

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

Mental Health & Recovery Board of Portage 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.

Portage County’s population of 162,927 ranks 19th out of the 88 counties in the state. The population has increased from 2000 to 2018, up from 161,419 to 162,927.

- Portage County is approximately 90.9% White, with an African American population of 4.6%, Hispanic 1.9%, and Asian 2.2%.
- The county is 50.9% female and 49.1% male.
- 4.6 % of residents are children under the age of 5.
- 18.7% are under the age of 18.
- 16.4% of residents are age 65 and over.

While there have been some improvements, economic indicators illustrate that Portage County and its citizens continue to face significant economic challenges:

- The percent of persons below poverty level is 11.8% compared to Ohio at 14.0%.
- The percent of individuals without health insurance under age 65 is 6.8% compared to Ohio at 7.0%.
- Unemployment in June 2019 was 4.2% compared to the same 4.2% for Ohio.
- Median household income is \$53,816 as compared to the median household income of \$52,407 for Ohio as a whole.

Because of the drastic cuts in state funding that occurred in 2008 and 2009 that have never been restored, Portage County is forced to rely on its local levies for 67% of total funding. State funding accounts for only 15% of total funding while Federal accounts for 17%. Portage County has historically received less per capita from ODMH, ODADAS, and OHMHAS, with only four counties receiving less per resident, even though Portage ranks 19 in population out of the 88 counties.

The finding in the OHMHAS June 2019 Performance Audit that, “funding is allocated based on prior year allocations rather than a needs-based approach” highlights the need to address a longstanding issue of funding inequity across counties. It is anticipated that the implementation of the Auditor’s recommendation that the department “allocate funds using a data-driven needs-based method” which would “impact reallocation of \$15,000,000 in funding” will yield an appropriate increase in State funding for Portage County.

Regarding the current environmental context, other Board concerns include:

- The need to obtain client level data from the Ohio Department of Medicaid to meet our statutory mandates and be able to coordinate integrated care.
- The need for more flexible State funding options.
- The need for more creative solutions to address the shortage of state hospital beds for adults and especially for youth.
- The need to hold Managed Care Organizations accountable for care coordination and to develop strategies to improve engagement of treatment resistant clients.
- The need to improve reimbursement rates for mental health services such as Assertive Community Treatment (Act) and Intensive Home-Based Treatment (IHBT).

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.
 - 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.

(A) 2016 Portage County Community Health Assessment:

The Portage County Community Health Assessment (CHA) and the Portage County Community Health Improvement Plan (CHIP) are part of a collaboration between the Portage County Health District and the Mental Health and Recovery Board of Portage County, as well as representation from the entire spectrum of health and social services in Portage County, to conduct a fully integrated health assessment and improvement plan. Over 45 people are involved in the CHA/CHIP planning including consumers of services.

The data for this assessment was obtained by independent researchers from the Toledo-based hospital Council of Northwest Ohio and their partners at the University of Toledo, who administered surveys in 2015 to a cross-sectional, randomized sample of Portage County residents as follows: adults aged 19 years and older, youth aged 12 to 18 years, and parents of children aged 0 to 11 years. The survey instruments contained both customized questions and a set of core questions taken from the Center for Disease Control and Preventions’ Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance system, and National Survey for Children’s Health. A total of 433 adults were surveyed, 407 adolescents were surveyed, and 432 parents of children under the age of 12 years were surveyed.

Key Findings for Adults:

- 62% of adults had at least one alcoholic drink in the past month
- 37% of adults reported they had 5 or more alcoholic drinks (males) or 4 or more drinks (females) on one occasion in the past month and are considered binge drinkers
- 10% of all car crashes in the county were alcohol-related
- 10% of adults had used marijuana in the past 6 months increasing to 23% of those under the age of 30
- 17% reported using marijuana and other recreational drugs almost daily in the past 6 months
- 10% reported using medications not prescribed for them or took more than prescribed during the past 6 months increasing to 19% of those under the age of 30
- 5% of adults reported attempting suicide in the past year
- 6% of adults considered attempting suicide in the past year
- 15% had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities, increasing to 33% of those with incomes less than \$25,000.
- Reasons for not using a mental health service: 15% said that they either could not afford to go or that co-pays/deductibles were too high and 2% because of the stigma associated with mental illness.
- Reports that they or a family member had been diagnosed or treated for mental health issues in the past year: depression (40%), anxiety (24%), alcohol/drug use (16%), bipolar (13%), psychosis (4%).
- Top causes of anxiety, stress and depression were as follows: financial/poverty (59%), job (40%), caring for a sick family member or friend (25%), fighting at home (24%), dating/marital relationship (20%).

Key Findings for Youth (6th to 12th graders):

- 18% of youth had at least one alcoholic drink in the past 30 days increasing to 37% of those ages 17 and older
- 47% had at least one drink of alcohol in their life increasing to 71% of those ages 17 and older
- Of those who drank, 49% had 5 or more drinks on an occasion in the past month
- 11% used marijuana at least once in the past 30 days increasing to 17% of those over the age of 17
- 7% of youth used medications that were not prescribed for them or took more than prescribed, increasing to 11% for those over the age of 17
- 9% reported attempting suicide in the past year increasing to 15% for females
- 2% made a suicide attempt requiring medical treatment
- 18% reported they had seriously considered attempting suicide in the past year increasing to 25% for females
- 27% reported they felt so sad or hopeless almost every day for 2 weeks or more in a row they stopped doing usual activities increasing to 39% for females
- Top causes of anxiety, stress and depression: academic success (34%), self-image (29%), sports (24%), fighting with friends (23%), fighting at home (23%), death of close friend or family members (20%), peer pressure (20%), breakup of relationship (20%), being bullied (17%), poverty/no money (12%)

Key Findings for Children under age 12:

- 44% of parents said that their children reported being bullied in the past year
- 10% of parents reported that their children were receiving treatment for emotional, developmental, or behavioral problems
- 22% of children were classified as obese
- 7% of parents said their children were diagnosed with ADHD

- 6% of parents said their children were diagnosed with anxiety
- 6% of parents said their children were diagnosed with learning disabilities
- 2% of parents said their children were diagnosed with depression

(B) Portage County Community Health Improvement Plan (CHIP):

The current CHIP was completed in July 2016 and identified five priorities that are based on both the Community Health Assessment (described above) as well as additional data from other community assessments, including coroner’s reports of suicides and drug overdoses over the past several years. These priorities include:

- Mental Health
- Drug addiction and drug overdoses
- Obesity
- Access to Care
- Injury Prevention

It has been agreed upon by all participants in this CHIP process that all professional agencies will be a part of the plan and will be using both the results of the Health Assessment and CHIP in their own mandated plans. Therefore, the Mental Health & Recovery Board of Portage County agrees with this plan so that our required Community Plan matches the CHIP. Planning is currently taking place for the new 3-year CHA and CHIP for 2019 with University Hospitals Portage Medical Center joining as a third community partner.

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

In Portage County, there have not been any disputes regarding child service needs that required resolution during FY19 or FY20.

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

The Board and its primary hospital contact agency, Coleman Professional Services has a good working relationship with the Regional Psychiatric Hospital (NorthCoast). Coleman staff are in regular communication with NCBH regarding admission and discharge concerns, and the Executive Director is available if there are any difficulties that may arise. Coleman can provide step-down services if needed at their Crisis Stabilization Unit.

Periodically there is difficulty in getting people admitted into state hospitals for inpatient psychiatric care. We sometimes have individuals waiting while sitting in a waiting room at our Crisis center or local hospital emergency department. Many of these individuals need more than “short-term” care due to the severity and intensity of their symptoms (typical care in a hospital, including state hospital, is less than a week). Many have discontinued their prescribed medications and need a longer time period to get stabilized on their medications again. Although they may not present with an acute danger to self and/or others, many of their symptoms clearly show they are not able to take care of themselves and need this higher level of care for their own safety and recovery. In addition, often these individuals are also homeless and do not have an immediate place to return to after hospitalization.

Given the severity of our chronic population, many require more of a 24-hour group home facility and both of our local group homes are at 100% capacity with no openings expected for years. The hospital needs to have them discharged but we lack both the local facilities and the funds to pay for a facility outside the county.

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

Due to the successful collaboration and robust findings of the Portage County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), Portage County has elected to not utilize the Board Recovery Oriented System of Care (ROSC) assessments.

However, the ROSC model is used as a framework for examining our continuum of care to ensure that we have a comprehensive range of services from prevention to treatment to recovery supports to crisis.

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)].

Portage County previously was without Medication Assisted Treatment, Detoxification, and Peer Recovery Support Services. The award of the MAT-PDOA and SOR grants has allowed us to establish these services across three of our provider agencies. This funding has been a great asset to our county; however, it is time limited and we are concerned that we will not have adequate funding to continue to sustain all the services.

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 Portage County, we have identified local needs, priorities, and resources that do not always align with the continuum of care and other state requirements and priorities. We believe there should be some flexibility in continuum of care requirements for counties, particularly since the state requires us to conduct local needs assessments but then mandates state requirements without consideration of local needs.

For example, we have an increased need for children who need at least some sort of residential care for assessment and stabilization due to their high-risk behaviors, particularly being a danger to self and/or others. However, these placements cost over \$10,000 per month and the number of children presenting with high risk behaviors has dramatically increased in the past three years, requiring doubling of our board allocations to keep these children in safe and therapeutic settings while keeping them in the custody of their parents and guardians.

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). (See attached).

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 Board of Portage County 2019-2020

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)	Increase percentage of opiate addicted individuals who have a successful disposition at discharge from residential placements.	Use a combination of detox services, residential services, and outpatient services along with MAT and Peer Recovery Support.	Compare numbers of individuals who have successfully completed our local residential programs from past years to the current year.	<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)	Increase in percent of pregnant women who complete AOD treatment in residential treatment.	Residential Treatment (Horizon House).	Compare numbers of individuals who have successfully completed our local residential program from past years to the current year.	<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)	Prevent loss of custody and increase family reunification for parents involved with the child welfare system due to their substance abuse.	Detox treatment. Outpatient AOD treatment. Residential Treatment.	Compare numbers of children removed from their homes due to parents with SUDs to previous years.	<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.)				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Increase accessibility of services for children with SED using a system of care approach.	Use Family and Children First Council and Interagency Clinical Assessment Team to facilitate system access. Continue services in schools for early identification. Use wraparound funds to keep children in their homes.	Measure the number of children who are in residential placement each year and try to reduce these numbers along with length of stay.	<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): Adults with Serious Mental Illness (SMI)	Maintain and possibly expand accessibility to mental health services for adults with SPMI.	Continue use of FIRST program for early onset psychosis. Comprehensive services, both clinical and recovery supports (housing, vocational). Provide same day diagnostic assessments. Transfer stable adults to primary care for medication monitoring.	Measure the number of adults who are psychiatrically hospitalized each year.	<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 permanent supportive housing	Increase safe and affordable housing to persons with SPMI including substance abuse disorders.	Continue to work on obtaining funds to increase the number of living spaces along with appropriate staff supervision. Increase specialized housing for transitional youth and adults with criminal histories.	For transitional youth, develop a facility in FY17 to house youth.	<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				<input type="checkbox"/> No assessed local need <input checked="" 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	We want to increase MH/SUD services in the jail but have limited board funding and one grant.	Currently our strategy is focused on locating additional funds.	Increase the number of people receiving AOD assessments, MH services in the jail, and re-entry services.	<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	Develop an integrated care system that treats physical, mental health, and AOD conditions in a coordinated manner.	Work collaboratively with our local Federally Qualified Health Center to provide MAT treatment.	Continue program at the FQHC that provides MAT treatment.	<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 or substance use disorders; (e.g. housing, employment, peer support, transportation)	Increase the availability of Certified Peer Support specialists.	Obtain other sources of funding for additional peer support specialists.	Expand the number of peer support specialists in the county.	<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).	<p>1. Provide culturally specific mental health and addiction services to African American clients.</p> <p>2. Provide gender sensitive services to LGBT clients</p>	<p>1. Create a Youth Outreach Worker at new local African American community center to engage a broad spectrum of at-risk and underserved Portage County youth and provide mental health and substance use programming.</p> <p>2. Provide outreach and gather input from local LGBT community.</p>	<p>1. Number of youth served, number of youth and types of services youth were linked to including mental and behavioral health programming, prevention and evidence-based programming, life skills and peer support groups.</p> <p>2. Program changes based on outreach and input from local LGBT community.</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>
Prevention and/or decrease of opiate overdoses and/or deaths.	Increase percentage of opiate addicted individuals who have a successful disposition at discharge.	Use a combination of detox services outside the county, residential services in the county, and outpatient services along with MAT.	Track number of deaths and number of overdoses annually.	<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>
Increase Trauma Informed Care Treatment.	Contract agencies to have ongoing training for TIC; educate the public about TIC.	Help arrange or locate TIC trainings for agencies; increase awareness activities on TIC in the community through presentations, articles, social media.	At least one training per year for each agency on TIC, number of staff trained in each agency, and number of presentations and articles for the community on TIC.	<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>

Prevention Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents	Increase prevention services, especially for drug/alcohol.	School-based prevention services.	Increase the number of children in schools who received education and prevention information.	<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>
Prevention: Increase access to evidence-based prevention	Implement evidence-based prevention programs.	Build on the current “Too Good for Drugs” evidence-based program to expand the number of children served.	Increase the number of children in schools who received education and prevention information.	<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>

Prevention: Suicide prevention	Provide in-county 24/7 crisis services to children and adults and families to prevent suicides.	Fund 24/7 Hotline with Townhall II and fund 24/7 hospital pre-screening services at Coleman. Education and awareness activities along with anti-stigma promotion.	Track number of suicides from Coroner's office annually.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations.	Local provider agency will conduct problem gambling prevention activities in the community and assess for gambling problems during Intakes.	Track numbers of people in treatment and numbers of gambling prevention programs.	<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
Drug Overdose prevention	Decrease numbers of people dying from drug overdoses.	Use existing "Oversight Committee" whose purpose is to pull together all efforts in the community that are focused on preventing overdoses, such as the use of Narcan.	Number of overdoses from Coroner's office.
Help maintain children in the community rather than being placed in residential settings	Use community resources as much as possible to decrease residential placements.	Use FCFC and service coordination plans to strategize for each high-risk child how to keep them in the community, using wraparound services along with other resources.	Number of children placed in residential and length of stay.
Mental Health and Substance Use Disorder treatment services in the jail	Provide timely and adequate mental health services in jail, and initiate MAT to SUD clients while incarcerated in jail.	Explore funding options and work with Sheriff, jail staff, and local MAT provider agencies on process and procedures.	Number of mental health clients seen in jail, establishment of MAT services in jail, and number of served.

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?)
- Family and Children First Council: The Board's Executive Director is an active member of the FCFC Council and the FCFC Interagency Clinical Assessment Team (ICAT) that oversees consideration of children for placement in residential facilities. ICAT is comprised of all AOD and mental health agencies supported by the Board along with the Department of Job and Family Services, Juvenile Court, Board of DD and local schools. ICAT revised its procedures to match the Service Coordination procedures for the entire county. However, despite these positive efforts, the number of children who require residential treatment due to high risk actions has doubled.
 - Adult Courts and Jail: The Board has worked closely with its agencies, judges and criminal justice system to start a Mental Health Specialty Docket court and Drug Court to divert people with mental health and addiction needs from the criminal system into treatment. The Board works closely with Coleman Professional Services, Townhall II, and Family and Community Services as they provide mental health and addiction services to consumers in the jail.
 - University Hospital Portage Medical Center: The Board meets quarterly with the local hospital to discuss and resolve problems with how mutual consumers have been managed in their hospital, particularly those consumers who come to the Emergency Department in need of hospitalization for psychiatric problems and/or for detox services. Current discussions are focused on developing more specific procedures to benefit consumers and to reduce problems and increase safety.
 - St. Thomas Hospital/SUMMA Care and Akron General Hospital: The Board utilizes both St. Thomas and Akron General Hospitals with Coleman Professional Services for inpatient psychiatric hospitalization. At the current time, psychiatric patients with medical issues are referred to St. Thomas and General for hospitalization. However, access to these beds have become extremely difficult with consumers often waiting to be admitted even though they are at risk of harm or self and/or others.
 - Local Police, Sheriff Department and Public Schools: The Board was instrumental in developing CIT in Portage County. The plan is to continue to be an active sponsor and supporter of CIT in collaboration and coordination with the Portage County Sheriff's Department. The Board is a member of the CIT Advisory Committee and CIT Planning Team and is a trainer during the CIT training each year. The Board also has taken the lead on expanding the CIT concept to include comprehensive training for the public schools, known as the Crisis Intervention Team Education Collaboration (CITEC). A pilot training was done for CITEC in August 2008 with the eleventh training conducted July 2019. This training has been accepted by Kent State University for two graduate credits in education. Training has also expanded to include a two-day dispatcher training.
 - Department of Job and Family Services: The Board has strongly supported our contact agency's obtaining contracts to provide consumer services for DJFS. Townhall II provides referrals for parents with drug/alcohol problems. Coleman Professional Services provides after hour coverage for DJFS's child abuse reporting hot

line. Family and Community Services provides Multi-Systemic Therapy, an in-home service for families involved with their agency for abuse and/or neglect.

- Portage County Schools: The Board funds Children’s Advantage to provide on-site consultation and screening to all eleven public school districts in Portage County. The Board also funds Townhall II to provide comprehensive prevention services in all the schools. The Board has also co-sponsored training for educators on mandated requirements related to mental health awareness, depression and suicide, bullying, child abuse and substance abuse.
- Portage County Health District: Our Board currently funds the purchase of NARCAN that is then distributed by our county health department to both citizens in the county (consumers and family members) and police departments. There have also been several joint efforts to conduct education and awareness activities throughout the county, particularly on the opiate epidemic.
- Heartland East: The Board’s Executive Director participates in monthly meetings with the Executive Directors of the Heartland East collaborative where information is shared on a range of issues including program planning, evaluation, evidenced-based-practices, a comprehensive shared software development project, and grants. Collaboration has been particularly successful around the State Regional Detox and Crisis Services grant.
- Best Practices in Schizophrenia Treatment (BeST) and Coleman Professional Services and Mental Health and Recovery Board of Portage County: Portage County received intensive training and consultation on the FIRST program, an evidenced-based practice of treating schizophrenia when it is first manifested within an individual. The program continues to be very successful in meeting the needs of those individuals who experience early signs of psychosis.
- Rehabilitation Services Commission/OOD: The Mental Health and Recovery Board of Portage County and Coleman Professional Services have been actively working together to provide both vocational and treatment services to individuals struggling with mental health issues. The program provides a combination of job assessment and training along with ongoing treatment services.
- Summit County ADM Board and Stark County MHAR Board: Both Board areas have collaborated with Portage County on Suicide prevention activities.

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.

Portage County has a shortage of inpatient psychiatric beds for both adults and children. Portage has no inpatient facilities for either adults or children and must rely on resources outside the County that can result in waits of up to 3-4 days, leaving consumers sitting either in our local emergency department or in our crisis prescreening facility. When we can get someone hospitalized, the stays are often too short and then our local resources are either not available or nonexistent to meet the level of care required. For example, several adults need a group home upon discharge from the hospital, but our group homes are filled at 100% and no openings will likely occur for several years. Although we have contracts with private hospitals (e.g., Summa in Akron and Akron General), most of the time their beds are also full. These contracts, however, require the use of our local levy funds to pay for these placements, adding yet another financial burden to an underfunded system. We only expect our utilization rates to go up with the increased need for this level of care for inpatient hospitalization.

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/>