

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

Enter Board Name: Paint Valley ADAMH Board

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.

(1) access and capacity changes for mental health and addiction services for both adults and children/youth

The Paint Valley ADAMH Board allocated \$480,000.00 to assist those with inadequate insurance in having access to mental health and substance abuse care in FY 2019.

The Scioto Paint Valley Mental Health Center has two child psychiatrists in the 5-county region.

In Ross County, our community has experienced a 10-bed expansion in recovery housing through the Second Chance Ministries recovery housing program. In addition, Pickaway Area Recovery Services/ Fayette Area Recovery Services has expanded recovery housing in both Pickaway and Fayette Counties.

Our area has also seen exciting expansions in residential treatment. Scioto Paint Valley has opened a 36 bed men’s residential center in Ross, and a 12 bed women’s residential center in Highland County. Also, in Highland County, Family Recovery Services (FRS) opened a 16 bed men’s sober living facility.

The ADAMH Board and Scioto Paint Valley Mental Health are working with Pike County Metropolitan Housing to create supportive housing for individuals experiencing mental illness. Plans are being made with the intention of breaking ground in Fall of 2020.

While many exciting and promising things are happening in our area, our community is in danger of losing its largest provider of mental health services. Our largest provider, who provides services in each of the 5 counties, is in significant financial distress. The impact of losing this provider would devastate the access to care the area currently experiences.

(2) health equity concerns for racial and ethnic minorities and people living in Appalachia or rural Ohio

The Paint Valley ADAMH Board is hosting a CLAS training open to all contract providers and board staff to ensure that services are being provided in the 5-county board area with cultural sensitivity to racial and ethnic minorities and people living in Appalachia Ohio. The ADAMH

Board also participates in all 5 county's health department community plans. During which, the health equity concerns for those living in Appalachia Ohio are studied and addressed.

In Appalachian Ohio, transportation remains a large barrier in access to treatment and recovery. Many live in rural areas where access to public transportation is either limited or not available.

The 5-county area that is served by the Paint Valley ADAMH Board is home to several living in the Amish community. Sensitivity to this culture must be observed when planning mental health and physical health outreach.

(3) distinctive challenges for multisystem youth, families involved in child welfare, and for criminal justice-involved Ohioans

The Paint Valley ADAMH Board plays an active role in each of our 5 Family and Children First Councils. Four of the five FCFC's used the multisystem youth funding. The ADAMH Board worked with the FCFC's to make sure that funds not being spent in one county were able to be reallocated to counties that still identified needs for the funding.

Additionally, the Paint Valley ADAMH Board has 4 drug courts in their system of care (3 in Ross county, 1 in Pickaway) that benefits from ATP funding to assist justice involved community members. Also, the ADAMH Board has secured \$390,598 in State Opioid Response funding to assist justice involved community members working with courts in Pike, Pickaway, Highland, and Fayette that are not yet able to receive ATP funding.

Four of the five counties in the Board area also have the STAR program operating to address children and families involved in the child welfare system.

Many of our schools have counsellors from community agencies available to work with Medicaid eligible students. The access to in school mental health treatment is limited for those children with private insurance. There also remains a barrier of getting permission to treat from parents who may not always be easily accessible.

(4) prevention and/or decrease of opiate overdoses and/or deaths

Three of our counties saw a large increase in unintentional drug overdose deaths from 2016 to 2017. In Fayette County, overdose deaths there were 7 overdose deaths in 2016, and 26 in 2017. Highland County also more than doubled with 6 overdose deaths in 2016, and 13 in 2017. Pickaway went from 6 in 2016 to 17 in 2017, and Pike County rose from 7 in 2016 to 13 in 2017. Ross county was the only county that saw a significant reduction. Ross County had 40 drug overdose deaths in 2016, and 29 in 2017. While Ross County had a significant

decrease in overdose deaths, they still have more overdose deaths in 2017 than the other 4 counties.

Each of the 5 counties in the region have drug prevention coalitions. Each of the counties have either a QRT team or a PORT team working with community members after naloxone was used to prevent a death by overdose. Each county also has different plans in place for naloxone distribution. These coalitions also provide events that help to education community members on harm reduction as well as other prevention activities.

This region has noticed an increase in the use of methamphetamine use. Many times the methamphetamine is laced with fentanyl or carfentanil.

(5) prevention and/or decrease of suicide deaths; and/or suicide prevention

The Paint Valley ADAMH Board plays a very active role in suicide prevention in their 5-county area. The ADAMH Board sponsors and hosts multiple QPR and Mental Health First Aid trainings yearly. The ADAMH Board supports and assists suicide prevention coalitions in Ross, Pike, Fayette, and Pickaway counties. The ADAMH Board plans on starting a suicide prevention coalition in Highland County in FY 2020. The suicide prevention coalitions have hosted means matter workshops, and other community events designed to reduce stigma and educate the community on suicide prevention. The coalitions also work with the local schools and have encouraged schools to participate in the Signs of Suicide program.

Each of the suicide prevention coalitions host a yearly 5k. The 5ks help to raise awareness of suicide prevention as well as financial contributions that help the coalition with other prevention activities. The larger community is effectively engaged at these events.

In Ross County the Veterans Administration also has a large facility and does host several educational and prevention focused events throughout the year.

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.

The Paint Valley ADAMH Services Board serves a five-county area of South Central Ohio that includes the counties of Fayette, Highland, Pickaway, Pike and Ross. According to US Quick Census Facts for 2018, we serve more than 234,800 residents in the five counties. The Paint Valley Board Area covers over 2,590 square miles. Much of this region is financially depressed. However, our unemployment rate has slightly decreased in comparison with our FY17 Community Plan. At that time, the average unemployment rate was 5.3%. Now our average rate is 4.64% (Highland, 5.1%; Fayette, 4.0%; Pickaway, 4.0%; Pike, 5.9% and Ross,

4.2%). In comparison, the Ohio unemployment rate average is 4.2% . The Bureau of Labor Statistics note that the unemployment rate only measures individuals that were seeking full or part-time work over the most recent four-week period. The U.S. Census states that of our five counties (Fayette, Highland, Pickaway, Pike and Ross) the following percentage of individuals in each county are “in the workforce”, respectively: 59.1%; 55.6%; 56.5%; 51.1.2% and 53.2%, averaging 55.12%. This is a reduction of 1.28% from the FY17 Community Plan. The percentage of individuals “in the workforce” throughout the State of Ohio is 63.1%. All five counties have fewer people in the workforce than the State average. Therefore, averaging at least 7.98% fewer people in the workforce, which indicates more than 18,737 more individuals (not in the workforce) in our service area, when compared to State average data. According to recent U.S. Census figures, 18.6 % of citizens are living at or below the poverty level in the catchment area, which is much higher than the state’s average of 14%. It is also a 0.7% increase from The Paint Valley ADAMH Board’s FY 17 Community Plan. Pike County has the highest percentage of individuals living in poverty at 20%, meaning more than one in five individuals in Pike County lives in poverty. According to the 2018 County Health Rankings by the Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute (UWPHI), all but one of the five counties that make up The Paint Valley ADAMH Board are all in the lower half of the counties in Health Outcomes. Specifically, Pickaway is ranked 44 out of 88, but the other four counties are at the bottom of the list. Highland 81, Fayette 72, Ross at 74, and Pike is 87 of 88 counties. The poverty levels specifically related to children are disturbing. Pickaway County is the only one of our five counties below the State average. In fact, the poverty level in Pike County is at 30%, which is 10% higher than the State average is a real concern. Highland is not far behind with 28% of their children living in poverty. Our largest population county is Ross, noting 25% (one in four) of children live in poverty. The community continues to battle the opioid epidemic as noted by the number of unintentional drug overdose deaths provided by Healthy Ohio. According to the Ohio Department of Health’s 2017 Ohio Drug Overdose Date: General Findings report, four of our counties experienced significant increases in overdose deaths in 2017. While Ross County did see a sharp decline in overdose deaths from 2016 to 2017, (40 in 2016 to 29 in 2017), the are still ranked 13th in the state from data collected between 2012 to 2017.

While there are fewer clients without a payer source when compared to previous years. There are still steep barriers to obtaining and maintaining treatment. There are too few doctors in the community available to administer Medication Assisted Treatment (MAT) services. When a new doctor is found that will administer MAT services, they often only accept cash as a payment, will not accept private insurance or Medicaid. Or they are limited in the number of patients they can administer treatment to. The Paint Valley ADAMH Board has found it more and more difficult to attract highly qualified staff at many of our provider agencies due to the inability to pay individuals accordingly and meeting the competition with government agencies that can pay better and provide better benefits. This is being experienced in all professional occupations, particularly among psychiatrists. This presents a serious concern as there is a reduction in available (well qualified) professionals in our community at a time when the demand for mental health and substance use services has never been greater.

BH redesign has had a significant impact on our providers, and therefore members of our community needing mental health and substance abuse services. Providers are having to

focus more staff and financial resources towards managing the varying prior authorization methods of multiple managed care companies. Providers have also had to dedicate a significant part of their resources to updating billing systems. Currently, our community hasn't experienced BH redesign's intended affect of increasing the quality of care for our residents. Instead, the community has experienced providers being pushed to their limits to learn complicated billing rituals and having to invest in staff and resources to navigate the many varying demands of managed care Medicaid. The ADAMH Board is concerned that client care will suffer.

The rate changes associated with BH redesign have negatively impacted providers. It has forced providers to run a leaner operation. A six-month time period is not enough for larger organizations to be able to make such extreme changes. One of the ADAMH Board's contracted agencies has been so severely impacted, that the 5-county area may likely be without their services. The ADAMH Board has spent a great deal of time and resources in attempts to assist this floundering agency.

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 Paint Valley has worked extensively on needs assessment. The board participates with all 5 counties in their Community Health Improvement Plan. It is noted that in all 5 counties, mental health and substance abuse needs are noted, not only by the ADAMH Board, but other key community leaders and stake holders.

The Paint Valley ADAMH Board also took part in the ROSC survey. The survey was completed by staff, board members, community stakeholders, providers, and those currently in recovery or seeking treatment. The survey was widely distributed, and 8 different focus groups were held.

The staff of the Paint Valley ADAMH Board are also very involved in several community meetings in all of our 5 counties including Drug and Suicide Prevention Coalitions, Family and Children First Councils, Continuum of Care, Reentry Coalitions, and social service meetings. These meetings are an opportunity for the Board to hear of local concerns and needs.

When an area is identified as a potential need, the ADAMH Board delves deeper into the situation. For example, one of the counties in our system of care was having difficulties in their state hospitalization process. All needed stake holders were called together, and the

issue was thoroughly examined. New policies and practices have emerged from this effort which has ultimately benefited the clients that we serve.

- 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.

1.) The Paint Valley ADAMH Board has worked with all of 5 of our health departments in their community planning process. In each of the counties, mental illness and or substance abuse is seen as an area to work on improving by community members. Each Community Health Improvement Plan has identified goals and measurements on an annual basis that the ADAMH Board assists with working towards.

2.) The Paint Valley ADAMH Board serves 5 distinct counties. Having one complimentary plan that will agree with 5 distinct county plans may be a challenge.

3.) Hearing the needs of the community from the community is imperative to truly serving the community. Working with our Health departments in their planning process has allowed another avenue for the ADAMH Board to hear the needs to the communities that they serve. Another advantage of working with the health departments in the community plan is that the community is pooled one time. One area that seems to be lacking in this planning process is often a good representation from the local schools.

4.) The ADAMH Board plans to continue to work collaboratively with the Health Departments in each of the 5 counties that the Board serves. The ADAMH Board will also assist in gathering input and information from the local schools. For example, some of the schools complete the PRIDE survey. The ADAMH Board has funded this for some schools when requested. This information could be used to assist in completing the CHIP.

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

There were no dispute resolutions initiated within any of the county FCFCs in the ADAMH Board's coverage area that resulted in the Board providing or funding a service to a family.

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

The Paint Valley ADAMH Board utilizes the services at the Floyd Simantel Clinic, which is part of Scioto Paint Valley Mental Health for community members discharging from the state

hospital and returning to the community. Overall, the system in place for helping those discharging from the state hospital runs efficiently. Our system of care has run into a few cases of hard to place discharges. A higher level of care than the current residential treatment center would be beneficial to house those with a recent history of violence. At times, getting a timely follow up appointment with a psychiatrist can also be difficult. The Paint Valley ADAMH Board continues to struggle with housing needs for the community members experiencing mental health concerns.

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

The Paint Valley ADAMH Board participated in the Recovery Oriented System of Care survey. The results of this survey showed one of our community's strengths is the focus on client's and family members. An area of improvement noted in the survey was working with child care centers to promote early intervention. The Paint Valley ADAMH Board is going to work on providing child care providers trainings in PAX kernels to strengthen this early intervention in our community.

Our system of care now does have some peer supporters, but we could use more. There still seems to be a lack of knowledge in our community regarding available services offered.

- 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 past, our community has needed a sub-acute and acute detox facility. Adena Regional Medical Center now had a 5-bed inpatient medical detox. Our community could still use more detox beds. Our community would also benefit from increased funding to attract and retain psychiatrist and other licensed clinicians. Our community lacks access to early childhood evidenced based treatment. Also, the Paint Valley ADAMH Board region needs additional recovery housing.

Our community does have several for profit agencies that provide specific services. Not for profit agencies that offer a full array of needed services are struggling financially in our community.

- 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.

In the Paint Valley ADAMH Board region Scioto Paint Valley Mental Health Center provides crisis services. This agency has a 24-hour crisis center in Ross county. They provide crisis assessments to the 4 local jails, the 18 bed MH residential center, and they provide hospital prescreens in the ER in each county. Integrated Services provides after hours crisis services to their client in Pike county. In Ross County, they provide crisis services to both their clients and any family with children when contacted by law enforcement to do so. Our region lacks a mobile crisis unit. There are also very limited resources available for youth in crisis. While our region is fortunate to have an 18-bed residential center, it would benefit from a true crisis stabilization unit. It is clear to the Paint Valley ADAMH Board, that our community

would benefit from strengthening the crisis services. A formal process for assessing our crisis services will begin in FY2020.

The needs of criminal justice-involved populations are being addressed with various federal and state funding streams. The Paint Valley ADAMH Board was awarded \$390,598.00 in SOR funding to place treatment navigators in our drug courts or drug like courts that our not yet receiving AOT funding. This funding is also providing recovery supports and vocational services. In addition, The ADAMH Board was awarded \$148,732.50 through SOR to provide peer support specialists to work with those involved in this program. Four courts (three in Ross county, and one in Pickaway) receive ATP funding. We have also received a prison reentry grant. However, there has been some difficulty in finding the workforce availability within the provider agency to properly utilize this funding source.

The Paint Valley ADAMH Board is also working closely with the Ross County Probate Court to begin an AOT program in the hopes of preventing high risk people living with a mental illness from becoming involved in the criminal justice system.

Ross, Highland, Pickaway, and Fayette county all participated in the START program to help families involved in the children services system with substance use disorders. This funding was helpful to the community. Additionally, youth from 4 of our 5 counties also benefited from the Multi Systems Youth funding.

While the Paint Valley ADAMH Board invested over 1.6 million dollars in evidenced based prevention if FY 19, there is still a need remaining for increased evidenced based prevention. While this funding has placed evidenced base prevention in many of the classrooms in our catchment area, there are still classrooms not receiving evidenced based prevention services. Additional prevention funding would allow prevention services to focus on other age groups and location beyond youth in school settings.

The Paint Valley ADAMH Board has done an excellent job in promoting the PAX Good Behavior Game within our system of care. In four of our Ross County schools, a 40% reduction in unwanted behavior has been seen since PAX implementation. The Paint Valley ADAMH Board currently contracts with three part time PAX partners who assist the schools in data collection and maintaining fidelity to the PAX program. To date, teachers in 17 of our local school districts have been trained in PAX. The ADAMH Board is planning additional trainings to reach the districts not yet impacted by PAX.

The Paint Valley ADAMH Board has also invested in trainings for parents and para professionals on the PAX toolkits.

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 Paint Valley ADAMH Board

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)	<ol style="list-style-type: none"> To increase available services to individuals who are intravenous/injection drug users. To assure that statutorily required continuum of care for persons with an opioid disorder are in place. 	<ol style="list-style-type: none"> Contract with provider network to provide care for this population. To apply for available SOR funding to assist in additional treatment opportunities. To work with local hospital in their efforts to provide acute detox as well as their effort to provide resources to those with an opioid disorder in their ER. 	<ol style="list-style-type: none"> Monitor waitlists at contract agencies. Monitor persons served through SOR projects via GPRA tool. Monitor data from local hospital regarding numbers of persons served through the ER for opioid use. 	<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)	<ol style="list-style-type: none"> To assure women have gender specific services. 	<ol style="list-style-type: none"> Continue to promote local hospital's evidence based program for pregnant woman with opioid use disorder (Adena Baby Centered Recovery). Contract with local agencies to provide treatment for women. 	<ol style="list-style-type: none"> Track usage of women's grant funding through monthly reports. Gather data from local hospital regarding women served in their program. 	<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)				<input type="checkbox"/> No assessed local need <input checked="" 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	To identify the prevalence of tuberculosis and other communicable diseases (AIDS, HIV, Hep C, etc.)	<ol style="list-style-type: none"> Work with Ohio State's study of Pike county relating to 	<ol style="list-style-type: none"> Monitor data from OHOP study. 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage

<p>communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>	<p>among persons receiving services in the ADAMH catchment area.</p> <p>Note: The ADAMH Board currently has two children psychologists in the 5 county region that it serves.</p>	<p>communicable diseases and IV drug use. (OHOP study)</p> <p>2. The ADAMH Board will review all contract agencies health screens to ensure questions related to communicable diseases are being asked.</p>	<p>2. Review monthly reports from contract agencies regarding persons served with communicable disease.</p>	<p>___ Other (describe):</p>
<p>MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<p>Increase access to care for children in our 5-county catchment area.</p>	<p>1. Identify service gaps by interacting with local ESC's, FCFC's, treatment providers, and other stakeholders.</p> <p>2. Collaborate with above mentioned stakeholders to increase treatment options and supports for our children.</p>	<p>Quarterly reports.</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<p>1. Continue to support current wide array of services within are area for SMI population (Floyd Simantel Clinic, crisis services, first episode psychosis program).</p> <p>2. Strengthen already existing crisis programming.</p>	<p>1. Contract with local providers for services.</p>	<p>Monthly reporting.</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing</p>	<p>Increase housing opportunities for community members with a mental illness or substance use disorder.</p>	<p>1. Collaborate with Ken Reed from Pike County Metropolitan Housing to create housing at the McArthur Gardens project area.</p> <p>2. Identify Mc Arthur Gardens as ADAMH capitol priority in 2020.</p> <p>3. Committee was established with Scioto Paint Valley's Board and Paint Valley ADAMH Board's Board to work with Ken Reed to ensure that</p>	<p>Monthly reporting regarding progress with this project.</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

		mental health needs are considered.		
MH-Treatment: Older Adults	<ol style="list-style-type: none"> 1. Address Medicare rates and billing requirements and the barrier they create in access to care for older adults. 2. Address work force shortage of those able to be reimbursed by Medicare. 			<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input checked="" 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	To increase treatment availability to those involved in the criminal justice system.	<ol style="list-style-type: none"> 1. To continue to work with Scioto Paint Valley to make sure those involved in the community linkage program are receiving appropriate mental health and substance abuse treatment. 2. To continue to work with Ross and Pickaway’s Drug Courts through the ATP program. 3. To assist courts in Fayette, Highland, Pike, and Pickaway in obtaining a supreme court drug court certification by assisting with SOR dollars for treatment navigators, recovery supports, vocational training, and treatment options. 4. To collaborate with Ross County Probate Court and Scioto Paint Valley Mental 	<ol style="list-style-type: none"> 1. Quarterly reports will provide data to ensure timely access to treatment. 2. Quarterly reports from Drug Courts will assist in assessing amount of dollars spent on recovery supports. Quarterly reports from GOSH will determine amount of dollars spent for treatment for those without a payor source. 3. GPRA tool. 4. Quarterly planning meeting will assess progress. Also data will be entered into the Ohio AOT Collection Portal. 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

		Health Center to create an Assisted Outpatient Treatment program.		
Integration of behavioral health and primary care services	Currently one contract agency has integrative health. We also have two other mh/sud providers in our area that is also a FQHC.			<input checked="" 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)	Strengthen and enhance recovery support services. Build capacity.	<ol style="list-style-type: none"> 1. Continue to assist local recovery housing in applying for grants. 2. Encourage and support Recovery Housing in using the Recovery Housing Outcome Tool to collect data. 3. To work with Ken Reed through Pike Metropolitan Housing to create housing with the McArthur Gardens project. 4. Provide funding through the SOR grant to assist those involved in court system with Opioid D/O by providing them with vocational supports. 5. Continue to support peer support within out contract agencies. Continue to assist other agencies within the area in applying for grants to expand existing peer support programs. 	<ol style="list-style-type: none"> 1. Data collected through grant reporting and Recovery Housing Outcomes tool. 2. Updates from Ken Reed and from the subcommittee of Board members that will be working with him on McArthur Gardens project. 3. GPRA tool. 4. Monthly/quarterly reports generated by contract agencies. Reporting generated by other agencies to fulfill grant requirements. 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		<ol style="list-style-type: none"> 6. To assess transportation needs of those in recovery, and to develop action plan to meet this need. 7. Promote the BWC grant to encourage employers to hire people in recovery. 8. Collaborate with JFS in Ross County and Community Action in Pike County with their grants from the Department of Labor to help those in recovery find gainful employment. 		
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Remove any barriers and stigma that may exist against minorities in system of care. Increase access to care for minorities.	<ol style="list-style-type: none"> 1. Host a CLAS training for treatment providers and ADAMH staff. 2. Provide board member with opportunity for online CLAS training, and overview of CLAS. 	<ol style="list-style-type: none"> 1. Attendance at training. 2. Board meeting minutes. 	<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 opioid overdoses and deaths.	<ol style="list-style-type: none"> 1. Continue expansion of Pax GBG. 2. Participate and support efforts of county drug coalitions. 3. Apply for SOR funding to assist and expand local community efforts. 4. Work with partners in Healing Communities project. 	Ohio Department of Health Opioid Overdose reports.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

Promote Trauma Informed Care approach	Train community, schools, first responders, faith leaders, and service providers in Trauma Informed Care	Collaborate with TIC care trainers to host trainings in the community.	Attendance at trainings	<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				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input checked="" type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Increase access to evidence-based prevention	<p>Expand PAX GBG to additional schools.</p> <p>Continue to contract with agencies to provide evidenced base prevention in our schools.</p>	<ol style="list-style-type: none"> 1. Host additional PAX teacher trainings. 2. Contract with additional PAX partners. 3. Continue to contract with Big Brothers Big Sisters to provide evidenced based prevention services to our youth. 4. Continue to contract with Pickaway Area Recovery, Scioto Paint Valley Mental Health, and Pike Recovery Council to provide evidenced based prevention services in the schools. 5. Continue funding of additional prevention services initially allocated in FY19. 6. Continue to financially support youth led coalition in Fayette County. 	Data collected by agencies providing prevention.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Suicide prevention	To reduce suicides in the 5-county board region.	<ol style="list-style-type: none"> 1. Continue to support Suicide Prevention Coalition's in Ross, Pike, and Pickaway counties. 	<p>Review suicide deaths by county yearly.</p> <p>Sign in sheets from trainings.</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage

		<ol style="list-style-type: none"> 2. Create suicide prevention coalitions in Fayette and Highland counties. 3. Continue to host QPR and Mental Health First Aid trainings. 4. Work with Nationwide Children's hospital to expand Signs of Suicide in local schools that do not already have it. 		__ Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Problem gambling will be assessed in each of our four contract provider agencies.	<ol style="list-style-type: none"> 1. Client's will be assessed for symptoms of problem gambling upon intake, and then periodically when need for updated diagnostic arises. 	ADAMH Board will request copies of blank assessment showing questions related to problem gambling.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Stabilization and sustainability of current providers during BH Redesign transition.	To keep the current system of care in place. To not experience needed providers going out of business.	<ol style="list-style-type: none"> 1. Develop uniform cost report to show areas in which reimbursement is insufficient. 	Uniform cost report/ provider feedback
Developing Workforce Capacity	To draw psychiatrist and skilled clinicians to our system of care.	<ol style="list-style-type: none"> 1. 	
Crisis- CIT	Increase number of trained law enforcement personnel. Offer training for dispatchers and correction officers	<ol style="list-style-type: none"> 1. Host yearly CIT training. 2. Host companion course for dispatchers. 3. Host companion course for correction officers. 	# trained
Crisis-general	Strengthen current crisis services available to community.	<ol style="list-style-type: none"> 1. Assess current crisis services being offered. 2. Assess remaining needs presented by community stakeholders. 3. Prioritize identified gaps. 4. Assess programming needed to address gaps, and resources (workforce and funding) available to implement programming. 	Newly implemented programming. Improvement in current programming.

		5. Implement new programming or improve current programming based upon information gathered.	
Youth	Provide comprehensive, wrap around treatment to youth regardless of payor source.	<ol style="list-style-type: none"> 1. Assess current level of treatment available. 2. Identify gaps in care. 3. Implement new programming and projects to address identified gaps. 	Newly implemented programming.

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?)

As previously noted, one of the strengths of the Paint Valley ADAMH Board is its ability to collaborate. The Paint Valley ADAMH Board collaborates with each counties drug coalition, suicide prevention coalition, health department CHIP, and FCFC's. The Board has also wrote grants to help the different courts have access to SOR dollars, following an ATP like model. The Board is working with the Ross County Probate Court to develop an AOT program with hopes of expanding to other counties. Also, the Board is working with Pickaway and Ross Courts to develop a guardian board. The Board works with local ESCs and schools as evidenced with the expansion of PAX in our 5 counties as well as the amount of other evidenced based prevention taking place in our school systems. The Board works with the local NAMI and provides funding for their executive director salary. Through this collaboration, the Board can hear from families and individuals impacted by mental illness and substance use disorder. The Board held multiple focus groups to gain input from those is recovery during the ROSC survey process. The Board frequently meets with treatment providers and asks for input from them in regard to future planning.

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 Board meetings periodically with Twin Valley Behavioral Health System. Concerns regarding the referral and admission procedure from one of our counties into Twin Valley were raised by both the state hospital and local community members. The Paint Valley Adamh Board brought together the state hospital, the local hospital, the probate court, law enforcement, and treatment providers. Together, this collaborative effort has resulted in a smoother referral and admission process and has strengthened relationships.

Our area still sees a large amount of our state hospital bed usage being forensic beds. There is not a funding stream, or a process to safely divert these admissions currently.

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.

The Paint Valley ADAMH 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/>