

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

**Enter Board Name: Tri-County Board of Recovery & Mental Health Services
(Miami-Darke-Shelby)**

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?

In early 2020 the Tri-County Board began a three-year strategic planning process. An online survey was used as a principal means of research. Community agencies, local government entities and the public was invited to participate from Miami, Darke and Shelby Counties. Based on the surveys provided the following 6 priorities were established.

1. Enhance Access to Services

The Tri-County Board will invest in research, technology, and other resources to improve access to mental health and addiction services through:

- Mobilization of assessment, intake, treatment and case management services
- Enhanced application of telehealth and telemedicine
- Assisting providers with workforce development, recruitment and retention efforts to ensure appropriate licensure of staff, extended hours for services, and mobilization of services

2. Enhance Asset Management

The Tri-County Board will enhance data systems and procedures to track utilization, maintenance, and management of facilities and other assets.

3. Establish a Permanent Administrative and Training Center

The Tri-County Board will establish a modern, efficient and accessible administrative center owned by the Board, with flexible use facilities for agency and community partners, including a well-equipped, safe and modern training and meeting space.

4. Reduce the Impact of Suicide

The Tri-County Board will invest in education, training, and other resources to enhance suicide prevention across all age groups, with particular attention to youth and to the agricultural community.

5. Enhance Youth Services

The Tri-County Board will invest in evidence-based or emerging best practice approaches to build resiliency in youth; to establish effective prevention strategies in schools and community youth organizations; for broader adoption of screening and early intervention for mental health or substance use; and to improve access to treatment services for youth.

6. Plan for and Respond to Behavioral Health Impacts of Trauma

Trauma can occur as a result of social, economic and environmental conditions, and is a significant risk factor for mental health and substance use disorders. The Tri-County Board will invest in evidence-based or emerging best practice approaches to build resiliency in communities, including but not limited to community crisis response, warmlines, inter-agency and community planning, and emergent systems.

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

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

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

See Board Local System Priorities (add as many rows as needed) on page 5-6.

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.

Economic, Social, and Demographic Factors influencing Service Delivery:

POPULATION: In 2019 Miami County had a population of 106,987, Darke County had a population of 51,113 and Shelby County had a population of 48,590.

HOUSEHOLD INCOME: In 2019 the Ohio median household income was \$54,533. Miami (\$57,544) and Shelby (\$61,042) counties both experienced an increase in median household incomes, and remain above the state's median household income. Darke County residents continue to earn below the Ohio median income (\$52,691). Across all 3 counties, the per capita personal income was 12% below the state average of \$30,304.

(U.S. Census QuickFacts)

POVERTY: In 2019 Miami County had 7.9% of persons living in poverty. Darke County had 9.5% of persons living in poverty and Shelby County had 9.0% of persons living in poverty. Ohio had 13.9% of persons living in poverty. The United States had 11.8% living in poverty.

(U.S. Census QuickFacts)

EMPLOYMENT/INSURANCE: The Tri-County Board's three counties were below Ohio's overall unemployment rate of 10.9% in June 2020. Miami County had 9.2% unemployment rate and ranked 21 of 88 counties in unemployment rates. Darke County had 8.2% unemployment rate and ranked 10 of 88 counties in unemployment rates. Shelby County's unemployment rate was 10.1% and ranked 43 of 88 counties. In 2019 Miami County had 7.6% of the population under 65 years old who did not have health insurance. Darke County had 8.6% under 65 without insurance and Shelby County had 6.8%. Ohio's uninsured rate is at 7.7%. United States has a 10% uninsured rate.

(U.S. Census QuickFacts)

(Ohio Dept of Job and Family Services)

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

The Tri-County Board is involved in the Family and Children First Council in all three counties. The Family and Children First Council aligns the services, resources, initiatives, and policies/rules to reduce the duplication of efforts that often occurs from the state level and at the local level. The TCB participates in coordinating services and supports for individual families that require family-centered team planning, community involvement, pooled resources, and identification of existing and needed services. The

Miami County FCFC Coordinator is housed at the Tri-County Board and is a financial partnership with the FCFC.

No cases have come before the local FCFCs for dispute resolution.

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 and contract agency staff participate in discharge planning with State Regional Psychiatric Hospitals as much as possible in order to assure that treatment needs are met. Adequate services are available for those individuals returning from the State Hospital.

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

Priorities	Goals	Strategies	Measurement
Enhance Access to Services	The Tri-County Board will invest in research, technology, and other resources to improve access to mental health and addiction services.	<ul style="list-style-type: none"> • Mobilization of assessment, intake, treatment and case management services. • Enhanced application of telehealth and telemedicine. • Assisting providers with workforce development, recruitment and retention efforts to ensure appropriate licensure of staff, extended hours for services, and mobilization of services. 	<p>Measurement indicator: Points of Access to Mental Health and Behavioral Health Services in three counties. Baseline data: Points of Access to Mental Health and Behavioral Health Services in FY19. Target: Expanding points of access.</p> <p>Measurement indicator: Wait times between assessment to first appointment. Baseline data: FY19 Wait times between assessment to first appointment. Target: Decreasing wait times between initial assessments and entry into care.</p>
Reduce Impact of Suicide	The Tri-County Board will invest in education, training, and other resources to enhance suicide prevention across all age groups, with particular attention to youth and to the agricultural community.	<ul style="list-style-type: none"> • Continue to facilitate Mental Health First Aid for Youth and Adult. • Continue to facilitate QPR trainings on suicide prevention. • Investigate a Suicide Postvention program. • Continue to participate in Hope Squad and other similar evidenced base initiatives to collaborate with Miami, Darke and Shelby County Schools. • Research and implement a PSA campaign on suicide prevention. • Partner with agricultural communities to develop collaboration for suicide prevention and mental health education including county extensions and co-ops. 	<p>Measurement indicator: 5-year average suicide rate in the catchment area. Baseline data: 5-year average 2014-2018 of suicide data. Target: Downward trend in 5-year average suicide rate in the catchment area.</p>

		<ul style="list-style-type: none"> • Continue collaboration with Edison Community College on self-assessment and education on mental health issues. • Develop and provide mental health education that is high quality, modular, responsive, and customizable for schools, businesses and the general community. 	
Enhance Youth Services	The Tri-County Board will invest in evidence-based or emerging best practice approaches to build resiliency in youth; to establish effective prevention strategies in schools and community youth organizations; for broader adoption of screening and early intervention for mental health or substance use; and to improve access to treatment services for youth.	<ul style="list-style-type: none"> • Hope Squad collaboration with schools. • K12 • Video play-on-demand resilience workshops for educators and parents • Continue to facilitate Mental Health First Aid for Youth. • Continue to facilitate QPR suicide prevention training. • Develop and provide mental health education that is high quality, modular, responsive, and customizable for schools, businesses and the general community. • Enhanced application of telehealth and telemedicine. 	<p>Measurement indicator: Number of programs implemented. Baseline data: Number of programs implemented in FY19. Target: Increase number of programs.</p> <p>Measurement indicator: Points of Access to Mental Health and Behavioral Health Services in three counties. Baseline data: Points of Access to Mental Health and Behavioral Health Services in FY19. Target: Expanding points of access.</p>
Plan for and Respond to Behavioral Health Impacts of Trauma	The Tri-County Board will invest in evidence-based or emerging best practice approaches to build resiliency in communities, including but not limited to community crisis response, support resources, inter-agency and community planning, and emergent systems.	<ul style="list-style-type: none"> • Pandemic-related resilience workshops for high-impact workers • Video play-on-demand resilience workshops for educators and parents • Self-care training • Expanding Crisis Response Team 	<p>Measurement indicator: Number of programs and outreach offered. Baseline data: Number of programs and outreach in FY19. Target: Increase number of programs or opportunities for outreach.</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?)

Private Hospitals: We continue to contract with several hospitals for indigent psychiatric care, including Access Hospital, Upper Valley Medical Center, Kettering Behavioral Medicine Center, and Haven Behavioral Hospital of Dayton.

Sheriff Departments: We work with the Miami, Darke and Shelby County jails with central pharmacy contracts to cover the costs of psychiatric medications for inmates. In addition, we allow the jails to utilize CPS to access MAT medications for inmates who are participating on our MAT teams.

Medication Assisted Treatment Teams: The Tri-County Board is an active member of the MAT teams in Shelby and Miami Counties. These partnerships have greatly increased the number of people successfully establishing recovery and completing their probationary requirements. The Tri-County Board also contracts with the Miami County jail to provide services to the inmate while incarcerated so the inmate can receive a vivitrol shot before being released into the community.

Re-Entry Program: A jail reentry program is established to serve the three-county jail system through the BH/CJ Linkage grant. The prison reentry program has also been continued.

Law enforcement and First Responder Training & Support: We continue to have a large response in support of our annual Tri-County Crisis Intervention Team Academy with our 14th year celebration. We offer CIT Companion courses for court officers, dispatchers and a cross training for behavioral health professionals as well. In 2019 we held a First Responder Support event and sponsored a well-known author who has experience with PTSD and vicarious trauma for first responders. Tri-County Board has Mental Health First Aid Trainers who are certified in the specialty areas of Law Enforcement, Corrections and Public Safety and Fire & EMS. The Tri-County Board also works with the local college by supporting the Peace Officer Academy.

Family & Children First Council: The Board regularly participates in the executive committee as well as full council of all 3 FCFCs. The Board employs the Miami FCFC Coordinator through a partnership with that FCFC.

Continuum of Care: We have Board representatives regularly attending care groups that address homelessness in the tri-county area.

NAMI: The Board employees a part time position for a NAMI coordinator to assist the NAMI Darke, Miami and Shelby Counties affiliate in coordinating their efforts of advocacy, education, and support. The Tri-County Board continues to offer office and training space at no charge.

Mental Health First Aid: The Board continues to provide Mental Health First Aid and Youth Mental Health First Aid training opportunities to the community, agencies, businesses, law enforcement & corrections, fire & EMS and the schools. Mental Health First Aid teaches a 5-step action plan to offer initial help to people with the signs and symptoms of a mental illness or in a crisis, and connect them with the appropriate professional, peer,

social, or self-help care. Anyone can take the 8-hour Mental Health First Aid course — first responders, students, teachers, leaders of faith communities, human resources professionals, and caring citizens.

Youth Led Prevention: The Board and Provider agencies continue to plan and schedule Youth Led Activities in the three-county area.

Drug Prevention Coalitions: The Board is an active participant in several different drug prevention coalitions including the Miami County Drug Free Coalition, Shelby County Drug Free Coalition and the Coalition for a Healthy Darke County.

Crisis Response Team: The Tri-County Crisis Response Team provides services upon request to any local business, school, first responders, or other community group within Darke, Miami, and Shelby counties where a crisis-like event has taken place. The Tri-County Crisis Response team is dispatched 24 hours a day, 7 days a week through the Tri-County Crisis Hotline.

PAX: The Tri County Board has supported a total of seven school districts with the implementation of the PAX Good Behavior Game. The Tri County Board has given on-going support by partnering with the Miami County Educational Service Center to provide a PAX Partner to give on-going support to the teachers in the classrooms so that PAX Good Behavior Games is implemented to fidelity for the maximum benefit. The Tri County Board hosted a PAX Community Tools training for the agencies in the three counties. The Tri County Board has a staff trained as a trainer in the PAX Community Tools, has purchased the needed items to provide the training to agencies and to parents of the schools using PAX Good Behavior Games.

Q, P, R: Question, Persuade, Refer: A Suicide Prevention Training: The Tri County Board has a staff trained as a trainer for this. These trainings have taken place in schools, corrections facilities, and local agencies.

Community Trainings & Awareness: The Tri County Board offers a variety of trainings and presentations to support the three counties. This includes Mental Health Basics, Youth and Teen Mental Health Basics, Preparing Your School When a Tragedy Strikes, De-Escalation, Trauma Informed Approach: Key Assumptions and Principals, Vicarious Trauma and Self Care, and Hidden in Plain Sight. The Tri County Board will also work with an agency, business or school to develop a custom designed training.

CEU Trainings for Professionals: The Tri County Board has become certified by the Ohio Counselor, Social Work and Marriage & Family Therapist Board to provide CEU's. The Tri County Board has a goal to bring in trainers who have expertise in current and best practice topics to support the area mental health providers and improve the quality of the services received by the individuals living in the counties that we serve. The Tri County Board's goal is to offer one training each month with CEU's available.

STAR House: The Tri-County Board was an instrumental partner in the building and operation of the Shelby County STAR House (Sheriff's Treatment and Recovery House). This is a transition home for those leaving the Shelby County jail under the MAT (Medication Assisted Treatment) program who need a healthy, structured environment to continue in their recovery.

Stepping Up Initiative: The Tri-County Board is an active participant in the Stepping Up Initiative in Shelby and Miami Counties. Stepping Up is a national movement to reduce the number of people with mental illness in jails. In Ohio, the initiative is funded by Peg's Foundation under the direction of Retired Justice Evelyn Stratton.

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?

The Tri-County Board collaborates mental health providers in the three counties to provide clients a safe and beneficial transition to their community. This may include linkage to housing, behavioral health treatment, case management services, payee programming and linkage to other community supports.

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

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)].

See attached Inventory of Facilities, Services and Supports.

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).

See attached spreadsheet.

Priorities for Tri-County Board of Recovery & Mental Health Services

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p>SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)</p>	<p>Reduce the number of overdoses and/or overdose deaths in the catchment area.</p>	<p>Continue to support Miami County Public Health, which is distributing NARCAN kits to area police and EMS departments as well as family members. Offer additional kits as requested.</p> <p>Supply jails and area agencies with NARCAN kits when requested. Check in with jails and agencies to make sure their kits are up to date and in good supply.</p> <p>Continue to support Quick Response Teams in Miami and Shelby Counties; assist with establishing a Quick Response Team in Darke County.</p> <p>Continue to have active participation in the Miami and Shelby County Medication Assisted Treatment (MAT) teams.</p> <p>Continue to have active participant in each of the drug free coalitions.</p> <p>Supply all three county jails NARCAN kits to provide to inmates upon release to take home in case of need. Training to the inmate will also be provided before release.</p>	<p>Measurement indicator: Number of overdoses per capita in the catchment area. Baseline data: Number of overdoses per capita in FY19 in the catchment area. Target: Reduce the number of overdoses per capita in the catchment area.</p> <p>Measurement indicator: Number of overdose deaths per capita in the catchment area. Baseline data: Number of overdose deaths per capita in FY19 in the catchment area. Target: Reduce the number of overdose deaths per capita in the catchment area.</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>SAPT-BG: Mandatory for boards: Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)</p>	<p>Ensure access to SUD treatment services within 5-7 calendar days of referral.</p>	<p>Continue use of triage protocol at the provider agency level to access treatment with our contracted facilities for pregnant women.</p>	<p>Measurement indicator: Wait times between assessment to first appointment. Baseline data: FY19 Wait times between assessment to first appointment. Target: Decreasing wait times between initial assessments and entry into care.</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>SAPT-BG: Mandatory for boards: Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)</p>	<p>Ensure access to SUD treatment services within 5-7 calendar days of referral.</p>	<p>Collaborate with local CSB agencies through County Medication Assisted Treatment teams. Continue use of triage protocol at the provider agency level.</p>	<p>Measurement indicator: Wait times between assessment to first appointment. Baseline data: FY19 Wait times between assessment to first appointment. Target: Decreasing wait times between initial assessments and entry into care.</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>SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>	<p>Reduce number of new cases of communicable diseases.</p>	<p>Collaborate with and support the County Health Departments to implement Blood borne Pathogen Prevention Program.</p>	<p>Measurement indicator: Number of new cases of tuberculosis and other communicable diseases reported in the catchment area per capita. Baseline data: Number of new cases of tuberculosis and other communicable diseases reported to the County Health Departments in the catchment area per capita. Target: Reduce the number of new cases of tuberculosis and other communicable diseases reported to the County Health Departments in the catchment area per capita.</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>MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<p>Ensure access to treatment services (counseling, case management, and pharmacotherapy) within 5-7 calendar days of referral.</p>	<p>Continue use of triage protocol at the provider agency level. Utilize the collaboration and resources of the county Family & Children First</p>	<p>Measurement indicator: Wait times between assessment to first appointment. Baseline data: FY19 Wait times between assessment to first appointment.</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>Reduce number of out of home placements.</p>	<p>Council for access to referrals and service coordination planning.</p> <p>Continue CIT training and advanced CIT training for law enforcement.</p>	<p>Target: Decreasing wait times between initial assessments and entry into care.</p> <p>Measurement indicator: Wait times between assessment to first pharmacology appointment.</p> <p>Baseline data: FY19 Wait times between assessment to first pharmacology appointment.</p> <p>Target: Decreasing wait times between initial assessments and entry into psychiatric care.</p> <p>Measurement indicator: Number of Service Coordination Cases processed through local Family and Children First Councils.</p> <p>Baseline data: Number of Service Coordination Cases Processed through local FCFCs in FY19.</p> <p>Target: Maintain cases being processed through local Family and Children First Councils.</p> <p>Measurement indicator: Number of youths in out of home placements.</p> <p>Baseline data: Number of youths in out of home placements in FY19.</p> <p>Target: Maintain or reduce the number of youths in out of home placements in the catchment area.</p>	
<p>MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<p>Decrease # of state and local psychiatric hospital days.</p>	<p>Continue to utilize the Community Stabilization Program in all three counties to assist with the needs of unstable clients.</p>	<p>Measurement indicator: Number of state civil hospital days used by the Tri-County Board.</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>

	<p>Decrease # of incarceration days for adults with SMI.</p>	<p>Collaborate with the Community Housing agency in all three counties to assist with discharge planning.</p> <p>Continue use of triage protocol at the provider agency level.</p> <p>Collaborate with jail and court staff on upcoming releases to assist with the needs of unstable clients.</p> <p>Continue CIT training and advanced CIT training for law enforcement.</p>	<p>Baseline data: Number of state civil hospital days used by the Tri-County Board in FY19.</p> <p>Target: Reduce the number of state civil bed used by the Tri-County Board.</p> <p>Measurement indicator: Number of indigent psychiatric bed days purchased by the Tri-County Board.</p> <p>Baseline data: Number of indigent psychiatric bed days purchased by the Tri-County Board in FY19.</p> <p>Target: Reduce the number of indigent psychiatric bed days purchased by the Tri-County Board.</p> <p>Measurement indicator: Wait times between assessment to first appointment.</p> <p>Baseline data: FY19 Wait times between assessment to first appointment.</p> <p>Target: Decreasing wait times between initial assessments and entry into care.</p> <p>Measurement indicator: Wait times between assessment to first pharmacology appointment.</p> <p>Baseline data: FY19 Wait times between assessment to first pharmacology appointment.</p> <p>Target: Decreasing wait times between initial assessments and entry into psychiatric care.</p> <p>Measurement indicator: Recidivism rate for inmates with SMI.</p>	
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			<p>Baseline data: Recidivism rate for inmates with identified SMI.</p> <p>Target: Reduce the recidivism rate for inmates with identified SMI.</p>	
<p>MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing</p>	<p>Decrease # of people with serious & persistent mental illness and/or addiction who are homeless.</p>	<p>Continue to utilize the Community Stabilization Program in all three counties to assist with the needs of unstable clients.</p> <p>Collaborate with the Community Housing agency in all three counties to assist with discharge planning.</p> <p>Continue use of triage protocol at the provider agency level.</p> <p>Collaborate with jail and court staff on upcoming releases to assist with discharge planning.</p> <p>Continue CIT training and advanced CIT training for law enforcement.</p>	<p>Measurement indicator: Number of people identified by the Continuum of Care (COC) in all three counties who are identified as SMI and/or addicts during annual point in time study.</p> <p>Baseline data: Number of people identified by the COC in all three counties who are identified as SMI and/or addicts during annual point in time study in FY19.</p> <p>Target: Reduce the number of people identified by the Continuum of Care in all three counties who are identified as SMI and/or addicts during annual point in time study.</p> <p>Measurement indicator: Number of people served by existing housing services.</p> <p>Baseline data: Number of people served by housing services in FY19.</p> <p>Target: Increase the number of people served by existing housing services.</p> <p>Measurement indicator: Recidivism rate for inmates who are homeless/at large.</p> <p>Baseline data: Number of homeless/at large inmates in FY19 who recidivated.</p> <p>Target: Reduce the number of homeless/at large inmates who recidivate.</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>

<p>MH-Treatment: Older Adults</p>	<p>Ensure access to MH treatment services within 5-7 calendar days of referral.</p> <p>Ensure appropriate housing and mental health service.</p>	<p>Continue use of triage protocol at the provider agency level to access treatment.</p> <p>Participate in all three county I-Team (Adult protective services) Collaboration meetings.</p> <p>Continue communication and referral to all three county Adult Protective Services.</p>	<p>Measurement indicator: Wait times between assessment to first appointment.</p> <p>Baseline data: FY19 Wait times between assessment to first appointment.</p> <p>Target: Decreasing wait times between initial assessments and entry into care.</p> <p>Measurement indicator: Number of APS cases of older adults with SMI.</p> <p>Baseline data: Number of APS cases of older adults with SMI in FY19.</p> <p>Target: Reduce the number of APS cases of older adults with SMI.</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>
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Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p>MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment</p>	<p>Ensure access to re-entry and MAT services for inmates during incarceration and post release. Identify those inmates who may be in immediate need of behavioral health assessments and services during local incarceration.</p>	<p>Continue Re-entry program in jails in Miami, Darke & Shelby Counties. This is a community linkage program to provide coordination of housing, treatment, employment and other support services for those who are discharged from jail and returning to their home community.</p> <p>Continue Re-entry program to those Miami, Darke & Shelby residents who are referred by Ohio prisons needing services in their home community. This is a community linkage program to provide coordination of housing,</p>	<p>Measurement indicator: Number of inmates who are rearrested.</p> <p>Baseline data: Number of inmates in FY19 who were rearrested.</p> <p>Target: Reduce the number of inmates who are rearrested.</p> <p>Measurement indicator: Recidivism rate for inmates who are homeless/at large.</p> <p>Baseline data: Number of homeless/at large inmates in FY19 who recidivated.</p> <p>Target: Reduce the number of homeless/at large inmates who recidivate.</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>

		<p>treatment, employment and other support services for those who are discharged from jail and returning to their home community.</p> <p>Continue bi-weekly agency collaboration meetings in the Miami and Shelby County jails to identify and link MH and SUD services to inmates who may need be in immediate need. This may include MH/SUD assessments, MAT services, and other linkage with BH/SUD treatment and education services depending on the immediate need and projected length of incarceration.</p> <p>Continue monthly agency collaboration meetings in Darke County to inmates who need immediate mental health and SUD services. This may include MH/SUD assessments, MAT services, and other linkage with MH/SUD treatment and education services depending on the immediate need and projected length of incarceration.</p> <p>TCB will continue to provide financial support of MH/MAT medications to inmates of Miami, Darke and Shelby County jails if needed.</p>		
Integration of behavioral health and primary care services	Ensure access to treatment.	Continue use of triage protocol at the provider agency level to access treatment.	<p>Measurement indicator: Number of referrals from primary care services.</p> <p>Baseline data: Number of referrals from primary care services in FY19.</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>

		Educate primary care facilities of services available in our three counties.	Target: Increase the number of referrals from primary care services.	
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Ensure access to treatment and support services.	Continue use of triage protocol at the provider agency level to access treatment. Educate and link individuals to different services available throughout our three-county area. Collaborate with area agencies for those individuals who need a treatment team approach for access to services.	Measurement indicator: Number of individuals linked to services. Baseline data: Number of individuals linked to services in FY19 (as available). Target: Increase number of individuals linked to services.	<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)	Identify ethnic populations in our three counties and their needs. Address the needs of rural populations as it pertains to mental health and substance use.	Continue to facilitate Mental Health First Aid for Youth and Adult. Continue to facilitate QPR trainings on suicide prevention. Investigate a Suicide Postvention program. Continue to participate in Hope Squad and other similar evidenced base initiatives to collaborate with Miami, Darke and Shelby County Schools. Research and implement a PSA campaign on suicide prevention. Partner with agricultural communities to develop collaboration for suicide	Measurement indicator: Number of programs and outreach offered. Baseline data: Number of programs and outreach in FY19. Target: Increase number of programs or opportunities for outreach.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		<p>prevention mental health education including county extensions and co-ops.</p> <p>Continue collaboration with Edison Community College on self-assessment and education on mental health issues.</p> <p>Develop and provide mental health education that is high quality, modular, responsive, and customizable for schools, businesses and the general community.</p> <p>Educate and link individuals to different services available throughout our three-county area.</p>		
Prevention and/or decrease of opiate overdoses and/or deaths	Reduce the number of overdoses and/or overdose deaths in the 3 counties.	<p>Continue to support Miami County Public Health, which is distributing NARCAN kits to area police and EMS departments as well as family members. Offer additional kits as requested.</p> <p>Supply jails and area agencies with NARCAN kits when requested. Check in with jails and agencies to make sure their kits are up to date and in good supply.</p> <p>Continue to support Quick Response Teams in Miami and Shelby Counties; assist with establishing a Quick Response Team in Darke County.</p>	<p>Measurement indicator: Number of overdoses per capita in the catchment area. Baseline data: Number of overdoses per capita in FY19 in the catchment area. Target: Reduce the number of overdoses per capita in the catchment area.</p> <p>Measurement indicator: Number of overdose deaths per capita in the catchment area. Baseline data: Number of overdose deaths per capita in FY19 in the catchment area. Target: Reduce the number of overdose deaths per capita in the catchment area.</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>Continue to have active participation in the Miami and Shelby County Medication Assisted Treatment (MAT) teams.</p> <p>Continue to have active participant in each of the drug free coalitions.</p> <p>Link or supply all three county jails NARCAN kits to provide to inmates upon release to take home in case of need. Training to the inmate will also be provided before release.</p> <p>Continue use of triage protocol at the provider agency level to access treatment.</p> <p>Educate and link individuals to different services available throughout our three-county area.</p> <p>Collaborate with area agencies for those individuals who need a treatment team approach for access to services.</p> <p>Participate as a member of the HEALing Communities Study Advisory Board in Darke County.</p>		
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Promote Trauma Informed Care approach	The Tri-County Board will invest in evidence-based or emerging best practice approaches to build resiliency in communities, including but not limited to community crisis response, support resources, inter-agency and community planning, and emergent systems.	Pandemic-related resilience workshops for high-impact workers. Video play-on-demand resilience workshops for educators and parents. Self-care training. Expanding Crisis Response Team.	Measurement indicator: Number of programs and outreach offered. Baseline data: Number of programs and outreach in FY19. Target: Increase number of programs or opportunities for outreach.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
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OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Align prevention services across the lifespan with the identified needs and opportunities.	Identify needs and opportunities for prevention services to all ages.	Measurement indicator: Demographically appropriate indicators specific to identified needs and opportunities. Baseline data: Establish baseline data as needs and opportunities are determined. Target: Dependent upon indicators and baseline data.	<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	Support and promote the offering of prevention programs that are evidence-based or are emerging best practice.	Identify prevention programs that are evidence-based or emerging best practice.	Measurement indicator: Number of prevention programs that are evidence basis or emerging best practice. Baseline data: Number of programs in FY2019. Target: Increase number of programs.	<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	The Tri-County Board will invest in education, training, and other	Continue to facilitate Mental Health First Aid for Youth and Adult.	Measurement indicator: 5-year average suicide rate in the catchment area.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds

	<p>resources to enhance suicide prevention across all age groups, with particular attention to youth and to the agricultural community.</p>	<p>Continue to facilitate QPR trainings on suicide prevention.</p> <p>Investigate a Suicide Postvention program.</p> <p>Continue to participate in Hope Squad and other similar evidenced base initiatives to collaborate with Miami, Darke and Shelby County Schools.</p> <p>Research and implement an PSA campaign on suicide prevention.</p> <p>Partner with agricultural communities to develop collaboration for suicide prevention mental health education including county extensions and co-ops.</p> <p>Continue collaboration with Edison Community College on self-assessment and education on mental health issues.</p> <p>Develop and provide mental health education that is high quality, modular, responsive, and customizable for schools, businesses and the general community.</p>	<p>Baseline data: 5-year average 2014-2018 of suicide data.</p> <p>Target: Downward trend in 5-year average suicide rate in the catchment area.</p>	<p>___ Workforce shortage</p> <p>___ Other (describe):</p>
<p>Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations</p>	<p>Maintain the implementation of gambling screenings at all provider agencies.</p>	<p>Provider agencies will use the SOGS as part of the intake process.</p> <p>Billboard advertisements in the three-county area.</p>	<p>Measurement indicator: Number of SOGS completed.</p> <p>Baseline data: FY2019 SOGS completed.</p> <p>Target: Sustain or increase number of</p>	<p>___ No assessed local need</p> <p>___ Lack of funds</p> <p>___ Workforce shortage</p> <p>___ Other (describe):</p>

	<p>Promote community awareness regarding high risk gambling behaviors and addiction.</p>	<p>Informational materials to be distributed at health fairs, agency events, community events.</p>	<p>SOGS.</p> <p>Measurement indicator: Number of people referred for gambling treatment. Baseline data: FY2019 Target: Sustain or increase number of people referred for treatment.</p> <p>Measurement indicator: Number of billboards and events. Baseline data: FY2019 Target: Maintain or increase number of billboards and events.</p>	
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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/>