

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

Enter Board Name: Washington County Behavioral Health Board

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

Environmental Context of the Plan/Current Status

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

Washington County is located in rural southeast Ohio, referred to geographically as Appalachia. Washington is the second largest county in Ohio, with natural beauty covering nearly 632 square miles. Citizens of Washington County value and are proud of their Appalachian heritage with strong ties to the land, small communities, and relatives.

Physically, most of the terrain is steep hills and rocky, which limits economic development in the area. Per the Appalachian Regional Commission (ARC) Washington County is still considered economically as “transitional”, same as 2017. “Transitional” is defined as those counties transitioning between strong and weak economies and falls between the worst 25% and the best 25% of the nation’s counties. It is bordered by two “distressed” counties, which rank in the worst 10% of the nation’s counties, and two “at risk” county, which ranks between the worst 10% and 25% of the nation’s counties. Though in a “transitional” county, the two largest population centers, Marietta (population 14,085) and Belpre (population 6,441) have a substantially higher poverty rate, greater than 150% of the U.S. average, or a median family income of no greater than 67% of the national average, and are therefore considered economically distressed.

Overall population of Washington County is estimated at 60,155 for 2018, a decrease of 1,623 individuals from the 2010 Census, or nearly 2.6%. This decline was entirely in the 0 – 64 age range, while people aged 65 or over increased by 3%. Population decline is still expected for the near future, further eroding the tax base. Kindergarten enrollment in the Marietta City School District is down 10% this year from last. The population is 96.0% white only, 1.2% black only, 1.1% Hispanic or Latino.

Medicaid expansion plays an integral part of the overall health environment in Washington County. Approximately 92% of Washington County residents have some form of health coverage, be it private or public insurance. Unfortunately, though the system has expanded enrollment opportunities, the infrastructure does not exist for people to get timely services. We continue to suffer from a shortage of licensed professional staff to provide mental health and substance use care to individuals

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.

For the last year, the county hub has been the primary source for assessing needs for our local communities. Currently there is approximately forty-five community leaders and professionals who gather quarterly to discuss the needs and progress on solving those needs. In the beginning we realized there were major weaknesses that needed specific focus. The hub then broke down into four sub-committees, based upon the assessed needs. They are Transportation, Housing, Treatment and Prevention, and Workforce Development. These committees meet approximately on a bi-monthly basis to work on solutions for those needs. We are in the process of completing a strategic plan for the hub. Information was also gathered through conversations with providers.

The Board has started a scholarship program for individuals in an undergraduate or advanced degree program in social work, counseling, or addiction. Grantees must participate in a practicum and internship with a contract behavioral health provider in Washington County, and complete three years of post-graduation employment with the provider.

Marietta College is beginning a Masters in Clinical Mental Health Counseling program in fall of 2019. It is a two year program, with first graduates expected early summer 2021.

- 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 Behavioral Health Board (BHB) and the County Health Department (CHD) have entered into a number of collaborative efforts. We are working together on a “Harm Reduction” program, where a nurse from the CHD and a counselor, under contract through the BHB, offer a free needle exchange for anyone interested. We hope to engage people into treatment, and also cut the risk of diseases like Hepatitis and HIV.

We are also collaborating on an “Epidemiological” project that examines deaths due to suicide, opiates, and alcohol, going back as far as 2014. Coroner reports are gathered and interviews with next of kin, loved ones and other contacts of individuals who have died are done. Intent is to solicit opinions of these individuals of infrastructure, services, or programs that, had they existed at time of death, might have prevented that death.

The Health Department is exploring the use of Peer Recovery Supporters in recovery

BHB staff participates in the County Health Improvement Committee.

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

There have been no disputes with the local Family and Children First Council. We work closely with them, and talk often to discuss situations to head-off or solve any issues that may arise. The Board contributes to pooled funding with other organizations to help place children who may not otherwise have access to appropriate treatment.

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

Persons currently receiving treatment in State Regional Psychiatric Hospitals have an appointment with a community provider in place before being discharged. The community provider will determine the outpatient service needs for the client at that time.

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

The most recent ROSC assessment was completed April 2016. Utilization of trauma-informed care, local trainings, more recovery programs, and involvement of the faith based community were pointed out as weaknesses in our communities. Also at that time, there was only one major provider in the county, that only offered outpatient services, and respondents asked for more providers with a wider range of services.

During the 2018-19 school year, over 20 day long Trauma Informed Care trainings were provided to more than 700 teachers, counselors, and administrative personnel to all the public school systems in Washington County. These trainings covered the first 6 of the 10 Steps to Create a Trauma Informed School. For the 2019-20 school year, a minimum of 10 trainings of “Resetting for Resilience” are scheduled. These trainings cover the last 4 of the 10 Steps to Create a Trauma Informed School.

In FY 2019, the board contracted with two additional providers for services to non-medicaid eligible clients, based on a sliding fee scale. Choice of providers help keep people engaged.

- 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)].

Primary needs and gaps were determined to be lack of residential services for clients who struggle with SUD. Other gaps were recovery supports. We now have two agencies providing residential treatment services, with one of them also providing medically supervised detox services. Stigma remains a large barrier to recovery supports.

- 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.

Beginning January 2018, the board financed the implementation of the PAX GBG in the public schools. Program is available to all school systems, with some totally on board with PAX, while others have not yet made a full commitment. Our commitment to PAX is so strong we are hiring the PAX coordinator as a full time board staff person.

The “Compass” Drug Court began taking individuals in early 2019. The drug court will fill all the federal regulations necessary to secure federal grants to sustain operations for as long as necessary.

Washington County has counselors available in the jail to help with treatment. A provider runs a half-way house and correction center (residential treatment for clients involved in the jail system).

The board is working closely with Children Services, Family & Children First Council, and Job and Family Services to coordinate and fund programs for families involved with child welfare. Now the budget has been signed, many questions can be answered and we can move forward in a meaningful way. This recent year the board granted Children Services \$20,000 for “kinship” care. This enabled children to at least stay with a relative, instead of being placed into foster care.

- 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 Washington County Behavioral Health Board

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Seek out, treat, and lower risk of communicable diseases among IDU	Harm reduction program offering free needle exchange, communicable disease testing, and treatment option availability	Number of needles exchanged, number of communicable disease tests done, number of persons engaged in treatment	<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)	1) Neo-Natal Care 2) Residential Treatment	Work with local OB-GYN doctors to educate women about birth defects to child if continued use during pregnancy. Brandy's Legacy, local residential treatment for women, is open and has made available 4 beds for pregnant women	Information for local treatment options being available at OB-GYN offices. # of referrals from OB-GYN doctors to residential treatment	<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)	Prevention of child abuse and trauma	Engage, when necessary, parents with SUDs into treatment	Number of referrals for screening and assessment from PCSA	<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.)	Seek out, treat, and lower risk of communicable diseases among IDU	Harm reduction program offering free needle exchange, communicable disease testing, and treatment option availability	Number of needles exchanged, number of communicable disease tests done, number of persons engaged in treatment	<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)	Early diagnosis, early treatment	Trauma Informed Schools PAX GBG	Number of children identified through programs and referred to treatment	<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)				<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	Recovery housing available for persons with mental illness and/or addiction in need of supportive housing	Find provider willing to run recovery housing for persons with mental illness and/or addiction in need of supportive housing		<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Older Adults				<input type="checkbox"/> No assessed local need <input 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	Decrease recidivism	Currently, services are provided in the jail, and a drug court is operational	Graduation from drug court	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Integration of behavioral health and primary care services	Collaborate with primary care services	Currently working with county health department, with a two year commitment, to make home visits with individuals with diabetes needing mental health help also	Glucose count remain level or lowered. Mental health check and education	<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)	Full continuum of care including support services	Operating through HUB committees Board has second Peer Recovery Support training available fall 2019.	Filling gaps in the continuum, based upon client needs. Finding jobs for people who want to work	<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 type="checkbox"/> Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	Reduce opiate use, decrease overdoses and death	PAX GBG teaching children from 1st to 6 th grade self-regulation and making good choices. Provider in schools implementing best practice curriculums like Too Good For Drugs	Number of students who are given participate in prevention curriculums, and are in PAX classrooms.	<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	Every school in every school system in Washington County trained in Trauma Informed Schools	Additional trainings, building upon what has already been accomplished	When we reach the goal	<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				<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	Get into more schools	Have contracted with provider for an additional prevention person to get into the schools with evidence based prevention programs.	Number of presentations/student curriculums are given	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Suicide prevention	Improve lives of, and attitudes towards, people with mental illness	Nationally known speaker Kevin Hines to present at schools during a three day stay, and one evening open to general public		<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 checked="" 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

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?)

A robust "County Hub" has come together to identify service gaps, to share information, and to address shortfalls in the entire continuum of care for individuals who suffer from SUD and MH disorders. A local "Resource Center" will be open in October as a one-stop shop for people to find how to navigate the myriad of public services available to fulfill their needs, be it housing, food pantries, 12-step programs, laundry services, etc. Also will serve as a place for individuals, who are concerned about others, to find information on where people can get help, what signs to look for, addressing stigma, etc.

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.

Our State Hospital works very well with the local outpatient service providers.

The number of forensic patients filling up our State Hospital is ridiculous. More than 2/3 of the available beds is taken by forensic patients.

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

Funds disbursed by or through OhioMHAS may not be used to fund inpatient hospital rehabilitation services. Under circumstances where rehabilitation services cannot be adequately or cost-efficiently produced, either to the population at large such as rural settings, or to specific populations, such as those with special needs, a board may request a waiver from this policy for the use of state funds.

To request a waiver, please complete this form providing a brief explanation of services to be provided and a justification. **Medicaid-eligible recipients receiving services from hospital-based programs are exempted from this waiver as this waiver is intended for service expenditure of state general revenue and federal block funds.**

A. HOSPITAL	Identifier Number	ALLOCATION

B. Request for Generic Services

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

B. AGENCY	Identifier Number	SERVICE	ALLOCATION

SIGNATURE PAGE

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

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

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

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

ADAMHS, ADAS or CMH Board Executive Director

Date

ADAMHS, ADAS or CMH Board Chair

Date

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

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

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

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

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

Instructions for the Essential Services Inventory

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

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

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

Additional Sources of CoC Information

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