

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

**Enter Board Name: Huron County Board of Mental Health and Addiction Services**

*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.*

<b>Evaluating and Highlighting the Need for Services and Supports</b>
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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 Huron County MHAS Board has historically focused on informal needs assessment processes. Given the current Board staff (2.0 FTEs), it is difficult to engage in formal needs assessments due to time constraints. Our goal for SFY 2021 and beyond is to continue utilizing informal needs assessment processes while also incorporating data driven methods of determining needs in the community. We will accomplish this by partnering with local organizations to access the data already being collected and determine a way to pull this data together to increase its value for all throughout the community. We are also in the process of developing a Community Advisory Committee, with two representatives from each town in the county. The goal of this committee is to gather input from community members regarding needs, evaluate strengths and challenges, and assist the Board in identifying priorities. The Board is also in the process of establishing a new format to committee meetings to include Board member feedback regarding identified needs in the community as well as input on community engagement opportunities.

The Board has identified community engagement as a top priority. Current Board staff are highly engaged in the community. Through this engagement, Board staff seeks ongoing feedback from residents and are building trusting, open relationships to encourage additional feedback in the future. Collaboration with county partners is also a critical piece of the MHAS Board's informal needs assessment and some of these county partners include: Huron County Commissioners, Norwalk United Fund, Huron County Department of Job and Family Services (DJFS), schools, first responders, Huron County Family and Children First Council (HCFCFC), Huron County Board of Developmental Disabilities (DD), Economic Development, Norwalk Chamber of Commerce, Huron County probation, Huron County Court of Common Pleas, Huron County Probate Court, Huron County Municipal Court, Huron County Emergency Management Agency (EMA), Norwalk Park and Rec, National Alliance on Mental Illness (NAMI), Huron County Health Department, local hospitals, and individuals in recovery.

The MHAS Board utilizes Client Satisfaction Surveys conducted by provider agencies and beginning in SFY 2020 the Board implemented quarterly all provider meetings during which discuss challenges and trends being seen throughout the county. Board staff actively participate in the Huron County Health Assessment and utilize this

data to determine county needs. A summary of results from the 2020 Huron County Health Assessment related to mental health and substance use are as follows:

### Mental Health<sup>1</sup>

#### Adult

- About one quarter (26.2%) of Huron County adult respondents rated their mental health as not good on four or more days in the previous month (a decrease of 3.8% from 2017).
- Huron County adult respondents reported their mental health as not good on an average of five days in the previous month.
- Four percent (4%) of Huron County adult respondents considered attempting suicide within the past twelve months.
- Fourteen percent (14%) of adult respondents reported activities levels were impacted by mental health within the past thirty days, up from eleven percent (11%) in 2017.
- Eleven suicide deaths in 2018, increase of three suicide deaths per year from 2017.
- Twenty-one percent (21%) of Huron County adult respondents have been diagnosed with a depressive disorder and nineteen percent (19%) have been diagnosed with an anxiety disorder. The 2018, Behavioral Risk Factor Surveillance System (BRFSS) reports twenty percent (20%) of Ohio adults have been told, at some point in their life, that they have a form of depression.

#### Youth

- Almost thirty-six percent (35.6%) of youth respondents reported activities levels were impacted by mental health within the past thirty days.
- Huron County youth respondents reported their mental health as not good on an average of ten days in the previous month.
- Over one fifth (22.2%) of youth respondents reported ever having purposefully hurting themselves, down from twenty-five percent (25%) in 2017. Female youth were more likely than youth males to report harming themselves (32.5% versus 15.0%).
- Eleven and a half percent (11.5%) of Huron County youth respondents considered attempting suicide within the past twelve months, down from eighteen percent (18%) in 2017. Female youth were more likely than male youth to seriously consider attempting suicide in the past twelve months (18.2% versus 6.2%). The 2017 Youth Risk Behavior Surveillance (YRBS), reported just over seventeen percent (17.2%) for the U.S. in 2017.
- Three quarters (75%) of youth respondents reported at least one Adverse Childhood Experience (ACE), while thirty-five percent (35%) reported at least three ACEs.
- Those with at least one ACE were more likely to have ever smoked cigarettes (18.7% versus 4.4%); used a vape (29.6% versus 14.6%); used marijuana (13.3% versus 3.9%); used alcohol (46.1% versus 26.9%); and misused pain medication (5.4% versus 0.8%).
- Those with at least one ACE had more poor mental health days (9.5 versus 3.5). They were also more likely to have suicidal thoughts (15.3% versus 1.4%) and engage in self-harming behavior (28.2% versus 6.5%). Those with at least one ACE were also more likely to have been bullied on school property (27.8% versus 17.3%) and bullied electronically (20.5% versus 8.6%).

### Substance Use<sup>1</sup>

## Adult

- Thirty percent (30%) of Huron County adult respondents reported they had five or more alcoholic drinks (for males) or four or more drinks (for females) on an occasion in the last month and would be considered binge drinkers, up from twenty five percent (25%) in 2017. Adults with some college or more education were more likely than those with less education to have binge drank in the last thirty days (45.5% versus 19.8%). The 2018 Behavior Risk Factor Surveillance System (BRFSS) reported binge drinking rates of almost sixteen percent (15.8%) for Ohio.
- Thirteen percent (13%) of adult respondents reported being current smokers, down from fifteen percent (15%) in 2017.
- Just over sixteen percent (16.4%) of adult respondents know someone in their community who has a problem with heroin, methamphetamines, or prescription pain medicine.
- Around six percent (5.6%) of Huron County adult respondents had used marijuana in the past 30 days.
- Based on data from 2017 – 2018, Huron County has higher rates of deaths from unintentional drug overdose from opiates (48.5% versus 38.1%), fentanyl and analogues (40% versus 31.6%), prescription opiates (46.5% versus 36.1%), and other synthetic narcotics (39.7% versus 31.7%) than the state of Ohio.

## Youth

- Less fifteen percent (13.5%) of youth respondents had at least one drink in the past thirty days and would be considered a current drinker, down from twenty three percent (23%) in 2017. The Youth Risk Behavior Survey (YRBS) reports a rate of almost thirty percent [29.8%] for the U.S. in 2017.
- Around forty-one percent (41.1%) of Huron County youth respondents reported having tried alcohol at some point in their life, down from forty seven percent (47%) in 2017. Thirteen (13) years of age is the reported median age of first use.
- Youth age fourteen and over were more likely than those younger to have ever smoked a cigarette (17.7% versus 9.2%), ever vaped (31.9% versus 15.0%), and ever used alcohol (50.0% versus 27.8%). Non-white or Hispanic youth were more likely than white, non-Hispanic youth to have ever smoked a cigarette (28.1% versus 11.9%) and to have ever vaped (33.4% versus 23.8%).
- Around five percent (5.3%) of Huron County youth had used marijuana at least once in the past 30 days, down from eleven percent (11%) in 2017. Non-white or Hispanic youth were more likely than white, non-Hispanic youth to have ever used marijuana (21.5% versus 8.5%).

In 2020, the Community Health Assessment introduced community focus groups and a summary of the input from these focus groups as well as responses to open ended questions in the Community Health Assessment are as follows:

**Mental Health Barriers.** When asked to list barriers to youth mental health, community members referenced a lack of coping skills, parental problems, and absence of honest relationships with other adults. Barriers for adults included childhood trauma and lack of support systems. They also connected poor mental health to economic instability: “Poverty is at the center of a lot of the mental health issues in the community.”

**Stigma.** Community members feel stigma is partially responsible for people avoiding treatment or avoiding telling their doctors that they have an inherited disorder. People may also avoid behavioral health centers that

function to help people with mental health and substance abuse, to avoid stigma associated with drug addiction.

**Self-medication.** There is concern that youth and adult substance abuse could be an attempt to self-medicate.

**Treatment.** Community members would like to see more psychological health providers in their community. People may also benefit from having someone of a similar cultural background speaking to them about issues. Speaking about the mental health counseling for the Hispanic community, a resident stated, “If that service was there, a lot of people would prefer to have someone they could communicate with in Spanish.”

**Alcohol.** Focus group participants believe that alcohol use and driving under the influence are issues. Community members feel alcohol is the second biggest issue behind drugs: “Alcohol use has not gone down, not one bit. Alcohol has always been steady, but it seems like there are a lot of different substances that people are using now.”

**Driving Under The Influence.** Community officials say drunk driving has remained steady and drugged driving is on the rise.

**Accessible AA.** Programs to curb substance dependency could be made more accessible to all members of the community by being held in more languages and by providing translation materials and resources to non-native speakers.

Huron County adult respondents identified the following as the two most important health problems affecting the community: drug / alcohol abuse or addiction (57.7%) and depression / mental health (17.4%). Youth respondents identified drug / alcohol abuse or addiction (22.1%) and mental health (18.3%) as the two most important health problems affecting the community.

Additionally, the MHAS Board participated in the Recovery Oriented Systems of Care Survey (ROSC) and the results from this survey are used to determine needs and drive decisions. Seventy-three (73) individuals completed the 2018 ROSC survey. Highlights of responses from the survey are as follows:

Domain	Strengths	Areas for Improvement
Focusing on Clients and Families	Services providers will screen and match all persons to the most appropriate level of care no matter which level they provide.	Most services are provided in a person’s natural environment (e.g., home, community, workplace).
Ensuring Timely Access to Care	Implementation of evidenced-based medical and behavioral health screenings including brief screens for depression, physical abuse, substance use, etc.	Individuals have timely access to the services and supports that are most helpful for them.

Promoting Healthy, Safe, and Drug-Free Communities	Prevention strategies are reflective of best prevention science (e.g. SAMHSA, SPF SIG), state prevention plans or guidance and local priorities and needs.	Strategies to identify and decrease stigma are consistently implemented in communities.
Prioritizing Accountable and Outcome Drive Financing	Behavioral health is included as a health indicator for the community at large.	Peers are involved in the program development, evaluation, and improvement of services.
Locally Managing Systems of Care	Clients understand their rights to be referred if their individual needs cannot be met.	Managed Care can assist in care management over the full continuum of care for each individual so as to preclude partial treatment or treatment drop-out.

- 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?

Domain	Areas for Improvement
Focusing on Clients and Families	<ul style="list-style-type: none"> <li>- Service providers incorporate the choices and preferences of participants in treatment.</li> <li>- Barriers (e.g., childcare, transportation, legal issues) are addressed for each participant.</li> <li>- Most services are provided in a person’s natural environment (e.g., home, community, workplace).</li> </ul>
How the Board plans to address: expansion of community-based services in locations other than treatment provider offices, utilized SOR funds to assist with barriers of childcare and transportation, increased number of contracted treatment providers to promote client choice.	
Ensuring Timely Access to Care	<ul style="list-style-type: none"> <li>- Childcare centers to promote early interventions.</li> <li>- Peer supports are used to improve access to care and the continuation in ongoing care.</li> <li>- Individuals have timely access to the services and supports that are most helpful for them.</li> </ul>
How the Board plans to address: Increase Early Childhood Mental Health services, recently contracted with peer recovery organization to increase availability of peer support throughout county, recently applied for a grant to help fund same day assessments, as well as funding to strengthen and expand the behavioral health workforce in the rural service area.	
Promoting Healthy, Safe, and Drug-Free Communities	<ul style="list-style-type: none"> <li>- A sufficient array of mental health prevention programs are available throughout the community.</li> <li>- Strategies to identify and decrease stigma are consistently implemented in communities.</li> <li>- A sufficient array of addiction recovery support services are available throughout the community.</li> </ul>
How the Board plans to address: Recently awarded 5-year SPF prevention grant in partnership with Seneca, Sandusky, and Wyandot counties. Utilized these funds to expand Huron County Family and Children First Council (HCFCFC). HCFCFC will now serve as the county’s main prevention organization and will work on expanding prevention programs throughout the county. The Board recently approved a Community Engagement and Resource Manager position, whose main priorities will include	

community engagement and education focused on decreasing stigma. Recently contracted with peer recovery organization to increase availability of peer recovery support services throughout county,	
Prioritizing Accountable and Outcome Drive Financing	<ul style="list-style-type: none"> <li>- Clients receiving services are actively involved in the evaluation of programs and services offered and received.</li> <li>- Appointment "no show" rates are monitored regularly and followed up on within 24 hours after the missed appointment.</li> <li>- Peers are involved in the program development, evaluation, and improvement of services.</li> </ul>
How the Board plans to address: Working with SSW and Erie Ottawa Boards to collaboratively implement improved outcome measures for evaluation of programs and services. Currently forming Community Advisory Committee made up of community members either with personal history of mental health and/or substance use or with loved ones with current or past mental health and or substance use.	
Locally Managing Systems of Care	<ul style="list-style-type: none"> <li>- Peer-run leisure activities are available and supported throughout the community.</li> <li>- Partnerships exist with local businesses for individuals in recovery to reduce stigma and gain employment.</li> <li>- Managed Care can assist in care management over the full continuum of care for each individual so as to preclude partial treatment or treatment drop-out.</li> </ul>
How the Board plans to address: Peer recovery organization will host community engagement and leisure events throughout the county. Community Engagement and Resource Manager has created Workforce Taskforce with goal of educating employers on mental health and substance use in the workplace, offering lunch and learn sessions on these topic, and working with Norwalk Economic Development, Huron County Development Council and the Department of Job and Family Services on ways to improve partnerships with local businesses for individuals in recovery.	

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).**

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.

Huron County, located in north-central Ohio, is a rural county comprised of approximately 495 square miles<sup>1</sup>. Made up of three cities, seven villages, and nineteen townships, the estimated population of Huron County is 58,266<sup>2</sup>. According to US Census Bureau, approximately 89.9% of Huron County residents are White (non-Hispanic), 6.9% are Hispanic or Latino, 1.7% are two or more races, 1.4% are African American, 0.4% are Asian, and 0.3% are American Indian or Alaska Native.

Historically, the majority of behavioral health services being offered in the county were based in Norwalk, the county seat, which is located in the northern section of the county. The physical location of the services created an access barrier for individuals residing in the southern portion of the county. The barrier is primarily associated with access to transportation and time restraints. Over the past four years, the Huron County MHAS Board has worked on expanding services to meet the demands in the southern portion of the county. The Board is making progress in this area through increased representation on the Board from all areas of the county, engagement of community stakeholders across the county, and increased availability of contracted treatment providers. Due to being a rural county, contracting with out-of-county resources is common including, but not limited to, detox services, residential treatment services for individuals suffering from addiction and severe and persistent mental illness, and group homes.

As a rural county, in terms of services planning there are many barriers that must be addressed. These include access to transportation, employment opportunities, behavioral health staffing shortages, level of poverty, average household income, racial diversity, access to broadband internet, and health insurance. According to the US Census, the mean travel time to work for workers age sixteen and above is 22.8 minutes which is below the State of Ohio average of 23.5 minutes<sup>2</sup>. Approximately seven percent (6.5%) of Huron County residents report not having a vehicle<sup>1</sup>. Public transportation is also a barrier as it is not easily accessible, and the Huron County Transit only operates during normal business hours, requiring a reservation. Approximately one quarter (22.9%) of households in Huron County do not have access to broadband internet services, creating an even greater barrier during the COVID-19 pandemic as many services are now being provided solely via the internet. Additionally, ten percent (10%) of individuals in Huron County identify as disabled which is an additional barrier to service<sup>2</sup>.

As of June 2020, the unemployment rate in Huron County was just below eleven percent (10.7%), placing the county at 0.4% below the unemployment rate for the State of Ohio<sup>3</sup>. It is important to note Huron County's unemployment rate increased by almost five percent (4.8%) from December 2019 to June 2020. Huron County is below the State of Ohio average of high school graduates age 25+ years<sup>2</sup> (88.2% vs. 90.1%) and persons age 25+ years with a bachelor's degree or higher<sup>2</sup> (13.6% vs. 27.8%). The median household income in Huron County is \$51,559 and the percentage of persons in poverty is 11.1%, below the state poverty rate of 13.9%<sup>2</sup>. Financial issues are often cited as a reason for not seeking out behavioral health services, as many do not consider these services to be a primary need. In addition, when basic needs are unable to be met, it is difficult to focus on what many consider to be less important needs such as healthcare.

Huron County struggles to engage and retain qualified behavioral health professionals and staffing shortages are a large barrier in the county. Located approximately one hour away from two major cities, the distance is great enough that pulling recent graduates from colleges located in these areas is a challenge. This barrier leads to increased wait times for services, staff burnout, and difficulty meeting the needs of the population.

Historically, there has been minimal access to services for individuals who speak a language other than English. The MHAS Board is working to partner with HOLA Ohio, an organization with a mission to empower the Latino community by creating opportunities through outreach, education, economic advancement, and

leadership development. Through this partnership, the MHAS Board is working to ensure we are meeting the needs of the Hispanic and Latino population in Huron County. Additionally, the Board's newest member is the Executive Director for Starting Point Outreach, another local organization that works closely with the Hispanic and Latino communities in Huron County. This relationship will assist the Board in connecting with this population, determining the needs, and identifying solutions to meet those needs. Finally, the percentage of individuals without health insurance under age sixty-five is 8.5% which is higher than the State of Ohio average of 7.7%<sup>2</sup>. The results from the 2020 Huron County Health Assessment show under eight percent (7.6%) of individuals in Huron County do not have health insurance and that 59.2% of individuals in Huron County with health insurance have private health insurance, 18.9% report having Medicare, and 21.4% report having Medicaid<sup>1</sup>.

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 were no disputes received by Huron County Family and Children First Council since the last Community Plan.

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 Huron County MHAS Board works closely with Firelands Counseling and Recovery Services to assist persons stepping down from the State Regional Psychiatric Hospital. Based on my limited knowledge of this process, it seems as if a streamlined process for linkage once an individual is released would be very beneficial. Additionally, access to an appropriate level of care and housing as well as funding for these services would assist Boards and communities in ensuring individuals are appropriately stepped down in the continuum of care. Currently, Huron County does not have the appropriate level of care or housing for individuals upon release from the State Regional Psychiatric Hospital. Needs are identified via ongoing conversations with Site Director at Firelands Counseling and Recovery Services, based on needs identified when trying to assist with discharge plans.

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

Priorities	Goals	Strategies	Measurement
Multisystem youth	<ol style="list-style-type: none"> <li>Increase collaboration with local partners to ensure we are meeting the needs of this population.</li> <li>Increased access to services to meet the needs of multisystem youth.</li> </ol>	<ol style="list-style-type: none"> <li>Expand and improve Prevention Coalition.</li> <li>Increase capacity of Family and Children First Council to coordinate services for multisystem youth.</li> <li>Identify needed services to support this population.</li> </ol>	Measurement indicator: Number of multisystem youth served annually. Baseline data: Do not collect this data currently. Target: TBD
Peer Walk-In Center	<ol style="list-style-type: none"> <li>Increased utilization of Peer Walk-In Center in Norwalk to meet the following goals:                             <ul style="list-style-type: none"> <li>Eliminate Barriers to people accessing needed resources.</li> <li>Reduce the number of individuals struggling with mental health and addiction.</li> <li>Reduce stigma associated with mental health and addiction.</li> <li>Provide a safe, convenient, and sober space for individuals to build relationships, implement healthy lifestyle habits and access resources.</li> </ul> </li> </ol>	<ol style="list-style-type: none"> <li>Collaborate with area organizations and businesses to access and connect individuals to community resources related to health and wellness such as; community help groups (AA/NA/NAMI), counseling services, health and fitness services, and services to meet basic needs.</li> <li>Educate and empower individuals to make positive life choices through educational classes, support groups, meetings, and other on-site events.</li> <li>Peer support services: Provide a platform for those in long term recovery to help those new to recovery.</li> </ol>	Measurement indicator: Number of individuals accessing Peer Walk-In Center Baseline data: Do not have this data currently. Target: TBD
Mental Health and Substance Use in the Workplace	<ol style="list-style-type: none"> <li>Educate local employers on mental health and substance use in the workplace</li> </ol>	<ol style="list-style-type: none"> <li>Offer virtual trainings for employers on mental health and substance use in the workplace.</li> <li>Create and distribute resources to employers.</li> <li>Partner with Norwalk Economic Development, Huron County Development Council and Department of Job and Family Services to increase number of connections made with local employers.</li> <li>Partner with local treatment providers for short educational videos on various subjects related to mental health and substance use in the workplace.</li> </ol>	Measurement indicator: Number of employers attending trainings and connecting with MHAS for resources Baseline data: 0 Target: 25
First Responder Services	<ol style="list-style-type: none"> <li>Expand services to provide support for first responders.</li> </ol>	<ol style="list-style-type: none"> <li>Schedule first responder peer support training SFY 2021</li> </ol>	Measurement indicator: Number of first responders trained as peer supporters

		<ul style="list-style-type: none"> <li>2. Resource guide for first responders to include trainings, counseling services, and support.</li> <li>3. Work with contracted providers to discuss options for meeting needs of first responders for counseling services and offer training for clinicians specific to working with first responders.</li> <li>4. CIT training for first responders.</li> <li>5. Schedule educational events/ trainings for first responders to cover variety of behavioral health areas including self-care, resources, coping skills, substance use, etc.</li> </ul>	<p>Baseline data: 15 Target: 22</p> <p>Measurement indicator: Number of officers trained in CIT Baseline data: Do not have this data currently. Target: 10 annually</p>
Community Engagement and Collaboration	<ul style="list-style-type: none"> <li>1. Reduce stigma and increase awareness and acceptance around mental health and substance use.</li> </ul>	<ul style="list-style-type: none"> <li>1. Create virtual community engagement events.</li> <li>2. Social media campaigns</li> <li>3. Community Advisory Committee</li> <li>4. Resource bags</li> <li>5. Newsletters and Press Releases</li> </ul>	<p>Measurement indicator: Number of followers on social media Baseline data: 693 Target: 800</p> <p>Measurement indicator: Number of resource bags distributed Baseline data: 100 Target: 500</p> <p>Measurement indicator: Number of virtual community engagement events for FY21 Baseline data: 1 Target: 6</p>
Timely access to services	<ul style="list-style-type: none"> <li>1. Implement strategies to attract and retain qualified behavioral health professionals.</li> <li>2. Collaborate with providers to discuss barriers leading to long wait times for services, including psychiatric services, and to identify possible solutions.</li> </ul>	<ul style="list-style-type: none"> <li>1. Partner with contracted agencies to determine ways to attract and retain qualified behavioral health professionals.</li> <li>2. Identify minimum of 2 possible solutions for each barrier leading to long wait times for services.</li> </ul>	<p>Measurement indicator: Average wait time for services Baseline data: 2 – 4 weeks Target: 1 – 2 weeks maximum</p>

## 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 primary goals of the Board over the past two years has been increasing collaboration within the community. The Board has made significant progress in this area and has increased collaboration with the following organizations, in addition to contracted providers: Huron County Commissioners, Norwalk United Fund, Huron County Department of Job and Family Services, schools, first responders, Huron County Board of Developmental Disabilities, Norwalk Economic Development, Huron County Development Council, Norwalk Chamber of Commerce, Huron County probation, Huron County Court of Common Pleas, Huron County Probate Court, Huron County Municipal Court, Emergency Management Agency, Norwalk Park and Rec, NAMI, Huron County Health Department, Salvation Army, local hospitals, other Board areas, and individuals in recovery. Many of these local partners are included in the priority area collaborations listed below.

In addition to local partners, for all the priority areas listed below one of the most important needed collaborations is with OhioMHAS. This collaboration is needed for guidance, support, resources, and funding. Because this collaboration is uniform across all priorities, it is not listed under each individual priority area. Additionally, the Board is not listed in any of the below collaborations as the Board will be involved in each listed collaborative effort.

### Multisystem Youth:

- Partners: Huron County Juvenile Court, Huron County Board of Developmental Disabilities, Huron County Department of Job and Family Services, treatment providers, Huron County Family and Children First Council
- Efforts: Increase collaboration amongst parties listed above with the goal of ensuring we are meeting the needs of multisystem youth in the county. This collaboration will assist us in identifying gaps, determining needed services to meet needs, and developing a plan on how to implement needed services.

### Peer Walk-In Center:

- Partners: Let's Get Real, treatment providers
- Efforts: Let's Get Real currently oversees the local Peer Walk-In Center. This collaboration will help improve awareness of this resource which will in turn hopefully improve utilization. Additional collaboration with the community and other local partners may be needed as Peer Walk-In Center becomes more established to help draw in needed resources to meet the needs of the community.

### Mental Health and Substance Use in the Workplace:

- Partners: Norwalk Economic Development, Huron County Development Council, Huron County Chamber of Commerce, Huron County Department of Job and Family Services, treatment providers
- Efforts: The primary goal of collaborating with above listed parties is to increase connection to local employers to inform them of mental health and addiction in the workplace resources and to assist them in meeting their unique needs. Each organization listed above has established relationships with a variety of local employers and we hope to capitalize on these relationships to share resources and information. Collaboration with treatment providers will allow for additional resources for employers, including videos on mental health and/or addiction issues in the workplace.

#### Community Engagement and Collaboration:

- Partners: United Fund, community, local partners and stakeholders, contracted agencies
- Efforts: The current pandemic highlighted the need for creative outreach initiatives and collaboration to share and promote these initiatives is critical. Collaboration with all local partners and contracted agencies is needed to ensure available resources and services are reaching as many community members as possible. Collaboration with members of the community is also needed as we rely on them to share resources as they become aware of them and extend our reach.

#### Timely Access to Services:

- Partners: treatment providers, colleges, and universities within 50-mile radius
- Efforts: Prior to the pandemic, Huron County was experiencing a shortage in behavioral health professionals, and the pandemic has only increased this shortage. We will collaborate with local colleges and universities to attract interns with the goal of having them join our behavioral health workforce upon graduation. Collaboration with treatment providers is also necessary to identify gaps, outside of workforce shortage, leading to increase wait times and to identify solutions. Additionally, treatment providers will play an active role in attracting and employing interns and staff to help meet the needs of the community. Other potential collaboration, if needed, may include economic development organizations and local leaders such as the Huron County Commissioners, mayors, and city managers.

#### Persons who are intravenous/injection drug users:

- Partners: Let's Get Real, treatment providers, Catholic Charities Miriam House, House of Hope
- Efforts: Collaboration with Let's Get Real will help us to meet the goal of increased capacity for peer recovery services in the county. Contracted treatment providers will assist in increasing access to, and utilization of, MAT services through referrals for these services as well as, when possible, offering these services to the community. Miriam House and House of Hope are Huron County's current recovery houses and are relied upon to serve this population. Expansion of recovery housing in Huron County will include collaboration with these two organizations to identify needs and develop solutions.

Women who are pregnant and have a substance use disorder:

- Partners: Fisher Titus, Mercy Health, Huron County Health Department, Huron County Department of Job and Family Services, treatment providers
- Efforts: Collaboration with the identified parties is necessary to create and implement early identification strategies to link pregnant women with SUD to needed services. This collaboration will also include sharing of available resources so accurate referrals may be made when needed.

Parents with SUDS who have dependent children:

- Partners: Huron County Department of Job and Family Services, Family Dependency Court, treatment providers
- Efforts: Collaboration between all listed parties is necessary to ensure parents with SUDs who have dependent children are being linked with needed services. In many cases the Family Dependency Court takes the lead on this collaboration, pulling together all needed organizations to help serve everyone involved in their program. Additional collaboration with unidentified partners will be needed to increase access to evidence-based parenting resources, while collaboration with identified parties will assist in utilization of these services once in place.

Individuals with tuberculosis and other communicable diseases:

- Partners: Huron County Health Department, Fisher Titus, Mercy Health, treatment providers
- Efforts: Collaboration between all identified parties is necessary to best serve this population as referrals will be made by treatment providers to the other parties. Resources shared by treatment providers will be provided by either the local hospitals or health department.

Children with Serious Emotional Disturbances:

- Partners: Huron County Department of Job and Family Services, Huron County Family and Children First Council, treatment providers, schools
- Efforts: Collaboration amongst all parties is needed to serve this population as identification of needs may come from any of the listed parties and referrals and communication between parties will be needed to best serve youth and their families. HCFCFC is the county's primary prevention organization and will take the lead on identifying and implementing needed prevention services and will work closely with other listed partners.

Adults with Serious Mental Illness:

- Partners: NAMI, treatment providers, Catholic Charities

- Efforts: Ongoing collaboration with identified parties is needed to ensure this population is being served and needs are being met. Through this collaboration, parties will work together to meet the needs of clients, identify ongoing needs at a community level for services for this population, and will help to identify proposed solutions.

Homeless persons and persons with mental illness and/or addiction in need of supportive housing:

- Partners: Salvation Army, area faith-based organizations, United Fund, Volunteers of America, treatment providers, and Huron County Metropolitan Housing Authority, Huron County Department of Job and Family Services
- Efforts: Collaboration amongst identified parties is critical to addressing the needs of homeless persons in Huron County. Currently, we do not have any shelters or transitional housing available for homeless individuals and involvement by all parties is needed to identify and implement solutions around supportive housing in Huron County. Treatment providers will be included in the collaboration to address mental health and/or substance use needs.

Older Adults:

- Partners: Catholic Charities, Senior Enrichment Services, treatment providers
- Efforts: Collaborative efforts to serve older adults will include sharing resources, increasing awareness of available services in the older adult population, reducing barriers for older adults seeking services, identifying needs of this specific population, and developing solutions to identified needs.

MH/SUD treatment in criminal justice system – in jails, prisons, courts, assisted outpatient treatment:

- Partners: Huron County Sheriff, local law enforcement, probation, courts, treatment providers
- Efforts: Ongoing collaboration is needed between all parties to address MH/SUD in criminal justice system including meetings at least once quarterly to discuss needs and progress. Treatment providers will work closely with sheriff and local law enforcement around full time behavioral health staff in jail and crisis telehealth services. Ongoing collaboration will also include frequent communication regarding MAT referrals and utilization of services.

Integration of behavioral health and primary care services:

- Partners: treatment providers, Huron County Health Department, Fisher Titus, Mercy Health
- Efforts: Collaboration between identified parties is needed to ensure correct screening tools are utilized by treatment providers and to regularly review referral process.

Recovery support services for individuals with mental illness or substance use disorders (housing, employment, peer support, transportation):

- Transportation Partners: treatment providers, local transportation organizations, commissioners, Great Lakes Community Action Partnership, United Fund, Huron County Department of Job and Family Services
- Transportation Efforts: Ongoing collaboration is needed to determine transportation options for behavioral health clients, funding for transportation services, and to identify solutions to barriers.
- Housing Partners: United Fund, Salvation Army, Volunteers of America, Catholic Charities, Family Life Counseling, city and county leaders, Huron County Department of Job and Family Services
- Housing Efforts: Collaborative efforts will include identifying solutions for transitional housing, determining needs around recovery housing, and obtaining funding and locations for these services.
- Peer Support Partners: Let's Get Real, NAMI, treatment providers
- Peer Support Efforts: Expansion of peer support services will include collaboration between identified parties. Let's Get Real will lead the expansion and provide trainings while other organizations will send referrals and assist in identifying potential peer supporters in the county.
- Employment Partners: Huron County Development Council, Norwalk Economic Development, Huron County Chamber of Commerce, local employers, Huron County Department of Job and Family Services
- Employment Efforts: Collaboration is needed to develop Recovery Friendly Workplaces in the county and each identified party will play an active role in reaching out to existing partners to begin this process.

Promote health equity and reduce disparities across populations (racial, ethnic, linguistic, LGBTQ):

- Partners: HOLA, Starting Point Outreach, United Fund, treatment providers
- Efforts: Implementation and promotion of LGBTQ trainings will include collaborative efforts with treatment providers and other community partners. Expansion of services to Hispanic and Latino population will include collaboration with all identified parties and initial focus will be on how to best reach this population and begin building relationships and trust. Updating documents and website to increase access for Spanish speaking population will involve collaboration with Starting Point Outreach and HOLA for referral to someone who can assist with these projects.

Prevention and/or decrease of opiate overdoses and/or deaths:

- Partners: treatment providers, Let's Get Real, Huron County Health Department, Fisher Titus, Mercy Health, Huron County Sheriff's Office, Norwalk Police Department, Willard Police Department, treatment providers, local pharmacies
- Efforts: Collaboration between all identified parties is needed to reduce the number of opiate overdoses and deaths in Huron County. Collaboration between Let's Get Real and local hospitals is

needed to implement warm handoff process to link individuals who have recently overdosed with treatment services. Expansion of the Quick Response Team will include collaborative efforts between Let's Get Real, treatment providers, Huron County Sheriff's Office, Norwalk Police Department, Willard Police Department, and other local law enforcement agencies that are willing to participate with the goal of having all local law enforcement agencies involved. Let's Get Real will collaborate with the Huron County Health Department and all local partners in training and distributing Narcan to the community. Finally, collaboration around the distribution of Detera bags will include local law enforcement, local hospitals, and local pharmacies as well as any other identified distribution channel.

#### Promote Trauma Informed Care approach:

- Partners: schools, Huron County Department of Job and Family Services, treatment and prevention providers, Huron County Family and Children First Council
- Efforts: Collaboration between identified parties is needed to assess trauma informed services and to plan and implement needed trainings within organizations and the community. Additional collaborative partners will be needed in the future to sustain trauma informed care initiatives throughout the county and all organizations.

#### Ensure prevention services are available across the lifespan:

- Partners: Prevention Coalition, schools, treatment and prevention providers, Huron County Department of Job and Family Services
- Efforts: Collaboration is needed to assess current prevention services and determine gaps in these services. From there, additional collaboration will be needed to identify and implement solutions to fill gaps and meet the needs of the community.

#### Increase access to evidence-based prevention:

- Partners: Prevention Coalition, schools, treatment and prevention providers, Huron County Family and Children First Council
- Efforts: Educating prevention providers and schools on evidence-based prevention services will be the first step in this collaborative effort. Additional collaboration and training will be needed to transition from current services to evidence-based services that meet the same need.

#### Suicide prevention:

- Partners: schools, treatment and prevention providers, Huron County Family and Children First Council, NAMI, Huron County Department of Job and Family Services, community, Huron County Health Department, local media outlets

- Efforts: Collaborative efforts are needed to reduce the number of suicide deaths in Huron County. Collaboration with all community partners and Huron County residents is needed to expand the reach of the Don't Give Up movement. Collaboration between treatment providers, schools, and local organizations to provide and promote QPR trainings to the workforce and the community will be needed to ensure we are reaching and training as many people as possible. Collaboration between schools, treatment providers, and Huron County Family and Children First Council will focus on implementing suicide prevention programming in the school and developing and training staff on a postvention plan. Collaboration between all parties will be needed to share information regarding Crisis Text Line and Huron County Crisis Hotline, again with the goal of reaching as many people as possible. Finally, collaboration with the media and other local partners is needed to ensure the media is educated and/or reminded on a quarterly basis of the reporting guidelines around suicide.

**Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations:**

- Partners: treatment providers
- Efforts: Collaboration with treatment providers is necessary to ensure all contracted treatment providers are screening for problem gambling.

<b>Inpatient Hospital Management and Transition Planning</b>
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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.

The Executive Director has had minimal interaction with the state hospital since starting in the role. Increased collaboration and understanding around the Board's partnership with the state hospital is needed. The Huron County Sheriff, local hospitals, and outpatient treatment providers will be included in meetings with the state hospital as we improve our partnership.

The Board has representation from our two local hospitals, Mercy Willard and Fisher Titus, and these Board members provide ongoing input around needed services and supports. Ongoing discussions will center around utilization and preparing for a potential surge due to the current pandemic. Currently, the discharge planning process is managed by each individual hospital and the Board does not play a role in this transition.

We are currently working on a partnership between our local hospitals and our peer recovery organization, Let's Get Real, to develop a peer support warm handoff process with the goal of working together to meet the needs of individuals struggling with mental health and/or substance use issues.

### 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 Huron County Board of Mental Health and Addiction Services**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p><b>SAPT-BG: Mandatory (for OhioMHAS):</b> Persons who are intravenous/injection drug users (IDU)</p>	<ol style="list-style-type: none"> <li>1. Increase access to Certified Peer Support Services.</li> <li>2. Increase access to recovery housing.</li> <li>3. Increase access to MAT.</li> <li>4. Increase access to detox and residential treatment services.</li> </ol>	<ol style="list-style-type: none"> <li>1. Continued funding for Peer Support services.</li> <li>2. Seek out funding for recovery housing.</li> <li>3. Utilize SOR funding to expand access to MAT through Recovery Navigator Services. Board contracted with Oriana House to provide MAT services (Vivitrol) in the jail and community in addition to Vivitrol services being available through the Huron County Health Department and Vivitrol and Suboxone being available through Firelands.</li> <li>4. Continue to utilize out-of-county detox and residential treatment services including Erie County Detox and Blanchard Valley. Expand peer support services to increase access to detox by providing transportation to detox services for individuals seeking this service.</li> </ol>	<p>Measurement indicator: 90% capacity for IDU Baseline data: 0 agencies at 90% capacity for all of FY20 Target: 0 agencies at 90% capacity for all of FY21</p> <p>Measurement indicator: Number of clients served for peer support services Baseline data: Do not have baseline data as this is a newly funded service Target: TBD</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No assessed local need</li> <li><input type="checkbox"/> Lack of funds</li> <li><input type="checkbox"/> Workforce shortage</li> <li><input type="checkbox"/> Other (describe):</li> </ul>
<p><b>SAPT-BG: <u>Mandatory for boards:</u></b> Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)</p>	<ol style="list-style-type: none"> <li>1. Collaboration with local hospital systems, Huron County Health Department and DJFS.</li> </ol>	<ol style="list-style-type: none"> <li>1. Identify early intervention strategies to link women who are pregnant and have a substance use disorder with needed services and/or treatment.</li> </ol>	<p>Measurement indicator: Number of pregnant women with SUD linked with treatment services Baseline data: Do not have this data currently Target:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No assessed local need</li> <li><input type="checkbox"/> Lack of funds</li> <li><input type="checkbox"/> Workforce shortage</li> <li><input type="checkbox"/> Other (describe):</li> </ul>

<p><b>SAPT-BG: Mandatory for boards:</b> Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) &amp; 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)</p>	<p>1. Collaboration with DJFS, Juvenile Court’s Family Dependency Court, treatment providers. 2. Increased access to evidence-based parenting resources and services.</p>	<p>1. Continued funding of Family Dependency Court Coordinator position. 2. Continue to address barriers to treatment for this population including need for same day access to assessment. 3. Identify current parenting resources and services and implement evidence-based services as needed.</p>	<p>Measurement indicator: Number of parents served through Family Dependency Court in FY21 Baseline data: 8 served in FY20 Target: 10</p> <p>Measurement indicator: Number of parenting services available. Baseline data: 0 Target: 1</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p><b>SAPT-BG: Mandatory (for OhioMHAS):</b> Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>	<p>1. Collaboration with Huron County Health Department and local hospitals. 2. Early identification of health concerns.</p>	<p>1. Develop streamlined referral process with Huron County Health Department and local hospital systems for individuals who indicate diagnosis of tuberculosis or other communicable disease. 2. Ensure contracted providers include screening questions for tuberculosis and other communicable diseases in their intake and/or assessment and throughout treatment. Require contracted providers to distribute educational material to clients regarding communicable diseases.</p>	<p>Measurement indicator: Percentage of client’s screened for tuberculosis and other communicable diseases during intake and throughout treatment. Baseline data: 100% in FY20 Target: 100% in FY21</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p><b>MH-BG: Mandatory (for OhioMHAS):</b> Children with Serious Emotional Disturbances (SED)</p>	<p>1. Increase access to mental health prevention programming. 2. Increase number of available services/supports in the county for children with SED.</p>	<p>1. Seek out funding for mental health prevention programming. 2. Collaborate with schools and providers to expand school-based mental health services and prevention. 3. Ensure clinical services are available to the community on a sliding fee scale.</p>	<p>Measurement indicator: OHYes survey results Baseline data: OHYes will be administered for the first time in FY21 and will be administered every year following Target: TBD</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>

<b>MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</b>	1. Increase access to treatment services for adults with SMI. 2. Continued collaboration with Catholic Charities guardianship services. 3. Continued collaboration with NAMI support services.	1. Continued funding of Catholic Charities guardianship program. 2. Continued funding for SMI services through Firelands Counseling.	Measurement indicator: Number of SMI adults served during FY21 Baseline data: 8 (AAS) Target: 9 or more	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing</b>	1. Increase access to safe, affordable housing for individuals with mental illness and/or addiction.	1. Work with local Salvation Army, area faith-based organizations, DJFS and Huron County Metropolitan Housing Authority to continue to explore available options for increasing housing for persons with mental illness and/or addiction.	Measurement indicator: Number of homeless individuals in Huron County Baseline data: 23 Target: 10	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-Treatment: Older Adults</b>	1. Continued collaboration with Catholic Charities guardianship services and Senior Enrichment Services. 2. Increased education and resources for older adults.	1. Continued funding of Catholic Charities guardianship program and the Age Exchange program with Senior Enrichment Services 2. Develop and distribute resources specific to this population.	Measurement indicator: Number of older adults served during FY21 Baseline data: 53 (FY20) Target: 70	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

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

Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	1. Expand MH/SUD treatment services for individuals involved in criminal justice system. 2. Reduce recidivism rates. 3. Early identification of MH/SUD individuals in criminal justice system.	1. Partner with local law enforcement, probation, courts, and treatment providers to assess need. 2. Fund full time behavioral health staff at Huron County Jail. 3. Increase access to crisis services for individuals in the jail through use of telehealth. 4. Expand availability of MAT in jail.	Measurement indicator: Recidivism rate in Huron County. Baseline data: Do not have this data currently. Target:	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

		<p>5. Continue to coordinate with Courts to use Indigent Driver Alcohol and other drug Treatment Funds for treatment.</p> <p>6. Continue to provide linkage services for access to treatment for individuals released from jail through Firelands Counseling and Recovery Services.</p> <p>7. Continue to serve as active member of Community Corrections Board.</p>		
Integration of behavioral health and primary care services	<p>1. Collaboration with Huron County Health Department and local hospital systems.</p> <p>2. Early identification of medical needs.</p>	<p>1. Explore potential opportunities for integration.</p> <p>2. Ensure contracted providers are screening for medical issues during intake and/or diagnostic assessment, as well as throughout the course of treatment and referring appropriately as needed.</p>	<p>Measurement indicator: Number of clients at contracted treatment providers screened for medical issues during FY21</p> <p>Baseline data: Do not have this data currently</p> <p>Target: TBD</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	<p>1. Increase access to transportation services for behavioral health population.</p> <p>2. Increase access to safe and affordable housing for individuals with SUD and mental illness.</p> <p>3. Increase mental health and substance use peer support throughout the county.</p> <p>4. Increase number of employers willing to be "Recovery Friendly Workplaces".</p>	<p>1. Identify and assess options for increased transportation resources in county.</p> <p>2. Partner with other community organizations to expand transportation resources.</p> <p>3. Obtain funding to assist with expansion of housing.</p> <p>4. Release RFI for recovery housing.</p> <p>5. Collaborate with community partners including Salvation Army, United Fund, Huron Metropolitan Housing Authority on transitional housing, and DJFS.</p> <p>6. Expand workforce of certified peer supporters for both mental health and substance use.</p>	<p>Measurement indicator: Number of treatment providers offering transportation services to clients</p> <p>Baseline data: 2 out of 3</p> <p>Target: 3</p> <p>Measurement indicator: Number of available recovery housing beds</p> <p>Baseline data: 18 beds</p> <p>Target: 24 beds</p> <p>Measurement indicator: Number of peer recovery supporters in Huron County</p> <p>Baseline data: 2</p> <p>Target: 6</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

		7. Partner with Norwalk Economic Development, Huron County Development Council and local employers to create 'Recovery Friendly Workplaces'	Measurement indicator: Number of Recovery Friendly Workplaces Baseline data: Do not have this data currently. Target: TBD	
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	1. Increased LGBTQ services and trainings. 2. Collaboration with Starting Point Outreach and HOLA for services for Hispanic and Latino population.	1. Educate community on disparities. 2. Work with local contracted providers to develop and implement LGBTQ services including trainings and community education. 3. Continue to work on developing partnerships with Starting Point Outreach and HOLA to expand services for Hispanic and Latino community. 4. Update Board website and documents to include accessibility for individuals who speak another language. 5. Promote access to services for minority groups.	Measurement indicator: Number of LGBTQ trainings annually Baseline data: 1 in FY20 Target: 2 in FY21  Measurement indicator: Number of Hispanic individuals engaging in services Baseline data: We have not collected this data in the past Target: TBD	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	1. Decrease opiate overdoses and deaths. 2. Expand access to Detera bags and drug drop boxes. 3. Increased access to treatment through peer support services.	1. Expansion of Quick Response Team. 2. Implement Warm Handoff Process utilizing local peer recovery supporters. 3. Narcan trainings for community and Narcan distribution. 4. Reduce stigma and educate community around opiates and opiate overdoses. 5. Expand availability of peer support services. 6. Distribute Detera bags at local pharmacies and physicians' offices, as well as local hospitals, police departments, and community events.	Measurement indicator: Number of opiate overdose deaths Baseline data: 16 opiate overdose deaths in 2018 Target: 15 or less	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

		7. Educate public on locations of drug drop boxes, Detera bags, and dangers of prescription abuse. 8. Monitor number of unintentional drug overdose deaths.		
Promote Trauma Informed Care approach	1. Increase awareness and implementation of Trauma Informed Care in the county.	1. Trainings for treatment providers, prevention organizations and schools. 2. Trauma Informed Care and trauma education for community. 3. Assess access to trauma specific services. 4. If needed, increase access to trauma specific services in the county.	Measurement indicator: Number of organizations completing Trauma Informed Care trainings Baseline data: 5 Target: 10	<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
<b>Prevention:</b> Ensure prevention services are available across the lifespan	1. Expansion of prevention services across the lifespan.	1. Assess current prevention services. 2. Determine gaps in services.	Measurement indicator: Prevention services available for all ages Baseline data: Do not have this data currently. Target: TBD	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Increase access to evidence-based prevention	1. Increased implementation of evidence-based prevention programs.	1. Educate prevention providers on evidenced-based prevention programs vs. current programming. 2. Work with providers to change current programming to an evidence-based program. 3. Prioritize funding evidence-based prevention programs.	Measurement indicator: Number of prevention providers utilizing evidence-based prevention programs Baseline data: 0 Target: 3	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Recovery Ohio and Prevention:</b> Suicide prevention	1. Decrease number of suicide deaths in Huron County.	1. Don't Give Up initiative.	Measurement indicator: Number of suicide deaths in Huron County	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds

	Increase awareness of resources including crisis hotline and Crisis Text Line.	<ol style="list-style-type: none"> <li>2. Expanded QPR trainings for community.</li> <li>3. Suicide prevention programming in all schools.</li> <li>4. Creation and implementation of Postvention Plan in schools.</li> <li>5. Sharing media guidelines quarterly.</li> <li>6. Continued collaboration with local Suicide Prevention Coalition.</li> </ol>	Baseline data: 11 suicide deaths in 2018 Target: 10 or less suicide deaths	<input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	1. Increase utilization of problem gambling screening tools by treatment providers.	<ol style="list-style-type: none"> <li>1. Assess current utilization of problem gambling screening tools.</li> <li>2. Add requirements in contract around use of problem gambling screening tools.</li> </ol>	Measurement indicator: Number of treatment providers utilizing problem gambling screening tools Baseline data: 2 out of 3 currently use Target: 3	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

## Community Plan Appendix 1: Alcohol & Other Drugs Waivers

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

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

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

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

### B. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	Identifier Number	ALLOCATION

### C. Request for Generic Services

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

B. AGENCY	Identifier Number	SERVICE	ALLOCATION

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

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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.

Huron County Board of Mental Health and Addiction Services

\_\_\_\_\_  
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/>

<sup>1</sup> 2020 Huron County Health Assessment (will not be released to the public until 10/1/20 so I am unable to include a link at this time)

<sup>2</sup> <https://www.census.gov/quickfacts/fact/table/huroncountyohio/PST045219>

<sup>3</sup> <https://ohiolmi.com/Home/RateMapArchive>