Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Community Plan Guidelines SFY 2021 and 2022

Enter Board Name: Mental Health & Recovery Board of Ashland County

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)].

    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? (*N/A*)

The Ashland Board continues to feel strongly that they are in best position to know the behavioral health needs of the local community. The primary methodology utilized consisted of both formal assessment/outcomes results as well as participant/consumer feedback and various community collaborations (partner meetings.) Board staff are involved with multiple community/regional collaboratives to continually assess the behavioral health needs of the county. Additionally, the Board's "Outcomes-Satisfaction Survey" process is one objective mechanism the Board uses to collect needs information directly from those participating in behavioral health services. The Board has regular meetings (monthly) with its contract provider partners and uses the opportunity to discuss current/emerging needs as well as solutions to those needs. The Board, in partnership with the County-City Health Department and Hospital, participated in a community-wide needs assessment in SFY 19-20. The Board, along with its partners, contracted with the Hospital Council of Northwest Ohio (HCNO) to conduct the survey and guide the CHIP process. Survey data is being used to inform this community plan process as well as MHRB planning for the next 1-4 fiscal years (SFY 20-23).

Key ongoing findings from the survey and next steps include:.

- *i. – Our contracted consultant, Hospital Council of Northwest Ohio (HCNO), utilized the Mobilizing Action for Planning and Partnerships (MAPP) framework to take the findings from the community health assessment (needs) and develop prioritized strategies to fill identified gaps. A summary document of the process utilized, including the six phases, can be found HERE.*
- *ii. – Barriers or challenges primarily have to do with mutual education. The Board and community behavioral health system educating public health on our vision, mission, goals and*

public health, including the local hospital system, doing the same with the Board and community behavior health system. Another challenge identified was getting sufficient buy-in from local school districts for the youth survey. There was considerable effort expended in agreeing on an approved survey with questions acceptable to all parties.

iii. *– An advantage Ashland County has that other counties may not, is the Board's adoption and embrace of the Adverse Childhood Experiences study. The findings of the study provide a "common-ground" that all systems can use in conceptualizing primary/behavioral health. There is no more powerful "cross-cutting" measures than those identified by the ACEs research, namely, trauma. The Board has been able to make the point to the Health Department, Hospital and other CHIP partners about the critical importance of ACEs. In fact, ACEs training to this group has already started!*

iv. *– The next steps involve finalizing the CHIP for data based on the adult CHA and going through the same process with the youth CHA data to arrive at a CHIP that includes both adults and youth. We will outline action steps related to putting the CHIP into action and follow-up meetings to gauge progress made towards identified strategy implementation and key metrics. Additionally, the Board, Health Department and UH-Samaritan Hospital will meet to review HCNO's performance and whether to use them going forward for future CHA/CHIP activities.* ***Note: The COVID-19 pandemic has delayed this process.***

b. *Another key process to assist the Board in identifying behavioral health needs and the identification of local priorities is the Board's involvement with numerous local collaboratives, coalitions, groups whose focus, in part or whole, informs the Board on needs, priorities and gaps.*

c. *A listing of some of the key collaboratives, coalitions and groups is as follows:*
   i. *Ashland County Suicide Prevention Coalition*
   ii. *Opioid HUB (ORC 340.03)*
   iii. *Older Adults Behavioral Health Coalition*
   iv. *Family and Children First Council*
   v. *Ashland Trauma & Resiliency Coalition*
   vi. *National Association for Rights, Protection and Advocacy (NARPA) – Board Member*
   vii. *North Central State College – Board of Trustees*
   viii. *Academy on Violence and Abuse (AVA) – Board Member*
   ix. *Local Emergency Planning Committee*
   x. *Youth Crisis Response Team*
   xi. *Domestic Violence Task Force*
   xii. *Ashland County Homeless Coalition*
   xiii. *Regional Heartland Collaborative*
   xiv. *START Steering Committee*
   xv. *Child Fatality Review Board*
   xvi. *Ashland Social Agencies Luncheon*
   xvii. *Rotary*

xviii. *Chamber of Commerce*
xix. *Community Corrections Board*
xx. *Leadership Ashland*
xxi. *Ashland Transit Advisory Committee (TAC)*

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 RecoveryOhio 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).

   See Completed Table

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.

High-Level Snapshot*: (from US Census & Data USA)*
In 2019, Ashland County, OH had a population estimate of 53.4k people with a median age of 40.4 and a median household income of $52,730. Between 2016 and 2017 the population of Ashland County, OH declined from 53,343 to 53,299, a -0.0825% decrease and its median household income grew from $48,509 to $50,893, a 4.91% increase.

The 5 largest ethnic groups in Ashland County, OH are White (Non-Hispanic) (96.7%), Two or More Races (Non-Hispanic) (1.3%), White (Hispanic) (1.5%), Black or African American (Non-Hispanic) (0.9%), and Asian (Non-Hispanic) (0.7%).

The largest universities in Ashland County, OH are Ashland University (1,353 degrees awarded in 2017) and Ashland County-West Holmes Career Center (56 degrees).

The median property value in Ashland County, OH is $122,000, and the homeownership rate is 72.6%. Most people in Ashland County, OH commute (Drove Alone), and the average commute time is 23.6 minutes. The average car ownership in Ashland County, OH is 2 cars per household.

Economic Factors:
*Ashland County is a rural county, designated as an Appalachian County, by the federal government. Approximately **20%** of Ashland County residents were below the poverty line, according to the 2012-2016 American Community Survey – 5-year estimates. Ashland County generally reflected the improved*

*economy experienced throughout the state and nation until the COVID-19 Pandemic beginning Feb/March of 2020. The county unemployment rate went from a low of **3.4%** in April of 2019 to a high of **12.5%** in April of 2020 (268% increase). Fortunately, the rate has been returning to pre-pandemic levels with the most current rate (**8.3%** in June). The long-term economic impact of the pandemic is still unknown. Several businesses were forced to close, and several have indicated they will not re-open. Of note: The Board's contract partners all report being able to make the adjustment to video/teleconferencing. This adjustment occurred quickly and the State's willingness to temporary relax standards around using these platforms was a key to success. As a result, agencies continued to provide/bill services at levels similar to the pandemic. Assuming the revised rules are made permanent (which we support), the agencies are confident in continued use of the video/teleconferencing platform for a significant number of their clientele.*

Social & Demographic Factors:
*U.S. Census population estimates from 2019 indicate a population of **53,484**. 19.1% are 65 years are older, 22.3% are under 18 years or age, 50.8% are female, 96.7% are White and 1.5% report Hispanic or Latino heritage. 88.6% report high school graduation or higher with 21.1% reporting bachelor's degree or higher. 9.4% of persons under age 65 report a disability. Median household income is $52,730.*

BH Redesign & Medicaid Managed Care Carve-in:
All three of the Board's contract agencies reported significant challenges with both BH Redesign and the Carve-in of BH Medicaid to Managed Care. Below are summary bullets based on over three years of discussions with the agencies on these two issues:

- ***Speed of implementation**. Years of having a stable and predictable system (services, rates, funders and reimbursement) was disrupted with a relatively short time to ramp up and adapt to a new model of community behavioral health;*
- ***Cashflow**. All three agencies struggled to properly bill and receive timely payments for services rendered. Cash reserves long thought sufficient were depleted.*
- ***Electronic Health Record Implementation**. All three agencies had to secure a vendor, purchase and implement an EHR at the same time of Redesign & Managed Care.*
- *BH Redesign significantly **impacted critical services**. The following services were listed as having been negatively impacted by redesign: Psychiatry, Diagnostic Assessment, Case Management, Nursing, Counseling and Crisis Intervention.*
- ***Workforce shortages**. All three agencies indicated a shortage of skilled applicants to fill newly created or vacant positions. This continues to be an issue.*
- ***MACSIS Replacement**. When OhioMHAS made the decision to sunset MACSIS, they elected not to replace it with another state-wide billing system for non-MCD claims. This presented an additional challenge. As a result, Boards were responsible in standing up a new claims adjudication system for the counties under their responsibility. Therefore, in addition to working with each of the managed care companies for billing/payment as well as MITS, they had to negotiate yet another system for non-MCD claims.*

4. Describe any child service needs resulting from finalized dispute resolution with county Family and Children First Council(s) [340.03(A)(1)(c)].

The Board has a good working relationship with our local FCFC. We recently partnered with the FCFC, JFS/CS and local provider agencies to launch the "START" program to assist persons in the child welfare

system who are also struggling with opioid use disorder. The FCFC Coordinator is part-time but working hard to fulfill both state and local expectations. The Board works with FCFC on any behavioral health child service needs resulting from finalized dispute resolution with the Council. This is not something that happens with any regularity (low need).

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.

   The Board and its primary contract agency (Appleseed Community Mental Health Center) have a good working relationship with our Regional Psychiatric Hospital (HBH). Staff at the Board and Appleseed regularly participate in monthly conference calls with HBH regarding admission and discharge concerns. The only articulated outpatient need expressed by HBH is the availability of 24/7 staffed group homes. This need is met utilizing existing housing resources with intensive off-site services and supports and very limited 24/7 Adult Care Facility placements. New since our last community plan was the Board's addition of a Hospital-Community Liaison. The Liaison works closely with Ashland admissions at HBH and private hospitals, hospital staff, family, and community services to ensure continuity of care and reduced chance of re-hospitalization. The Liaison advocates for persons at HBH via individual/team meetings. Hospital Bed Day utilization has remained stable, and even decreased significantly during the pandemic, as well as re-hospitalizations despite significant capacity issues at HBH due to psychiatric shortages, remodeling, fewer civil beds and the pandemic

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
School-Community Liaison Programming	Engage youth/families/school staff to reduce/prevent behavioral, emotional & academic challenges.	Fund School-Community Liaison Program in the following Districts/Schools (Ashland City, Hillsdale, Mapleton, Loudonville-Perrysville, Career Center, Alternative School)	Measurement indicator: Persons Served Baseline data: 2,000 Students Target: 5% increase
Alternatives to Medication-Based "ADHD" Programming	Work with parents/youth with behavioral challenges find alternatives to medication-based approaches.	Fund "ADHD" alternative program for parents and youth	Measurement indicator: Persons Served Baseline data: 15 Youth; 10 Parents Target: 20 Youth; 15 Parents
Promote "Our Human Community" Approach & Principles	Continue to embed Trauma-Informed Care, Principles of Recovery and Medication Optimization in expectations of providers. Continue to cultivate the philosophy and approach of these "Three Legs" via community training and educational events.	Offer "Three Leg" specific trainings in the county.	Measurement indicator: Training Events Baseline data: Three Events Target: Three Events
Increase Hospital Diversion Options	Develop additional State Hospital Diversion Options for Ashland County Residents in Crisis including Respite Care.	Fund Hospital Diversion Position to keep utilization low and develop alternatives to Hospital level of care	Measurement indicator: Bed Days Baseline data: 462 Days Target: <462 Days
Veterans	Continue to Support "The Landing Zone," "Silent Watch" and other veterans initiatives to reduce the traumatic effects of their service experiences.	Participate/Promote in Silent Watch and Landing Zone Veteran Initiatives in '21	Measurement indicator: Events Completed Baseline data: 2 Events Target: 2 Events

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?)

Planned Collaborative Efforts include:

Continued Collaboration with our local JFS in implementing a $100,000 Community Innovation Grant (START) for improved services to youth at-risk of out of home placement due to parental opioid use. The implementation of the recommendations continues in SFY 21 and beyond;

Collaborating with local/regional consumers, family members, providers and community the Board is planning for the 4th Annual Suicide Prevention & Awareness Walk. Last year's walk saw over 300 participants. In light of COVID we will be conducting this year's walk virtually;

Collaborating with our local sheriff and police we continue to participate in drug take back awareness activities and promote the county's two permanent 'drop boxes' to aid the collection efforts over the long term;

Collaborating with several community partners including area seniors, social services and law enforcement we were able to continue supporting monthly Seniors and Law enforcement Together (SALT) meetings in SFY 20 and into SFY 21 and beyond;

Collaborating with our local jail, Drug/Alcohol agency probation/parole and judges we continue to see success with the Behavioral Health-Criminal Justice allocation (previously grant-based);

Collaborating with local schools, and local behavioral health agencies Suicide Prevention trainings (Question Persuade Refer (QPR)) will be provided to hundreds of high-school and middle-school students. Ashland continues to lead the nation in QPR trainings to this population;

Prior to the establishment of the community hub language, Ashland had established a good working opioid advisory group to discuss all aspects of the opioid issue as well as solutions. This group continues to meet monthly to discuss opioid issues including access to effective treatment and community education and awareness;

Continued collaboration with our contract providers as well as private providers in ongoing training activities the MHRB is needed to foster a recovery-oriented culture and more integrated system of care;

Collaboration with Seniors and Senior Serving agencies to form the Older Adult Behavioral Health Coalition. The Coalition, now in its 15th year continues to host/promote educational and awareness events around senior behavioral health and wellness;

Collaborating with our mayor, Ashland University and other community partners the Board will be breaking ground (2020/21) on an "Urban Meadow" which will be a walking path in the middle of town with recovery stations to bring increased awareness of wellness and self-care;

*Collaborating with Ashland University, persons in recovery, providers and community partners, the Board has launched the "**Healthy Ashland**" mobile app which includes emergency behavioral health information as well as self-help and community resources;*

Collaboration with multiple service and provider organizations to form the Trauma-Resiliency Collaborative. This group is focused on making Ashland a "Trauma-Informed Community"; and

Ongoing Collaboration with local school systems to continue the highly successful 'School-Community Liaison Program.' School Systems have been adding funds to local levy funds to increase the hours of Liaison time in their districts.

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.
    a. How will the Board coordinate the transition from the hospital to the community? (i.e.; discharge planning)
        i. *This vital function is provided by a contract between the Board and Appleseed Community Mental Health Center. The "Hospital Liaison" is directly responsible for all State and Private Hospital Admissions, Length of Stay, Discharge and Continuity of Care issues. Since implementation of the Liaison Program, State Hospital Beds have remained low with average lengths of stay at or below state-wide averages.*

    b. Who will be responsible for this?
        i. *Appleseed Community Mental Health Center*

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

We do not see a need to increase our Civil Days/Utilization in SFY 21-22. We plan to utilize Regional Crisis options that have been funded by OhioMHAS to assist in keeping admissions to a minimum. We will use the new Crisis Infrastructure funding to explore mobile triage or other crisis options learned at the 'Crisis Academies' that would be a good fit for the community.

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)]. ***Completed***

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 (Mental Health & Recovery Board of ASHLAND County)				
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)	Prioritize due to the rise in opiate addiction in the county (consists of rapid intake and referral to physician)	Education and Harm Reduction addressed as part of treatment	Measurement indicator: $ Expended on IV Education/Harm Reduction Baseline data: $0.00 Target: $100.00	__ 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)	Prioritize for treatment when they present	To ensure that Women who are pregnant with substance use disorders are seen first	Measurement indicator: Screened for at Intake Baseline data: Currently Screened for Target: Continued screening on assessement	__ 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)	Prioritize for treatment when they present	Continue to work with the Commissioners (via JFS-Children Services) and the Family and Children First Council to ensure those parents with substance abuse disorders and dependent children are prioritized	Measurement indicator: How many youth/families referred for Treatment at ACCADA Baseline data: 15 Target: 30	__ 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.)				**X** No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	The Board intends to continue to provide a full continuum of Behavioral Health Services for persons diagnosed as SED including: Diagnostic Assessment, Counseling, CPST, and Pharm Mgt services	Utilize existing/emerging contract agencies for the provision of a full continuum of services	Measurement indicator: Service Availability Baseline data: 100% of Continuum Provided Target: 100% of Continuum Provided	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	The Board intends to continue to provide a full continuum of Behavioral Health Services for persons diagnosed as SMI including: Diagnostic Assessment, Counseling, CPST, and Pharm Mgt services	Utilize existing/emerging contract agencies for the provision of a full continuum of services	Measurement indicator: Service Availability Baseline data: 100% of Continuum Provided Target: 100% of Continuum Provided	__ 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 support efforts to provide stable housing to at-risk or homeless persons with mental health or addiction concerns as part of an overall recovery plan.	Fund the "Housing Subsidy" program that addresses this population	Measurement indicator: Funded Program Baseline data: 100% Funded Target: 100% Funded	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Older Adults	Continue to utilize the Older Adults Behavioral Health Coalition to promote health and wellness to seniors and caregivers in Ashland County. Offer Multi-Generational Mentoring programming where feasible to pair older adults and at-risk youth in mutually benefitting services.	Fund MGM/Golden Center Program	Measurement indicator: Funded Program Baseline data: 100% Funded Target: 100% Funded	__ 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	Engage persons in SUD/MH education, prevention and treatment while at the Jail and prepare for ongoing services at discharge. Improve Behavioral Health Linkage for persons exiting the local jail. Reduce State Hospitalizations, recidivism and increase housing and employment.	Continue to fund MH, SUD and Linkage Services at the local Jail	Measurement indicator: Three Funded Jail Programs Baseline data: Funding all Three Programs Target: Fund all Three Programs	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

Integration of behavioral health and primary care services	Assist persons with/without severe emotional distress who need assistance in connecting with local supports/helps including assistance in navigating primary and behavioral healthcare systems.	Improve relationships and referrals between contract agencies and local FQHC Satellite (Third Street)	Measurement indicator: Referrals to Third Street - Ashland Baseline data: 0 Referrals Target: 10+ Referrals	__ 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)	Continue to strengthen and support local Recovery Housing consistent with HB 483. Make available gender specific options as well as a family option. Support programming like the Hearing Voices Group and Pathways that assists adults in recovery from Mental Health/Alcohol/Other Drugs achieve their goals through Peer Services/Supports. Utilizing Supported Employment, assist persons diagnosed with severe emotional distress with competitive employment and/or meaningful activity.	Continued funding of non-MCD Board "Carveout Programs" that cover a continuum of Recovery Support Services	Measurement indicator: Board Funded Carveouts at all three partner agencies Baseline data: 100% funded Target: 100% funded	__ 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)				X No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	A continued focus of the Board, Opioid HUB, and local SUD contract agency. Work to improve/enhance the local Medication Assisted Treatment program; utilize effective residential and withdrawal management centers.	Continue to fund MAT Services at ACCADA as well as access to WM (Detox)/Residential services as needed	Measurement indicator: Opiate Deaths Baseline data: 3 Target: 0	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Promote Trauma Informed Care approach	Continue to embed Trauma-Informed Care, Principles of Recovery and Medication Optimization in expectations of providers. Continue to cultivate the philosophy and approach	Offer "Three Leg" specific trainings in the county.	Measurement indicator: Trainings Offered Baseline data: 3 Events Target: 3 Events	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

	of these “Three Legs” via community training and educational events.			

OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Continue K-12 Prevention Services for Alcohol Tobacco & Other Drugs (ATOD) for school-based youth. Continue county-wide trainings about addiction, drugs of abuse and resources available to help in recovery.	Fund evidenced-based prevention services through ACCADA	Measurement indicator: Prevention Services Provided Baseline data: EBP Provided Target: EBP Provided	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Increase access to evidence-based prevention	Continue utilizing evidence-based prevention curriculum in K-12 Prevention as well as added new evidence-based curriculum at the Jail.	Fund evidenced-based prevention services through ACCADA	Measurement indicator: Prevention Services Provided Baseline data: EBP Provided Target: EBP Provided	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Recovery Ohio and Prevention: Suicide prevention	Increase community awareness and prevention of persons who may be considering suicide utilizing the local Suicide Prevention Coalition (QPR Trainings; Awareness Walk; Griever’s Group; Resource Packets, etc.)	Provide QPR Trainings throughout the county including middle/high schools	Measurement indicator: QPR Trainings Baseline data: 100 Persons Served Target: 150 Persons Served	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Continue Problem Gambling Prevention/Screening strategies at local SUD contract agency and in K-12 Prevention services.	Fund SUD Services at ACCADA and continue to require screening for Gambling addiction	Measurement indicator: Program Screening Administered Regularly Baseline data: Regular Screening Target: Regular Screening	__ No assessed local need __ Lack of funds __ Workforce shortage __ 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 wavier 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

SIGNATURE PAGE

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.

Mental Health & Recovery Board of Ashland County

ADAMHS Board Name

ADAMHS Board Executive Director (Steve Stone) — Date: 9/14/20

ADAMHS Board Chair (Dwight McElfresh) — Date: 9-11-20

[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 "SFY 2021 -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/**