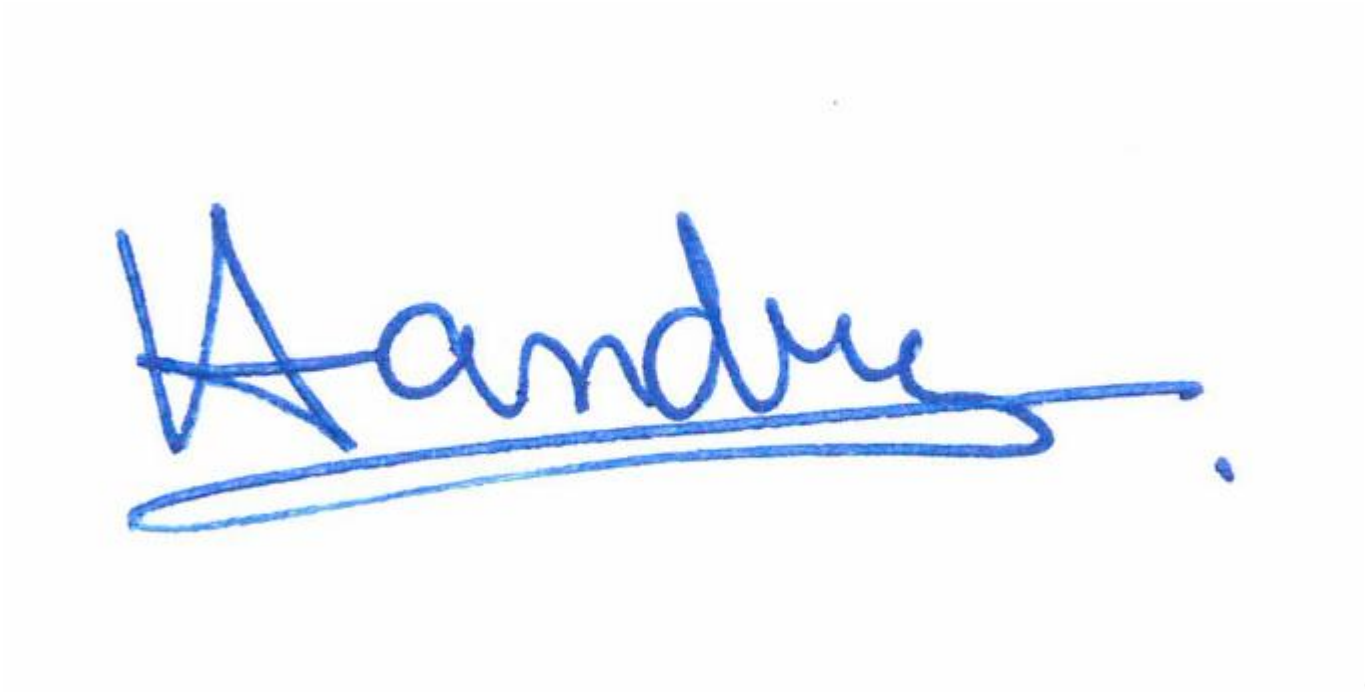


Ohio

Department of Mental Health and Addiction Services (OhioMHAS)

Community Plan Guidelines SFY 2021 and 2022

Enter Board Name: Mental Health and Recovery Services Board of Seneca, Sandusky & Wyandot Counties

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)].

   The Board continues to work with the Hospital Council of Northwest Ohio (HCNO) to conduct a comprehensive, health assessment survey based on self-administered surveys using a structured questionnaire. The questions are modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). The HCNO collects the data, guides the health assessment process and integrates sources of primary and secondary data into the final report. Areas that are surveyed are:

*Health care issues such as cancer, diabetes, arthritis, asthma, weight.
*Behavioral health topics such as tobacco use, alcohol consumptions, marijuana and other drug use, mental health, and suicide; and,
*Quality of life issues such as men's and women's health, quality of life, safety, and parenting.

The Partners in this process cover all areas of the community: hospitals, schools, colleges, law enforcement, juvenile/probate court, health department, Family and Children First Council, Commission on Aging, Salvation Army, United Way, OSU Extension, Department of Job and Family Services, and the local hospice. Thus, this is truly a community partnership in which equal say is given to each member. Dependent upon the county, the Community Health Improvement Plan (CHIP) is completed either before or after the unveiling of the Health Assessment. This CHIP is a mandated plan by hospitals to be developed every three years; therefore, the community health assessments are scheduled to fall within that three-year time frame.

The Board has also used different tools to gather information as required on the various funding sources it is receiving. As part of different prevention grants, the Board has been required to obtain data using the OHYES! Survey that is overseen by Ohio MHAS, as well as different community needs assessment tools including focus groups to gather information on prevention, treatment and recovery supports related issues. The Board has also assessed community needs as part of requirements as recipients of planning and implementation grants such as the Strategic Planning Framework and the Communities Planning to Reduce Opioid Use Disorders grants.

a. If the Board's service and support needs were determined by the Board Recovery Oriented System of Care (ROSC) assessment, how will these identified service and support needs be addressed by the Board?

The Board plans to conduct a comprehensive Recovery Oriented System of Care assessment by 6/30/2021. In the latest assessment, areas of improvement included quicker access to care and a need to increase behavioral health services available in the Board's district. Strengths included an increased focus on recovery support services, enhancement of prevention services, and the additional safe and sober activities that are offered in the Board's district.

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 my be addressing.

The following are the Board's focus areas in the upcoming two years:

1) Reimbursement methodology for community mental health crisis services; and, how mental health crisis services are being provided in the Board's district, including emergency rooms (based on Medicaid reimbursement rates/ quality of care/ etc.)
2) Clarification regarding Medicaid rules as it relates to IMD and the potential impact on the current residential treatment/ detox providers in the Board's district and the Northwest Ohio region.
3) Services for youth involved in multiple systems.

4) Access to inpatient psychiatric care and the lack of civil beds in the regional state hospital (the need to create solutions to address the shortage of state hospital beds for adults and youth).
5) Expansion of support services to assist individuals pre and post crisis.
6) Potential change(s) in the Ohio MHAS funding methodology/ funding formula and the need for flexible funding options.
7) Increase efforts related to suicide prevention.
8) The Board acknowledges that the COVID-19 impact to the local behavioral health system and the Board's budget, much unknown at this time, could change priorities/ the focus area. The ongoing impact of this pandemic will be closely monitored by the Board.

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).

Measurement indicators:

1) Implement services for youth involved in multiple systems. This includes children involved with the Juvenile Court, Children Services, and local behavioral health agencies. Baseline data (FY2020 Wyandot County) includes - Wyandot County had 4 foster homes, 3 of which were out of county. Planning mental health services for these children/ families was very difficult due to lack of additional family support. Wyandot County had no kinship care support in place. Wyandot County had no training opportunities for foster parents and information on how to link children to behavioral health care.
   FY2021 Goals include - Wyandot County is to have 5 foster care homes, all in county. Wyandot County is to have an active kinship care support group, including support for grandparents raising children.

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.

Shown below is a summary of the three counties in the Board's catchment area. The data illustrates some of the economic, social and demographic factors in each of the three counties. Data was provided by the Ohio County Profile – Office of Research, 2017, Ohio Development Services Agency 2018, Ohio Department Jobs and Family Services and the Public Children Services Association of Ohio, Factbook 2019.

	Seneca County	Sandusky County	Wyandot County
Total Population (2017)	55,243	59,195	22,359
Housing Units (2017)			
Single-parent household, w/related children (2017)	15.2%	16.1%	12.2%
Median Household Income (2017)	$48,415	$49,032	$50,723
Family Income Below Poverty Level (2017)	11.5%	10.4%	6.7%
Unemployment Rates (April, 2019)	3.1%	3.5%	2.2%
Age (2017)			
Under 5 years	5.2%	5.7%	5.7%

5-17 years	17.3%	17.4%	17.8%
18-24 years	11.0%	8.0%	7.5%
25-44 years	22.8%	23.1%	23.4%
45-64 years	27.5%	28.6%	27.6%
65 years and more	16.2%	17.1%	17.9%
Race/Ethnicity (2017)			
White	94.1%	90.5%	97.2%
African American	2.4%	3.2%	.4%
Hispanic (may be of any race)	4.8%	9.5%	2.6%
Number of Children in PCSA Custody on 7/1/2018	15	50	11
Reason for Removal from Home (7/1/2018)			
Neglect	7%	26%	27%
Dependency	53%	38%	18%
Other	33%	20%	45%
Children Supported by Kinship Care (Change from 2016 to 2018)	43 to 73	32 to 38	5 to 6
Placement Costs (2017)			
Licensed Foster Homes	$115,630	$791,601	$51,107
Group/Residential Care	$463,283	$1,174,563	$33,798

Unemployment rates continued to improve since the last Community Plan. However, recently the rates were drastically impacted as a direct result of the Coronavirus Pandemic. The Board recognizes that the impact is still unknown at this time and will need to take this into consideration during 2021 and 2022 planning and implementation process.

There is uncertainty on how Medicaid Managed Care will handle payment for the local designated behavioral health agency when crisis services are rendered at local Emergency Rooms. Based on Medicaid's decision, this can produce a major systematic change within our Board district. Our Board shall closely monitor any potential changes and work closely with the designated behavioral health agency and the local hospitals to ensure that clients experiencing a crisis receive quality services and follow-up care.

The levies in each county continue to be used to sustain critical services such as crisis services and access to inpatient services. It has also allowed the Board to expand on supportive services such as recovery housing and peer supportive services. In FY20, the Board approved over 80 different programs and services to be funded by local levy funds. These services included prevention, education, treatment, and recovery services. Through local levy funds we have been able to continue to support a Continuum of Care (ORC 340.03(A)(11) and 340.033. Levy funds are being used to increase recovery housing access, ambulatory detoxification services, medication assisted treatment, and expenses related to residential treatment services which are now all available within the Board district.

The Board has been alerted in all three counties of the impact that the opiate epidemic has had on the children involved in the children services system. In July of 2018, there were 50 children in Sandusky County that were in

PCSA custody and all three counties saw an increase in the number of kinship placements with Seneca County experiencing the highest increase (from 43 in 2016 to 73 in 2018). All three county DJFSs report that they are experiencing an increase in out of county placements or kinship care due to the number of children with parents who are addicted and an increase in the number of children with behavioral health needs that are beyond what families can manage.

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 is a member of the Family and Children First Council in each county and it participates in the Service Coordination Mechanism in each county. While there have been no formal disputes brought to the Board's attention, we support the on-going efforts of the councils. Each council has wraparound services offered for children and families and the Board has used local levy funds to help support the services. The Board will participate on wraparound teams to help identify needs, gaps and resources on case specific situations.

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.

The Board has, through our local behavioral health agency, a liaison who provides on-site monitoring and helps coordinate discharge planning for persons hospitalized at the State Hospital. Additionally, through our main provider we offer on-site integrated primary and behavioral health care services for persons post-discharge. It should be noted, however, we are having challenges in recruiting psychiatrists and licensed clinicians; consistent with national shortages in these areas. Recruitment challenges make it difficult at times for post-discharge follow up. While all clients are scheduled to see a doctor within 10 days of discharge it is often at the expense of rescheduling other clients in order to meet this expectation. Additionally, transportation and housing for homeless clients are often issues which result in problematic discharge planning. In Seneca County, the Board is working with the Seneca County Probate Court and Firelands Counseling and Recovery Services to implement an Assisted Outpatient Treatment program. There has been a commitment to bring this option to the community, however; it has come with implementation challenges. Firelands had a change in their psychiatric coverage and therefore they had a delay in being able to participate in the program. There has also been a limited number of cases through the state hospital for which there were identified eligible participants. The committee decided to expand the program in hopes to assist persons who are being hospitalized in private psychiatric units. There continues to be barriers in the implementation process and the Board is working with partners and the Treatment Advocacy Center to address the barriers.

Lastly, the Board is working closely with the Ohio Stepping Up Team and Peg's Foundation to identify best practices and assist our Board with implementation of various services, including services for individuals incarcerated in the local jails.

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Expand resources for youth and families involved in multi-systems and who have a behavioral health disorder.	Increase the resources available to youth and families who are involved in multi-systems and who have behavioral health needs.	Collaborate with juvenile courts, FCFCs and DJFSs in each county to pool resources and expand resources.	Measurement indicator: # of foster care families Baseline data: 1 family in Wyandot County Target: 5 families in Wyandot County
Increase the recovery housing beds and provide quality recovery housing in the Board district.	Open women's recovery home in Seneca County and become certified through Ohio Recovery Housing.	Work with OHMHAS and Ohio Recovery Housing to open and certify a recovery home that meets state standards and guidelines.	Measurement indicator: # of recovery house beds (through a contract) available in the Board district Baseline data: 11 beds Target: 18 beds or more
Revitalize the current crisis system by implementing and providing the most efficient behavioral health emergency system, based on resources available.	Implement and deliver an efficient behavioral health emergency care system using available resources.	Evaluate and make recommendations to improve efficiency, access, and outcomes for emergency behavioral health system, including telehealth.	Measurement indicator: implement telehealth for emergency services. Baseline data: not available. Target: available throughout the Board district.
Increase public awareness and education related to local behavioral health and Board funded services.	Implement a public awareness and education campaign	Utilize community survey results and current behavioral health trends to develop and implement a public awareness and education campaign.	Measurement indicated: implement education campaign. Baseline Date: no current campaign. Target: campaign implemented in FY2022.
Increase efforts related to suicide prevention.	Decrease suicide rates in the Board district.	Continue to collaborate with Ohio Suicide Prevention Foundation and implement a local suicide prevention plan.	Measurement indicator: # of suicide deaths. Baseline date: 27 suicide related deaths in 2018 Target: 2020 & 2021 – decrease in the total number of suicide related deaths in the Board district.

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?)

Our strengths include well-developed relationships with the local behavioral health providers and collaboration that creates effective work across sectors. In the past year the Board expanded its efforts in working with local businesses, courts, law enforcement agencies, jails, economic development groups and faith-based organizations to find solutions regarding local issues. The Board is not working with a close group of agencies, but rather expanded its reach to better develop a full continuum of care. As indicated previously, the Seneca County Opiate Task Force continues to take on challenging issues and brainstorming solutions. Membership of this task force includes judges, probation, sheriff, law enforcement, treatment providers, Health Department, local DJFS, faith based organization, family of persons impacted by opiate addiction and local physicians. Through the work of this group we were able to implement a successful Medication-Assisted treatment program using Vivitrol in the Seneca County Jail. The Sandusky County Mental Health Coalition is also a group of community leaders, as well as community members that work toward similar efforts. At these meetings we have approximately 50 individuals attending, the largest coalition group in Sandusky County. The Coalition is currently working on implementing an Opiate Response Team to outreach to individuals who overdosed and their family members with the goal of offering assistance and resources. The Mayor's Meetings in Wyandot County is attended by mayors from each of the rural towns, township representatives, and commissioners within the county. The meetings have assisted in identifying needs and gaps within the county as well as served as another avenue to address stigma, gather input, and provide education and awareness on behavioral health issues. The Mayor of Upper Sandusky was vital in assisting the Board with expanding mental health resources in the community by offering free office space for the agency as they expanded into the county from a neighboring county. Community Naloxone trainings were offered in Seneca and Sandusky County to educate the public on the use of Naloxone, the current law, and ways to obtain it. All three counties in the Board's district are Stepping Up Counties, working together to help individuals with mental illness that are incarcerated in our local jails. In the past two years we sustained reentry services in Seneca County jail; sustained treatment services at Sandusky County Youth Center, added treatment services in Wyandot County, and added an additional recovery home in the Board's district. Another strength is collaboration with various small community agencies to advance and expand our suicide prevention efforts. Additional funding was set aside by the Board in Fiscal Year 2020 to expand suicide prevention services and focus on specific populations with the goal of reducing number of deaths and number of suicide attempts. The Board also lead the efforts to coordinate a Critical Incident Stress Management team for all three counties and then successfully contracted for the oversite and coordination of the team with a local faith-based organization. This organization is also leading efforts to address suicide prevention in the community and implementing a LOSS team.

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 contracts with Firelands Counseling and Recovery Services to provide crisis services in the Board district, forensic monitoring services and referrals to inpatient services at state psychiatric hospitals as well as private psychiatric units. Firelands has a liaison who represents the agency and board for inpatient cases. The liaison helps with addressing patient needs including discharge planning. Firelands also has forensic monitors to provide monitoring services for persons found not guilty by reason of insanity and placed on conditional release. Due to these various roles, they were the agency of choice to help implement the Assisted Outpatient Program in Seneca County with cases referred to NOPH and Fireland's inpatient unit, One South. The current trend with utilization at the state hospital has been that most clients from the Board district that are admitted are on a forensic status and not a civil status. We have no reason to believe that this will be changing in FY2021-22. While there is support from NOPH staff to support the AOT Program in Seneca County, the current utilization does not align with persons who may be eligible and benefit from the program. There continues to be curiosity, misconceptions and a general lack of understanding of the role of the state hospital for some stakeholders so the Board has coordinated for a tour of NOPH with stakeholders in order to build relationships, network and increase awareness and understanding of the role of state psychiatric hospitals. This will also give NOPH staff a chance to hear from the local level regarding concerns, needs and to see how all parties can partner to further address the needs of persons with mental illness.

    The Board recognizes that there will be changes in how the crisis services and hospitalizations occur within the Board district partly due to changes with Medicaid Redesign and reimbursements but also with regards to resources. We have begun to experience an increase in the number of hospitals who want to get into the business of providing their own crisis services. For example, approximately a year and half ago, Mercy Tiffin Hospital in Seneca County began to provide their own crisis services to screen persons for the need for hospitalizations (exception being for state hospitalization needs and persons where Firelands has already begun the crisis service upon arriving at the emergency room for medical clearance). They will often refer into their own hospital system accessing their own psychiatric inpatient beds. While this may proof to be a benefit to clients at times, it can also make it a challenge for the Board to access data as it previously could through Firelands.

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 (enter name of Board)				
Substance Abuse & Mental Health Block Grant Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Identify persons at initial request for services	Give an assessment appointment within 24- 48 hours to determine level of care. Link persons with area support groups identified in the community.	Track the numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team. Review GOSH Data-Mart program.	__ 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)	Identify persons at initial request for services	Give an assessment appointment within 24- 48 hours to determine level of care. Link persons with area support groups identified in the community.	Track the numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team. Review GOSH Data-Mart program.	__ 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 for children at risk of parental neglect/abuse due to SUDs)	Ongoing assessment and monitoring of child neglect/ abuse from intake through length of treatment so parents would not lose permanent custody of their children as a result of their SUD.	Follow Ohio Revised Code and Ohio Administrative Code mandated reporter rules if neglect/abuse is suspected and contact Children's Services. Link persons and family members with area support groups identified in the community. Support community partners with PIVOT court and START program.	Letter of response from Children's Services is placed into the Electronic Medical Record. Incident reports are filed in HIPAA secured location by the Board.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Assessment at time of intake on the Health History form and/or assessment interview.	If suspected, referral to appropriate healthcare providers or Health Home Program is made. Link persons with area support groups identified in the community.	Release of Information is gathered for the healthcare provider and follow up to the healthcare provider is documented.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Identify persons at initial request for services, intake assessment or referrals from the community.	Persons are offered the full array of mental health services or referred out if more intensive services are indicated.	Track numbers served via the Electronic Medical Record and levy reporting forms. Monitor treatment effectiveness	__ No assessed local need __ Lack of funds __ Workforce shortage

		Link persons with area support groups identified in the community or in the State. Contract with schools to offer mental health services to students in need. Increase early childhood mental health programming. Support Family Intervention Court and intensive home-based services. Secure additional psychiatric inpatient beds for underinsured and/or acute crisis cases.	through case reviews with all persons involved in the treatment team. Track number of schools contracting for services and number of students served. Contract with inpatient unit for access to special care beds and track number of youth served and number of bed days.	__ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Identify persons at initial request for services, intake assessment or referrals from the community.	Persons are offered the full array of mental health services or referred out if more intensive services are indicated. Link persons with area support groups identified in the community or in the State.	Track numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team.	__ 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	Identify persons at initial request for services, intake assessment or referrals from the community and link with treatment and supportive services.	Persons are offered the full array of mental health and/or addiction services. CPST services work independently with persons and area housing agencies/landlords to provide linkage to housing assistance program (HAP funds), and other housing resources including homeless shelters, and recovery housing. Link persons with area support groups identified in the community.	Track numbers served at the local homeless shelters, group homes and recovery houses. Track numbers served via the Electronic Medical Record.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Older Adults	Identify persons at initial request for services, intake assessment or referrals from the community	Persons are offered the full array of mental health services or referred out if more intensive services are indicated. Link persons with area support groups identified in the community or in the State. Explore the Healthy Ideas Program and other alternatives for older adults.	Track numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team. Determine a plan to implement Healthy Ideas or alternative program for older adults.	__ No assessed local need __ Lack of funds __ 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	Identify persons at initial request for services, intake assessment or referrals from the Criminal Justice System	Persons are offered behavioral health treatment services, including Medication Assisted Treatment while incarcerated. Link persons with outpatient treatment services, housing, and other supports before release from the criminal justice system.	Track recidivism rate. Track the number served via the Electronic Medical Record. Track the number of individuals receiving Medication Assisted Treatment. MH Prison Reentry tracking data.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Integration of behavioral health and primary care services	Continue to identify and see persons at sites that integrated behavioral health and primary healthcare.	Continue to allow clients with severe and persistent mental illness to receive all behavioral health and primary medical care under one roof by continuing the collaboration with Firelands Counseling and Recovery Services for their “Plus” program and local FQHCs. Include dentistry and reduced cost of primary care medications.	Track numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team.	__ 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)	Identify persons at initial request for services, intake assessment or referrals from the community and link with treatment and supportive services.	Monitor the three recovery houses in the Board’s district to measure effectiveness. Continue to deliver employment support services. Enhance the local Peer Support Groups and increase number of certified Peer Supporters/ Coaches. Reduce transportation barriers for individuals with mental or substance use disorders.	Monitor and conduct reviews of the programs and services. Track number of certified peer supports. Track the number of individuals through the employment program and transportation programs.	__ 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)	Identify persons at initial request for services, intake assessment or referrals from the community. Increase outreach efforts to these populations.	Persons are offered the full array of mental health services or referred out if more intensive services are indicated. Identify these populations, outreach and link persons with area treatment	Track numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		and support groups identified in the community or in the State.	team. Track number of persons who receive support and outreach services.	
Prevention and/or decrease of opiate overdoses and/or deaths	Expand Recovery and Engagement Navigators Program and increase the number of Narcan trainings and access.	Collaborate with different community sectors to expand REN Program (health department, EMS, law enforcement, faith-based organization, peer coaches, family members, etc). Identify persons at high risk after an overdose. Link persons with treatment and support services. Continue to work with community partners to coordinate Narcan trainings and affordable access to the medication.	Track number of responses to individuals who overdosed. Track number of persons who followed-up with treatment and support services. Track number of community Narcan trainings and the number of free doses provided in the Board district.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Promote Trauma Informed Care approach	To continue trauma-informed care strategies and provide support to staff to ensure strategies are maintained.	FCRS will be providing trauma-informed care trainings to ensure trauma-informed practices are sustained. Additionally, FCRS will continue to measure client assessment of "safety and comfort" in our environments, they will continue to screen for trauma history for every client upon admission to services, and they will continue use of trauma protocols to ensure treatment goals/objectives support a trauma-focused treatment process.	Number of staff trainings and the number of staff trained in trauma informed care approaches. % of clients who report positive ratings regarding "safety and comfort."	__ 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	Decrease the number of children with early onset of substance use/mental health issues. Identify at-risk populations and provide education on	Provide evidenced-based age appropriate prevention activities from preschool age to the elderly for both substance abuse and mental health	Through information entered into the GFMS system. Track number of mental health and substance abuse prevention activities via the Electronic Medical	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

	the negative consequences of substance use and/or mental health disorders.	issues. This includes PAX Good Behavior, Lifeskills, Too Good for Drugs, Incredible Years, Strengthening Families, ROX Ruling Our Experiences.	Record. Track number of substance abuse prevention activities via the levy reporting forms.	
Prevention: Increase access to evidence-based prevention	Assist all prevention and education agencies to offer evidence-based prevention.	Provide to the community residents, including schools, evidenced-based, age appropriate mental health and substance abuse prevention services. Collaborate with area prevention coalitions to reach various populations in the community. This includes PAX Good Behavior, Lifeskills, Too Good for Drugs, Incredible Years, Strengthening Families.	Through information entered into the new GFMS system. Track number of mental health and substance abuse prevention activities via the Electronic Medical Record. Track number of substance abuse prevention activities via the levy reporting forms.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Recovery Ohio and Prevention: Suicide prevention	Expand suicide prevention efforts to all populations including minorities, males, elderly, veterans and youth.	Develop a plan to outreach and connect with underserved populations, including Spanish speaking. Ensure suicide prevention information is available in both English and Spanish. Work with local migrant camps. Explore the implementation of a Suicide Loss Team and provide QPR trainings. Utilize PSAs/videos to raise awareness through social media. Host an annual community awareness event (Max's Miles) in Board district. Continue to have minorities represented on coalition materials distributed, social media and billboards in order to decrease stigma of minorities seeking treatment.	Keep track of information dissemination and outreach efforts. Number of individuals referred to treatment services. Track number of QPR trainings. Number of PSAs on social media. Number in attendance at annual event.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Expand prevention services in Seneca and Wyandot Counties. Increase community awareness of the negative consequences of problem gambling.	Coordinate and implement with local hospital and health departments SBIRT services. Coordinate with the local prevention agency community	Identify new SBIRT locations and increase the prevention infrastructure in Seneca and Wyandot Counties. Keep track of number of individuals screened.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		awareness regarding problem gambling.	Track number of gambling problem awareness efforts.	

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.

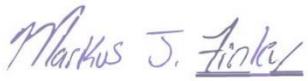
The undersigned are duly authorized representatives of the ADAMHS/ADAS/CMHS Board.

Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties

ADAMHS Board Name (Please print or type)

Mircea Handru, MBA  9/8/2020

ADAMHS Board Executive Director Date

Markus Finley  9/8/2020

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/**