, assessments, and treatments provided by physicians.</p> <p>Number and type of resources requested by primary care providers.</p> <p>Number and type of resources provided to primary care providers.</p> <p>Number of physicians trained.</p> <p>Number of physicians reporting to OARRS.</p> <p>Number of prescriptions dispensed per capita (OARRS)</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 type="checkbox"/> Other (describe):</p>
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Provide a consumer operated service free of charge to Fairfield County residents.	1) Continue to fund the Fairfield Mental Health Consumer Group (FMHCG) Center of Hope which includes Individual and Group Peer	Quarterly reports by FMHCG to the ADAMH Board.	<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 type="checkbox"/> Other (describe):</p>

	<p>Continue to Increase the number of OhioMHAS Certified Peer Supporters working in Fairfield County.</p> <p>Explore the feasibility of expanding the Supported Employment Program to include persons in recovery from substance use disorders.</p>	<p>Support, Drop-in services, Social activities, Nutritional lunches served five days per week, and Educational programming.</p> <p>2) Provide, through MAT/PDOA and/or State Opiate Response (SOR) Funds, Peer Support workers attached to the Fairfield County Jail, the Re-entry Coalition, the Municipal and Common Pleas Drug Courts, The Recovery Center and Project FORT (an Overdose Response Team).</p> <p>3) Host at least one OhioMHAS Peer Certification training per year. This year it will be coordinated with Ohio University-Lancaster so that it can be held on campus during Spring break for students in the Human Services and Social Work Departments as an additional certification for those with lived experience.</p> <p>2) The New Horizons Mental Health Services' Supported Employment Program is an evidence-based practice and is successful with persons who have experienced severe and persistent illness. Some of these persons have co-existing substance use disorder and still the program has assisted them in obtaining meaningful employment. New Horizons and ADAMH are explore models that might work with the same success for persons with substance use disorder.</p>	<p>Number and type (Initial, 6 month, etc.) of GPRA reports.</p> <p>Program outcomes as determined by GPRA reports.</p> <p>Periodic reports from contract agencies employing Peer Support Workers.</p> <p>Number of persons trained as Certified Peer Support Workers.</p> <p>Number of Persons Served by type of diagnosis in New Horizons Supported Employment Program.</p>	
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	<p>Continue to fund and explore expanding Recovery Housing.</p>	<p>3) Continue to fund Lutheran Social Services to oversee two Recovery Houses for men which are certified through Ohio Recovery Housing. A Peer Support Worker serves as the House Manager.</p> <p>Continue to fund Lutheran Social Services' sober housing for women in apartments (two women per apartment). Explore development of a congregate Recovery House for women within the county.</p> <p>ADAMH funded sober housing beds (for women) at Streams in the Desert in Reynoldsburg during SFY 2019. This resource closed at the end of SFY 2019.</p> <p>Continue to fund sober housing beds (for men) at the Creed of Recovery.</p>	<p>Number of persons served in each type of setting and outcomes achieved by setting.</p>	
<p>Promote health equity and reduce disparities across populations (e.g. racial, ethnic &amp; linguistic minorities, LGBT)</p>	<p>Create awareness within the Fairfield County Communities regarding health equity issues.</p> <p>Provide training regarding the LGBT community and promote cultural sensitivity.</p>	<p>1) Implement a Bridges Out of Poverty training during SFY 2020.</p> <p>2) Implement a training on the subject of mental health, substance use, and suicide in the LGBT community.</p> <p>3) Implementation a training on the subject of the Culture of Appalachia.</p> <p>4) Educate the community and community leaders regarding the lack of enforcement of the mental health parity law.</p>	<p>Number of persons attending.</p> <p>Number of persons attending.</p> <p>Number of persons attending.</p> <p>Number of presentations/letters/meetings.</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 type="checkbox"/> Other (describe):</p>

Prevention and/or decrease of opiate overdoses and/or deaths	Reduce number of overdoses and overdose-related deaths.	<p>1) Complete the OMHAS Collective Impact planning and implementation grants.</p> <p>2) Collaborate with Ohio University and PIRE on the HRSA-RCOP planning and implementation grants to continue work started through the OMHAS Collective Impact grant.</p> <p>3) Provide funding in federal fiscal year 2019 for Project FORT.</p>	<p>Report of completion of grant goals/objectives.</p> <p>Report of completion of grant goals/objectives.</p> <p>Outcome report received from Project FORT.</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 type="checkbox"/> Other (describe)</p>
Promote Trauma Informed Care approach	<p>Offer opportunities to Providers in the Network of Care and the general community to learn about Trauma Informed Care.</p> <p>Continue to increase awareness within our community regarding Trauma and its relationship to mental health and substance abuse.</p>	<p>Provide at least 1 workshop this year from a Trauma Informed Approach (in SFY 2019 we had Ethics and Supervision both from a Trauma Informed Approach).</p> <p>Two of the ADAMH staff members are trained through OhioMHAS as instructors for Trauma Informed Care. One additional staff member attends the Southeastern Regional Trauma Informed Care group. We are always looking for opportunities to share knowledge and to learn more.</p>	<p>Number of persons attending trainings.</p> <p>Number of trainings held.</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 type="checkbox"/> Other (describe)</p>
<b>Prevention Priorities</b>				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	To use new levy funds to expand prevention programming to ensure that services are available across the lifespan.	<p>1) Convene community stakeholders to formulate recommendations regarding a three (3) to five (5) year prevention plan.</p> <p>2) Continue community prevention efforts. For example, educate</p>	Development of the plan.	<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 type="checkbox"/> Other (describe):</p>

		<p>physicians about alternative uses to opiates, distribution of lock boxes to potentially higher risk persons funded by the Collective Impact Grant, education about importance of safe disposal of unused opiates, education for first responders about the disease of addiction and also providing information on compassion fatigue, etc.</p> <p>3) Two times per year provide the same community prevention events in the evening in the Lancaster and Pickerington communities.</p> <p>4) Continue to provide and expand access to school-based prevention education at Fairfield County Schools. Examples of current programs include Brain Power in Lancaster City Schools for 4th grade students, The Incredible Years in kindergarten in Tussing Elementary in the Pickerington School District, partnering with the Fairfield County Education Service Center to provide Pax Good Behavior Game Training and Pax Kits to pre-k – 6th grade teachers, aides, support staff and administrators in five (5) Fairfield County School Districts, Too Good for</p>	<p>Type of community prevention services offered and number of persons attending each kind.</p> <p>Community prevention services offered and number of persons attending in each community.</p> <p>Names of programs provided, number of youth receiving each kind of program, by grade within each school district.</p>	
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		Drugs and Alcohol in the middle schools, etc.  5) Support the efforts of current Prevention Specialists in the county and increase the number.	Number and certification level of certified prevention specialists in each community.	
Prevention: Increase access to evidence-based prevention	Only fund prevention programming that is evidence based.	The ADAMH Board only funds prevention programs which are evidenced based.	Names of evidenced-based prevention programs provided.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Suicide prevention	Increase the activities and membership of the Fairfield County Suicide Prevention Coalition.	1) Provide at least 1 training per year for the community.  2) Provide QPR (Question, Pursue, Respond) trainings. Two of the coalition members are qualified to teach QPR in the community.	Name of training provided and number attending.  Number of QPR trainings provided and number attending.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Continue to increase the number of providers in the community who are using the South Oak Gambling Screenings (SOGS) screening tool.	Develop a strategy to engage more providers in receiving training and implementing the SOGS.	Number of persons screened for a gambling addiction, number screened as positive, and number referred for treatment.	<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
Mental Health Crisis Stabilization Services that allow persons in a mental health crisis an alternative, when clinically indicated, to psychiatric hospitalization, jail, etc.	To have available an eight (8) bed 24/7 Crisis Stabilization Unit in Fairfield County.	Construction an eight (8) bed Crisis Stabilization Unit that operates 24 hours per day/7 days per week.	Mental Health Crisis Stabilization Unit constructed.
Substance Use Withdrawal Management Services. American Society of Addiction Medicine (ASAM) Levels of Care 3.2 and 3.5.	To have available a twelve (12) bed 24/7 Substance Use Withdrawal Management Unit in Fairfield County.	Construction of a twelve (12) bed Substance Use Withdrawal Management Unit that operates 24 hours per day/7 days per week.	Substance Use Withdrawal Management Unit constructed.
Increase Early Childhood Mental Health Intervention.	To determine amount of funding to allocate to Early Childhood Mental Health Intervention.	Work with community stakeholders and provider partners to determine greatest needs and evidenced-based programming to be purchased.	

	To establish Early Childhood Mental Health Services for SFY 2021.	Advertise a Request for Information (RFI) for evidenced based programming. Fund new programs and evaluate effectiveness.	
Serve as a safety net for mental health and substance use disorder services for Fairfield County residents when feasible.	Provide specialized resources to increase access to services.	Provide hardship funds for situations in which a person or family is unable to otherwise access services (within legal limits).  Provide Crisis Line to Fairfield County residents.  Provide Mobile Crisis Services to persons physically present in Fairfield County.  Provide off-site outreach information/referral services to Fairfield County residents.  Provide a Behavioral Health Navigator to assist persons seeking behavioral health services that are otherwise unable to locate them.	Amount of funding spent on persons and families through hardship program.  Number of persons served.  Number of persons served.  Number of sites visited and number seen per site.  Quarterly reports of the Behavioral Health Navigator that indicate who has been served and successful referrals and linkages.
Assure billing, program reporting, and data collection processes, structures, and/or systems allow the Board to answer the question of: "Who Received What Services in What Programs at What Cost to What Outcome(s)?"	Complete the identification and implementation of the processes, structures, and/or systems that need to be in place to assure needed data is collected in an accurate and comprehensive manner to describe "Who Received What Services in What Programs at What Cost to What Outcome(s)?"	Define current status and determine needed steps to complete accurate, comprehensive reporting.	Appropriate mechanisms are in place for July 1, 2020 (SFY 2021) services.

## Collaboration

1. 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?)

The Fairfield County ADAMH Board has many collaborative relationships in the community. Examples follow:

One new collaboration as involved the Fairfield County Commissioners (T-CAP funds), the Fairfield County Jail, The Fairfield County Common Pleas and Municipal Courts, and New Horizons Mental Health. Shared funding has resulted in a Crisis Counselor being placed in the jail to assess for risk of suicide. This has worked so well, that mid-year, the ADAMH Board applied for State Opiate Response (SOR) funding to provide an Addictions Counselor in the Jail. This Spring, two Peer Support workers (also SOR funded) were added.

The ADAMH Board received an OhioMHAS Collective Impact grant and used this learning community experience to expand the Fairfield Opiate Task Force (OTF). The committee structure was expanded from two to four and diverse new members were recruited. Having revitalized the OTF, OhioMHAS Collective Impact Grant Implementation funding was used to create a ten-minute video that discusses alternatives to the use of opiate medications. A local pain specialist M.D. is featured on the video, along with a Yoga instructor. Three additional Public Service Announcement (PSA's) were developed and will air throughout the year: one on each Treatment, Recovery Supports, and Safe Disposal of Medications. Medication lock boxes and deterra bags have been purchased that will be dispensed by partners such as Head Start, Metropolitan Housing Authority, Meals on Wheels, and Recovery Housing (eg. Pearl House, Promise House), and others.

ADAMH has been working with Ohio University and PIRE to do a HRSA Planning Grant and a three (3) year implementation grant totaling roughly \$256,000 that will address our struggling mental health and substance abuse workforce in the county as above described.

Board Staff collaborate with the Family Adult and Children First Council (FACFC), Juvenile Court, Developmental Disabilities, and Child Protective Services to assure that youth who are being served through multiple systems receive the best care possible. ADAMH provides a portion of pooled monies with the other partners to fund services. This collaboration has resulted in fewer youth being placed in out of county residential treatment and more of them being served in a cohesive wrap around model within the county. The ADAMH Board Staff also serves on the Executive Committee of the FACFC.

The ADAMH Board Staff has been instrumental in supporting the work of the Fairfield Overdose Response Team (Project FORT), providing ongoing training, leadership, and funding. The FORT Team and Board Staff appeared at the State Opiate Conference this year and demonstrated how law enforcement, fire departments and paramedics can work successfully with Peer Supporters and clinical professionals to respond to overdoses by providing follow up home visits and resources within forty-eight (48) hours following an overdose.

The Fairfield County Commission, Juvenile Court, Lancaster City Schools, the Fairfield County Prosecutor's Office, Child Protective Services, the ADAMH Board, and Ohio Guidestone are collaborating to implement the RISE (early warning system) Program in the Lancaster City Schools during the upcoming school year. The goal is to offer interventions to students exhibiting a level of distress in one or more of three areas (grades, attendance, or behavior) that arise to a pre-determined threshold.

## Inpatient Hospital Management

2. 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.

Access to the State Hospital System for civil patients has been greatly reduced due to the substantial increase in forensic patients. Private psychiatric hospital capacity has not expanded to fill the need. Reduced access to State Hospitals has resulted in persons in need of a psychiatric hospital level of care remaining in local hospital emergency rooms, private hospital beds often not equipped to serve persons with a severe and persistent mental illness, jails, and so forth. The ADAMH Board purchases private hospital beds, when available, for persons who are experiencing a first psychiatric hospitalization or in other special circumstances (eg. a dual diagnosis treatment unit that does not accept Medicaid). Staff from the ADAMH Board and New Horizons participate in monthly utilization reviews at Appalachian Behavioral Health Hospital (ABH). The new Adam-Amanda step-down unit has been a helpful resource to move persons out of ABH before the person is ready to return to the community. The Fairfield County ADAMH Board also purchases local beds from Lutheran Social Services when a person returns to the community from a psychiatric hospitalization and is not yet able to reside independently in the community.

The local Probate Court, ADAMH Board, and New Horizons have collaborated with Fairfield Medical Center (hospital) to implement an Assisted Outpatient Treatment (AOT) Program. ADAMH provides funding for a full time AOT Coordinator who provides specialized case management to those persons in an AOT status.

## 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.)].

**PLEASE SEE SEPARATE, SIGNED, SCANNED SIGNATURE PAGE.**

## Fairfield County ADAMH Endnotes

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<sup>1</sup> Office of Research. Ohio Development Department (2019) Ohio County Profiles. Fairfield County. <https://development.ohio.gov/files/research/C1024.pdf>

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Ibid.

<sup>6</sup> Ibid.

<sup>7</sup> Ibid.

<sup>8</sup> Ibid.

<sup>9</sup> Ohio Department of Job and Family Services. Ohio Unemployment Rates: June, 2019 (Non-seasonally adjusted). <http://ohiolmi.com/laus/ColorRateMap.pdf>

<sup>10</sup> Ohio Department of Job and Family Services. Civilian Labor Force Estimates For Counties & Cities with Population Over 50,000: June, 2019. <http://ohiolmi.com/laus/OhioCivilianLaborForceEstimates.pdf>

<sup>11</sup> Office of Research. Ohio Development Department (2019) Ohio County Profiles. Fairfield County. <https://development.ohio.gov/files/research/C1024.pdf>

<sup>12</sup> The Lancaster Eagle Gazette (July 7, 2019). <https://www.lancastereaglegazette.com/story/news/local/2019/07/19/state-budget-provides-funding-local-workforce-training-center/1775616001/>

<sup>13</sup> The Columbus Dispatch (July 16, 2019).

<https://www.dispatch.com/news/20190716/new-fairfield-county-graduates-taking-local-jobs-honored-with-career-signing-day>

<sup>14</sup> Fairfield County Youth Behavior Survey. <http://www.fairfieldadamh.org/local-data--reports.html>