Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Community Plan Guidelines SFY 2019 and 2020

Enter Board Name: __Van Wert, Mercer, and Paulding______________

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.

The most impactful demographic factor affecting this area is the rural setting. The latest US Census QuickFacts shows our Board area's population per square mile at 68 persons/sq. mile as compared to the US average of 87.2 persons/sq. mile. The impairments of this factor are multifaceted. With the population being more widespread, it becomes more challenging to reach people in need of Mental Health or Addiction services, thus their symptoms tend to be more advanced when they reach out for treatment. Along with that, some treatment options are not as accessible as in urban areas – for example: Ambulatory Detox, Crisis Beds, and other more acute treatment options, forcing this Board to seek and contract for these services outside of our Board area. Our rural setting also negatively impacts the Board area in relation to our workforce. Retaining qualified individuals working in the Behavioral Health field is an ongoing struggle our Provider agencies face on a continual basis.

Although Medicaid expansion has positively impacted this area, Medicaid Managed Care carve-in has negatively impacted providers on the local level. Greatest financial impact has been delayed reimbursement issues compared to pre-carve in launch. Software issues and time spent reprocessing claims and increased complexity of service codes has been a drain on local provider manpower resources. This is impacting their bottom line and ultimately may impact their ability to deliver services the longer the issues persist.

For the past several years, this Board's most prevalent issue has been the Opioid epidemic and the related overdoses and deaths. Although Opiate related arrests are trending down in the area, Methamphetamine use is trending up. Many of the funding streams for treatment and related support services are pigeonholed to persons suffering from Opioid Use Disorder. This limits access for persons with severe substance use disorders.

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 following Board policy is used in our annual contracting process:

Each year the Tri County Board will make decisions concerning services, which will be purchased, the capacity level of the service, and the selection of providers responsible for the delivery of the services.

Procedures, processes, and mandates, which may be utilized to determine the service and program mix funded, include the following:

- **Mandates of state or federal law**
- **Requirements of the respective State Departments**
- **Collaboration and coordination with other entities and groups such as judicial, law enforcement, job and family services, local health collaboratives, steering committees, school staff and administration, consumers, family members, contract providers, faith-based organizations and individuals with professional expertise.**
- **Review and consideration of the cost effectiveness of services provided by existing contract provider or provider under consideration for contract, and the provider's quality and continuity of care.**
- **Locally identified need for services or programs.**

The Tri-County Board's primary focus is on maintaining a balance between the implementation of new services and/or programs and assessing current services to assure maintenance of those services as well as addressing any needs related to capacity expansion of those existing programs and services. In the Board's roll of assuring a complete continuum of care for clients, we continually are addressing any identified and unmet consumer needs, but it must be recognized that this is not a singular event. To state a service is available, appropriate, and affordable does not address the question of accessibility or adequate service capacity.

The Board is engaged with assessment and planning on a continual basis. The Board conducts regular meetings with local providers and local stakeholders to obtain feedback on current programing and identifying any gaps in services.

The Board is an active participant in the following formal groups: 3 Common Pleas Drug Courts, and 1 newly forming Juvenile Mental Health Court, 3 Children Family First Councils, 3 Healthcare Collaboratives, Local Community, and 3 Opiate Hubs. In addition, the Board completes site visits to contracted service providers to discuss gaps in service and ensure continuity of care for persons requiring multiple levels of service.

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 Board has collaborated with all 3 Community Health Improvement Programs. The Board is providing input on survey and data collection and has partnered with other community partners to develop goals and objectives to address gaps and shortfalls in the continuum of care for persons with substance use and mental health disorders.

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

   There are no disputes.

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

   The Board, thru it's contract Providers, participates in discharge planning with the state hospital to ensure the client's successful transition back into the community, or other appropriate placement.

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

   Primary needs in ROSC survey identify a lack of peer support and integration of peer supports, clients, and family members in the evaluation of care, programs and services. Lack of strategies to reduce stigma and lack of education of mental illness, substance use, addictions, and recovery.

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)].

   Although our rural setting has been a barrier to securing the required Continuum of Care elements with-in our Board area; the Board has met the requirements by contracting outside of our area for some of the more acute services.

   Tri County Board had listed in its 2017 Community Plan a gap of Peer Recovery Supports. With recently secured SORs funding the Board has partnered with our local Providers to recruit, train, and implement a Peer Recovery Program with a minimum of 6 Peer Recovery

Coaches who are to be employed by the local Providers. Peer Recovery roll out is currently underway with a scheduled Peer Recovery Training in the Board area from August 12-16th.

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 capacity has always been, and continues to be, a Board priority. These services are continually being evaluated and adjusted accordingly to meet local needs. The most immediate need identified in this area is access to additional crisis stabilization beds. Having adequate access to crisis beds enables us to reduce our need for civil state psychiatric hospitals admissions.

   The Board continues to provide support services for all 3 Common Pleas Drug Courts, 2 of these courts were ATP participants in 2019 and are anticipated to be 2020 ATP participants. An identified gap in our continuum, as it relates to our drug courts, is adequate access to recovery housing for clients engaged with the Drug Courts. Currently, we have Recovery housing located in only one of our three counties. The biggest barrier in addressing this need is our rural setting. The Board continues to work with community partners to address this need.

   The Board continues it's work with families involved with either child welfare or the courts. In FY 2019, we expanded our Intensive Home-Based programming to include all three counties. These programs work closely with JFS, Children Services and the Juvenile courts to craft programming to meet the specific needs of clients and their families in the juvenile justice system and to improve access to care and decrease the need for out of home placements. The Board works closely with Providers on local collaborations with JFS including project START and are currently developing a Juvenile Mental Health Court.

   In FY2020 the Board plans to expand media presence for the Crisis text line through distribution of promotional materials to local providers to distribute throughout their community.

   As a prevention/ early intervention initiative the Board is partnering with our local Health Collaborative to roll out Mental Health First Aid for Youth and Adults throughout the Tri County area. Strategic prevention focuses for the local communities, in particular the schools, is on Vaping. The Board intends to work with local Providers to ensure provision of further community education sessions on Vaping.

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 Van Wert – Mercer - Paulding				
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)	Engage individuals into recovery through treatment and recovery supports.	Drug Courts, Recovery Navigators, Peer Recovery Supports, MAT, and Recovery Housing	Provider and Drug Court Outcome GPRA Outcomes	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Engage pregnant women in recovery programming, improving health outcomes of unborn children.	Sober Housing, Drug Court, Residential and Outpatient Services, Recovery Navigators, Peer Supports, and quick access to MAT Providers when clinically appropriate.	Local Provider and Drug Court Outcomes Health Department Sober Living Provider	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Attain abstinence through engagement in Recovery programming that includes Family Systems treatment.	Community Based treatment specific to parenting needs such as EB parenting groups and homebased services Peer Recovery Supports Sober Housing	JFS Reports Sober Housing Reports Provider Outcomes	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Increase availability of Hep C education to at risk populations- i.e.: IV drug users	Integrate communicable disease education into Provider treatment curriculum utilizing local health department	Local Provider Data	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Attain optimal level of functioning in the least restrictive setting	Provide access to appropriate Continuum of Care. Monitor and evaluate efficacy of access to care	Local Provider Data	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Attain optimal level of functioning in the least restrictive setting	Provide access to appropriate Continuum of Care. Monitor and evaluate efficacy of access to care	Local Provider Data	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Continue to partner with local collaboratives to expand access and availability of housing to persons with	Collaborate with local community partners to expand existing programs	Sober Housing Bed Count	__ No assessed local need _x_ Lack of funds __ Workforce shortage

	mental illness and substance use disorders			__ Other (describe):
MH-Treatment: Older Adults	Ensure access to services	Continue use of triage at the local provider agency level to access treatment.	Local Provider Utilization Reports	__ No assessed local need __ Lack of funds __ Workforce shortage __ 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	Maintain current drug court framework and promote increased utilization of linkage programs currently available	CTP, Prison Re-Entry, Utilize Drug Court Coordinators for linkage.	Local Provider Utilization Reports	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Integration of behavioral health and primary care services	Ensure clients needing both Behavioral Healthcare and primary care receive services in a coordinated effort	Local providers approved as Behavioral Health Care Coordination site. Strategic planning to engage primary care physicians and maintain relationships/MOU's with primary care providers.	Local Provider reporting.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Increase access and availability of Peer Recovery Supporters in the local community to assist with housing employment, and transportation	Host Peer Recovery Certification Training Add 5 Peer Recovery Supporters at Provider level	Local Provider Outcomes/ SORs Data Collection	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Ensure access for all individuals for needed services.	Continue to collaborate with community partners.	Monitor feedback through provider satisfaction surveys and community partner surveys.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	Increase access to First Response Teams in the Tri County Area	Implement at least one additional First Response unit to the Board Area through local CHIP Plan and county hubs.	CHIP Updates State data related to Overdose Death First Response Team Utilization	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

Promote Trauma Informed Care approach	Host community-based Trauma informed Care Trainings specific to sectors of the community most likely to have regular contact with at risk populations	Annual CIT Training Trauma Informed Care Trainings for Educators	Local Provider Data	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Ensure community awareness and access to prevention services	Media campaign to raise awareness Collaborate with community partners to offer prevention services	Local Provider prevention utilization reports	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Increase access to evidence-based prevention	Expand current programming of evidence-based prevention in the school systems in all three counties	Partner with providers to offer additional programs in the schools	Increase in evidence-based prevention activities in the schools	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Suicide prevention	Increase awareness of suicide, including risk factors and warning signs	Offer Mental Health First Aid trainings Expand current programming of suicide prevention in the school systems in all three counties. Collaborate with local partners to host a train-the-trainer event for Youth Mental Health First Aid	# of trainings offered Increase in suicide prevention activities in the schools	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Ensure access to services for problem gambling prevention and treatment	Utilize screening tools at the Provider level Prevention programs in schools	# screened/served Increased prevention programming in schools	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Peer Recovery Supporters	Add to system of care/increase availability of qualified trained, coaches	Host Peer Recovery Training in Board Area/Employ and Train Peer Recovery Supporters at Providers	Providers Outcomes
Mental Health First Aid	Make Mental Health First Aid training available to all schools and individuals in the community	Partner with the schools and local Providers to facilitate trainings	Number of trainings offered
Crisis Stabilization	Increase access to beds	Explore expansion opportunities with existing crisis stabilization contract providers	Decrease wait time for crisis bed

Services in the Jails	Decrease number of jail transfers to NOPH	Work with local providers and jail administrators to decrease wait time for inmates seeking services	Decrease number of jail transfers to NOPH
Board level Community Awareness Campaign relating to Mental Health and Addiction Services and where to find them	Increase awareness within the communities we serve as to where to get help when the need arises	Work with local Marketing firm to create a public awareness campaign. This campaign will include an awareness of current mental health and/addiction issues in our communities, and where to reach out to get help Create quick resource guide for our Board area to distribute throughout the community, hospitals, Dr offices, and with law enforcement and first responders	Roll-out of awareness campaign Completion of quick resource guide
Increase Prevention Services in the Schools including Trauma informed care	Increase evidence-based prevention in the schools targeting suicide, vaping, addictions, and PAX	Work with local Providers and school administration to increase youth awareness programming in these areas thru prevention programs and PAX trainings for teachers	Provider prevention utilization reporting

Collaboration

5. Describe the board's accomplishments achieved through collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public during the past two years. (Note: Highlight collaborative undertakings that support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)

The Board continues to collaborate with the Common Pleas Drug Courts in all 3 counties which has led to Providers developing services targeted for the unique needs of the criminal justice population and an integration of treatment into the court system. This is going to be expanding into Peer Recovery Services being offered for persons with Mental Health and Substance Use Disorders. The Board area is also collaborating with a Juvenile Court, JFS, and The Local Provider to bring project Start to the Board area to assist families with Substance Use Disorders. The Board, Providers and their referral sources continue to work together to examine the systems and processes of how persons with Severe Substance Use Disorders and Severe and Persistent Mental Illness enter into and are followed through the treatment system. This is accomplished through both formal and informal meetings and information sharing among systems. Several providers have developed short cut procedures to facilitate how persons in hospitals, criminal justice settings, prison and jails enter into treatment. The Board has prioritized engagement specialists, crisis workers, and Peer Recovery Supporters to bridge the gap between the community and persons in need of treatment services. Over the past 2 years there has been an increasing integration in one county of the Board area among the Faith Based Recovery Housing, The Board, and the local Provider. This integrated system of care and sharing of resources has enabled Recovery Housing to expand in that particular community. The Board is hopeful to assist Faith Based Organizations expand current successful sober housing efforts into our other counties.

The Board continues to seek collaboration with persons with lived experience with SUD and/or mental illness as a high priority. The Board currently has 3 individuals with lived Recovery experience sitting on the Board. We are also attempting to recruit Certified Peer Recovery Coaches at the Local Provider level by offering a certified training locally.

The Board has also collaborated with local Providers to expand community awareness of Opioid misuse and addiction through a systematic media campaign and targeted community-based trainings. The Board's most recent Opioid awareness training attracted persons from multiple professional sectors including: Prosecutors, Judges, Teachers, Law Enforcement, Counselors, Social Workers, the Business Community, Recovery Housing, Child Welfare, and the Recovery Community.

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 has had increasingly limited access to State Hospital Beds for non-forensic patients. This is due to the explosion of forensic patients and jail transfers whose numbers continue to increase and their length of stay is much longer than a typical private hospital stay. Communication with NOPH and private hospitals, and continuity of care for clients in crisis, has improved since Providers have secured a dedicated crisis worker to address issues immediately. This system change has led to more consistency with crisis services and better continuity of care for patients needing inpatient hospitalization as well as collaborative discharge planning back to community-based services.

The Board continues to work with area hospitals and other facilities that have crisis beds available to ensure that our clients receive prompt and successful treatment.

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 wavier is intended for service expenditure of state general revenue and federal block funds.**

A. HOSPITAL	Identifier Number	ALLOCATION
St Rita's Hospital		$7500

B. Request for Generic Services

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

B. AGENCY	Identifier Number	SERVICE	ALLOCATION

SIGNATURE PAGE

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

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

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

____

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

____ ______________

ADAMHS, ADAS or CMH Board Executive Director Date

____ ______________

ADAMHS, ADAS or CMH Board Chair Date

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

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

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

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

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

Instructions for the Essential Services Inventory

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

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

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

Additional Sources of CoC Information

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