

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

Enter Board Name: Washington County Behavioral Health Board

The following template will help organize the required information needed to complete the SFY 2021-2022 Community Plan. This template has been organized and streamlined to assist in the creation of a forward-looking Community Plan with a focus on identifying community priorities. These community priorities should be identified via a needs assessment process and tracked to determine success in addressing the stated priorities.

Evaluating and Highlighting the Need for Services and Supports

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

For the last two year, the county hub (ORC340.30- origination date 07/25/2018) has been the primary source for assessing needs for our local communities. There are approximately forty-five community leaders and professionals who gather quarterly to discuss the needs and progress on solving those needs. In the beginning, the leaders and members of the group realized there were major weaknesses that needed specific focus. The hub organically decided at the initial meeting to break out into four sub-committees, based upon the assessed needs. The "subcommittees" of the HUB are Education and Prevention, Housing, Treatment and Recovery, and Transportation and Workforce Development. These subcommittees meet on a bi-monthly or monthly basis to work on solutions for identified needs. We are in the process of completing and maintaining an updated strategic plan for each of the subcommittees; those strategic plans would then ultimately build the strategic plan for the HUB. Information was also gathered through conversations with providers at the Treatment and Recovery subcommittee.

Washington County school district has also been involved in programs and grants that included needs assessments and surveys. Four of our county schools had their students complete the OHYes data survey, which included attitudes, behavioral, and perceived risk of illicit drug and substance use; this data gave us insight for prevention for our youth grades 7th-12th.

The Washington County HUB also completed a needs assessment for a Human Resources Service Administration (HRSA) grant pursued by the Behavioral Health Board; this needs assessment addressed areas of prevention, treatment, recovery, workforce development and sustainability. The needs assessment was completed with the multi-disciplinary lens of the HUB leadership and partners and they prioritized these needs to be addressed at the subcommittees.

The Behavioral Health Board (BHB) contracted an independent contractor to finalize an “epidemiological” study on deaths due to suicide, overdoses, or accidental deaths influenced by substances

The final source of needs assessment was collected by the Washington County Health Department for the Public Health Survey (for the community health assessment), in which the board collaborates on the committees for the Community Health Assessment and Community Health Improvement Plan. Priority one of the survey addresses accessibility of behavioral health in the county. This survey assesses and provides insight from the community members of Washington County.

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).

See next page.

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.

Washington County is located in rural southeast Ohio, referred to geographically as Appalachia. Washington is the fifth largest county in Ohio, with natural beauty covering nearly 632 square miles. Citizens of Washington County value and are proud of their Appalachian heritage with strong ties to the land, small communities, and relatives.

Physically, most of the terrain is steep hills and rocky, which limits economic development in the area. Per the Appalachian Regional Commission (ARC) Washington County is still considered economically as “transitional”, same as 2017. “Transitional” is defined as those counties transitioning between strong and weak economies and falls between the worst 25% and the best 25% of the nation’s counties. It is bordered by two “distressed” counties, which rank in the worst 10% of the nation’s counties, and two “at risk” county, which ranks between the worst 10% and 25% of the nation’s counties. Though in a “transitional” county, the two largest population centers, Marietta (population 13,604) and Belpre (population 6,391) have a substantially higher poverty rate, greater than 150% of the U.S. average, or a median family income of no greater than 67% of the national average, and are therefore considered economically distressed.

Washington County is also bordered by four of the state’s counties with the highest unemployment rates: Noble, Meigs, Monroe, and Morgan counties. We recognize that Washington County is an employment HUB

for many surrounding counties, as Marietta is a more developed area for business and employment opportunities. Although this can be an advantage in some aspects, it makes the number of opportunities for residents limited and competitive.

Overall population of Washington County is estimated at 59,911 for 2019, a decrease of -3% individuals from the 2010 Census. The population is 96.0% white only, 1.3% black only, 1.2% Hispanic or Latino.

Medicaid expansion plays an integral part of the overall health environment in Washington County. Approximately 92% of Washington County residents have some form of health coverage, be it private or public insurance. Unfortunately, though the system has expanded enrollment opportunities, the infrastructure does not exist for people to get timely services. We continue to suffer from a shortage of licensed professional staff to provide mental health and substance use care to individuals.

Similar to employment, surrounding counties lack healthcare and behavioral healthcare for their residents, and many external/non-county residents are seeking treatment in Washington County, which further limits the capacity of providers to meet the demand for services.

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

There have been zero disputes with the local Family and Children First Council. We work closely with them, they participate in the county HUB, and talk often to discuss situations to head-off or solve any issues that may arise. The Board contributes to pool funding with other organizations to help place children who may not otherwise have access to appropriate treatment.

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.

Persons currently receiving treatment in State Regional Psychiatric Hospitals have an appointment with a community provider in place before being discharged. The community provider will determine the outpatient service needs for the client at that time.

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

Priorities	Goals	Strategies	Measurement
Develop Recovery to Work Ecosystem	Collaborate with Wood County in learning academy for shared learning on getting people in recovery into gainful employment. Learn strategies to remove barriers including job training, employer/stigma training, and transportation.	Developmental District Association of Appalachia learning mentorship opportunity with Wood County	<p>Measurement indicator: Completion of the learning academy Baseline data: 9-12 month program Target: completion</p> <p><i>Copy and paste above for multiple indicators.</i></p>
Crisis Intervention Training	Increase the number of first responders (law enforcement, EMS, Fire) and dispatch trained in strategies for crisis intervention.	CIT Grant to host two trainings and include deliverables to increase the number of agencies that include CIT in their personnel and operations policies.	<p>Measurement indicator: CIT Grant Deliverables Baseline data: # of personnel trained in CIT and 50% of agencies including CIT in their policies Target: increase trainings and 4 more agencies including CIT policies in their policies</p> <p><i>Copy and paste above for multiple indicators.</i></p>
Data Collection/Informed Decision Making on Program Development and expanding existing services.	Develop relationships with EMS, law enforcement, and the hospital to increase data sharing around fatal and non-fatal overdoses in Washington County. Seek demographic data for at-risk or high-risk populations to develop prevention and intervention programs.	<p>DASH – data across sectors of health mentorship on multi-sector coalitions (the county HUB) and learn strategies to engage new partners and resistant stakeholders</p> <p>Form Fatality Review Board to investigate deaths cause by suicide, overdose, and accidental influenced by substances, drawing attention from the multi-disciplinary partners involved to “what could have happened” differently, and engage about non-fatal incidents and discussions to increase data sharing and</p>	<p>Measurement indicator: Data collection Baseline data: Currently 0 data collected from EMS, law enforcement (other than RET referrals through Deputy Carr), or the Hospital ED/BH unit Target: Data collected!</p> <p><i>Copy and paste above for multiple indicators.</i></p>

		strengthen the referral process to programs and services in Washington County.	
Recovery Engagement post Overdose	Increase referrals to the Recovery Engagement Team (Washington County's quick response team) and increase the number of referrals into treatment post overdose to decrease overdose rates	Strengthen relationships with EMS and the hospital to increase the number of referrals to the team	Measurement indicator: referrals post overdose and referrals to treatment Baseline data: 2019 data Target: double the referrals <i>Copy and paste above for multiple indicators.</i>
Crisis Response and Intervention	Reduce trauma and provide resources post traumatic events (weather related disasters, suicide/loss, active shooter/mass fatality incidents, etc.)	Deploy the crisis response and the hope & loss teams as quickly as possible when invited to a scene of a traumatic event, host discussions that allow open communication and allow individuals involved to process events in hopes to allow them to cope and reduce effects of trauma.	Measurement indicator: incidents responded to Baseline data: 2019 data Target: Double 2019 <i>Copy and paste above for multiple indicators.</i>
Peer Recovery Support	Reduce relapse rates and increase sustained recovery through use of peer recovery support specialists. Increase those receiving behavioral health services due to the relationship developed utilizing PRS to refer individuals to treatment	Strategic placement of PRS- including the Recovery Engagement Team, Harm Reduction, Service Providers, and the hospital.	Measurement indicator: number of PRS Baseline data: 9 in 2019 Target: 12 in 2020 <i>Copy and paste above for multiple indicators.</i>
Harm Reduction	Increase the availability of Harm Reduction Services in Washington County	Involve the City Health Department, currently the County Health Department is the only one providing the Harm Reduction Services. Mobilize services, analyze data from RET referrals, EMS data, and Hospital ED data to produce a "heat map" and bring services to the need, reducing barriers to transportation and increasing referrals to treatment	Measurement indicator: number of clients served/ number of syringes exchanged Baseline data: 2019 data Target: 4x 2019 data <i>Copy and paste above for multiple indicators.</i>
Suicide Awareness	Increase capacity of Suicide Awareness Alliance (SAA)	Transition program of WCBHB into stand-alone nonprofit	Measurement indicator: non-profit status Baseline data: 2019 data (program status)

			Target: 2020 non-profit status <i>Copy and paste above for multiple indicators.</i>
Compass Drug Court	Facilitate efficient and effective treatment of drug addicted or drug abusing offenders. Allows intervention in lieu of conviction.	Screen individuals through eligibility criteria for drug court admission; drug court team will convene weekly to discuss progress and status of individual offenders, apply sanctions, and for any other matters.	Measurement indicator: number of graduates Baseline data: 2019 data (0) Target: 2020 first 2 graduates completed the program on 07/13/2020 <i>Copy and paste above for multiple indicators.</i>
Housing	Make recovery and transitional housing available. Currently there is limited transitional beds through community action and zero recovery beds in Washington County.	Have residential property available, looking for a provider to manage house policies and regulations.	Measurement indicator: number of beds Baseline data: 2019 data (3 transition community action), (0 recovery) Target: 2022 (3 transition/recovery and 5 recovery) <i>Copy and paste above for multiple indicators.</i>
Transportation	Survey barriers and current resources to address transportation in Washington County.	ODOT grant to create the position of a transportation manager through agencies involved in the HUB.	Measurement indicator: Grant Baseline data: 2019 data (no) Target: 2020 (yes) <i>Copy and paste above for multiple indicators.</i>
Community Resource Center	Survey barriers and current resources to address social determinants in Washington County- such as housing, treatment, primary care, employment, laundry services, food pantries, and/or other support programs.	Non-profit development of a community resource “one stop shop” through agencies involved in the HUB.	Measurement indicator: non-profit status Baseline data: 2019 data (no) Target: 2020 data (yes) <i>Copy and paste above for multiple indicators.</i>

Increasing Provider Capacity	Provide scholarships for local residents pursuing behavioral health degrees. Bring new provider agencies to Washington County.	Provide yearly scholarships for residents perusing behavioral health careers.	<p>Measurement indicator: number of scholarships Baseline data: 5 scholarships in 2019 Target: 5 more scholarships in 2020</p> <p><i>Copy and paste above for multiple indicators.</i></p>
Pathways (211)	Provide a 24/7 resource/crisis hotline generate referrals for behavioral health services as well as linkage to social determinants resources impacting the continuum of care	Fund service through United Way to make resource available in Washington County. Guide agencies to continually update current service information.	<p>Measurement indicator: number of callers, number of referrals to BH services Baseline data: calls in 2019 Target: 125% calls in 2020</p> <p><i>Copy and paste above for multiple indicators.</i></p>
Memorial Health Systems 24/7 Crisis Team	24 hour crisis team to support any and all community members through all Washington county emergency rooms (Belpre, Marietta, Selby) to coordinate inpatient treatment, create safety plans, and link patients to resources.	Hospital funds 7 BH crisis positions including RN, LCSW, and the Behavioral Health Board funds Peer Recovery Support to work at the hospital also on that team.	<p>Measurement indicator: Number of referrals to BH services Baseline data: calls in 2019 Target: 125% calls in 2020</p> <p><i>Copy and paste above for multiple indicators.</i></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?)

A robust “County Hub” has come together to identify service gaps, to share information, and to address shortfalls in the entire continuum of care for individuals who suffer from SUD and MH disorders. A local “Resource Center” will be open in August 2020 as a one-stop shop for people to find how to navigate the myriad of public services available to fulfill their needs, be it housing, food pantries, 12-step programs, laundry services, primary care, behavioral health care, employment, access to Medicaid applications, etc. Also will serve as a place for individuals, who are concerned about others, to find information on where people can get help, what signs to look for, addressing stigma, etc.

Peer Recovery Support Specialists serve as a resource for supporting the continuum of care, these individuals have lived experience and training, which makes them trusted and relatable to those in treatment and recovery. This person can guide them in directions to improve their overall health, including being knowledgeable about social determinant services available in Washington County.

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.
- How will the Board coordinate the transition from the hospital to the community? (i.e.; discharge planning)
 - Who will be responsible for this?

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

Our State Hospital works very well with the local outpatient service providers.

The number of forensic patients filling up our State Hospital is ridiculous. More than 3/4 of the available beds is taken by forensic patients.

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 Washington County Behavioral Health 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)	Seek out, treat, and lower risk of communicable diseases among IDU	Harm reduction program offering free needle exchange, communicable disease testing, and treatment option availability	<p>Measurement indicator: Syringes Exchanged Baseline data: 313 syringes exchanged in 2019 Target: 1,500 syringes exchanged in 2020</p> <p>Measurement indicator: Clients Served Baseline data: 33 clients served in 2019 Target: 150 clients served in 2020</p> <p><i>Copy and paste above for multiple indicators.</i></p>	<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 boards: Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)	1) Neo-Natal Care 2) Residential Treatment	<p>Work with local OB-GYN doctors to educate women about birth defects to child if continued use during pregnancy.</p> <p>Brandy’s Legacy, local residential treatment for women, is open and has made available 4 beds for pregnant women</p> <p>Refer to Family and Children First Home Visiting Program</p>	<p>Measurement indicator: referrals to Peer Recovery Support Specialist by OBGYN providers located at the Hospital Baseline data: 0 referrals in 2019 Target: 150 referrals in 2020</p> <p>Measurement indicator: Pregnant Women Served at Brandy’s Legacy Baseline data: Target:</p> <p><i>Copy and paste above for multiple indicators.</i></p>	<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 boards: Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15)	Prevention of child abuse and trauma	Handle with Care through collaboration between law enforcement and Washington County School District	<p>Measurement indicator: Handle with Care Cases Baseline data: 0 cases in 2019 (new</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage

<p>required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)</p>		<p>Number of referrals for screening and assessment from PCSA</p> <p>Refer to Family and Children First Service Coordination</p>	<p>program in 2020 Target:</p> <p>Measurement indicator: Referrals from PCSA Baseline data: Target:</p> <p><i>Copy and paste above for multiple indicators.</i></p>	<p>__ Other (describe):</p>
<p>SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>	<p>Seek out, treat, and lower risk of communicable diseases among IDU</p>	<p>Harm reduction program offering free needle exchange, communicable disease testing, and treatment option availability</p>	<p>Measurement indicator: Syringes Exchanged Baseline data: 313 syringes exchanged in 2019 Target: 1,500 syringes exchanged in 2020</p> <p>Measurement indicator: Clients Served Baseline data: 33 clients served in 2019 Target: 150 clients served in 2020</p> <p><i>Copy and paste above for multiple indicators.</i></p>	<p>__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):</p>
<p>MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<p>Early diagnosis, early treatment</p>	<p>Trauma Informed Schools: PAX GBG</p> <p>Refer to Family and Children First Service Coordination</p>	<p>Measurement indicator: Number of Schools utilizing PAX Baseline data: Target:</p> <p><i>Copy and paste above for multiple indicators.</i></p>	<p>__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):</p>
<p>MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<p>Increase overall health for SMI adults with chronic diseases</p>	<p>Engage and maintain SMI adults in BH treatment through telehealth program with local non-profit partner agency (Community Health Improvement Assoc.) Chronic condition primarily</p>	<p>Measurement indicator: Number of PRS in Washington County providing services Baseline data: 9 peer service providers in 2019</p>	<p>__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):</p>

		diabetes, Congestive Heart Failure, Addiction, and Mental Health	Target: 12 peer service providers in 2020	
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Recovery housing available for persons with mental illness and/or addiction in need of supportive housing	Find provider willing to run recovery housing for persons with mental illness and/or addiction in need of supportive housing	Measurement indicator: Number of recovery houses in Washington County Baseline data: 0 houses in 2019 Target: 1 house running by 2022	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Older Adults	Inpatient and Outpatient services available	Geriatric Psychiatric ward available at local hospital. Outpatient available through local providers	Measurement indicator: Baseline data: Target:	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> 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	Decrease recidivism	Currently, services are provided in the jail, and a drug court is operational	Measurement indicator: number of individuals successfully graduating from drug court Baseline data: 2019 data Target: <i>Copy and paste above for multiple indicators.</i>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Integration of behavioral health and primary care services	Collaborate with primary care services and engage individuals with peer recovery support and peer support services	Currently working with county non-profit (Community Health Improvement Associates), with a yearly commitment, to make home visits with individuals with chronic conditions, substance use, or behavioral health conditions, needing support to manage those conditions	Measurement indicator: # of Peer Support Specialist Baseline data: 9 in 2019 Target: 12 in 2020 <i>Copy and paste above for multiple indicators.</i>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Full continuum of care including support services	Operating through HUB committees Board has ongoing Peer Recovery Support training available	Measurement indicator: # of individuals utilizing PRS and the community resource center Baseline data: 2019 data	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		Increase utilization of peer recovery support specialist Community Resource Center coming Aug 2020	Target: 25% increase of PRS services <i>Copy and paste above for multiple indicators.</i>	
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)			Measurement indicator: Baseline data: Target: <i>Copy and paste above for multiple indicators.</i>	XX No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	Reduce opiate use, decrease overdoses and death	PAX GBG teaching children from 1st to 6th grade self-regulation and making good choices. Provider in schools implementing best practice curriculums like Too Good For Drugs Increase access to opioid disposal including dispose packets distributed at the time an opioid is filled at the pharmacy and 2x yearly drug take back days	Measurement indicator: # of teachers trained in PAX GBG, # of Pharmacies distributing Dispose RX Baseline data: 2019 data Target: 25% increase 2020 <i>Copy and paste above for multiple indicators.</i>	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe)
Promote Trauma Informed Care approach	Every school in every school system in Washington County trained in Trauma Informed Schools Crisis Intervention Training available for Law Enforcement, EMS, and dispatch	Additional trainings, building upon what has already been accomplished 2 trainings available for CIT (November & spring 2021) Family and Children First Trauma Informed Care	Measurement indicator: Completion of trainings Baseline data: Target: <i>Copy and paste above for multiple indicators.</i>	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe)

Ohioans Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan			Measurement indicator: Baseline data: Target: <i>Copy and paste above for multiple indicators.</i>	XX No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Increase access to evidence-based prevention	Providers available in more schools in Washington County School District PAX GBG operational at all schools in Washington County School District Increased utilization of Harm Reduction	Have contracted with provider for an additional prevention person to get into the schools with evidence based prevention programs. Refer to Family and Children First Strengthening Families and Incredible Years Programs	Measurement indicator: Number of presentations/student curriculums are given, number of teachers trained in PAX GBG, number of clients served/number of syringes exchanged at HARM reduction program Baseline data: Target: <i>Copy and paste above for multiple indicators.</i>	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Recovery Ohio and Prevention: Suicide prevention	Increase awareness about suicide and improve lives of, and attitudes towards people with mental illness Fatality Review Board convening in Fall 2020 to review epidemiological report and discuss prevention programs for suicide and overdose.	Suicide Awareness Alliance having walk in December 2020 where the board will be present and have materials available to general public	Measurement indicator: Baseline data: Target: <i>Copy and paste above for multiple indicators.</i>	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations			Measurement indicator: Baseline data:	XX No assessed local need __ Lack of funds __ Workforce shortage

			Target:	__ Other (describe):
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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

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/>