Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Community Plan Guidelines SFY 2021 and 2022

Enter Board Name: Muskingum Area Mental Health and Recovery Services

Evaluating and Highlighting the Need for Services and Supports

1. Describe the community needs assessment process that led to the identification of the local priorities the Board will address. Describe how the Board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and people living with or recovering from mental illness and addiction in evaluating needs, evaluating strengths and challenges and setting priorities for treatment and prevention for SFY 2021-2022. [ORC 340.03 (A)(1)(a)].

The Board utilizes a variety of methods and sources of information to determine its current behavioral health needs. These can be categorized as quantitative, qualitative, and sometimes gathered anecdotally through conversations with key stakeholders within the system (e.g. Judges, probation officers, school personnel, emergency department physicians, etc.)

Informally, the MHRSB staff, board members, and contract agencies are an ongoing source of information regarding behavioral health needs in the six-county area. The Board's QI structure is designed to promote and enhance partnering relative to needs assessment, performance monitoring, and management of network services. As a result of the broad reach of the Family & Children First Councils (FCFC) and their use of a structured but flexible service mechanisms, these entities are often the first to identify issues pertaining to access and gaps/disparities in service availability and delivery. This information reaches the MHRB quickly through regular meetings and phone/email contact. Contract agencies also provide information regarding gaps in services for various populations in the area.

The board also participates in various Community Needs Assessments throughout the six-county area in partnership with County and City Health Departments in the region and Community Hospitals in Coshocton, Guernsey and Muskingum counties. Behavioral Health needs ranked in the top 6 priorities for each assessment completed.

The Board is engaged in assessment and planning on an ongoing basis with each of our local Health Departments. Assessment and planning happen with numerous community partners to align priorities and develop action plans that will improve overall health outcomes and quality of life for our residents. This collaboration reduces duplication, leverages resources and improves coordination and access for residents that utilize services from multiple agencies.

Consumer Outreach meetings were held between November 2019 to February 2020 with consumers and family members. 65 face to face interviews were completed and 2 consumers utilized the new online survey method.

- Most responses indicated that consumers and family members believed that they were able to get services in a reasonable length of time. The implementation of Walk-In Wednesdays by providers has helped to alleviate extensive wait times.

- Consumers indicated that they were actively involved in their treatment planning as well as were a part of ongoing evaluation and updating of the treatment plans.
- Consumers identified the programs that have been most impactful on their recovery, discussed how those programs helped and were able to identify skills learned from each service (case management, self-help groups, MAT, PH group, Medication program, individual counseling, and peer run events).
- Consumers indicated that if they have a desire to be involved in planning for other needed programs and services,; they can do so.
- Services that were lacking in the six-county catchment area were also identified. Some of which are directly linked to lack of transportation in this primarily rural part of the state. It was identified that more self-help groups were needed, more sober social activities, and more social activities for families. One county reported a continued stigma in the criminal justice system around the addiction issue.

    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?

<u>Recovery-Oriented System of Care (ROSC)-2018</u>

Three-hundred sixty-nine (369) persons, representing clients, family members, service providers, Children services, Criminal Justice, Health, Education, Social Services, Elected Officials, Board members, and Board staff completed the ROSC electronic survey. Overall, the Boards scores were above the state average, with the greatest strength being reported in Focus on Clients & Families.

While the MHRSB's overall scores were favorable. Prospects for improvement are always considered.

1) Focusing on Clients and Families: The assessment revealed respondents agree the MHRSB promotes people first language and that the representation in its membership is strong and we do well at matching persons screened with the most appropriate level of service. Our ability to address service barriers and cross-system partnerships can continue to improve, in addition to our ability to provide additional services in a person's natural environment.

2) Ensuring Timely Access to Care: The assessment revealed provider's efforts to engage persons early and with the use of evidence-based screenings in integrated settings is representative of quality work. Improvement efforts can happen around access to services and supports during evening and weekends.

3) Promoting Health, Safe, and Drug-Free Communities: Early intervention, prevention and treatment services are available in every community and assist in building supportive connections within an individual's community. Opportunities to decrease stigma, advocacy and celebrations to formally recognize the achievements of people in recovery could increase.

4) Prioritizing Accountable & Outcome Driven Financing: Strengths identified are our efforts to enhance and promote prevention, intervention, treatment and recovery support services. Engaging family members and clients receiving services in an ongoing evaluation of care should be a consideration for improvement.

5) Locally Managing Systems of Care: MHRSB and contract providers provide a variety of opportunities for people to share their stories and re-write their own narratives through recovery. Providers agencies are employing peers to support and/or develop new programs and services. Strengthening partnerships with local businesses for individuals in recovery will help to increase gainful employment and reduce stigma.

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.

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.

The Muskingum Area Mental Health & Recovery Services Board serves a six-county area-Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties. The counties are home to a population of 226,756 residents, according to the 2019 Census Estimates (July 1st, 2019), with the predominate language being English. The six-county service area covers approximately 3,000 square miles and has been designated as a part of the Appalachian region by the federal government. Appalachian counties historically are more distressed economically. Historically, poverty rates across the region impact community members' ability to maintain overall wellness, get the healthcare they need, and have safe and adequate housing, food and clothing. The poverty rates impact crime, neglect and abuse, education and stress levels. Due to the rural geography of the area, the Appalachian culture, and the high poverty rates, health disparities exist across the six-county region. All six counties served have above state averages of children in poverty (ranging from 23.3% to 33.8% with the state average being 20%) according to the Census Bureau five-year American Community Survey 2014-2018. All six counties have unemployment rates above the state (4.2%) and the national (3.5%) averages ranging from 6.3% to 9.1% (February 2020). The median income for the six counties this board serves is $45,290. Individually, the breakdown is as follows-Coshocton $44,491, Guernsey $43,975, Morgan $41,731, Muskingum $45,276, Noble $47,456, and Perry $48,811. Based on the Ohio Department of Education school report cards for the class of 2019, this board's region has a slightly higher graduation rate than the State of Ohio, with all but two of the 19 districts in the Board's catchment area exceeding the state average of 85.3%. The graduation rates in the last 4 years have ranged from 78.4%% to 97.9% in the service area.

Due to high poverty and rural geography, transportation continues to be a barrier for many seeking services within the area and public transportation remains limited even in the largest county. The catchment area population is 72 persons per square mile compared to Ohio's 284.2 persons per square mile. Average commuting time for work is 30 minutes, or more. These factors limit access to treatment services and has been an ongoing area of concern for treatment providers.

The area has also been designated nationally as a health professional shortage area with contract providers reporting significant difficulty in hiring credentialed individuals. Cultural norms in the Appalachian area influence the perception of services offered and often act as a barrier to seeking services, along with reported transportation issues and a lack of qualified providers. Appalachian culture tends to be family centric with the emphasis on self-management and a distrust of outsiders, especially professionals. Stigma associated with mental health and addiction services continues to limit conversations around those topics, making them taboo and creating a lack of support from family and community for those interested in seeking help.

The Muskingum Area Board has placed a significant interest in expanding Intensive Home-based Treatment services in the six-county area to offset the impact poverty and transportation has on individuals needing treatment.

Managed Care carve-in and the Coronavirus pandemic of 2020 have placed financial constraints on our system of care. Providers report loss of revenue due to the reduction in rates and difficulties with delays in receiving payments from some MCOs. The need to continue providing services during the pandemic required the purchase of equipment to provide telehealth services and address a higher no-show/cancellation rate that was not anticipated. There was an impact on staff as layoffs and reduced hours became necessary to conserve funds. Prevention programs were also heavily impacted by the closure of all school districts because of COVID-19. With the economic ramifications of the pandemic being unknown to clients and agencies in the next few months, providers are not going to be able to go back to "business as usual" immediately. Ongoing Board support will need to continue for an indefinite period. This will have an impact on the Board's goals and priorities that will require adjustment as issues arise.

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 Board actively participates in each county's Family and Children First Council, Creative Options, Child Fatality Review and Utilization Review meetings for children's residential care. There have been no recent disputes. We regularly participate in the development of shared funding plans for youth that meet criteria for residential placement. This has long been a primary area of need as many of our children are placed in facilities hours away from their homes and support systems.

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.

   Utilization review meetings are held monthly with staff from the MHRS board, the State Hospital and Allwell Behavioral Health to discuss each individual from the MHRS catchment area currently admitted to the state hospital, their progress and release status. Client individual needs are addressed regarding housing, anticipated outpatient treatment, medication and physical health.

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Workforce Development and retention	Increase the number of credentialed providers within six-county service area	Assist in recruiting efforts to secure qualified workforce	Measurement indicator: Increase of licensed/credentialed staff Baseline data: Number of current licensed/credentialed staff Target: October 2021
Assist with COVID-19 related deficiencies for providers	Assist contract providers to ensure that current services are maintained throughout the pandemic and recovery period.	Locate resources for provider agencies Work with agencies individually to determine financial struggles due to COVID-19	Measurement indicator: Number of services after recovery period Baseline data: Services prior to COVID outbreak Target: May 2021
Promote the health and safety of individuals and communities.	Ongoing sustainability in current PAX schools Expansion of PAX Good Behavior Game programming	Greater level of PAX implementation to fidelity	Measurement indicator: Increase in PAX Partner classrooms Baseline data: Current PAX Partner classrooms Target: May 2021
	Establish a system-wide Critical Incident Response Plan/Team (CISM) by July 1, 2021.	Team roster of individuals trained to respond to: P & P Manual Incident report forms	Measurement indicator: CISM Team established with P & P written Baseline data: No existing Team Target: July 2021

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?)

- **OHIO UNIVERSITY –** A formal collaboration is planned to work on development of a data collection system to track grants and outcomes. What outcomes to be tracked and how to report them will be integral in future MHRS Board funding decisions. This data will also be beneficial for future grant opportunities for contract providers. There may also be a possibility to partner with Ohio University for PA students to rotate through contract provider facilities.

- **ANNAPOLIS COALITION -** a Recruitment and Retention Learning Collaborative for behavioral health contract providers. Planning teams for each provider will work to develop plans for recruitment and retention for submission to the Coalition. They will each receive individualized consultation services to ensure a sound plan for workforce development.

- **NATIONWIDE CHILDRENS' -** The MHRS Board researched, funded, and organized implementation of the PAX Good Behavior Prevention Program in 16 of the 19 school districts in the service area. The Board has also funded the hiring of _____ individuals to act as Pax Partners in _____ schools. Numerous PAX Tools training have also been held. The evidence-based PAX initiative is a classroom-based program that gives teachers the skills to create nurturing environments in their classrooms, teaching self-regulation throughout their daily instruction. The PAX Institute has followed kids who began the program at young ages into their middle- and high-school years, and studies have shown reductions in mental illness, addiction, and suicide rates.

- **CISM TRAINING** – Trainings are planned for individuals interested in becoming a member of the Crisis Incident Stress Management team. A formal arrangement with Chief Rick Skilliter is being developed. He has been in public safety since 1986 and retired as Chief of Police and Director of Public Safety for Bluffton, Ohio. Chief Skilliter now works as the CISM Coordinator for the Partnership for Violence Free Families. He is a certified EMS and Basic Police Academy Instructor. He has over 25 years' experience responding to and providing training on Critical Incidents. He will lead the development of the CISM team that will eventually cover the Board's six county catchment area.

- **SEQUENTIAL INTERCEPT MAPPING** – A program of the Criminal Justice Coordinating Center of Excellence (CJ CCoE). Sequential Intercept Mapping and Action Planning aid in strengthening local strategies to address the interface of criminal justice and behavioral health systems for justice-involved persons with mental illness. Cross-Systems Mapping strengthens local strategies to implement core services to address behavioral health, criminogenic, and environmental factors for justice-involved persons with mental illness. The goals are to 1) aid communities in developing effective local systems of care that bridge criminal justice and mental health services across all Intercept points and 2) minimize criminal justice involvement for persons with mental illness. Cross-Systems Mapping promotes stakeholder collaboration by tying existing efforts together from pre-arrest through reentry;

identifying strengths and gaps in systems; addressing issues that are relevant across all intercepts (e.g. collaboration, cultural competence, gender specific services, trauma informed care, and needs of veterans) and identifying solutions, many of which do not add costs. The addition of two additional counties is planned for this community plan period.

Inpatient Hospital Management and Transition Planning

7. Describe what partnerships will be needed between the Board and the State Hospital(s), Private Hospital(s) and/or outpatient providers for the identification of needed services and supports.
    a. How will the Board coordinate the transition from the hospital to the community? (i.e., discharge planning)
    b. Who will be responsible for this?

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

The MHRS board has contracted with Allwell Behavioral Health Services to provide a designated liaison to work with persons being released from Appalachian Behavioral Healthcare (ABH). While the agency works hard to coordinate care for these persons, discharge planning has become more difficult due to the reduction in available group homes in our service area. We regularly utilize the Adam-Amanda House, two community group homes and two State Operated group homes within the region. Last year our service area lost 4, 16-bed group homes. Housing for SPMI individuals being released tend to be a need of high priority. Muskingum Behavioral Health is working closely with Fairfield homes to secure funding for a 40-bed permanent supportive housing complex. The timeframe for completion of this project is anticipated to be 2021.
The increasing forensic population has changed the utilization of State beds drastically over the last 18 months to 2 years for the civil population, making it more difficult to address acute needs of individuals meeting the criteria for hospitalization in the service area.

Continuum of Care Service Inventory

8. Complete the attached spreadsheet: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. Instructions are found on Page 10 of the Guidelines.

    Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

Alignment with Federal and State Priorities

9. The following pages of this template contains a table that provides the specific federal and state priorities for: Mental Health Block Grant (MH-BG), Substance Abuse Prevention and Treatment Block

Grant (SAPT-BG), SAMHSA and OhioMHAS treatment and prevention priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board's priorities. For those federal and state priorities that are not selected by the board, please check one of the reasons provided or briefly describe the applicable reason in the last column.

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

Priorities for Muskingum Area Mental Health and recovery Services Board				
Substance Abuse & Mental Health Block Grant Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	To decrease the incidence and prevalence of intravenous/injection drug use (IDU).	Increase involvement of provider agencies in Drug Take Back Days Maintain and Expand Local Naloxone availability in each community.	Measurement indicator: Percentage of Providers involved Baseline data: 3 of 7 providers currently involved Target: April 2021 Measurement indicator: 90% of all emergency first responding organizations will be trained and issued Naloxone. Baseline data: Missing Target: July 2021	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory for boards: Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)	Ensure proper prenatal care and substance use treatment for women and keep the family unit together post-delivery	Monitor and strengthen the mechanisms to identify, engage, refer, and treat women who are pregnant and have a substance use disorder. Engage additional County & City Health Departments in highlighting the issues that are specific to pregnant women with substance use disorders in their perspective county(s).	Measurement indicator: All providers utilizing same reporting mechanisms Baseline data: Existing methods of reporting Target: July 2021 Measurement indicator: Number of additional Health Departments participating Baseline data: 2 counties currently Target: July 2021	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory for boards: Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority	Reduce the number of out of home placements	Work with Juvenile Court(s) and County Children Service Agencies	Measurement indicator: Number of placements reduced Baseline data: Number of current out-of-home placements Target: July 2021	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

for children at risk of parental neglect/abuse due to SUDs)				
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Ensure individuals with communicable diseases have access to mental health and substance use services. Identify other services are needed.	Monitor the increased number of Hepatitis C Cases in the community. Work with the Health Department to determine additional services/education that may be necessary.	Measurement indicator: Number of services available Baseline data: Current gaps in services Target: July 2021	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Increase access to Early Childhood Mental Health Services Develop Crisis Stabilization services for youth in crisis to mitigate unnecessary ED visits and hospital admissions	Develop and implement early intervention in community and school-based settings by allocating resources.	Measurement indicator: Increased community and school-based resources Baseline data: Current resources available Target: July 2021 Measurement indicator: Increased community and school-based resources Baseline data: Current resources available Target: July 2021	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Ensure individuals with severe and persistent mental illness have access to a full continuum of care.	Maintain investment in treatment and recovery support services. Assist contract providers in the recruitment of psychiatrist and physicians to expand MAT and MED/SOM services	Measurement indicator: Resources allocated are not reduced Baseline data: Current funds allocated Target: July 2021	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Ensure individuals in need of housing have access.	Continue to participate in the local Housing Consortium to advocate for increased available housing.	Measurement indicator: Number of available apartments increase Baseline data: Current number of available housing Target: July 2021	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Older Adults	Ensure access to services	Maintain current services to seniors	Measurement indicator: Maintain current services	__ No assessed local need __ Lack of funds

			Baseline data: Current services available Target: July 2021	__ Workforce shortage __ Other (describe)

Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Ensure individuals involved with the criminal justice system have access to services	Financially support at least one position in one County Court system to provide counseling and assessment	Measurement indicator: Contract completed with current provider Baseline data: No current position Target: July 2021	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
	Expand collaboration with local criminal justice systems and community partners	Expand criminal justice collaboratives in board six county catchment area	Measurement indicator: Number of collaboratives Baseline data: Two county collaboratives currently Target: July 2021	
	Expand services specific to youth that are criminal justice involved	Expand Sequential Intercept Mapping into additional counties	Measurement indicator: SIMs completed Baseline data: SIM completed in 2 additional counties Target: July 2021	
		Explore need for a behavioral health court for youth	Measurement indicator: Need determined Baseline data: No courts currently Target: July 2021	

Integration of behavioral health and primary care services	Ensure collaboration with area hospitals, primary care physicians, health departments and Federally Qualified Health Centers to ensure service access for individuals with co-occurring needs.	Support ongoing efforts of contract providers to expand co-location efforts within primary care organizations. Support ongoing efforts of contract providers to fully integrate physical health within their behavioral health organizations	Measurement indicator: Number of referrals made to PCP and provider agencies Baseline data: Current data Target: July 2021 Measurement indicator: Number of contract agencies providing physical health Baseline data: 1 Contract Agency offers physical health services Target: June 2021	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Increase the number of peer supporters Ensure that all contract agencies that provide peer support services are licensed by the State of Ohio	Promote opportunities for individuals to be trained as peer supporters Encourage and assist agencies not certified through the process	Measurement indicator: Number of trained individuals Baseline data: Current number of active peer supporters Target: June 2021 Measurement indicator: Increased number of certified agencies Baseline data: Number of certified agencies Target: June 2021	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Increase workforce competency around health equity and disparities within the six-county service area	Work collaboratively with Ohio University and/or nationally recognized trainers to present on cultural competencies and the reduction of population disparities	Measurement indicator: Number of trainings provided Baseline data: No trainings provided Target: June 2021	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	Expand the number of evidence-based prevention programs utilized by contract agencies	Work collaboratively with contract providers to identify and research EBP's that can address specific gaps in service	Measurement indicator: Number of trainings and participants Baseline data: Number of current EBP's Target: June 2021	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

Promote Trauma Informed Care approach	Increase collaborative efforts to encourage the utilization of Trauma Informed practices within our service area Provide trainings and funding to support trauma informed care and best practice treatment approaches	Participate in regional meetings to continue to advance trauma-informed approaches Provide two (2) TIC trainings to contract providers as identified	Measurement indicator: Meeting agendas and minutes Baseline data: current meetings attended Target: July 2021 Measurement indicator: 2 Trainings completed Baseline data: Current number of training offered Target: June 2021	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Develop, evaluate and promote effective education strategies to increase public awareness around MH/SUD.	Create community awareness campaigns through presentations, social media, videos, and newsletters	Measurement indicator: Number of awareness activities Baseline data: Current activities tracked Target: July 2021	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Increase access to evidence-based prevention	MHRSB will work collaboratively with contract providers to identify and support the implementation of data driven programs	Increased number of Evidence Influenced Programs replicated to fidelity	Measurement indicator: Increase in EB programs and trainings Baseline data: Current EB prevention programs provided Target: June 2021	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Recovery Ohio and Prevention: Suicide prevention	Develop a comprehensive plan for prevention, intervention and postvention regarding suicide	Work with contract providers and local coalitions to collectively merge efforts to develop a unified response	Measurement indicator: Staff participation in 100% of programs and coalitions identified as a priority Baseline data: Identified priorities	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

			Target: July 2021	
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations			Measurement indicator: Baseline data: Target:	_**X** No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

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

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

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

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

B. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	Identifier Number	ALLOCATION

C. Request for Generic Services

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

B. AGENCY	Identifier Number	SERVICE	ALLOCATION

SIGNATURE PAGE

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

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Mental Health and Addiction Services (OhioMHAS) department a community mental health and addiction services plan for its service area. The plan is prepared in accordance with guidelines established by OhioMHAS in consultation with Board representatives. A Community Plan approved in whole or in part by OhioMHAS is a necessary component in establishing Board eligibility to receive State and Federal funds and is in effect until OhioMHAS approves a subsequent Community Plan.

The undersigned are duly authorized representatives of the ADAMHS/ADAS/CMHS Board.

_____

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/**