

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

Enter Board Name: Tri-County Board of Recovery & Mental Health Services

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

Environmental Context of the Plan/Current Status

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

Economic, Social, and Demographic Factors influencing Service Delivery:

POPULATION: In 2018 Miami County had a population of 106,222, Darke County had a population of 51,323 and Shelby County had a population of 48,627.

HOUSEHOLD INCOME: In 2018 the Ohio median household income was \$52,407. Miami (\$54,568) and Shelby (\$57,673) counties both experienced an increase in median household incomes, and remain above the state's median household income. Darke County residents continue to earn below the Ohio median income (\$50,064). Across all 3 counties, the per capita personal income was 12% below the state average of \$29,011.

(U.S. Census QuickFacts)

% OF POVERTY: The three counties rank toward the upper range of the state in relation to the poorer counties of the state. In 2018 Miami County had 9.0% of persons living in poverty. Darke County had 9.2% of persons living in poverty and Shelby County had 8.1% of persons living in poverty. Ohio had 14% of persons living in poverty. The United States had 12.3% living in poverty.

(The Ohio Poverty Report)

(U.S. Census Quickfacts)

EMPLOYMENT/INSURANCE: The Tri-County Board's three counties were slightly below Ohio's overall unemployment rate of 4.0% in 2017. Miami County and Darke County both had 3.9% unemployment rate while Shelby County's unemployment rate was 3.8%. 7.5% of adults in the 3 counties reported

that they did not have health insurance in 2017. As of 2017, 3.5% of children in the 3 counties reportedly were not covered by health insurance.

(U.S. Census QuickFacts)
(Ohio Dept of Health, County Health Status Profile)
(Ohio Medicaid Assessment Survey)

Assessing Needs and Identifying Gaps

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

The Tri-County Board employs a process to develop three-year strategic plans, incorporating known state and OMHAS priorities, input from stakeholders and the general public (focus groups, surveys, face-to-face meetings) in the service area, and Board staff to identify and prioritize local efforts. The current three-year strategic plan (2017-2019) incorporated ROSC principles within the plan’s priorities, and is posted to the Board’s website. Information gathering for the 2020-22 three-year plan is just beginning with identifying local government, agency and other stakeholder groups to meet with and solicit input. It is expected the Board will adopt the next Strategic Plan in late 2019 or early 2020.

- 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 Tri-County Board actively participated in the Miami County Health Improvement Plan in 2018. As a result the board has established collaborative efforts to improve mental health and social isolation awareness in Miami County. The board was also active participants in the Community Health Needs Assessment for Miami, Darke and Shelby Counties. The board will be assisting Darke County with their Health Improvement Plan in the upcoming year. The Tri-

County board has great collaboration with all three county health departments including development of shared programming and promoting awareness of social issues.

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

The Tri-County Board is involved in the Family and Children First Council in all three counties. The Family and Children First Council aligns the services, resources, initiatives, and policies/rules to reduce the duplication of efforts that often occurs from the state level and at the local level. The TCB participates in coordinating services and supports for individual families that require family-centered team planning, community involvement, pooled resources, and identification of existing and needed services. The Miami County FCFC Coordinator is housed at the Tri-County Board and is a financial partnership with the FCFC.

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

Adequate services are available for those individuals returning from the State Hospital.

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

We have utilized the principles of the Recovery Oriented System of Care as our foundation in our current and future programming. As we continue many services we are also committed to improving our communities' awareness of the opportunities that individuals have when assistance is needed.

- 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)].

We meet the required needs of the Continuum of Care. See G for expanded needs.

- 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.

We recently expanded crisis services and are in need of additional funding to cover these costs. We also see a gap in Suicide Prevention work in our three county area which we plan to address as part of our strategic planning process.

- 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 Tri-County Board of Recovery & Mental Health Services

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)	Reduce # of overdose &/or overdose deaths in the 3 counties	Support Miami County Public Health, which is distributing NARCAN kits to area police and EMS departments as well as family members. Offer additional kits as requested. Quick Response Teams in Miami and Shelby Counties Active participation in the Miami and Shelby County Medication Assisted Treatment (MAT) teams. Active participant in each of the drug free coalitions	Number of overdoses per capita Number of overdose deaths per capita	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Ensure access to AoD treatment services within 5-7 calendar days of referral	Continue use of triage protocol at the provider agency level to access treatment with our contracted facilities for pregnant women.	Number of days from referral to intake appointment.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Ensure access to AoD treatment services within 5-7 calendar days of referral	Collaborate with local CSB agencies through County Medication Assisted Treatment teams. Continue use of triage protocol at the provider agency level.	Number of days from referral to intake appointment.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS,HIV, Hepatitis C, etc.)	Reduce number of new cases of communicable diseases.	Collaborate with and support the County Health Departments to implement Blood borne Pathogen Prevention Program.	Number of new cases of communicable diseases per capita.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional	Ensure access to treatment services (counseling, CPST, and	Continue use of triage protocol at the provider agency level	Number of days from referral to intake appointment.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds

Disturbances (SED)	pharmacotherapy) within 5-7 calendar days of referral	Utilize the collaboration and resources of the county Family & Children First Council for access to referrals and planning.	Wait time for 1 st appointment with psychiatrist.	<input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Decrease # of state and local psychiatric hospital days	<p>Continue to utilize the Community Stabilization Program in all three counties to assist with discharge planning.</p> <p>Collaborate with the Community Housing agency in all three counties to assist with discharge planning.</p> <p>Continue use of triage protocol at the provider agency level.</p>	<p>Number of state civil hospital beds utilized.</p> <p>Number of indigent hospital beds utilized.</p> <p>Number of days from referral to intake upon discharge.</p> <p>Wait time for follow up appointment with psychiatrist upon discharge.</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Decrease # of people with serious & persistent mental illness and/or addiction who are homeless	<p>Continue to fund board owned & privately owned subsidized apartments, group homes, and congregate homes.</p> <p>Continue to provide funding & support for Shelby Recovery House, Miami Recovery House, and graduate recovery homes operated and managed by Community Housing Inc. (CHI).</p>	<p>Number of people identified by the Continuum Of Care in all three counties who are identified as SMI and/or addicts during annual point and time study.</p> <p>Number of people served by existing housing services.</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Older Adults	Ensure access to MH treatment services within 5-7 calendar days of referral.	<p>Continue use of triage protocol at the provider agency level to access treatment.</p> <p>Participate in all three county I-Team (Adult protective services) Collaboration meetings.</p>	Number of days from referral to intake appointment.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Ensure access to services while persons are incarcerated and upon discharge.	Continue with provider agency liaisons to provide mental health & SUD treatment within the jails. Collaborate with three county justice systems to provide services to the community member upon discharge. Actively engage persons through the established reentry program to help with transition into the community	Number of community members served in the jails in all three counties.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Integration of behavioral health and primary care services	Provide co-location of BH & primary care services in Miami Co., the largest county served by the Board	One Wellness Place development where the Board, provider agencies, and other community services providers will be co-located.	Number of days from referral to intake appointment.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Ensure access to peer operated centers for adults living with SMI Ensure assistance with needed employment skills and training to increase likelihood of employment.	Continue to fund SafeHaven in all three counties. Expand the number of peer specialists in our area. Continue support of Opportunities for Ohioans with Disabilities position for the Tri-County area.	Number of people served by SafeHaven in all three counties. Number of individuals successfully completing the OOD program.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Ensure access for all individuals to needed services.	Continue to participate in Community Health Surveys and goal setting. Include in goals for TCB strategic plan.	Monitor feedback through provider satisfaction surveys and community survey participants.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	Reduce # of overdoses and/or overdose deaths in the 3 counties	Support the 3 county health departments who are distributing NARCAN kits to area police and EMS departments.	Number of overdoses per capita Number of overdose deaths per capita	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

		Quick Response Teams in Miami and Shelby County Active participation in the Miami and Shelby County Medication Assisted Treatment (MAT) teams.		
Promote Trauma Informed Care approach	Educate the three county service communities on the Trauma Informed Care Approach.	Provide training, advocacy and prevention education of the Trauma Informed Care approach.	Number of service community staff trained in the three county area.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Complete combined BH & AoD prevention strategic plan based on SPF SIG model	Developed a Youth Led Prevention Group made up of adolescents from the three county area. Increase Prevention Programs available to adults and older adults.	Monitor implementation process	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Increase access to evidence-based prevention	Monitoring all prevention programs offered in the TCB area are evidence-based or evidence-informed and assurance that any new programming is evidenced based.	Encourage prevention programs using SAPT Block Grant Prevention funding be evidence-based. Encourage Prevention Specialists to attend trainings to stay informed of current best practices Host a local Prevention Training Series	Number of prevention programs with evidence basis Number of Prevention Specialists with Ohio Certified Prevention Specialist (OCPS) certifications	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Suicide prevention	Decrease number of attempted/completion of suicides in the three counties. Increase awareness of risks, factors and warning signs to the community.	Informational materials to be distributed at health fairs, agency waiting rooms, and schools. Suicide Prevention Events Provide free mental health screenings	Number of suicide attempts per capita Number of suicide completions per capita. Number of places where materials are distributed, number of events attended,	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

	<p>Reduce the stigma attached to discussing suicide.</p> <p>Provide support to surviving family members of those who completed suicide.</p>	<p>online and at local community events.</p> <p>Collaborate with NAMI Darke, Miami & Shelby Counties to provide community awareness and support.</p> <p>Collaborate with Compassionate Friends, local charitable organization providing support to grieving surviving family members to those who completed suicide.</p> <p>Facilitate Mental Health First Aid Training and Q,P,R Training to help community members recognize warning signs, and to reduce the stigma associated with suicide.</p>	<p>number of screenings completed and number of trainings.</p>	
<p>Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations</p>	<p>Increase gambling screenings at all provider agencies</p> <p>Increase awareness of primary care doctors to risks, factors, and warning signs of problem gambling</p> <p>Increase community awareness regarding high risk gambling behaviors and addiction</p>	<p>Implement SOGS as part of the intake process at all provider agencies</p> <p>Billboard advertisements in the three county area.</p> <p>Informational materials to be distributed at health fairs, agency events, community events.</p>	<p>Number of SOGS completed</p> <p>Number of people referred for gambling treatment</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Promote & maintain an effective and efficient service delivery system responsive to the needs of Darke, Miami, and Shelby Counties	Establish a behavioral health “one stop shop” model program in Miami county	<ul style="list-style-type: none"> •Articulate plan and implement one stop shop •Establish funding sources for the one stop shop •Establish coalition of community partners in the planning & implementation process 	Completion of strategies

	Expand the current addictions continuum of care funded by the Tri-County Board	<ul style="list-style-type: none"> •Expand recovery housing to three counties and ambulatory detox services. •Ensure the prioritization of levels of care with identified time tables for implementation •Ensure the full spectrum of levels of care for opioid addiction treatment 	Completion of strategies
	Explore opportunities to develop/expand benefits coordination	<ul style="list-style-type: none"> •Based on analysis, identify and implement expanded benefits coordination activities 	<ul style="list-style-type: none"> •Increase # of staff trained in Expedited SSI/SSDI application process •Increase # of people enrolled in Medicaid •Assist individuals in applying for insurance under the Affordable Care Act
	Increase pharmacological services capacity within the service delivery system	<ul style="list-style-type: none"> •Develop and implement pharmacological services plan to recruit, hire, and retain psychiatrists •Develop and implement pharmacological services plan to recruit, hire and retain physicians assistants, advanced practice nurses with demonstrated competencies in psychiatry 	Completion of strategies
	Continue to maximize Mental Health First Aid opportunities throughout the three county area	Increase the MHFA program opportunities to include businesses, public employees, school districts	<ul style="list-style-type: none"> • Increase number of community members trained in MHFA. • Increase number of trainers to provide MHFA in the three county area in Adult/Youth programming.
	Continuing to require evidence based best practice models for treatment & prevention activities	<ul style="list-style-type: none"> •Require evidence-based best practice models of the organizations providing treatment & prevention services. 	Completion of strategies

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?)

Private Hospitals: We continue to contract with several hospitals for indigent psychiatric care, including Access Hospital, UVMC, Kettering BH, Haven Behavioral Health Hospital, and a planned contract with Grandview Hospital. This would bring our total indigent psychiatric contracts to \$691,500 per year.

Sheriff Departments: We continue to have transportation contracts with 2 of the 3 local sheriff's departments to provide transportation to and from the private hospitals and NOPH. We also continue to work with the Miami, Darke and Shelby County jails with a central pharmacy contracts to cover the costs of psychiatric medications for inmates.

Juvenile, Municipal, and Common Pleas Court: In Miami County, the municipal and common pleas drug courts continue to operate. In Darke Co., the juvenile court and the local mental health agency co-funds a court liaison position to work specifically with youth who have mental health issues. There are step down services in each of the three counties specifically targeted to court referred or jail/prison reentry individuals through the BH/CJ Linkage grant.

Medication Assisted Treatment Teams: The Tri County Board is an active member of the MAT teams in Shelby and Miami Counties. These partnerships have greatly increased the number of people successfully establishing recovery and completing their probationary requirements. The Tri-County Board also contracts with the Miami County jail to provide services to the inmate while incarcerated so the inmate can receive a vivitrol shot before being released into the community.

Re-Entry Program: A jail reentry program is established to serve the 3 county jail system through the BH/CJ Linkage grant. The prison reentry program has also been continued.

Law enforcement and First Responder Training & Support: We continue to have a large response in support of our annual Tri-County Crisis Intervention Team Academy with our 14th year celebration. We continue to offer CIT Companion courses for court officers, dispatchers and a cross training for behavioral health professionals as well. We recently held a First Responder Support event and sponsored a well-known author who has experience with PTSD and vicarious trauma for first responders. Tri County Board is going to have Mental Health First Aid Trainers become certified in the specialty areas of Law Enforcement, Corrections and Public Safety and Fire & EMS. Tri County Board is also going to expand the number of trainers for Mental Health First Aid (Adult version). The Tri County Board also works with the local college by supporting the Peace Officer Academy.

Family & Children First Council: The Board regularly participates in the executive committee as well as full council of all 3 FCFCs. The Board employs the Miami FCFC Coordinator through a partnership with that FCFC.

Continuum of Care: We have Board representatives regularly attending care groups that address homelessness in the tri-county area.

NAMI: The Board employees a part time position for a NAMI coordinator to assist the NAMI Darke, Miami and Shelby Counties affiliate in coordinating their efforts of advocacy, education, and support. The Tri-County Board continues to

offer office and training space at no charge, as well as a small annual grant to NAMI Darke, Miami and Shelby Counties in order that they can continue serving the Tri-County area.

Mental Health First Aid: The Board continues to provide Mental Health First Aid and Youth Mental Health First Aid training opportunities to the community, agencies, businesses, law enforcement & corrections, fire & EMS and the schools. Mental Health First Aid teaches a 5-step action plan to offer initial help to people with the signs and symptoms of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self-help care. Anyone can take the 8-hour Mental Health First Aid course — first responders, students, teachers, leaders of faith communities, human resources professionals, and caring citizens. The Tri County Board expanded the number of individuals certified to provide Youth Mental Health First Aid in 2018 and is planning to expanding the number of individuals certified to provide (Adult) Mental Health First Aid in the coming year.

Edison State Community College: The Tri-County Board initiated and supported Edison State Community College's preparation for HB28 Suicide Prevention compliance by providing evidence-based information, resources, safe messaging strategies and by training more than 50 ESCC faculty and staff in Mental Health First Aid and Youth Mental Health First Aid. In July 2019 began a collaborative effort to promote online screenings for students and community members, and to support and promote an on-campus mental health information center.

Youth Led Prevention: The Board and Provider agencies continue to plan and schedule Youth Led Activities in the three county area.

Drug Prevention Coalitions: The Board is an active participant in several different drug prevention coalitions including the Miami County Drug Free Coalition, Shelby County Drug Free Coalition and the Coalition for a Healthy Darke County.

Crisis Response Team: The Tri-County Crisis Response Team provides services upon request to any local business, school, first responders, or other community group within Darke, Miami, and Shelby counties where a crisis-like event has taken place. The Tri-County Crisis Response team is dispatched 24 hours a day, 7 days a week through the Tri-County Crisis Hotline.

PAX: The Tri County Board has supported a total of four schools with the implementation of the PAX Good Behavior Games and is working with four additional school districts to implement the program in Summer 2019. The Tri County Board has given on-going support by partnering with the Miami County Educational Service Center to provide a PAX Partner to give on-going support to the teachers in the classrooms so that PAX Good Behavior Games is implemented to fidelity for the maximum benefit. The Tri County Board hosted a PAX Community Tools training for the agencies in the three counties. The Tri County Board had a staff trained as a trainer in the PAX Community Tools, has purchased the needed items to provide the training and his working on a plan to make this available to agencies and to parents of the schools using PAX Good Behavior Games.

Q, P, R: Question, Persuade, Refer: A Suicide Prevention Training: The Tri County Board has a staff trained as a trainer for this. These trainings have taken place in schools, corrections facilities, and local agencies.

Community Trainings & Awareness: The Tri County Board offers a variety of trainings and presentations to support the three counties. This includes Mental Health Basics, Youth and Teen Mental Health Basics, Preparing Your School When a Tragedy Strikes, De-Escalation, Trauma Informed Approach: Key Assumptions and Principals, Vicarious Trauma and Self Care, and Hidden in Plain Sight. The Tri County Board will also work with an agency, business or school to develop a custom designed training.

CEU Trainings For Professionals: The Tri County Board has become certified by the Ohio Counselor, Social Work and Marriage & Family Therapist Board to provide CEU's. The Tri County Board has a goal to bring in trainers who have expertise in current and best practice topics to support the area mental health providers and improve the quality of the

services received by the individuals living in the counties that we serve. The Tri County Board's goal is to offer one training each month with CEU's available.

STAR House: The Tri-County Board was an instrumental partner in the building and operation of the Shelby County STAR House (Sheriff's Treatment and Recovery House). This is a transition home for those leaving the Shelby County jail under the MAT (Medication Assisted Treatment) program who need a healthy, structured environment to continue in their recovery.

Stepping Up Initiative: The Tri-County Board is an active participant in the Stepping Up Initiative in Shelby and Miami Counties. Stepping Up is a national movement to reduce the number of people with mental illness in jails. In Ohio, the initiative is funded by Peg's Foundation under the direction of Retired Justice Evelyn Stratton.

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.

We continue to work with area hospitals and our designated state hospital, NOPH, to insure that our community members receive prompt and successful treatment. We continue to build relationships with these hospitals to better link our community members with resources upon discharge including linkage to our provider agencies.

We continue to work with our three county crisis services to enhance efficiency and collaboration with the community agencies.

We continue to struggle with the delay or decline of admissions to the state hospital, NOPH, due to census issues. Because of this we have increased our local hospital contracts for indigent clients.

We also continue to struggle with finding local hospitalization and care for our youth. If we need acute hospitalization care for our youth we are having to locate placement hours away. This is difficult for our youth and their families. This can make discharge planning and transition planning for aftercare back in the local community challenging as well.

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	Identifier Number	ALLOCATION

B. Request for Generic Services

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

B. AGENCY	Identifier Number	SERVICE	ALLOCATION

SIGNATURE PAGE

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

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/>