Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Community Plan Guidelines SFY 2019 and 2020

Enter Board Name: Mental Health & Recovery Services Board of Lucas County

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

Environmental Context of the Plan/Current Status

1. Describe the economic, social, and demographic factors in the board area that 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.

Lucas County is the sixth largest county in Ohio with a population of approximately 430,000 residents[1], representing a decline of 2.7% from the 2010 census. It is home to Toledo, the fourth most populous city in Ohio[2]. Its population is diverse, with an estimated 20.3% of individuals identifying as Black or African American alone, 7.3% of individuals identifying as Hispanic or Latino, 3.2% of individuals identifying as two or more races, 1.8% of individuals identifying as American Indian or Alaska Native alone, and roughly 68% of individuals identifying as white alone (not Hispanic or Latino)[3]. Foreign-born individuals make up 3.8% of the population, and 6.7% of individuals 5+ years old speak a language other than English at home[4]. It is estimated that 7.5% of Lucas County residents under age 65 are without health insurance[5]. The median age of Lucas County residents is 37.7 years old[6]

The county's rate of unemployment was at 5.0% by the end of 2017, slightly lower than 2016[7]. Those numbers do not take into account a steadily declining number of people in the workforce in Lucas County. At 19.8%, Lucas County has the highest percentage of poverty in all of Ohio's ten largest counties[8]. The per-capita income in the past twelve months (in 2017 dollars) between calendar years 2013-2017 was just over $27,000[9]. The largest demographic living in poverty is females 25-34, followed by females 18-24[10].

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[1] Ohio Counties by Population, as cited from the 2017 American Community Survey 5-Year Estimates (U.S. Census Bureau, American Community Survey Office), https://www.ohio-demographics.com/counties_by_population
[2] Ohio Cities by Population, as cited from the 2017 American Community Survey 5-Year Estimates (U.S. Census Bureau, American Community Survey Office), https://www.ohio-demographics.com/cities_by_population
[3] United States Census, QuickFacts: Lucas County, Ohio, Population estimates July 1, 2018, https://www.census.gov/quickfacts/fact/table/lucascountyohio/PST045218
[4] United States Census, QuickFacts: Lucas County, Ohio, Population estimates July 1, 2018, https://www.census.gov/quickfacts/fact/table/lucascountyohio/PST045218
[5] United States Census, QuickFacts: Lucas County, Ohio, Population estimates July 1, 2018, https://www.census.gov/quickfacts/fact/table/lucascountyohio/PST045218
[6] Data USA, Lucas County, https://datausa.io/profile/geo/lucas-county-oh
[7] Lucas County Auditor, 2017 Comprehensive Annual Financial Report, p. 4. (https://www.co.lucas.oh.us/DocumentCenter/View/69576/Lucas-County-CAFR-2017---Final-05-17-18)
[8] Welfare Info, as cited from the 2017 American Community Survey 5-Year Estimates (U.S. Census Bureau, American Community Survey Office), https://www.welfareinfo.org/poverty-rate/ohio/compare-counties
[9] United States Census, QuickFacts: Lucas County, Ohio, Population estimates July 1, 2018, https://www.census.gov/quickfacts/fact/table/lucascountyohio/PST045218

Despite the economic difficulties in Lucas County, its citizens continue to be very supportive of this Board's efforts to serve persons with behavioral health disorders. In November 2018, voters approved a renewal 1.0 mill levy at 74.8%. The renewal levy allows the MHRSB the opportunity to continue services in the county, a necessity given that the number of people seeking mental health and/or substance use recovery services increased 13.26% from FY 2015 through FY 2018, and is anticipated to grow by approximately 3% each year through SFY 2022[11]. In 2017, there were 15,456 bookings into the Lucas County Correction Center, and it is estimated that 57% of those individuals had a behavioral health need.[12] Additionally, the rate of deaths by suicide in Lucas County rose by 24% between calendar years 2015-2017, from 65 people to 81 people respectively[13]. And finally, unintentional opioid-related overdose deaths continue to account for the majority of all unintentional drug overdose deaths in Lucas County, accounting for roughly 82% of all of unintentional overdose deaths in 2017[14].

With respect to Behavioral Health redesign, Community Mental Health Centers are reporting that reimbursement levels for mental health services are insufficient to cover expenses related to intensive services such as ACT, MST, and other non-office-based services. Agencies have reported significant budget deficits in FY 2019, and without relief from ODM, agencies will likely reduce services that are not fully covered by Medicaid Reimbursement rates. Additionally, due to the lack of impactful improvements in reimbursement structures by ODM/ODMH, agencies are turning to the Boards to make up the deficits. The end result will be a less robust continuum of care due to local funds being diverted to cover treatment services that should be borne by ODM. Managed Care Organizations are not made accountable for care coordination, nor have they demonstrated efforts or developed strategies to improve engagement of treatment-resistant clients. Finally, there is a critical need to obtain client-level data from ODM so that Boards can fulfill their statutory responsibilities.

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.

Below are the MHRSB's current and ongoing needs-assessment strategies and findings. In addition to these efforts, and in accordance with its 2017-2020 Strategic Plan, the MHRSB formed a Data and Information Systems Subcommittee to accomplish several tasks related to improved data collection and reporting, which would lead to more informed decision-making. The subcommittee is led by a Board Trustee and includes a mix of Board Trustees, Board Staff, and select stakeholders. At present, the subcommittee has developed a set of outcome standards based on Board priorities ('Priority Outcomes Framework') for which all agencies funded by the MHRSB will be accountable. The MHRSB is also currently undergoing a substantial assessment of its resources with respect to data collection, storage, analysis, and communication, and is awaiting a recommendation for a plan to upgrade its infrastructure and improve its processes to evaluate impact, issues, gaps in services, and disparities.

[10] Data USA, Lucas County, https://datausa.io/profile/geo/lucas-county-oh
[11] Mental Health & Recovery Services Board of Lucas County, Levy Case Statement, p. 4
[12] Mental Health & Recovery Services Board of Lucas County, Levy Case Statement, p. 4
[13] Mental Health & Recovery Services Board of Lucas County, Levy Case Statement, p. 4
[14] Ohio Department of Health, 2018

Annual Stakeholder Forums

As part of the FY 2020 purchasing plan process, MHRSB Staff organized two types of forums to collect feedback from the Board's contract agencies, system collaborators, and stakeholders: the annual stakeholder forum and three program forums for treatment, prevention, and recovery support services.

- *Stakeholder Forum*: MHRSB held a public stakeholder meeting with the purpose of gathering input from all interested parties to inform the MHRSB on community needs for prevention, treatment, and recovery support systems related to behavioral health. Organizations and individuals were given the opportunity to address Board Trustees. For those who could not attend, they were able to submit written remarks in advance of the meeting. The most prevalent themes were: 1) continued multi-system collaboration where behavioral health intersects with criminal justice, homelessness, hospital discharges, and/or youth; 2) agency financial and programmatic losses due to Behavioral Health Redesign; 3) gaps in crisis stabilization/mobile crisis services; 4) the need for increased focus on cultural competency, diversity, and language access/navigation; and 5) agency workforce/staff development needs around recruitment and retention.
- *Program Forums*: Taking the information learned from the annual stakeholder forum, the MHRSB organized three additional forums specific to treatment, prevention, and recovery support services for agencies funded by MHRSB. The most prevalent themes that emerged from the forums were: 1) the need for more education to the community and clients who receive services in the system regarding the use of medical marijuana; 2) more services for transition-aged youth, specifically mentoring; 3) the need for flexible funding to support better coordination of care and engagement strategies for challenging populations (e.g. individuals with a substance use disorder in the pre-contemplation stage, homeless, non-compliant clients); 4) challenges with Medicaid applications (i.e. length of time to process application); and 5) more support for the aging population as this demographic is taking on more caregiver responsibilities and the demographics of individuals seeking substance use services are increasing in age.

Assessing Community Psychiatric Emergencies Services

MHRSB invests nearly $4 million dollars to provide emergency psychiatric and stabilization services to both resident adults and juveniles in Lucas County. However, community stakeholders continue to cite additional needs to support adults and youth who are or have experienced a need for emergency psychiatric interventions within the community. Some of the needs referenced include: 1) development of a psychiatric rehabilitation center; 2) development of a Guardianship Board; 3) increased access to and improved reimbursement rates for Assertive Community Treatment (ACT) and Intensive Home-Based Treatment (IHBT) Teams for youth; 4) formation of Law Enforcement Assisted Mobile Crisis Teams; 5) formation of community-based psychotropic medication monitoring teams; 6) creation of an assisted outpatient treatment program; 7) creation of an outpatient competency restoration program; 8) improved access to private hospital psychiatric units that are willing to seek court orders for forced medications.

Given the level of MHRSB investment, current MHRSB budget constraints, stakeholder satisfaction, environmental conditions related to Behavioral Health Redesign, and identifiable gaps/needs to properly support individuals who are or have experienced psychiatric emergencies, a temporary Community Psychiatric Emergency Services Sub-Committee (CPES) within MHRSB was formed to address these issues. CPES participants include MHRSB Trustees and staff, contract agency executives and staff, psychiatrists and clinicians, consumers of public behavioral health services (specifically emergency services), law enforcement, and additional key stakeholders. This group is tasked with assessing the current functioning and cultural relevancy of existing psychiatric emergency services for adults and youth, and developing recommendations to improve intervention, treatment, and support services for the diverse adult and youth consumer populations experiencing psychiatric emergencies in Lucas County. The results are forthcoming later this fiscal year.

Guardianship Board Exploratory Committee

Lucas County currently has guardianship needs for individuals who are indigent, deemed incompetent by Probate Court, or are living in Lucas County nursing homes with no family or next-of-kin willing or able to become their guardians. Lucas County partners who serve members of these populations have created a Guardianship Board Exploratory Committee to consider the

creation of a Guardianship Board as outlined in Ohio Revised Code 2111.52 that will oversee the provision of Guardianship services to the members of these populations in need of such services. The Committee has selected a consultant to assess the current Guardianship service needs in Lucas County, review the existing Guardianship operations utilized in comparably sized Ohio counties, and make a recommendation to the Committee on the most appropriate course of action to pursue for the provision of Guardianship Services based on the review and assessment. Information is forthcoming.

Assessing and Addressing the Opioid Epidemic in Lucas County

Unintentional opioid-related overdose deaths continue to account for the majority of all unintentional drug overdose deaths in Lucas County, accounting for roughly 82% of all of unintentional overdose deaths in 2017[15]. From FY 2013 to FY 2018, the number of individuals addicted to opioids receiving treatment more than doubled, and the associated cost of the treatment has increased more than five-fold in a six-year period. Therefore, MHRSB continues to evaluate gaps in its continuum, as well as monitor the population groups and areas most affected by the epidemic. In the most recent comprehensive analysis of the epidemic's impact, the following data were derived: 1) The treatment cost for Opioid Use Disorder (OUD) per individual has risen 103% over a five-year period ($2,649 per individual to $5,375 per individual)[16]; 2) Overdose-related emergency department encounters have increased by roughly 80% between CY 2013 and CY 2017, as captured through the State of Ohio's EpiCenter surveillance tool[17]; 3) There is a significant increase in the number of African Americans dying from opioid-related overdoses in Lucas County[18]; 4) Deaths from opioid-related overdoses occur typically in the age range of 33-44 years old[19]; 5) 6% of adults reported using medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 11% for African Americans[20]; and 6) 7% of youth aged 12-18 years old reported living with someone who uses illegal drugs or misused prescription drugs[21]. With this information, MHRSB is expanding its analyses in the following areas:

- *Prevention: Community Collective Impact 4 Change (CCIM4C)*: In November 2018, the MHRSB was awarded the CCIM4C grant under the 21st Century CURES Act through OhioMHAS. A strategic prevention plan for addressing the opioid epidemic and a defined ecosystem for implementing the plan were developed in collaboration with the Toledo-Lucas County Health Department. The first step of implementation was to document the current OUD prevention programs in Lucas County and identify gaps in the system. The results are forthcoming.
- *Awareness and Harm Reduction in the African-American Community*: Additional research regarding opioid-related death rates among African Americans in surrounding areas was conducted, and a year-over-year comparison study was developed to assess the death rates among African Americans, Latinos/Hispanics, and Caucasians. A work group, consisting of MHRSB Staff, minority-led OUD treatment agencies, and the Toledo-Lucas County Health Department, has recently formed to develop a culturally relevant campaign to engage the African-American community, increase awareness of the data regarding opioid-related deaths in the African-American community, and inform community of available resources.

Evaluating Health Equity within the Continuum of Care

Since 2016, MHRSB has been engaged in thoughtful and critical strategic activities and decision-making to support the goal of advancing behavioral health equity among the diverse groups within the Lucas County. This has been done through building new relationships with diverse stakeholders in the community, assessing language access in the continuum of care, and utilizing the MHRSB's Inclusion Advisory Council to consider gaps in the system and make recommendations to MHRSB leadership. Over the past few years, all agencies funded by the MHRSB have

[15] Ohio Department of Health, 2018
[16] MHRSB, "Addressing the Heroin/Opiate Epidemic (FY 2019)," p. 4, http://www.lcmhrsb.oh.gov/wp-content/uploads/2014/07/ADDRESSING-THE-HEROIN-OPIATE-EPIDEMIC-FY19-UPDATE.pdf
[17] Lucas County Opiate Coalition, 2018
[18] Overdose Fatality Review Committee, 2018, p. 3
[19] Overdose Fatality Review Committee, 2018, p. 3
[20] Healthy Lucas County, *Lucas County Health Assessment 2017*, pp. 70-71
[21] Healthy Lucas County, *Lucas County Health Assessment 2017*, pp. 132

undergone a comprehensive organizational self-assessment built on the principles of the Culturally and Linguistically Appropriate Services (CLAS) standards. The findings from this assessment, as well as from the MHRSB's annual monitoring efforts, have demonstrated that the most prominent disparities among the continuum of care include communication strategies and language access, including limited English proficiency and deaf or hard-of-hearing; culturally and linguistically diverse governance and workforce; and consistent policies and procedures that are culturally competent and culturally sensitive in all levels of operation. MHRSB has added language in its FY 2020 Agency Agreements for these elements to be addressed and developed this fiscal year, and efforts will continue to be monitored, with technical assistance offered.

Assessing Chronic Homelessness and Incorporating a *Housing First* Initiative

Each night, nearly 300 adults reside in one of Lucas County's homeless shelters[22]. While a large percentage of those individuals transition to an appropriate level of housing and stabilize, a significant portion do not for various reasons. Further, homeless individuals with disabilities such as behavioral health disorders are among the most vulnerable in Lucas County, and some remain homeless for extended periods. Lucas County's 2018 Point-In-Time count revealed that 41 individuals residing in shelters or the street met the criteria for "chronically homeless,"[23] as defined by the Department of Housing and Urban Development.

The MHRSB has identified "reducing chronic homelessness for individuals with behavioral health issues" as a priority outcome for the public behavioral health system[24]. Therefore, the MHRSB, in partnership with the Toledo Lucas County Homelessness Board, the Lucas County Metropolitan Housing Authority, the Board of Lucas County Commissioners, and other stakeholders formed a core committee in 2018 to develop the framework of what a Housing First model within Lucas County would look like and how it would operate to serve the chronically homeless. The goal for the Housing First process is to advance permanent supportive housing to individuals identified as chronically homeless within 30 days of enrolling in the Housing First process. MHRSB is piloting and funding a program it developed with an OhioMHAS-certified treatment agency to serve chronically homeless individuals through the use of Housing Navigators and Housing Stability Managers. An official start date of October 1, 2019 has been established, and the results will be evaluated thereafter.

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.

The MHRSB has been an exceptionally active partner in leading the local Community Health Improvement Plan (CHIP) efforts. Lucas County is fortunate to have a long history of private, public, and nonprofit partners working collaboratively to develop a singular Community Health Assessment (CHA) and CHIP. The MHRSB is a part of this collaboration, and also contributes financially to the CHA's development.

[22] Toledo Lucas County Homelessness Board, 2018
[23] TLCHB, "2018 Winter Housing Inventory Chart & Point-in-Time Count," p. 2
[24] MHRSB, "Priority Outcome Measures," 2018

During the last CHA development process in 2016, both the MHRSB and Toledo-Lucas County Health Department (TLCHD) actively participated in the Question Selection Committees for three assessments of the county population profiles (adults, ages 18+; youth, 12 to 17; and children, ages 0 to 11). Based on the results, as well as a community analysis of the findings vis-à-vis participatory evaluation strategies such as additional surveys, focus groups, and additional stakeholder input, the 2018-2021 CHIP was developed. Intentionally, the four high-priority goals selected for Lucas County's CHIP were aligned with the goals of Ohio's SHIP. (The MHRSB has also incorporated these goals into its own Priority Outcomes Framework, for which agencies funded by MHRSB are now accountable.) Action steps for the next two years were developed and assigned to 'facilitating agencies,' which the MHRSB and TLCHD are both designated as such, and work together strategically to address all elements related to opioids. One example is the Community Collective Impact 4 Change grant that the MHRSB received. The MHRSB partnered with TLCHD to complete the work of the grant and develop a collective impact plan to address the opioid epidemic, and the outputs of that plan will feed into the overall strategies of the CHIP assigned to both the MHRSB and TLCHD. The CHIP is shepherded by the CHIP Executive Committee, with the 'facilitating agencies' tracking and reporting progress data quarterly to the larger Executive Committee.

Early into the convening of the CHIP Executive Committee, it was recognized by the MHRSB and several community partners that health equity, while one of many cross-cutting strategies in the CHIP, must be the priority. Therefore, a Health Equity Subcommittee was formed to develop recommendations and share resources with the Executive Committee that can be incorporated into their respective organizations. Both the MHRSB and TLCHD sit on this subcommittee.

As part of the three-year cycle, a new CHA is being developed for the 2019/2020 round. The methodology for the assessment includes the three assessments by age group, as well as a new technique, 'purposeful sampling,' designed to bolster data collection in under-represented areas and minority populations. Additionally, a greater emphasis on health equity will be built into the CHA in terms of the questions to be selected. Both the MHRSB and TLCHD will continue to be actively engaged in the CHA's question-selection process. The plan to develop the next CHIP thereafter will follow the same process as the current one.

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

MHRSB staff actively participates in the Service Coordination Mechanism as part of the Lucas County Family and Children First Council. In FY 2018 and FY 2019, there were no disputes requiring resolution.

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

Discharge planning is defined within the Continuity of Care Agreement with NOPH and community mental health centers. The MHRSB and NOPH are currently in discussions regarding renewal of its continuity of care agreement. Given the implications that Behavioral Health Redesign and the move to managed care has had on this agreement, it is likely that these discussions will be lengthy. Nonetheless, the MHRSB collaborates with NOPH to utilize Access to Success funding for individuals being discharged from NOPH; this helps fill gaps for their transition in to the community. Need is driven by NOPH, and MHRSB partners with them to draw down funds as client needs arise. Additionally, MHRSB participates in the Hospital Utilization Management Committee to discuss community trends, barriers, and opportunities. The most prevalent issue is still housing at discharge. NOPH also participates in a number of community based committees led by the MHRSB and is actively engaged in discussions regarding development of an Outpatient Competency Project.

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

The Ohio Association of Community Behavioral Health Authorities (OACBHA) designed a survey that was to be administered by all Boards to various community stakeholders. MHRSB promulgated the survey electronically to a wide variety of stakeholders, and 93 providers, consumers, criminal justice staff, health workers, family members, and MHRSB Trustees and Staff responded. Results indicated that respondents felt positively about MHRSB's focus on clients and families, timely access to care, its community in terms of being healthy and safe, accountability in finances, and the overall system of care. No additional service or support needs were identified in the results.

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

In the last full Community Plan (2017), MHRSB identified gaps in the system such as ambulatory detoxification, peer mentoring, residential treatment services, sub-acute detoxification, and medication assisted treatment services. Since then, MHRSB has successfully closed these gaps within its network through the receipt of 21st Century CURES Act grants and State Opioid Response grants.

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.

Discussion about crisis services is addressed in section 2a above under 'Assessing Community Psychiatric Emergencies Services.' Results of the ongoing assessment are forthcoming.

An ongoing priority for the MHRSB is to address the intersection of criminal justice and behavioral health to reduce the number of incarcerations of those with behavioral health needs. In May 2018, the community's second Sequential Intercept Map planning process occurred with MHRSB, law enforcement, courts, behavioral health clinicians, reentry advocates, and elected officials. The identified gaps include a protocol for cross-system data-sharing, as well as the ability to legally share data; a deflection/sobering center where individuals who have engaged in minor legal offenses, and are medically cleared, can receive care for 23 hours in lieu of being booked in the local jail; and peer support for justice-involved individuals with behavioral health disorders. Since FY 2018, MHRSB has funded a full-time position at the Criminal Justice Coordinating Council to work on these issues. This position is also responsible for the analysis, research, development, planning, and evaluation activities that support system improvements for the intersection of the Lucas County behavioral health and criminal justice systems.

MHRSB meets monthly with the local Children Services Board (CSB) and providers to address system issues identified with multi-system-involved youth and families. CSB and MHRSB are also working together regarding the Prevention Services Act to identify gaps and needs in the community. In-home parent skill-based programs are a need locally, as there aren't many in-home programs (specifically counseling). Barriers include unbillable services, travel time, fear of going in homes, and workforce shortage in mental health. Additionally, during the soft roll-out phase of the ENGAGE 2.0 grant regionally, the initial target population was CSB's Families In Need of Services program. Finally, CSB reports an increase in treatment services for youth with complex needs as a result of the opioid epidemic.

Discussion about the analysis being conducted for prevention/early intervention across the lifespan specific to opioid prevention is addressed in section 2a under 'Assessing and Addressing the Opioid Epidemic in Lucas County.' Note that, given the intersection of opioid use and other alcohol and other drug use, as well as behavioral health disorders, information in the current analysis is accounting for these prevention elements as well. Once those results are received, it is anticipated that this process will be replicated for remaining prevention/early intervention across the lifespan.

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 Mental Health & Recovery Services Board of Lucas County				
Substance Abuse & Mental Health Block Grant Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	This falls under our priority outcomes: -Reduce suicide and unintentional drug overdose deaths; and	MHRSB continues to address the opioid epidemic in many ways, including: funding the purchase and distribution of naloxone kits, expanding medication assisted treatment, expanding recovery	Unintentional drug overdose deaths; and substance use disorder treatment retention	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

	-Reduce substance use disorder	housing, developing residential treatment, funding a syringe access program in collaboration with the Toledo-Lucas County Health Department and UTMC to reduce health risks associated with reusing syringes and to provide treatment information for substance abuse disorders, and investing in peer supports for persons with OUD		
SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	This falls under our priority outcomes: -Reduce suicide and unintentional drug overdose deaths; and -Reduce substance use disorder	MHRSB continues to address the opioid epidemic in many ways, including: funding the purchase and distribution of naloxone kits, expanding medication assisted treatment, expanding recovery housing, developing residential treatment, funding a syringe access program in collaboration with the Toledo-Lucas County Health Department and UTMC to reduce health risks associated with reusing syringes and to provide treatment information for substance abuse disorders, funding a program (Mother and Child Dependency, through Mercy Health) specific to pregnant women who are OUD, and investing in peer supports for persons with OUD	Unintentional drug overdose deaths; and substance use disorder treatment retention	__ 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)	Parents would not lose permanent custody of their children as a result of their SUD.	MHRSB continues to fund a program (case manager at TASC) that primarily targets substance-using parents. Further, MHRSB doubled its capacity for case management for the Family Drug Court through the case management position.	Number of clients served by the program, and number of clients successfully completing the program	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for OhioMHAS):	This falls under our priority outcome:	MHRSB funds a syringe access program	Number of clients served by the	__ No assessed local need

Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	-Reduce suicide and unintentional drug overdose deaths	in collaboration with the Toledo-Lucas County Health Department and UTMC to reduce health risks associated with reusing syringes and to provide treatment information for substance abuse disorders	program, number of kits distributed (includes syringes, fentanyl test strips, clean supplies, literature on treatment options)	__ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	This falls under our priority outcome: - Equitable access to behavioral health services	MHRSB is the administrator of the regional ENGAGE 2.0 grant, so it is working with its local crisis services provider to develop mobile response stabilization services (MRSS) teams for youth to respond to family-defined crises (ages 0-21)	Number of MRSS-related calls; number of families served; length of time (in minutes) to respond to families; number of families linked to ongoing care; number of families referred to wraparound	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	This falls under our priority outcomes: - Equitable access to behavioral health services - Reduce suicide and unintentional drug overdose deaths	Continue to allocate sufficient purchase-of-service funding for mental health treatment services, as well as continue to invest in training for Mental Health First Aid and Question-Persuade-Respond (QPR)	Ratio of the population to mental health providers; number of deaths due to suicide per 100,000 population for persons age 18+; number of deaths due to suicide for persons age 10-17; number of adults age 18+ who have attempted suicide in past year; number of youth age 10-17 who have attempted suicide in past year; percent of persons age 12-17 who experienced suicide ideation; percent of persons age 18+ who experienced suicide ideation	__ 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	This falls under our priority outcome: - Reduce homelessness for individuals with behavioral health issues	MHRSB Staff are active on the Toledo Lucas County Homelessness Board and its committees, including the Housing First Core Team. Additionally, the MHRSB recently funded a pilot project to an OhioMHAS-certified agency to work with the chronically homeless to get them in the Housing First program.	Percent of homeless persons 18+ years old with mental health problems who receive mental health services; number of days for homeless to be placed in permanent housing; percentage of households whose length of stay in Permanent Supportive Housing is at least 181 days	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Older Adults				__ No assessed local need __ Lack of funds __ Workforce shortage X_ Other (describe): local planning

				efforts did not substantiate additional need.
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	This falls under our priority outcomes: - Reduce penetration of persons with behavioral health issues in a corrections institution	MHRSB funds several programs in this capacity: an agency is funded to link with the county jail and administer Vivitrol for indicated clients who are about to be released, as well as connect them to ongoing outpatient treatment; MHRSB also works with specialty dockets and the local TASC program to administer ATP funds; a full-time position at the Criminal Justice Coordinating Council is funded by MHRSB to analyze, research, develop, plan, and evaluate activities that support system improvements for the intersection of the Lucas County behavioral health and criminal justice systems; Crisis Intervention Training is provided four times a year by MHRSB for community law enforcement officers to identify individuals in need of short-term immediate intervention and crisis resolution who may benefit from treatment for mental health disorders instead of incarceration; and MHRSB funds the Opportunity Project, a program designed to more effectively and efficiently represent clients with mental health and substance abuse disorders who are in the Lucas County Correction Center, which provides early identification of client needs, facilitates	Number of persons who are booked at a local/regional corrections institution and have identified as having a substance use disorder; number of persons who have identified as having a mental illness and/or substance use disorder are deflected from a corrections institution, pre-arrest	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

		connections with service providers and reduces inappropriate or unnecessary use of jails		
Integration of behavioral health and primary care services				__ No assessed local need X Lack of funds __ Workforce shortage X Other (describe): BH redesign reimbursement rates are not supportive of this effort.
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	This falls under our priority outcomes: - Improve perception of persons' quality of life	Doubled the capacity of the Thomas M. Wernert Center (TMWC) which recently held its grand reopening; established the Wellness and Recovery Center, a peer-run respite center	Number of people participating in Wernert Center activities; number of individuals who use the Wellness Center; percentage of individuals that return to the Wellness and Recovery Center	__ 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)	This falls under our priority outcomes: - Equitable access to behavioral health services	MHRSB has engaged in the following: Funded behavioral health navigation and language interpreter services to individuals and families with limited English proficiency who may encounter challenges that delay and discourage access to needed MHRSB-funded services; developed a work group to finalize a strategic awareness campaign specifically targeted to increase impact in African-American, youth and young adults, Latino/Hispanic, populations with limited English proficiency, LBGTQ, and Faith-based communities; developed a regular system-wide Cultural Learning Series Calendar to provide ongoing learning opportunities that will lead to increased knowledge, skill and ability in clinical staff and leadership that will aid in better management of and improvements in	Number of multi-lingual staff at provider agencies and utilization of translation services; percent of race/ethnic representation at all Board and staff levels in MHRSB and provider agencies	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		service to the increasingly rich diversity in Lucas County.		
Prevention and/or decrease of opiate overdoses and/or deaths	This falls under our priority outcomes: -Reduce suicide and unintentional drug overdose deaths; and -Reduce substance use disorder	MHRSB continues to address the opioid epidemic in many ways, including: funding the purchase and distribution of naloxone kits, expanding medication assisted treatment, expanding recovery housing, developing residential treatment, funding a syringe access program in collaboration with the Toledo-Lucas County Health Department and UTMC to reduce health risks associated with reusing syringes and to provide treatment information for substance abuse disorders, and investing in peer supports for persons with OUD	Unintentional drug overdose deaths; and substance use disorder treatment retention; percent of persons age 12+ with an intake assessment who received one outpatient clinical service within a week and two additional outpatient clinical services within 30 days of intake; percentage of persons age 18+ who reported misusing prescription drugs in the past 6 months	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Promote Trauma Informed Care approach	This falls under a CHIP priority for which the MHRSB is responsible for monitoring as a designated facilitated agency: -Increase awareness of Trauma Informed Care (TIC)	Attend TIC Coalition meetings	Number of TIC trainings; number of agencies that participate on the TIC Coalition	__ 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				__ No assessed local need __ Lack of funds __ Workforce shortage _X_ Other (describe): Currently assessing this need

Prevention: Increase access to evidence-based prevention				__ No assessed local need __ Lack of funds __ Workforce shortage X Other (describe): Currently assessing this need
Prevention: Suicide prevention	This falls under our priority outcomes: -Reduce suicide and unintentional drug overdose deaths; and	Continue to allocate sufficient purchase-of-service funding for mental health treatment services, as well as continue to invest in training for Mental Health First Aid and Question-Persuade-Respond (QPR)	Number of deaths due to suicide for persons age 10-17; number of adults age 18+ who have attempted suicide in past year; number of youth age 10-17 who have attempted suicide in past year; percent of persons age 12-17 who experienced suicide ideation; percent of persons age 18+ who experienced suicide ideation	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations				__ No assessed local need __ Lack of funds __ Workforce shortage X Other (describe): This has occurred already at MHRSB-funded community mental health centers

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement

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 the passage of the new 1.0 mill levy in 2012, the MHRSB has been reconstructing Lucas County's community safety net of mental health, alcohol and other drug treatment, and support services. Enhancing these efforts has been the ability to reinvest funds saved from the implementation of Medicaid Expansion. In FY) 2013, the MHRSB funded 41 separate initiatives. In FY 2017, the number of funded initiatives grew to a peak of 83, before being trimmed to 67 initiatives in FY 2018 in order to focus on those areas that have the greatest need. Current strategies are to save lives, advance a new model for permanent supportive housing, address the intersection of criminal justice and behavioral health, ameliorate the heroin and opioid epidemic, progress youth services, and improve health equity. With the exception of progressing youth services, these strategies and collaborations have been discussed in section 2 above.

Integrating feedback from multiple community stakeholders, the MHRSB has prioritized the enhancement of youth services. In addition to its current initiatives, the MHRSB has engaged with local, regional, state, and federal partners to launch several new initiatives designed to address challenges within its current system of care. These include the following:

- On behalf of 11 Northwest Ohio counties, the MHRSB of Lucas County partnered with OhioMHAS to secure a federal grant to improve youth crisis services for the region, ENGAGE 2.0, a System of Care grant. The services that are being coordinated across the region include mobile crisis response, youth and family peer support, and wrap-around support.
- Utilizing grant funding from OhioMHAS, the MHRSB spearheaded a relationship with the University of Toledo Medical Center and regional partners to develop a youth acute care unit for adolescents experiencing extreme psychiatric emergencies. Twenty-three counties in Northwest Ohio have agreed to participate in this regional project, pooling resources to ensure the needs of youth are met within the region.
- The MHRSB collaborated with local and state partners to secure a Behavioral Health Juvenile Justice Grant from the Ohio Department of Youth Services. Totaling $338,000, this 18-month grant began in January 2018 and will provide evidence-based treatment services for youth being diverted from local or state incarceration.

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 MHRSB's Prescreening/Involuntary Commitment Subcommittee has been meeting since FY 2016. Its purpose was to finalize crisis care services system-wide between NOPH, private hospitals, community mental health centers, and MHRSB's local designated crisis care center (Rescue Mental Health & Addiction Services). Between this committee and the Hospital Utilization Management Committee meeting, NOPH and private hospitals share their census trends every other month and discuss system-wide barriers. Identified issues

continue to be: 1) shortages of state hospital beds for adults and youth, and 2) linking people to outpatient treatment (in that the no-show rate to CMHCs post-discharge from the hospital is high). Collaborative discharge planning and housing (specifically individuals who are homeless and are discharged) also continue to be issues that the committees are working to address.

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
Not Requested		

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
Not Requested			

SIGNATURE PAGE

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

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

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

_____

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

_____ _____

ADAMHS, ADAS or CMH Board Executive Director Date

_____ _____

ADAMHS, ADAS or CMH Board Chair Date

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

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/**