

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

Enter Board Name:

Mental Health & Recovery Board of Union County

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

Environmental Context of the Plan/Current Status

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

Union County is Ohio's fastest-growing county, experiencing an increase in population of 40% since 2000. At a population of 57,835 in 2018, Union County already exceeded the 2020 projected population. The county is 430 square miles, located within central Ohio and 40 minutes away from the state capital. Union County has a rich history of agriculture with over 950 active farms. The county is largely homogeneous; residents are overwhelmingly Caucasian (91%), Christian and politically conservative. There are nearly 80 churches in Union County. Marysville is the county seat with a population of 24,670. Outlying communities are more isolated leaving some residents with limited access to resources. Transportation remains a consistent problem for these rural areas. The Honda of America Manufacturing headquarters of North America is located in Marysville along with the world headquarters of Scotts Miracle-Gro. Together, these facilities supply over 7,500 white and blue collar jobs, many to out-of-county workers. Similarly, easy access to Franklin County along St. Rt. 33 allows many Union County residents to work in Franklin County while taking advantage of lower taxes and housing costs.

Community / Social Risk Factors

One of the largest concerns is how to serve those individuals and families living at or below the poverty line. Housing costs continue to rise as the economy has improved making rent costs out of reach for these individuals. The median gross rent is \$876, but is often much higher. Across all social service systems, housing constraints for our consumers is among the top concerns. Union County does not have a homeless shelter. Social service organizations often have a backlog of requests for housing assistance and few alternatives. Consumers struggle to find transportation to out-of-county shelters or do not want to go if they have to leave behind possessions or pets. Additional obstacles include involvement with the criminal justice system or felony records that prohibit access to shelter.

Transportation remains a consistent problem for rural areas within Union County. Like many counties, small businesses and access to grocery stores have disappeared with larger box stores moving into cities. As a result, outlying villages or townships have little to no access to fresh foods or other services without having to drive to a neighboring community. Union County does not have a public transportation system which limits access to behavioral health providers, employment, appointments, etc. Transportation assistance is very limited and often requires significant wait times.

Behavioral Health Redesign and the transition to Medicaid managed care have had significant impacts on the providers in our network. There have been many positives: the inclusion of therapeutic behavioral services (TBS) and psychosocial rehabilitation (PSR), Intensive Home-Based Treatment (IHBT), interactive complexity; individual provider credentialing; the opening of the IMD exclusion; and increased focus on correct coding. The Medicaid MCOs have been responsive to our requests for service coordination and have participated with us in several planning initiatives. Less positive has been the steep learning curve for our providers and the added expense of non-revenue producing personnel to manage the billing processes. Our primary provider earned slightly over half of the Medicaid revenue they had previously earned under Medicaid fee-for-service. Ongoing issues that are of concern: certified peer support specialists with felony history being able to bill peer support; payment for High-Fidelity Wraparound services; advance repayment for providers; and the MCO rebidding process.

Successes

Easy access for care is a number one priority for Union County behavioral health services. As a guarantee of our response to the community, the local behavioral health provider has walk-in SBIRT screening for adolescents and adults 5 days per week. This allows individuals to immediately identify if additional services may be needed, diverts individuals from unnecessary costs and wait times in hospital settings and is an easy check-in for clients who may otherwise be frequent users of the emergency room. Last year nearly 600 SBIRTS were completed as walk-in clients or through school referrals.

Since the last Community Plan, Union County has worked with the local providers to expand data tracking through Smart Care. This allows non-Medicaid eligible services to still be tracked and tied to the individual in order to gain a broader perspective on the number of services and level of care the consumer receives such as housing or peer support.

Medically Monitored Inpatient Detox is now available at the local hospital for individuals with alcohol, opiate, benzodiazepine and cocaine dependence. The program works independently within the hospital and has a strong partnership with Wings Support & Recovery for connection to peer support. The majority of consumers participating in the program are opiate dependent, however most are also out-of-county.

Suicide prevention has remained in the forefront of the MHRBUC. Mental Health First Aid has a strong presence in Union County. In 2018 and 2019 to date, there were seven completed MHRA – Youth trainings and three MHFA- Adult trainings including 171 individuals. In addition, QPR is now available in Union County for adults. Since 2019, 12 trainings were completed to over 220 persons. Signs of Suicide is provided in all school systems to middle and high school students. A partnership with Nationwide Children’s Hospital will expand the program to all students in 6- 12 grades.

In order to expand on the changing community needs, the MHRBUC will prioritize strategies that support Recovery Ohio goals while addressing the unique social factors of Union County and the needs of our residents.

MHRBUC’s Primary Goals for 2019-2020:

- Expand access to crisis services.
- Promote health equity among minority populations.
- Provide intensive support services for multi-system youth.
- Engage families identified with substance use disorders involved in child welfare system.
- Provide support to peer support services.
- Expand access to additional high-quality behavioral health care providers.
- Enhance suicide prevention programming.
- Increase screening and assessment individuals in criminal justice system.

DEMOGRAPHIC SNAPSHOT

2018 Population	57,835
Total Households	19,038
Homeownership Rate	78%
Estimated Median Household Income	\$78,848
Living Below Poverty Line	7.4%
Unemployment Rate	3.5%

* Reference: <http://www.unioncounty.org/economic-development/why-union-county/demographics/>

POPULATION CHARACTERISTICS

Female	52.5%
Male	47.5%
Married	63%
Median Age	36
Under 5 years	6.1%
5 to 17 years	19.3%
18 to 24 years	8.0%
25 to 44 years	27.9%
45 to 64 years	27.5%
65 + years	11.3%
White/Caucasian	92.9%
Asian	2.8%
Black/African American	2.2%
Hispanic/Latino	1.3%

* Reference: <https://development.ohio.gov/files/research/P6081.pdf>

* Reference: <https://datausa.io/profile/geo/union-county-oh#economy>

POPULATION TRENDS & PROJECTION

2020 (Projection, DSA)	57,710
2030 (Projection, DSA)	64,830
2040 (Projection, DSA)	73,800

* Reference: <http://www.unioncounty.org/economic-development/why-union-county/demographics/>

EDUCATIONAL ATTAINMENT

High School Graduation Rate	95.2%
Percent Bachelor's Degree or higher	30.8%

* Reference: <http://www.unioncounty.org/economic-development/why-union-county/demographics/>

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.**

2.a Needs Assessment Methodology

In April 2018, the **MHRBUC Board Retreat and Planning Meeting** to review the goals of the Board, current provider scope of services and gaps / needs within the community specific to services or populations. Target populations included seniors, faith-based organizations, transitional youth, mothers / parents effected by opiate abuse and engaged in children's services.

Additionally in early 2019, in order to assist in determining current capacity and identifying and projections based on county growth, the MHRBUC contracted with Epiphany Community Services (ECS) to conduct a capacity assessment using the **Calculating for an Adequate System Tool (CAST)**. CAST is based on the accepted Substance Abuse Mental Health Services Administration (SAMHSA) continuum of care, with the addition of a referral category, resulting in 5 categories of promotion, prevention, referral, treatment, and recovery. Social and community indicators related to each category were determined using the following criteria 1. Research displayed a consistent relationship between the indicator and a high likelihood to engage in substance use, 2. Research displayed a consistent relationship between the indicator and a high likelihood to engage in substance abuse treatment, and 3. Data about social indicators are available at the county level. Using the 32 components of a behavioral health system, CAST calculates community specific recommendations on the need for each component, using the prevalence of social and community correlates of substance use to modify estimates of the population's needs. Mathematical assumptions are used to determine the impact of factors related to the desired outcome, based on accepted models to inform decision making.

The local CAST report indicated that Union County has met capacity in 24 of the 32 components of a behavioral health system WITHIN the county borders. The areas that are in deficit are those related in inpatient treatment and detoxification. The tool highlighted that Union County had a strong system for prevention, outpatient treatment, housing, and peer support services.

In 2018 and 2019, **Key Stakeholder Meetings** were held and included Juvenile and Family Drug Court, Felony Drug Court, local law enforcement, county school districts, and social service systems. Identified gaps in service or needs included: early childhood mental health, suicide prevention and mental health services for youth, family counseling, housing for families and transitional youth, expanded crisis response and home based services that are often not Medicaid billable. As always, transportation and extend hours of service are a concern for meeting the needs of working families.

The board continues to participate in **Local and Regional Housing Meetings** with various agencies to collaborate on how to plan for and address housing needs for Union County residents. In the past year, there has been considerable dialogue about the need for affordable housing and if Union County is at a tipping point to consider a homeless shelter. The MHRBUC has significant opportunities for recovery and

supportive housing for residents within Union County. There are three recovery houses and six supportive housing units as part of this approach. The MHRBUC works closely with both Maryhaven and Wings Support & Recovery to operate these housing opportunities our consumers in Union County. Recently the MHRBUC contracted with Residential Administrators to provide a local needs assessment for housing including tracking our current capacity and need for capital improvements. There is a clear need for affordable housing within Union County and a need for increased awareness and education on homelessness and how it impacts residents living with mental illness.

In June 2018, the most recent **Union County Community Health Assessment** was completed as a self-administered survey using a structured questionnaire and was mailed out to county residents ages 19 to older adults. The assessment was cross-sectional in nature and included written survey questions which were designed and pilot tested for study for adults by the University of Toledo and staff members from the Hospital Council of NW Ohio. The response rate was 35% = 396 surveys. The following results were part of the trend summary within the executive summary supplied to the county:

Adult Variables	Union County 2018	Union County 2015	Ohio 2013	U.S. 2016
Rated mental health as not good on 4 or more days in past 30 days	30%	24%	24%	23%
Used recreational marijuana past 6 months	3%	5%	N/A	N/A
Used recreational drugs past 6 months	3%	<1%	N/A	N/A
Misused Rx medication past 6 months	5%	14%	N/A	N/A
Alcohol binge drinking past 30 days	22%	19%	17%	17%
Felt sad or hopeless for more than 2 weeks	11%	10%	N/A	N/A
Made a plan about suicide in past year	1%	2%	N/A	N/A

The Assessment concluded that most adults now have a medical home, in part to Medicaid expansion. The survey showed concerning trends around alcohol and marijuana use. Meanwhile, there have been significant declines in prescription medication abuse. Mental health concerns among adults in Union County are staying consistent, however local rates of completed suicides among adults doubled to 10 in 2018 from 2017.

The **Youth Risk Behavior Survey** is given electronically every two years in Union County among 7th, 9th and 11th grade students. The last survey was given April 2018 with over 1,600 students completing the survey. The following results were part of the trend summary supplied to the county.

Youth Variables	Union County 2018	Union County 2016	Union County 2014	U.S. 2017 (9-12th)
Used marijuana past 30 days	7.4%	7.7%	8.8%	20%
Misused Rx medication in lifetime	12.8%	13.7%	N/A	N/A
Drank at least one drink in past 30 days	13.7%	15.8%	17.3%	30%
Seriously considered suicide in past year	23.2%	22.1%	20.7%	17%
Purposefully hurt themselves in past year	20.7%	18.9%	16.9%	N/A

The YRBS assessment concluded that most youth are misusing substances lower than national averages and have been declining since 2014. However, attitudes and social norms are changing related to both alcohol and marijuana. It is anticipated that this may impact rates of use in the future. Concerns for mental health among youth is considered of critical importance. Rates of youth reporting self-injurious behavior or considering suicide has increased. In the 2018-19 school year there were two completed teen suicides in Union County.

The MHRBUC meets informally and regularly with consumers. **Consumers Comments** indicate the need for more hands on supports and activities to benefit SPMI consumers generally and the residents of the permanent supported housing specifically was most often cited. They also identified a need for additional case management. The Board also offers a Client's Rights Officer to assist consumers with needs and/or concerns related to mental health services and access. Moving forward, the MHRBUC's Client's Rights Officer will hold bi-annual focus groups with consumers at the Wings Support & Recovery to gain feedback on additional services directly from consumers.

The MHRBUC regularly coordinates **Provider Agency Meetings** to discuss rising trends, gaps in service, staffing patterns and funding sources available. The MHRBUC operates as liaison between the local provider and other agencies such as the court system in Union County to address perceived needs and issues surrounding quality of services. The board will be conducting audits on services purchased moving forward in 2017 with the local provider as well.

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

1. Representatives from the MHRBUC are actively involved with the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) spearheaded by the Union County Health District. The MHRBUC has an integral part of monitoring the health status of local residents, identifying behavioral health needs and monitoring substance abuse trends. Final reports from the CHA are included on the MHRBUC website and shared with Board members. Information gleaned from the report is utilized in planning purposes.
2. The MHRBUC identifies no barriers or challenges to complimentary public health and behavioral health plans.
3. Behavioral health strategies are heavily represented in the collaborative planning efforts with the Public Health Improvement Plan. This has resulted in expansion of SBIRT in health care settings and policy changes within the local hospital ED to incorporate SBIRT; support for policy changes at the city and county level addressing alcohol and vaping; Project Dawn training and naloxone distribution to Union County residents; expanded suicide prevention education among adults and youth; and expansion of crisis and text hotline awareness.
4. The MHRBUC continues to be actively engaged in the planning, assessment and implementation phases of the Community Health Assessment and Improvement Plan with the local health district. Sharing information is valuable to all systems for planning, programming, service integration, budgeting and forecasting.

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

Currently there are no cases of children engaged with Family and Children First Council that have advanced to dispute resolution.

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

The Executive Director of MHRBUC attends quarterly meetings with Twin Valley Hospital to ensure The community behavioral health provider will link the person to services immediately as needed. This process has produced positive results and customer satisfaction.

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

The ROSC Survey was not completed in 2018. Instead the MHRBUC utilized local needs assessment data and invested in the CAST model to determine capacity for current level of services within the Continuum of Care and projected capacity based on estimated county growth.

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)].

The following components are identified needs and gaps in services for our area.

- Housing for individuals and families that are homeless or in threat of being homeless. The closest shelters exist in neighboring counties.
- Addiction and mental health services including: residential, partial hospitalization, inpatient care, ambulatory detoxification

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.

Priority areas for 2020-2021 include:

- Expansion of crisis services and crisis stabilization.
- Screening and linkage to services for individuals involved in criminal justice.
- Intensive support services for families involved with child welfare.
- Ohio Start model engaging children and families effected by opiate crisis.
- Expansion of evidence-based prevention services including suicide prevention.

3. Complete Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. (Table 1 is an Excel spreadsheet accompanying this document. Instructions are found on page 10 of the Guidelines).

Priorities

4. **Considering the board’s understanding of local needs, the strengths and challenges of the local system, what has the board set as its priorities for service delivery including treatment and prevention? Please be specific about strategies for adults; children, youth, and families; and populations with health equity and diversity needs in your community.**

Below is a table that provides federal and state priorities. Please complete the requested information only for those federal and state priorities that are the same as the board’s priorities and add the board’s unique priorities in the section provided. For those federal and state priorities that are not selected by the board, please check one of the reasons provided or briefly describe the applicable reason in the last column.

Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in the board’s response to question 2.d. in the “Assessment of Need and Identification of Gaps and Disparities” section of the Community Plan [ORC 340.03(A)(11) and 340.033].

Priorities undertaken in SFY 2019 that the board is continuing into 2020 as well as new priority areas identified for SFY 2020 may be included.

**Priorities for Mental Health and Recovery Board of Union County
SFY2020**

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Successfully treat the community’s population of IV heroin users.	Identify and treat IV drug users with medication assisted treatment and detoxification programs.	Number of IV drug users who cease IV drug use.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Identify, screen and link pregnant women with substance use disorders to appropriate level of care treatment programs.	Outreach through UCDJFS Child Protective Services, Union County Health Department Prenatal Clinic, Marysville OB Practice and Memorial ED. Provide screening and referral/linkage of identified pregnant drug users to SOR program. Provide MAT and peer support services for expectant moms. Additional services include Stable Cradle programs, family supportive recovery housing and intensive case management. Collaboration with the Managed Care Plans if woman is assigned to identify additional resources and/or benefits.	Number of pregnant drug users identified and linked to services. Tracking through GPRA.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Increase collaboration with UCDJFS Child Protective Services to identify and link to treatment parents whose substance abuse disorders puts their children at risk of parental abuse or neglect.	Work collaboratively with the County Commissioners, the Juvenile Court, Drug Court and Children’s Services to develop and fund intensive home and community based treatment to families in danger of losing their children due to drug/alcohol issue. Provide community based adolescent drug treatment /prevention. Expand services to refer families at an earlier stage when there is a suspected problem.	Number of referrals received and cases open via referral from UCDJFS Child Protective Services. Reduction in placements by Children’s Services, referrals to criminal justice system.	<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.)	Screen and link individuals with tuberculosis and other communicable diseases to public health providers in conjunction with their AOD treatment.	Incorporate health screenings into admission and assessment process; maintain active referral/linkage with public health entities.	Number of persons screened, referred, and linked to needed health 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)	Provide evidence-based mental health treatment for youth of all ages who have Serious Emotional Disturbances (SED)	Provide play therapy, cognitive behavioral therapy (teens); individual, group, and family therapy; home and community-based program; integrated AOD/MH treatment; CSPT; Pharmacological Management	Number of SED children and their families that are served; reduction in out-of-home placements.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI.)	Provide comprehensive services for adults with SMI.	Provide CPST; Pharmacological Management; individual, group, and family counseling; housing; vocational services; peer support program; linkage to primary healthcare services.	Number of SMI adults served; reduction in hospitalizations (number and duration); number of SMI adults with a medical home.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing.	Enable individuals with a mental illness or addiction to be able to live in a safe supported environment within Union County.	Provide supported housing and permanent supported housing (staffed 24/7) including group meals/transportation for residents and assistance to allow them to live independently. Provide Shelter Plus rental assistance and peer support services for residents with mental illness, who are able to work or have access to income.	Number of individuals who live in MHRBUC housing instead of being institutionalized or placed in group homes.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Older Adults	Provide comprehensive services for older adults with mental health needs.	Immediate access to linkage and referrals with the use of SBIRT at community behavioral health provider.	Number of referrals recorded and positive linkages to services.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment.	Providing linkage and support systems to those consumers residing and/or released into the community.	Provide screening for MH/SUD during the booking at local jail. Utilize Criminal Justice Navigator to provide additional screening or assessment as needed to	Number of adults screened, referred for services and engaged in treatment services.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

		improve information sharing between courts, treatment provider and peer support in order to engage and assist identified at-risk individuals.		
Integration of behavioral health and primary care services.	Participating in collaborations with physical health providers.	Identify providers i.e. Lower Lights Federally Qualified Health Center and working to ensure connectivity to individuals and families engaged in treatment services. Collaborate with hospital emergency department staff to integrate SBIRT into ED for all non-life threatening cases and refer to behavioral health provider for follow-up.	Decrease in the number of dually diagnosed individuals not receiving both physical and behavioral health services. Increase in the number of individuals who receive SBIRT and follow up for identified hazardous risk level.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support, transportation).	Ensuring consumers in recovery have the supports and services they need to stay in recovery.	Provide ongoing support to peer enrichment center to assist in growth and improve services to consumers including: employment services peer support, support groups and social activities.	Increase in the number of consumers utilizing recovery support services.	<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).	Understanding and accepting of the needs of all individuals and how their cultural differences contribute to service delivery.	Provide annual trainings for all therapist on understanding cultural differences. Identify changes in populations including cultural population growth in service area and services for LGBTQ populations.	Number of minorities receiving services.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths.	Assisting consumers abusing opiates.	Continue to provide Medication Assisted Treatment (MAT) and other treatment services in the continuum of care. Implement Naloxone training and distribution program such as Project Dawn. Participate in Opioid Overdose Review Committee. Assist first responders with acquiring Naloxone or protective gear.	Number of incidents involving opiate overdoses and/or death.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

Promote Trauma Informed Care approach	Use of a Trauma Informed Care approach by community partners	Provide Trauma Informed Care training to community partners and develop an ongoing collaborative to check in on status of use and maintaining approach with community partners.	Number of community partners completing Trauma Informed Care training	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
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Prevention Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents	Utilizing SPF model of prevention planning with focus on environmental strategies.	Conduct annual strategic planning and data collection with Union County Drug Free Coalition and community partners.	Annual review of Coalition Action Plan and long term Strategic Plan for prevention services.	<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.	Ensuring widespread of prevention information across the county and involvement in multiple projects.	Develop annual strategic plan for prevention programming within each school district K – 12.	Increase in the number of participants in Y2Y program and other initiatives.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Incorporate suicide prevention education program in all school systems and within the community.	Educating youth and adults on strategies to identify mental health concerns, risk for suicide and steps to provide assistance.	Provide MHFA – Adult & Youth and QPR at community level for adults. Provide SOS curriculum in schools to students in grades 6-12. Provide crisis texting services to increase youth engagement.	Increase in survey numbers of those whose response is definite awareness of where and when to seek assistance with suicidal ideation.	<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.	Screening all adults receiving AOD services for problem gambling. Increasing awareness of problem gambling warning signs.	Use of SOGs with AOD assessments to screen all adults for problem gambling. Promote problem gambling information to targeted populations.	Number of referrals and positive screens for problem or pathological gambling.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

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

Priorities	Goals	Strategies	Measurement
1. Increase local access to crisis services for both adults and children/youth.	Expanding crisis service hours as walk-in and as a diversion from hospital emergency department for CIT for non-ambulatory mental health crisis individuals.	Provide expanded crisis hours from 8 pm – 12 am Mon – Thu and 5 pm – 12 am Fri – Sun. Individuals will be assessed and disposition will be given to determine	Increase in the number of individuals utilizing expanded hours. Decrease in the number of non-ambulatory individuals who present at ED for mental health crisis.

		appropriate level of care. Provide 1-800 and crisis texting services to increase access to crisis care.	
2. Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT).	Understanding and accepting of the needs of LGBTQ individuals and how their differences contribute to risk factors for MH / SUD.	Provide annual trainings for provider staff, school personnel and parents on understanding LGBTQ populations. Identify service gaps and support for LGBTQ youth populations.	Number of individuals receiving training. Number of LGBTQ identifying youth engaged in services.
3. Provide support services for multi-system youth.	Reducing the number of youth institutionalized or housed in out-of-county residential systems. Increasing the number of youth and families engaged in in-county intensive support services.	Provide Community Response Teams to assist at-risk youth and families using brief team meeting structure. High Fidelity Wraparound for multi-system youth through the local Family and Children's First Council. Provide APG for multi-system youth as a recovery support model with linkages to support services and healthy alternatives.	Number of youth and families engaged in CRT, Wraparound and APG programs.
4. Engage families identified with substance use disorders involved with child welfare to increase access to system of care.	Increasing collaboration with UCDJFS Child Protective Services to identify and link to treatment parents whose substance abuse disorders puts their children at risk of parental abuse or neglect.	Work collaboratively to provide integrated support services including treatment, MAT, education, peer support services and housing for identified families. Expand services to refer families at an earlier stage when there is a suspected problem.	Number of referrals received from UCDJFS Child Protective Services and engaged in services. Tracked in GPRA.
5. Expand access to additional high-quality behavioral health care for Union County residents.	Increasing the number of providers providing mental health and substance abuse treatment and prevention services in Union County. Address barriers to access to care.	Contract with Lower Lights (FQHC) Primary Care to provide MAT navigation services for opiate dependent individuals engaged in treatment at Maryhaven. Contract with Guide Stone to expand APG programming for indicated youth. Contract with Prevention Awareness Support Services to expand prevention programming and youth led prevention efforts in Union County. Collaborate with new certified treatment agencies offering treatment services to Drug Court clients in Union County.	Number of individuals actively participating in MAT services, AGP programming and prevention services in Union County. Identify the number of individuals participating in Drug Court treatment programming.
6. Provide recovery peer support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support, transportation).	Ensuring consumers in recovery have the supports and services they need to stay in recovery.	Provide ongoing support to local peer enrichment center to assist in growth and improve services to consumers including: employment services, peer support, housing, support groups, benefits and social activities.	Increase in the number of consumers utilizing recovery support services.
7. Enhance suicide prevention education programming for both youth and adults.	Educating youth and adults on strategies to identify mental health concerns, risk for suicide and steps to provide assistance.	Provide MHFA – Adult & Youth and QPR at community level for adults. Provide SOS curriculum in partnership with Nationwide Children's Hospital to students in grades 6-12.	Increase in survey numbers of those whose response is definite awareness of where and when to seek assistance with suicidal ideation.

<p>8. Increase screening and assessment of PSMI and CMISA individuals in criminal Justice system: (jails, prisons, courts, assisted outpatient treatment.)</p>	<p>Providing linkage and support systems to those CMISA and PSMI consumers involved in local criminal justice systems and/or released into the community.</p>	<p>Provide screening for MH/SUD during the booking at local jail. Utilize Criminal Justice Navigator to provide additional screening or assessment as needed to improve information sharing between courts, treatment provider and peer support in order to engage and assist identified at-risk individuals.</p>	<p>Number of adults screened, referred for services and engaged in treatment services.</p>
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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?)**

Providing enhanced support services for multi-system youth has been a significant accomplishment since 2017. As a collaborative undertaking between Family and Children First, the behavioral health providers, local school districts, Juvenile Court, Family Drug Court, Headstart, child welfare, Community Action, United Way, YMCA and faith-based organizations. Over 100 youth and families have been served through service coordination, information referral, High Fidelity Wraparound and Community Response Team. It is estimated the \$700,000 has been save in out-of-county placement and residential services between the collaborative systems.

Peer support services has greatly expanded in Union County to 18 certified specialists. There is strong collaboration between the local behavioral health provider, Felony Drug Court, Community Action and Job and Family Services to link individuals with a peer support specialist. The specialists assist with employment, housing, support services and transportation. Union County has one of the largest number peer support specialists in Ohio. Over 200 unduplicated people were served by peer support specialists in Union County in 2018 totaling over 7,300 support hours.

The Union County Drug Free Coalition has been actively engaged in environmental prevention strategies since 2009. The federally funded DFC coalition maintains active involvement with over 25 community key leaders to address Rx medication misuse, underage drinking, changes in local and state policy as it relates to marijuana, and the increase in youth vaping. The UCDFC works closely with local school districts, Family and Children First Council and the Union County Health District to undertake the Youth Risk Behavior Survey every two years to track youth trends in at-risk behaviors and protective factors. Since the 2014, there has been a 17% reduction in reported 30 day underage drinking rates; 12% reduction in reported 30 day marijuana use rates; and 5% increase in the number of youth reporting parents talking about alcohol and drugs.

A partnership to reduce the number of individuals with PSMI and CMISA has been the goal of the Stepping Up program in Union County. Since 2017, the MHRBUC has worked with Madison and Champaign Counties through a shared project with Tri-County Jail, Common Pleas Court, the local behavioral health provider and local law enforcement. The result is an increase in identification and reporting of CIT cases, improved reporting for identified at-risk individuals and increased linkage to support services through a Criminal Justice Navigator. Expansion of the program is anticipated to continue and will include providing a CIT and CISM coordinator, cloud-based CIT reporting through tablets co-located within the emergency department and behavioral health provider, and screening for suicide, mental health concerns, substance abuse and criminogenic risk.

The Strategic Opiate Response program offers support to mothers with a shared collaboration between the federally qualified health center, child protective services, the health department prenatal clinic, the local behavioral healthcare provider and peer support specialists. The program provides screening and referral / linkage for identified pregnant and recent postpartum opiate users to SOR program. Participants are engaged in MAT and intensive peer support services. Additional services include Stable Cradle programs, family supportive recovery housing and intensive case management. Collaboration with the Managed Care Plans if woman is assigned to identify additional resources and/or benefits. To date 5 mothers have been served in the program and it is anticipated that it will expand as the information about the program is increased.

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 MHRBUC works closely with the local behavioral healthcare provider to address the inpatient needs either through the State Hospital or by creating additional contracts with private psychiatric hospitals. The MHRBUC maintains regular communication with the local health system, community behavioral health provider and Twin Valley to ensure quality of care is given to all Union County residents.

The local behavioral health provider designated a staff member to serve as the liaison between consumers, health systems and the MHRBUC to follow up with proper discharge planning and ensure linkage to next level of care. Currently there are no plans to have inpatient services in Union County. The MHRBUC will continue to work within the constructs of the current system and access series as needed to ensure continuum of care needs are met for consumers.

In SFY19, there were 136 adult and 35 youth hospitalizations in both private and state hospitals. It is anticipated with the expansion of the crisis hours and crisis stabilization, more individuals will be assessed more quickly, be able to de-escalate in a more relaxed environment and be sent home on a safety plan with follow-up.

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.

Mental Health & Recovery Board of Union County

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

ADAMHS, ADAS or CMH Board Executive Director

Date

ADAMHS, ADAS or CMH Board Chair

Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].

Instructions for Table 1, “SFY 2019 -20 Community Plan Essential Services Inventory”

Attached is the SFY 19-20 Community Plan Essential Services Inventory. **Each Board’s completed SFY 2018 form will be sent in separate email should the board want to use it to update information.**

The Essential Services Inventory form included with this Community Plan requires the listing of services for which the board may not contract. This element is necessary due to current Ohio Revised Code to detail the behavioral health (BH) continuum of care in each board area.

Some additional Continuum of Care (CoC) information resources have been provided below to assist in this process, but board knowledge is vitally important given the limitations of these included CoC resources. For example, the attached resources may not address BH services provided by Children Service Boards and other key providers within the local behavioral healthcare system.

Instructions for the Essential Services Inventory

The goal is to provide a complete listing of all BH providers in the board area. However, at a minimum, at least one entity must be identified for each essential service category identified in Column A of the form.

In addition to the identification of the Essential Service Category, the spreadsheet identifies the treatment focus (Column B) and Service Location (Column C) of the service as required in Ohio Revised Code. The fourth column (Column D) provides a list of the Medicaid and Non-Medicaid services associated with each of the Essential Service Categories.

In Column E, please identify the Names and Addresses of providers who deliver the Column D Medicaid/Non-Medicaid payable services associated with each Essential Service Category and in Column F indicate by “Y” or “N” whether the Board has a contract with this agency to provide the services.

Additional Sources of CoC Information

1. Emerald Jenny Treatment Locator <https://www.emeraldjennyfoundation.org/>
2. SAMHSA Treatment Locator <https://www.findtreatment.samhsa.gov/>