

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

Enter Board Name: Mental Health & Recovery Board of Portage County

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)].

2019 Portage County Community Health Assessment:

The Portage County Community Health Assessment (CHA) and the Portage County Community Health Improvement Plan (CHIP) are part of a collaboration between the Portage County Health District and the Mental Health and Recovery Board of Portage County, as well as representation from the entire spectrum of health and social services in Portage County, to conduct a fully integrated health assessment and improvement plan.

The data for this assessment was obtained by independent researchers from the Toledo-based hospital Council of Northwest Ohio and their partners at the University of Toledo, who administered surveys in 2019 to a cross-sectional, randomized sample of Portage County residents as follows: adults aged 19 years and older, youth aged 12 to 18 years, and parents of children aged 0 to 11 years. The survey instruments contained both customized questions and a set of core questions taken from the Center for Disease Control and Preventions' Behavioral Risk Factor Surveillance System, Youth Risk Behavior Surveillance system, and National Survey for Children's Health. A total of 393 adults were surveyed, 462 adolescents were surveyed, and 177 parents of children under the age of 12 years were surveyed.

Key Findings for Adults:

- 78% of adults had at least one alcoholic drink in the past month, an increase from 2015 which was reported at 62%
- 27% of adults reported they had 5 or more alcoholic drinks (males) or 4 or more drinks (females) on one occasion in the past month and are considered binge drinkers
- 11% of adults had used marijuana in the past 30 days increasing to 26% of those under the age of 30
- 34% of adults believed that marijuana was harmful to them; 32% did not know if marijuana was harmful
- 6% reported using medications not prescribed for them or took more than prescribed during the past 6 months
- 16% of adults reported being current smokers
- 4% of adults reported they currently use electronic vapor products

- 5% of adults reported attempting suicide in the past year
 - 6% of adults considered attempting suicide in the past year
 - 17% had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities
 - Reports that they or a family member had been diagnosed or treated for mental health issues in the past year: depression (21%), anxiety (21%), alcohol/drug use (7%), bipolar (5%), psychosis (<1%).
 - Top causes of anxiety, stress and depression were as follows: financial/poverty (49%), job (38%), fighting or other stress at home (31%), death of a family member or friend (23%), dating/marital relationship (14%).
 - 16% of adults experienced four or more Adverse Childhood Experiences (ACEs).
- **Key Findings for Youth (6th to 12th graders):**
 - 23% of youth had at least one alcoholic drink in the past 30 days increasing to 47% of those ages 17 and older
 - 48% had at least one drink of alcohol in their life increasing to 78% of those ages 17 and older
 - Of those who drank, 59% had 5 or more drinks on an occasion in the past month
 - 18% used marijuana at least once in the past 30 days increasing to 41% of those over the age of 17
 - 32% of youth believed that marijuana was harmful to them; 24% believe there is no risk to themselves to smoking marijuana
 - 3% of youth used medications that were not prescribed for them or took more than prescribed
 - 7% of Portage County youth were current smokers, increasing to 16% of those ages 17 and older.
 - 27% of youth used an electronic vapor product in the past 30 days, increasing to 51% of those ages 17 and older
 - 8% reported attempting suicide in the past year
 - 2% made a suicide attempt requiring medical treatment
 - 13% reported they had seriously considered attempting suicide in the past year
 - 32% reported they felt so sad or hopeless almost every day for 2 weeks or more in a row they stopped doing usual activities increasing to 44% for females
 - Top causes of anxiety, stress and depression: academic success (49%), fighting with friends (40%), self-image (34%), sports (33%), death of close friend or family members (32%), fighting at home (31%), peer pressure (29%), breakup of relationship (21%), being bullied (21%), social media (17%), poverty/no money (14%)
 - 26% of youth experienced three or more Adverse Childhood Experiences (ACEs).
- **Key Findings for Children under age 12:**
 - 35% of parents said that their children reported being bullied in the past year
 - 17% of children were classified as obese
 - 8% of parents said their children were diagnosed with ADHD
 - 7% of parents said their children were diagnosed with anxiety
 - 3% of parents said their children were diagnosed with learning disabilities
 - 1% of parents said their children were diagnosed with depression
 - 8% of youth experienced two or more Adverse Childhood Experiences (ACEs).

- **Portage County Community Health Improvement Plan (CHIP):**
- The current CHIP was completed in August 2019 and identified three priorities that are based on both the Community Health Assessment (described above) as well as additional data from other community assessments, including coroner’s reports of suicides and drug overdoses over the past several years. These priorities include:
 - Mental Health, substance abuse, and addiction
 - Chronic Disease (including obesity)
 - Maternal, infant and child health

It has been agreed upon by all participants in this CHIP process that all professional agencies will be a part of the plan and will be using both the results of the Health Assessment and CHIP in their own mandated plans. Therefore, the Mental Health & Recovery Board of Portage County agrees with this plan so that our required Community Plan matches the CHIP.

- 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?

Due to the successful collaboration and robust findings of the Portage County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP), Portage County has elected to not utilize the Board Recovery Oriented System of Care (ROSC) assessments. However, the ROSC model is used as a framework for examining our continuum of care to ensure that we have a comprehensive range of services from prevention to treatment to recovery supports to crisis, and that these services assist individuals in growing in the course of their recovery.

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

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

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

3. Describe all environmental factors that influenced the identification of the chosen priorities within the Board area. Factors could include economic, social, and demographic factors, transportation, unemployment, uninsured/underinsured population, poverty rates, housing availability, incarceration rates, etc. Note: Regarding current environmental factors, Boards may describe the continuing impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.

Portage County’s population of 162,927 ranks 19th out of the 88 counties in the state. The population has increased from 2000 to 2019, up from 161,419 to 162,466.

- Portage County is approximately 90.8% White, with an African American population of 4.8%, Asian 2.1%, and Hispanic 2.0%,
- The county is 51% female and 49% male.

- 4.5% of residents are children under the age of 5.
- 18.5% are under the age of 18.
- 17% of residents are age 65 and over.

While there have been some improvements, economic indicators illustrate that Portage County, and its citizens continue to face significant economic challenges:

- The percent of persons below poverty level is 11.3% compared to Ohio at 13.1%.
- The percent of individuals without health insurance under age 65 is 7.5% compared to Ohio at 7.8%.
- Unemployment in June 2019 was 4.2% compared to the same 4.2% for Ohio.
- Median household income is \$53,816 as compared to the median household income of \$52,407 for Ohio as a whole.

Portage County relies on its local levies for 67% of its total funding. State funding accounts for only 15% while Federal accounts for 17%. The Board is deeply appreciative for the additional funding opportunities that the State has provided through Federal grant based funding programs, and for the Department absorbing the substantial State budget cuts due to the COVID19 pandemic.

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

In Portage County, there have not been any disputes regarding child service needs that required resolution during FY19, FY20, or FY21 to date.

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. [340.03(A)(1)(c)].

The Board and its primary hospital contract agency, Coleman Professional Services has a good working relationship with the Regional Psychiatric Hospital (NorthCoast). Coleman staff are in regular communication with NCBH regarding admission and discharge concerns, and the Executive Director is available if there are any difficulties that may arise. Coleman can provide step-down services if needed at their Crisis Stabilization Unit.

Periodically there is difficulty in getting people admitted into state hospitals for inpatient psychiatric care. We sometimes have individuals waiting at our Crisis center or local hospital emergency department. Many of these individuals need more than “short-term” care due to the severity and intensity of their symptoms (typical care in a hospital, including state hospital, is less than a week). Many have discontinued their prescribed medications and need a longer time period to get stabilized on their medications again. Although they may not present with an acute danger to self and/or others, their symptoms clearly show they are not able to take care of themselves and need this higher level of care for their own safety and recovery. In addition, often these individuals are also homeless and do not have an immediate place to return to after hospitalization.

Given the severity of our chronic population, many individuals require more of a 24-hour group home facility. Both of our local group homes are at 100% capacity with no openings expected for years. The hospital needs to have them discharged, but we lack both the local facilities and the funds to pay for a facility outside the county.

Additional Board Local System Priorities Not Included in Block Grant Priorities, SAMHSA Strategic Plan Priorities, and Prevention Priorities

Priorities	Goals	Strategies	Measurement
Responding to COVID	Maintain full services for clients	Assist agencies in COVID related expenses such as PPE, software, and hardware to provide telehealth and inpatient services	Measurement indicator: number of contracted agencies providing in-person services Baseline data: 5 Target: 5 sustained Measurement indicator: number of contracted agencies providing telehealth Baseline data: 5 Target: 5 sustained
Expand and improve crisis services	Identify and implement new ways to deliver crisis services for both adults and children	Work with local treatment agencies, local crisis services provider and State Crisis Academy to explore and implement new ways to deliver crisis services	Measurement number of new ways to deliver crisis services Baseline data: new goal Target: Implement at least one new method to deliver crisis services to both adults and children annually

Collaboration

6. Describe the Board's 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?)
- Family and Children First Council: The Board will need to continue to strengthen collaborative partnerships through the FCFC Council and the FCFC Interagency Clinical Assessment Team (ICAT) that oversees consideration of children for placement in residential facilities. ICAT is comprised of all AOD and mental health agencies supported by the Board along with the Department of Job and Family Services, Juvenile Court, Board of DD, and local schools. ICAT revised its procedures to match the Service Coordination procedures for the entire county. However, the number of children who require residential treatment due to high risk actions has doubled.
 - Adult Courts and Jail: The Board seeks to improve the work between its agencies, judges, and criminal justice system including expanded use of Mental Health Specialty Docket Court and Drug Court to divert people with mental health and addiction needs from the criminal system into treatment. This includes working with the newly elected county sheriff and expanding mental health and addiction services in the jail provided by Coleman Professional Services, Townhall II, and Family and Community Services, especially Medication Assisted Treatment.
 - University Hospital Portage Medical Center: The Board seeks to improve communication and collaboration with the local hospital to discuss and resolve problems with how mutual consumers have been managed in their hospital, particularly those consumers who come to the Emergency Department in need of hospitalization for psychiatric problems and/or for detox services. This includes specific procedures to divert clients who do not require medical clearance, reduced wait times, increased safety, and follow up with clients who present frequently.
 - Local Police and Sheriff Departments: The Board seeks to expand development of CIT throughout Portage County beyond training of officers to include assisting all departments establish effective teams with designated coordinators, and standardized policies, and procedures.
 - Portage Department of Job and Family Services and Portage Board of Developmental Disabilities: The Board seeks to expand its communication and collaboration with DJFS and with the DD Board to effectively serve youth and their families with multi-system needs.
 - Portage County Schools: The Board seeks to continue to strengthen its relationship with all eleven public school districts in Portage County to expand mental health on-site consultation and screening and comprehensive prevention services for all grades in all the schools.
 - Heartland East: The Board, with the Department's approval, seeks to continue its participation in the Heartland East collaborative where information is shared monthly on a range of issues including program planning, evaluation, evidenced-based-practices, a comprehensive shared software development project, and grants. Collaboration has been particularly successful around the State Regional Detox and Crisis Services grant.

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 Board utilizes both St. Thomas and Akron General Hospitals with Coleman Professional Services for inpatient psychiatric hospitalization. However, access to these beds have become extremely difficult with consumers often waiting to be admitted even though they are at risk of harm or self and/or others.

Portage County continues to have shortage of inpatient psychiatric beds for both adults and children. Portage has no inpatient facilities for either adults or children and must rely on resources outside the County that can result in waits of up to 3-4 days, leaving consumers sitting either in the local emergency department or in the crisis prescreening facility. When someone does get hospitalized, the stays are often too short and local resources are either not available or nonexistent to meet the level of care required. For example, several adults need a group home upon discharge from the hospital, but our group homes are filled at capacity.

The Board needs to explore possible contracts with other private regional hospitals, as well as the new Open Beds program to increase availability of inpatient psychiatric hospitalization services. The Board is exploring how it will accommodate this new administrative dimension internally. The Board also seeks to expand its supported living and group homes through new capital funding applications pending with the State, as well as exploring other Federal funding opportunities with our local community-based organization that focuses on community revitalization and the production of affordable housing.

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 Mental Health & Recovery Board of Portage County

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)	Increase percentage of opiate addicted individuals who have a successful disposition at discharge from residential placements.	Use a combination of detox services, residential services, and outpatient services along with MAT and Peer Recovery Support.	Measurement indicator: Compare numbers of individuals who have successfully completed our local residential programs from past years to the current year. Baseline data: 51% Target: 61%	<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)	Increase in percent of pregnant women who complete AOD treatment in residential treatment.	Residential Treatment (Horizon House).	Measurement indicator: Compare numbers of individuals who have successfully completed our local residential program from past years to the current year. Baseline data: 51% Target: 61%	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: <u>Mandatory for boards:</u> Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Prevent loss of custody and increase family reunification for parents involved with the child welfare system due to their substance abuse.	Detox treatment. Outpatient AOD treatment. Residential Treatment.	Measurement indicator: Compare numbers of children removed from their homes due to parents with SUDs to previous years. Baseline data: over 39% of cases Target: decrease by 9%	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)			Measurement indicator: Baseline data: Target:	<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<p>MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<p>Increase accessibility of services for children with SED using a system of care approach.</p>	<p>Use Family and Children First Council and Interagency Clinical Assessment Team to facilitate system access. Continue services in schools for early identification. Use wraparound funds to keep children in their homes.</p>	<p>Measurement indicator: Measure the number of children who are in residential placement each year and try to reduce these numbers along with length of stay. Baseline data: average 13 per month at 90 days Target: 10 per month</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<p>Maintain and expand accessibility to mental health services for adults with SPMI.</p>	<p>Continue use of FIRST program for early onset psychosis. Comprehensive services, both clinical and recovery supports (housing, vocational). Provide same day diagnostic assessments. Transfer stable adults to primary care for medication monitoring.</p>	<p>Measurement indicator: number of clients accessing mental health services Baseline data: 2,302 clients receiving Board funded mental health services Target: increase by 5% (and work to obtain aggregate Medicaid data)</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing</p>	<p>Increase safe and affordable housing to persons with SPMI including substance abuse disorders.</p>	<p>Continue to work on obtaining funds to increase the number of living spaces along with appropriate staff supervision. Increase specialized housing for transitional youth and adults with criminal histories.</p>	<p>Measurement indicator: For transitional youth, developed a facility to house youth. Baseline data: first facility completed Target: next increase dependent on results of capital funding.</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>MH-Treatment: Older Adults</p>			<p>Measurement indicator: Baseline data: Target:</p>	<p><input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)</p>

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	We want to increase MH/SUD services in the jail, particularly MAT, but have limited board funding and one grant.	Currently our strategy is focused on locating additional funds.	Measurement indicator: Increase the number of people receiving AOD assessments, MH services in the jail, and re-entry services. Baseline data: 492 clients Target: 10% increase	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Integration of behavioral health and primary care services	Develop an integrated care system that treats physical, mental health, and AOD conditions in a coordinated manner.	Work collaboratively with our local clinic to provide to implement integrated behavioral health and primary care services	Measurement indicator: establish new clinic Baseline data: new goal Target: establish new clinic by end of FY21	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Increase the availability of Certified Peer Support specialists.	Obtain other sources of funding for additional peer support specialists.	Measurement indicator: Expand the number of peer recovery support specialists in the county. Baseline data: 6 Target: 10	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	1. Provide culturally specific mental health and addiction services to African American clients. 2. Provide gender sensitive services to LGBT clients Improve outreach and culturally informed services to underserved populations including ethnic minorities, veterans, and LGBTQ	1. Create a Youth Outreach Worker at new local African American community center to engage a broad spectrum of at-risk and underserved Portage County youth and provide mental health and substance use programming. 2. Provide outreach and gather input from faith-based community and	Measurement indicator: Number of youth served, number of youth and types of services youth were linked to including mental and behavioral health programming, prevention and evidence-based programming, life skills and peer support groups. Baseline data: project delayed due to COVID19. Target: establish position when center reopens	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		underserved populations including ethnic minorities, veterans, and LGBTQ, explore curriculums, establish Minority Outreach committee to guide work.	2 Measurement indicators: increased minority representation among clients, counselors, staff, and Board members. Baseline data: new goal Target: collect baseline data and increase by 10%.	
Prevention and/or decrease of opiate overdoses and/or deaths	Increase percentage of opiate addicted individuals who have a successful disposition at discharge.	Use a combination of detox services outside the county, residential services in the county, and outpatient services along with MAT.	Measurement indicator: Track number of deaths and number of overdoses annually. Baseline data: 31 Target: decrease by 20%	<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	Contract agencies to have ongoing training for TIC; educate the public about TIC.	Help arrange or locate TIC trainings for agencies; increase awareness activities on TIC in the community through presentations, articles, social media.	Measurement indicator: At least one training per year for each agency on TIC, number of staff trained in each agency, and number of presentations and articles for the community on TIC. Baseline data: new goal delayed due to COVID Target: At least one training per year for each agency on TIC	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Increase prevention services, especially for drug/alcohol.	School-based prevention services.	Measurement indicator: Increase the number of children in schools who received education and prevention information. Baseline data: 4,448 Target:15% increase	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Prevention: Increase access to evidence-based prevention	Implement evidence-based prevention programs.	Build on the current “Too Good for Drugs” evidence-based program to expand the number of children served.	Measurement indicator: Increase the number of children in schools who receive evidence-based prevention. Baseline data: 1,978 Target: 15% increase	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery Ohio and Prevention: Suicide prevention	Provide in-county 24/7 crisis services to children and adults and families to prevent suicides.	Fund 24/7 Hotline with Townhall II and fund 24/7 hospital pre-screening services at Coleman. Education and awareness activities along with anti-stigma promotion.	Measurement indicator: Track number of suicides from Coroner’s office annually. Baseline data: 30 Target: decrease by 25%	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations.	Local provider agency will conduct problem gambling prevention activities in the community and assess for gambling problems during Intakes.	Measurement indicator: Increase number of SOGS gambling assessments of clients and increase number of new clients receiving treatment Baseline data: 744 and 32 Target: 10% increase	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

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

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

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

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

B. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	Identifier Number	ALLOCATION

C. Request for Generic Services

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

B. AGENCY	Identifier Number	SERVICE	ALLOCATION