

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

Enter Board Name: _____ Crawford-Marion ADAMH

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?

The Crawford-Marion ADAMH Board uses a variety of processes to assess local needs and develop priorities.

Over the Summer, the Board sent out a key informant survey to constituents comprised of professionals in education, child welfare, the court system, behavioral health workers, hospital systems, elected officials, recovery housing, and private citizens in Crawford and Marion Counties. Respondents were asked to choose which services were most valuable and then which services were most available. We received 140 total responses to the survey which led to the identification of the following service priorities:

1. *Suicide prevention in schools*
2. *Counseling for MH/Addiction*
3. *Crisis Intervention*
4. *Alcohol/drug prevention*
5. *Housing*

Our Board also participates in the financing of the Community Health Assessment (CHA) in both counties with local partners including, but not limited to, the three health departments in our Board area – Crawford County Public Health, City of Galion Health Department and Marion Public Health. In Crawford County, we have completed the CHA as well as the Community Health Improvement Plan (CHIP). Crawford County will focus on the following two priority areas over the next three years:

1. *Mental health and addiction (includes adult/youth depression, adult/youth suicide, adult/youth ACEs, youth bullying, 4+ poor mental health days, adult drug use, adult/youth alcohol use, and adult/youth vaping)*
2. *Chronic disease (includes adult/youth obesity, heart disease, diabetes, and adult/youth physical inactivity)*

The specific goals for the Mental Health and Addiction priority are include the following:

- *Create an Overdose Fatality Review Board*
- *Trauma Informed Care*
- *Provide information about depression and suicide screening for employers and healthcare providers*
- *Parenting programs and resources*
- *Universal school-based suicide awareness and education programs*
- *Reduce tobacco use (Included as a cross cutting goal between the two priorities)*

In Marion County, the CHA has been completed but we have been unable to move into the CHIP phase due to COVID-19. A few highlights from the Marion County CHA include:

Impact of Trauma on Behaviors

Behaviors of Marion County Adults
Experienced four or more ACEs vs. Did Not Experience Any ACEs

Adult Behaviors	Experienced four or more ACEs	Did Not Experience Any ACEs
Classified as overweight or obese by BMI	89%	78%
Current drinker (had at least one alcoholic beverage in the past month)	61%	40%
Binge drinker (drank five or more drinks for males and four or more for females on an occasion)	49%	27%
Current smoker (currently smoke on some or all days)	27%	9%
Felt sad or hopeless for two or more weeks in a row (in the past month)	35%	12%
Seriously considered attempting suicide (in the past year)	26%	2%
Used recreational marijuana in the past six months	11%	4%

Note: Caution should be used when interpreting subgroup results as the margin of error for any subgroup is higher than that of the overall survey.

The table below indicates correlations between those who experienced three or more ACEs in their lifetime and participating in risky behaviors, as well as other activities and experiences. Examples of how to interpret the information include: 81% of those who experienced three or more ACEs participated in extracurricular activities, compared to 86% of those who did not experience any ACEs.

Behaviors of Marion County Youth

Experienced three or More ACEs vs. Did Not Experience Any ACEs

Youth Behaviors	Experienced three or More ACEs	Did Not Experience Any ACEs
Currently participate in extracurricular activities	81%	86%
Ever drank alcohol (at least one drink of alcohol on at least one day during their life)	61%	24%
Bullied (in the past year)	55%	27%
Felt sad or hopeless (almost every day for two or more weeks in a row so that they stopped doing some usual activities in the past year)	52%	18%
Ever used marijuana	26%	8%
Seriously considered attempting suicide (in the past year)	14%	4%
Misused prescription drugs (in the past month)	12%	5%
Attempted suicide (in the past year)	8%	2%
Misused prescription drugs (in the past month)	12%	5%

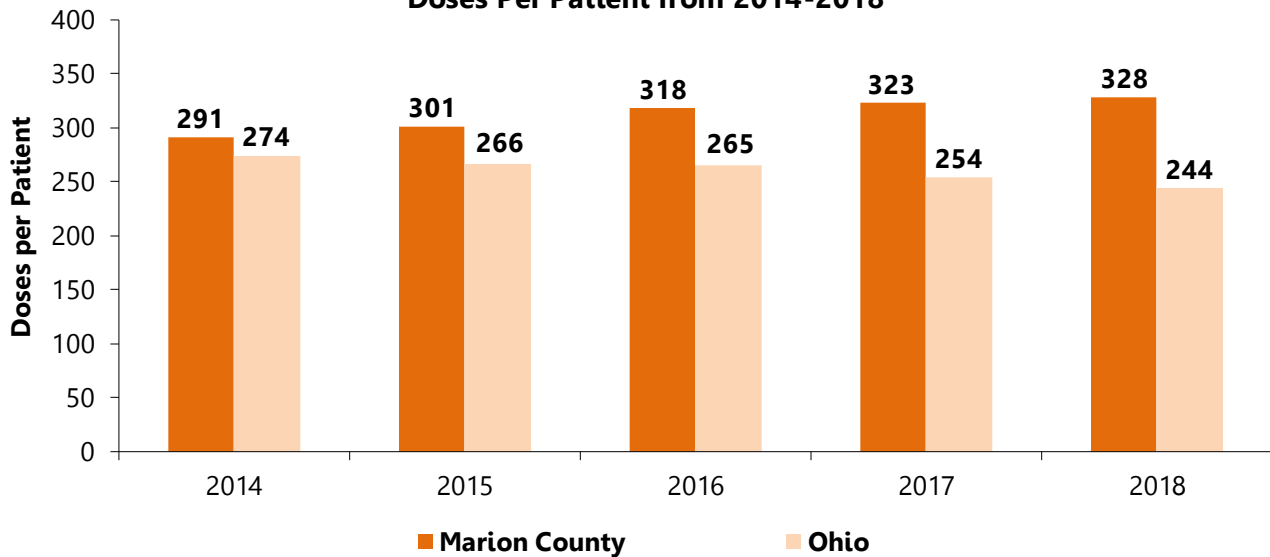
"ACEs" indicate youth who self-reported having experienced three or more adverse childhood experiences in their lifetime.

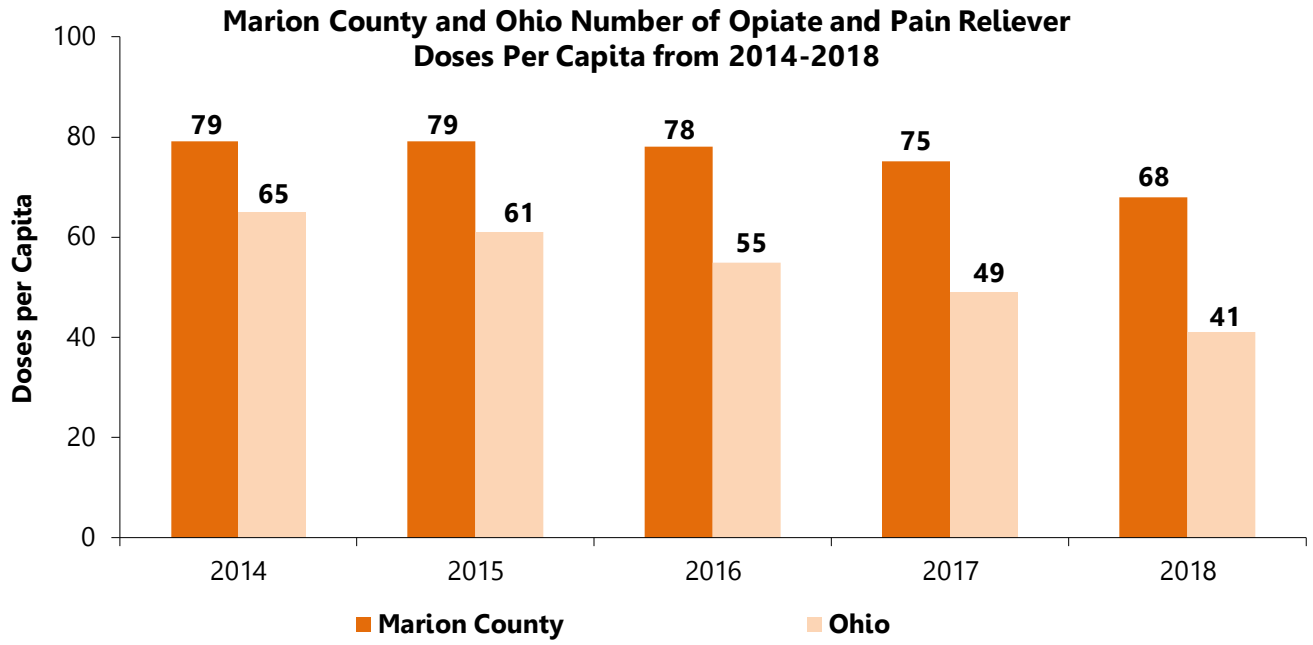
Source: Hospital Council of Northwest Ohio, 2019 Marion County Community Health Assessment, 3/24/20

Marion County maintains a considerably higher rate of opioid doses per capita and per patient as shown in the following tables:

The following graphs are data from the Ohio Automated Prescription Reporting System (OARRS) indicating Marion County and Ohio opiate and pain reliever doses per patient, as well as doses per capita.

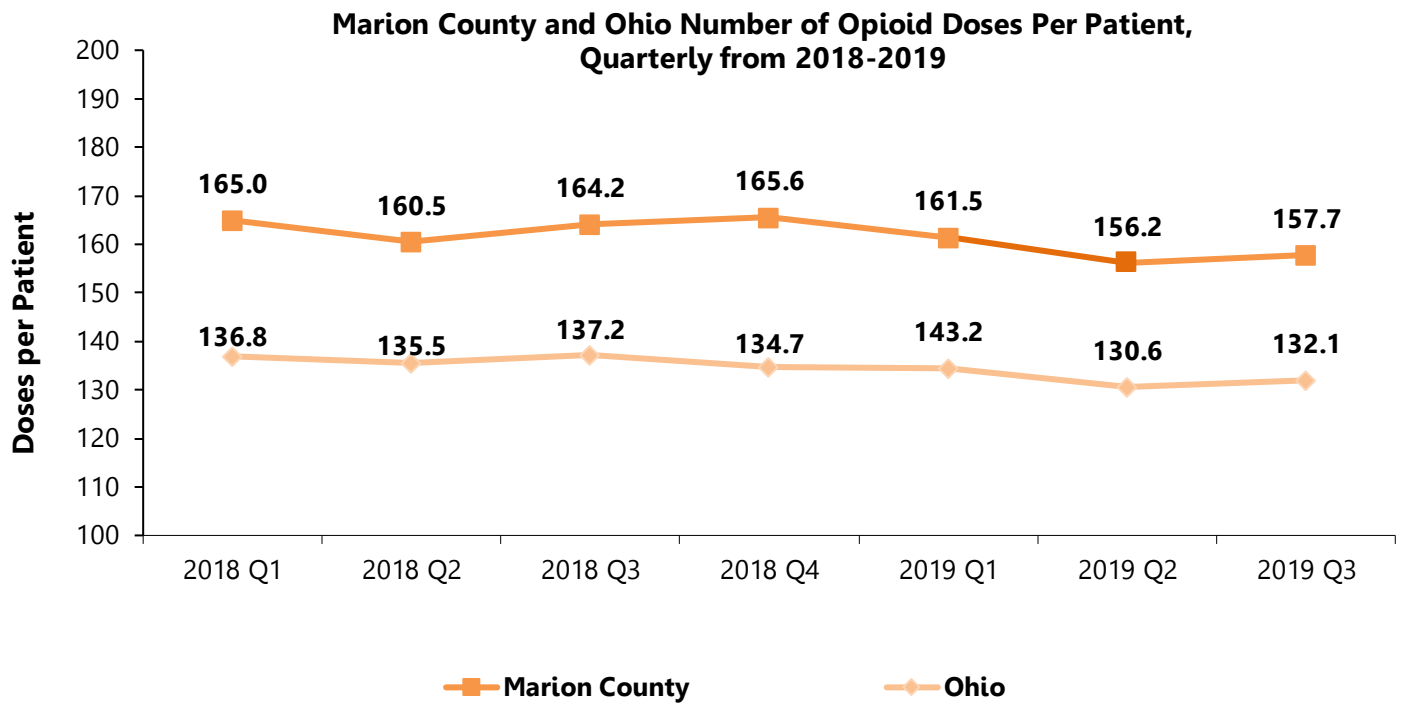
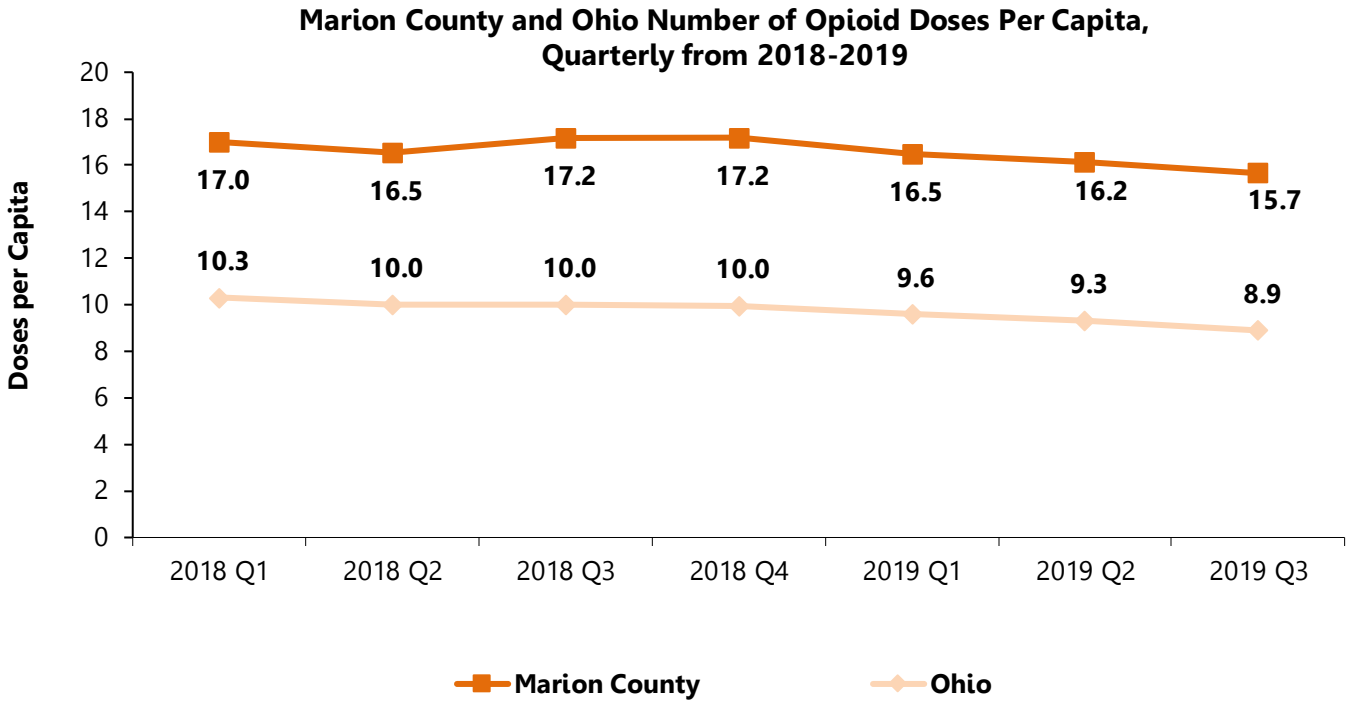
Marion County and Ohio Number of Opiate and Pain Reliever Doses Per Patient from 2014-2018





(Source for graphs: Ohio's Automated Rx Reporting System, 2014-2019, retrieved on 1-6-20)

The following graphs show Marion County and Ohio quarterly opiate and pain reliever doses per patient and doses per capita.



(Source for graphs: Ohio's Automated Rx Reporting System, 2017-2019, retrieved 3/10/20)

Lastly, opiates are dispensed at a higher rate than the state average per capita in both counties (Crawford: 44.1, Marion: 62.8, Ohio: 36) however Marion's rate is well within the top 10 of the entire state.

From 2013 to 2018, Crawford County's Unintentional Drug Overdose Rate was 28.2 (34th/35th in the state) while Marion County's was 40.2 (14th in the state).

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).

The overarching priorities for this Community Plan will include the following:

- *Trauma-informed approaches and resiliency*
- *Prevention*
- *Services to Criminal Justice*
- *Recovery Support Services*

The top five service priorities identified in Crawford and Marion counties are: Suicide Prevention in Schools, Counseling for Mental Health/Addiction, Crisis Intervention; Crisis Hotline, Alcohol and Drug Prevention in schools, and Housing for Mental Health/Addiction. Measurement indicators will include new housing plans, and the number of individuals participating in offered training opportunities. Also measured will be the number of callers utilizing the crisis text line and participating in programming. Baseline data will be gleaned using the GOSH system to analyze utilization prior to the implementation of this Community Plan.

We are hoping to focus additional time on the service needs of specific groups in our community. One is the African American community in and around Marion. We've had discussions with several pastors about the formation of an African American Mental Health Coalition. We have also had several conversations with the St. Mary's Catholic Church in Marion and have consulted with Adelante in Toledo about setting up educational groups as part of the church's Latino Ministry.

Lastly, we are increasing our efforts around suicide prevention in both counties. Specifically, we will continue providing additional trainings to gatekeepers by providing Question, Persuade, Refer (QPR) to businesses and other entities. We currently provide Signs of Suicide (SOS) in all schools and plan to refresh our efforts with our local partners. We are also planning to explore the creation of a multi-Board LOSS team (with Delaware-Morrow MHRS Board) to help provide support to families that have lost a loved one to suicide.

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.

Crawford and Marion Counties are both rural counties. The total population in the Board area is roughly 108,000. Manufacturing is the leading industry, followed by a category that includes educational services, healthcare and social assistance. Agriculture plays a significant role in both counties although it does not employ as many as the other industries. The most current unemployment data shows increases post the initial COVID-19 shutdowns. Marion County currently has an 8.1% rate while Crawford County's is 9%. Prior to COVID-19, the counties had unemployment rates of 3.6% and 4.7% respectively (September/October 2019).

Per Capita Personal Income (PCPI) averages show that both counties rank significantly lower than state averages. Marion County is ranked 71st out of 88 counties while Crawford County is ranked 62nd out of 88 counties.

As far as race is concerned, the counties are predominantly white (89% Marion, 97% Crawford) and the median age in 42. African Americans make up the next largest racial/ethnic group in Marion County (at nearly 6%) while Hispanic-Latinos is the next largest racial/ethnic group Crawford County (1.5%).

Public transportation includes transit offered by the City of Marion and Seneca County Agency Transportation (SCAT) in Crawford County, but is limited to weekdays hours with very little coverage after standard business hours.

Both counties have poverty rates that are slightly above state averages. Marion County has five-year average poverty rate of 16.2% while Crawford County has a 15.7% five year average. The state rate for that time period was roughly 15%.

Housing availability is limited in our community for those with significant mental health needs, as such, our Board is working to develop a new housing project with Coleman Professional Services. The goal of the project would be to develop a modern permanent supportive housing site for both counties. As part of this process, the Board will be looking to either pay off the balances of its existing capital projects or roll them over into the new project. The financing is still 'to be determined' but could include multiple sources including capital funds.

There continues to be a turnover of traditional landlords as our traditional landlords age and are no longer able to provide housing which our system has relied on to provide care for individuals who do not meet requirements for HUD housing or housing subsidies due to convictions or are hard to place due to their mental health and/or SUD. We have noted that investor groups are moving into our areas and have begun to purchase properties which is resulting in increased rents throughout our area. We expect this to have an impact as more individuals will be financially strained to afford decent, safe, affordable housing.

Many of the individuals served by our local provider agencies are insured by Medicaid and/or Medicare. Our Board contracts with local provider agencies to offer services to those in need of mandatory priorities whom are indigent and/or uninsured.

Our treatment agencies were appearing to have adapted to the changes brought on by BH Redesign and the Medicaid Carve in when COVID-19 hit. All providers did a great job shifting gears and providing services via telephone and interactive video conferencing, but it was not as simple as flipping a switch and having business as usual. Many clients experienced shortages with their cell minutes or had to respond to calls from their probation officer, or Job and Family Services, etc., which limited the ability of the clinician to bill for more complete units of service. This is not to say that the service didn't have value or that it could have been provided any other way in light of circumstances, but rather an acknowledgement that this presented challenges across the board.

We did lose our Board's only residential treatment program through the process of BH Redesign. We have been using another provider (Recovery Works) in Worthington and appreciate everything they have done to partner with us. There appears to be a desire to have this level of care provided locally, so the Board will work with partner agencies to determine the feasibility of this over the next two years.

We have seen a large influx of outpatient level SUD providers offering Medication Assisted Treatment (MAT) in Marion County. This includes the first Opiate Treatment Program (OTP) in our Board area. We intend to work with these providers and do our best to coordinate their services so there is limited duplication of effort for our referral partners.

With this large influx of providers, this could put additional strain on our local workforce. We already struggle to compete with other provider agencies systems in the Columbus metro (Delaware), Mansfield areas as well as other systems (VA, hospitals/healthcare) that can offer better wages and benefits.

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

N/A

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.

Identified needs occur as patients are admitted to the State Regional Psychiatric Hospitals. A social worker at the State Hospital works with the local provider agency to ensure a smooth linkage transition back to the community. Outpatient services needs may be identified as medication management, counseling needs, housing assistance, and recovery supports. Communication is vital between the State hospital, ADAMH Board, and local provider agencies to address patient needs upon discharge. Permanent housing that can meet the level of care needed for individuals' incapable of residing in supportive housing options are still an area of concern for our region. Housing placement continues to be a challenge for those in involved in the criminal justice system.

Board Local System Priorities (add as many rows as needed)		
Priorities	Goals	

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?)

Our Board is in the planning stages of collaboration with Coleman Professional Services, key stakeholders, and local providers to develop a modern permanent supportive housing project for our Board area. We will certainly seek the Department's guidance and we navigate this project through completion. Safe, supported housing for those with significant mental illness/ and or dually diagnosed substance use disorder is a priority for our Board. We currently own a few Board housing sites that are experiencing dilapidation due to the advanced age of the buildings, therefore, we believe a new project would be in the best interest of those served.

We maintain a collaboration with the Marion-Crawford Prevention Programs, who provide prevention services and youth led peer programming in our counties. In addition to Teen Institute and Jr. Teen Institute, the MCPP staff offer community trainings such as QPR (Question, Persuade, Refer), Working Minds, Hidden in Plain Site. MCPP's Coalition Coordinator facilitates the Drug Free Marion Coalition, Crawford County Prevention Coalition, and takes an active role in the Crawford County Suicide Prevention Coalition. MCPP staff are in the various Crawford-Marion schools offering prevention programming to county students. Community Counseling Services Inc, and Marion Area Counseling Center provide SOS Signs of Suicide to area school districts.

Our Board partners with Pathways of Central Ohio to offer crisis and referral services to Marion County residents. This information and referral line are available 24 hours per day, 7 days per week by phone. They maintain a website database of local services. We partner with CONTACT of Crawford County for 24 hours per day, 7 days per week crisis service calls. These two agencies provide a service that link residents in need to not only crisis services but other personal need assistance. We continue to partner with Community Counseling Services, Inc and Marion Area Counseling Center for mental health and substance use disorder needs in our community. Marion General Hospital's Behavioral Health Unit services are beneficial for the community as we continue to assist with admissions, as needed.

To assist with opioid overdoses in our communities we partner with local providers, Sheriff, Police, and Health Departments to offer Narcan training and QRT (Quick Response Team) for those that have overdosed. Narcan is available at local health departments and by attending Board provided public training. As a result of COVID-19, we are offering Drive-Thru Narcan Clinics at various locations in our counties. Attendees at the Drive-Thru events will also receive crisis-text line, Deterra Bags, gambling awareness literature, suicide prevention materials, and other hand out materials. This endeavor has been successful, and we continue to schedule future training sites.

We continue to support our local provider agencies as they offer quality mental health and substance use disorder services to our residents. Mental Health First Aid programming is offered several times per year for community members. New programming is being considered such services for family education, seniors, LBGTO, and Latino/a populations.

The ADAMH Board has taken a leadership role in providing community education and training in order to be a Trauma Informed Care Organization and offer trauma informed care training. We have provided trainings on topics including but not limited to: LBGTQ Cultural Competency, a Trauma and Resiliency Symposium, and a Resiliency Documentary. We are partnering with Dr. Vincent Felitti, co-founder of the ACE Studies, and the Center for Family Healing and Safety to provide a virtual training for medical and educational professionals in October.

The use of SOR funds has helped us bridge gaps and fill voids. All of projects have performed well this year and we are looking to maintain and make small expansions in both counties. We will look most closely at recovery housing in both counties and kinship navigation in Crawford County.

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)
 - b. Who will be responsible for this?

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

Existing partnerships between the Board, State Hospital(s), Private Hospital(s), and local providers could be improved upon by having regular virtual meetings to increase communication for patient case review and discharge planning. Communication is needed in a timely manner to ensure good quality continuation of client care. The impact of COVID-19 can contribute to complications of housing placement, especially regarding testing results prior to admission to the hospital system. A local provider has experienced differing admission criteria of testing as part of the process, when working with on State hospital admission. This can understandably contribute to delay in service delivery.

- a. *If the Board is notified in a timely manner, we can assist with the discharge planning linkage to local providers. The Board will offer probate assistance for our county residents as per our responsibility in ORC 5122.*
- b. *The hospital(s), local providers, and Boards must work together for appropriate transition to occur.*

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)].

Included in separate e-mail.

Alignment with Federal and State Priorities
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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)	Decrease number of deaths from opioid addiction	Increase the availability of MAT	Measurement indicator: # of patients receiving MAT Baseline data: N/A Target: Increase by 5% each year <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: <u>Mandatory for boards:</u> Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)	Ensure treatment services are available for pregnant women who have an SUD	Promote an MAT program specifically for opiate addicted pregnant women	Measurement indicator: # of women served in the specialized program Baseline data: N/A Target: Implementation of MOMS type program <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: <u>Mandatory for boards:</u> 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)	Coordinate services Children Services through Kinship Navigator	Provide navigation services to families in child welfare system	Measurement indicator: Number of families served Baseline data: STR/SOR Data Target: New program in Crawford Co <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.)	Identify individuals seeking treatment who report having TB or communicable disease	Make referrals to public health or FQHC or medical provider	Measurement indicator: Baseline data: Target: <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)	Development of Youth Mobile Crisis team	Identify new provider to implement Crisis Response Coordinate with referral partners	Measurement indicator: New provider selected Baseline data: N/A Target: To begin accepting referrals by 12/1/20 <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): Adults with Serious Mental Illness (SMI)	Re-purpose existing PSH projects for new modern project	Begin scope of project with Coleman Professional	Measurement indicator: New plan for project Baseline data: N/A Target: Finalized plan approved by Board by 3/21 <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-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing			Measurement indicator: Baseline data: Target: <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-Treatment: Older Adults			Measurement indicator: Baseline data: Target: <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):

Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant

Priorities	Goals	Strategies	Measurement	Reason for not selecting
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MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Maintain MH/SUD services to specialized docket participants	Utilize ATP, SOR, and other sources to provide MH/SUD services	Measurement indicator: Utilization of funding sources for CJ; incarceration rates Baseline data: Previous utilization data Target: First Review 4/21 and ongoing quarterly <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)
Integration of behavioral health and primary care services	Maintain support of FQHC in board-contracted provider		Measurement indicator: Baseline data: Target: <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)	Increase number of peer mentors for those with MH/SUF	Identify at least 10 persons in recovery who are willing to be trained	Measurement indicator: Recruitment and training of 10 individuals Baseline data: 3 current Target: 13 total by end of SFY 21 <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)	Increase Board staff and members' knowledge levels	Provide Board training on health equity and methods to decrease disparities	Measurement indicator: Training Baseline data: N/A Target: One training before end of year and then at least annually thereafter <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	Decrease number of deaths from opiate addiction	Provide training on Narcan using pop up or drive thru method Expand QRTs through SOR in both counties	Measurement indicator: Re-establishment of QRT in Crawford Baseline data: N/A Target: Composition of Team to be approved	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

			<i>Copy and paste above for multiple indicators.</i>	
Promote Trauma Informed Care approach	Ensure focus on Trauma Informed Care	Provide training to community Establish Committee to inform and solicit community input	Measurement indicator: Number of trauma-specific trainings Baseline data: 3 Target: At least 3 per year <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	Provide Youth led prevention to schools	Utilize k-12 prevention funds to expand services	Measurement indicator: # of additional Prevention EBPs provided to school Baseline data: N/A Target: Adhere to K-12 plan <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	See above		Measurement indicator: Baseline data: Target: <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	Expand QRT to businesses Reinforce structure of SOS Establishment of LOSS team Maintain MHFA training	Target businesses to train on QPR Establish LOSS Team with Delaware/Morrow	Measurement indicator: LOSS team Baseline data: N/A Target: At least 2 reps from Crawford-Marion by end of 2021.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

			<i>Copy and paste above for multiple indicators.</i>	
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Provide adult gambling groups to adults in Marion Co	Incorporate through public trainings provided by Maryhaven	Measurement indicator: Baseline data: Target: <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

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.

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 “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/>

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

Enter Board Name: Crawford-Marion

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?

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 my 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.

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

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.

Board Local System Priorities (add as many rows as needed)

Priorities	Goals	Strategies	Measurement
Alcohol and Drug Prevention in Schools	Expand the current continuum of care funded by the CMADAMH Board that includes pre-treatment, mental health, substance abuse treatment, and prevention services.	Promote positive youth development, reduce risk taking behaviors, increase resiliency, and reduce risk factors among youth. Collaborate with community organizations to implement substance abuse prevention services. Ensure that Teen Institute & Junior Teen Institute programs are available to all students in Marion & Crawford counties. Explore new partnerships with local schools. Continue to offer SOS, Signs of Suicide, in both Marion and Crawford Counties. Offer QPR (Question, Persuade, Refer)	Number of students involved in TI & JTI programs. Number of community organization partnerships that collaborate for implementation of substance use prevention services. Number of students screened in SOS Number of individuals trained in QPR.
Counseling for Mental Health and Addiction	Ensure ADAMH funded programs and services implement or maintain current EBP/PBE's.	Mental Health First Aid-conduct 6 workshops yearly in Marion County. Train at least one additional person to deliver MH First Aid in Crawford County. Explore new programming needs, i.e., family groups, Latino/a, LBGTQ.	Documentation of staff and community members that participate in the trainings. Implementation of new programs
Housing Needs for those with Mental Health and Addiction	Conduct systematic evaluation of current housing Being a new capital improvement housing project	Create 3-5year housing plan to determine partial or full divestment of housing stock. If partial divestment, create maintenance plan for remaining housing. Work with property management vendor and Board members to develop a plan for a new housing project.	New housing plan for MH consumers
Prevention and/or decrease of opiate overdoses and/or deaths	Decrease number of deaths from opiate addiction.	Provide training to family members and community on how to administer nasal Naloxone for treating opiate overdoses. Increase number of trainings. Provide Quick Response Teams in Crawford and Marion Counties. Increase the number of Peer Supporters in the counties	Number of people who attend training on how to use Nasal Naloxone; Number of deaths as reported by coroner's office in each county. Number of peer supporters trained and working in the counties.

Promote Trauma Informed Care Approach	Ensure focus on becoming a Trauma Informed Care Organization	Expand emphasis on Trauma Informed Care approaches through on-going training and a multidiscipline committee that guides and recommends organizational changes.	Documentation of staff and community members who participate in the trainings. Creation of a multidisciplinary committee.
Suicide Prevention in Schools	Ensure that Mental Health First Aid Training is available across the counties. Collaborate with Suicide Prevention Coalition to conduct suicide prevention awareness activities. Ensure Signs of Suicide is available to all school districts.	Offer Mental Health First Aid training to various county agencies such as school employees, child serving agencies, criminal justice, and other community partners. Engage SPC in providing awareness to local community. Offer SOS to all school districts.	Number of trainings provided and number of participants. Number of suicide prevention awareness activities. Number of school districts participating, and numbers of students screened.
Crisis intervention including crisis hotline	Provide access to crisis services and delivery of quality services.	Increase awareness of crisis hotline services available in the both counties. Continue to support Board appointed health officers as they provided crisis services.	Number of callers utilizing the crisis hotline. Number of referrals to a crisis response team

