Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Community Plan Guidelines SFY 2021 and 2022

Enter Board Name: Ashtabula County Mental Health and Recovery Services 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)].

   The Board views needs assessment as a continuous, ongoing process. The Board ensures regular input from people in recovery and stakeholders and utilizes quantitative and qualitative data. The Board has engaged several different local planning bodies in assessing needs. The Board contributed financially and participated fully in the 2019 State Health Improvement Process as part of the local collaborative team that contributed to the Ashtabula County Health Needs Assessment and Ashtabula County Health Improvement Plan. The collaborative team is organized by the Ashtabula County Health Department and includes representatives from Ashtabula City and Conneaut City Health Departments, University Hospitals, Ashtabula County Medical Center, Ashtabula County Commissioners, Catholic Charities, Community Counseling Center, Lake Area Recovery Center, Signature Health, and representatives from local public school districts and A-tech. The Board has significant collaborations with the criminal justice system and is a member of the Collaboration Boards for the: Ashtabula County Drug Court, Ashtabula County Mental Health Court, and Criminal Justice Behavioral Linkages Project. These Boards meet at least quarterly to plan and evaluate services to ensure the behavioral health treatment needs of adults with mental illness and/or addictions are addressed. The Board Executive Director is a member of the Family and Children's First Council, Community Corrections Board, Health Department Needs Assessment Committee, Ashtabula County Prevention Coalition, Ashtabula County Suicide Prevention Coalition, Job and Family Services Transportation Advisory Board, and the Child Fatality Review Board. The Board's Director of Suicide Prevention and Recovery Supports is a member of the Building Resilience Together Committee, Family and Children First Council Public Information Committee, Advisory Committee and Service Coordination Team as well as a member of the Supported Employment Steering Committee and Ashtabula County Public Health Advisory Team. The Board's Director of Prevention and Community Engagement is a member of the Building Resiliency Together Committee, Aim Higher Ashtabula, and the Ashtabula County Continued Education Support Services Committee. The Board serves as the backbone organization for the Ashtabula County Substance Abuse Leadership Team which includes representatives from: the two local hospitals, education, criminal justice, law enforcement, criminal justice system, emergency medical personnel, fire departments,

commissioners, and city managers. Participation in these Community collaborations includes assessing local needs and identifying priorities that effect prevention, treatment, and recovery supports.
The Board is a member of PartnerSolutions a collaborative of 12 County Boards which provides significant information regarding the characteristics of persons served, service utilization, and client outcomes as well as a variety of other vital services. The Ashtabula Board Director is the chair of the PartnerSolutions Steering Committee.
The Board participated in a two-year planning grant with Communities of Practice for Rural Communities Opioid Response Program (COP-RCORP) and began the implementation grant in Fiscal Year 2020. Using a community of practice model, the state partners, master consortia, and 5 local consortia share their planning and implementation of activities tackling the opioid epidemic. To address goals specific to Substance Abuse workforce development, SALT formed sub-committees to address those activities. The Training Academy sub-committee is focused on developing a training academy in Ashtabula County which would expand access to the training needs of potential behavioral health employees, and includes representatives from Community Counseling Center, Glenbeigh, Lake Area Recovery Center, and Signature Health. The HRSA Workforce Development sub-committee is focused on increasing local access to education that would allow graduates the opportunity to become licensed behavioral health workers. The Workforce Development Sub-committee includes representatives from the Mental Health and Recovery Services Board, Northwest Ambulance District, the Ashtabula County Health Department, and Community Counseling Center.
The Board is participating in the HEALing (Helping to End Addiction Long-term) Communities study being conducted in Ohio by Ohio State University, Case Western Reserve University, and the University of Cincinnati. The HEALing Communities is a multisite (67 counties in 4 states) implementation research study that will test the impact of an integrated set of evidence-based practices across healthcare, behavioral health, criminal justice and other community-based settings. The goal of the study is to reduce opioid related overdose deaths by 40% over the course of three years. Ashtabula has implemented a Healing Communities Workgroup that consists of the following organizations: Community Counseling Center, Signature Health, Glenbeigh, Lake Area Recovery Center, Conneaut Health Departments, Ashtabula City Health Department, Ashtabula County Health Department, Ashtabula County Commissioners, University Hospitals, Ashtabula County Medical Center, Ashtabula County Substance Abuse Leadership Team, Ashtabula County Sheriff Department, Ashtabula County Children Services Bureau, Ashtabula County Coroner, Northwest Ambulance District, Lake Erie Correctional Institution, and persons with lived experience. An integral component of the study is a comprehensive of community assets and gaps that will be utilized in local planning

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 5. 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).

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.

Ashtabula County is the northeastern most county in the state of Ohio, encompasses 702 square miles and is the largest county in Ohio by area. It is a federally designated Appalachian Region and is struggling with many of the same economic and educational deficits found in other Appalachian regions of the state. The county has two Qualified Opportunity Zones, one in Ashtabula City and one in Conneaut. According to population estimates by the U.S. Census Bureau, the 2018 population estimate is 97,483. 5.6% of residents are under the age of 5, 22.2% are under the age of 18, and 18.6% are persons 65 years of age and older. The racial makeup of the county is 93.2% White, 3.8% Black/African American, 0.3% Native American, 0.5% Asian, and 2.2% two or more races. 4.2% of the population is Hispanic or Latino and 6.6% reside in homes where a language other than English is spoken. Median household income for 2013-2017 was $43,017. 19.3% of persons of all ages were living in poverty compared to 13.9% for Ohio and 28.4% of youth under the age of 18 were living in poverty compared to 19.8% for Ohio. 85.7% of the population aged 25 years or older has a high school degree or higher and 13.4% has a bachelor's degree. According to the Robert Wood Johnson Foundation 2019 County Health Ranking Report, 28% of children live in poverty compared to 20% for Ohio and 36% of children live in single-parent households. 88% have a high school diploma and 46% have some college compared to 65% for Ohio. Population decline can have a negative effect on counties as resources leave the area and the local economy suffers. Ashtabula County's population has decreased from 101, 490 in 2010 to 97,493 in 2018 or by 3.9%. The 2019 Ashtabula County Community Health Assessment revealed that 10% of county adults were without health care coverage and reported they could not afford to pay the insurance premiums. Ashtabula County is a designated Health Resources and Services Administration (HRSA) Health Professional Shortage Area (HPSA) for primary care, dental health and mental health. The county also has regions eligible as Medically Underserved Areas for program year 2019 as designated by the Ohio Department of Health. The location of most human service resources is primarily in the northern part of the county including all comprehensive behavioral health agencies, Job and Family Services, Children's Services, and Emergency Medical Services. There is limited public transportation throughout the county and the only regular bus route in the county runs in the City of Ashtabula 6 a.m. to 5 p.m. Monday through Friday with shorter hours on Saturday. Transportation can be arranged through public transportation for free or a fee for the remaining areas of the county but there can be extensive wait times between the time a person is dropped off, their appointment time and the time they are returned home. Senior levy pays for some additional transportation for seniors. Medicaid pays for some transportation to medical appointments. Limited resources and the vast area to be covered have curtailed expansion of the public transportation system in the county. 694 respondents to the Ashtabula County Community Action Agency 2018 Needs Assessment reported that Drug or Alcohol Use remains the biggest problem within the community. Poverty was identified as the second biggest problem, lack of jobs was third, and crime was fourth.

In order to reduce the administrative burden of Behavioral Health redesign, the Board mirrored the non-Medicaid billing process of SmartCare for Medicaid billings. Providers have reported issues with pre-authorizations for residential treatment and some managed care organizations have refused to

pay for the recommended inpatient detoxification service for persons with opiate use disorder. This has resulted in additional treatment costs incurred by the Board.

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

   There have not been any dispute resolutions filed and thus no child service needs identified based on any finalized disputes.

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.

   While persons are receiving outpatient services in the State Regional Psychiatric Hospital and prior to discharge, the Crisis Services Coordinator meets with the Hospital Treatment Team and client to identify the future outpatient service needs of the individual and mutually develop a Discharge Plan that will be implemented once the individual returns to the community.

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Stigma reduction	Behavioral health will be viewed as a public health concern and help seeking behavior will be normalized.	1. Collaborate with Healing Communities and R-CORP partners in the development and implementation of anti-stigma campaigns. 2. Establish a stigma-reduction workgroup including relevant stakeholders and partners. 3. Select communications channels. 4. Choose activities and materials. 5. Implement campaign. 6. Evaluate campaign and make corrections as needed.	Measurement indicator: Campaign implemented and evaluated. Baseline data: 5% of respondent to the 2019 Community Health Assessment who identified as having behavioral health symptoms reported not seeking treatment due to stigma. Target: 2% of respondents to the 2022 Community Health Assessment will report not seeking behavioral health treatment due to stigma.
Workforce development	Increase the capacity of persons qualified to work in Substance Use Services.	Develop and implement a Training Academy that provides coursework that will lead to certification as a CDCA and provide continuing education credits for persons currently providing Substance Use Services.	Measurement indicator: 40 hours of training per year is available at no cost to persons seeking to obtain their CDCA. Baseline data: None available as this is a new strategy. Target: 6 persons attend training and become certified in FY 21.
Treatment Retention	Increase treatment retention for persons with Substance Use Disorder	1. Collaborate with Healing Communities and partners in the identification of evidence-based practices for treatment retention. 2. Pilot and evaluate evidence-based practice's effect on treatment retention. 3. Utilize data to expand practice or determine alternate practices.	Measurement indicator: The percent of persons receiving Medication Assisted Treatment who remain in treatment at least 6 months. Baseline data: Retention data is currently being collected to identify the baseline. Target: Increase retention in Medication Assisted Treatment by 10% of the baseline.
Expand outreach to persons who could benefit from behavioral health services.	Increase accessibility and outreach to persons with or at risk of MH and SUD who have never been served or who have disengaged from services.	Establish a dedicated phone number that will be staffed by Peers who will screen and link persons to needed services and supports.	Measurement indicator: Number of persons who contacted the Peer Warmline. Baseline data: None available as this is a new strategy Target: Warmline is utilized by at least four referral sources.

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?)

One of the Board's greatest strengths remains its strong collaborative relationships with Ashtabula County organizations, community members, family members, and consumers. Many of the Board's planned collaborative efforts that will be needed to implement funded priorities will be a continuation of existing partnerships. The Board's local system priorities include stigma reduction, workforce development, treatment retention, and expanding outreach to persons who would benefit from behavioral health services. In collaboration with four other rural counties, Ohio University and the Pacific Institute for Research and Evaluation, the Ashtabula County Mental Health and Recovery Services Board received a Rural Communities Opioid Response Program Implementation grant from the US Department of Health and Human Services which will enter its second or three years in October 2020. Oversight and implementation of this grant is shared by the Board and the Ashtabula County Substance Abuse Leadership Team (SALT). This collaborative consists of community leaders from sectors such as: county government, health departments, hospitals, education, law enforcement, prevention, and treatment services. SALT Committees include Workforce Development, Training Academy, and Stigma Reduction that will be instrumental in action planning relative to Board goals. To increase access to treatment services the MHRS Board and SALT is focusing on increasing the number of substance abuse disorder certified treatment providers available in Ashtabula County. The Training Academy will address a shortage in trained, certified individuals in the county to fully meet the needs of Ashtabula County residents and open job opportunities

During 2020, the Ashtabula County MHRS Board began participation in a national study to reduce opioid-related overdose deaths. The HEALing Communities Study was launched by the National Institutes of Health and the Substance Abuse and Mental Health Services Administration. The MHRS Board and the County Health Department are responsible for implementing the study in the county in collaboration with the ACSALT. A Healing Communities Workgroup includes representatives of healthcare, law enforcement, education, child welfare, provider staff, prevention, persons with lived experience, and county government. To date the Study launched a communication campaign to increase awareness, access and availability for naloxone (Narcan). The campaign also addresses stigma by educating the community that opioid use disorder is a disease, that anyone can develop an opioid use disorder, and those suffering from it deserve the best possible medical care. During FY 21, the study will focus upon treatment retention and outreach.

The Board maintains and has further developed its collaborations with criminal justice. The Board has continued to be a major supporter of the Adult Drug Court and has assisted in securing funding, serving on the Collaboration and Advisory Boards, and providing in-kind services to ensure its sustainability. The Board began collaborating with the Common Pleas Mental Health Court in 2019. The Board was successful in obtaining a Justice Assistance Grant in 2020, is a member of its Collaboration Board and provides in-kind services to maximize outcomes. The Board provides evaluation services for the Ashtabula County Quick Response Team and data obtained assists in Board planning.

The Board's leadership role with the County's Prevention Coalition, Suicide Prevention Coalition and Housing Coalition has allowed for further enhancement of cross community work and has engaged additional partners who represent sectors such as faith-based, schools, and family members who provide valuable input into addressing county prevention and treatment needs. We can more effectively meet the needs of families dealing with suicide loss and traumatic death of a loved one through our work with the Coroner's Office and our local volunteers. The LOSS Team has 14 active members and provides postvention services to suicide completions and traumatic deaths. The Board also facilitates an Incident Response Team that works closely with the school districts to provide staff and student support after a loss or other traumatic event.

The MHRS Board works with our county Children's Services Board, Family Drug Court, and Juvenile Court to ensure service accessibility and responsiveness to the families and children served. The Board staff are active with the Family and Children First Council and the Council's Services Coordination Team. The Board also funds respite services for families involved in the Juvenile Court MST project through the Department of Youth Services and the FCFC Service Coordination Process.

Collaboration with all school districts has continued to expand. The Board has been active in planning prevention services for youth K-12. The Board continues to train teachers in the PAX Good Behavior Game, PAX Partner Training, PAX Heroes training, and community-wide PAX Tools training facilitated by our local trainers. The Board continues to coordinate Botvin Lifeskills Training for the schools and assists with Rachel's Challenge in several middle schools.

The Board actively works with the County Health Department. The Board provided input and support in the planning and development of the Community Health Improvement Plan. The Board coordinated efforts previously and especially during the COVID 19 pandemic to distribute Narcan kits to community members. Since the COVID 19 pandemic the Board has been collaborating weekly with Emergency First Responders to assist in meeting the needs of persons experiencing emotional distress as a result of the pandemic. This collaboration has expanded to include their involvement in the HEALing Communities Study, and they will begin assisting with the distribution of Narcan.

The Board is a member of PartnerSolutions a collaborative of 12 County Boards which provides significant information regarding the characteristics of persons served, service utilization, and client outcomes as well as a variety of other vital services. The Ashtabula Board Director is the chair of the PartnerSolutions Steering Committee. Ashtabula County has worked closely with our Northcoast Behavioral Health hospital collaborative in expanding capacity for detox and mental health crisis beds over the past several years and will continue that work in fiscal years 2021 and 2022.

Continuity of Care at the system level is enhanced by formal memorandums of understanding with all partners who are collaborating through the RCORP grant and HEALing Communities Study.

Inpatient Hospital Management and Transition Planning

7. Describe what partnerships <u>will be needed</u> 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)

b. Who will be responsible for this? Board, contract provider hospitals are responsible for ensuring a discharge plan, outpatient service provider, Board when specific advocacy is needed.

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

The Board contracts with Signature Health to provide a Crisis Services Coordinator and hospital prescreening. Agency staff participate with the Hospital Treatment Team and client to coordinate the transition from hospital to community and mutually develops a Discharge Plan that will be implemented once the individual returns to the community. Crisis Services also include access to withdrawal management, residential treatment for OUD/SUD and crisis stabilization unit for individuals with a mental health disorder. To expand hospital access for Ashtabula County residents, the Board has recently partnered with the local hospital's behavioral health unit through use of the Board's crisis flex funding. The Board also contracts with a psychiatrist as a Chief Clinical Officer to provide case review and advocacy in specialized situations as they arise.
The Board is additionally exploring collaborative relationships to provide expanded mobile crisis services in 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)].

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 Ashtabula County Mental Health and Recovery Services 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)	Each individual who requests and is need of treatment for IDU will receive services within 48 hours.	Provide walk-in assessments to expedite access to care within 48 hours of request.	Measurement indicator: 100% of persons with IUD who request services will be admitted within 48 hours of request per quarterly 90% capacity report. Baseline data: 100% in Fiscal Year 19 Target: 100%	__ 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)	Ensure the availability of recovery housing for women who are pregnant and have a substance use disorder.	Provide a six-bed recovery house in Ashtabula County for women with OUD who are pregnant.	Measurement indicator: A minimum of five women with OUD will live in the Lighthouse Recovery House Baseline data: 4-6 women Target: Average of 5 women with OUD reside in the Lighthouse Recovery House	__ 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)	Ensure provision of an evidence-based parenting program for parents with SUDs who have dependent children who are at risk of parental neglect/abuse.	1. Determine and remove barriers to utilization of Celebrating Families Program. 2. Determine retention strategies for persons who participate in the Celebrating Families Program. 3. Educate referral sources and families regarding program.	Measurement indicator: Number of families served per year. Baseline data: 8 families served in FY20 Target: 20 families served.	__ 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.)	Provide screening for communicable diseases to persons at risk due to substance abuse history at the Connection Center	Collaborate with FQHC to provide communicable disease screening for at risk clients receiving services at the Connection Center.	Measurement indicator: Number of persons with SUD who are screened Baseline data: 14 screened in Fiscal Year 20 Target: 30 persons screened	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Provide services and supports to children with SED that ensure	Provide high fidelity Wraparound to multi-system youth who have SED.	Measurement indicator: % of children with SED served who remain in the home at the time the case is closed.	__ No assessed local need __ Lack of funds __ Workforce shortage

	utilization of the least restrictive level of care.		Baseline data: 90% maintained placement in the home at case closure in Fiscal Year 19 Target: 94% of youth	__ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Maintain persons with SMI in the community who are at risk of hospitalization.	Provide emergency assistance funding to assist individuals with SMI at risk of hospitalization.	Measurement indicator: Number of persons with SMI who receive emergency assistance. Baseline data: 32 in FY 19 Target: 35 per year	__ 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	Provide rental assistance and supportive services for persons with mental illness and/or addiction who are homeless.	Provide a voucher for one-bedroom fair market housing for persons with mental illness and/or addiction who participate in treatment.	Measurement indicator: Number of clients who receive a housing voucher through Shelter plus Care. Baseline data: In SFY 20, 72 Shelter Plus Care housing vouchers Target: 62 clients will be served through Shelter Plus care and obtain housing vouchers.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Older Adults	Increase outreach to seniors who are at risk for or have a mental health disorder.	Partner with senior centers, providers of senior home delivered meals, and providers of services funded by senior levy to conduct media and in-person outreach that normalizes help seeking behaviors and provide access resources.	Measurement indicator: Number of seniors provided outreach. Baseline data: During Fiscal Year 20, in-person outreach conducted with 60 seniors and media regarding resources provided to 750 seniors Target: 120 in-person outreach and 1250 media outreach provided per year	__ 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	Assist Ashtabula County Common Pleas specialized dockets in maximizing compliance with specialized docket standards and BJA/JAG grant requirements.	Provide Board evaluation services, consultation and oversite via membership on Collaboration Boards, and assists in ongoing quality improvement activities.	Measurement indicator: Board completes quarterly evaluation reports and is a member of the court's Collaboration Boards Baseline data: Quarterly reports have been completed by the 15th of the month following quarter's end Target: Quarterly reports and attendance at all Collaboration Board meetings by the Executive Director or designee.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Integration of behavioral health and primary care services	Increase access to health care services for persons with MH and/or SUD	Provide health care screenings at the Connection Center and link to health care services as needed.	Measurement: Number of clients who attend the Connection Center who are linked to health care services with the FQHC. Baseline: Under development Target: To be determined once baseline is known.	__ 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)	Expand the capacity of Peer Support Services for persons with mental illness or substance use disorders.	Coordinate and implement Peer Support Training in Ashtabula County.	Measurement indicator: Number of persons who receive Peer Support Training per year. Baseline data: 16 trained in FY 20 Target: 16 trained per year	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Ensure the provision of culturally and linguistically appropriate services.	Provide training and procedures to implement CLAS standards at the Board and provider agencies.	Measurement indicator: Providers have received training and adopted CLAS procedures. Baseline data: None, during FY 20, the Board participated in the R-CORP CLAS Workgroup and identified the training need. Target: 15 key staff trained in CLAS standards that will be responsible for implementation within their organizations.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Prevention and/or decrease of opiate overdoses and/or deaths	Increase distribution of Naloxone to prevent and reduce overdose deaths.	Partner with EMS, Health Department, Children's Services, Law Enforcement, Quick Response Team, and providers to expand opportunities to distribute Naloxone kits to persons with OUD and their families/loved ones.	Measurement indicator: Number of Naloxone kits distributed to residents of Ashtabula County. Baseline data: 179 kits in FY 19 Target: 300 Naloxone kits distributed	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Promote Trauma Informed Care approach	Ensure that Trauma Informed Care is available to children and families	Provide Trauma Informed Care Family Engagement training to criminal justice, educators, child services, providers, faith-based, volunteer organizations, and community members who interact with children and families.	Measurement indicator: Number of persons who attend training Baseline data: None as training has not been previously provided Target: 50 persons attend	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan.	Provide suicide prevention training to gatekeepers and community members who interact with high risk target groups.	Provide QPR and Mental Health First Aid Trainings to persons who interact with the at-risk groups of: youth/young adults (ages 10-24), middle-aged men (ages 25-59), seniors (ages 65+), and rural/farming community populations	Measurement indicator: Number of QPR and MH First Aid Trainings provided. Baseline data: 1 Mental Health First Aid course and 2 QPR classes were provided during FY20. Additional trainings were cancelled due to COVID-19 response. Target: 3 Mental Health First Aid Courses and 3 QPR trainings will be provided to target populations per year.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Increase access to evidence-based prevention	Expand access to PAX Good Behavior Game, Heroes Training and PAX Tools Training.	1. Expand the number of teachers trained in PAX GBG in grades pre-K- 6 grades in 6 of 7 school districts and one parochial school 2. Provide PAX Tools training to parents and community members	1. Measurement indicator: Number of additional teachers trained in PAX GBG Baseline data: 500 teachers trained from FY 18 through FY 20 Target: 120 per year	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		3. Provide Pax Heroes Training to school personnel who are implementing the PAX GBG in their classrooms.	2. Measurement Indicator: Number of persons who receive PAX Tools training Baseline Data: 75 in FY20 Target: 50 per year, number lowered due to transition to virtual training. 3. Measurement Indicator: Number of teachers who receive PAX Heroes Training Baseline Data: 30 in Fiscal Year 20 Target: 180 per year	
Recovery Ohio and Prevention: Suicide prevention	Reduce risk factors and increase protective factors for persons at high risk for suicide.	Analyze county data to inform and evaluate approaches to reduce suicides. Develop an informed strategic action plan though active involvement with the Suicide Prevention Foundation planning grant.	Measurement indicator: Strategic Plan developed. Baseline data: Current plan does not include data analysis and evidence-based practices that address all high-risk groups. Target: Number of actionable strategies implemented per year.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Ensure the identification and treatment of persons with problem gambling.	Ensure persons who receive a SUD assessment are evaluated for problem gambling.	Measurement indicator: Number of persons screened for problem gambling Baseline data: 210 screened in FY 19 Target: 250 screened per year	__ 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.

Ashtabula County Mental Health and Recovery Services 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.)].

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/**