

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

Enter Board Name: Montgomery County Alcohol, Drug Addiction, & Mental Health 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.

Evaluating and Highlighting the Need for Services and Supports

1. Describe the community needs assessment process that led to the identification of the local priorities the Board will address. Describe how the Board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and people living with or recovering from mental illness and addiction in evaluating needs, evaluating strengths and challenges and setting priorities for treatment and prevention for SFY 2021-2022. [ORC 340.03 (A)(1)(a)].
 - a. If the Board's service and support needs were determined by the Board Recovery Oriented System of Care (ROSC) assessment, how will these identified service and support needs be addressed by the Board?

The Montgomery County ADAMHS Board of Trustees and Senior Leadership Team engage in a number of community/regional needs assessment processes to identify local and regional priorities for behavioral health prevention, treatment, and supportive services. Participants who engage in the planning process represent the broad demographics of the service region, including traditional providers, ethnic and faith-based organizations, community and business leaders and people living with, or recovering from mental illness and addiction. The workgroups, coalitions, and advisory boards and other resources with which Montgomery County ADAMHS works to identify local behavioral health priorities include:

- Annual ADAMHS Board of Trustees strategic planning
- Montgomery County Human Services Levy
- Montgomery County Prevention Coalition
- Montgomery County Community Overdose Action Team
- Montgomery County Drug Free Coalition
- Montgomery County Family & Children First Council
- Miami Valley Regional Planning Council
- Regional Affiliate Boards (Montgomery, Clark/Greene/Madison/Warren/Clinton, Logan/Champaign and Preble Counties)
- Montgomery County Children Matter System of Care Advisory Board
- Montgomery County Human Services Planning & Development/United Way of the Greater Dayton Area's Joint Strategic Plan
- Public Health Dayton & Montgomery County (PHDMC) - Community Health Assessment (CHA), combined Community Health Improvement Plan (CHIP)

- Southwest Ohio regional hospital community needs assessment & community health improvement plan

The MCADAMHS's Board's CY20 Priorities as adopted by the Board of Trustees:

- Engage and Adopt New Strategic Plan –August/September 2020
- Begin Planning Preparation for Human Services Levy
- Develop Long Term Crisis Response Plan
- Create and launch Additional Multi-System Youth Program and Services
- Preparation for Alignment of OHMAS Community Plan and Community Health Improvement Plan (CHIP)
- Enhance ADAMHS' Digital Footprint
- Develop Annual Marketing Plan
- Plan of Action for Internal Professional Development
- Appointment /Development of Additional Diverse Board Members
- Develop Holistic School-Based Prevention Program
- Develop and Launch a focused Continuum of Care for Vulnerable Populations
- Increase Focus Training Opportunities on Implicit Bias/Equity and Community Impact

Behavioral health needs identified as a priority in the other plans are:

- Montgomery County Prevention Coalition
 - The MCPC has two umbrella goals: 1) decrease Youth Substance Use; 2) Decrease Youth Behavioral Health Issues.
 - MCPC has four committees: marijuana prevention, opioid prevention, alcohol prevention, suicide prevention, gaming/gambling prevention, and self-care committee.
 - Coalition Website: <https://www.preventionmc.org/>
- Montgomery County Community Overdose Action Team (COAT)
 - The COAT, which was established in 2016 to address the Opioid epidemic has seven branches including: drug supply control, harm reduction, crisis response, education/information, prescription, treatment & recovery, and criminal justice.
 - Each branch has an incident action plan outlining goals to work together to combat overdoses and drug abuse. A full list of priorities may be found on the COAT website, listed below.
 - COAT Website: www.mccoat.org
- Montgomery County Family & Children First Council
 - Focus on social determinants of health, equity, and collective impact.
 - Specific identified priorities:
 - Public awareness/education campaigns focused on suicide prevention.
 - Responding to the mental health needs of children & families impacted by the May 2019 tornadoes.
 - Build capacity for in-home-based services for adoptive families for older (12-17) adopted children, similar to Help Me Grow, focused on behavioral health needs and supports.
 - Build capacity for home visiting services for children & their families between the ages of 3-5 years (expanded Help Me Grow).
 - Increase integration/partnership with Help Me Grow and behavioral health providers.

- Build capacity for day treatment programs for school aged children.
 - Increase training/educational opportunities for county foster parents focused on mental health & behavioral health issues.
 - FCFC Strategic Planning: https://www.mcoho.org/departments/human_services_planning_and_development/fc_fc_strategic_planning.php
 - Montgomery County Children Matter System of Care Advisory Board identified the following priorities:
 - Increased access to services for parents who work full time.
 - Increased access to respite care to reduce out of home placements/residential care.
 - Increased access to traditionally covered Medicaid services that aren't covered by private insurance for families.
 - Public awareness/education about Children Matter programming so that families are connected earlier.
 - Montgomery County Human Services Planning & Development/United Way of the Greater Dayton Area's Joint Strategic Plan
 - Annual Report: https://www.mcoho.org/2018_HSPD_Annual_Report_FINAL5c_WEB.pdf
 - Public Health Dayton & Montgomery County (PHDMC) - Community Health Assessment (CHA), combined Community Health Improvement Plan (CHIP)
 - Behavioral health priorities identified are:
 - Address stigma & trauma in the community.
 - Improve social connectedness of individuals in Montgomery County.
 - Improve equitable access to behavioral health prevention, treatment, & intervention services in primary care and hospital settings.
 - 2019 CHA: <https://www.phdmc.org/report/community-health-assessment>
 - CHIP plan: <https://www.phdmc.org/report/community-health-improvement-plan>
 - Regional hospital community health improvement plans which both identify behavioral health priorities
 - Kettering Health Network: <https://ketteringhealth.org/aboutus/pdf/KetteringImplementation2017-2019.pdf>
 - Premier Health: <https://www.premierhealth.com/about-premier/community-involvement/community-health-improvement>
2. Considering the Board's understanding of local needs as well as 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.

Some of the response to this question was addressed above. We are one of few Board areas with a distinct Prevention Services Division which both offers training and certification for Prevention Specialists and also awards a significant amount of funding for community and supportive programming for those services. The work this Board does with the Educational Services Center and area school districts is designed to forestall and eliminate youth engaging in behaviors that are detrimental to their development, such as experimenting with gateway drug, smoking, vaping, bullying, violence, etc. We have strong school -based and Environmental programs.

Additionally, the Board issued a Resolution on Health Equity and Inclusion in the wake of the George Floyd murder and has prioritized the inclusion of marginalized populations, starting with a laser focus on racial injustice which results in relentless stress and trauma.

The pandemic that we are currently experiencing has resulted in isolation, increases in depression, increased misuse of substances and suicidal ideation. This has also illuminated the need for other focused and prioritized programs and services, including community awareness and marketing efforts.

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.

None Noted

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, commitment to elimination of health disparities, etc. Note: Regarding current environmental factors, Boards may describe the continuing impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.

Montgomery County ADAMHS is a complex system with more than 50 contracted and other non- contracted provider partners, who offer a variety of behavioral health prevention, intervention, supportive services, treatment and workforce services to the region. Montgomery County ADAMHS provides local funding for those who are underemployed or underinsured to supplement private insurances, Medicare/Medicaid and VA Benefits via the Combined Human Services Levy that funds more than sixty community providers.

DEMOGRAPHIC FACTORS: Montgomery County, which covers approximately 461.7 square miles is the fifth most populous county in Ohio and is residence to an estimated 531,687 people, which represents a .012% decrease as compared to 2018. The Census data indicates that the racial composition is 70.6% Caucasian, 21.4% African American, 2.4% Asian, 0.1% Native American, 2.8% 2 or more races, and 3.1% Hispanic or Latino.

Children less than 18 years of age comprise 22.1% of the county population; females outnumber males and are living longer, and as the county population ages, the African American population is increasing as the Caucasian numbers decrease.

SOCIO ECONOMIC FACTORS: Montgomery County's unemployment rate as of March 2020 is 5.0%, ranking it 61st lowest across the state. This represents an increase from its recent low of 3.8% in August 2019 and does not take into account the drastic increase caused by the Covid-19 pandemic. Unemployment in the County had

steadily declined since 2010 when it hit a peak of 11.4%. However, total employment in the county declined from 252,000 in 2007 to 239,400 in 2018. Nonetheless, unemployment rates for African Americans are nearly 2/3 higher than the rates for Caucasians. This racial disparity threads through all socio-economic factors.

Montgomery County's overall poverty rate (for all ages) has increased steadily since 2007, (from 14.8% to 18.7% at its peak) and remained above the state average for all years examined. As of 2019, the poverty rate for all ages in Montgomery County was 17.9%. Children under 18 years of age, living below the poverty rate, increased from 22.9% in 2007 to 29.3% in 2013 but has begun to decrease, to 26.1% in 2017/2018.

The Mental Health Provider Ratio in Montgomery County is 531 individuals to a single provider. This rate is lower than Ohio's overall rate of 561:1, but lower than US average of 470:1.

The percentage of Montgomery County residences who have received Mental Health services in the past year, as of 2017, was 17.2%. This rate is higher than Ohio's overall rate of 16.9% and much higher than the US rate of 14.5%.

ENVIRONMENTAL FACTORS: Of 88 Ohio counties, Montgomery County ranks 75th for total health outcomes, 75th for Length of Life, 77th for Quality of Life, 69st for Healthy Behaviors, 11th for Clinical Care, 69th for Social and Economic Factors, and 66th for Physical Environment (countyhealthrankings.org, 2020). In general, more African Americans than Caucasians living in Montgomery County report their health as fair or poor and as income decreases, poor physical, mental and oral health increases.

Since CY 2010, unintentional drug overdose deaths increased 346% to the peak of 566 in CY 2017. There was a decline of 49% from CY 2017 to CY 2018 (289 total deaths) and year-end totals for CY 2019 show a continued stabilization, while remaining high, at 290. Even with these substantial reductions, Montgomery County remains one of the highest per capita and total overdose death counties in Ohio. Approximately one-fourth of underage (age 12-20) individuals consume alcohol and nearly one-third of individuals age 12 and older use tobacco products in the county.

According to the Ohio Department of Health 2018 data, Montgomery County's rate of completed suicides was 15.60 per 100,000. This rate is higher than both Ohio's rate (14.5/100,000) and the national rate (13.8/100,000). During 2017, Montgomery County experienced 83 completed suicides with 12 occurring in the 15-24 age range.

As of 2018, the Montgomery County HIV/AIDS rate was 267.9 per 100,000 populations. In comparison, the state average for the same period was 199.5. The number of confirmed cases of Hepatitis C in Montgomery County during 2018 was 422 and was well below the average for the period from 2014 to 2017, (806 cases per year). A contributing factor in the drastic reduction in Hepatitis C rates is likely greater community awareness associated with the opiate epidemic and the recent introduction of clean needle exchange programming.

The Infant Mortality rate in Montgomery County for 2018 was 7.8 per 1,000 children. The Infant Mortality rate for the African American population is 16.9 per 1,000 children compared to 4.2 per 1,000 children in the Caucasian population.

HOUSING Availability: Housing stock is both a priority and a challenge for the county. Unfortunately, the 2019 tornadoes damaged or destroyed over 1700 residential properties. Over 1,100 households (both owner occupied and rentals) were displaced by the tornados. By August of 2019, over 4,200 individuals had applied for FEMA housing assistance. Some apartment complexes will not be able to rebuild an equal number of units lost due to new building and zoning codes. The ADAMHS board providers report that it is increasingly harder to find apartments for rent within HUD guidelines who will accept local/state/federal subsidies.

INCARCERATION: In 2019, there were 21,351 jail bookings. They will likely decrease in 2020 due to the covid-19 pandemic and the Dayton Police Department change in arrest policies for low-level drug possession charges. For

those Montgomery County residents in the state prison system, the average length of prison stay is 2.73 years. The county recidivism rate is 35.7% below the national average. There is a >5% recidivism rate for those enrolled in the Montgomery County re-entry program.

UNINSURED/UNDERINSURED: Based upon US Census data for 2018, 93% of Montgomery County residents have health insurance. Private insurance coverage represents 79.9% of the population with public insurance (Medicaid) representing 14.4% of the population. Seven percent of the entire county population are without insurance of any type in Montgomery County. Of those without insurance, employed individuals, ages 19-64, have an 8.9% rate of being uninsured with the highest group to be uninsured identified as individuals ages 19-64 who are unemployed at 26.1%

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

There have been no cases of children service needs resulting from a finalized dispute resolution with the Montgomery County Family & Children First Council during the last two years in Montgomery County.

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.

MCADAMHS hosts bi-monthly care coordination meetings via videoconference with Summit Behavioral Health Center, outpatient mental health and housing program providers, and ADAMHS Board staff. In these meetings, there is ongoing discussion about needed outpatient services in the community for a person to transition successfully into the community. It is during these meetings where recommendations, such as the use of GPS monitoring, the need for a FACT team and peer services have been identified. These 3 suggestions are now fully implemented in Montgomery County to successfully assist people to transition from the hospital.

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
PREVENTION			
SBIRT in schools	Ensure every middle and high school student is screened for depression, anxiety, alcohol, drug, and vaping use	Work with SBIRT provider to expand universal screening, brief intervention and referral to treatment services to all schools that are willing to integrate this service into the school day	Measurement indicator: Increase # of students served Baseline data: 4,143 Target: 7,325
Vaping prevention	Ensure every middle and high school can address vaping use with their students	Work with vaping prevention provider during this first pilot year and work towards expansion in future years	Measurement indicator: Increase # of students served Baseline data: 865 Target: 1,000 Decrease in vaping use by youth Baseline data: 47.75% average decrease Target: 50% average decrease
Youth Led Prevention	Ensure every middle and high school has opportunities for peer to peer engagement	Work with Youth Led Prevention provider to expand services to additional schools utilizing the Youth Empowerment Conceptual Framework and the Strategic Prevention Framework	Measurement indicator: Increase # of youth leaders Baseline data: 24 Target: 90
Problem gambling/gaming/screen disorder prevention	Ensure problem gambling prevention incorporates prevention messaging and strategies targeting unhealthy gaming and screen time	Work with Incorporate youth and adolescent gambling screening into SBIRT among SBIRT providers Increase public awareness to the negative implications of excessive video gaming and screen time among youth and adolescents	Measurement indicator: # of students served Baseline data: 0 Target: 7,325 Measurement indicator: # of individuals reached through public awareness efforts

Commented [AS1]: Tracked in Quality Portal through SBHI (4134 served through SFY20 Q3),

Commented [AS2]: Tracked in Quality Portal through Montgomery County ESC. Number of students served during the quarter (SFY goal of 1050): (770 served through SFY20 Q3)

Commented [AS3]: Tracked in Quality Portal through MCECSC. Percentage of students who self-report a change in their perception of the safety and risks of e-cigs/vaping:

Commented [AS4]: Tracked in Q.Portal through Comp Drug: Total number of Youth who participated in Youth Led Prevention programming in the school during the past quarter: 25 through SFY20 Q3 (FY goal of 40)

			Baseline data: 0 Target: 2,500
Ensure prevention services are available to youth who identify as LGBTQ	Implement prevention services to LGBTQ youth due to their vulnerability with MH and AOD concerns	Work with Miami University and DayBreak to implement evidence-informed prevention programming	Measurement indicator: Increase # of students identifying as LGBTQ served Baseline data: 136 Target: 240
Ensure prevention services are available during after-school time	Implement prevention services in after-school settings	Work with after-school providers to increase their utilization of evidence-based prevention programming	Measurement indicator: Increase # of after-school prevention programs available Baseline data: 3 Target: 5
Environmental prevention strategies	Increase # of environmental prevention strategies within high risk communities in Montgomery County	Support the efforts of the Montgomery County Prevention Coalition	Measurement indicator: Increase # of active members Baseline data: 68 Target: 100
Suicide prevention	Increase public awareness of risks & signs for suicide	Offer QPR (Question, Persuade, Refer) trainings in the community Build a public awareness campaign to educate the community Implement "myStrength" web based/mobile tool	Measurement indicator: # of individuals reached with public awareness campaign Baseline data: 0 Target: 5,000
TREATMENT & SUPPORTIVE SERVICES			
Health Equity Concerns for Minorities	Ensure behavioral health services (early intervention, prevention, treatment, & supportive	Build provider access/capacity for behavioral health services to minority populations	Measurement indicator: Increase # of providers located in West Dayton,

Commented [TB5]: Training division will have numbers on QPR; Amy Hamilton will have numbers on MyStrength
Work with Sam to create awareness campaign

	services) are equitably available to all minority populations		minority owned, and/or predominantly serving a marginalized population Baseline data: 2 Target: 2 .
Multi system youth & their families	Expand capacity to serve multisystem youth and their families (CSD, juvenile court, DDS); Develop a community based COC that involves education, health, Pre-K, behavioral and intellectual services, community planning, child welfare, parental engagement, foundations, etc. to create better health and educational outcomes.	Expand capacity for high fidelity wraparound services	Measurement indicator: # of youth served in Children Matter Montgomery Co Baseline data: 189 families Target: Serve an additional 20 families for a total of 200 families
Workforce Development	Expand opportunities to return to the workforce for people living with SMI, SPMI, and SUD who are in recovery Expand pathways for people to become licensed in the prevention or chemical dependency field	Expand the BWC Workforce grant to include more employers Assess current funded workforce initiatives to identify potential gaps & barriers and identify solutions Expand partnership with Sinclair Community College to create licensure pathway for people interested in the prevention field	Measurement indicator: # of participating businesses Baseline data: 14 Target: 24
CIT Mobile Crisis Teams	Build capacity within law enforcement departments to respond to a person experiencing a behavioral health crisis	Implement pilot mobile crisis team in 5 LE departments (MCSO, Dayton PD, Vandalia, Butler Township, & Kettering)	Measurement indicator: # of LE departments with CIT mobile team Baseline data: 0 Target: 5 departments

Commented [AS6]: CMMC served data for High Fidelity Wraparound.

Behavioral Health & Infant Mortality	Ensure behavioral health services (early intervention, prevention, treatment, & supportive services) are available to parents of children <1 year old	Assess needs for behavioral health services for parents of children <1 year old Participate in Infant Morality workgroups	Measurement indicator: Participate in PHDMC CHIP Infant Mortality workshops Baseline data: 12 meetings Target: 12 meetings
Criminal Justice Services	Ensure seamless transition for behavioral health services for those who are incarcerated	Partner with local jail, community based correctional facility, and STOP program to ensure MH & SUD onsite and discharge planning services are available	Measurement indicator: # people Baseline data: 6 meetings per year Target: 6 meetings per year
Pregnant women who are opiate addicted	Develop recovery housing & supportive services in partnership with Miami Valley Hospital's prenatal treatment program "Promise to Hope" and Brigid's Path	Maintain 7-unit recovery house for women who are pregnant and opiate addicted Via local human services levy purchase recovery supportive services to complement treatment & recovery housing	Measurement indicator: # of women served by Promise to Hope Care Coordination Services Baseline data: 139 women Target: 140 women # of pregnant women who receive L3 recovery housing Baseline data: 4 women Target: 15 women
People with opiate addiction identified as high risk due to pregnancy, drug court referral, and/or due to multiple incarcerations related to substance use	Increase access to community-based treatment for those individuals who have SUD and are identified as high risk	Maintain an addictions wraparound team (known as CBAT) in partnership with Public Health of Dayton/Montgomery Co. which is a multi-disciplinary community-based team to provide substance use disorder treatment and supportive services to individuals in their homes & the community as an alternative to inpatient/residential treatment for up to 12 months	Measurement indicator: # of people served on the team Baseline data: 45 individuals Target: 50 individuals
Certified Peer Recovery Supporters	Increase # of OHMHAS certified peer recovery supporters	Provide local opportunity for individuals to complete the 16 hr online training, 40 hr in person training, and	Measurement indicator: # of individuals who complete 40 hour in

		a computer testing center to complete the OHMHAS requirements for peer recovery supporter certification	person training Baseline data: 91 people Target: 90 people Measurement indicator: # of individuals who complete certification Baseline data: 0 people Target: 20 people
Recovery housing	Maintain # of SUD recovery housing apartments in the community	Utilize local levy funding to subsidize recovery housing beds in the community	Measurement indicator: # of L2 recovery housing beds in the county Baseline data: 75 beds Target: 100 beds .
Payee Services	Increase capacity for the payee program	Maintain levy funding for provider agency to eliminate waitlist for payee program	Measurement indicator: # of payee slots available in the county Baseline data: 368 of 400 available slots Target: 375 slots
Community based Outpatient Competency Restoration and Forensic Assertive Community Team (FACT)	Design & implement an outpatient competency restoration program for municipal courts	Partner with local municipal courts & MH/SUD providers to move pilot program to full implementation of a community-based OP competency restoration program Build capacity through the development of a Forensic Assertive Community Treatment (ACT) team	Measurement indicator: Reduce # of people committed to Summit for competency restoration from municipal courts Baseline data: 33 people in Summit Target: 5 people served in the community Increase # of people served on the FACT team in the community Baseline data: 15 people Target: 20 people
Mental Health First Aid	Increase # of residents trained in MHFA	Partner with a variety of social service, school, criminal justice entities to offer MHFA as part of workforce development	Measurement indicator: # of people trained in MHFA Baseline data: 1750 trained Target: 1500 trained

		<p>Partner with community and faith-based organizations to offer MHFA to their members</p> <p>Partner with Sinclair Community College OPOTA Academy to incorporate MHFA into new officer academy</p>	
Crisis Intervention Team (CIT)	Build capacity within law enforcement departments to respond to a person experiencing a behavioral health crisis	<p>Offer quarterly CIT 40 hr week Academies until all LE departments meet the minimum 25% of trained officers</p> <p>Offer CIT Companion Courses for Dispatchers and BH professionals</p> <p>Implement pilot mobile crisis team in 5 LE departments (MCSO, Dayton PD, Vandalia, Butler Township, & Kettering)</p> <p>Facilitate the CIT Advisory committee that oversees CIT to ensure sustainability</p>	<p>Measurement indicator: # of law enforcement officers trained Baseline data: 100 LEO Target:100 LEO</p> <p># of dispatchers trained Baseline data: 20 dispatchers Target: 20 dispatchers</p> <p># of BH professionals trained Baseline data: 20 BH professionals Target: 20 BH professionals</p> <p>Quarterly data will be collected for the pilot mobile crisis team Baseline data: new program Target: 50 people served</p>
Clubhouse & Consumer Operated Services	Keep SPMI adults engaged in meaningful social activities	Maintain clubhouse and/or consumer operated services for adults living with severe & persistent mental illness	<p>Measurement indicator: # of daily signs for people attending social clubs Baseline data: 13,100 Target: 14,000</p>
Mental Health Housing	Ensure access to all levels of mental health housing	Complete Housing Needs assessment & implement recommendations	<p>Measurement indicator: # of beds by LOC available in the community</p>

		Design & implement housing program that will serve hard to serve populations (sex offenders, NGRI, etc.)	<p>Baseline data: Resid Tx - 126 beds Resid Care – 270 beds Perm Supportive Housing – 538 beds Time limited Temporary Housing – 32 beds TOTAL: 966 beds</p> <p>Target: Maintain existing capacity</p>
Families impacted by trauma (2019 Tornadoes, Oregon District Tragedy, covid19 pandemic)	Ensure behavioral health services (early intervention, prevention, treatment, & supportive services) are available to youth, adults, and families impacted by these events	<p>Assess need for behavioral health supports for individuals impacted by these events</p> <p>Build capacity for services as needs are identified during the long-term recovery phase</p>	<p>Measurement Indicator: Increase # of professionals trained in EMDR</p> <p>Baseline data 10 professionals (all private practitioners) Target Data 45 professionals</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?)

- Two years ago, Montgomery Co. ADAMHS formed a Regional Affiliate Alcohol, Drug, Mental Health & Recovery Board (RAB) alignment with eight other counties. The purpose of the RAB is to strengthen the ability to expand service access, create options for local citizens, and amplify the local voice in a regional behavioral healthcare system, while observing our statutory responsibilities. The RAB will enhance quality services across the entire region, streamline processes to yield program, administrative, and funding efficiencies, and combine backroom operations, such as, purchasing power and other shared resources, including staff to increase the return on our investment.
- Montgomery County is participating in a collective impact process which has aligned the county human services levy priorities and funding with the United Way priorities to ensure that all community partners are working in synch to ensure maximum impact for population health improvement.
- The Northeast Ohio Behavioral Health Information Consortium (NEOBHIC) was created with six other ADAMHS Boards. Its goal is to acquire a state-of-the-art electronic health records system and operate it through a collaborative arrangement. The collaborative has chosen NextGen as the EHR provider. Montgomery Co. ADAMHS currently has four providers as part of the collaborative and anticipates a fifth provider to transition to NextGen.
- MCADAMHS collaborates with Greater Dayton Area Hospital Information Network (GHADIN) to provide access to behavioral health providers into a Health Information Exchange network.

Montgomery County ADAMHS is committed to engaging customers, community stakeholders, and the public in its service delivery planning process. Individuals who are clients/customers of the public health system are members of the ADAMHS Board of Trustees and its Program & Services Committee. Board Staff and the Trustees to improve and refine the services purchased by the Board use data and other information generated during these meetings.

The Board is one of the four (4) mandated and thirty (30) nonprofits agencies that participate in the County's combined Human Services Levy process. As a part of this process, Community Review Teams - who consist of community leaders and volunteers appointed by the Board of County Commissioners - review the ADAMHS Board's operations and make suggestions for funding. The recommendations made by this Community Review Team lead directly to the Board's Human Services Levy allocation.

The MCADAMHS Board participates in numerous community initiatives that assist with the planning, prioritizing, implementation, and evaluation of the publicly funded systems of care. Below are some of those initiatives:

- Community Overdose Action Team (COAT)
- Children Matter!
- Montgomery County Prevention Coalition
- Greater Dayton Area Hospital Association – Center for Disaster Mental Health

- Sequential Intercept Mapping – Opiates
- Stepping Up
- CIT Advisory Committee
- Integrated Children Assessment Team (I-CAT)
- Dayton Children’s Medical Center Advisory Committee
- Homeless Solutions Affordable Housing Options
- Next Gen Implementation: Electronic Health Record
- Greater Dayton Brain Health Foundation
- LGBTQ Health Alliance
- Infant Mortality Taskforce
- Montgomery County Emergency Room Overdose Notification System (MC ERON)
- Regional Long -Term Disaster Recovery Board
- United Way Public Policy Committee
- Dayton Children’s Hospital Alliance Board
- Sinclair College’s Police Academy Advisory Board
- United Way Community Leaders Committee
- Montgomery County Family And Children First Council
- Dayton Police Reform Committee
- Montgomery County Child Death Review Board

It is evident the tradition of creativity and collaborative efforts is alive and well in Montgomery County, particularly as it relates to how the citizens who are most vulnerable can be helped.

Leveraging Additional Dollars (Grants) - ADAMHS has collaborated with community partners to pursue, develop, and secure grant funding. Below are some of the grants:

- OHMHAS Community Linkages/Community Transition Program Re-Entry
- OHMHAS SOR grant (Treatment, Recovery Housing, Peers) (2nd year of funding)
- multiple OHMHAS capital grants for housing projects
- sub-recipient of Dept. of Justice grant for a 360 addictions database (2nd year of funding)
- CARA federal grant “Project Save” to expand naloxone to 1st responders (3rd of 4 years of funding)
- Drug Free Communities grant through ONDCP to support the Montgomery County Prevention Coalition
- SAMHSA grant for Mental Health Awareness Training grant to create the Warriors Supporting Wellness project (provides Mental Health First Aid trainings to first responders, active military, and their families) (3rd year of funding)
- OHMHAS Youth Resiliency grant to support four local youth resiliency centers
- Prevention Action Alliance to support our program gambling prevention efforts.

Inpatient Hospital Management and Transition Planning
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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.

MCADAMHS hosts bi-monthly care coordination meetings via videoconference with Summit state hospital, outpatient mental health and housing program providers, and ADAMHS Board staff. Resource utilization is reviewed, and disposition is planned.

This collaborative setting allows for special planning for difficult cases and coordination of care for the highest utilizing individuals. Board staff meets regularly with treatment providers and state hospital staff to discuss issues related to patient flow, access, level of care, appropriate treatment, and discharge planning.

With decreased capacity at the state hospital to serve adults who are serving civil commitments, there are often long wait times for people placed on emergency application for admission who are incarcerated in the county jail. This is placing extreme pressure on jail staff, the local BH system and the County's general revenues to identify alternatives. The local private hospitals refuse to admit these individuals unless the Sheriff office provides 24/7 security.

Continuum of Care Service Inventory
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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
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9. The following pages of this template contains a table that provides the specific federal and state priorities for: Mental Health Block Grant (MH-BG), Substance Abuse Prevention and Treatment Block Grant (SAPT-BG), SAMHSA and OhioMHAS treatment and prevention priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board's priorities. For those federal and state priorities that are not selected by the board, please check one of the reasons provided or briefly describe the applicable reason in the last column.

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

Priorities for (enter name of Board)				
Substance Abuse & Mental Health Block Grant Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Persons who self-identify as IDU get priority for services within 2 days of request. Ensure quality programming available to this population.	Require each service provider to maintain compliance with access timeframes in accordance with the federal standard. Provide programming that includes Medication Assisted Treatment Options including Methadone, suboxone, and vivitrol for outpatient and residential treatment options.	Persons who self-identify as IDU upon access to care are seen within 2 days. This information is tracked and reported to ADAMHS quarterly ADAMHS conducts compliance review surveys and provides a compliance rating for each service providing agency Number of persons who self-identify as IDU served during the fiscal year	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: <u>Mandatory for boards:</u> Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)	Ensure compliance with access requirements for pregnant women within the local system of care. Ensure quality programming available to this population.	Require each service provider to maintain compliance with access timeframes in accordance with the federal standard. Collaborate with Promise to Hope program, local Children Services, Family & Children First Council regarding service coordination.	Persons who self-identify as a pregnant SUD user upon access to care are to be seen within 2 days. This information is tracked and reported to ADAMHS quarterly ADAMHS conducts compliance review surveys and provides a compliance rating for each contracted service providing agency Number of women served who are identified as HB 484 service recipients	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: <u>Mandatory for boards:</u> Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority)	Ensure compliance with access requirements for parents with dependent children within the local system of care.	Provide outpatient & residential programming, and recovery housing for this population at varied provider agencies.	ADAMHS conducts compliance review surveys and provides a compliance rating for each contracted service providing agency	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

for children at risk of parental neglect/abuse due to SUDs)	Ensure quality programming available to this population.	Partner with local Interagency Clinical Assessment Team for multi-system youth to plan for services and cost share when MH treatment is a primary need. Partner with CSD and Juvenile Court to fund the ICAT Coordinator position.	Number of youth/families who participate in ICAT process. Number of youth who ADAMHS cost shares	
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS, HIV, Hepatitis C, etc.)	Persons at risk of or with TB or other communicable diseases receive counseling and testing.	Agencies provide counseling, testing and/or a referral to testing and treatment for communicable diseases.	TB counseling and referral data is submitted to ADAMHS quarterly and reported to Ohio MHAS per guidelines	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Youth with SED have access to and receive treatment that is of high quality and responsive to the needs of the child/family.	Multi-system youth may be referred to ICAT or Children Matter! for service coordination and access to services as identified. Core BH services are available within the system of care for SED youth.	Family reports services have a positive impact on the family/youth who are ICAT involved # youth who disrupt despite ICAT plans # youth who receive treatment services is tracked yearly UOS by service type for SED youth are tracked yearly ChildrenMatter! Submits quarterly data on children/families served	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	SMI adults have access to and receive treatment that is of high quality and responsive to their needs.	Core BH services are available within the system of care for SMI adults. SMI adults are afforded supportive services within the spectrum of care.	Measurement indicator: Baseline data: Target: <i>Copy and paste above for multiple indicators.</i>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Homeless people who are living with mental illness and/or addiction will	Outreach services will be provided by PATH and other social service agencies to identify individuals who are	Measurement indicator: Baseline data: Target:	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage

	<p>have access to permanent supportive housing based on available funding</p> <p>Persons experiencing SPMI will obtain affordable housing with supportive services to assist them to remain housed, and recover from MH / Addiction.</p>	<p>homeless and living with mental illness and/or addiction</p> <p>PATH will connect individuals to needed housing and supportive services</p> <p>Obtain a baseline of housing stock & subsidies in the ADAMHS system and Continuum of Care.</p> <p>Assess supportive services availability.</p> <p>Establish a baseline of recovery housing throughout Montgomery County.</p> <p>Explore options to support recovery housing system of care.</p> <p>Explore resources for expansion of recovery housing options.</p> <p>Enhance collaboration with and among housing providers.</p>	<p><i>Copy and paste above for multiple indicators.</i></p>	<p>__ Other (describe):</p>
<p>MH-Treatment: Older Adults</p>	<p>Increase public awareness of mental health needs of older adults</p>	<p>Implement an educational campaign, including health fairs and various media, to educate community re: mental health needs of older adults including SUD</p>	<p>Number of media messages focused on older adults</p> <p>Number of health fairs attended</p>	<p>__ No assessed local need</p> <p>__ Lack of funds</p> <p>__ Workforce shortage</p> <p>__ Other (describe)</p>

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

Priorities	Goals	Strategies	Measurement	Reason for not selecting
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<p>MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment</p>	<p>Increase access to MH/SUD treatment services within local jail and community-based correction facilities within in the county</p> <p>Maintain operations of specialized dockets including veterans court, mental health court, juvenile drug court, and 2 common pleas drug courts</p>	<p>Providers will be given ability to bill ADAMHS board for assessment, OP counseling, CPST/SUD case management, and evaluation/management services within these facilities for open/active clients</p> <p>Will fund continued in-house MH/SUD services via jail medical provider to provide crisis, brief intervention, and referral/discharge planning</p> <p>Continue collaboration with specialty dockets via shared funding positions, technical assistance, and grant opportunities</p> <p>Apply for grants (ATP, SOR) that support local MH/SUD and CJ treatment & support initiatives</p>	<p>UOS by service type for individuals who are incarcerated will be tracked yearly</p> <p>UOS by service type for individuals served by the in-house jail services program</p> <p># of positions that are cost shared with ADAMHS that support specialty dockets</p> <p>MCSO medical provider contract outlining provision of MH/SUD services in house at the jail</p> <p>Grant monthly & quarterly reports</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>Integration of behavioral health and primary care services</p>	<p>Integration of BH and Primary Care for persons living in Montgomery County.</p>	<p>Partner with Public Health of Dayton/Montgomery Co. to implement CHIP behavioral health initiatives</p>	<p>Increase the # of primary care providers who screen for behavioral health disorders by 10%</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>Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)</p>	<p>Recovery Support services are plentiful throughout Montgomery County for SMI and substance use disorders.</p> <p>Expand Peer Support services provider network.</p>	<p>Provide a host of supportive services that are in alignment with our priorities as well as those emerging community needs.</p> <p>Continue to provide workforce path for potential Peer Support providers.</p>	<p>UOS by service type are tracked yearly for supportive services</p> <p># of persons who receive each supportive service tracked yearly</p> <p>ADAMHS will work to create as much client specific tracking as can be created</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>

		Work with provider agencies to implement Peer Support programs.	Number of persons certified by OHMHAS as peer support specialists # of recovery housing beds available	
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBTQ)	Increase public awareness of health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBTQ)	Host a series of educational workshops for BH professionals focused on health equity and disparities Provide educational materials via health fairs and social media to educate community re: mental health needs of all populations	# of educational workshops hosted Number of media messages focused on health equity and disparities Number of health fairs attended	<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	Increase # of LE departments carrying Narcan Provide access to naloxone to the general community Provide access to naloxone for those who are incarcerated	Maintain a shared funding Narcan Repository that LE depts. can access for Narcan kits Maintain Project Dawn program	# of LE depts. who are carrying Narcan and/or participating in the Narcan repository # of Project Dawn trainings per year, including # offered at criminal justice institutions	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Promote Trauma Informed Care approach	Provide access to local trauma informed care trainings for local professionals	Host local trauma informed care trainings by certified professionals	# of professionals who attend training # of workshops hosted	<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

<p>Prevention: Ensure prevention services are available across the lifespan</p>	<p>Implement prevention services to the older adult populations due to their vulnerability with MH and AOD concerns</p>	<p>Work with a provider to implement the WISE (Wellness Initiative for Senior Education) program, a prevention EBP</p>	<p>Documentation of completed strategies in the form of final reports, attendance records, meeting minutes, etc.</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>Prevention: Increase access to evidence-based prevention</p>	<p>Increase the # of evidence-based prevention programming available to local schools across every grade based on Strategic Prevention Framework planning</p>	<p>Work with Montgomery County Educational Services Center to implement the Schools of Excellence in Prevention (SEP) program that assesses schools' prevention needs and assists with connecting them to local prevention providers</p>	<p>Increase # of schools involved in SEP</p> <p>Increase # of youth participating in evidence-based prevention programming</p> <p>Increase # of teaching staff and faculty that participate in professional development opportunities related to understanding their role in prevention</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>Recovery Ohio and Prevention: Suicide prevention</p>	<p>Increase the # of evidence-based suicide prevention programming to identified high risk populations</p>	<p>Implement new EBP suicide prevention program during SFY20</p>	<p>Increase # of EBP suicide prevention programs in the community</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>Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations</p>			<p>Measurement indicator: Baseline data: Target:</p> <p><i>Copy and paste above for multiple indicators.</i></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>

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/>