

Ohio Department of Mental Health and Addiction Services (OhioMHAS)
Community Plan Guidelines SFY 2021 and 2022

Enter Board Name: Adams, Lawrence, Scioto ADAMHS Board

The following template will help organize the required information needed to complete the SFY 2021-2022 Community Plan. This template has been organized and streamlined to assist in the creation of a forward-looking Community Plan with a focus on identifying community priorities. These community priorities should be identified via a needs assessment process and tracked to determine success in addressing the stated priorities.

Evaluating and Highlighting the Need for Services and Supports

1. Describe the community needs assessment process that led to the identification of the local priorities the Board will address. 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 evaluating needs, evaluating strengths and challenges and setting priorities for treatment and prevention for SFY 2021-2022. [ORC 340.03 (A)(1)(a)].

These needs were met by the Board working collaboratively with the local health departments in their current needs assessment. These collaborative efforts were also on connection to the CHA and CHIP. This was done in collaboration with the Scioto County Health Coalition members which consist of stakeholders, providers, and other community agencies. We were not invited to participate in the Adams and Lawrence County needs assessments completed by each health department. However, we have reached out to both counties requesting an invitation to their next needs assessment planning meetings.

- a. If the Board's service and support needs were determined by the Board Recovery Oriented System of Care (ROSC) assessment, how will these identified service and support needs be addressed by the Board? No, the ROSC assessment did not meet our needs.

2. Considering the Board's understanding of local needs and the strengths and challenges of the local system, please identify the Board's unique priorities in the area provided on Page 2. Please be specific about the chosen strategies for adults, children, youth, and families and populations with health equity and diversity needs in your community. OhioMHAS is still interested in any Recovery Ohio priorities Board areas may be addressing.

Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in ORC 340.03(A)(11) and 340.033.

Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).

3. Describe all environmental factors that influenced the identification of the chosen priorities within the Board area. Factors could include: economic, social and demographic factors, transportation, unemployment, uninsured/underinsured population, poverty rates, housing availability, incarceration rates, etc. Note: Regarding current environmental factors, Boards may describe the continuing impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.

According to <http://www.countyhealthranking.org/> (Robert Wood Johnson Foundation), in the category of Health Factors, the Board's counties rank Adams County as 85, Lawrence County as 82, Scioto County as 88. These rankings are in a State of 88 Counties. One could presume they reflect the summation of all relevant demographics of the region.

While the data related to traditional demographic factors such as unemployment and population has remained essentially the same, other factors have had significant impact on the region's treatment provision and success rates. However, COVID-19 has negatively impacted in person treatment within Adams, Lawrence, Scioto counties.

The following areas are critically important issues:

- The Opiate Epidemic is a significant issue in all three counties.
- Families are experiencing generational Substance Use Disorder which creates a greater need for foster care placement and an overcrowded foster care system.
- There has been an increase in the numbers of diversions from incarceration due to the addition of more drug courts in the area.
- Suicides have increased substantially within the counties.
- Incarceration rates continue to remain high in the Adams, Lawrence, Scioto counties.
- There continues to be a need for child and youth residential mental health and SUD treatment.

While all of these categories need attention and are not, specifically, in the focus of the Continuum of Care (CoC), the ALS Board feels a need to continue efforts to aid in the provision of services to address these items:

MEDICAID EXPANSION

- The increase through Medicaid Expansion has been an important change to all communities. It is enabling individuals who need services to receive them and increase their hope of recovery. All three of the Board counties have a history of low economic status. Only with the addition of Medicaid Expansion, have services been available to many of the families high on the poverty scales. While Medicaid Expansion has significantly increased access to services, significantly, the rate of opiate addiction in the area is, unfortunately, keeping up with the number of people now eligible for Medicaid services. The result is an increased demand for accessing treatment.

CONTINUUM OF CARE:

The Continuum of Care requirements have become the primary focus influencing community service delivery systems.

There are twelve step programs which meet on a regular basis; Alcoholic Anonymous groups, Al-Anon groups, Narcotics Anonymous groups and multiple faith based recovery support programs housed within the Board's three counties or close by.

The Sub-Acute Detox services are met with the use with the opening of the new Foundations Withdrawal

Management Center in Franklin Furnace Ohio which is a 3.7 ASAM criteria center. Clients Detox at Foundations Withdrawal Management Center with an average stay of three to five days. They are then referred to an outpatient and residential treatment providers for the continuation of their treatment.

There are many providers within the three county area which provide recovery housing and supports, which are integral parts of their overall services. The Board has a Crisis Center and Hotline Service which support all three counties in our catchment area. There has been an additional “warm” crisis line setup for individuals experiencing mental health issues due to COVID-19.

The Scioto County Juvenile/Probate Court has started a Baby TIP program and will be establishing an Infant/Toddler Baby Court Program. These programs will help in reduction of children being taken away from parents and placed in the foster care system.

The Board received funds for the following:

- SOR grant funds – With the SOR grant funds we have been able to continue the Opiate Response Team in Scioto and Adams County. This model has the Opiate Crisis Team Member called to the Emergency Room when a patient requests the team to help them be placed into treatment services. We have found this model to be more effective at the time the overdose has taken place versus the aftercare model.
- SOR grant funds – With the SOR grant funds we have been able to help fund a portion of the Hughes Re-Entry Vocational Services in Franklin Furnace, which is available to Adams, Lawrence, and Scioto residents. These grant funds were able to help in establishing the Barge Deckhand, Plumbing and Electrical certificate trainings for clients who have SUD.
- Criminal Justice Behavioral Health Linkage Grant – The funding has continued into the third year of services and will be enhanced to include mental health and substance use disorder in our county jails.
- Addiction Treatment Program - to collaborate with Judge Alan Lemons (Scioto County), Judge Andy Ballard (Lawrence County) Drug Courts, and Judge Russell Kegley (Portsmouth Municipal Court).
- Ohio Bureau Workers Compensation Program - the Board is involved with the Ohio Bureau Workers Compensation working with local employers in Adams, Lawrence, and Scioto County. This involves training employers in visual SUD signs and allows reimbursement for Urine Testing for employees who are in recovery. The goal of this project is to reduce stigma and employ additional individuals in recovery.
- Capital Funds – Transitional Aged Youth 45 unit apartment building for foster kids aging out of the system. The Board has been working on this project with Portsmouth Metropolitan Housing (PMHA) and Shawnee Family Health Center. This project is currently on hold due to lack of material for the project (COVID-19) and will be located in Scioto County.
- Community Transitional Programming – The ADAMHS Board acts as the fiscal and referral agent for this project. This project is to help decrease recidivism and help individuals with their reentry needs.

BH REDESIGN

With lower unit rates coming through the extensive work of the Case Managers, the overall income for the

agencies have decreased leaving the budgets stretched to hire any additional highly-accredited clinicians, much less keep all the ones they have. This has limited the number of clients who have been served during this Expansion. The concern continues that agencies will not be able to sustain their services. Making the availability of those services less accessible for treatment and affecting the workforce.

It has been very difficult for the providers to provide treatment services due to the fact that the MCO's have been capping the amount of time in which an individual can remain in residential services and treatment. This is not best practice within the Counselors education and empathy for clients and can be an ethical issue when being forced to discharge an individual when their treatment plan isn't completed and they are not ready to circulate back out into their community. There is also a concern with a decrease of personal interaction of provider and client due to increase of reporting/charting requirements.

4. Describe any child service needs resulting from finalized dispute resolution with county Family and Children First Council(s) [340.03(A)(1)(c)].
 - No requests have been received by the Board, in addition there is very little funding available for Respite Care. The emphasis during the FCFC meetings around families and the situations they incur with their children always comes down for increased Respite Care. Respite funds are vital to the success of this system and much needed in each of the Board Counties.
5. Describe how the future outpatient service needs of persons currently receiving inpatient treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)] are identified.
 - FOLLOW UP TREATMENT - While it is a standard step in the Discharge Planning process to schedule a follow-up appointment with the appropriate MH provider for a person leaving the hospital, there is no guarantee the appointment will be kept. When a patient is new to our system, this can sometimes result in a no-show. This creates the need to develop some type of incentive or encouragement for the clients to keep their appointments with the hope of engaging the individuals in the treatment process. There are also times when it is difficult to arrange for a timely initial appointment due to circumstances such as Providers' schedules, limited transportation provision to the appointment or family issues.
 - GUARDIANSHIP – There has become a urgent need in locating guardians within our three county board area for many years. The Board is still struggling to find guardians to take care of clients when they are discharged.
 - DISCHARGE PLANNING - A monthly Utilization Review occurs between Appalachian Behavioral Health, the Board, Shawnee Family Health Center, and The Counseling Center – Crisis Unit, via phone, to discuss the discharge plans of each of the Board's Civil and Forensic patients residing at each respective hospital. It is essential to have the input from the providers as the hospital social work staff may not be aware of the local resources available which could meet the patients' needs. Many patients have previous residential arrangements to which they may return, but occasionally a new person or a difficult factor within the patient's history (i.e. sexual predators) will arise which makes the planning more challenging. When this happens, this communication system allows for a more unified attempt to locate the best possible environment for the patient to reside. The overall result is resources in

Ohio being limited for this type of patient, there will be more time spent in the hospital thus more bed days used. In addition it has been very difficult to follow a discharge from a private psychiatric hospital due to the fact the Board and Providers are not being notified of the discharged client.

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
1. To continue to advocate for more funding for additional mental health treatment and substance use disorder treatment.	1. To establish mental health and substance use disorder treatment within the Adams, Lawrence, and Scioto County jails.	1. To collaborate with the jails, mental health and substance use disorder providers to provide treatment within the Adams, Lawrence, Scioto County jails.	Measurement indicator: <u>Establish reporting requirements on the outcomes of these services provided.</u> Baseline data: <u>10 individuals</u> Target: <u>75 individuals (within 12 months)</u> <i>Copy and paste above for multiple indicators.</i>
2. To continue to participate in the development of a child and youth crisis center in collaboration with our Southeast Ohio Collaborative Boards.	2. To collaborate with the Southeast Ohio Collaborative Boards to establish a regional crisis center for youth.	2. The collaborative decided to pool the resources from OhioMHAS (Crisis and Withdrawal management) funds to develop the regional youth crisis center under the Gallia, Jackson, Meigs ADAMHS Board.	Measurement indicator: <u>To develop project.</u> Baseline data: <u>10 youth</u> Target: <u>100 youth (within 12 months)</u> <i>Copy and paste above for multiple indicators.</i>
3. Bring about a positive mindfulness among the community and those in recovery to help reduce the negativity surrounding mental health and substance use disorder.	3. To reduce the negativity of cultural norms within the Appalachian community with mental health and substance use disorder diagnosis and symptoms.	3. Media awareness campaign, working in collaboration with the county health departments, the county coalitions, and the HEALing communities' project.	Measurement indicator: <u>Social media exposure, distributing material within the community, and setting up during events.</u> Baseline data: <u>Monthly</u> Target: <u>Weekly</u> <i>Copy and paste above for multiple indicators.</i>

Collaboration

6. Describe the Board's planned collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public for SFY 2021-2022 that will be needed to implement funded priorities. (Note: Highlight collaborations needed to 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?)

Below are descriptions of collaborative efforts that have taken place.

- **CRISIS CENTER AND CRISIS INTERVENTION** The Board and the other contributors consider the most successful and the most needed is the multi treatment modality and Behavioral Health Crisis Intervention Program. It does, indeed, assist with the completion of a full continuum of care. The ALS Board along with the assistance of The Counseling Center, Shawnee Family Health Center and the Crisis Intervention Services run by Shawnee Family Health Center. A ten bed crisis unit which accepted individuals with MH crisis and people having a crisis related to substance abuse issues. It has the ability to transition clients to treatment programs and accept clients from our three counties and transition from Appalachian Behavioral Health Hospital, Private Psychiatric Hospitals, and the Adam & Amanda House.

The ALS ADAMHS Board would like to work with a provider in Adams County to open a small Crisis Center due to the transportation issues. The current location hinders clients from Adams County to be placed in Scioto County.

- **FOUNDATIONS WITHDRAWAL MANAGEMENT CENTER** The ALS Board continues to monitor the clients receiving services through the Foundation Withdrawal Management Center ran by The Counseling Center in Franklin Furnace. The facility did expand and now has the ability to house between 32-36 individuals. The facilities intention is to serve the 21 County Southeast Appcare Collaboration Region, but it also has a high volume of clients outside our catchment area.
- **SUICIDE PREVENTION COALITION** The ALS Board is involved in the Adams, Lawrence, and Scioto Counties Suicide Prevention Coalitions. The Executive Director chairs the Scioto County Suicide Prevention Coalition. We remain active in each of the coalitions and help provide education materials to share community wide.
- **INDIGENT FUNDS THROUGH COURTS** The ALS Board continues to monitor and report the use of the IDAT funds, collaborating with agencies and the court system to help provide SUD services for clients.
- **DRUG COALITIONS** The Board is an active member of all Drug Coalitions in Adams, Lawrence, and Scioto Counties.
- **SCIOTO COUNTY HEALTH COALITION** The Board hosts the meetings of this Coalition and the Board Director is the Chair of the Coalition and the Mental Health Committee.

- **OPIATE RESPONSE TEAM** The Board receives SOR funds to continue to operate the Opiate Response Team in Scioto County and Adams County. This model has the Opiate Crisis Team Member called to the Emergency Room when a patient requests the team to help them be placed into treatment services. We have found this model to be more effective at the time the overdose has taken place versus the aftercare model.
- **HUGHES RE-ENTRY** The Board receives SOR funds to continue funding a portion of the Hughes Re-Entry Vocational Services in Franklin Furnace, which is available to Adams, Lawrence, and Scioto residents. These grant funds continue to support the Barge Deckhand, Plumbing and Electrical certificate trainings for clients who have an SUD diagnosis.
- **COMMUNITY JUSTICE BEHAVIORAL HEALTH LINKAGE GRANT** The Board continues to receive funding to support services with the jails. We plan on expanding the services to the inmate population within our counties and add additional providers.
- **ADDICTION TREATMENT PROGRAM (ATP)** The Board is the fiscal agent for these funds and continues to collaborate with Judge Alan Lemons (Scioto County), Judge Russell Kegley (Portsmouth Municipal Court), and Judge Andy Ballard (Lawrence County) Drug Courts to provide wrap around services for eligible Drug Court participants.
- **OHIO BUREAU WORKERS COMPENSATION PROGRAM** The Board continues working with local employers in Adams, Lawrence, and Scioto Counties. This involves training employers and employees in visual SUD signs and allows reimbursement for trainings, policy changes (employer), and Urine Testing for employees who are in recovery.
- **TRANSITIONAL AGED YOUTH HOUSING - Capital Funds – Transitional Aged Youth housing will be a 45 unit apartment building for foster kids aging out of the system and will start construction in 2020 with finish date of 2021. The Board has been working on this project with Portsmouth Metropolitan Housing (PMHA) and Shawnee Family Health Center. This project will be located in Scioto County. This project is currently on hold due to lack of material for the project (COVID-19) and will be located in Scioto County.**
- **FIRST RESPONDERS APPRECIATION WEEK** The Board will continue to participate in hosting the First Responders Appreciation week activities in Adams, Lawrence, Scioto Counties. This has opened up positive communication between the Board and First Responders.
- **APPALACHIAN/LAWRENCE COUNTY FAMILY AND CHILDREN FIRST COUNCIL** The Board will continue to be the Fiscal Agent for the Council and oversee all payments of the services provided by the Council Coordinator and FCSS Services Coordinator.
- **COMMUNITY TRANSITIONAL PROGRAM (CTP)** The ADAMHS Board acts as the fiscal and referral agent for this project. This project is to help decrease recidivism and help individuals with their reentry needs. The Board will introduce an incentive program which will be to give the individuals a welcome home pack.

Inpatient Hospital Management and Transition Planning

7. Describe what partnerships will be needed between the Board and the State Hospital(s), Private Hospital(s) and/or outpatient providers for the identification of needed services and supports.

The Board partners with Shawnee Family Health Center, to provide Crisis Intervention services which is being placed within the Emergency Rooms, Jails, and Probate Courts to assure the patient is placed within the facility that meets their needs. If this is not done, the patient is placed back out into the community before they are stable enough to enter the community.

The Board and providers need more accessible communication with the Private Hospitals for admitting and discharging clients. This remains problematic due to no communication between the local providers and the private hospitals for clients being discharged.

The Board will continue to advocate for additional Mental Health housing within our catchment area.

The Boards area Crisis Unit is still being utilized to hold an eligible patient until a bed is available. It can also be utilized to be used as a stepdown once a patient has been discharged and awaiting housing.

- a. How will the Board coordinate the transition from the hospital to the community? (i.e.; discharge planning)

The Board contracts with Shawnee Mental Health Center to provider all discharge planning from the hospitals.

- b. Who will be responsible for this?

Shawnee Mental Health Center

Discuss any planned changes in current utilization that is expected or foreseen.

Due to the fact Guardians are extremely hard to locate for our clients who are in the hospital we foresee many clients with extended hospital stays for longer periods of time.

The lack of civil commitment beds will continue to remain a concern to our community due to the mental health population not having access to the State Psychiatric Hospital and diverted to Private Hospitals where there are no discharge plans shared with the mental health providers. This will continue to show a 30 day readmit to private and state hospitals without treatment and wrap around services.

Continuum of Care Service Inventory

8. Complete the attached spreadsheet: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. Instructions are found on Page 10 of the Guidelines.

Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

Alignment with Federal and State Priorities

9. The following pages of this template contains a table that provides the specific federal and state priorities for: Mental Health Block Grant (MH-BG), Substance Abuse Prevention and Treatment Block Grant (SAPT-BG), SAMHSA and OhioMHAS treatment and prevention priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board's priorities. 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.

Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).

Priorities for (enter name of 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)	<ol style="list-style-type: none"> Learn which medications and/or treatment modalities are beneficial to these individuals. Identification and estimation of the number of IV drug users in the Board's catchment's area. 	<ol style="list-style-type: none"> Determine which providers treat IV drug users, which medication and/or which treatment modalities are used in which agency. We will also send a report to be completed by the provider. 	Measurement indicator: Report Baseline data: 10% Target: 100% <i>Copy and paste above for multiple indicators.</i>	<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)	<ol style="list-style-type: none"> We will continue to share the information within our counties to assure pregnant women with SUD are aware there is help available to them through specific providers who have the ability to help with prenatal in family environment. 	<ol style="list-style-type: none"> Request agencies to have appropriate brochures in their waiting rooms addressing the dangers of substance abuse while pregnant and where to go for treatment. The Board will continue to share the information a resource to the community. 	Measurement indicator: Admissions Baseline data: 10 Target: 100 <i>Copy and paste above for multiple indicators.</i>	<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)	<ol style="list-style-type: none"> By remaining to be connected to the Family Reunification Court(s) and all providers who attend those court sessions; the courts will consult with county commissioners for children at risk, as needed. 	<ol style="list-style-type: none"> Attend all scheduled Family Reunification Court(s) sessions. 	Measurement indicator: Meeting Attendance Baseline data: 1 Target: 52 <i>Copy and paste above for multiple indicators.</i>	<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.)	<ol style="list-style-type: none"> The Board is required to obtain a 90% Capacity report from the providers who utilize the SAPT funds. 	<ol style="list-style-type: none"> There is an email forwarded to the providers with the quarterly report and a date in which the Board needs to report to allow time for us to finalize and send to OhioMHAS. 	Measurement indicator: Report Baseline data: 1 Target: 4 <i>Copy and paste above for multiple indicators.</i>	<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)	<ol style="list-style-type: none"> Continue to support the Trauma Informed Care Program along with the Handle With Care Program. 	<ol style="list-style-type: none"> Advocate for the program to be in our catchment area, with increased funding to support the programs. 	Measurement indicator: Reports Baseline data: 1 Target: 12	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage

			<i>Copy and paste above for multiple indicators.</i>	__ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	1. Expand more treatment programs for SMI adults in our catchment area.	1. Promote the need for more providers to implement these services in our catchment area.	Measurement indicator: Meetings Baseline data: 1 Target: 12 <i>Copy and paste above for multiple indicators.</i>	__ 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	1. To build a Transitional Aged Youth apartment building by 2021. 2. To build a Mental Health Adult Homeless apartment building by 2022.	1. To continue to collaborate with the stakeholders to assure the project will continue, especially during the issues which have risen during COVID-19. 2. Collaborate with the stakeholders to obtain funding to build.	Measurement indicator: Completion Reports Baseline data: 1 Target: 12 <i>Copy and paste above for multiple indicators.</i>	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Older Adults	1. Share media and information in regards to services available for older adults.	1. Via Facebook and media outlets.	Measurement indicator: View Baseline data: 1 Target: 100 <i>Copy and paste above for multiple indicators.</i>	__ 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	1. To reevaluate the Criminal Justice Behavioral Health Linkage Program.	1. Expand into jails in our catchment area.	Measurement indicator: MOU/Report Baseline data: 1/1 Target: 1/12 <i>Copy and paste above for multiple indicators.</i>	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe)

Integration of behavioral health and primary care services	1. Support the providers in our catchment area which provide integrated care.	1. Referrals which come through the Board office.	Measurement indicator: Communication Baseline data: 1 Target: 100 <i>Copy and paste above for multiple indicators.</i>	<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)	1. Obtain more employers who will hire individuals in recovery.	1. Pay for the training and urine screens the employers need through the BWC pilot project.	Measurement indicator: Reporting Baseline data: 1 Target: 12 <i>Copy and paste above for multiple indicators.</i>	<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)	1. Attending the Drug Free Coalitions/Opiate Consortiums in our catchment area. 2. Educating the provider with trainings in regards to these cultural disparities.	1. Actively being involved and promoting the Drug Free Coalitions/Opiate Consortiums. 2. Share a variation of trainings which are offered by OACBHA, OhioMHAS, and other entities.	Measurement indicator: Attendance at Meetings/Emails Baseline data: 1 Target: 12 <i>Copy and paste above for multiple indicators.</i>	<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	1. To decrease opiate and other substance overdoses.	1. Participate in the HEALing Communities grant. 2. Continue the Opiate Crisis Response Team utilizing the SOR funds. 3. Collaborate with the Drug Free Coalitions in Adams, Lawrence, Scioto.	Measurement indicator: Overdose Fatality Review Meeting(s) Baseline data: 1 Target: 1 <i>Copy and paste above for multiple indicators.</i>	<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	1. To provide a TIC specialist in each school in all three counties. 2. To increase the number of clinicians who have been trained in TIC.	1. Continue and expand the contract with the Community Mental Health agency to perform the training in schools, with cost of training.	Measurement indicator: Trainings Baseline data: 1 Target: 1 <i>Copy and paste above for multiple indicators.</i>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	1. Have at least one certified prevention specialist in each County, working within their scope of practice.	1. Incentivize clinicians/agencies to become/obtain proper certified prevention specialist.	Measurement indicator: Proposals/Utilization Reviews Baseline data: 1 Target: 1 <i>Copy and paste above for multiple indicators.</i>	<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	1. Maintain one EBP will be used in each agency with a Certified Prevention Specialist on staff, with proper certification.	1. Encourage more providers to be (properly) certified and assure there is an up to date EBP program implemented once certified.	Measurement indicator: Proposals/Utilization Reviews Baseline data: 1 Target: 1 <i>Copy and paste above for multiple indicators.</i>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery Ohio and Prevention: Suicide prevention	1. To remain active in Adams, Lawrence, Scioto counties Suicide Prevention Coalition meetings.	1. To continue to attend and give input while attending all meetings and attend events held by the Coalition.	Measurement indicator: Minutes Baseline data: 1 Target: 12 <i>Copy and paste above for multiple indicators.</i>	<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	1. If the need arises for Gambling Treatment, we will support the agency in implementing these services.	1. We can connect a provider in finding a certified gambling specialist.	Measurement indicator: Provider Assessment Baseline data: 1 Target: 100 <i>Copy and paste above for multiple indicators.</i>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Ambulatory Detoxification or Medication-Assisted Treatment

ORC 340.033 allows for a process to request a time-limited waiver under section 5119.221 for the Revised Code for ambulatory detoxification and medication-assisted treatment. As stated in ORC 5119.221, the director may provide a time-limited waiver if both of the following apply:

- The board seeking the waiver has made reasonable efforts to make ambulatory detoxification and medication-assisted treatment available within the borders of the board’s service district;
- Ambulatory detoxification and medication-assisted treatment can be made available through a contract with one or more providers located not more than thirty (30) miles from your board’s service area.

To complete your waiver request for review, please include below, a brief overview of your board’s “reasonable efforts” to provide ambulatory detoxification or medication-assisted treatment and attach a copy of the contract(s) with the identified provider(s) that has agreed to provide this service to your area. This information will be forwarded to the director as part of the waiver review and approval process.

B. 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

C. 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

**Community Plan for the Provision of
Mental Health and Addiction Services
SFY 2021-2022**

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.

Adams, Lawrence, Scioto ADAMHS Board

ADAMHS Board Name (Please print or type)

ADAMHS Board Executive Director

Date

ADAMHS 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 “SFY2021 -2022 Community Plan Essential Services Inventory”

Attached is the SFY 2021-2022 Community Plan Essential Services Inventory. **Each Board’s completed SFY 2019-2020 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. SAMHSA Treatment Locator <https://www.findtreatment.gov/>