

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

**Enter Board Name: County of Summit Alcohol, Drug Addiction & Mental Health
Services 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.

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.

Local Levy- In 2019 we will ask Summit County citizens to renew a six year 2.95 mill levy. The decision for a renewal was not made lightly with consideration given to the continuously changing landscape we are operating in. With the review of various forecasting models, we settled on requesting a renewal versus an increase in funding, with a level of confidence that we will be able to maintain a comprehensive continuum of care throughout our levy cycle. Many of the other factors mentioned below could have a significant impact to our approach this levy cycle and have significant implications for future levies dependent on changes.

Behavioral Health Redesign- BH Redesign has proven to be a challenge for many of our providers. Agencies have struggled to re-organize their business to sustain quality care while ensuring that they bill the appropriate array of services to cover their costs under the new codes. In an effort to mitigate losses during this transition, Managed Care Organizations (MCO) offered advance payments to providers. Unfortunately, repayment parameters were not set during this time and agencies are dealing with differing payback scenarios for each MCO, with no firm timelines for repayment. This has required us to ensure we are financially positioned to mitigate any consequences of this and ensure continuity of services to the community.

We are optimistic with the most recent changes going into effect August 1st and will continue to work with our providers to adjust accordingly.

Other issues that have been realized at the Board level include; flexible funds that were previously provided by the state to the Board have now been replaced by grants and pass-through funds for specified services; and the majority of federal funds that have come into the community have a very specific focus on opiate use disorder only, compromising some of the flexibility to meet our unique local needs.

The Affordable Care Act (ACA)- ACA is something we continue to monitor as challenges to its infrastructure continue to arise across the country and at the federal level. Our community has benefited greatly from the expanded access to behavioral health treatment services and increased enrollment. As a Board, we have been able to reinvest some of the treatment cost savings into capital, preventive, and supportive services. If there are significant changes regarding ACA availability, we will have to re-evaluate our investments and potentially re-direct funding to ensure continuity of care in treatment services.

The Institution of Mental Disease Rule (IMD)- This rule has played a significant role in our fiscal planning, as we are going on the ballot for our next 6 year levy this year. Our three SUD residential providers are in the final stages of transitioning their services to Medicaid due to the updated interpretation of this rule. As result of this transition, the Board will realize additional cost savings that can be re-directed into other supportive services that help sustain recovery. We continue to monitor the SUD 1115 Waiver Application in anticipation of the administrative requirements and possible time limited approval and how that will ultimately impact our local fiscal planning to insure continued access to this critical level of care in our system.

OhioMHAS Performance Audit- A recommendation from the Ohio State Auditor (as a result of the OhioMHAS Performance Audit) was to “allocate funds using a data-driven needs based method.” The financial impact states that “Redistribution could alter funding allocations to ADAMH boards by \$15,002,800 and therefore redirect resources to higher need counties.” While we plan to actively engage in the discussion of what methodology will be used and want to advocate in the interest of all boards, there is acknowledgment that this could have negative implications for our local Continuum of Care allocation. We are of the position that the allocation methodology should not harm any board.

Opiate Epidemic- We have made significant investment in programs and services to help address the rising numbers of overdoses in our community. As the overdose numbers have started to level out, we continue to monitor the shift in substances and populations disproportionately impacted by opiates and other substances. We have also had to consider how to best utilize the capacity that was created as a result of the opiate epidemic, as service capacity and mix (e.g. withdrawal management) are different dependent on the substance involved. The presentation of the client in need of services has also changed and resulted in additional discussion on how resources and services can shift easily to address these issues in real time. The need for SUD and mental health services to be seamless has also been highlighted through these transitions.

Summit and Cuyahoga Counties are at the center of a legal test of how much responsibility drug companies hold for the opiate epidemic. The ADM Board is a party to this consolidated opiate law suit. We are scheduled to go to trial in October, barring any settlement. This is the first case of all of the consolidated lawsuits across the state to go to trial and will set precedent for other cases.

Marijuana as Medicine- We continue to monitor the impact of the passage of HB523 in our community. There is one Level I Cultivator, two Level II Cultivators, three processor provisional license recipients and three provisional dispensary license awardees in Summit County. We have hosted training for employers to understand the implications for their business/hiring practices and policies, and continue to support prevention efforts that provide education about the risk factors of use. Based on the 2013 Summit County

Youth Risk Behavior Survey (YRBS), marijuana was the most prevalent drug used by our youth and continues to be the most common diagnosis of youth receiving treatment within our system. Preliminary data from and 2018 Summit County YRBS indicates that the rate of high schoolers that have ever tried marijuana has decreased, however the number of kids who believe their parents perceive marijuana use is wrong has decreased. We will continue to monitor this in our community, with the goal of keeping key indicators trending in the right direction.

Demographics- Per the US Census estimates from 2018, the population of Summit County is 541,918, with 17.9% of our population being over 65. Our older adult population is growing exponentially, which has several implications for our community, such as a need for increased capacity for service providers specializing in this population, an older workforce and a growing number of retirees. We also have to consider the tax implications as income tax, expenditure and property taxes tend to decline with age.

Another consideration for our area is the resettlement of Bhutanese, Congolese, and Afghan refugees in our community, and the challenges to addressing their needs in a cultural and linguistically appropriate way. We currently have over 40 different languages spoken within our largest school district, Akron Public Schools. We continue to work as a community to find the best way to address interpreting needs in the social service and health care arena. We are also a participant of the Summit County Refugee Task Force that is now reevaluating its role in addressing the needs of all foreign-born residents needing assistance in navigating community resources.

Suicide Prevention- Suicide rates in Summit County overall have been declining since 2015, including the rates for middle age and older adults (45-84). However the rates for youth and young adults (10-44) and senior adults (85+) have been increasing. The rates for the ages of 10-24 and African Americans overall in Summit County are above state and national averages. Also, preliminary high school data from the 2018 YRBS shows a decline, since the 2013 data, in the percentage of students reporting that they actually have attempted suicide, however the percentage of those seriously considering suicide has increased.

In 2019, Akron Children's Hospital, in partnership with the ADM Board and the Summit County Suicide Prevention Coalition (SCSPC), received a grant to create and develop a strategic plan for a Youth Suicide Prevention Sub-Committee of the SCSPC.

A consultant was hired to facilitate two days of strategic planning in April and June 2019, involving over 20 different community partners. The input is currently being reviewed and a vision, goals, objectives, and infrastructure will be developed over the course of the grant period.

This process is also helping to inform a restructure of the overall Coalition to strategically address all of the areas of concern that are presented locally. Our real-time monitoring of data from our medical examiner's office and the YRBS data collected every 5 years (for the majority of middle and high school students across Summit County) are also taken into consideration.

We are also continuing to implement strategies, as part of our Zero Suicide Initiative, with emphasis on improving clinical care, establishing suicide specific clinical pathways, and transitions in care. This initiative has been folded into the work of the Coalition.

Clinical Recruitment and Retention- Locally we continue to feel the same strain from the dearth of psychiatry, as is the case nationally. The expense to recruit talent to this area and competitive resources needed to retain professionals in the public system has been an ongoing discussion including negotiations with various systems. The Board has set funds aside to support innovative, sustainable approaches to help address this need within our system. We are in the process of assessing the current and projected needs of our providers with a goal of allocating funds based on data and individualized strategies presented by the provider to address the specific needs of their agency, with an emphasis placed on collaboration and sustainability.

We have also continued to develop a value based payment model with some of our providers to help support evidence based practices and other strategies and approaches that glean positive outcomes for those engaged in our services.

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.

Recovery Oriented Systems of Care (ROSC) Assessment- In 2018, we brought on an AmeriCorps VISTA as a ROSC Coordinator for our community to help facilitate administration of the local ROSC Survey and follow-up with individual interviews and focus groups. The ROSC Coordinator was able to engage stakeholders and facilitate broader feedback than most participating communities, allowing for more robust analysis. Our ROSC Coordinator is now in the process of analyzing all of the data and making recommendations to address areas of opportunity. We have recruited a second VISTA to lead year two of this project and support development and implementation of strategies to address the recommendations.

Areas that were identified as targets for intervention include:

- Decreasing stigma surrounding behavioral health issues;
- Address barriers to access;
- Increase cultural and linguistic competency within the system; and
- Develop shared messaging on guiding principles of the system.

Community Health Improvement Plan/Assessment- In 2016, the ADM Board worked with Summit County Public Health (SCPH) to complete a Community Health Assessment that analyzed over 200 indicators related to physical and mental health, health behaviors, socio-economic and environmental factors. The analysis led to the creation of the 2017 Community Health Improvement Plan. SCPH and the ADM Board worked closely to align priorities, goals and strategies with the Ohio State Health Improvement Plan (SHIP) for the next three years incorporating

evidence based practices, data driven evaluations and community assets to work towards common goals. SCPH and the ADM Board are currently updating the 2016 CHA which is expected to be completed in early fall 2019. The 2020 CHIP will again work to align priorities with the SHIP and implement best practices. Relevant priority areas identified as result of the 2017 Community Health Improvement Plan include:

- Adolescent Health
 - Reduce rates of substance use and abuse
 - Youth Violence (including self-inflicted)
- Maternal and Infant Health
 - Increase awareness and screening for postpartum depression
- Mental Health and Addiction
 - Reduce Overdose Deaths
 - Reduce Suicide Deaths
 - Prevent or delay the onset of substance use and/or mental illness
 - Increase the perception of risk of substance use and other risky behaviors

Sequential Intercept Mapping (SIM)- In 2018, a group of Summit County stakeholders participated in the SIM process facilitated by the Ohio Criminal Justice Coordinating Center of Excellence, with a focus on opiates. The local goals for the workshop were to align efforts of the Opiate Task Force, Incident Management Assistance Team (IMAT) and Addiction Leadership Council (previously Opiate Leadership Council) and identify barriers to treatment and services within the criminal justice system. After a two day facilitated process, including over 47 stakeholders representing multiple stakeholder systems including substance use disorder prevention, treatment, and recovery, mental health, social services, medical, corrections, county jail, consumers and family, law enforcement, courts, local school districts, higher education, and county administration services, the following priorities were identified:

- Assessment, Treatment Capacity and Recovery Supports/Housing
- Jail Services
- Community Awareness
- Emergency Treatment and Emergency Application for Admission
- Data Tracking and Communication

Addiction Leadership Council (ALC)- The ALC was developed by the United Way of Summit County in response to the opiate epidemic. They brought together traditional and non-traditional partners to coordinate efforts to curb the overdose crisis in our community. The SIM process outlined above helped to inform the direction of this group and subsequent SIM funding supported a community-wide research project to evaluate available resources, needed resources and opportunities for foundations and other non-traditional partners to engage. The research was conducted by the University of Akron and the Center for Community Solutions and accomplished through survey of various stakeholders, review of various system data sets and focus groups. Recommendations as a result of this analysis:

- Create a definition for successful treatment
- Reduce the delay of services between detox, or assessment, and residential treatment
- Strengthen connection between primary care physicians and treatment/recovery resources
- Expand residential treatment, recovery housing, and services to connect persons with needed services

- Reduce stigma related to medication assisted treatment
- Decrease level of AMA or administrative discharges at high end services (residential and detox)
- Increase efficacy of referral between agencies and levels of care
- Increase services designed to assist people in recovery to best assimilate into the Community

2018 Youth Risk Behavior Survey- In the fall of 2018, ADM and Summit County Public Health funded the Prevention Research Center at Case Western Reserve University to conduct a follow up the 2013 Summit County YRBS for a significant majority of Summit County middle and high school students.

We obtained an 80% high school response rate and a 76% middle school response rate. The data collected is still being analyzed and scheduled for completion by the fall of 2019. Preliminary analysis of the high school data shows the following trends since the 2013 survey administration:

- Rates of “ever tried drugs” are down for all categories asked. The percent of kids who think their parents consider marijuana use very wrong has declined from 75% to only 50% today.
- Gambling is down, as is the percent of kids who lied about gambling. Use of scratch-offs and internet gambling are up.
- Kids saying they have an adult they're comfortable talking to have declined, and there has been a decline in the percentage of kids who talk to their parents about school almost every day. After school and weekend activities have also declined.
- Participation in non-sports-related extracurricular activities has declined, as has the percent of kids watching 3+ hours of TV daily. However, the percent of kids spending 3+ hours on computers or video games has risen sharply.

Mental Health Court Consultation- In collaboration with the Criminal Justice Coordinating Center of Excellence out of the Northeast Ohio Medical University, we engaged consultants, Judge Stephen Goss (Georgia State Court of Appeals) and Patricia Griffin, PhD (SAMHSA National GAINS Center) to review policies and processes of our four mental health specialty docket courts in connection with our jail and community based behavioral health services. The goal of the consultation was to identify gaps, barriers and areas of opportunity in a long standing infrastructure. The report is still being completed, but some of the preliminary recommendations included:

- A comprehensive mental health and substance abuse assessment should be completed for all participants.
- Mental health and substance abuse treatment should be more integrated.
- There should be standardized assessment and data collection for all of the courts.

FY20 ADM Strategic Planning- The Board plans to engage a consultant within the next 6 months to facilitate strategic planning on how to approach identified needs and priorities. The results of this planning will be executed over the next levy cycle to ensure the most efficient use of funding.

- 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.

The ADM Board and SCPH are both part of the Summit Coalition for Community Health Improvement, which is the cross-sector coalition responsible for facilitating the development of the Community Health Assessment and the Community Health Improvement Plan. This ensures a collaborative and multi-sector approach is taken to assess needs, identify gaps and set priorities. The ADM Board and SCPH have a long standing history of working together to address the health of the community. Aligning community plans is one way in which this occurs. An advantage of this collaborative planning effort is the broader community is more aware of how pieces come together to work towards common goals. Each sector of the coalition is aware of how they fit into the bigger picture. Other collaborative efforts with our local health department include:

- State of the County Health-joint ADM and Summit County Public Health presentation to the community.
- Shared investment with the County and Summit County Public Health in software for local medical examiner's office that will allow real time access to monitoring patterns and trends in suicide and overdoses.
- Opiate Fatality Review Board.
- Summit Coalition for Community Health Improvement.
- Co-location of our offices at SCPH allows for ease of communication and collaboration on projects of mutual interest and administrative cost savings.
- Summit County Opiate and Addiction Task Force.
- Refugee Task Force.
- Maternal Depression Network.
- Summit County Family and Children First Council/Service Review Collaborative.

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.

- Access to local hospital and data, which will allow a more comprehensive view of how people are being served in our community.
- Access to client level data from Ohio Department of Medicaid.

3) Advantages, if any, realized to date with collaborative planning efforts

- Leveraging fiscal resources to enhance data access and analysis opportunities.
- Leveraging influence and knowledge of different state systems to enhance collaborative opportunities and advocacy.
- Enhanced treatment, prevention and harm reduction service capacity through public health direct service provision.
- Alignment of community response and resource utilization in crisis.

4) *Next steps your board plans on undertaking to further alignment of public health and behavioral health community planning.*

- Continue to maximize data sharing opportunities to better inform and align processes.
- Ensure alignment of ADM and Public Health community and statewide reporting and coordination in addressing common strategies.
- Continue to collaborate to access local medical examiner and hospital data.

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

None have been identified at this time.

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

Placement for Older Adults- There are additional needs for placement and housing options for older adults who are not able to live alone safely nor in need of a nursing home level of care.

Step down placements- There is a need for options post release from the state hospital that create a more facilitated transition home and back into the community.

Access to Psychiatry- As mentioned previously, access to psychiatry in our community continues to be a struggle; although those coming out of the state hospital are prioritized, availability of psychiatry services are still an overall issue.

Integrated Care for SUD/MH- There needs to be more service and housing options which can accommodate for higher need dually diagnosed clients. Addiction treatment services within the community need to develop a capacity for integrated care that better addresses mental health needs.

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

See 2a.

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)]. <http://codes.ohio.gov/orc/340.032>

All of the essential elements of the community-based continuum of care are available within Summit County, with the exception of residential treatment for youth. Individuals needing this level of service are referred to Cuyahoga County providers who are able to appropriately address transition planning and coordination with families.

- g. Needs and gaps associated with priorities of the Executive Budget for 2020-2021 including crisis services, criminal justice-involved populations, and families involved with child welfare, and prevention/early intervention across the lifespan.

Crisis Services- The Board continues to evaluate crisis services to better serve those dually diagnosed with mental health and addiction to ensure a comprehensive approach to their treatment and referral. We are also evaluating the need for mobile crisis services, and the viability of current funding and structure to eliminate duplication of costs and provide better care. We are hopeful that changes to BH Re-design will allow for an increase in billable service opportunities so that the burden on our local community can be reduced, and effective models can be sustained.

Criminal Justice Involved Populations- Through our quarterly Criminal Justice Mental Health Forum and increasing engagement in the Stepping Up initiative, there is continuous dialogue with community partners on how to best serve and connect this population with services and foster open communication between systems regarding their needs.

There is also a need for more access to treatment services within the jail setting. While behavioral health services are available within the jail, they are not fully utilized or accessible due to deputy staffing availability to supervise these activities.

Families Involved with Child Welfare-There is a need for more family oriented recovery housing options that help facilitate maintained custody or reunification. We are also seeing more challenges faced by grandparents raising grandchildren due to overdose deaths of their parents.

Prevention/Early Intervention Across the Lifespan- With an overall aging population, there will need to be more focus and capacity building for the older adult population with more collaboration and relevant interventions that maintain people safely in the community.

We continue to evaluate programming and provide training to ensure we maintain effective prevention in our community and trained professionals that address prevention needs appropriately across the lifespan. This has required outreach and training in other systems for increased capacity and consistent messaging that covers the educational, public health and the treatment and recovery systems.

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 County of Summit Alcohol, Drug Addiction and Mental Health Services 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)	To decrease the number of IV drug users, overdoses and occurrence of related communicable disease.	<ul style="list-style-type: none"> • Bi-weekly Residential Treatment Access Meeting • Local needle exchange, Naloxone and fentanyl test strip distribution clinic, expanded distribution of Naloxone Kits through first responders. • Monitor and ensure priority access to services, expanded access to MAT and outpatient services and recovery supports through Addiction Help Line (AHL) 	<ul style="list-style-type: none"> • Identification and resolution of barriers to treatment. • Number of people attending needle exchange clinics, number of fentanyl test strips being provided, number of DAWN Clinics held, number of attendees and number of kits provided • Number of calls to the AHL for IVU, and days to available appointments. • Monitor hospital overdoses and overdose deaths daily 	<ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):
SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)	<p>Improve pre and postnatal outcomes for women who are pregnant and have a substance use disorder.</p> <p>To evaluate and strengthen the referral and treatment of women who are pregnant and have a substance use disorder.</p>	<ul style="list-style-type: none"> • Maternal Depression Network • Pre/Postnatal Coaching 	<ul style="list-style-type: none"> • Number of women receiving screening and treatment for perinatal mood disorders. • Number of women referred for treatment and rates of follow through • Number of women requesting pre/postnatal coaching • # of referrals of pregnant women into residential treatment services 	<ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):
SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Improved utilization and coordination of systems and services for multi-system youth, with a focus on early intervention to reduce out of home placement rates.	<ul style="list-style-type: none"> • Wraparound Service Coordination • Case Consultation with Service Review Collaborative (SRC), a cross system, multi-agency service review committee • Flexible, pooled funding for community-based services and supports funded by shared pool 	<ul style="list-style-type: none"> • # of youth referred to Service Review Collaborative (SRC) for Case Consultation • # of youth referred to SRC for community based services funding • # of youth referred & opened to Service Coordination (SC) or Wrap Around (WA) 	<ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):

		<p>and approved by SRC</p> <ul style="list-style-type: none"> • Dually Involved Youth Initiative • Community Education about available services (i.e. Annual Cross System Training Series, brochures, presentations, maintain a Community Resource List, etc.) 	<ul style="list-style-type: none"> • At the end of the FY, the % of youth presented to SRC for community based funding during that calendar year who are not placed in out of home care by Children Services or Juvenile Court • % of youth closing out of Wrap Around Service Coordination who remained in their own home once a Plan of Care was developed 	
<p>SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS, HIV, Hepatitis C, etc.)</p>	<p>To decrease the incidence of communicable disease related to behavioral health issues.</p>	<ul style="list-style-type: none"> • Provide education to the community and about regarding communicable disease and prevention and treatment options. • Provide targeted education to the community and treatment providers on the Hepatitis A outbreak, at risk populations and immunization options. • Utilize the Syringe Exchange program as an opportunity to screen for communicable diseases. 	<ul style="list-style-type: none"> • Decrease in the rates of all communicable diseases. • Decrease in the rates of Hepatitis A cases in Summit County • Numbers screened by SCPH through the syringe exchange program. 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<p>Improve utilization and coordination of systems and services for multi-system youth with a focus on early intervention.</p> <p>Reduce the number of youth placed in out of home care</p>	<p>Continued Board investments in the following interventions & initiatives:</p> <ul style="list-style-type: none"> • Pooled flexible funding for community based services and supports • DD Crisis Home • High Fidelity Wrap-Around • Integrated co-occurring treatment • Intensive Home Based Treatment • Early Childhood Mental Health, e.g., Devereaux Early Childhood Assessment, Whole Child Matters • Sexual Behavior Problems 	<ul style="list-style-type: none"> • # of youth referred to SRC for Case Consultation • # of youth referred to SRC for community based services funding • # of youth referred & opened to System Coordination or Wrap Around • At the end of the FY, the % of youth presented to SRC during that fiscal year who are not placed in out of home care by Children Services or Juvenile Court • % of youth closing out of Service Coordination/Wraparound who remained in their own home once a 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

			Plan of Care was developed.	
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Maintenance of adult with SMI in the least restrictive level of care Increase quality of life measures.	Continued Board investments in the following interventions: <ul style="list-style-type: none"> • Assertive community Treatment • Forensic Assertive Community Treatment • SAMI PACT • Vocational Programming • Residential Programming • 24/7 Psychiatric Emergency Services • Specialized Docket Courts for Case Management and Support 	<ul style="list-style-type: none"> • Successful fidelity reviews for ACT Services. • Decrease hospitalizations for those involved in intensive services • Decreased involvement with the criminal justice system (arrest/probation violations) for those in intensive services • Improving Mental Health Statistics Improvement Program Survey results by agency and system wide 	<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	To decrease total number of homeless in Summit County To reduce length of time to receive benefits To insure that the most vulnerable people experiencing homelessness and chronic homelessness receive access to housing, treatment, and recovery support services.	<ul style="list-style-type: none"> • Homeless Outreach • Recovery Housing • Motivational Interviewing • Permanent Supportive Housing • HMIS • SOAR • Continuum of Care (COC) • Projects for Assistance in Transition from Homelessness (PATH) • Critical Time Intervention 	<ul style="list-style-type: none"> • Homeless outreach contacts that are connected to treatment. • Point in Time Count • Supported housing occupancy rates and wait lists. 	<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	To improve coordination of programs and services for older adults. To improve availability appropriate and accessible services for older adults	<ul style="list-style-type: none"> • Summit County Independent Living Coalition • Tough Stuff (Community problem-solving collaborative) • Circle of Care • Hoarding Task Force 	<ul style="list-style-type: none"> • Documentation of ADM staff participation, community meetings, and collaborative trainings held to address the needs of this population. 	<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	<ul style="list-style-type: none"> To ensure access to MH/SUD in the jail setting. To ensure appropriate linkage to need community based treatment and recovery support resources. 	<ul style="list-style-type: none"> Continue funding for BH services in the County Jail and Juvenile Detention Continue support of adult and juvenile specialty docket courts through agency funding for case management and supportive services Continued support of New Day Court through Summit County Probate (AOT) Quarterly Mental Health/Criminal Justice Forum Meeting Representation on Jail Operations Advisory Commission and Jail Capacity Subcommittee 	<ul style="list-style-type: none"> Monitor outcomes of supportive jail, detention and specialty court programs Participation in local committee concerning jail operations and capacity Quarterly Mental Health/Criminal Justice subcommittee outcomes 	<ul style="list-style-type: none"> <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	To collaborate with local health care providers to continuously improve coordination and transitions in care.	<ul style="list-style-type: none"> Convene regular meeting of agency and hospital medical directors. Convene regular meeting with behavioral health and physical health emergency services leadership. Partnership with local FQHC for physicals and on-going healthcare for those accessing SUD residential services 	<ul style="list-style-type: none"> Attendance of behavioral and physical health representation at convened meeting. Issues addressed as a result of meetings Decreased barriers to SUD residential services due to physical health issues 	<ul style="list-style-type: none"> <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)	To ensure access to recovery supports that enhance treatment services and support sustained recovery.	Continued Board investment in: <ul style="list-style-type: none"> Recovery Housing Permanent Supportive Housing Peer Recovery Support Staff & training 	<ul style="list-style-type: none"> Census and waitlist for recovery and permanent supportive housing Local trained and certified peer recovery support specialists Successful outreach/contacts with 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		<ul style="list-style-type: none"> • Quick Response Teams • Crisis outreach support 	<p>CIT referrals</p> <ul style="list-style-type: none"> • Connections with peer recovery support through the AHL • Quick response team contact and connections to treatment 	
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	<p>To eliminate disparities and access and care to services for all.</p> <p>To ensure minimum standards of cultural and linguistic competency within service system.</p>	<ul style="list-style-type: none"> • Continued Board investment in training and evidence based practice targeted towards underserved populations. • Implementation of ROSC Assessment recommendations • Refugee Task Force • Social Service Advisory Board- Interpretation Resources Sub-Committee 	<ul style="list-style-type: none"> • Staff training • Provider trainings • Board trainings • Client Rights/MUI reports • ROSC Implementation Report 	<p>___ No assessed local need</p> <p>___ Lack of funds</p> <p>___ Workforce shortage</p> <p>___ Other (describe):</p>
Prevention and/or decrease of opiate overdoses and/or deaths	To prevent overdose and/or overdose deaths in Summit County	<ul style="list-style-type: none"> • Targeted Prevention Grants & Annual prevention funding • DAWN Clinic/Mobile DAWN Clinics • Increase Narcan Availability & distribution • Opiate and Addiction Task Force • Addiction Leadership Council 	<ul style="list-style-type: none"> • Program outcomes • DAWN Clinic locations, attendance and kit distribution • Law enforcement Narcan utilization • Jail Narcan distribution • Opiate and Addiction Task Force Sub-Committee Reports/Outcomes • Hospital overdose data • Medical Examiner reports • Acquire claims data on utilization 	<p>___ No assessed local need</p> <p>___ Lack of funds</p> <p>___ Workforce shortage</p> <p>___ Other (describe)</p>
Promote Trauma Informed Care (TIC) approach	<p>To increase Board expertise the area of TIC to be able guide our system.</p> <p>To increase agencies' knowledge about TIC and its use in ongoing patient care.</p> <p>To continue collaboration on the Summit County Trauma Informed Care Coalition</p>	<ul style="list-style-type: none"> • Board staff member consultation as a Certified Trauma Specialist • Summit County Trauma Informed Care Coalition launched April, 2017 • Speakers Bureau developed • Website Developed • Annual Symposium initiated • Train all housing authority staff as first trauma informed agency 	<ul style="list-style-type: none"> • Track number of Speakers Bureau requests and number of persons trained. • Track number of hits to the SCTICC website • Review symposium evaluations • Track numbers of attendees at symposiums 	<p>___ No assessed local need</p> <p>___ Lack of funds</p> <p>___ Workforce shortage</p> <p>___ Other (describe)</p>

Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	<p>To have specialized services that focus on the risk factors and needs of older adults.</p> <p>To ensure prevention services are available across the lifespan.</p>	<ul style="list-style-type: none"> Continued Board funding of provider agency focusing on strategies to address medication misuse and identify stressors and support. Annual targeted prevention funding PAX Good Behavior Game dissemination Continue funding school based and community based prevention services for youth. 	<ul style="list-style-type: none"> Program outcomes (attendance, perception of risk & increased awareness) Local trainings Number of teachers trained 	<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	To increase access to evidence based prevention.	<ul style="list-style-type: none"> Continue support of PAX GBG expansion implementation across the county. Continue to take advantage of funding opportunities made available to expand existing services. Sponsor and support participation in local and state and national prevention training to build capacity. Targeted Prevention Grant 	<ul style="list-style-type: none"> Increase in the number of schools that are receiving evidence based prevention services. Increase the number of teachers trained in PAX GBG Training participation of Board staff and provider staff Targeted prevention grant awards 	<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	To reorganize the Summit County Suicide Prevention Coalition to address areas of increased risk, including Youth Suicide prevention	<ul style="list-style-type: none"> In partnership with Akron Children’s Hospital, engage and implement strategic planning for youth suicide prevention. Zero Suicide Initiative 	<ul style="list-style-type: none"> A sustainable strategic plan for youth suicide prevention Zero Suicide initiative outcomes Crisis Hotline call volume and referrals 	<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>

	To have zero suicides in Summit County	<ul style="list-style-type: none"> Continued support of the Summit County Crisis Hotline. Youth Risk Behavior Survey Targeted Prevention grants 	<ul style="list-style-type: none"> Youth Risk Behavior Survey data Medical Examiner reports 	
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	To provide community wide education and awareness of the risk, signs, and symptoms of problem gambling behavior.	<ul style="list-style-type: none"> Continue to direct problem gambling funds in support of environmental strategies. Continue to collaborate with treatment providers to screen for problem gambling. 	<ul style="list-style-type: none"> Coalition environmental problem gambling strategy reports Problem gambling screens completed Problem gambling prevention program outcomes Statewide gambling survey AHL data Youth Risk Behavior Survey 	<ul style="list-style-type: none"> <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
Enhanced Crisis Services	To have comprehensive crisis services available to address the crisis needs of those with co-occurring disorders.	<ul style="list-style-type: none"> Evaluation of local crisis services 	<ul style="list-style-type: none"> Updated crisis services plan
Expanded Access to Comprehensive BH Services	To have comprehensive behavioral health services available to those with co-occurring disorders (MH/SUD).	<ul style="list-style-type: none"> Support of agency dual certification Increase training on co-occurring disorders 	<ul style="list-style-type: none"> Training Agency certifications Access Meeting Reports
Step-down housing from most intensive SUD and MH levels of care	To have interim housing options available to those transitioning from the highest level of care back to the community, when needed.	<ul style="list-style-type: none"> Evaluate current housing resources Support sustainable grant opportunities to increase access Review current housing policies and access opportunities 	<ul style="list-style-type: none"> Waitlist Daily Census Utilization management review of current housing
CIT County Wide Coordination	To have county-wide and local law enforcement coordination identified so that data collection and analysis can identify trends and issues.	<ul style="list-style-type: none"> Seek grant funding to support county-wide position Explore opportunities for shared funding Explore incentivized participation Explore common reporting system/mechanism 	<ul style="list-style-type: none"> Law enforcement reporting Earmarked shared funding

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?)

The ADM Board regularly collaborates with many other organizations in the county. Some of these include Summit County Children Services, Summit County Juvenile Court, County of Summit Developmental Disabilities Board, Summit County Public Health, Summit County Sheriff's Office, NAMI of Summit County, Family and Children First Council, Service Review Collaborative, Child Fatality Review Board, First Things First Initiative, Summit County Suicide Prevention Coalition, Change Direction Summit County, Summit for Kids, Summit County Municipal and Common Pleas Courts serving adults and juveniles, The University of Akron and NEOMED, police and law enforcement agencies, school systems and others. These collaborations combine resources and coordinate services effectively. More details on partnership in the community are included below.

- Residential Access Meeting: These bi-weekly meetings bring together representatives from outpatient and residential treatment providers, waitlist managers, jail, court and probation departments to address access to residential treatment, priority populations and available interim services. Goal is to identify and remove barriers that delay entry to residential addiction treatment.
- Circle of Care: This is a unique partnership between 11 agencies to ensure that the needs of our elderly population who are reported to Adult Protective Services as abused, neglected or exploited are met in a timely manner. In addition to the ADM Board, those at the table include agencies such as local metropolitan housing authority, law enforcement, area agency on aging, local fire departments, public health and the prosecutor's office.
- Opiate and Addiction Task Force: The Task Force boasts over 800 members and representation across all twelve community sectors and all three sectors of government. This collation meets quarterly and has seven committees that work in the interim to carry out identified goals. The committees are: Criminal Justice, Policy & Advocacy, Public Awareness, Family Support, Harm Reduction, Young People in Recovery, and Healthcare. In addition this year, the Task Force hosted a conference on opiates in collaboration with SCPH and The University of Akron for over 300 participants. The "it takes a village" approach of collaboration has saved countless lives. Since 2016 we have had a 63% decrease in opiate overdoses.
- University Partnerships: The ADM Board has spearheaded initiatives such as: a system-wide evidence based practice training and sustainability plan; post- residency integrated community psychiatry and primary care fellowship training program; and partnerships with The University of Akron Nursing, Counseling, and Social Work Departments to infuse evidence based practices into their curriculums and connect students with trained supervisors for placements.

The ADM Board also has an affiliation with NEOMED, which allows us to link with emerging and evidence based practices for treatment of persons with schizophrenia, including the FIRST Episode Program, Cognitive Behavioral Therapy for persons with psychosis (CBT-p), and a Family Psycho-education program. Also included in this partnership are opportunities to work with a Behavioral Health Campus Safety Program, and the funding of the Criminal Justice Coordinating Center of Excellence, which supports system mapping and CIT training. NEOMED and their affiliated universities also participate in research and workforce development activities, including internships and training opportunities embedded within our provider agencies.

- Trauma Informed Care: There is acknowledgment within Summit County that any experience, real or perceived, that leaves a person feeling hopeless, helpless and/or fearing for one's survival or safety is traumatic and the root of many of the issues we address in our behavioral and physical health care systems. Through a partnership between the Summa Health System PTSD Clinic and the ADM Board, a more formalized approach to the issue resulted in the development of the Summit County Trauma Informed Care Coalition (SCTICC). The mission of the SCTICC is “to increase understanding within the community about trauma and its effects, to improve quality of care and access to evidence-based services for individuals and families affected by trauma, and to facilitate collaboration across systems.” The Coalition seeks to accomplish this through collaboration, workforce development and a trained Speaker’s Bureau. The coalition has created a website to assist in vetted information sharing and to provide county-wide consistency in language used and information shared. Over 65 individuals representing more than 30 community partners regularly attend monthly meetings to further the mission of this group.
- Mental Health/Criminal Justice Forum: This group was a follow-up to the 2009 system mapping process and subsequent 2016 re-mapping to continue the open communication between systems and to address recommendations to divert people into treatment, decrease the mental health population within the jails and to make sure there is reasonable access to treatment resources at each intercept. This forum also works with Stepping Up to integrate relevant resources and information.
- Crisis Services: The ADM Crisis Center provides 24/7/365 crisis service coverage. This includes direct admission capacity from local law enforcement, client self-admission, or agency transfer. The drop-in center offers a safe 23-hour environment for persons under the influence of alcohol or other drugs. This program, in conjunction with Psychiatric Emergency Services, offers an alternative to jail booking in many cases; a tremendous resource for local law enforcement. Our system’s Crisis Center is adjacent to a local hospital, and includes the following services under one roof: Psychiatric Emergency Services (PES); 23 Hour Observation; a 16 bed Mental Health Crisis Stabilization Unit (CSU); an 18 bed Detoxification Unit; and a Drop-in program for intoxicated individuals.
- The Summit County ADM Board collaborates with Summit County Children Services (SCCS) and Summit County Juvenile Court to provide peer recovery support specialist for individuals involved

in the Family Recovery and Reunification Court and psychiatry time and in-house behavioral health staff for youth in detention. In FY2019, over 500 youth were served in detention.

- Summit County Suicide Prevention Coalition & Zero Suicide in Healthcare Initiative: The Summit County community has a strong history of collaboration in order to find solutions to community issues. We are proud to have sustained an active suicide prevention coalition consisting of ADM system representatives, social service, healthcare, and a variety of other community stakeholders who strive to educate our community through gatekeeper and other specialized trainings.
- Quick Response Teams: Quick Response Teams (QRT) were initiated in Summit County in January 2017. These teams consist of local law enforcement, EMS and addiction professionals responding to locations where overdose have been documented in an effort to engage and support the individual and their respective families, providing information with the goal of getting them into treatment services. Ten communities continue to deploy QRTs including: Cuyahoga Falls, Green, Hudson, Barberton, Norton, Tallmadge, Monroe Falls, Akron, Stow and Coventry. These communities represent over 80% of the communities most heavily impacted by overdoses. ADM financially supports the addiction professional's involvement with the teams. In 2018, there were 1233 visits to 699 people. Around 44% of those touched by QRT engaged in treatment.
- New Day Court: ADM collaborated with the Summit County Probate Court, NAMI and local provider agencies to develop New Day Court, which was developed to assist the severely mentally ill on Assisted Outpatient Treatment. It is the first docket of its kind in the state of Ohio. New Day Court is designed to help smooth the transition for those hospitalized under civil commitment to maintain the best possible outcome and prevent re-hospitalization. In 2018, 163 people were served through New Day Court.
- Family and Children First Council Resource Review Collaborative: Previously known as Summit County Cluster for Youth, the group has undergone restructuring to make our youth system of care more efficient and modernized. The focus of this group is to focus on early up-front interventions to support the family and reduce the likelihood of out of home placement. This is a collaborative between the ADM Board, Summit County Children Services, Summit County Board of Developmental Disabilities and Summit County Juvenile Court to pool funding to ensure youth connected to these systems have access to all available resources and to maintain them in the community. All interested parties, including the youth, family, school representatives, treatment providers and others are brought to the table to help formulate solutions. If the youth cannot be maintained in the community, pooled resources can be utilized to ensure they receive the treatment services necessary, while ensuring goals are focused on the barriers to community and family care. Two high-fidelity wrap-around facilitators work directly with families under the FCFC Director. Plans are to hire a third high fidelity wrap-around coordinator in order to keep up with capacity. The Young Adult Transition Team has been folded in to the FCFC Service Review Collaborative. Representatives from each collaborating agency meet weekly to review and discuss cases.

- Summit County Hoarding Task Force: ADM has worked cooperatively with SCPH for several years as coordinators of the County's Hoarding Task Force. We are working collaboratively to better identify individuals with hoarding disorders that result from or result in mental health issues. Based on consistent national estimates of the prevalence of hoarding behaviors within communities, we estimate Summit County has approximately 23,000 residents with diagnosable and treatable hoarding disorders. While the number of persons with hoarding disorder remains static within any given community, the specific needs of those with hoarding disorders is increasing significantly as the population ages. We have seen an increase in persons with hoarding disorders unable to accept home health care due to safety hazards in the home. This in turn is creating a subgroup of elderly persons who prematurely become patients within extended care facilities. A need has emerged to seek funding for a clinician to coordinate and further activities of the task force, including data collection.

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.

Multiple processes are in place to monitor crisis services and state hospital utilization in real-time. A daily census report for both forensic and civil patients is received from the state hospital. In addition, frequent phone conversations occur with that hospital and ADM, a weekly meeting is held between key players, including Psychiatric Emergency Services (PES) and the ADM Board, to review crisis acuity and local and state hospital processes and utilization. Every 2-4 weeks, meetings are held at the state hospital to review forensic (and periodically civil patients) to help improve discharge planning. Clinical Case conferences are held whenever any patient has touched multiple parts of the ADM system and a broader plan of care may be helpful. Separately, a quarterly meeting is held with the Probate Judge, ADM, all hospitals, and others to discuss the guardianship, civil commitment, assisted outpatient commitment and treatment over objection processes across all hospitals in the ADM region. Finally, a different quarterly meeting is held with the emergency departments, PES, Detox, ADM, and others to discuss and improve crisis services and potential flow to the inpatient hospitals.

Summit County has seen a steady increase in the number of forensic hospital patients following the closure of the State Hospital in Cleveland in 2011. When psychiatric patients from other counties are charged criminally in Summit County, during a hospitalization, that patient becomes the responsibility of the Summit County Board until disposition of the case and beyond if the patient is found to be Not Guilty By Reason of Insanity for a felony charge. The Board interacts very regularly with the state hospitals that are treating Summit County residents or residents from other counties who are criminally charged in Summit County. The focus of discussion is securing the most appropriate mental health treatment, in the least restrictive setting, which meets the patient's treatment needs while preserving community safety. Summit County currently has residents being treated in three state hospitals (Northfield, Massillon, Columbus).

Access to local hospitals has been impacted by BH Redesign. Until these changes occurred, community psychiatrists were able to receive reimbursement for services to clients admitted to our two local hospitals. Now, Medicaid patients who need admission must be seen by the hospital's psychiatrists. Since many of these psychiatrists refuse to admit these patients, clients do not have the same level of access, and we are forced to consider safe alternatives, including the Crisis Stabilization Unit and state hospitals. There is also a loss of continuity of care with our provider agencies. Some managed care companies have agreed to pay for our provider agency psychiatrists to provide inpatient care, but that is a minority of admissions. This has reduced the number of community inpatient beds available for Summit County residents who need inpatient care, because local hospital systems are not willing to pay for this continuity.

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
N/A		

B. Request for Generic Services

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

B. AGENCY	Identifier Number	SERVICE	ALLOCATION
N/A			

SIGNATURE PAGE

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

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

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

County of Summit Alcohol, Drug Addiction and Mental Health Services Board
ADAMHS, ADAS or CMH Board Name (Please print or type)



ADAMHS, ADAS or CMH Board Executive Director

7/31/19
Date

ADAMHS, ADAS or CMH Board Chair

Board Chair's signature will be submitted after Board of Directors' review and approval in September.

[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/>