

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

Enter Board Name: ADAMHS Board of Tuscarawas and Carroll Counties

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.

Both Tuscarawas and Carroll Counties are considered part of the Appalachian region of Ohio, known for agriculture, mining, and manufacturing. The majority of our population over the age of 25 works in blue-collar, health care, or agricultural jobs, with 15.1% of Tuscarawas County residents and 12.3% of Carroll County residents receiving a bachelor's degree or higher.

Appalachian areas are often considered impoverished or distressed and while there has been an improvement in the local economy, 12.8% of Tuscarawas County residents live in poverty as well as 13% of Carroll County residents. These are both higher than the 2017 national average of 12.3%. In addition, median household income in Tuscarawas County is \$49,460 with Carroll County slightly higher at \$51,748. Both are lower than the national average of \$59,039.

With respect to healthcare coverage, 7.8% of Tuscarawas County residents and 7.8% of Carroll County do not have health insurance. This is especially significant because the Board is responsible for subsidizing services for individuals that do not have benefits and fall on the sliding fee scale. The Board has made a significant effort to support the provider agencies in their attempts to enroll individuals in Medicaid. For Fiscal Year 2019 this has taken two forms. There are two contract agencies that have hired navigators to work with consumers to support benefit enrollment. In addition, the Board shares with contract agencies the names of individuals enrolled in the billing system that are at 20% or below on the sliding fee scale as their income would appear to make them Medicaid eligible. This has resulted in an increase in the number of individuals enrolled in Medicaid.

Despite the persistent poverty, Tuscarawas County and Carroll County has seen an improvement in the economy over the last biennium. This improvement and stabilization in the economy has increased the

available financial resources across both the county and the state to support the development and stabilization of new resources. As the opiate epidemic grew across Tuscarawas and Carroll Counties, new services were developed that were funded independently by the Board but also collaboratively with funding partners that also found themselves with some financial flexibility. However, IOP is difficult to sustain in Carroll County because the volume is lower solely due to population size. Because of this, if the service is offered in a central location but potential participants are located on the outskirts of the rural county with very limited transportation, there is not capacity to sustain a program. Carroll County constituents meet quarterly and the topic of expanded service options and service location. There is a partnership between the Board and Carroll County Courts to ensure that there is an IOP program in Carroll County during FY 20.

Tuscarawas County has seen a cultural shift over the past two decades in regards to the population receiving services. There has historically been a sizable Amish community in western Tuscarawas County and there is now a growing Hispanic population attracted to jobs and opportunities in the area. While the Amish population had in the past tended to address concerns within their communities, it has been reported anecdotally that there has been an increase in behavioral health needs that at times has resulted in involvement with local law enforcement, court, and a connection to the local treatment system. With many of these individuals not being covered by traditional healthcare coverage, more intensive treatment options become limited without significant financial backing from the Board. These concerns are mirrored in the increasing Hispanic community, with additional complicating factors like cultural and language barriers, only exacerbating the effects of mental illness and addiction. An additional factor is that at times Hispanic individuals in a behavioral health crisis are undocumented immigrants. This severely impacts the planning discussions and available resources when the individual in need is not eligible for benefits.

Behavioral Health (BH) Redesign has impacted the local delivery system in a number of ways. Changes to licensing requirements has led to an increased need for independently licensed providers with supervisory credentials statewide. This has led to qualified clinicians leaving smaller communities for opportunities in larger cities that can pay at higher rates. Due to this, some local agencies have had staff openings for over a year while looking for qualified candidates. The increased regulations and detailed guidelines of BH Redesign also caused some agencies to require a large amount of support from outside sources in order to meet BH Redesign standards. With little budgetary room to absorb those costs, these expenditures fell back to the Board, again reducing available resources for treatment.

Although behavioral health redesign was long overdue and created additional opportunities for our consumers, it has placed an additional financial burden on the Board and made some services difficult to provide in our service area. One example of this additional financial strain is centered around crisis services. With behavioral health redesign came a significantly lower reimbursement for this service and our providers are unable to account for the cost difference and rely on the Board for additional subsidies. Our sole local private ambulance provider no longer accepts Medicaid for behavioral health transports, due to the reimbursement not covering the cost of the service, resulting in total cost of each transport billed to the Board. This has increased our ambulance reimbursement costs by 70%, thereby decreasing dollars for other services. Efforts have been made and continue to take place to reduce the cost of ambulance services however community partners are unable to assist as there are no mental health facilities in our two Counties

and hospitalization distances range from 30 miles to 122 miles one way. Psychological testing was also a service that our local contact treatment providers were forced to discontinue due to significantly reduced rates. As a Board we will continue to work with our local providers and evaluate our crisis services process and look for opportunities to expand the service and reduce the additional subsidies to keep the services available.

Medicaid Managed Care Carve-in has been met in the community with additional financial burden on the local system, as it is now responsible to pick-up where Medicaid had traditionally covered. One example is the reduced length of time for individuals in SUD Residential Programs. While programs had traditionally run for 90-120 days, many are now being cut-off at 60 days by the Managed Care entities. This has resulted in treatment providers seeking alternative treatment methods or funding to meet the needs of these individuals. Recidivism rates are increasing as managed care companies are authorizing shorter stays. Providers are unable to utilize the full program because clients are no longer approved at that level of care. As a Board, we attempt to secure funding for extended stays, however fewer clients are presenting with opioid diagnosis and grant dollars remain tied to opioid use.

Assessing Needs and Identifying Gaps

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

The ADAMHS Board and collaborative partners have worked diligently over the past two years to gather data through numerous sources to assess community needs, evaluate the strengths and challenges in the system of care, and set priorities. This will continue into FY 20. One consistent data source across both counties are the Anti-Drug Coalitions. Not only do both coalitions have a pulse on the patterns and emerging issues in the school systems and youth through prevention programs and Youth to Youth, they also have wide sector representation including such partners as the business community, faith-based community, local government, the provider system, law enforcement, and media. This vast representation of community sectors in both Tuscarawas and Carroll Counties as well as the data gathered regarding community trends and needs has informed the work of the substance-use prevention continuum. In addition, the Director of Prevention at the local OhioGuidestone office works diligently with representatives of local and state government to ensure there is an awareness of funding and programmatic resources and opportunities that fit our local needs. This process was used to develop priorities related to marijuana, underage drinking, and prescription drug use in both counties and guides the activities directed to impacting prevention.

With the development of the Quick Response Team (QRT) and under the supervision of the Opiate Task Force (OTF) which is chaired by the ADAMHS Director, there has been significant improvement in data access. The lead EMS staff on the QRT has been diligent in collecting age, gender, location of overdose, drug, and other data to guide the efforts of the team as well as the Opiate Task Force. This data and a connection with the National Guard led to the development of a “heat map” that identified the locations in Tuscarawas County, including the specific streets, where most overdoses were occurring. Using the data, the OTF developed a subcommittee that targets this specific area with education, Project Dawn/opioid overdose reversal kits, Deterra bags, and outreach. Deterra bags were a new addition to the county over the past 18 months, brought forth by the Anti-Drug Coalition. These drug deactivation bags are available for safe disposal of unused medication. These data-driven initiatives are in addition to other OTF efforts including targeting ease of access into the SUD system and exploring opportunities to increase the number of certified peer supporters in both counties.

There is also ongoing work in both Tuscarawas and Carroll Counties to ensure that adults with a Severe and Persistent Mental Illness (SPMI) have a continuum of care that both intervenes prior to a crisis but also wraps around an individual following a crisis. A local police captain, who is also an ADAMHS Board member, developed a local Mental Health Collaborative that looks at the Tuscarawas County crisis intervention process from law enforcement involvement to release from hospitalization. This committee involves a representation of the different systems that touch an individual in crisis to review the current process of identification and intervention and identify opportunities to improve. The committee has recently developed and plans to implement a Care Plan for individuals with an SMPI who either have had law enforcement involvement in a crisis or who have been hospitalized. Case managers will discuss the option of completing the Care Plan which will, with the individual’s consent, have demographic information, brief medical information, and information the consumer would want law enforcement to know if he or she approached the person in a crisis. The goal of the project is to empower the consumer and encourage him or her to give law enforcement the information to help de-escalate a situation and keep all safe. This also helps to build the relationship between law enforcement and behavioral health consumers.

Based on the July meeting, the Mental Health Collaborative is also considering an additional two-pronged approach to review crisis intervention process in FY 20: one subcommittee reviewing individuals brought to the ED for crisis assessment and then released home and a second subcommittee completing a process map of the crisis intervention experience from the initial contact in the community or ED to hospitalization. Since there are no psychiatric hospitals in the catchment area, the process is often long and at times, arduous. The review of the crisis intervention process also ties to an FY 20-21 ADAMHS Board strategic plan item.

Developed in March 2019 and to be finalized the first quarter of FY 20, ADAMHS Board strategic planning meeting was facilitated by OACBHA Director Cheri Walter. Director Walter provided a global overview of the behavioral health system and guided the Board members through a discussion of local needs. The Board plans to review the strengths and challenges of crisis intervention to residents in Tuscarawas and Carroll Counties and develop a plan to impact. This, in collaboration with the system review team in Tuscarawas and a dedicated group in Carroll County, will jointly inform decisions that will effect crisis services.

In addition to the focus on crisis services, the ADAMHS Board FY 20-21 draft strategic plan also identifies three goals:

- Establish the ADAMHS Board of Tuscarawas and Carroll Counties as the lead organization in supporting mental health and addition services through an increase in community education and awareness.
- Explore opportunities to increase provider workforce.
- The ADAMHS Board will provide leadership in assessing and addressing gaps in youth and family prevention and wellness services.

The ADAMHS Board has become one of the first calls in both counties for individuals or loved ones with a behavioral health diagnosis looking for resources. The Board staff works to have ongoing knowledge of local, regional, and statewide resources that may benefit consumers and family members and ensures there is ease of access. When speaking at a public event or hosting a PR table, staff informs the community that while the Board staff doesn't provide direct services, the community is encouraged to call when there are questions or they are not sure where to turn. Being the local leader in behavioral health, the Board also works to decrease stigma related to mental health and substance use to support those that need treatment and support but are hesitant to reach out.

The Board of Directors is also aware that there is a provider workforce shortage in Tuscarawas and Carroll Counties. While there is a regional campus of Kent State University (KSU) in Tuscarawas County, they do not offer a BSW program. Often individuals that leave the area to attend college do not return and, being rural communities, it can be difficult to attract professionals. Because of this, the Board is attempting to work with KSU to partner with another university that is not a competitor for local students to collaborate on an internet-based classroom. The students would get their core classes at the local KSU branch and do an online SW education from an accredited partner university while KSU students. Tuition support for individuals in the program is also a potential issue that will need addressed and will be explored with OhioMeansJobs.

The last item on the Strategic Plan involves reviewing strengths and challenges in the youth and family serving system of care. While this is a more global goal, the Board staff has been working closely with Family and Children First Council, the local Educational Services Center, and the school counselors association to develop a trauma-informed care initiative. This TIC is intended to impact schools and communities in both Tuscarawas and Carroll Counties in FY 20. An ADAMHS staff member and the Manager of the Tuscarawas County Family and Children First Council have both been trained in PAX Tools and have their first community training in Carroll County on August 15, 2019.

While the Board has worked hard to fill gaps in service, some remain. For example, system partners including law enforcement, the judicial system, and family members have repeatedly requested the Board consider the development of a men's SUD residential treatment program in Tuscarawas and Carroll Counties. This need is currently being met through CommQuest Services, Inc. in a program outside of the catchment area. CommQuest also provides most withdrawal management and detoxification services for Tuscarawas and Carroll County residents. The primary barrier related to the development of a local men's residential treatment service is ongoing, sustainable funding. Funding released the last biennium targeted the

development of regional withdrawal management centers but not residential treatment. Withdrawal management is a life-saving intervention but if an individual is released from this level of care without step-down or lower level of care options locally, sustained recovery is more difficult. OhioGuidestone operates a women's residential facility in Tuscarawas County. Because the Medicaid rate does not cover the cost of the service, this facility is subsidized by the SAPT Women's grant. There is not a comparable funding resource available for men with a substance use disorder.

Grant funding has been very helpful in developing new programs, especially in response to the opiate epidemic. Through SOR funding, jail-based treatment and peer intervention was developed in the Tuscarawas County jail and a court-based liaison was introduced into the Carroll County courts. These are two welcomed programs that are filling a need but the sustainability past the grant funding period is a concern. When individuals are incarcerated, Medicaid cannot be billed for services. For men in both counties, this is the most intensive treatment option available since we do not have a men's residential treatment program. When the SOR grant ends, the total cost of the jail-based counselor and peer will either need absorbed by the Board or the program will cease. This is also the case with the very successful Quick Response Team. We are currently in the position of waiting for the release of an RFP which the local grant recipient was told to anticipate but the existing funds, which were not released until September 2017, could not be used past June 30, 2019.

Another ongoing need is the development of additional recovery houses. OhioGuidestone operates a successful recovery house in the catchment area. A significant portion of Board, RHI funds, and court funds sustain this 5-bed program. We would like to expand the number of beds but additional recovery houses operated with this level of expertise and oversight cannot be sustained long term.

While grant funding opportunities are greatly appreciated, it comes with difficulties. There is a constant balance, especially in smaller, rural Board areas without a levy, to consider how and whether to sustain programs developed in response to specific grant criteria while also ensuring that funding is available meet emerging, rural community needs. This would not be an ongoing concern if funding was made available without a target diagnosis or population and Boards, as the local behavioral health authority, could determine through the needs assessment work described above, how to support their communities.

- b. Describe how the board collaborated with local health departments and their 2019 State Health Improvement Process. In your response, please include, if applicable, the following: 1) collaborative efforts specific to assessing needs and gaps and setting priorities. 2) barriers or challenges the board believes will have to be overcome moving forward that will result in complimentary public health and behavioral health plans, 3) advantages, if any, realized to date with collaborative planning efforts, 4) next steps your board plans on undertaking to further alignment of public health and behavioral health community planning.

The ADAMHS Board recognizes the importance of cross system collaboration and maximizes any opportunity to partner across the systems of care. This is especially a welcome transition as the behavioral health system moves toward greater parity with the physical health system. The partnership in the funding, implementation, data roll-out and community health assessment (CHA) and community health improvement plan (CHIP) began between the ADAMHS Board, Cleveland Clinic/Union Hospital, and the Tuscarawas County Health Department in 2016 and expanded to include specific data for Trinity Hospital in Dennison, Ohio and the New Philadelphia Health Department for the 2019 CHIP.

In addition to providing funding toward the extensive cost of the CHA, the ADAMHS Board staff participated in the question selection for the community assessment. Previous community assessments had focused on physical health issues but the addition of behavioral health to the process resulted in assessing both youth and adults in the community on behavioral health issues such as depression; substance use; PTSD; social determinants of health; triggers, etc. It is especially noteworthy that since the addition of behavioral health to the assessment, the community team has targeted half of their efforts and goals toward behavioral health issues. Specifically, for the 2019-2022 plan, mental health is priority #1 with four strategies including:

- Develop a trauma-informed system of care

- Decrease adult and youth suicide deaths

- Universal school-based suicide awareness and education programs

- Implement school-based social and emotional instruction

Priority #2 for the Tuscarawas County Community Health Improvement Plan (CHIP) is addiction. The strategy determined by the local team includes:

- Create an overdose fatality review board

The cross-cutting priorities for the community also include tobacco prevention and reduction and reducing the stigma related to mental health and addiction. The committee is currently finalizing the CHIP, determining the lead agencies to address priorities, and identifying local resources available to address the strategies.

One of the most significant benefits of this collaborative approach is the number of different partners present to address community needs that typically would not have been identified as their priority simply due to their points of reference. For example, the local Farmers Market manager may not be aware of the number of depressed and/or suicidal youth and adults in the community but as a part of this process, he is now not only aware of the extent of the problem but can bring to bear resources not previously considered. The Farmers Market, which is widely attended throughout the summer and fall, could also be an excellent resource for a stigma reduction campaign and positive mental health messaging.

The creation of the Tuscarawas County plan relied heavily on the data and priorities supplied by the State Health Improvement Plan. The local priorities match the first SHIP priority topic: mental health and addiction. The SHIP priority outcomes, depression; suicide; drug dependency/abuse; drug overdose deaths; are also reflected in the local CHIP. In addition, the local planning and implementation team is heavily focused on the social determinants of health and is infusing that focus into all local CHIP activities and strategies.

The ADAMHS Board has also been involved with the CHIP in Carroll County. Per the existing Carroll CHIP, "In October 2016, the Carroll County General Health District (CCGHD) organized a Health Improvement Summit which brought 59 community partners together identify the top three priorities for Carroll County." These include nontraditional partners such as: representatives from the faith community; representatives from OhioMeansJobs; representatives from townships and local civic organizations; the Convention and Visitors Bureau; financial institutions, among others. Using the CHA data, Carroll County partners developed a

community plan and have been meeting regularly since then to address. The existing CHIP also focused on mental health and addiction with goals including:

Increase data collection to assess substance abuse and suicidal behavior

Reduce availability of unused prescription/opiates

Reduce unintentional drug overdoses in Carroll County

Increase public awareness of resources available to promote mental well-being

Increase public awareness efforts and suicide prevention efforts to reduce suicide deaths

As with in Tuscarawas County, the addition of non-traditional partners to the behavioral health system has expanded both the efforts and the impact of activities. The work groups continue to meet actively to address the needs of the community and have expanded to partner with committees on the Family and Children First Council and the Opiate Hub to ensure we are not duplicating efforts.

The Carroll CHIP also aligns with the SHIP priorities including: depression and suicide; drug dependency and abuse; and overdose deaths. The Carroll CHIP ensures attention to social determinants of health as well as monitoring residents' access to care. Connecting physical and behavioral health in the small, rural county is an ongoing issue to address. To ensure that Carroll County residents have access to their spectrum of services a subcommittee of the CHIP recently contracted to have a Carroll County resource guide created. This resource guide will have behavioral health, physical health, education, emergency, nutritional, transportation, housing, and other resources all available in one location. Once the directories are complete, Carroll County will be blanketed to ensure that residents have access to the information.

While the Carroll County team previously used the Mobilizing for Action Through Planning and Partnerships (MAPP) strategic planning process, the planning team is now considering same data collection and planning body used in Tuscarawas County. The Hospital Council of Northwest Ohio provides the addition of a team that manages data collection, organization, and plan writing efforts and ensures monitoring of progress through the course of the CHIP.

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

There were no disputes filed through Tuscarawas or Carroll County Family and Children First Councils during the last biennium.

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

The outpatient treatment needs for the residents of Tuscarawas and Carroll Counties are not that different from residents of other counties. Outpatient service needs include appointments for individual therapy, IOP (if

applicable), psychiatric consults, case management, transportation, medical coverage, housing, primary care and dental care. A local Community Navigator, employed by the prescreening agency, is the bridge between the hospital and the community. This individual is in weekly contact with the hospital social work staff working on discharge planning. The Navigator goes to the hospital and meets with those individuals that are inpatient from our counties and also assists with scheduling outpatient and psychiatric appointments upon discharge. She also assists with locating ACFs within the State of Ohio for those who have met that level of care and completes the RSS paperwork when applicable. The Community Navigator and the ADAMHS Manager of Community Services also complete monthly phone calls with hospital staff to prepare and plan for those on-rolls. We collaboratively host a Community Treatment Team for those individuals who need wraparound services within the community to address identified needs or concerns brought to the team by the community and/or individual.

The needs above are standard for those needing outpatient services. However, transportation is perhaps the largest barrier for those in our two-county region. We do not have a public transportation service system in either of our counties. Individuals often do not have a reliable vehicle or the funds for fuel. If they receive Medicaid, there is an option for transportation for Medicaid covered appointments through our local Job and Family Services agencies. However, they must have access to a phone to set up the appointment and to be reached if there is an issue.

Finding appropriate housing can be an issue for an individual especially if they do not have the funds for 1st month's rent and deposit. If the individual is homeless, we do have a local shelter, but it is often at capacity. An individual can apply for a Metropolitan Housing voucher, but there is a waitlist of a few months to obtain one. The Board currently operates two HUD-funded permanent supportive housing programs but individuals need to be documented as homeless to be considered for these programs.

Food Insecurity is also a large issue within our communities. There are available food pantries, but if an individual lives on the outskirts of either county then the barrier to utilization is transportation.

At times individuals with a behavioral health diagnosis have contact with local law enforcement agencies for criminal issues. To provide advocacy and de-escalation during these incidents, we have supported CIT training in our communities. We have a strong CIT training curriculum that is offered annually to our local law enforcement agencies and first responders. The CIT Committee just completed a CIT Peer Review in 2019 and will be taking the recommendations to continue to improve this annual offering.

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

Recovery Oriented System of Care, or ROSC, has been called the "BluePrint for Ohio's Community Mental Health and Addiction System" and is a five-year plan for moving Ohio's mental health and addiction system from one that focuses on acute care to one that focuses on recovery management to help individuals get and stay well. This framework targets prevention and treatment services as well as recovery supports that are all focused on getting the individual and his or her family into recovery, while helping him or her integrate into the community and workforce.

The ROSC has the following five principles at its core:

- Focusing on the clients and families
- Ensuring timely access to care
- Promoting healthy, safe, and drug-free communities
- Prioritizing accountable and outcome driven financing
- Locally managing systems of care

In September 2018, ADAMHS Boards shared an OACBHA ROSC survey with local stakeholders. This was the Boards, providers, and communities first introduction to ROSC principles. The ROSC survey assessed the impact of the five core principles in each county from the perspective of the Board; People in Recovery; Providers; and Stakeholders. There were 28 respondents from Tuscarawas County and 8 respondents from Carroll County.

	Tuscarawas	Carroll	Combined	Ohio
Number of Participants	28	8	36	2822
Overall ROSC Score (Avg)	4.70	3.86	4.51	4.58
Focus on Clients & Families	4.77	4.14	4.63	4.78
Timely Access to Care	4.70	4.11	4.57	4.68
Healthy, Safe, & Drug Free Communities	4.74	3.56	4.48	4.45
Accountable Financing	4.71	4.23	4.60	4.49
Systems of Care	4.56	3.53	4.33	4.44

While eight individuals are not a representative sample, the Carroll County residents completing the survey scored the county lower than the state average on each of the domains with the highest score being the accountable financing and the lowest score on the systems of care. The accountable financing refers to “maximizing the use of federal, state and local funds to meet locally identified outcomes, ensuring blended funding is considered and utilized as appropriate.” The general definition of system of care category refers to “healthcare that is designed and managed locally.” Per the ROSC guidance document, “This type of planning and coordinating requires a systems approach and effective collaboration among local stakeholders, including schools, law enforcement, child welfare, the courts, human services, healthcare, businesses, and employment services.”

Over the nine months since the administration of the survey, the ADAMHS Board staff has worked to increase and strengthen collaboratives and partnerships in the community including: being elected to the Carroll County Family and Children First Council executive team; chairing the Stigma Reduction subcommittee; and partnering with the Carroll County Court of Common Pleas, Carroll County Municipal Court, and Carroll County Job and Family Services to develop a SOR-funded court-based navigator to ensure individuals seen in court have a direct link to treatment services. The Carroll County Opiate Hub has also grown over the past year. Beginning in January 2019, ADAMHS staff began quarterly Behavioral Health Meetings with administrators, mid-level managers, providers, directors, educators, law enforcement, and other community stakeholders to discuss any concerns, questions or needs related to the behavioral health field and collaboratively develop a plan to address. The Board is also working with the local providers and courts to develop the SUD continuum of care in Carroll County.

Tuscarawas County respondents indicated satisfaction scores that were as high as or higher than the cumulative state averages, with the highest score being focus on client and family. The focus on client and family is defined as healthcare being most effective when delivered and based on the needs and values of individuals receiving care. According to this score, individuals and families are seen as driving the services they receive in their local communities. The lowest score in the Tuscarawas County responses is systems of care. This is the same as Carroll County. As indicated above, the system of care category refers to “healthcare that is designed and managed locally.” In looking more in-depth at the System of Care items that scored the lowest in both counties, areas of concern are:

- the employment of peers to strengthen or develop new programs and services;
- peer-run leisure activities are available and supported;
- managed care can assist in care management over the full continuum.

Developing the peer support system has been an effort in both counties. The ability to attract interested peers has been a struggle. A team, including the ADAMHS Board Director, has attended AA/NA meetings to present the concept of peer supporters and opportunities for employment and supportive services in the system for peers. The local drug courts, treatment providers, recovery residence operators, and residential treatment providers have been contacted to determine if there are peers that may be interested in that type of service. OMHAS has been contacted to hold a peer training locally but there has not been enough interest to gain the minimum number to hold a training locally. While the peer staff available in the counties has increased over the past year, this remains an ongoing opportunity for both counties.

It is noteworthy that the difficulty attracting peers may also be connected to another low scored item: strategies to identify and decrease stigma are consistently implemented in communities. If the communities do not view behavioral health with compassion, recovery as positive, and treatment as acceptable, individuals will be less likely to come forward as a peer in the community. During the March 2019 Board strategic planning meeting, the Board of Directors and OACBHA facilitators also identified the need for community education and awareness not only related to ADAMHS as an entity but also to decrease behavioral health stigma. To move toward this goal one small step forward, ADAMHS purchased banners and had them placed throughout cities and town squares on both counties with the language: *Going to a counselor when you are depressed is as normal as going to the doctor when you have the flu.* Currently the Board, as well as other subcommittees that have identified stigma reduction as a goal, are awaiting the finalization of the FY 20-21 biennium budget to determine if there is a state-wide messaging and potential funding available to launch a significant stigma-reduction and awareness campaign.

Finally, timely access to services was also identified as an issue. The Board requested providers report on wait time to access assessment and services in the submission of their FY 20 request for funding to serve as a baseline for ongoing data collection. There is also a goal of gathering actual crisis response time data, comparing this to other like-sized Board areas to determine whether the response time is reasonable, and determining opportunities to impact the crisis intervention services across the two counties.

- 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)].

A significant amount of work has gone into developing the SUD Continuum of Care over the last five years in response to the Opiate Epidemic. Residents of the catchment area have greater resources available to them from the prevention, intervention, and recovery arenas than ever before. This includes liaisons in both Tuscarawas County and Carroll County jails that integrates incarcerated individuals with a mental health or substance use disorder diagnosis back into the community with a connection to treatment and supports. There are also currently four medication assisted treatment providers in the area. Recovery Houses have been developed to support the transition from a higher level of care back to the community. The peer support system has developed in both Tuscarawas and Carroll Counties although additional peers are needed. Ambulatory detox continues to be offered as well as intensive outpatient programs at three treatment agencies and a separate drug court-based IOP. A Quick Response Team began in October 2017 with the goal of community-based engagement with individuals that recently overdosed in the attempt to engage him or her in the treatment system or at minimum, provide resources when the individual is ready to begin.

The local prevention services have also expanded extensively over the past 5-7 years. This includes the development of Youth-Led Prevention in schools in both Tuscarawas and Carroll Counties; the expansion of school-based prevention programs; the expansion of the Anti-Drug Coalitions in both Counties that has included an increase in outreach and awareness efforts as well as an increased prevention media presence. The Tuscarawas and Carroll County prevention services, operated by OhioGuidestone, not only has a robust presence in the county but is also known at the state level.

While much work has gone into the development and expansion of services and supports, there are ongoing needs in the SUD system of care related to adolescent treatment. The local juvenile court developed a court-based SUD juvenile treatment program around fifteen years ago. The treatment providers are court-employees and the individual and group treatment is provided on-site at the courthouse. Adolescents that are referred either as a diversion or for more intensive treatment are seen through the court-based program and not at local treatment agencies. While outpatient SUD treatment for adolescents is an option at providers agencies, there are not higher levels of care available as referrals are not adequate to sustain the programs.

An additional opportunity for growth is men's residential SUD treatment. We've been able to form a strong collaboration with CommQuest Services Inc. in Stark County to provide men's SUD residential treatment to individuals in our catchment area. We have worked over the years to develop a smooth funding, referral, and discharge process for Tuscarawas and Carroll County males that need this level of care. While this has been an effective stop-gap, there is still a desire to develop this program in the two-county Board area. One of the primary barriers is both start-up and ongoing funding to sustain the program, especially in light of the IMD limit. OhioGuidestone has been able to operate a successful women's SUD residential treatment facility but the sustainability of the program is partly due to the Women's SAPT funding. When additional funding has been released from the state, it has been tied to either a certain service or diagnosis instead of flexible funding to allow local Boards to meet the communities need. For example, we have a strong collaboration with CommQuest Services to provide men's residential treatment and detox. We have a strong crisis stabilization unit at our local community mental health center. The 2018-19 biennium funding that was released focused on these two areas while our local need is men's residential SUD treatment. Larger counties with more discretionary resources in the RPH region were able to utilize these funds and expand their systems of care. The smaller boards in the region either did not have this as a primary need or did not feel it could be sustained past the funding.

The SUD system of care would also benefit from additional funding for recovery houses. This is a costly but beneficial service that could be expanded but the ability to sustain additional recovery houses without additional funding prevents further development.

The local mental health system has a strong service array. There is a five-bed crisis stabilization unit that serves both as a diversion for hospitalization but also as a step-down from hospitalization. In addition, the system also has two providers that offer a day treatment level of care. This service is also often used to support individuals either as an alternative to hospitalization or as part of the step-down option.

There are two issues that impact the ability to have more community-based services in Tuscarawas and Carroll Counties which would also be beneficial for those with higher needs: ACT teams and IHBT. One barrier related to beginning these programs is workforce. This goes deeper than supporting clinicians to further their degree or licensure but starts at the fundamental level of how do we get more providers in our rural counties. Over the past 18 months, we have seen local providers move to larger cities or for-profit fields and there are very few new individuals coming to take their place. This is even less likely when the available positions are community-based instead of office based. For example, OhioGuidestone (previously Personal and Family Counseling Services, Inc.) was one of the original home-based treatment programs in the state and one of the initial partners in the development of the IHBT rules almost 20 years ago. This program is currently in limbo as the agency has not been able to fill vacancies for home-based clinicians in over a year. The difficulty filling positions as well as the vacancies in the workforce in rural communities prevents the development and sustaining of successful, evidence-based programs.

One of the targeted efforts of this ADAMHS Board in the next biennium is to develop the clinical workforce. Recent discussions have started with the local branch of Kent State University to discuss their interest in developing a local BSW program. This type of a change would have to be approved at the main campus before a regional campus could offer the program and, per the regional campus Assistant Dean, this is not a quick process. However the conversation will continue. There was also a discussion of local students taking core classes at the regional KSU campus and either traveling to or skyping in with an accredited BSW program at another Ohio university. Any support from the state to implement this type of a program would be greatly appreciated as this is common in rural communities that do not have a feeder programs locally and can't offer salaries that can compete with more urban areas.

- 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.

Crisis Services:

In 2007 the local crisis services transitioned from mobile crisis response to an office or hospital-based crisis response. While safety of workers was a concern, this occurred primarily due to the decrease in the safety net funds from the state. Law enforcement partners, however, continue to speak about the positive experience when crisis workers accompanied them to homes and community-based locations. As indicated above, a Tuscarawas County team has developed a collaborative designed to be preventative, increase officer and consumer safety, and ensure that the crisis response is consumer-friendly and efficient. This subcommittee has developed and plans to implement a Care Plan for individuals with an SMPI who either have had law enforcement involvement in a crisis or who have been hospitalized. Case managers will discuss the option of completing the Care Plan which will, with the individual's consent, have demographic information, brief

medical information, and information the consumer wants law enforcement to know if he or she approached the person in a crisis. For example, one of the officers discussed an individual in another county that had frequent law enforcement and crisis intervention. The local officers knew from years of experience that if the individual was riding his motorcycle with the helmet visor down, he tended to be agitated and perhaps decompensating. If the visor was up, the individual tended to be doing well. This was especially important because the officers also knew the individual carried a knife. This is an example of the type of consumer-driven information that may be available to first responders to ensure safety of both the officers and the individual. The warning signs are significant but as important is the de-escalation guidance shared in the document. Consumers will identify what they know works for them individually to de-stress a situation and prevent further escalation.

There are exciting things happening related to crisis work including the crisis process-mapping discussed previously. During a recent evaluation of crisis data from the local emergency department, it was determined that 41% of the individuals seen for crisis evaluation over the past quarter were subsequently discharged home. These individuals were medically cleared in the ED, assessed for hospitalization by the local crisis services, and released. While this is a very appropriate course of intervention in many cases, a review of the 41% of individuals that were discharged home will allow the team to determine if this was the most-appropriate, consumer-friendly, and efficient response.

In addition, a local crisis stabilization option for youth would be beneficial and likely prevent hospitalization. In FY 19, the Tusc. Co. and Carroll Co. Boards of Developmental Disabilities and the Tuscarawas County Family and Children First Council (TCFCFC) received a grant that supported youth crisis stabilization in our county through the use of a local respite organization and collaborative team that included a mental health provider, a registered behavioral therapist, a Service and Support Administrator, and the TCFCFC Service Coordinator and Dual Diagnosis Community Interventionist. ADAMHS continues to work with our local BDDs to support youth who are referred to this program. The goal has been to keep children in their home school districts and in their communities while stabilizing the symptoms that lead to placement. This funding that targeted youth in crisis ended June 30, 2019.

A residential youth setting was also developed in Carroll County through a grant partnership between the Tuscarawas, Carroll and Columbiana Boards of DD and the Tuscarawas and Carroll County Family and Children First Councils and Carroll County Job and Family Services. This facility was developed to serve youth with a developmental disability with a primary focus on dually diagnosed youth in crisis. The grant funds, which also ended June 30, 2019, were used for capital and training related to this new service. Operation costs were primarily funded locally or through Medicaid waivers.

Criminal Justice Involved Population:

In both Tuscarawas and Carroll Counties there are jail-based Re-Entry Coordinators that engage with inmates with a substance use disorder and/or a mental illness. The coordinators identify individuals upon incarceration and work with them to develop an individualized discharge plan upon release. This involves a great deal of engagement with the inmate and system partners, including the court system. Often coordinators facilitate placement of incarcerated individuals directly into residential treatment upon release, ensuring that benefits are ready to activate, treatment sessions are scheduled, and basic needs are planned for. However, housing and transportation are always needs of this population. There have been

transportation vouchers purchased and shared amongst the probation and parole officers and re-entry coordinators. In Tuscarawas County a Re-entry Committee meets every other month. Citizen's Circle is also a small community group that was developed to meet re-entry needs of the prison population. The ADAMHS Board Manager of Community Services has linked individuals to the clothing store for professional clothes for interviews. The ADAMHS Board did receive mental health re-entry funding from the state for individuals released from prison but during FY 19 there were no referrals that followed through with the program.

Families involved with Child Welfare:

Tuscarawas County JFS has a contract for adult SUD services at their facility while Carroll County JFS utilizes outpatient services for those needing behavioral health services. There is a gap of kinship services available in both communities. Tuscarawas County JFS has modified their Permanency, Retention and Contingency (PRC) Plan to permit for respite services up to a certain amount annually to be paid for youth in kinship families. Carroll County JFS does offer a kinship family support group facilitated by one of the behavioral health agencies. This is a growing group that continually attempts to engage kinship caregivers in a community that is, at times, uncomfortable reaching out for behavioral health services. Both county JFS agencies have Kinship Permanency Improvement payments available for kinship providers who receive legal custody of a youth and meet the state qualifications. The State of Ohio daycare rules have also been modified to make daycare services more accessible to kinship families by basing the income verification on the child's income. A partner agency has been working on gathering data on the number of kinship homes within school districts to begin a marketing campaign of available resources for kinship families. Additionally, work is being done with the ESC to identify the families with kinship living arrangements by school districts. This will allow for the sharing of targeted resources to support the family and maintain the living arrangement in either county.

Prevention/Early Intervention:

The gaps indicated by the Early Childhood Coordinating Committee of Family and Children First Councils were immunizations, lead and hbg testing. To impact this, lead and hbg points of care testing were purchased to be completed in the office. Immunizations are able to be provided to patients from the Ohio Department of Health Immunization services for self-pay, underinsured and government insurance. Additionally, the ECCC reports a large Latino population of adults and children who are not immunized. Providers have a nurse that is able to translate with them to break down the communication barriers and provide much needed services to this population. The local FQHC is able provide dental services through our dental health department. An additional need for young children is work around the non-traditional families. Many children are raised by family members other than mom and dad. Over the past five years, there has also been a shift to children being raised by their fathers without the persistent presence of the mother in their lives. This is often confusing to children who feel different than their peers at this very foundational level. Shifting the definition of "family" needs to continue to be a priority in these local counties and across the state as well as the ongoing support for the shifting prototype of the primary caregiver.

Tuscarawas and Carroll Counties local prevention services, operated through OhioGuidestone, is a very strong data-driven program that utilizes only evidence-based practices in the community, homes, and schools. Each county has a specific set of goals developed to address the prevention needs of the youth in that area and a

strong system that includes youth, community members, educators, and professionals supporting their prevention efforts. While there are always opportunities to strengthen and grow services, the prevention programming in both counties is top-notch.

Additional Gap:

Peer support is also a need and a gap for Tuscarawas and Carroll Counties. ACE Inc., the local consumer operated organization, has three certified peers, but this is an area where we have struggled to increase the workforce, especially for those in mental health recovery. The time commitment of the training to become certified as a peer support is significant to those who are working part-time or full-time jobs. It is difficult for them to make the time and financial commitment to attend the 40 hour in-person training and it is seen as daunting to many of our peers.

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.

As indicated above, the Board developed a strategic plan for FY 20-21 under the guidance of OACBHA staff. This planning process not only involved the review of state and federal standards and trends, local data was at the forefront in the planning process. This data was available through numerous sources including: CHIP data from both Tuscarawas and Carroll Counties; data gathered by the Quick Response Team regarding overdoses; anecdotal information from ADAMHS involvement in Family and Children First Councils in both counties which includes engagement from Job and Family Services and the local juvenile courts; and the staff and Board member experience. The Board members were able to offer helpful insight based on their lines of business including among others law enforcement; clinician; family members; medical and pharmacy professionals; the educational system; and the legal system. From this meeting the following goals and objectives were created for FY 20-21 and are currently in *draft* form until approved by the full Board:

Goal 1

Improve, expand, and increase the availability of mental health and substance use crisis options in Tuscarawas and Carroll Counties

Objectives:

- 1a. Gather data about the current crisis response, assessing strengths and weaknesses of the current system and targeting access and timeliness of crisis response
- 1b. Use this data to create benchmarks for changes to the system of care, involving local collaboratives and agencies as appropriate
- 1c. Restructure the existing crisis structure to meet new benchmarks

1d. Review the fiscal and programmatic potential of developing mobile crisis response; youth/school crisis response, ensuring the needs of Carroll Co. residents are represented

Goal 2

Establish ADAMHS as the local behavioral health nucleus through increased community education and awareness efforts

Objectives:

- 2a. Develop the ADAMHS Board Public Relations Committee
- 2b. Identify a media and public relations campaign (e.g. OMHAS campaign; stigma reduction; What is ADAMHS)
- 2c. Clarify the connection between the PR campaign and the ADAMHS levy renewal campaign and develop a rollout plan, ensuring absentee ballot dates are taken into consideration

Goal 3

Explore opportunities to increase provider workforce

Objectives:

- 3a. Explore the potential of an LSW program at Kent State University Tuscarawas – September 30, 2019
- 3b. Ensure Health Professional Shortage Area Designation is maintained as long as eligible. Support agencies and clinicians in the HPSA tuition repayment program by developing a process and training for provider agency staff-

Goal 4

Provide leadership in assessing and addressing gaps in youth and family prevention and wellness programs.

- 4a. Develop a trauma-informed community, targeting the PAX evidence-based model in the community and interested school systems
- 4b. Continue to strengthen communication and collaboration with school systems to address the behavioral health needs of their students, including scheduling a one-on-one meeting with each superintendent and his/her team during the biennium
- 4c. Work collaboratively with the CHIP subcommittees, Family and Children First Councils, and community partners to develop programming that addresses child and family resiliency skills and protective factors

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 the ADAMHS Board of Tuscarawas and Carroll Counties

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p>SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)</p>	<p>Ensure persons with an IDU disorder have access to resources that impact addiction and support recovery.</p> <p>Ensure agencies have a policy to provide interim services to those with an IDU disorder if timely access to services is not available.</p>	<ol style="list-style-type: none"> 1. Ensure the continuation of the continuum of care including MAT programs; jail-based navigators; Quick Response Team; detox, withdrawal management and residential treatment services; and recovery residences. 2. Collaborate with OMHAS to recruit peers locally and offer a certified peer supporter training program. 3. Ensure contract agencies submit to the Board the most updated policy regarding interim services if an opening is not immediately available. 	<ol style="list-style-type: none"> 1. Continued monitoring of the system and services 2. A certified peer supporter training will be held in the catchment area 3. Review of policies that guide the services for individuals with an IDU disorder 	<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>
<p>SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)</p>	<p>Engage and prioritize pregnant women with a substance use disorder in treatment services.</p>	<ol style="list-style-type: none"> 1. Providers will treat the population as a priority, without regard to wait lists. 2. Agencies will screen all female clients upon initial request for services. 3. Agency staff will provide or refer to another community service agency that specializes in this population for additional support and follow-up to pregnant women in SUD treatment. 	<ol style="list-style-type: none"> 1. Review of contract agency policy that indicated the prioritization of services for pregnant women with a substance use disorder 2. Verify contact agencies are assessing for pregnancy at first screening and then ensuring the status when engaging in residential treatment 3. SUD treatment providers will ensure pregnant clients have access to specialized programs 	<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>

			such as HMG, the Community HUB, etc.	
SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Ensure an ongoing partnership through local Family and Children First Councils and Job and Family Services agencies to sustain current programming for parents with and SUD. Support the ongoing development of data-driven and evidence-based prevention services.	<ol style="list-style-type: none"> 1. Maintain current Ohio START Program in Carroll County which partners a parent with a SUD and children’s services involvement with a certified peer. Explore the interest of a Ohio START Program in Tuscarawas County. 2. Maintain and support however possible the universal and targeted prevention efforts of the local prevention services program. 	<ol style="list-style-type: none"> 1. Ohio Start Program will continue in Carroll County 2. Continue attendance at both the Tusc. Co. Anti-Drug Coalition and Drug Free Carroll County and support the prevention efforts of the coalitions. 	<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.)	Identify potential cases or at-risk cases of TB or other communicable diseases and ensure referral for counseling, testing and treatment.	<ol style="list-style-type: none"> 1. Agencies will obtain TB histories and TB risk assessments during initial intake. 2. Agencies will partner with local health departments or contract physicians and refer individuals for evaluation, management, education, and follow-up services. 	<ol style="list-style-type: none"> 1. Review assessment paperwork and/or intake information to ensure TB is discussed as services are beginning. Verify questions are asked during utilization review process. 2. Agencies will provide the most up-to-date policy and procedure guiding the treatment of or referral to TB services. 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Ensure spectrum of services that both maintains current successful programming and develops new programming and services in response to children and family need.	<ol style="list-style-type: none"> 1. Maintain active engagement in FCFCs in both counties and plan a primary role in the development of services that will impact children with an SED including PAX/TIC initiatives and connection building efforts between parents and children. 2. Ensure schools in both Tuscarawas and Carroll 	<ol style="list-style-type: none"> 1. Services that target youth with an SED will continue to be offered and FY 20 will bring about the rollout of PAX/TIC in the counties. 2. The Board will continue to identify and support the systems in identifying youth with SED. The Board will partner to fund respite services as 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		<p>Counties have access to TIC information and initiatives.</p> <ol style="list-style-type: none"> Continue to financially and programmatically support respite and youth-in-crisis services. Build partnership with schools and ESCs to support the development and implementation of social emotional learning standards. Support continued trainings by the Board-funded Youth Mental Health First Aid trainer. 	<p>appropriate and youth crisis stabilization services as needed.</p> <ol style="list-style-type: none"> A workgroup will continue to meet to determine how the Board and BH providers and support the schools and ESC in the rollout and implementation of the SEL standards. Each county will have at least one Youth MH First Aid Training each year. 	
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Develop a proactive system decompensation response when possible and a high quality crisis response when necessary.	<ol style="list-style-type: none"> Support the implementation of the Care Plan (see narrative) at the provider agencies. Identify options both within the current structure of the providers and through new staff or peers to provide more targeted outreach to adults with SMI. Complete a process map of the current crisis response process and determine what best-practice options can be introduced. 	<ol style="list-style-type: none"> The Care Plan will be implemented in FY 20. Outreach options will be discussed with providers and the Consumer Operated Organization. The process map outlining crisis response will be completed and will direct changes to the current process. 	<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	The current housing continuum will maintain and the Board and partners will explore additional options.	<ol style="list-style-type: none"> The Board will continue to fund transitional housing programs in Tuscarawas and Carroll Counties. The Board will maintain an active role in the local housing continuum (HomeNET) and Region 6 of the Ohio Balance of State Continuum of Care. 	<ol style="list-style-type: none"> Transitional housing units will continue to be filled and system partner will verify awareness of this housing option. HomeNET minutes and Region 6 minutes will reflect participation. Homeless Shelter staff will bring individuals to the Community 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		<ol style="list-style-type: none"> The Board will partner with the Homeless Shelter and encourage participation in the consumer-focused Community Team Meetings The Board will maintain the HUD housing programs currently operating and explore opportunities for expansion. 	<p>Team Planning meetings to review the current status of a case and plan for an individual's housing.</p> <ol style="list-style-type: none"> The ADAMHS Board Special Projects manager will ensure compliance with HUD requirements to maintain current housing programs and explore additional funding options. 	
MH-Treatment: Older Adults	Increase suicide prevention programming and education with messaging relevant to the older adult population.	<ol style="list-style-type: none"> Explore universal suicide-prevention messaging. Identify target areas for the prevention campaign that would ensure visibility by the older adult population. Implement campaign. 	<ol style="list-style-type: none"> The Board staff will identify a suicide prevention campaign and ensure publicity in locations frequented by the older adult population. <p>*In prior years a local treatment agency was able to employ a social worker that provided services and outreach to the older adult community. This position has been vacant and the program eventually discontinued.</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input checked="" type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Support the development and sustaining of services targeting individuals that are court-involved and/or incarcerated.	<ol style="list-style-type: none"> Carroll County Courts will maintain funding and programmatic partnership in the newly developed court-based behavioral health liaison. ADAMHS Director will be a participant on the Carroll County Drug Court Advisory Board. 	<ol style="list-style-type: none"> Metrics kept by jail-based navigators will be submitted to the ADAMHS Board. The Carroll Co. court-based liaison and the Tusc. Co. jail-based treatment will continue to submit GPRA data as required. The Carroll County Drug Court will be certified in FY 20. 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

		<ol style="list-style-type: none"> Jail-based treatment and peer support at the Tusc. Co. jail. Jail-based community navigators will continue to successfully function in the Tuscarawas and Carroll County jails. 		
Integration of behavioral health and primary care services	<p>Ensure the Board is supporting community awareness of the local Federally Qualified Health Center.</p> <p>Support the FQHC in its expansion efforts.</p>	<ol style="list-style-type: none"> Through PR efforts including social media, provide information and education about the integrated services available in Tusc. and Carroll. Maintain an ongoing presence with the Community HUB advisory committee in Tuscarawas County and support the development of the HUB model in Carroll Co. 	<ol style="list-style-type: none"> Information will be available through the Board that explains integrated care and how to access. Board presence and participation at HUB committee meetings to further the integrated care efforts. 	<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)	Develop the local certified peer support system.	<ol style="list-style-type: none"> Partner with OMHAS to both engage and train interested MH and SUD peers in recovery. 	<ol style="list-style-type: none"> A certified peer supporter training will be held in Tuscarawas or Carroll 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)				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): Currently do not have the staff available to address this identified need.
Prevention and/or decrease of opiate overdoses and/or deaths	Sustain and expand prevention and intervention efforts related to OUD, overdoses and deaths.	<ol style="list-style-type: none"> Maintain involvement in efforts of the Opiate HUB and the Anti-Drug Coalition. Support the ongoing dissemination of Deterra bags and Project Dawn kits. Maintain jail-based Re-Entry Coordinators; Court-Based liaisons; and Jail-based 	<ol style="list-style-type: none"> Opiate Hubs and prevention coalitions will remain active. Coalitions can identify amount and location of dissemination of Project Dawn Kits and Deterra bags. Successful programming will continue. 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

		<p>Treatment funded through SOR.</p> <ol style="list-style-type: none"> 4. Develop the SUD treatment services in Carroll County, ensuring attention is paid to OUD. 5. Providing ongoing support, including financial support of the youth prevention programs in both counties. 6. Increase both ease of access and knowledge of access to care in both counties. 	<ol style="list-style-type: none"> 4. Carroll County will have an expanded SUD treatment spectrum of care. 5. A plan will be developed to ensure ease of access into SUD treatment. 	
Promote Trauma Informed Care approach	Tuscarawas and Carroll Counties will develop a trauma-informed system of care.	<ol style="list-style-type: none"> 1. TCFCC will realign it's plan to support the development of a TIC system of care in Tusc. Co. 2. PAX Good Behavior game will be offered in both Tusc. and Carroll Counties. 3. Collaboratives with schools in both counties will be developed to ensure TIC is embedded when districts are invested. 	<ol style="list-style-type: none"> 1. A minimum of two PAX trainings will occur. 2. PAX kits will be purchased. 3. School collaboration will be discussed related to TIC/PAX either within the framework of FCFC or outside the framework. 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	The successful prevention programming will continue and additional opportunities will be explored.	<ol style="list-style-type: none"> 1. Ensure the ongoing success of the current prevention system of care in Tuscarawas and Carroll Counties and are both universal and targeted. 	<ol style="list-style-type: none"> 1. Existing, effective programming will continue. 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Increase access to evidence-based prevention	The successful EBP prevention programming will continue and additional opportunities will be explored.	<ol style="list-style-type: none"> 1. Ensure the ongoing success of the current prevention system of care in Tuscarawas and 	<ol style="list-style-type: none"> 1. Existing, effective EBP programming will continue. 2. Additional opportunities for EBP trainings will occur. 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		Carroll Counties and are both universal and targeted. 2. Opportunities to increase access to EBP, including trainings, programming, and grants, will be shared with the local service provider and Board will provide support where possible.		
Prevention: Suicide prevention	Suicide prevention programming will continue and additional opportunities will be explored.	1. The Board will continue to support the efforts of the Survivors of Suicide program that target both support groups as well as community education. 2. Additional MH First Aid trainings will be held in FY 20. 3. The Board will work collaboratively to explore additional suicide prevention messaging.	1. Board and SOS collaboration to ensure messaging is blanketing both counties. 2. Explore the possibility of Carroll Co. SOS meetings. 3. A minimum of two MH First Aid trainings will be held in FY 20 4. Suicide Prevention messaging will be explored for two-county roll-out.	<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				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input checked="" type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): Considering needs assessments, problem gambling data does not support this as a top local priority

Board Local System Priorities (add as many rows as needed)

Priorities	Goals	Strategies	Measurement
Housing for those with a behavioral health diagnosis	Ensuring existing housing is maintained and explore additional housing opportunities.	1. Maintain existing transitional housing in Tusc. and Carroll Cos.	1. Housing will be maintained. 2. A sustainable plan will be developed for Carroll housing.

		2. Explore opportunities to partner with Gateway Housing Opportunities for Carroll Co. based on need of residents.	
Workforce Development	Determine opportunities to increase professionals working in Tusc. and Carroll Counties.	<ol style="list-style-type: none"> 1. Collaborate with local regional campus to discuss potential of LSW program. 2. Collaborate with campuses outside of the catchment area to discuss the development of a satellite or online LSW program. 	1. Progress made toward the development of an LSW program.
Crisis Services	Ensure an efficient, supportive, and collaborative crisis intervention response.	<ol style="list-style-type: none"> 1. Review existing crisis intervention process across all partners and determine opportunities to improve. 	1. Updated crisis intervention process.

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?)

In FY19, the ADAMHS Board began to look at the functions of the Tuscarawas County Family and Children First Council (TCFCFC) and how this could be utilized to impact our community services and supports to more actively support families and youth. The Board, who serves as the administrative agent of TCFCFC and provides supervision and programmatic oversight, desired for all of our partners to have a similar lens with which to assess and work with families. Therefore, Board and TCFCFC staff began to research opportunities tied into a Trauma Informed Care Approach. The Manager of Community Services began attending quarterly regional TIC meetings at Heartland Behavioral Health to discuss how TIC practices are being implemented at local levels. The local Developmental Disabilities Director and ADAMHS Board staff visited Wayne County's Resiliency Network meeting to begin to develop a vision of having one focus for a community. The ADAMHS Board and an FCFC employee began to research PAX Good Behavior Game (GBG) and PAX Tools as local opportunities and were able to be trained as PAX Tool Facilitators through the Union County CURES grant. The East Central Ohio ESC hosted a PAX meeting with Jeannette Puskas who was able to speak with 40 partners from BH agencies, social service agencies, and school districts about how PAX can be utilized in the schools and communities. A team of professionals from our county went to the TIC Summit in May 2019 to further add to our knowledge base of how a TIC approach could impact our community. In July 2019, individuals from Tuscarawas County will be attending the PAX Summit for further training. The Newcomerstown School District trained key staff members in PAX GBG in May 2019 and will continue with PAX Tools training for support staff and the community in the 2019-2020 school year. The Carrollton School District is training staff in August 2019 with ongoing training for support staff and the community.

In the midst of the TIC trainings and meetings, TCFCFC began three days of Strategic Planning where a Vision of Strong Families, Thriving Children was developed with a mission of Community Partnerships and Creative Solutions for Families. Four strategic goals have been created that include having Expert Staff and Functional Technology, Restructuring Council, Thriving Partnerships, and Improving Sustainability. Through business objectives and the development of a strategy map, the team will be working with the Governing Board to set up measures and targets for the identified initiatives.

An initiative that has already begun to take shape is the rebranding of TCFCFC as OUR (Outstanding, Unbroken, and Resilient) Children. This ties into the restructuring of TCFCFC. We are recommending that the Governing Board meets monthly. We are recommending that Budget/Finance be a part of this monthly agenda. Under this umbrella, three sub-committees are anticipated:

1. OUR Vision – this is where the common understanding and approach of TIC is developed.
 - a. Initiatives for this sub-committee would be training packages that can be provided within the community, Tuscarawas Area Counselors Association Event, PAX Tools, etc.

2. OUR Coordination – this is where FCFC staff would partner and support families through Service Coordination, Community CARE Team, and TIC Specialist Consultation.
 - a. Community CARE Team is what is formerly known as our Advisory Board. In addition to addressing gaps in services for our community, this would be a team of professionals that referrals could be made to provide information and referral to school districts, social service agencies and/or parents about concerns that they may be having for an at-risk youth and their family.
3. OUR Services – this is where Systems of Care services would be housed for Suicide Prevention programs, Crisis Stabilization (joint grants), Project LAUNCH, After School Program Partnership, and TIC Specialist Consultation.

The child-serving systems in Tuscarawas County are excited about this opportunity and the coming together of partners utilizing a shared lens for the benefits of county children and families.

The partnership between the ADAMHS Board and child-serving partners is flourishing. One of the early impetuses for this was the collaboration between the ADAMHS Board and the local school counselors network to hold a youth-suicide community awareness event that attracted almost 1000 Tuscarawas and Carroll County residents in February of 2018. This event was especially timely in light of the suicide epidemic that was occurring with youth in our neighboring county and was an ideal opportunity to blanket the community with education and resources. A youth and family focused event occurred again in February 2019 targeting substance use and included a partnership with the local sheriff's department and family members. Plans are in the works for the February 2020 event which include hosting Kate Fagan, the author of What Made Maddy Run. This is a story about Kate's daughter who appeared to be thriving but in response to her quiet struggles, tragically suicided while away at college. The Board is partnering as a funder, planner and speaker at this event.

The ADAMHS Board also has a strong partnership with Carroll County Family and Children First Council (CCFCFC), with the Board Director serving as the vice-chair. At the end of FY 18, the Board Director engaged CCFCFC in a strategic planning process to determine efforts over the next two years. Priorities identified during this process include:

- Prevention/resiliency
- Parenting/connection
- Stigma/lack of accepting of behavioral health
- Meeting basic needs
- Service Development

From this list of priorities, the CCFCFC decided to target stigma reduction related to behavioral health and increase parent-child connectedness. The Council is focusing efforts on younger children both from a BH preventative focus but also to provide opportunities and education on attachment, parent/child connection, and how this manifests in healthy children and a healthy community. The Council is also planning to implement a behavioral health stigma reduction campaign but is waiting to determine what, if any, plan will be supported by OMHAS in FY 20.

There are also collaborative efforts that support adults in both counties. As indicated previously, the Community Team is a partnership of ADAMHS staff, law enforcement, navigator, treatment providers, hospital social workers, and a re-entry coordinator among others that meet consistently to identify support options and interventions for individuals that may be struggling with symptoms related to a mental health diagnosis. Other community supports and personal supports are invited as each situation warrants. The team makes a concerted effort to ensure the person's needs that touch each partner system are discussed and addressed to support his or her in the community. There is an additional collaborative, also discussed previously, includes local partners and is designed to be preventative, increase officer and consumer safety, and ensure that the crisis response is consumer-friendly and efficient. This subcommittee has developed and plans to implement a Care Plan for individuals with an SMPI who either have had law enforcement involvement in a crisis or who have been hospitalized. Case managers will discuss the option of completing the care plan which will, with the individual's consent, have demographic information, brief medical information, and information the consumer would want law enforcement and first responders to know if he or she approached the person in a crisis.

With the election of a new Common Pleas court judge in Carroll County, the opportunities to partner and develop programs have increased significantly in FY19. One of the first partnerships included the collaboration between Carroll County courts; Carroll County Job and Family Services and the ADAMHS Board on the development of a court-based behavioral health liaison, funded partially through State Opioid Response grant dollars. This collaboration filled a gap for those with an SUD that were seen in Carroll County Common Pleas and Municipal Courts to ensure that their SUD treatment needs are assessed; a plan is developed to address these needs and the individual is supported by the liaison as he or she engages in services. This individual is also providing support to Carroll Common Pleas court as they work to develop a felony drug court in the community.

There is also a funding partnership between Carroll County Job and Family Services, OhioGuidestone, and the ADAMHS Board for the START Program. As described on the PCSAO website,

“Created through the office of Ohio Attorney General Mike DeWine, Ohio START requires the partnering of county Public Children Services Agencies (PCSAs), behavioral health providers, and juvenile/family courts. A key element of this program is family peer mentors who are paired with a child welfare caseworker to provide intensive case management services. Ohio START emphasizes a wraparound approach for at-risk parents that includes frequent home visits and mentorship from people who have lived experience with recovery and the child protection system.”

This partnership began in FY 19 and will continue into FY 20.

As the ADAMHS Board continues to look at service development in Carroll County, Board staff began quarterly Behavioral Health meetings with Carroll County administrators, mid-level managers, providers, directors, educators, law enforcement, and other community stakeholders to discuss any concerns, questions or needs related to the behavioral health field and collaboratively develop a plan to address. While it occurred prior to the development of this collaborative, ADAMHS also works closely with Carroll County housing partners to address housing gaps. This spurred the development of two transitional housing units that were jointly funded between the ADAMHS Board and the Carroll County Commissioners.

Inpatient Hospital Management

6. Describe the interaction between the local system's utilization of the State Hospital(s), Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that is expected or foreseen.

The Board works closely with the local prescreening agency, the local emergency room staff including the ED social worker, and local law enforcement both from an individual perspective and from a more global view. Typically, individuals are first seen at a local ED for medical clearance and, if brought by first responders, the officer alerts both the ED and the prescreening agency of the situation. Once an individual is medically cleared, he or she is then evaluated by an assessor from the designated prescreening agency. Client preference as well as benefits are considered when hospitalization is warranted.

For individuals placed at Heartland Behavioral Healthcare (HBH), the regional state psychiatric hospital, there is ongoing and open communication between an ADAMHS Board staff member, Community Navigator at the local prescreening agency and the individual's case manager as appropriate. This communication begins at admission and occurs regularly throughout the hospitalization to ensure that a thorough discharge plan is created, treatment is available upon discharge, basic needs are met and the individual returns to the local community if at all possible. In addition, local certified peer supporters also worked intently with HBH staff in the fairly recent past to develop protocol that would allow peer supporters on certain units in the hospital to connect with local residents, provide hope and support, and discuss local support options upon discharge including the consumer operated organization. To ensure ongoing communication, monthly calls occur between HBH staff, the local navigator, and ADAMHS staff to review individuals from Tuscarawas and Carroll Counties, the ADAMHS Board directors in the HBH region meet quarterly at the hospital to discuss any trends, strengths or challenges to ensure we are working collaboratively and for the benefit of our shared client.

The ADAMHS Board Manager of Community Services tracks psychiatric hospital usage for Tuscarawas and Carroll County residents assessed through our prescreening agency. Tracking elements include: reason for admissions, ambulance/sedan usage; linkage to community services; discharge date; etc. The database can also track repeat hospitalizations to ensure we are supporting these consumers in the community with higher intensity through supportive options like the Community Team. The database has also been used to track detox admissions and discharges of those that are hospitalized through the local system.

As a summary of some of the data elements, 24 Hospitals (includes the Crisis Unit) have been used in FY19 (through 6/18/19). Twenty-six hospitals were used in FY18 however two have closed in FY 19 (Canton Intervention and Recovery Center and Ten Lakes Hospital). The local crisis unit is often used as a step down from the hospital when appropriate. The crisis unit has also been used as a diversion from hospitalization, allowing individuals to remain in the local community, engage in treatment, and see a physician if warranted.

The ADAMHS Board offers the same type of support, collaboration, and planning with private hospitals from intake to discharge however this is utilized less than for those in the state psychiatric hospital. Regardless, the local prescreening agency typically uses the Community Navigator, crisis services staff, or the individuals case

manager to ensure a thorough history and presenting symptoms are available to hospital staff and support the hospital with the development of a successful discharge plan that includes engagement in local services.

There have not been significant changes or new trends in hospital usage over the past biennium.

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 Board of Tuscarawas and Carroll Counties

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

*** See scanned attachment with signatures

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/>