

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

**Enter Board Name: Mental Health, Alcohol & Drug Addiction Recovery  
Board of Putnam 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.*

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

Local priorities were identified through collaboration with local partners. The ROSC, Community Health Improvement Plan, and Pride Survey were used as a foundation to identify service and support needs. Focus groups were held throughout the county that consisted of a diverse population that included providers, funding bodies, and people in recovery. The Board conducts and attends county meetings that assess programs and identify gaps in services.

The PRIDE survey was implemented to grades 6, 8, 10, and 12 across the county. The information from the Pride survey is used by local school districts and planning committees; including the Community Health Improvement Plan Committee and the Opiate Task Force to administer programs that target the identified areas of need. The Family & Children First Council has identified through the shared plan process areas of needed improvement, including Drug Alcohol and Mental Health. The Board is active participants in the Family & Children First Council and Community Health Improvement Plan.

The Board participated in the Recovery Oriented Systems of Care Survey (ROSC). The results are utilized to assist in determining needs and implementing programs. 62 participants responded to the survey.

Strengths listed in the survey include but are not limited to:

- Effort is made to include family members in planning of service
- Multi-disciplinary teams work together with the goal of recovery
- Stage appropriate services are offered

Areas that could use improvement include but are not limited to:

- Most services are provided in a person's natural environment
- Barriers are addressed for participants (childcare, transportation)

- Interim services are available for people on waiting list who are not ready to commit to treatment
- Age appropriate peers are used in community outreach and early engagement efforts

The Putnam County ADAMHS Board assesses current services and uses the information available to implement new services. A complete continuum of care is the goal of the ADAMHS board. The Board is currently working towards enhancing crisis services to serve the county. With the current COVID 19 crisis, the Board has developed telehealth services and expanded crisis services in the county due to a changing environment and need. The availability of crisis services and future planning for crisis has become a current priority due to COVID. The Board and provider are collaborating to provide prevention services in the county. Due to the decreased availability of schools and public meetings, alternative prevention and awareness campaigns are being created that include suicide prevention, promotion of the crisis line, and alternatives to give resources to students.

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).**

By reviewing our assessment tools and looking for a common area of need that is consistent throughout the tools, the Boards focus is decreasing alcohol and drug use. These areas were common themes in our assessment tools. The Community Health Improvement Workplan includes information from the County Pride Survey when identifying areas of need in the workplan.

The Health Assessment shows that adults in Putnam County use alcohol in excess at a rate of 23%, the state of Ohio has an 18% ranking.

The Pride survey shows that 13.4% of youth report using alcohol in the last 30 days. The information in the Pride survey will be monitored and used to track if the percentage of youth using alcohol increases or decreases.

Goals to address these issues include: Increased community awareness of programs focusing on drugs and alcohol, increase access to treatment and recovery services, implementing evidence-based prevention programs targeting the use of alcohol. The local provider is enhancing and increasing programming and access to crisis services. The program Risky Behavior Management 101 is a three-hour psychoeducation program for juveniles and their guardians to learn effective coping skills and alternative decision-making strategies to help reduce risky behaviors and prevent future recidivism. The program has been implemented and will be monitored for participation and recidivism. There has been an increase in access to designated assessment time at the local provider, the crisis line coverage has expanded. The clinical team at the local Provider is in the process of being trained in the IFAST model.

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.

Putnam County is largely an agricultural community with minimal demographic changes. Economically the County has advanced with lower unemployment figures and new job opportunities. In July 2020, Putnam County's unemployment rate was 5.2%. Poverty levels have indicated minimal changes due to lack of mobility by the county's population. The number of Veterans living in the county is 1,808. The population of white alone or not Hispanic is 92% and Hispanic or Latino is 6.6%.

With that kept in mind, the community also completed a County Community Health Assessment. The strategic priorities outlined in the health assessment include Mental Health and Addiction, Preventable and Chronic Diseases Conditions, Prevention of Abuse, and Safety. The planning committee will be working to address these areas of need along with updating the health assessment. Due to COVID-19 the committee will be meeting at a later date.

The boards last levy was a renew of .3mils and add an additional .4 mils. The funds support school mental health services, innovative support services to reduce hospital days and enhance residential services, seniors' interventions, employment services, and veteran services.

Examples are the following elements of collaboration:

- Programs to reduce the amount of reported bullying, harassment and fighting behavior. (Educational Service Center)
- Decrease amount of substance use by students, increase awareness of parents. (Educational Service Center, Family Children First Council)
- Prevention and early intervention for social emotional issues for young children. (Educational Service Center, Family Children First Council)
- PAX curriculum (Educational Service Center)
- Numerous leadership assemblies. (Task Force, Pathways Counseling Center, PARTY)
- Prevention coalition meetings. (TASK Force, Family Children First Coordination, Core Group, PARTY)
- Putnam County Inter-Disciplinary Team (Crime Victim Services)
- Putnam County Opiate Task Force

A significant impact on the community is the availability and use of various drugs and alcohol. A task force comprised of local agencies has been formed to increase awareness of this issue and to formulate a cohesive response to the building problem. The entire family unit is affected, which in turn affects multiple systems; criminal justice, Social Services, healthcare, and treatment.

With an increase in the aging population, there is an increase in the demand for services for the elderly. A Putnam County I-Team works to coordinate services for the elderly. The I-Team reviews the number of reports being taken by the Adult Protective System, the referral source, reason for the referral, and outcomes to the cases. The emotional and physical abuse that is undetected is a concern to the I-Team.

The Board continuously reviews our efficiencies and budget planning by participating in Regional Behavioral Health meetings. The Boards in Northwest Ohio review legislative and other topics of interest to the Board area. The unique characteristics of each Board are considered in elements of this review and conversation. Cooperation among Boards allows for autonomy as well as meeting the letter of the law and the specific expectations of each community. The Board also meets with the Northwest Board Collaborative to discuss the best utilization of resources in the region, develop programming for areas that are determined to be insufficient, and work together on regional projects that target the lacking areas to ensure services are available in the Northwest Region.

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 Putnam County Mental Health, Alcohol and Drug Addiction Recovery Services Board has been a key leader in the implementation and sustainability of the Putnam County WrapAround program. The Board is one of the partners involved in helping the Putnam County Family & Children First Council in plan, monitor and evaluate services to families.

WrapAround is a research-based practice that coordinates services for families and children who have multiple needs. WrapAround is a strengths-based, family driven, planning process to address the family's needs and help them meet their goals. When families enroll in the program, they help create their own child and family WrapAround team. The team learns about the strengths and needs of each family member, helps them develop short and long-term goals and assists in resolving conflict. The family and team develop a plan of action that will help the family accomplish goals they have set for themselves. The plans ensure: 1) basic needs are being met; 2) mental health and behavioral healthcare are addressed; 3) resources are accessible; 4) a support system is identified for the family; and 5) family connections are strengthened in order to prevent further crisis.

Assessment tools are used to track the safety and progress of each family in WrapAround. The results are shared with the Putnam County Family Coordination Team, which acts as an advisory committee for the program and includes the Mental Health, Alcohol and Drug Addiction Recovery Services Board director.

Thirty-Five referrals were made to Family and Children First Council (FCFC) during FY 20 for Wraparound and Service Coordination.

- Using the SFY20 Family Centered Services and Support (FCSS) annual report, the referrals' primary needs at intake were 1) Mental Health; 2) Unruliness; 3) Special Education & Poverty.

- Of the 35 families FCFC served through its Service Coordination Mechanism in FY20 the age group of 10-13 was the largest population serviced. This is a lower age group than in the past.
  - The largest identified area of need at referral time was children with special education needs.
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.

Case managers contracted by the board and RPH social workers communicate to coordinate contacts between the two to minimize hospital stays and set up referrals upon release of the person. If the person will be released to the county jail, the jail is contacted for the transition. This allows for consistency with behavioral health services and medication. The Putnam County Board has seen an increase in collaboration and networking with the NorthWest RPH in the last few years. We have not had an issue with getting clients admitted.

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

Priorities	Goals	Strategies	Measurement
<p><b>Treatment:</b> Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs.</p>	<p>Provide services to clients who have opiate and opiate-related addiction or use problems.</p>	<p>Continue core services that address addiction and use: Individual and Group Counseling, Case Management, Medication Management, Medication Assisted Treatment, Crisis Intervention, and Hospitalization.</p> <p>Expand services with Regional Dollars to include: Services to Indigent Clients and Clients Newly Released from Incarceration. Detox</p> <p>Enhance Instant Drug Screen Program</p>	<p>Measurement indicator: Provider date Baseline data: 48 Target: 50</p>
<p>Decrease drug and alcohol dependency and abuse</p>	<p>Increase community awareness of programs focusing on drugs and alcohol Reduce % of adults and youth who engage in excessive drinking Increase access to treatment and recovery services</p>	<p>Provide Risky Management 101 program for juveniles &amp; their parents. Expand crisis coverage through the crisis line Increase the amount of assessment time at the local provider Create Recovery Navigator position to provide resources to clients and families.</p>	<p>Decrease the amount of students and adults reporting the use of alcohol in the Pride Survey and Health Assessment. Current pride survey: 13.4% Current Health Assessment: 23% of adults Decrease by 3%</p>
<p>Veterans and their families</p>	<p>Veterans will receive adequate service coordination</p>	<p>Work with the Veterans office to establish services and ensure that Veterans are referred to services</p> <p>Provide Veteran specific training to agency personal; military sensitivity Identify one staff person that coordinates Veteran services</p>	<p>Measurement indicator: Number of Veterans Served Baseline data:3 Target:5</p>
<p>Reduce depression and suicide</p>	<p>Decrease the number of attempted suicides in youth and adults</p>	<p>Increase Crisis services and hours of operation for the crisis line Recovery Navigator will assist clinicians with linking to necessary stabilization services.</p>	<p>Sheriff's Department data on suicides will be used to show the number suicides per year. Baseline: 2017 = 5 suicides Between 2008-2013 there were a total of 19 suicides. Target: 3</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?)

### Key collaborations and related benefits and results

The Board and Provider are collaborating to increase and enhance the availability of crisis services to the community. Open Access hours have been increased, which include additional evening hours to receive an assessment. A Recovery Navigator position is being developed. That position will include enhanced case management, linking clients with appropriate referrals, and collaboration with local agencies. In order to service more individuals and ensure clients get the service they need, the Navigator will enhance collaboration with other community resources and the jail.

A collaboration with the Common Pleas court will be enhanced to assist in working with individuals in the jail and transitioning back to the community. The court is providing funding along with the Board to create a seamless system. The Recovery Navigator will be crucial in the partnership and increased communication between the behavioral health and the criminal justice systems.

The Board is collaborating with the Provider to increase and enhance tracking tools, both fiscally and client outcomes. Each program is being reviewed and monitored to create an outcome based tracking system that coincides with Board goals.

Being a small county, the Board is continuously assessing the needs of our community through collaboration and meetings with county agencies and in-service involving other professions in the BH field, surveys, web based data from national and state organizations such as OMHAS, NIDA and NAMI, and participation in committees with common goals. Daily, weekly, and monthly reviews are made of crisis care, clinical services, recovery, resilience, prevention, consultation, and education. The process of collecting data is achieved by many avenues. These avenues include outcome data, consumer surveys, various needs assessments, evaluations of diagnostic assessments by counselors, client input, trends from individual service plans, trends cited by OMHAS, NIDA, juvenile and adult probation surveys, Family Development Matrix and Measurement Tools, Common Pleas Court United Way, Educational Service Center and Local School Districts, Employers, (AoD Issues) crisis assistance networking with other agencies, CAC, Job and Family Services, local physicians, trends from Central Pharmacy and drug company representatives, FCFC, Headstart, Early Childhood collaboration with Putnam County, preschools, meetings with judges and the Sheriff's Department, County Health Department, and community surveys. We also participate in regional planning with 14 other board areas as well as state hospital day plans with Northwest Psychiatric Hospital.

### Involvement of customers and general public in the planning process

- Surveys

- Informational Meetings and “Fairs”
- Outcome Reports and Surveys provided by provider Agencies
- Partnership with Family and Children First Council
- Safe & Healthy Schools
- Marketing programs
- Assessing needs
- Board Meetings
- Community Health Assessment

Specifically, a representative from Crime Victim Services attends all board meeting. CVS interacts by giving the Board statistical data accumulated from services they provide, along with news on the success of local initiatives. Family Coordination Team meets monthly to discuss families that are in need. The team reviews family strategies and helps develop programs that can enhance the mental health care for their children. Family and Children First Council Executive Director attends all meetings and collaborates with other social service providers in Putnam County. The Board Executive Director is a seated member on the Child Fatality Review Board and FCFC. Pathways Counseling Center sponsors a Suicide Coalition. The Friends of Mental Health (FOMH) advocacy group goal is to provide information to the behavioral health challenged in Putnam County and advocated for them, as well as support Board Operations.

### 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.

Currently, if the individual from the state hospital is being transitioned into the community, the local Provider is contacted for case management services. If the individual is returning to the jail, the local Sheriff’s Department is contacted for the transition back to the county.

In the past, a concern has been brought to the attention of the Board when the local jail does not want to continue administering medication that was started at the state hospital. This will be a necessary collaboration in the next FY between the state hospital, board, provider, and local jail to ensure the inmates receive consistent appropriate medication. Communication began prior to COVID regarding the continuity of medication and will continue into the current FY.

At this time, we see the transition from the hospital back to the county as working effectively. The Board continues to have a good working relationship with both the State Hospital and Private Hospitals in the area. The state hospital continues to try improve access, but a lack of beds can hinder patients getting timely needed psychiatric assistance. Local hospitals have worked with the Boards to create programs that accept patients. Telemedicine and linkage from the local centers to the main hospitals has improved the timeliness of services to county residents.

### 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.

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**Priorities for (enter name of Board)**

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

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p><b>SAPT-BG: Mandatory (for OhioMHAS):</b> Persons who are intravenous/injection drug users (IDU)</p>	<p>IDU's have same day screening</p> <p>Ensure a continuum of care; MAT</p>	<p>MAT</p> <p>Recovery Housing</p>	<p>Measurement indicator: Number served in Criminal Justice and Recovery Housing</p> <p>Baseline data: 130 Criminal Justice; 3 in Recovery Housing</p> <p>Target: Increase utilization of Recovery Housing by 5%</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><b>SAPT-BG: <u>Mandatory for boards:</u></b> Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)</p>	<p>Provide services for women who are pregnant and have a substance use disorders</p>	<p>Assessments to include pregnancy and substance use items that assess risk.</p> <p>When appropriate, monitor substance disorders with screens.</p> <p>Make proper referrals to physical health care providers in the area.</p>	<p>Measurement indicator:</p> <p>Baseline data:</p> <p>Target:</p> <p>Completed Assessments denoting referrals to physical health providers.</p> <p>Service plans that include referrals to physical health providers.</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 checked="" type="checkbox"/> Other (describe):</p> <p>Putnam county has not tracked women who are pregnant and serviced for substance abuse as a separate indicator. Pregnant women will continue to be treated. The county will establish a tracking method that includes pregnant women.</p>
<p><b>SAPT-BG: <u>Mandatory for boards:</u></b> Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) &amp; 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)</p>	<p>Provide parents and families with necessary service.</p> <p>Update County Commissioners to provide data and available programs.</p> <p>Improve communication and increase referrals from Children Services</p>	<p>Level 1, 2, and 3 WRAP Services provided to families.</p> <p>Family Coordination Team meetings</p> <p>Referrals to Substance Use Groups</p> <p>Recovery Navigator position coordinate services with Job and Family Services</p>	<p>Measurement indicator: Wraparound Service Coordination</p> <p>Baseline data: 35 serviced</p> <p>Target: 95% successful discharge</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>Coordination with Juvenile Court Judge and Probation Officers through programming and Recovery Navigator</p> <p>Meet with Commissioners to provide updated information and assess areas of need.</p>		
<p><b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>			<p>Measurement indicator: Baseline data: Target:</p> <p><i>Copy and paste above for multiple indicators.</i></p>	<p><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>
<p><b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<p>Provide services to children with SED</p>	<p>Continue current basic services and supports to include WRAP, Community Support, Therapy, Assessment, Psychiatry, Hotline, Crisis, supportive housing (limited), hospitalization (as needed).</p>	<p>Measurement indicator: Provider Data Baseline data: 12 Target: 5 % Increase in clients served</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p><b>MH-BG:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<p>Provide services to adults with SMI</p>	<p>Continue current basic services and supports to include Community Support, Therapy, Assessment, Psychiatry, Medication Management, Hotline, Crisis, supportive housing (limited), hospitalization (as needed).</p>	<p>Measurement indicator: Provider data Baseline data: 643 Target: 5% increase in clients served</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p><b>MH-Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of supportive housing</p>	<p>Refer individuals that need housing to appropriate resources</p>	<p>Continue to monitor need for our county. The Recovery Navigator will case manage identified homeless persons and refer to housing.</p> <p>Keep current listing of Homeless Shelters</p>	<p>Measurement indicator: Baseline data: Target:</p> <p>-Job &amp; Family Services collaboration -Statistics from local Sheriff's Department if applicable</p>	<p><input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): The county does not have an identified homeless population. We will continue to monitor and provide services to those that need assistance in finding housing.</p>
<p><b>MH-Treatment:</b> Older Adults</p>	<p>Provide services to older adults.</p>	<p>Continue current basic services and supports to include Community</p>	<p>Measurement indicator: Provider data Baseline data: 65</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds</p>

		Support, Therapy, Assessment, Psychiatry, Medication Management, Hotline, Crisis, supportive housing (limited), hospitalization (as needed). I-Team Elder Abuse coordination	Target: 70	<input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
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**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	Provide services to people in jail and/or connected to any form of community control	Provide basic services and supports to include Community Support, Therapy, Assessment, Psychiatry, Medication Management, Crisis, MAT Connect with the probation and parole officers weekly on status of incarcerated individuals.	Measurement indicator: Numbers serviced in Criminal Justice Baseline data:130 Target: 150	<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	Assist with clients’ behavioral and physical health needs.  Ensure clients have access to primary care	Assessments to include physical health concerns, family doctor information, current medications and efficacy of treatment. Referrals to physicians identified by clients and or suggested by behavioral health workers. Coordinate with physicians in the area regarding the importance of comprehensive health care.	Measurement indicator: Provider data Baseline data: 643 Target: Increase by 5% increase in clients served	<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)	Provide services to clients with substance use or mental disorders.	Continue providing service to clients with substance use and mental disorders. MAT services available Continue current services (Assessment, Counseling, Urinalysis, Psychiatric, Medication Management, Group Therapy, and Case Management.)	Measurement indicator: Provider data Baseline data: 4 individuals serviced Target: 6 individuals will be served	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		Recovery Navigator will link individuals to recovery support services.		
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Provide consistent service standards to all backgrounds, cultures, and world views. Continue to work with the local Health Dept. on the Community Health Improvement Plan.	Contract with equal opportunity employer	Measurement indicator: Baseline data: Target: Compliance with CARF national accreditation maintains current and up to date.	<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	Reduce the number of overdoses	Enforcement officers and the Health Department coordinate the distribution of NARCAN. Work with Task Force to promote overdose risk awareness Work with the Sheriff's Department on overdose cases to reduce recidivism	Measurement indicator: Sheriff's Department overdose number Baseline data: 2 Target: 1	<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 services consistent with TIC principles	On-going trainings include Trauma Informed Care principles and practices.	Measurement indicator: Staff trained Baseline data: 17 trained Target: 100% staff trained in IFAST	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>Prevention:</b> Ensure prevention services are available across the lifespan	Provide and enhance evidence based prevention services	Continue basic prevention services for youth and adult; including PAX, school counselors, parenting classes. Expand Girls Circle & Boys Council Implement Risky Behavior Management 101 class for juveniles and guardians.	Measurement indicator: Prevention data Baseline data: 2400 Target: Increase by 10%  Increased # youth and adults reached by prevention services. Prevention services were limited at the end of last FY and currently due to access from	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

			COVID. Alternative outreach is being implemented.	
<b>Prevention:</b> Increase access to evidence-based prevention	Provide evidenced-based prevention services when available	Promote evidence-based prevention activities when available; enhance promising practices with evidence	Measurement indicator: Prevention Resources /individuals reached Baseline data: 2400 Target: Increase by 10% Prevention services were limited at the end of last FY and currently due to access from COVID. Alternative outreach is being implemented.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Recovery Ohio and Prevention:</b> Suicide prevention	Reduce the attempted suicides by increasing activities promoting suicide prevention strategies and life choices.	Awareness Campaign about the connection between illicit drug use and suicidal behavior. Promote Crisis Text Line and Let's Talk Campaign Expand open access hours for assessment Education and promotion of choices and strategies for gatekeepers, including parents, teachers, community leaders and youth leaders.	Measurement indicator: Sheriff's Department statistics on suicides  Baseline data: 5 Target: 3  Reduction of 60%	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Reduce the number of individuals treated with gambling addiction diagnosis.	Provide screenings to clients who seek behavioral health services. Address problem gambling issues as a part of the regular clinical routine  Provide clinicians with trainings about problem gambling.  Awareness campaign to highlight problem gambling issues	Measurement indicator: Provider data Baseline data: 643 Target: Increase by 10%  Promote gambling prevention.	<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.

Putnam County is requesting a waiver for ambulatory detox. The Board has contracts with both Coleman Services and Arrowhead for ambulatory detox. Coleman is located within 30 minutes to the South of the County. Arrowhead provides several locations within 30 minutes of Putnam County both North and East of the County. With Putnam County being a rural county, contracting with several locations allows residents that live on each side of the county close proximity to detox, within 30 miles.

### 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
n/a		

### 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



## 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/>