

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

Enter Board Name: Huron County Board of Mental Health and Addiction Services

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

Environmental Context of the Plan/Current Status

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

Huron County, located in north-central Ohio, is a rural county comprised of approximately 493.1 square miles¹. Made up of three cities, seven villages, and 19 townships, the estimated population of Huron County is 58,504 which is a decrease of 1.9% from 2010 to 2018². According to US Census Bureau, approximately 89.8% of Huron County residents are White (non-Hispanic), 6.9% are Hispanic or Latino, 1.7% are two or more races, 1.4% are African American, 0.4% are Asian, and 0.3% are American Indian or Alaska Native.

Historically, the majority of behavioral health services being offered in the county were based in Norwalk, the county seat, which is located in the northern section of the county. The physical location of the services created an access barrier for individuals residing in the southern portion of the county. The barrier, primarily associated with access to transportation, and time restraints. Over the past two years the Huron County MHAS Board has worked on expanding services to meet the demands in the southern portion of the county. Accomplishing this through increased representation on the Board from all areas of the county, and engagement of community stakeholders across the county. Due to being a rural county, contracting with out-of-county resources is common including but not limited to detox services, residential treatment services for individuals suffering from addiction and severe and persistent mental illness, and group homes.

As a rural county, in terms of services planning there are many barriers that must be addressed. These include access to transportation, employment opportunities, behavioral health staffing shortages, level of poverty, average household income, racial diversity, and health insurance. According to the US Census, the mean travel time to work, workers age 16+ is 22.5 minutes which is below the State of Ohio average of 23.4 minutes². Public transportation is also a barrier as it is not easily accessible, and the Huron County Transit only operates during normal business hours, requiring a reservation. In addition, 9.6% of individuals in Huron County identify as disabled which is an additional barrier to service².

As of May 2019, the unemployment rate in Huron County was 4.0%, placing the county at 0.5% above the unemployment rate for the State of Ohio³. Huron County is below the State of Ohio average of high school graduates age 25+ years² (87.5% vs. 89.8%) and persons age 25+ years with a bachelor's degree or higher² (13.7% vs. 27.2%). The median household income in Huron County is \$49,710 and the percentage of persons in poverty is 14.8%². Financial issues are often cited as a reason for not seeking out behavioral health services, as many do not consider these services to be a primary need. Additionally, when basic needs are unable to be met, it is difficult to focus on what many consider to be less important needs such as healthcare.

Huron County struggles to engage and retain qualified behavioral health professionals and staffing shortages are a large barrier in the county. Located approximately one hour away from two major cities, the distance is great enough that pulling recent graduates from colleges located in these areas is a challenge. This barrier leads to increased wait times for services, staff burnout, and difficulty meeting the needs of the population.

Historically, there has been minimal access to services for individuals who speak a language other than English. The MHAS Board is working to partner with HOLA Ohio, an organization with a mission to empower the Latino community by creating opportunities through outreach, education, economic advancement, and leadership development. Through this partnership, the MHAS Board is working to ensure we are meeting the needs of the Hispanic and Latino population in Huron County. Finally, the percentage of individuals without health insurance under age 65 years is 7.6% which is higher than the State of Ohio average of 7%². The results from the 2017 Huron County Health Assessment show the percentage of individuals without health insurance has decreased by 3% from 2014 and that 51% of individuals in Huron County with health insurance obtain this coverage through their employer, 16% reporting having Medicare, and 10% report having Medicaid¹. Cost was identified by 31% of individuals as a reason that may prevent them from seeking healthcare if needed¹.

Assessing Needs and Identifying Gaps

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gaps in services and disparities, if any.
 - a. Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and people living with or recovering from mental illness and addiction in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention in SFY 2019. [ORC 340.03 (A)(1)(a)]. Describe the board's plan for on-going needs assessment in SFY 2020 if they differ from this current fiscal year.

The Huron County MHAS Board has historically focused on informal needs assessment processes. Given the minimal Board staff (2 FTEs), it is difficult to engage in formal needs assessments due to time constraints. Our goal for SFY 2020 and beyond is to continue utilizing informal needs assessment processes while also incorporating more data driven methods of determining needs in the community. We will accomplish this by partnering with local organizations to access the data already being collected and determine a way to pull this data together to increase its value for all throughout the community.

The Board has identified community engagement as a top priority. Current Board staff are highly engaged in the community. Through this engagement, Board staff seeks feedback from residents and are building trusting, open relationships to encourage additional feedback in the future. Collaboration with county partners is also a critical piece of the MHAS Board's informal needs assessment and some of these county partners include: Huron County Commissioners, Norwalk United Fund, Huron County Department of Job and Family Services (DJFS), schools, first responders, Huron County Family and Children First Council (HCFCFC), Huron County Board of Developmental Disabilities (DD), Economic Development, Norwalk Chamber of Commerce, Huron County probation, Huron County Court of Common Pleas, Huron County Probate Court, Huron County Municipal Court, Huron County Emergency Management Agency (EMA), Norwalk Park and Rec, National Alliance on Mental Illness (NAMI), Huron County Health Department, local hospitals, and individuals in recovery.

The MHAS Board utilizes Client Satisfaction Surveys conducted by provider agencies and in SFY 2020 the Board is implementing quarterly all provider meetings during which we will discuss challenges and trends being seen throughout the county. Board staff actively participate in the Huron County Health Assessment and utilize this data to determine county needs. A summary of results from the 2017 Huron County Health Assessment related to mental health and substance use are as follows:

Mental Health¹

Adult

- Thirty percent (30%) of Huron County adults rated their mental health as not good on four or more days in the previous month.
- Huron County adults reported their mental health as not good on an average of 4.8 days in the previous month. Ohio and U.S. adults reported their mental health as not good on an average of 4.3 days and 3.7 days, respectively, in the previous month (Source: 2014 BRFSS).
- Huron County adults were most likely to rate their mental health as not good if they had an annual household income under \$25,000 (52%).
- Four percent (4%) of Huron County adults considered attempting suicide up from three percent (3%) in 2014. Eleven percent (11%) of adults felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing usual activities up from ten percent (10%) in 2014.
- 8 suicide deaths in 2017, average 8.2 from 2007 – 2017
- Sixteen percent (16%) of Huron County adults had 4 or more ACEs in their lifetime, increasing to thirty five percent (35%) of those with incomes less than \$25,000.

Youth

- Nearly half (49%) of youth reported they would seek help if they were dealing with anxiety, stress, depression or thoughts of suicide.
- Nearly one-third (29%) of youth reported they felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities, increasing to forty two percent (42%) of females (YRBS reported 26% for Ohio in 2013 and 30% for the U.S. in 2015).
- Nearly one-fifth (18%) of youth reported they had seriously considered attempting suicide in the past 12 months, increasing to nearly one-fourth (24%) of females. About one-fourth (23%) of high school youth had seriously considered attempting suicide. The 2015 Youth Risk Behavior Surveillance (YRBS) reported fourteen percent (14%) for Ohio in 2013 and eighteen percent (18%) for the U.S. in 2015.

- In the past year, seven percent (7%) of youth had attempted suicide. Four percent (4%) of youth had made more than one attempt. Ten percent (10%) of high school youth (grades 9-12) had attempted suicide in the past year. The 2015 YRBS reported a suicide attempt prevalence rate of nine percent (9%) for U.S. youth and a 2013 YRBS rate of six percent (6%) for Ohio youth.

Substance Use¹

Adult

- One-in-four (25%) Huron County adults reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers. The 2015 Behavior Risk Factor Surveillance System (BRFSS) reported binge drinking rates of eighteen percent (18%) for Ohio and sixteen percent (16%) for the U.S. Of current drinkers, forty five percent (45%) were considered binge drinkers.
- Eleven percent (11%) of Huron County adults reported driving after having perhaps too much to drink.
- Six percent (6%) of Huron County adults had used marijuana in the past 6 months, increasing to fifteen percent (15%) of those with incomes less than \$25,000.
- One percent (1%) of Huron County adults reported using other recreational drugs in the past six months such as cocaine, synthetic marijuana/K2, heroin, LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- Three percent (3%) of adults had used medication not prescribed for them or they took more than prescribed to feel good or high and/or more active or alert during the past six months, increasing to ten percent (10%) of those with incomes less than \$25,000.
- Adults obtained these medications from the following: primary care physician (95%), multiple doctors (17%), ER or urgent care doctor (16%), free from friend or family member (9%), bought from a friend or family member (5%), and bought from a drug dealer (2%).
- Huron County adults indicated they did the following with their unused prescription medication: did not have unused prescription medication because they took all medication as prescribed (19%), threw it in the trash (17%), kept it (14%), took it to the Medication Collection program (10%), flushed it down the toilet (8%), took it to the Sheriff's Office (6%), took them in on Drug Take Back Days (5%), kept in a locked cabinet (3%), and traded it (1%).

Youth

- Nearly one-quarter (23%) of youth had at least one drink in the past 30 days and would be considered a current drinker, increasing to forty one percent (41%) of those ages 17 and older (YRBS reports thirty percent [30%] for Ohio in 2013 and thirty three percent [33%] for the U.S. in 2015).
- Twelve percent of youth (12%) had 5 or more drinks and would be considered binge drinkers, increasing to twenty one percent (21%) of those ages 17 and older (YRBS reports sixteen percent [16%] for Ohio in 2013 and eighteen percent [18%] for the U.S. in 2015). Of those who drank in the past month, fifty two percent (52%) had at least one episode of binge drinking, increasing to fifty six percent (56%) of those 14 to 16 years old.

- Eleven percent (11%) of Huron County youth had used marijuana at least once in the past 30 days. Five percent (5%) of youth used medications that were not prescribed for them or took more than prescribed to get high at some time in their life.

Additionally, the MHAS Board participated in the Recovery Oriented Systems of Care Survey (ROSC) and the results from this survey are used to determine needs and drive decisions. Seventy-three (73) individuals completed the 2018 ROSC survey. Highlights of responses from the survey are as follows:

Domain	Strengths	Areas for Improvement
Focusing on Clients and Families	Services providers will screen and match all persons to the most appropriate level of care no matter which level they provide.	Most services are provided in a person's natural environment (e.g., home, community, workplace).
Ensuring Timely Access to Care	Implementation of evidenced-based medical and behavioral health screenings including brief screens for depression, physical abuse, substance use, etc.	Individuals have timely access to the services and supports that are most helpful for them.
Promoting Healthy, Safe, and Drug-Free Communities	Prevention strategies are reflective of best prevention science (e.g. SAMHSA, SPF SIG), state prevention plans or guidance and local priorities and needs.	Strategies to identify and decrease stigma are consistently implemented in communities.
Prioritizing Accountable and Outcome Drive Financing	Behavioral health is included as a health indicator for the community at large.	Peers are involved in the program development, evaluation and improvement of services.
Locally Managing Systems of Care	Clients understand their rights to be referred if their individual needs cannot be met.	Managed Care can assist in care management over the full continuum of care for each individual so as to preclude partial treatment or treatment drop-out.

Priority needs of Huron County residents include: timely access to psychiatric services, increased access to prevention services for both youth and adults, timely access to services and supports for youth and adults, addiction services and funding for all forms of addiction, not just opiates, attracting and retaining qualified behavioral health professionals, recovery supports including housing and transportation, outreach services, and peer support services for mental health and addiction.

Strengths

The Huron County MHAS Board has experienced a great deal of change over the past nine months with a change in leadership, increase in Board staff, and expanded representation on the Board from other areas of the county. The Board is transitioning to becoming a working board with members who are actively engaged in planning and decision making. The Board is now full, for the first time in quite a while, and the members are dedicated to meeting the needs of Huron County residents. Through increased partnerships and community engagement, the Board is working on expanding its reach and becoming a hub for the community. A strength of Huron County is a desire and willingness to help, throughout the community. Many community leaders are actively engaged in being part of the solution. The priorities of the Board over the past nine months has focused on needs assessment, implementing and following clearly defined policies and procedures, and building relationships within the community.

Challenges

Access to transportation is one of the major challenges for individuals seeking services. As stated earlier, the Huron County Transit operates only within normal business hours and requires a reservation for services. This proves challenging for individuals who are unable to plan ahead or who need transportation in the evenings for IOP, medical appointments, court requirements, employment, etc.

Lack of collaboration and operating within silos is an ongoing challenge in Huron County. Huron County has numerous individuals and organizations that are dedicated to helping residents, however, each of these parties has been approaching the situation from their own point of view, within their own silo. The Board is working on breaking down the silos and increasing collaboration which will, in turn, increase the success of our efforts.

Services for individuals who are incarcerated poses an additional challenge. The jail system in Huron County remains at capacity the majority of the time, and the majority of individuals incarcerated present with a history of substance use or mental health issue. The funding for these services is primarily provided by the MHAS Board and with the increase in need, the increase in funding being allocated to these services will need to be addressed.

Huron County lacks providers for prevention services which is an ongoing challenge for the county. Local organizations have implemented their own prevention programs however this creates additional challenge as each individual organization is operating program(s) that may or may not align with what other organizations are doing. We are working to build a comprehensive list of services available to then determine what is still needed and how these services can work together and to develop a common language to be used by all throughout the county to tie together programs and to increase cohesion.

Finally, safe and affordable housing for individuals and families is an ongoing challenge in our county. We currently have two Level II recovery housing options in Huron County; however, this is not adequate to meet the needs of the community. Additionally, there is a lack of housing for individuals with severe and persistent mental illness and transitional housing.

- b. Describe how the board collaborated with local health departments and their 2019 State Health Improvement Process. In your response, please include, if applicable, the following: 1) collaborative efforts specific to assessing needs and gaps and setting priorities. 2) barriers or challenges the board believes will have to be overcome moving forward that will result in

complimentary public health and behavioral health plans, 3) advantages, if any, realized to date with collaborative planning efforts, 4) next steps your board plans on undertaking to further alignment of public health and behavioral health community planning.

MHAS Board Staff actively participated in the Huron County 2019 Community Health Improvement Process. The Board is a member of the Steering Committee for the Community Health Assessment and Board staff attends all planning meetings during which needs are assessed and priorities are set. Through these meetings, Board staff have developed strong working relationships with the Health Commissioner and health department staff. The MHAS Board works closely with the health department on issues impacting the community and we are currently collaborating on the HEALing Communities grant. We plan to continue to work closely with the health department through collaborations on many of the issues the community is facing.

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

The primary child service needs identified from finalized dispute resolution through Huron County Family and Children First Council (HCFFC) include lack funding for activities to support family cohesion and a lack of funding to support supervision due to safety concerns. Additionally, the lack of a wraparound program has lent to the usage of the dispute resolution process here at HCFFC and the addition of this service has been identified as a need.

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

Since starting in this role, the Huron County MHAS Board has not experienced any individuals stepping down from the State Regional Psychiatric Hospital. Based on my limited knowledge of this process, it seems as if a streamlined process for linkage once an individual is released would be very beneficial. Additionally, access to an appropriate level of care and housing as well as funding for these services would assist Boards and communities in ensuring individuals are appropriately stepped down in the continuum of care. At this time, Huron County does not have the appropriate level of care or housing for individuals upon release from the State Regional Psychiatric Hospital.

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

Domain	Areas for Improvement
Focusing on Clients and Families	<ul style="list-style-type: none"> - Service providers incorporate the choices and preferences of participants in treatment. - Barriers (e.g., childcare, transportation, legal issues) are addressed for each participant. - Most services are provided in a person’s natural environment (e.g., home, community, workplace).

<p>Ensuring Timely Access to Care</p>	<ul style="list-style-type: none"> - Childcare centers to promote early interventions. - Peer supports are used to improve access to care and the continuation in ongoing care. - Individuals have timely access to the services and supports that are most helpful for them.
<p>Promoting Healthy, Safe, and Drug-Free Communities</p>	<ul style="list-style-type: none"> - A sufficient array of mental health prevention programs are available throughout the community. - Strategies to identify and decrease stigma are consistently implemented in communities. - A sufficient array of addiction recovery support services are available throughout the community.
<p>Prioritizing Accountable and Outcome Drive Financing</p>	<ul style="list-style-type: none"> - Clients receiving services are actively involved in the evaluation of programs and services offered and received. - Appointment "no show" rates are monitored regularly and followed up on within 24 hours after the missed appointment. - Peers are involved in the program development, evaluation and improvement of services.
<p>Locally Managing Systems of Care</p>	<ul style="list-style-type: none"> - Peer-run leisure activities are available and supported throughout the community. - Partnerships exist with local businesses for individuals in recovery to reduce stigma and gain employment. - Managed Care can assist in care management over the full continuum of care for each individual so as to preclude partial treatment or treatment drop-out.

- 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)].

Ambulatory and Sub-Acute Detoxification

(A) Sub-acute detoxification and residential services may be made available through a contract with one or more providers of sub-acute detoxification or residential services located in other service districts.

(B) To the extent authorized by a time-limited waiver issued under section [5119.221](#) of the Revised Code, ambulatory detoxification and medication-assisted treatment may be made available through a contract with one or more community addiction services providers located not more than thirty miles beyond the borders of the board's service district.

While Sub-Acute Detoxification services are not available in the county, through provider contracts and the Northwest Ohio Regional Collaborative, residents of Huron County have access to multiple detoxification locations including but not limited to Erie County Detox, Surest Path, Blanchard Valley, and St. Rita’s. Ambulatory detox services are available through Firelands Counseling and Recovery Services. At this time, we do not identify any needs or gaps in this area.

Non-intensive and Intensive Outpatient services

Over the past two years the MHAS Board has increased the number of non-intensive and intensive outpatient services providers from one to three. Firelands Counseling and Recovery Services provides non-intensive and intensive outpatient services for both mental health and substance use, Family Life Counseling and Psychiatric Services provides non-intensive services for both mental health and substance use, and Oriana House provides non-intensive and intensive outpatient services for substance use only. Despite the addition of the additional providers, timely access to treatment services remains a challenge for Huron County.

Medication-Assisted Treatment

Huron County residents have access to Vivitrol and Suboxone through Board contracted providers with Firelands Counseling and Recovery Services offering Vivitrol and Suboxone and Oriana House offering Vivitrol. However, we do not have a provider for Methadone and the closest location for these services is in Lorain County.

Peer Support

The MHAS Board has increased access to peer support services over the past year and the Board currently funds peer support services through Firelands Counseling and Recovery Services and the ALERT (Area Law Enforcement Recovery Team) program. The majority of peer support services provided are for addiction and the identified need in this area is to expand peer support to include mental health services as well.

Residential Services

(A) Sub-acute detoxification and residential services may be made available through a contract with one or more providers of sub-acute detoxification or residential services located in other service districts.

(B) To the extent authorized by a time-limited waiver issued under section [5119.221](#) of the Revised Code, ambulatory detoxification and medication-assisted treatment may be made available through a contract with one or more community addiction services providers located not more than thirty miles beyond the borders of the board's service district.

Adult and Teen Challenge of the Firelands is the only residential service available in Huron County and this service is not funded by the MHAS Board. The faith-based program is a yearlong treatment program for women struggling with addiction. Through provider contracts with Oriana House and Firelands Counseling and Recovery Services residents in Huron County have access to residential services located in other service districts. Additionally, due to the increased number of substance use residential treatment facilities, we experience minimal issues in accessing these services when needed. Huron County utilizes peer supporters to provide transportation to treatment when needed to reduce this barrier. An identified need, not specific to Huron County, is for increased dual diagnosis and mental health residential treatment services.

Recovery Housing

As previously mentioned, safe and affordable housing for individuals and families is an ongoing challenge in our county. We currently have two Level II recovery housing options in Huron County; however, this is not adequate to meet the needs of the community. Additional recovery housing is needed to meet the needs of residents as the Miriam House and House of Hope are consistently full and unable to accept new clients.

- 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.

Crisis Services: Firelands Counseling and Recovery Services serves as the primary crisis provider for Huron County and operates our crisis hotline. One of the main challenges in this area is funding for crisis services under Behavioral Health Redesign, as reimbursement rates for crisis services have been reduced significantly. Another additional challenge is retaining staff for crisis services as this is an area with high stress and, in turn, high burnout rates.

Criminal justice-involved populations: The MHAS Board has been working with the Huron County Sheriff and jail staff to identify MH and SUD needs of incarcerated individuals. Huron County has increased jail services to include SUD assessments, MAT services in the jail setting, MH assessments, adjustment groups, vocational groups and peer support. Huron County would benefit from flexible funding for jail services that is not linked solely to OUD.

Child welfare: Huron County, like many other counties in the state, has experienced an increase in children living with someone other than parents and/or being raised by grandparents or other relatives. This poses many challenges for these families including increased trauma, financial struggles, lack of support and resources, struggles with meeting basic needs, etc. A Grandparents program has recently been formed in Huron County with the goal of providing support and resources to these families. Additional services would be beneficial and are needed to best serve these clients. Additionally, funding for IHBT services has decreased under Behavioral Health Redesign, leading to a lack of these types of services which would be beneficial for this population. Finally, recruiting and retaining staff for IHBT services is an ongoing challenge, leading to a shortage of this service in the county.

Prevention: A primary area of focus for Huron County is prevention, however, there is a shortage of qualified providers. The county's treatment providers and other organizations throughout the county are working to provide prevention services, however, this is not their primary role and the county would benefit from an organization that focuses solely on prevention. The county would also benefit from additional early intervention providers, as this is a gap in Huron County.

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 (enter name of Board)

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p>SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)</p>	<p>1. Increase access to Certified Peer Support Services.</p> <p>2. Increase access to recovery housing.</p> <p>3. Increase access to MAT.</p> <p>4. Increase access to detox and residential treatment services.</p>	<p>1. Continued funding for Peer Support services through ALERT program and Firelands Counseling and Recovery Services. Release RFI for Peer Support Agency with new vendor.</p> <p>2. Seek out funding for recovery housing.</p> <p>3. Utilize SOR funding to expand access to MAT through Recovery Navigator Services. Board contracted with Oriana House to provide MAT services (Vivitrol) in the jail and community in addition to Vivitrol services being available through the Huron County Health Department and Vivitrol and Suboxone being available through Firelands.</p> <p>4. Continue to utilize out-of-county detox and residential treatment services including Erie County Detox, Surest Path, and Blanchard Valley. Expand peer support services to increase access to detox by providing transportation to detox services for individuals seeking this service.</p>	<p>1. Review RFI responses and make determination on new vendor to provide Peer Support services.</p> <p>2. Monthly search for available recovery housing grants.</p> <p>3. Reporting for SOR services will show increase in access to MAT services.</p> <p>4. Reporting from Oriana House will show utilization of MAT services in the jail setting.</p> <p>5. Reporting from ALERT program including transportation for persons seeking detox and/or residential treatment and number of persons seeking detox and/or residential treatment.</p> <p>6. Contract with at least 4 additional peer supporters for ALERT program to ensure appropriate coverage available to meet needs throughout the county.</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>SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)</p>	<p>1. Collaboration with local hospital systems, Huron County Health Department and DJFS.</p>	<p>1. Identify early intervention strategies to link women who are pregnant and have a substance use disorder with needed services and/or treatment.</p>	<p>1. Early intervention strategies will be identified and implemented throughout county.</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>

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 for children at risk of parental neglect/abuse due to SUDs)	<ol style="list-style-type: none"> 1. Collaboration with DJFS, Juvenile Court's Family Dependency Court. 2. Increased access to evidence-based parenting resources and services. 	<ol style="list-style-type: none"> 1. Continued funding of Family Dependency Court Coordinator position. 2. Continue to address barriers to treatment for this population including need for same day access to assessment. 3. Identify current parenting resources and services and implement evidence-based services as needed. 	<ol style="list-style-type: none"> 1. Funding for Family Dependency Court will be utilized appropriately, and quarterly report will identify number of persons served and program outcomes. 2. Length of time between referral and access to treatment as evidenced by reports from providers and Waiting List report. 3. Develop resource guide of available parenting resources and services. 4. Ongoing assessment of needs based on informal assessments/feedback from community partners including DJFS, court system, behavioral health agencies. 	<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 OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	<ol style="list-style-type: none"> 1. Collaboration with Huron County Health Department and local hospitals. 2. Early identification of health concerns. 	<ol style="list-style-type: none"> 1. Develop streamlined referral process with Huron County Health Department and local hospital systems for individuals who indicate diagnosis of tuberculosis or other communicable disease. 2. Ensure contracted providers include screening questions for tuberculosis and other communicable diseases in their intake and/or assessment and throughout treatment. Require contracted providers to distribute educational material to clients regarding communicable diseases. 	<ol style="list-style-type: none"> 1. Agree upon streamlined referral process for individuals who present with tuberculosis or other communicable disease. 2. Contracted providers will report to the MHAS Board, quarterly, the number of cases of each type of communicable disease to meet this requirement. 3. Increase in individuals with communicable diseases connected with medical treatment. 	<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)	<ol style="list-style-type: none"> 1. Increase access to mental health prevention programming. 2. Increase number of available services/supports in the county for children with SED. 	<ol style="list-style-type: none"> 1. Seek out funding for mental health prevention programming. 2. Collaborate with schools and providers to expand school-based mental health services and prevention. 	<ol style="list-style-type: none"> 1. Monthly search for funding for mental health prevention programming. 2. Attend superintendent meeting at least 2x annually to discuss school- 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		3. Ensure clinical services are available to the community on a sliding fee scale.	based mental health services and prevention services. 3. Number of persons served and outcome of services.	
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	1. Increase access to treatment services for adults with SMI. 2. Continued collaboration with Catholic Charities guardianship services.	1. Continued funding of Catholic Charities guardianship program. 2. Continued funding for SMI services through Firelands Counseling.	1. Tracking of services provided and number served by Catholic Charities guardianship program based on quarterly report. 2. Tracking of services provided by Firelands Counseling including number of persons served and outcome of services based on quarterly report. 3. Length of time between referral and access to treatment.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	1. Increase access to safe, affordable housing for individuals with mental illness and/or addiction.	1. Work with local Salvation Army, area faith-based organizations, and Huron County Metropolitan Housing Authority to continue to explore available options for increasing housing for persons with mental illness and/or addiction.	1. Develop resource list of available safe, affordable housing options for individuals with mental illness and/or addiction.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Older Adults	1. Continued collaboration with Catholic Charities guardianship services and Senior Enrichment Services.	1. Continued funding of Catholic Charities guardianship program and the Age Exchange program with Sr. Enrichment.	1. Tracking of services provided by Catholic Charities guardianship program and Age Exchange program including number of persons served and outcome of services based on quarterly report.	<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	1. Early identification of MH/SUD individuals in criminal justice system. 2. Continued services for MH/SUD individuals involved with criminal justice system.	1. Continue to fund Oriana House and Firelands Counseling and Recovery Services for MH/SUD assessments, groups, and MAT services in the jail. 2. Continue to fund ALERT program for peer support services in the jail and linkage with services upon release.	1. Tracking of jail services provided by Oriana House and Firelands Counseling including number of persons served and outcome of services based on quarterly report. 2. Tracking of ALERT peer support services including number of persons	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

		<p>3. Continue to provide and fund crisis intervention assessments in the county jail through Firelands.</p> <p>4. Continue to coordinate with Municipal Court to use Indigent Driver Alcohol and other drug Treatment Funds for treatment.</p> <p>5. Provide at least one Crisis Intervention Training (CIT) for Huron County law enforcement personnel in SFY 2020.</p> <p>6. Continue to provide linkage services for access to treatment for individuals released from jail through Firelands.</p> <p>7. Continue to serve as active member of Community Corrections Board.</p> <p>8. Continued collaboration with Huron County Sheriff and jail staff, probation officers, and others in criminal justice system who work with individuals with mental health and addiction needs.</p>	<p>served, resource linkages, and outcomes based on quarterly report.</p> <p>3. Feedback from jail staff regarding services provided in the jail.</p> <p>4. IDAT funds will be utilized appropriately to pay for treatment services.</p> <p>5. Minimum of 1 CIT training will be provided for Huron County law enforcement personnel during SFY 2020.</p> <p>6. Funding for Linkage services through Firelands Counseling will be utilized appropriately and quarterly report will identify number of persons served and amount of funding utilized.</p> <p>7. Attend Community Corrections Board meetings as scheduled.</p> <p>8. Ongoing contact with law enforcement, probation officers, and others in criminal justice system to assess needs and seek feedback.</p>	
Integration of behavioral health and primary care services	<p>1. Collaboration with Huron County Health Department and local hospital systems.</p> <p>2. Early identification of medical needs.</p>	<p>1. Explore potential opportunities for integration.</p> <p>2. Ensure contracted providers are screening for medical issues during intake and/or diagnostic assessment and throughout course of treatment and referring appropriately as needed.</p>	<p>1. Board staff will work with Huron County Health Department and local hospital system to determine possible collaboration opportunities.</p> <p>2. Meet with contracted providers to review screening tools to ensure screening for medical issues at least one time during SFY 2020.</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)	<p>1. Increased access to peer support services for individuals with mental illness or substance use disorder.</p> <p>2. Increased access to affordable, safe housing services.</p>	<p>1. Expand individual and group peer support services.</p> <p>2. Fund Peer Support Agency/Center.</p> <p>3. Collaborate with local Salvation Army and Huron County Metropolitan Housing Authority to identify options</p>	<p>1. Contract with at least 4 additional peer supporters for ALERT program.</p> <p>2. Release RFI for Peer Support Agency/Center.</p> <p>3. Review RFI responses and make determination on new vendor to provide Peer Support services.</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>3. Increased access to vocational services for individuals with mental illness or substance use disorder.</p> <p>4. Increased access to transportation services.</p>	<p>for safe and affordable housing services.</p> <p>4. Continue to fund vocational services through Firelands.</p> <p>5. Continue to serve as active member of transportation committee in Huron County to address transportation barriers.</p>	<p>4. Funding for vocational services through Firelands Counseling will be utilized appropriately and quarterly report will identify number of persons served and amount of funding utilized.</p> <p>5. Attend transportation committee meetings as scheduled.</p>	
<p>Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)</p>	<p>1. Increased LGBTQ services.</p> <p>2. Collaboration with HOLA for services for Hispanic and Latino population.</p>	<p>1. Work with local contracted providers to develop and implement LGBTQ services including trainings and community education.</p> <p>2. Continue to work on developing partnership with HOLA to expand services for Hispanic and Latino community.</p> <p>3. Update Board website and documents to include accessibility for individuals who speak another language.</p> <p>4. Promote access to services for minority groups.</p>	<p>1. Fund LGBTQ training and community education services through Firelands.</p> <p>2. Board staff to meet with staff from HOLA to identify collaboration opportunities and address identified needs.</p> <p>3. Seek and identify individual or organization to assist Board staff in creating multilingual website and documentation.</p> <p>4. Number of articles and resources regarding services for minority groups.</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>Prevention and/or decrease of opiate overdoses and/or deaths</p>	<p>1. Continued QRT (Quick Response Team).</p> <p>2. Expand access to Detera bags and drug drop boxes.</p> <p>3. Increased access to treatment through peer support services.</p>	<p>1. Continued partnership with Norwalk Police, Willard Police, Huron County Sheriff, Firelands, and Family Life Counseling for Quick Response Team, which is deployed 2x per week in response to recent overdoses.</p> <p>2. Distribute Detera bags at local pharmacies and physicians' offices, as well as local hospitals, police departments, and community events.</p> <p>3. Educate public on locations of drug drop boxes, Detera bags, and dangers of prescription abuse.</p> <p>4. Expand peer support services to increase access to treatment through</p>	<p>1. MOU for SFY 2020 for QRT program.</p> <p>2. Tracking of QRT services including number of visits and outcomes of visits.</p> <p>3. Decrease number of unintentional drug overdose deaths.</p> <p>4. Number of Detera bags distributed.</p> <p>5. Number of articles and resources around Detera bags, dangers of prescription abuse, and locations of drug drop boxes.</p> <p>6. Contract with a minimum of 4 additional peer supporters for ALERT program.</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>

		transporting individuals who are ready for treatment. 5. Monitor number of unintentional drug overdose deaths.		
Promote Trauma Informed Care approach	1. Increase awareness and implementation of Trauma Informed Care in the county.	1. Assess access to trauma specific services. 2. If needed, increase access to trauma specific services in the county. 3. Educate community on trauma and the impact of trauma on one's mental health.	1. Work with contracted providers around trauma specific services to identify current services and need for additional services.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	1. Increased community education and engagement. 2. Collaboration with schools, providers, and other community organizations. 3. Continued funding of mentoring services and other prevention services.	1. Continued funding of early childhood mental health services with possible expansion of services. 2. Engage in community events and schedule trainings for the community to increase education and awareness on mental health and addiction, as well as awareness of available services. 3. Identify services being provided by organizations and schools, determine if duplication of services, and needs outside of what is currently offered. 4. Continue to fund current prevention services and mentoring programs. 5. Provide Mental Health First Aid trainings to the community during SFY 2020.	1. Funding for ECMH services through Bayshore Counseling will be utilized appropriately and quarterly report will identify number of persons served and amount of funding utilized. 2. Board staff will participate in a minimum of 4 community events and/or trainings annually. 3. Develop comprehensive list of services currently provided, assess for duplication. 4. Assess need for additional prevention services based on feedback from community. 5. Quarterly reports from ROY, Age Exchange, NPD, Firelands, FLC, NEDC DFCA to track number of persons served and outcomes. 6. Fund a minimum of 2 Mental Health First Aid trainings through Firelands Counseling in FY 2020 and track outcomes.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Prevention: Increase access to evidence-based prevention	1. Include section in prevention RFI to address evidence-based services.	1. Prioritize funding of evidence-based prevention services.	1. Evaluate funding decisions based on provision of evidence-based services and ongoing evaluation of evidence-based services based on quarterly report.	<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	1. Increase awareness of resources including crisis hotline and Crisis Text Line. 2. Increase awareness of suicide warning signs. 3. Continued collaboration through Huron County Suicide Prevention Coalition.	1. Engage in community events, providing resources and education around available crisis services and suicide warning signs. 2. Host suicide education and awareness events in community. 3. Continued funding and support of QPR in schools. 4. QPR for community at least one time during SFY 2020. 5. Plan and host suicide awareness events during September 2019. 6. Continued expansion and reach of Suicide Prevention Coalition.	1. Number of resources distributed including information on crisis services and suicide warning signs. 2. Host a minimum of 2 community events for suicide education and awareness in SFY 2020. 3. Funding for QPR through Firelands Counseling will be utilized appropriately and quarterly report will identify number of persons served and amount of funding utilized. 4. Host community QPR during SFY 2020. 5. Huron County Suicide Prevention Coalition to meet at least once per quarter during SFY 2020.	<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	1. Early identification of problem gambling. 2. Community education on signs of problem gambling.	1. Ensure all contracted agencies are screening for problem gambling. 2. Public education will occur at community events throughout SFY 2020 including Huron County Fair.	1. Contracted agencies will report on number of problem gambling screens completed. 2. Number of resources distributed at community events regarding problem gambling.	<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
Transportation	1. Increase access to transportation services for behavioral health population.	1. Attend county/regional transportation meetings as scheduled. 2. Identify and assess options for increased transportation resources in county.	1. Reduction in transportation barriers for treatment and recovery services.

		3. Partner with other community organizations to expand transportation resources.	
Prevention, Common language, and community cohesion	1. Determine common language and promote throughout county to increase cohesion of prevention services.	1. Form subcommittee of suicide prevention coalition to select common language. 2. Fund train the trainer training to educate identified parties on common language. 3. Develop and implement targeted marketing campaign for common language. 4. Gather data to determine effectiveness of marketing campaign and common language implementation.	1. Complete train the trainer on selected common language. 2. Ongoing targeted marketing campaign for common language. 3. Gather data at minimum 2x per year to measure effectiveness of program.
Housing	1. Increase access to safe and affordable housing for individuals with SUD and mental illness.	1. Release RFI for recovery housing. 2. Collaborate with community partners including Salvation Army, United Fund, Huron Metropolitan Housing Authority.	1. Reduced wait times for entry into recovery housing. 2. Fund at least one additional recovery house SFY 2020.
Culture of Quality	1. Obtain Culture of Quality Certification through OACBHA.	1. Create policy committee to meet monthly and review/update policies as needed. 2. Obtain new office space to meet the requirements centered around privacy and other administrative needs.	1. Policy committee to meet monthly through March 2020. 2. Move into new office space by end of 2019. 3. Complete certification process no later than April 1, 2020.
Peer Support	1. Increase mental health and substance use peer support throughout the county.	1. Expand workforce of certified peer supporters for both mental health and substance use. 2. Continue to expand reach of services including partnering with behavioral health organizations, criminal justice, etc.	1. Contract with a minimum of 4 additional certified peer supporters. 2. Work with local hospitals to implement warm handoff process. 3. Quarterly meetings with identified partners to review and discuss program.
Community Center	1. Open Community Center in Norwalk to meet the following goals: <ul style="list-style-type: none"> • Eliminate Barriers to people accessing needed resources. • Reduce the number of individuals struggling with mental health and addiction. • Reduce stigma associated with mental health and addiction. • Promote an environment with positive pro-social activities and programs to help create 	1. Collaborate with area organizations and businesses to access and connect individuals to community resources related to health and wellness such as; community help groups (AA/NA/NAMI), counseling services, health and fitness services, and services to meet basic needs. 2. Educate and empower individuals to make positive life choices through educational classes, support groups, meetings, and other on-site events.	1. Create monthly schedule of programs, events, meetings, etc. and track attendance. 2. Track peer services monthly to present quarterly report to the MHAS Board. 3. Track referrals to area organizations monthly. 4. Create Community Center Committee to review programs/services and reports quarterly.

	<p>a strong, active, connected and sober community in Huron County.</p> <ul style="list-style-type: none"> • Provide a safe, convenient, and sober space for individuals to build relationships, implement healthy lifestyle habits and access resources. 	3. Peer support services: Provide a platform for those in long term recovery to help those new to recovery.	
CISM team	1. Develop and implement CISM team in Huron County.	<ol style="list-style-type: none"> 1. Identify prospective members and contact to determine willingness to participate. 2. Schedule training through FOP. 3. Maintain engagement. 	<ol style="list-style-type: none"> 1. Hold CISM training in SFY 2020 2. Schedule quarterly meetings to maintain engagement within group
First Responder Services	1. Implement services to provide support for first responders.	<ol style="list-style-type: none"> 1. Schedule first responder peer support trainings SFY 2020 (one for law enforcement, one for Fire/EMS/Dispatch). 2. Resource guide for first responders to include trainings, counseling services, and support. 3. Work with contracted providers to discuss options for meeting needs of first responders for counseling services. 4. CIT training for first responders. 5. Schedule educational events/ trainings for first responders to cover variety of behavioral health areas including self-care, resources, coping skills, substance use, etc. 	<ol style="list-style-type: none"> 1. Hold at least 2 first responder peer support trainings in SFY 2020. 2. Create and distribute resource guide to all first responder organizations by 9/30/19. 3. Fund and provide one CIT training during SFY 2020. 4. Offer educational/training opportunities at least quarterly. 5. Identify counseling options for first responders with contracted agencies and communicate to first responders.
Mental Health QRT	1. Develop and implement mental health QRT to increase awareness of services and provide outreach.	1. Identify and meet with community partners to implement program.	<ol style="list-style-type: none"> 1. MOU for QRT with identified community partners. 2. Create guidelines and policies for program. 3. Develop and implement schedule for QRT visits, to be held ideally within 72 hours of incident.
Community Engagement and Collaboration	1. Reduce stigma and increase awareness and acceptance around mental health and substance use.	<ol style="list-style-type: none"> 1. Schedule community throughout SFY 2020. 2. Social media campaigns. 3. Community Resource guide. 	<ol style="list-style-type: none"> 1. Hold community events at least quarterly during SFY 2020. 2. Participate in planned community events to increase awareness as scheduled. 3. Post to social media at least 1x/day

			4. Develop and distribute community resource guide.
Timely access to services	<ol style="list-style-type: none"> 1. Implement strategies to attract and retain qualified behavioral health professionals. 2. Collaborate with providers to discuss barriers leading to long wait times for services, including psychiatric services, and to identify possible solutions. 	<ol style="list-style-type: none"> 1. Partner with contracted agencies to determine ways to attract and retain qualified behavioral health professionals. 2. Identify minimum of 2 possible solutions for each barrier leading to long wait times for services. 	<ol style="list-style-type: none"> 1. Implement a minimum of 2 staffing strategies in SFY 2020. 2. Wait list reports. 3. Implement at least one solution to address wait times.

Collaboration

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

Since joining the Board nine months ago, one of the primary goals has been increased collaboration within the community. The Board has made significant progress in this area and has increased collaboration with the following organizations, in addition to contracted providers: Huron County Commissioners, Norwalk United Fund, DJFS, schools, first responders, FCFC, DD, Economic Development, Norwalk Chamber of Commerce, Huron County probation, Huron County Court of Common Pleas, Huron County Probate Court, Huron County Municipal Court, EMA, Norwalk Park and Rec, NAMI, Huron County Health Department, local hospitals, other Board areas, Salvation Army, and individuals in recovery.

The Board staff works to hold and/or attend community events at least once every other month with the goal of increasing community engagement and collaboration with the general public. At Board scheduled events, individuals in recovery and contracted providers are encouraged to participate. Quarterly provider meetings were recently implemented by the Board in which contracted providers meet to discuss successes, challenges, and trends and to collaborate on ways to best serve the clients and community. The Board continues to serve on coalitions, collaboratives and task forces to assist with information sharing and to identify ways to work together to meet the needs of the community.

Through increased collaboration with contracted providers and law enforcement, the MHAS Board has formed a Quick Response Team (QRT) and our ALERT (Area Law Enforcement Recovery Team) program. Our QRT team consists of Norwalk Police Department, Willard Police Department, the Huron County Sheriff's Office, Firelands Counseling and Recovery Services, and Family Life Counseling and Psychiatric Services. Every Monday and Thursday all 3 law enforcement organizations send an email to the group informing everyone if they have responded to any overdoses since the last QRT visit. If they have, a scheduled group of individuals from each organization will go out for a QRT visit to the individual who overdosed, providing them with resources and encouraging them to seek treatment. The ALERT team consists of a partnership between the MHAS Board, certified peer supporters, Norwalk Police Department, Willard Police Department, and the Huron County Sheriff. Through this program, individuals who are seeking help with their substance use can go to one of the law enforcement locations, state they would like help, and the law enforcement organization will contact the on-call peer supporter. The peer supporter will arrive at the law enforcement location within 45 minutes and will assist the individual seeking help. This program allows for increased access to treatment as the peer supporters can provide transportation to levels of care that are not available in Huron County (detox, residential services). The Board has also partnered with Firelands Counseling and Recovery Services, Oriana House, and the Huron County Sheriff's Office to expand services in the jail.

Finally, the Board recently formed a Suicide Prevention Coalition and this collaborative effort is open to anyone who would like to participate. To date, some of the participants include the general public, schools, DJFS, Norwalk Park and Rec, treatment providers, the Huron County Sheriff, Norwalk Police, and Huron County Juvenile Court. The goal of this collaborative is to implement suicide prevention and mental health programs and to increase awareness of suicide prevention throughout the community. The Coalition is currently working on developing a common language to be used throughout the community which will help tie together the numerous prevention programs.

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.

The Executive Director has not had much interaction with the state hospital since starting in the role other than at Northwest Regional Collaborative meetings. The MHAS Board has representation from our two local hospitals, Mercy Willard and Fisher Titus. We are currently working on partnering with our local hospitals to develop a peer support warm handoff process with the goal of working together to meet the needs of individuals struggling with mental health and/or substance use issues.

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
Fireland Counseling & Recovery Services		Crisis Hotline	

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.

Huron County Board of Mental Health and Addiction Services

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

ADAMHS, ADAS or CMH Board Executive Director

Date

ADAMHS, ADAS or CMH Board Chair

Date

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

Instructions for Table 1, “SFY 2019 -20 Community Plan Essential Services Inventory”

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

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

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

Instructions for the Essential Services Inventory

The goal is to provide a complete listing of all BH providers in the board area. However, at a minimum, at least one entity must be identified for each essential service category identified in Column A of the form.

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

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

Additional Sources of CoC Information

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

¹ <https://www.hcno.org/wp-content/uploads/2017/10/Huron-County-Final-2017-Health-Assessment-with-Participant-Feedback-10-3-17.pdf>

² <https://www.census.gov/quickfacts/fact/table/huroncountyohio/PST045218>

³ mi.state.oh.us/LAUS/ColorRateMap.pdf