

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

ADAMH Board of Franklin County

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

Environmental Context of the Plan/Current Status

- 1. Describe the economic, social, and demographic factors in the board area that will influence service delivery. Note: With regard to current environmental context, boards may speak to the impact of Medicaid redesign, Medicaid expansion, and new legislative requirements such as Continuum of Care.**

Demographic factors and the evolving policy climate at the state and federal level will continue to provide challenges and opportunities for ADAMH in the provision of quality, timely and appropriate mental health and substance abuse treatment healthcare. Population growth, persistent poverty, changing community demographics, access to care, the changing role of the state government in meeting the behavioral healthcare needs of Medicaid beneficiaries, the impact of consumers utilizing marketplace health plans and ensuring access to services mandated in the Continuum of Care are all factors that will influence service delivery in the coming years. Significant changes in health care coverage, including limitations or new requirements on the Medicaid eligibility expansion and behavioral health redesign in Ohio, are continuing to have a material impact on the types of services ADAMH invests in for the community. As more Franklin County residents obtain insurance coverage for mental health and addiction treatment services through Medicaid expansion or the ACA marketplace and additional services are covered under BH redesign, ADAMH-paid services are transitioning to allow ADAMH to increase investments in much needed prevention, evidence-based programs, crisis care, and recovery supports (residential, vocational, intervention, etc.) that are not covered by Medicaid.

Demographic Factors

The size of the Franklin County population has grown over the past decade and is projected to increase by 14% from 2015 to 2040. In addition, Franklin County continues to become increasingly diverse, with a significant population of foreign-born persons and limited English language speakers. The number of Franklin County residents who were born outside the U.S. rose from 6% in 2000 to 10.1% in 2017 and households with limited English proficiency comprise 3% of all households in the county. These figures indicate that ADAMH must continue to strengthen and expand culturally competent contract services that are delivered by culturally-capable professionals.

The role of poverty and its impact on access to care and health insurance coverage remains a major factor, but there are gradual signs of improvement after the expansion of Medicaid to individuals up to 138% of the Federal Poverty

Level (FPL). That said, persistent poverty continues to be a factor as the percentage of Franklin County residents who live below 200 percent of poverty improved from 35.4% in 2014 to 33.7% in 2017. In addition, “deep” poverty (individuals at <50% FPL) also has slightly improved, from 8.9% to 7.8% in 2017. The prevalence of poverty remains key as literature has strongly established the relationship between mental disorders and socioeconomic status: mental disorders lead to reduced income and employment, which entrenches poverty and in turn increases the risk of mental disorder.

Homelessness also remains a major issue for Franklin County and the ADAMH system of care. The Community Shelter Board 2018 Annual Homeless Assessment Report indicates 9,821 individuals and children were served in emergency shelters in Franklin County between 10/01/2017 – 09/30/2018. Although this number has remained relatively stable since 2013, it continues to exceed the 7,182 served in 2010. Services for this vulnerable population remains a key priority for ADAMH as statistics from the National Alliance for Mental Illness indicate that an estimated 46% of homeless adults staying shelters live with severe mental illness and/or substance use disorders.

Access to Care and the Uninsured/Underinsured Population

As a result of the adoption of Medicaid expansion and the availability of ACA marketplace plans in Ohio, the number of Franklin County residents who are uninsured has dropped significantly, from 16% in 2013 to 8.2% in 2017, according to data from the Census Bureau. In addition, the implementation of new federal regulations relating to mental health and substance use disorder parity in Medicaid services and the continuing roll-out of Medicaid behavioral health redesign in Ohio has also extended the shift of expenses for behavioral health treatment expenses away from ADAMH, allowing the Board to increase investments in non-Medicaid taxonomy services. Despite these positive changes, some populations remain uninsured or underinsured and in need of access to quality behavioral health care. In Franklin County, minority populations (African-American and Hispanic) and younger individuals (age 18-34) continue to have higher rates of uninsurance than the rest of the county. In addition, despite having insurance through an employer or the marketplace, many non-Medicaid eligible individuals continue to be considered underinsured and have difficulty meeting the costs of care. According national data from the Commonwealth Fund, as of late 2018, 45% of adults surveyed were inadequately insured; they found some improvement with insurance gaps, but worse issues with high out-of-pocket costs and deductibles. ADAMH will continue to play a role in providing treatment services to these uninsured and underinsured populations in the coming year.

Policy Environment

Although Medicaid expansion in Ohio has demonstrated significant success in extending coverage to an estimated 639,000 individuals statewide (as of June 2018), that success may not be permanent. New policy or administrative options may reverse these trends and result in cost shifting for services from the state and federal government to ADAMH and its local taxpayer levy resources. At the federal level, legislative maneuvers to weaken the ACA or health insurance exchanges as well as increased receptivity by the current administration to approve Medicaid waivers for cost-sharing provisions (such as premiums or co-payments tied to continuing eligibility) remains a primary concern. Indeed, on March 15, 2019, in response to a request from the state, the federal government approved a new waiver focused on work requirements, which could result in individuals being disenrolled for non-compliance. ADAMH continues to monitor the continuing developments surrounding Medicaid and health care reform in general in order to better serve Franklin County residents who live with mental health or substance use issues.

Assessment of Need and Identification of Gaps and Disparities

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

Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and consumers in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention [ORC 340.03 (A)(1)(a)].

The ADAMH Board of Franklin County selected the Health Policy Institute of Ohio (HPIO) and Community Research Partners (CRP) to conduct its last formal comprehensive Needs Assessment. The report outlined Franklin County's trends of addiction and mental illness and pertinent behavioral healthcare needs. The Needs Assessment also projected the current and near future (next 5-7 years) need for publicly-funded behavioral healthcare treatment, support and prevention/wellness services for Franklin County residents in the greatest need for services through ADAMH's network of care.

In order to ensure that future investments are aligned with the most pressing needs in Franklin County and that ADAMH's network of providers has the capacity to efficiently deliver high-quality services to those in need, the assessment was designed to address the following general questions:

- Capacity: Where are the current gaps in provider capacity now and where will they likely be in the future?
- Demand: How many people will need services that are funded through ADAMH and which types of services will be in greatest demand?
- Demographic trends: How will the demographic composition of Franklin County impact future needs for ADAMH-funded services?
- Policy changes: Which recent state and federal policy changes are most relevant to ADAMH and how are they likely to impact the number of people needing ADAMH-funded services?
- Type of need: What types of services are most needed?

In order to address these questions, the Needs Assessment utilized the following sources of information and methodology:

- Focus groups with stakeholder groups: consumers immigrant and refugee community representatives, and ADAMH contracted service providers
- Online survey of providers, including ADAMH network providers and representatives from provider organizations outside the ADAMH network
- Policy review, including analysis of recent state and federal policy changes that impact behavioral health
- Secondary data, including compilation and analysis of demographic data from the U.S. Census Bureau, prevalence of mental illness and substance abuse/dependence from Substance Abuse and Mental

Health Services Administration (SAMHSA), Medicaid enrollment data from the Ohio Department of Medicaid, and service use information from the ADAMH Board of Franklin County and Ohio Mental Health and Addiction Services (OhioMHAS)

- Stakeholder interviews, including initial exploratory interviews with internal stakeholders, and interviews with the Chief Executive Officers or Directors of large ADAMH network providers

In developing the Needs Assessment, staff worked in collaboration with more than 33 local non-profit organizations located in neighborhoods across Franklin County that are part of the ADAMH network of care. These community experts provide quality mental health and substance abuse treatment as well as prevention and supportive services such as housing, job training and peer supports. In addition to these contract agencies, ADAMH collaborates with other organizations in the community to help meet the needs of consumers and family members.

Additional efforts working with local, state, and federal organizations since the last formal comprehensive Needs Assessment have included, but not been limited to:

- African American Male Wellness Walk Mental Health Planning Committee
- Barbershop MH Counseling Pilot
- Barbershop Talks Presentations
- Columbus and Franklin County Addiction Plan
- Columbus City Council Commission on Black Girls
- Consumer Family Advocacy Council
- Cultural Outreach and Engagement efforts, including Gambling Intervention Services (Asian, African American Youth, New Faith-based)
- Franklin County Urban Coalition
- Franklin County Youth Council
- Great Lakes Urban Initiative
- Health Works Franklin County
- Ohio AmeriCorps, Southside Community Collaborative and Lead the Way Learning Academy
- OhioMHAS' Planning for Success, including Youth-led Initiative
- Prevention Learning Collaborative
- RecoveryOhio Minority Health Workgroup
- Strategic Prevention Framework
- Youth-led Initiative

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.

ADAMH staff were involved in the development of the metrics included in the 2019 Franklin County Community Health Assessment (CHA) following the development of the Community Health Improvement Plan (CHIP), which the county developed with the SHIP as one of its guiding documents. Our team members attended data and planning meetings for the CHA and offered expertise regarding the county's mental health and substance use disorder system of care. ADAMH is in a unique position to be involved in multiple systems and collaborative responses, such as the Opiate Action Plan/Columbus and Franklin County Addiction Plan, specific to the behavioral health needs and services in the community. Through our involvement in multiple planning efforts, we have expanded services where a need was identified, worked with provider networks and hospital systems in coordinating and improving delivery systems (such as incentivizing the delivery of OUD services the same or next day following an overdose experience), and aligning the metrics of success across various community responses. Ongoing barriers include the ability to share data across social service agencies and regularly/more frequently assessing community behavioral health needs (including the social determinants of health).

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

Not applicable.

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

Access to alcohol and other drug (AoD) services – Medication Assisted Treatment (MAT), Ambulatory Detox, Intensive Outpatient Programs (IOPs).

Access to mental health (MH) Services – Partial Hospitalization Program, additional Intensive Outpatient Programs, Respite and Recovery Supports including Peer Recovery Support and Individual Placement and Support employment programs.

A stable workforce of qualified and competent professionals.

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

While ADAMH of Franklin County has not conducted a formal needs assessment to determine the services and supports needed to develop a Recovery Oriented System of care, we recognize the value to our system of care and consumers in moving from a modality that is designed to address the acute needs of our consumer, to one that is designed to address long term recovery for individuals with mental illness and substance use disorder. The development of this continuum should include significant involvement from a variety of community stakeholders including consumers and family members. It is also recommended that the development of a ROSC include ongoing training and development for our work force to ensure that they are highly skilled in delivering services that will result in positive outcomes.

We recommend the development of new services or the expansion of existing services and supports in the following areas:

Prevention

- Continued training for community members in mental health first aid – adult, youth, and teen
- Increased focus on integration of all healthcare related services to ensure parity – include those services for mental illness, substance use disorder, and physical health care
- Increased partnerships with other community stakeholders to provide treatment and recovery resources within those organizations. I.E. Criminal justice, child welfare, specialized dockets

Treatment and Recovery Supports

- A menu of treatment services which are evidence based or evidence informed
- Additional outreach and engagement to at risk populations or in areas that geographically isolated from treatment and recovery resources. Including screening, brief interventions, and rapid access to needed treatment services.
- Bridge services to support individuals leaving a crisis setting to provide support until they can be fully connected to a provider.
- Facility based, peer led respite in lieu of hospitalization
- Family support and education
- Embedding peers in all services offered by ADAMH providers
- Increased availability of nontraditional treatment options such as acupuncture, meditation, and music and art therapy
- Increased peer led support groups, with a focus on programs such as Wellness recovery action planning, double trouble in recovery, and wellness management and recovery
- Job training and employment
- Life skills trainings
- Long term residential care for those with SUD
- Technology based self-monitoring services and recovery supports
- Transitional living options for individuals with SUD who do not need an inpatient setting but are not able to return home
- Transportation services

Needs and gaps in facilities, services and supports given the Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

We need housing facilities in every category as there are still discharges to homelessness from acute settings:

- Family housing
- Housing for transitional age youth
- Permanent supportive housing
- RCF's (we only have 84 beds in our system)
- Service-enriched Housing
- Sober housing (especially for females)
- Transitional housing (e only have 26 beds for our system)

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.

Criminal Justice (Adults)

In 2018, identified stakeholders completed the Sequential Intercept Mapping model as part of the Stepping Up initiative. This process, led by the Criminal Justice Coordinating Center of Excellence, mapped points of interface among relevant local systems and the identification of resources, gaps, and barriers in the existing systems. Priorities for change included:

- Bed capacity for detox services
- Continuation of programming started in jail upon release
- Education for officers on how to articulate effectively the key safety issues of an incident
- Housing continuum of care
- Inconvenient times for jail discharge/unknown release time
- Information sharing and common data platform
- Netcare Accesss only has walk in services available for Community Linkage referrals
- Partner Netcare, Inc. crisis line with Public Safety answering system
- Peer support across all intercepts
- Secure transportation for Probate Court hearings
- Transition planning from criminal justice system
- Transportation

It was also noted during the workshop that people of color and under-represented populations are also under-represented in specialty dockets and diversion programming. This warrants a closer look at data and may provide an opportunity for greater outreach and education around implicit bias.

Crisis services

ADAMH is currently leading the development of a new Franklin County Crisis Center which upon completion will expand the amount and types of crisis services available to our community.

ADAMH and community stakeholders including local energy departments, first responders, and community providers have long recognized that the current system of crisis care available in Franklin County is inadequate to meet the changing needs of our rapidly growing, population. Beginning in 2017 ADAMH made significant investments in mobile response teams to serve those experiencing both mental health crisis and substance related crisis.

In January of 2017 the ADAMH Board of Trustees approved funding for Southeast Inc. to start the Rapid Response Emergency Addiction Crisis Team (RREACT), to help link individuals in local emergency departments with an opiate use disorder with the appropriate treatment services in the community. Subsequent actions approved by the BOT have provided funding to expand these services to all Franklin County emergency departments and most recent to support the addition of peers to the team. Currently these services are

available from 7am to 10pm daily, however there continues to be room to grow this program by adding 24/7 coverage and having RREACT team members embedded in all Franklin County emergency departments.

In 2018 and 2019 ADAMH worked to develop two mobile crisis response teams with Columbus Police and the Franklin County Sheriff's Department where crisis intervention team (CIT) officers are partnered with a clinician who respond to crisis calls related to mental illness or substance use disorder. While it is still relatively early in the assessment process of these programs the initial results are promising and expansion of these services to include both additional hours of operation and geographic areas.

For youth crisis services specifically, based on informal conversations with other community leaders and families, there is a need for funding for residential treatment services for families so they do not have to give up custody of their children to obtain services. There is also a need for increased collaboration and programs such as case conferencing between agencies for families utilizing inpatient hospitalization and crisis observation services multiple times in a 30 day period. Long waitlists at some agencies prevent families from accessing care in a timely manner, while other agencies have immediate openings for the same level of care. Considering this, there is a need for waitlist/availability data from agencies and a system to determine which agencies have openings so families can be better directed to available care. Moreover, youth involved in criminal justice could benefit from increased outreach and engagement services.

Families involved with Children Services

There is a need for priority access to behavioral health treatment for families involved in children services. There is also a need for outreach and engagement to engage these individuals. There is also a need for services for kinship families to help them navigate the behavioral health. This is based on multiple conversations with kinship caregivers who are not aware of how to access services.

Older Adults

Based on the U.S. 2017 Census Report: Older Adult Population at a Glance, reported by SAMHSA in their document "Older Adults Living with Serious Mental Illness," the number of individuals age 85 and over is projected to increase by 129% between 2016 and 2040. It is estimated that up to 4.8% of adults over the age of 65 suffer from serious mental illnesses. Additionally, according to the Substance Abuse and Mental Health Services Administration (SAMHSA) and National Council On Aging (NCOA), one in five older adults may be affected by combined alcohol and medication misuse.

SAMHSA Center for Behavioral Health Statistics and Quality Report dated May 11, 2017, states, "Research suggests that substance use is an emerging public health issue among the nation's older adults. Illicit drug use among adults aged 50 or older is projected to increase from 2.2 percent to 3.1 percent between 2001 and 2020.2 For example, the number of older Americans with SUD is expected to rise from 2.8 million in 2002–2006 to 5.7 million by 2020."

Prevention

Overall, there is a need for increased family involvement and engagement in program planning and a culturally competent workforce.

In Franklin County, ADAMH worked with prevention providers to implement the Strategic Prevention Framework. The following information regarding prevention needs is based on the findings of community profiles completed by agencies in collaboration with school districts. Schools report a need for increased behavioral health prevention, bullying prevention and professional development for school personnel.

There is also a need for private insurance youth to have access to treatment services in the schools. Schools identify students who need mental health or substance use treatment, providers who work in the school have availability to serve the youth but are often unable to because private insurance does not allow school as a place of service for treatment to be reimbursable.

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

Priorities

- 4. Considering the board’s understanding of local needs, the strengths and challenges of the local system, what has the board set as its priorities for service delivery including treatment and prevention? Please be specific about strategies for adults; children, youth, and families; and populations with health equity and diversity needs in your community.**

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.

Priorities for Alcohol, Drug and Mental Health Board of Franklin County

Substance Abuse & Mental Health Block Grant Priorities

| Priorities | Goals | Strategies | Measurement | Reason for not selecting |
|---|---|---|---|--|
| SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU) | Increase the availability of medication assisted treatment (MAT) | <ul style="list-style-type: none"> Maintained MAT capacity and treatment options at Maryhaven and CompDrug Expanded a Naloxone Education program that provides kits to family members and loved ones who are impacted by drug use Expanded detox services within the network | <ul style="list-style-type: none"> Number of people receiving MAT | <ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): |
| SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority) | 100% of pregnant women seeking alcohol or other drug treatment services will have their first appointment within contractual timeframes | <ul style="list-style-type: none"> Developed a Pregnant Women’s Workgroup, tracking tool and monthly data report to assure that services for pregnant women are prioritized and are receiving timely access Expanded detox services within the network by an additional 8 beds which will serve an additional 365 individuals per year and prioritizes pregnant women Expanded a Naloxone Education program that provides kits to family members and loved ones who are impacted by drug use | <ul style="list-style-type: none"> Percentage of women receiving timely access to treatment | <ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): |
| SAPT-BG: 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) | Ensure adequate services are available within the community to meet the needs of this population | <ul style="list-style-type: none"> Expanded detox services within the network In partnership with Franklin County Children Services, we established an assessment project and priority | <ul style="list-style-type: none"> Analysis of need and current capacity Recommendations for additional capacity if necessary | <ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): |

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| for children at risk of parental neglect/abuse due to SUDs) | | access for parents involved with child welfare. | | |
| SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.) | 100% of persons infected with tuberculosis seeking alcohol or other drug treatment services will have their first appointment within contractual timeframes | <ul style="list-style-type: none"> • Provide access to persons infected with tuberculosis • Persons with tuberculosis have access to community treatment | <ul style="list-style-type: none"> • Percentage of persons served | <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): |
| MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED) | Increase accessibility of services for children with SED through a system of care approach | <ul style="list-style-type: none"> • Continue to develop and promote cross-systems partnerships with agencies such as Children Services, Juvenile Court, Family and Children First Council in order to maintain a variety of intensive treatment programs with collaborative funding • Prioritize and increase service accessibility to young consumers and their families at risk of serious family emotional instability, loss of parental custody, child placement, court involvement, and/or academic failure due to untreated mental illness • Maintain school based interventions in order to help identify youth in need of mental health and/or alcohol and drug related services earlier and to help these youth and their families access care more quickly | <ul style="list-style-type: none"> • Number of children with SED that are served | <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): |
| MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI) | Expand access to care for uninsured people through integrated models of primary care, addiction treatment and mental health care to help achieve identified outcomes and recovery | <ul style="list-style-type: none"> • Continue to develop and promote cross systems partnerships. • The number of IDDT / ACT teams was increased with teams specific to the homeless population and the criminal justice population | <ul style="list-style-type: none"> • Number of adults with SMI receiving services | <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): |

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| | | <ul style="list-style-type: none"> • Due to the expansion of Medicaid and the availability of Federal funding for FQHCs, ADAMH funding was underutilized in the Integrated Care setting. In response ADAMH allowed providers to retain funding but gave them additional flexibility in using those funds for the uninsured | | |
| <p>MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing</p> | <p>Increase permanent housing units (along a continuum) for homeless persons with mental illness and/or addiction</p> | <ul style="list-style-type: none"> • Provided 40 new units of service enriched housing with the opening CHN's Hawthorn Grove location. On-site supportive (non-Medicaid taxonomy) services delivered by Concord Counseling • Provided 40 units of service enriched housing for ADAMH consumers by opening Van Buren Village (developed by VOA). On site supportive services (emphasis on peer-led) provided to all 100 tenants (60 previously homeless individuals not served by the ADAMH network) • Lease up will begin in the fall 2016 for CHN's new (replacement property) development, Terrance Place, which will house a total of 60 units, including 13 ADAMH designated units (remaining 47 units designated for previously homeless individuals) • In 2015, added 10 units of Recovery Housing (owned by House of Hope & Amethyst). Awaiting final 2017-18 Capital Bill | <ul style="list-style-type: none"> • Number of consumers served | <ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): |

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| | | <p>in order to invest in one or two new recovery houses (5-10 units)</p> <ul style="list-style-type: none"> • The number of Franklin County consumers in need of housing at the time of discharge from a psychiatric acute care facility and Netcare’s Crisis Stabilization Unit presents a growing challenge for locating and securing safe and affordable housing for individuals homeless at the time of discharge • In an attempt reduce the number of individual discharged from TVBH and Netcare into homelessness, the ADAMH Board is addressing this issue by: (1) providing additional funding to Community Housing Network (CHN) through its Housing Facilitation Program to house individuals; (2) expanding Temporary Transitional Housing capacity for adults being discharged from an acute care setting; (3) training provider case managers on the process and community resources to house homeless individuals; (4) enhanced the hospital liaison program to respond to homeless discharge • Partnered with Columbus Metropolitan Housing Authority to secure 50 Mainstream vouchers. With intensive support services the vouchers will be used in scattered site locations throughout Franklin County. | | |
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| MH-Treatment: Older Adults | Ensure adequate behavioral health services are available to meet the needs of older adults | <ul style="list-style-type: none"> • Fund the Senior Services program through Concord Counseling to provide support services to medically fragile older adults • Fund the Senior outreach program through Syntero to provide services to seniors with the goal of keeping them in their homes rather than institutional care | <ul style="list-style-type: none"> • Number of people served | <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): |
|-----------------------------------|--|--|---|--|

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 | Ensure adequate behavioral health services are available to meet the needs of individuals involved in the criminal justice system | <ul style="list-style-type: none"> • Fund the CFRO program provided by UMADAOPFC for persons reentering the community • Continue to support the Behavioral Health/Juvenile Justice (BHJJ) program provided by Nationwide Children’s Hospital • Continue to support the Multi-systemic Therapy (MST) programs provided by The Buckeye Ranch and Nationwide Children’s Hospital • Continue to support the Functional Family Therapy (FFT) program provided by The Buckeye Ranch • Continue to support the Reception Center program provided by The Village Network • Support the BJA Reentry Project and Taskforce • Provide funding for the TIES Court and partnered with all seven specialty dockets to provide the | <ul style="list-style-type: none"> • Number of people served and recidivism rate • Number of youth served and linked to mental health programs • Number of youth served and recidivism rate | <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): |

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|---|--|---|---|---|
| | | <p>Access to Success program to support its participants</p> <ul style="list-style-type: none"> • Support and monitor the ATPP/ Vivitrol Project to provide MAT services while the client is in jail • Support the CHAT House for victims of human trafficking | | |
| <p>Recovery support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support, transportation)</p> | <p>Increase certified recovery/peer support in the system</p> | <ul style="list-style-type: none"> • Fund a Consumer Resource Center to help consumers navigate the mental health system. • Continue to fund the Peer Center Recovery Center. • Tutorial for COVA website and RecoveryWorks program and a marketing document for the resource center has been completed • Website design completed; moving from test phase to production phase • Currently working with an AV company to get the equipment ready for offering online classes • We increased funding to the PEER Center to expand services | <ul style="list-style-type: none"> • Number of individuals trained | <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>Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)</p> | <p>Expand services to racial and ethnic minorities and LGBTQ populations</p> | <ul style="list-style-type: none"> • Funded North Community Counseling to address the needs of the Bhutanese Nepali community regarding the disproportionate increase of suicide and other mental health problems. • Offered education to CIT First Responders on working with immigrants and refugees in Columbus. | <ul style="list-style-type: none"> • Number of consumers served | <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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|--|---|---|--|--|
| | | <ul style="list-style-type: none"> • Fund LGBTQ program at North Central • Fund education and support groups for Somali and Latino(a) women at CPH • Fund outreach and treatment for Somali youth at Buckeye Ranch • LGBTQ services were expanded to provide services additional group and individual counseling services • Continue to fund education and support groups for Somali and Latino women at CPH and fund outreach and treatment for Somali youth at Buckeye Ranch | | |
| Prevention and/or decrease of opiate overdoses and/or deaths | Increase Medication Assisted Treatment slots for residents of Franklin County | <ul style="list-style-type: none"> • Expand MAT capacity and treatment options • Maintained suboxone programs at Maryhaven and CompDrug • Support and monitor the ATPP/ Vivitrol Project to provide MAT services while the client is in jail • Expanded a Naloxone Education program at Comp Drug that provides kits to family members and loved ones who are impacted by drug use • Expanded detox services within the network | <ul style="list-style-type: none"> • Number of consumers served | <ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe): |
| Promote Trauma Informed Care approach | Promote Trauma Informed Care within the ADAMH network of providers | <ul style="list-style-type: none"> • Support the efforts of agencies within the ADAMH network in becoming trauma informed providers • Promote the use of evidence based programs specific to the treatment | <ul style="list-style-type: none"> • Number of consumers served | <ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe) |

| | | <p>of trauma within the ADAMH provider network</p> <ul style="list-style-type: none"> • Continue the use of trauma screening in the Behavioral Health, Juvenile Justice program | | |
|---|--|---|--|--|
| Prevention Priorities | | | | |
| Priorities | Goals | Strategies | Measurement | Reason for not selecting |
| <p>Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents</p> | <p>Offer prevention services across life span with a focus on families with children/adolescents</p> | <ul style="list-style-type: none"> • Fund new programs that support families with children/adolescents • Review prevention services to ensure prevention services are available across lifespan with a focus on families with children and adolescents • Implement faith family pilot program • Continue prevention services across the lifespan with a focus on families with children • Continue faith-based parenting program | <ul style="list-style-type: none"> • A minimum number of two programs provided in each life span domain • The number parents who complete the program will establish protective factors for their children • The number of summer day camp youth screen on DESSA-mini • The number of summer day camp youth screen on DESSA-mini that show movement from need category to typical category or the strength category in social emotional development • The number of summer day camp youth show increase knowledge regarding risk associated with AOD use. | <ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe): |
| <p>Prevention: Increase access to evidence-based prevention</p> | <p>Expand evidence-based prevention activities</p> | <ul style="list-style-type: none"> • Funded twelve summer day camps in high need areas • Implemented Workforce Readiness Support Program to reduce marijuana use and increase life skills | <ul style="list-style-type: none"> • Number of youth that complete the summer program • Number of parents who participate in parent meetings • Number of adults who complete the Workforce Readiness Support Program | <ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe): |

| | | | | |
|---|--|---|---|--|
| | | <ul style="list-style-type: none"> • Implement Life skills program for school age children with special needs • Funded eight youth-led projects | <ul style="list-style-type: none"> • Number of school age children with special needs who develop life skills • Number of youth who acquire leadership skills • Number of youth who engage in AOD or MH promotion community service projects | |
| Prevention: Suicide prevention | In partnership with community stakeholders, develop strategies to reduce the number of suicides in Franklin County | <ul style="list-style-type: none"> • Franklin County Suicide Prevention Workgroup was convened • Franklin County Suicide Prevention Brief was created • Support The Ohio State University Wexner Medical Center and Nationwide Children’s Hospital in moving the Franklin County Suicide Prevention Workgroup forward and create resource lists for suicide prevention strategies in the county • Monitor and catalog Evidence Based Practices for suicide prevention • Continue suicide hotline and support groups at North Central Mental Health • Work with provider network to develop a suicide text/IM service • Continue to support LOSS for survivors of suicide • Monitor Franklin County suicide data • Maintain Suicide Prevention Hotline • Fund Suicide Prevention coalition | <ul style="list-style-type: none"> • Participation in Franklin County collaborative meetings • Recommendations for additional actions if necessary • Number of calls received/interventions • Information dissemination to schools/community/groups and individuals on suicide prevention | <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 | Develop strategies to reduce problem gambling and increase community awareness of problem gambling | <ul style="list-style-type: none"> • Implement media campaign and launch a problem gambling website | <ul style="list-style-type: none"> • Number of hits on the website • Media campaign number of spots on paid media outlets | <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage |

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|--|--|---|---|-----------------------------|
| | | <ul style="list-style-type: none"> • Implement screening services for problem gamblers • Continue to support problem gambling implementation of SPF Plan • Collaboration between ADAMH and community partners to implement a county wide problem gambling and informed gambling program • Continue funding for Maryhaven to work with the families of problem gamblers to increase the number of problems seeking services • Collaboration between ADAMH provider and Asian Community to Compile Asian Gambling Prevention Project Community Profile • Develop financial literacy component for teens and young adults to address gambling • Collaboration between ADAMH provider and the Faith Community to conduct focus groups on gambling intervention needs | <ul style="list-style-type: none"> • Number of people who referred to early intervention or treatment services • Number of people receiving gambling intervention services • Number of Asian populations in the county ready to accept gambling intervention services. | <p>__ Other (describe):</p> |
|--|--|---|---|-----------------------------|

| Board Local System Priorities (add as many rows as needed) | | | |
|---|--|---|---|
| Priorities | Goals | Strategies | Measurement |
| Faith-Based Outreach | Partner with the faith-based community | <ul style="list-style-type: none"> • Since 2017 hosted three senior faith leader symposiums on self-care. Approximately 80+ or 10% of Franklin Co. faith leaders attend to learn strategies for wellness while serving others in the | <ul style="list-style-type: none"> • Number of people that attend community based events • Number of youth that complete the summer program |

| | | | |
|-------------------|--|---|---|
| | | <p>community. In partnership with NAMI and Columbus Foundation.</p> <ul style="list-style-type: none"> • Fund faith-based community-based events that promote behavioral health awareness through mini grants process • Fund summer day camps in partnership with faith-based congregations and Children’s Defense Fund. • Provide Mental Health First Aid Training to faith community | <ul style="list-style-type: none"> • Number of parents who participate in parent meetings |
| HIV | Provide HIV Early Intervention Services to county residents | <ul style="list-style-type: none"> • Maintain funding of the Syntero HIV Program for youth, Columbus Public Health and CompDrug HIV Early Intervention programs for adults • Continue to support the work of Coalition for Sexual Health through our provider network | <ul style="list-style-type: none"> • Number of consumers served. • Number of HIV providers engaged in the community-based process/coalition building • Number of community meetings and events that promote maintaining sexual health in youth and adult populations |
| Human Trafficking | In partnership with CATCH Court provide supports and treatment services to women involved in Human Trafficking | <ul style="list-style-type: none"> • Continue to fund a sober residence and supportive services provided by Alvis House | <ul style="list-style-type: none"> • Number of women that complete the program |

Priorities (continued)

7. What priority areas would your system have chosen had there not been resource limitations, and why? If you provide multiple priority areas, please prioritize.

| Priority if resources were available | Why this priority would be chosen |
|--------------------------------------|-----------------------------------|
| | |

Collaboration

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

Examples of collaborative efforts ADAMH has engaged in with other systems representing significant accomplishments in advancing the system of care in Franklin County include:

- Consumer Advocacy Funded Recovery Works – in partnership with COVA to promote self-directed recovery through a personalized approach. Consumers can seek support and empowerment through Recovery Guides and find support on their wellness journey, all through the use of technology.
- Faith Leaders Symposiums – focus on the needs of senior faith leaders while serving their communities
- Franklin County Guardianship Services Board – board formed to address the growing needs of county residents who are most in-need of guardianship arrangements.
- Franklin Station Integrated Care Clinic – opened the Southeast, Inc. Integrated Healthcare Center at Franklin Station, the first ever integrated care clinic at a permanent supportive housing facility in collaboration with Southeast and CMHA.
- School-Based Investments - collaborated with suburban school districts to provide more than \$2.3 million for prevention, early intervention, treatment and referral services for elementary, middle, and high school students. Services range from mental health school-based services (such as suicide prevention), AOD prevention/intervention services and early detection/ screenings.
- The P.E.E.R. Center (Westside Location) – Expanded peer supported services by investing in The P.E.E.R. Center’s new Franklinton location.
- Youth-led – programs will impact over 2,000 youth with mental health promotion and AOD prevention initiatives

Inpatient Hospital Management

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

Identification, linkage and treatment services to individuals hospitalized in State BHOs (primarily individuals without health insurance): this is inclusive of a strong, working Continuity of Care (CoC) Agreement held between lead agencies, ADAMH, and the State Hospitals. Specifically trained Hospital Liaisons are unique positions within our lead agencies, including a primary AOD provider, which coordinates care and discharge planning for these individuals. Our network of residential Care facilities and investments in supportive housing programs supports the discharge process for these same individuals and provides an intensive level of care needed to coordinate and ease their transition back into the community.

A complementary and parallel collaboration and network of hospital liaisons exists as well, serving individuals exiting local private psychiatric hospitals, and Netcare’s Crisis Stabilization unit.

Our existing CoC Agreement is operative on a two year cycle and it governs the interaction between our system's crisis care provider, State BHOs and lead agency providers around continuity from admission, care within the hospital and coordinated discharge planning. Every two years, we solicit input from lead agency clinical leadership and Twin Valley Behavioral Healthcare regarding potential changes to the document. Each year we may make minor revisions only on an as-needed basis. The Franklin County ADAMH System has one contract agency responsible for all pre-hospital screening services.

Assertive utilization management/discharge planning

As described above, the Board is represented at weekly utilization review meetings with hospital staff and a housing provider reviewing all patients that have been hospitalized for two weeks or longer in order to identify and then address barriers to discharge. Temporary housing subsidies have been developed by the Board and received from the federal government. These subsidies are targeted to homeless persons in the state hospital. In addition, patients who are high utilizers of inpatient services may be referred to an IDDT-ACT team in the community, all of which are demonstrating a positive effect on reducing criminal recidivism in addition to reducing homelessness, reducing use of the state hospital and crisis services and improving clinical conditions. The Board also works closely with the hospital's Forensic Review Team and the forensic monitors to ensure that hospital lengths of stay are related to clinical need and not solely an artifact of criminal justice involvement.

Community resource development

These patients are eligible to receive temporary and permanent housing subsidies that have been earmarked for state hospital patients.

ADAMH continues to have an assertive role in working with the state hospital and provider agencies around hospital utilization management which includes civil and forensic patients. The Board has developed a program to authorize and fund placement of individual that are homeless upon discharge from a crisis setting temporarily while awaiting more permanent housing options.

For people hospitalized at regional campuses other than TVBH, discharge planning has been difficult. Providers find it problematic to provide the needed transportation back to Franklin County, hampering the transition out of the hospital.

Because of high numbers of patients that have a forensic admission, access to TVBH is often limited for other referral resources.

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

| A. HOSPITAL | UPID # | ALLOCATION |
|-------------|--------|------------|
| | | |

B. Request for Generic Services

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

| B.AGENCY | UPID # | SERVICE | ALLOCATION |
|----------|--------|---------|------------|
| | | | |

SIGNATURE PAGE

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

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

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

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.)].