Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Community Plan Guidelines SFY 2019 and 2020

Enter Board Name: MHDAS Board of Logan & Champaign Counties

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.

Logan and Champaign Counties are both considered rural communities with a combined population of about 84,000. Logan County is slightly larger. Both, are predominately white communities with major employment being manufacturing, farming and county government. In both counties nearly 1/3 of the population resides in the county seat, Bellefontaine (Logan) and Urbana (Champaign). There are five school districts in Champaign County and four school districts in Logan County. Approximately 40% of the total population of children for both counties are enrolled in Medicaid, 12% are uninsured, and 28% are being raised in single-parent households.

Both communities struggle to have adequate housing for the full gamut of needs in the community, but especially for our population of folks with low income or fixed incomes, affordable housing options are very limited. The homeless shelters are often full with waiting lists. Transportation in the rural communities is another barrier in accessing treatment options, maintaining employment and medical appointments. There is one primary public transportation entity in each county and their hours are limited to primarily 6am-6pm Monday thru Friday and many transportation needs have to be scheduled ahead of time.

Behavioral Health Redesign was a primary driving force for the acquisition/merger of Consolidated Care, Inc. by TCN Behavioral Health Services. The acquisition process which began formally in September 2018, challenged current staff by introducing new practices and policies, such as concurrent documentation, billing code complexities, and supervision expectations. The new agency is not well known to staff and significant changes are imminent and unfortunately there has been a crippling loss of staffing capacity in some service areas. In time these positions will be recovered, but currently access to psychiatry and med some services as well as addiction treatment services is especially limited.

Assessing Needs and Identifying Gaps

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

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

In SFY2019 the MHDAS Board of Logan and Champaign counties used several different mechanisms for assessing needs, strengths and challenges and establishing priorities for behavioral health services in the communities. Board staff actively participated in the collaborative CHIP processes in each community. While Logan and Champaign counties are on different schedules with that process and their approach to the process is different, MHDAS has been involved in the leadership teams of both communities. Both communities use a process that encourages involvement from community leaders as well as people involved in services from the community to add ideas and feedback both in the survey itself and in the public meetings held to garner more involvement in different neighborhoods of the county. Logan County completed their Community Health Assessment which included a number of elements related to mental health and addiction, in 2018 and then developed the 2019-2021 Community Health Improvement Plan (CHIP) in October 2018. Champaign County is preparing now for the next Community Health Assessment to be completed later in 2019. In both communities, the priorities of mental health and substance abuse have been in the top three issues for at least two CHIP processes.

Also, in both communities, already existing Coalitions have been tasked with development and implementation of strategies to affect these issues. The Suicide Prevention Coalition of Logan & Champaign Counties, Logan County CORE (Coalition for Opiate Relief Efforts) and the Champaign County Opiate Task Force have allowed much broader community involvement in building strategies to address the issues from diverse perspectives. Within each of the Coalitions there are representatives of the behavioral health system, public health, law enforcement, courts, persons in recovery or family members, faith community, medical providers, youth, education, business and advocacy groups.

Additionally, for SFY2019 the MHDAS Board developed a Strategic Plan of our own with input from staff and Board members for the next year. We used information gathered in the previously mentioned work with community partners and combined that with the issues pertinent to our mandated role as an ADAMH Board to establish a comprehensive system of care for those with mental health or addiction needs that includes services across the lifespan from prevention, to treatment and supportive services. Our approach for this strategic plan was to have four goals, one addressing a priority for the MHDAS Board and staff, one addressing the local behavioral health service provider system, one addressing the collaborative work with community partner entities, and one for health promotion in the communities.

In SFY2020, the MHDAS Board plans to continue leadership and/or involvement in the CHIP process, in the work of the Coalitions and the CHIP. We will intentionally build staff and board meeting time to review and evaluate progress of the Strategic Plan and those four goals referenced above. As our local system of care has just undergone the most significant change it has ever experienced with our local provider of 50 years (Consolidated Care, Inc) being acquired by TCN Behavioral Health on July 1, 2019, along with the BH Redesign impact for all providers, we will need to be keenly aware of access to effective, timely services in our communities. We will need to monitor the system from the perspective of availability of mandated services to the stability of the provider in addressing the needs of staff and clients through the transition.

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.

As mentioned above, the MHDAS Board has staff involved in the Leadership Teams for both Logan and Champaign County's Community Health Improvement Plans. The local Health Districts, local hospitals and the MHDAS Board are the primary drivers of the process in both communities. Logan County was involved at this level with Community Health and Wellness Partners (FQHC) and United Way as significant partner in the assessment and funders of the process.

This past year the Logan County Health District Board passed a resolution to allow moving forward with implementation of a local needle exchange program. There is again, collaboration between the Health District, Community Health & Wellness Partners, the MHDAS Board and CORE in moving this forward.

The biggest challenge in building collaborative efforts and messaging with the local Health Districts has been about capacity in staffing resources for them. Until just recently when both County Health Districts received a grant for Naloxone distribution, neither of them had a "Health Educator" position. So, while they were supportive of messages coming from the Health District related to mental health, suicide, addiction and opiates, they did not have the dollars to support marketing resources or the staff positions to carry the ideas through. With this new grant, both Health Districts will use some of the dollars to support a Health Educator position whose job duties will include the training for community individuals and groups on how to administer the Naloxone and having a supply to hand out to those who receive the training. We are excited to plan with them some other public health messages around suicide, mental health, addiction, vaping and trauma.

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

There were no formal disputes involving child service needs in either Family and Children First Council of Logan or Champaign County.

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

In addressing the needs of those receiving in-patient treatment in Twin Valley Psychiatric Hospital, we are fortunate to have the availability of local levy funding to support a Hospital Liaison position to meet with patients and staff while they are hospitalized and work with the discharge planning team to assure appointments are secured back in the community for out-patient treatment and supportive services. There is priority given to clients being discharged from the hospital and they can be seen within seven days of the discharge. One level of care that is missing in our local system is an adult day treatment program to support those with mental health diagnosis on a more intense level for a period of time once discharged from a psychiatric hospital setting. We are hopeful that in the continuum of services planned by TCN Behavioral Health we will have availability of this level of service in the next year.

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

MHDAS Staff have assisted the leadership of the local consumer operated service organizations in developing skills for strategic planning, policy development, and capacity for service delivery. Also In partnership with the Champaign County Drug Free Youth Coalition and Logan County CORE, community readiness assessments related to medication assisted treatment and stigma reduction were conducted and utilized to guide strategic planning across systems.

Although a formal ROSC Assessment has not been completed recently, the Sequential Intercept Mapping process in both counties included a cross section of the community leadership consistent with the ROSC 10 P's of the community: Providers, Persons in Recovery, Parents/families, Pastors, Press, Policy Makers, Payers, Philanthropy, Police, Professors/research. Keeping this broad cross section of Stakeholders involved/engaged during the hard work of aspiring to become a Recovery Oriented Systems of Care across 2 counties is an ever-present goal.

As part of our Strategic Plan, the MHDAS Board has the goal of incorporating ROSC principles into outcome measurement tools. We will be working through those with our new BH Provider agency, TCN Behavioral Health as the year progresses, and we will also look to incorporate some of the principles in outcomes for Recovery Zone, the local consumer operated service organization.

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)].

Health promotion is a gap. It continues to be a state-wide and local gap with inadequate funding and staffing in health education through public health systems including behavioral health. Assessments of K-12 prevention services for both counties have been conducted and reviewed for dosage and level of evidence toward outcomes. Our local board is working with TCN Behavioral Health as the BH provider agency, to focus prevention efforts on selected and indicated populations as well as increase lifespan prevention through environmental changes.

Access to Crisis Resources including assessment and stabilization is a current gap in the continuum for both counties. Emergency and Crisis Management (ORC 340.032 6d) was identified by the Champaign County Sequential Intercept Mapping exercise as a priority area amongst the sectors represented. In Logan County, addressing a systems communication issue related to crisis services was identified as a priority area. Subsequent discussions and analysis of Crisis Intervention Team (CIT) Data from Logan County revealed that the Pink Slip procedures are vastly different in both counties served. The Crisis Response system will be analyzed with data this year from all dispatch centers. With the implementation of a new CIT form designed for research analysis by Urbana University, and by addressing the differences in Pink Slip procedures through a combined county CIT Stakeholders group we will have the opportunity to look for creative ways to improve crisis services locally.

A recent three-month analysis of Logan County Dispatch Data indicates that an average of 1% of Dispatch calls are identified as Mental Health or Substance Use related calls. Two national studies indicate that these calls should represent 6% to 8% of Dispatch call volume (Engel & Silver, 2006; Novak & Engel, 2005). We believe mental health and substance use related dispatch are being underrecognized, which may indicate the need for targeted education either through the CIT Training or CIT Stakeholders group. It is hard to identify mechanisms for getting people in crisis to BH assistance sooner, if our first responders are not recognizing the crisis as a BH need. MHDAS Board staff will be facilitating discussions within the CORE Coalition, Opiate Task Force and CIT Stakeholders to encourage

more data collection around these issues to provide meaningful support continuing to look at ways to improve local crisis services.

Residential Treatment options are a gap. There are no residential treatment options available in Logan or Champaign County for either mental health or substance use disorder. The new provider agency, TCN does have Christopher House for men located in Xenia and we anticipate a greater access to this level of service. Additionally, TCN has plans to consider starting an adult partial hospitalization program for adults. While not residential, it would fill a gap of the need for more intensive services than traditional out-patient. We are also able to make use of the crisis stabilization and withdrawal management contracts for the Central Region to utilize again in SFY2020. While not available in our community, we have been able to access these valuable resources for a number of local individuals and are grateful for another year of access.

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.

Access to Early Childhood Mental Health capacity remains a significant gap for the two communities. With no credentialed staff providing service in our area, our other early childhood systems are not equipped to properly assess, or support issues related to social-emotional health and development. We will be working with the TCN as our new BH provider agency to consider building the skills for a staff person to specialize in this area. Previous funding to support this services was discontinued several years ago, and our Board committed to continuing to fund a position with local levy dollars. After that person with the training and credentials to provide the services left for a position out of county, providers have not been able to hire to fill the gap.

The capacity for Home Based Treatment Services (including ACT and/or IHBT) is a gap in the local continuum. The MHDAS Board has partially funded two positions for the past 5 years that allowed one clinician per county to provided home-based treatment and case management services for families at risk of having a child removed due to abuse/neglect or delinquency issues. Our local program was based on the evidence-based Home Builders Model and the agency received consultation and evaluation from Rick Shepler for the first few years. Maintaining staffing capacity has been difficult as this is time intensive work at sometimes difficult hours.

Home Based Services are a best practice for the prevention of out of home placement and further involvement with multiple systems. With productivity standards driving behavioral health services, rural communities face a challenge when it comes to high fidelity home based behavioral health treatment. As an incentive to become certified in IHBT under the Behavioral Health Redesign, IHBT received its own reimbursement rate, which is a pooled rate for the subset of services involved at a higher rate of pay than the average service provided if billed separately. Certification involves prescriptive standards that rural communities naturally struggle to achieve, simply by the amount of time needed to drive between locations (non-billable) and the smaller pool of qualified clinicians who are willing to work mostly evenings and weekends, which is when most families are available to meet without imposing additional barriers regarding appointment times.

A gap in funding to support the families involved with child welfare through the Multi-system Youth funding comes from the requirement for respite to be provided by a certified foster home. Foster homes are a sought-after commodity for out-of-home placements already. If the local foster families have availability to provide respite, they are often doing that for one

another in the system. Rarely is there an opportunity for a foster family to care for a child still in the custody of their parent in the community.

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 <u>only</u> 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 MHDAS Board of Logan & Champaign Counties				
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)	Ensure that persons who are IDU have prompt access to treatment services.	Coordination with local hospitals/jails to link persons to services Improve access to higher levels on Continuum of Care. Support implementation of a local safe syringe exchange program	Data tracked on CIT reports for linking people treated in ER to services Use of withdrawal management/crisis stabilization beds through Central Regional SOR dolalrs. Opening of a syringe exchange program in Logan County	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Ensure that women who are pregnant and have a substance use disorder have prompt access to treatment services	Increase availability of local medical providers waivered to prescribe suboxone Use the Logan/Champaign Opiate MOMS Case management position to link and connect pregnant women to services both for SUD treatment and prenatal care.	Monitor the # of medical providers waivered to prescribe suboxone Track the cases open and progress of cases with the Logan/Champaign Opiate MOMs project.	__ No assessed local need __ Lack of funds __ Workforce shortage __ 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 for children at risk of parental neglect/abuse due to SUDs)	Those parents involved with Logan Co. specialty dockets will engage in tx, demonstrate sobriety from substances and actively participate in recovery support activities. Improve referral process for CSB families not involved in FTC.	Work collaboratively with specialty docket courts in Logan County; monitor with drug screens, attendance at sober support meetings and other supportive activities Meet with Children Services in both counties as needed to develop effective referral process and information sharing loop.	Measurement of sobriety time while involved in specialty dockets with drug screen results. # of Sober support activities weekly Regular meetings with TCN and Children Services to address any barriers to accessing treatment and needs for the children involved.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Linking clients to medical home	Complete a health history with all clients; those identified with communicable disease will be referred to local medical provider	# of clients with a documented medical home, especially those with identified communicable disease	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	A. Ensure access to children with SED to needed MH/AoD services. B. Offer coordinated services with the Family Courts for youth with SED. C. Youth with SED will receive prompt and effective crisis services.	Maintain staffing levels in each office to ensure prompt access to services for children. Expand school-based MH/AoD services to improve access for youth with SED. Maintain IHBT services available to each county Family Court, offering intensive MH/AoD services to youth and families in their home environment Crisis staff trained to work with youth in crisis to build safety plans or inpatient services to meet youths need	Waiting list for youth MH IHBT caseload in each county # of crisis calls involving youth and outcomes of the calls	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Decrease hospital readmissions in Continue accessibility improvement.	Use of hospital liaison/CPST to meet w/ clients at hospital and assure first appt scheduled w/in 7 days of discharge. Use of "caring contracts" or visit for those who do not followed up for out-patient appt. Walk in Clinic for intakes and adjusting staffing patterns based on need	Hospital liaison position visits to hospitals and follow ups with clients who do not show for first appt. following discharge. # of appts kept following hospital discharge # of people opened at Walk In Clinic # of people given appt time to come back	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Collaborate with RA, Inc. and Homeless Shelter options in each county Assess for appropriateness of Recovery Housing Assess for Sheltering at Soltera House for domestic violence	Monthly meeting with Residential Administrators to improve accessibility of permanent housing, Recovery Housing for clients Prioritize use of Solteria House for Logan/Champaign Co families	# of clients identified as homeless # of homeless clients able to find stable housing # of clients using shelters	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

MH-Treatment: Older Adults	Improve engagement of Older Adults into services.	Continued collaboration between crisis therapist and APS worker at DJFS offices when older adult needs require assessment. Train meal delivery and home visiting staff in MHFA and local resources	# of APS cases where Crisis worker asked to do assessment of older adult # of trainings to in-home providers for older adults	__ No assessed local need __ Lack of funds __ Workforce shortage __ 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	Align Criminal Justice systems with evidence based best practice at each segment along the Sequential Intercept Map with the goal of improving treatment and recovery outcomes. Increase communication between courts and BH providers to assure problems are addressed early and do not result in negative impact to client's legal status	1) Standardize evidence based pre-trial and jail assessments. 2) Coordinate the Addictions Treatment Program (ATP) for Specialty Dockets. Quarterly meetings of Team 3) Monitor Behavioral Health Criminal Justice Linkage (BH/CJ Linkage) program outcomes. 4) Align Stepping Up and Crisis Intervention Team (CIT) priorities.	1) Obtain a list of assessments from Jails and Courts. Review function of assessments in Sequential Intercept Mapping (SIM) work groups. 2) ATP quarterly reports sent to OhioMHAS including number of participants per court and amount spent on Recovery Supports and Treatment Services. 3) Six Month BH/CJ reports including number of people served with a breakdown of treatment, case management services provided, and amount spent. 4) CIT Stakeholder and Stepping Up Steering Committee meetings held quarterly. Meeting minutes reflect content alignment.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Integration of behavioral health and primary care services	Increase collaborative efforts with CHWPLC and other medical providers	Quarterly checking in with health care providers about any concerns or collaborative issues. Schedule meeting when needed	Increase # of clients who have an identified primary medical provider # of clients accessing MAT w/ local medical provider	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Increase the number of people living in successful recovery.	1) Align Recovery Zone's priority areas with Sequential Intercept Mapping (SIM) Peer Support priorities. 2) Expand the role of Faith Based organizations in local Coalition work. 3) Continue working with the Continuums Of Care (CoCs) and with the Regional Affiliate Board (RAB) Housing Work Group to support housing initiatives. 4) Monitor State Opioid Response (SOR) Housing Grant programs on a monthly basis. 5) Continue to provide funding for supported employment for clients with MI or SUD	1) Include SIM priority areas in Recovery Zone's Quarterly Reporting requirements. 2) Sign in sheets are used for all coalition meetings including CORE and the Drug Free Youth Coalition, and meeting notes will reflect Faith Based involvement. 3) Advocacy for alignment of Housing priorities with Sequential Intercept Mapping priorities will be reflected in the meeting minutes. 4) Complete monthly monitoring phone calls with OhioMHAS with the SOR Project Lead. Ensure GPRA interviews are completed for SOR Housing Recipients. 5) Active contract for Supported Employment services	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Increase access to marketing and resource information documents available in Spanish	Have readily accessible local BH resource info available in Spanish at TCN and at MHDAS	Work with local transcriber to take current marketing materials and translate to Spanish document	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	Decrease the number of opiate overdose deaths in Champaign and Logan Counties.	1) Increase access to Naloxone through partnerships with the Champaign and Logan Health Districts who will provide training and public access to Naloxone. 2) Promote proper disposal techniques to area residents via drug drop boxes, National Take Back Day events and drug deactivation bags. 3) Establish Overdose Fatality Review teams to review fatalities related to	1)Tracking the number of individuals trained in Naloxone utilization, number of doses of Naloxone distributed and the number of deaths resulting from opiate overdose in both counties. 2) Tracking the pounds of medications collected in drug drop boxes (5 in Champaign and 3 in Logan) and at the 2 National Drug Take Back Day events held in both counties. Track the number of drug deactivation bags disseminated.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

		opiate overdose to identify death prevention opportunities and missed intercepts for intervention.	3) Track the number of overdose fatality review meetings held in each county annually and the number of deaths reviewed.	
Promote Trauma Informed Care approach	Increase the number of organizations and agencies that are trained in Trauma 101 and Trauma Informed Care principles.	Utilize the 8 trained trainers in the community to train across systems on Trauma 101 and Trauma Informed Care principles.	Track number of individuals and organizations that are trained in Trauma 101 through the 8 trained trainers. Track the number of policy changes that adopt trauma informed care principles.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Assess prevention services across the lifespan for Logan and Champaign County residents and classify in terms of effectives by evidence level and type of prevention.	Work with Board provider and other behavioral health providers to examine and classify all prevention services occurring in Logan and Champaign Counties.	Lifespan prevention assessment developed and updated annually.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Increase access to evidence-based prevention	Provide coaching, consultation, and training to schools and community partners in Logan and Champaign Counties to increase access to evidence-based prevention.	TCN, Board staff, and other behavioral health partners will work with the Champaign County Drug Free Youth Coalition & Opiate Task Force, Suicide Prevention Coalition of Logan and Champaign Counties, and Logan County CORE to identify training/programming/coaching and fidelity opportunities across the systems in both counties.	Coaching, consultation and training hours and events will be tracked. Number of evidence-based prevention programs will be tracked. Number of environmental change strategies will be tracked.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Suicide prevention	Increase the number of residents who know warning signs of suicide and how to seek help.	1.Mental Health First Aid training, the youth, adult, and teen training will continue to be offered by 6 local trainers; 2. Signs of Suicide/ACT education and screening will continue in 6th and 9th grades in both communities; 3. Suicide prevention coalition will continue to provide suicide support	1. Training attendance will be tracked for each training offered. 2. Pre-post test data for education will be tracked as well as the number of students who receive education and screening. Those screening positive on the screening will complete further assessments and be tracked for referral outcome;	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		group 1 x monthly and deploy the LOSS team to prevent further disconnection to survivors; 4. Suicide prevention coalition will launch a business workplace suicide prevention training schedule in partnership with the local Chambers of Commerce. 5. Continued implementation of Zero Suicide initiative with TCN local staff, processes and services. 6. Participation in a regional Question, Persuade, Refer (QPR) "blitz" during September for Suicide prevention month as part of a regional challenge 7. Local high schools will be asked to include the Kognito Friend2Friend practice simulation in their school year for students in grades 9-12.	3. Attendance for support group and responses from LOSS team will be tracked. 4. Attendance and pre-post tests will be tracked for all participants. 5. Policy changes, trainings, and Patient Health Questionnaire implementation will be tracked. 6. Number of attendees, sectors and sessions will be tracked. 7. Number of school districts and students will be tracked for completion.	
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	To increase screening for gambling in medical settings and other community opportunities	Approach medical providers to include Problem gambling screening along with PhQ-9 and/or SBIRT screenings	# of entities that implement problem gambling screening besides the BH provider agency.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Increased opportunities for Health Promotion and Prevention together with the Health Districts	To increase the promotion of healthy behaviors in both local communities	Working with local Health Districts for public health campaigns regarding suicide, addiction, and smoking/vaping.	# of public service announcements or other messages around health promotion and prevention of suicide, addiction and tobacco use.
Creating a county-wide strategy of school-based prevention and treatment services in each community	Planning with the local ESC to engage all schools in the county to participate in a collective process for establishing overarching priorities around prevention and wellness	Utilized MHTTC for facilitation of a strategic planning session with all schools in Logan Co and working with Madison/Champaign ESC to develop a plan for Champaign County	Attendance and identified priorities from a planning session in each community.

Improve local crisis services	Continue to work at creative ways to better meet the local needs for crisis services around both mental health and addiction through the Sequential Intercept Mapping work in both communities.	Develop areas for improved communication and info sharing Develop better data tracking Develop creative ways to assisting people in crisis that may avoid need for hospitalization	Track tools developed to share information Track use of evidence-based screening at different points in CJ process Meeting minutes of the CORE Team in Logan Co. addressing SIM priorities and SIM Action Teams in Champaign County.
Increase access to peer support services	Work with TCN Behavioral Health to increase access to local peer support services in the community.	Pursue funding opportunities to support the role of Peer Support in community settings like ED at hospital, local jails, BH agency, recovery Housing, etc. Pursue training opportunity for more peers to be certified as peer support specialists	# of Certified Peer Support Specialists # of trainings for Certification # of paid positions in community for peer support
Provide a stable and robust continuum of care for Logan and Champaign Counties	Work with TCN Behavioral Health to maintain stability and identify areas for increasing capacity over the next year as they grow into the communities.	Meetings quarterly to review with Admin Team progress in service capacity/access and service effectiveness Meeting monthly with MHDAS Exec. Director and TCN CEO to discuss administrative/financial issues	Monitoring of # clients serviced # of new clients opened Review of staffing capacity and TO Review of financial stability and management concerns.

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?)

One of the most exciting collaborations that the MHDAS Board has been actively involved in over the past year is the ***Regional Affiliate Board (RAB) group****. This group is currently made up of five Boards,*

- *MHRS of Clark, Greene & Madison Cos*
- *MHDAS Board of Logan & Champaign Cos*
- *ADAMHS Board of Montgomery Co*
- *Preble Co MHRB*
- *MHRS of Warren & Clinton Cos*

This original group of Boards was established to utilize a regional approach to accomplish certain mutual goals and objectives in order to streamline processes, combine purchasing power and enhance quality services across the region. Over the past year and continuing in SFY2020 we have worked to establish a standard set of contract/procurement tools where individual specifics can be more Board specific in the Attachments but are common in the legal sections of the contracts. We have collaboratively looked at the capacity of staff and resources related to prevention across the RAB and inventoried the evidence-based practices and programs currently being used. We have also worked collectively to address housing and capital needs within the region and would like to consider a regional project that would address some needs from each county in terms of a residential group home-type facility. One of the greatest accomplishments of the RAB is the sharing across Boards for things like policies, fiscal practices, procurement processes, consistent measurable outcomes, etc. We have learned a great deal from one another and are all convinced, we are better together in what we can accomplish.

In Logan County a successful collaboration related to the coordinated work of 7 different prevention Coalitions is the ***CAB- Coalition Advisory Board****. This group was established 5 years ago and has continued to evolve. The Coalitions included are: Access and Resources Coalition (addressing transportation and 211), Continuum of Care (addressing housing and homelessness), CORE – Coalition for Opiate Relief Efforts (addressing addiction—still need to change the name to be broader than opiates), Suicide Prevention Coalition of Logan & Champaign Counties –(addressing mental health and suicide), Healthy Living Coalition – (addressing chronic diseases prevention and health promotion), Safe & Healthy Families Coalition – (addressing child maltreatment and child well-being), Workforce Development Coalition – (addressing concerns for adequate, healthy workforce for local business & manufacturers). CAB provides a quarterly table for all Coalitions to provide updates on their strategies and logic model progress to address those needs identified in the collective Community Needs Assessment. CAB membership is local leaders and funders as well as the chairs of each of the Coalitions. This gives access for Coalitions to make requests, present barriers needing resolution, and update community leaders on the work being done without the county leadership having to attend all seven Coalitions individually. CAB members are also trained and understand the Strategic Prevention Framework model and can offer monitoring and guidance to Coalitions who are stuck or need technical assistance.*

In Champaign County an exciting collaborative project involves different partners from the local ***Early Childhood Collaborative Committee*** *in developing a system to address the high number of preschoolers not presenting "ready" for school at Kindergarten screenings. The FCFC has taken the lead in getting staff trained to administer the ASQ-SE at each schools Kindergarten Screening Event, local daycares have committed staff to administer the ASQ-SE to their students, and the scores of all the tools are being collected by the Champaign County Health District epidemiologist staff. FCFC also has staff trained licensed and trained to administer the DECA for those preschoolers screening below a certain threshold. Then for those that are assessed to need more formal interventions, they are referred to a pediatrician at a local medical practice for further assessment and interventions for the family and child. We are just at the place where they have all of last year's data entered and ready to analyze to determine if there are common themes in the areas of Social Emotional Learning (which tends to the area of most concern at Kindergarten readiness assessment) so that targeted education and interventions can be selected to address those needs. This too, has been an exciting collaborative where the group came together to solve a problem of school readiness.*

First in Logan County and more recently in Champaign County we are partnering with the local ***Health Districts for the community disbursement of Narcan and training*** *on the appropriate use of it. Through the state's opportunity in CURES STR funding we started the conversations with our local Health Districts to become "Project Dawn" sites and consider offering Naloxone in a broader way than just the OMHAS allocation for first responders in each community. Logan County was quick to take on the challenge of trying to figure out the specific requirements for a Project Dawn site and learned after lots of research that it was just too difficult and required proof of sustainability that they could not do without the additional funds. With the CURES STR funding we were able to document their efforts and inability to meet Project Dawn protocols and so were able to use STR funds to support a staff person to do community training on the use of Narcan. We still at that time did not have funding to support a supply of Narcan to be given out at the training but were at least assuring that people were being trained and should the occasion present itself that someone needed revived they could at least assist if there was Narcan available at the scene. Then more recently with some carryover of SOR dollars we were able to give the Logan Co Health District funding to support 48 doses of Narcan for distribution. Logan County Health District on their own recently went after grant funding from ODH for 500 doses and were influential in getting Champaign County Health District to consider an application for the same funding, offering to share the training curriculum and other program documents that they had been using to get Champaign County started. Champaign County too was awarded the grant and will receive 250 doses for distribution in the community. We feel like this project has come so far in just under a year. In Logan County there are plans to disburse some doses through Mary Rutan Hospital Emergency Dept., working with the Logan County Jail to at least hand out vouchers as people are discharged so they can come to the Health District to get the training and the Narcan. We are looking at linking with the Overdose Response Teams that are going out once per week to visit the homes of anyone who overdosed in the past week, scheduling meetings school administrators to offer staff training and keeping several doses at each school, having a booth set up at local Recovery Events this summer to offer training and Narcan out in the different high risk neighborhoods where the events are held.*

Lastly, is the collaboration and energy ignited with recent ***Sequential Intercept Mapping Trainings with NEOMED*** *around opiates in Logan County and around Mental Health in Champaign County. Each*

county went through their training in late April and first of May. Since that time, there has been much activity around improving data collection related to CIT reporting, EMS calls and law enforcement dispatch data. Each community is pushing the ongoing work out to different entities. In Logan County the CORE (Coalition for Opiate Relief Efforts) will take on the work in a couple of their strategy teams and this will give new direction for those teams with a few new faces around the table. In Champaign County there were new groups developed at the close of the SIM training and those groups are meeting regularly to build strategies and investigate what data is needed to help understand the best approach locally.

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.

TCN Behavioral Health, the new provider agency will continue to use the position of Hospital Liaison, with partial funding from the MHDAS Board levy, to work closely with private and state hospitals to connect with clients shortly after admission and to be involved in discharge planning, help in linking to local services and developing a relationship even before discharge. These efforts have proven to enhance outcomes for the client, but also are welcomed by the hospitals to have someone familiar with the community and the resources available involved in helping them understand limitations and the opportunities for recovery supportive services in the two communities.

While we do have the use now of the Crisis Stabilization and Withdrawal Management beds through the regional allocations, there has not necessarily been a significant decrease in the need for hospitalizations in the two counties. However, the admissions are not increasing either.

With the merger/acquisition of CCI to TCN this fiscal year, we anticipate a greater use of Miami Valley Hospital as they have medical staff connected to that hospital and it fits nicely into their continuum of services. TCN has not been a provider for a Board area in the Twin Valley region previously, and their catchment area hospital is one of those with an overwhelming percentage of the population that are forensic patients. They have rarely used the state hospital system. We are working with them on understanding that when a client is indigent that we want them to try to use the Twin Valley Hospital.

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	Identifier Number	ALLOCATION
N/A		

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
N/A			

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.

Mental Health Drug, Alcohol Services Board of Logan & Champaign Counties
____
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/**