

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

Enter Board Name: Wood County ADAMH 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)].

Wood County’s assessment of needs is an ongoing dynamic process that occurs via formal surveys and informal communications that have developed over several years with community stakeholders and partners.

- We monitor the volume and frequency of overdose deaths through coordination with the Health Department as well as the Coroner’s Office; and we work collaboratively with the Opiate Task Force to direct prevention and response efforts to the communities most impacted. The Opiate Task Force gathers law enforcement, criminal justice professionals, community leaders as well as substance abuse treatment providers to direct community education and response efforts. This also provides a forum for informal feedback from the community, where we learn more detailed information about the continued impact of the opioid epidemic. Needs identified included:
 - This method of needs assessment will continue during FY21 and FY22.
- Youth Survey – The Board engages in a bi-annual youth survey. The survey is a population census, rather than a sample, that is given to every student in public school districts in Wood County. The survey features prevalence rates for alcohol and other drugs, perceived risk of harm, characteristics of those who do not use alcohol or other drugs, bullying, problem gambling, mental health and adverse childhood experiences. As the study is completed every two years, the Board has trend information regarding the youth in the County for the past 14 years. Wood County substance use has decreased overall, along with bullying and the number and severity of mental health problems, including suicide ideation. The local decline in the use of substances overall exceeds the decreases seen in national samples and is likely due to strong prevention efforts. The Youth Survey will continue to be conducted on a bi-annual basis. Needs identified in the last survey included:

- The following results of the 2020 survey are based on the approximate population of all students in grades 5 through 12 (n=8,526 useable surveys). Surveys were distributed to all fifth through twelfth grade public school students in Wood County during October and November 2019. The results do not include Penta Career Center so that local results can be compared to national results (national studies do not include career centers). Results of this year's findings are summarized below.
- Vaping. Increases in adolescent vaping with nicotine and with marijuana from 2018 to 2020 represents the largest increases in substance use ever recorded in the ADAMHS Youth Survey since its inception in Wood County in 2004. The Wood County increases in vaping marijuana and nicotine parallel the same dramatic increases reported in the Monitoring the Future study released in December, 2019 and as reported by the Journal of the American Medical Association (JAMA), December 18, 2019, Trends in Reported Marijuana Vaping Among US Adolescents, 2017-2019, Richard A. Miech; Megan E. Patrick; Patrick M. O'Malley, PhD; et al.
- In Wood County, vaping marijuana increased among 12th graders from 1.9 percent in 2018 to 13.4 percent in 2020. The national study reported 12th graders increasing from 4.7 percent to 14 percent for the same time period. In Wood County, vaping nicotine increased among 12th graders from 10.5 percent in 2018 to 22.3 percent in 2020. The national study reported 12th graders increasing from 11.0 percent to 25.5 percent for the same time period. Similar dramatic increases were reported for vaping marijuana and nicotine among both 8th and 10th graders, although the prevalence rates were not as high.
- Alcohol. Annual and monthly alcohol use had been in decline since 2008; however, that decline appears to have ended and, in some grade level, reversed itself. High School 12th graders increased in annual and monthly use over 2018. Binge drinking also increased among 8th, 10th, and 12th graders, but declined in grades 9 and 11. Teen attitudes towards alcohol use continue to show peer disapproval of use, but the perceived great risk of harm declined in grades 8, 10, and 12..
- Marijuana. In Wood County, annual rates increased in all grades except 9. Monthly rates increased in grades 8, 10, and 12. Peer disapproval and fear of harm are much more liberal than in cigarette and alcohol use. Fear of harm is trending towards decreasing with only 18 percent of seniors perceive great risk of harm in marijuana use (down 5% from 2018). Parents are perceived to remain steadfastly opposed to adolescent marijuana use.
- However, the substantial increase in vaping marijuana, coupled with the increases in general use, suggests the decade long decline in marijuana use has ended. Marijuana use in these forms has been increasing.
- Inhalants. Prevalence rates increased in grades 6, and a surmising increase in grades 9, 10, 11, and 12. Inhalant use is increasing both nationally and in Wood County.
- MDMA/Ecstasy. Prevalence rates are at all-time lows in Wood County with only 2 percent of seniors reporting use. The Monitoring the Future (December 2019) also reported significant decreases in grades 8, 10 and 12.

- Stimulants. The misuse of Ritalin®, Concerta® and amphetamine preparations like Adderall declined in most grades and are at the lowest levels ever reported in Wood County.
- LSD. Among 12th graders, LSD in Wood County increased slightly from 2018, consistent with a national increase among 12th graders. All other grades show declines in use.
- Narcotic Painkillers. The annual use of narcotic painkillers, as reported by Wood County youth, has continued to decline in nearly all grade levels since 2004 with 2020 levels reaching historic lows. However, monthly use of narcotic painkillers increased in most all grade levels. National levels are down.
- Cocaine. Cocaine prevalence is at the lowest levels seen in Wood County, with only 1.6 percent of seniors reporting annual use.
- Cough Medicine. Among all teens, the rates of cough and cold medicine among Wood County 7 through 12th graders are down over prior years. However, slight increases were reported in grades 7, 8, and 10.
- Caffeinated Energy Drinks. Energy drink prevalence has been trending upwards in all grades since 2016. Prevalence among 12th graders is nearly 50 percent.
- Heroin. The rates of heroin use, among Wood County youth, are less than one percent in all grades levels, with insignificant increases or decreases by grade level. A total of 18 teens reported some use in 2020.
- Sleep and Anxiety Medications. The use of barbiturates and benzodiazepine declined in grades 9 and 11, but increased in grades 7, 8, 10, and 12. Rates remain low.
- The Botvin LifeSkills Training program. By 2017, approximately 39,004 Wood County students received LifeSkills Training. Due to the comprehensive saturation of training, there are no comparison groups for analysis. In the past, those teens who received school-based LifeSkills Training, or other research-based prevention training programs reported lower rates of substance use among a broad range of substances.
- Mental Health. A strong positive relationship exists between problem severity (as measured by the Ohio Scales) and substance use. That is, the more teens indicate that they experience internal or external distress, the more likely they are using alcohol, tobacco, and other drugs. Mental Health was assessed using a Problem Severity Scale with the following results:
 - 9.7% of Wood County youth report significant mental health problems, an increase of nearly 2 percent over 2018's rate of 7.8 percent
 - 15.8% of Wood County youth report "moderate" mental health problems, an increase of about 1.4 percent over 2016.
 - Youth who report more mental health problems are more likely to engage in substance use across a broad variety of substance, are much more likely to think about suicide or attempt suicide, and report a greater frequency of being victims of bullying than those youth were reported no mental health problem.
- Bullying. All forms of bullying have been trending upwards in grades 5 and 6 since 2014. All other grades reported insignificant changes over 2018.
 - Victims of bullying are more likely to report substance use.

- Victims of bullying are more likely to report moderate, severe, or intense mental health issues than non-victims.
 - Victims of bullying are more likely to think about or attempt suicide.
 - Adverse Childhood Experiences (ACEs). According to SAMHSA, adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect and household dysfunction. ACEs are strongly related to the development and prevalence of a wide range of health problems including risky health behaviors, chronic health conditions, low life potential, and early death. Approximately 5,844 Wood County adolescents from grades 7 through 12 completed the ACEs survey in October and November 2019.
 - Three of the top five most prevalent ACEs reported by 7 through 12th grade youth in Wood County involved family dysfunction; separation/divorce (35.8%); family mental illness (22.1%); and living with someone who went to jail or prison (18.2%). The remaining two of the top five ACEs involved emotional abuse (20%) and emotional neglect (18.9%). The ACEs with the lowest prevalence involved domestic violence (5%) and sexual abuse (4.5%).
 - Disordered Gaming and Gambling. The prevalence rate of disordered gambling remained at 2.7 percent among 7 through 12th graders as measured by the NODS-Clip brief scale, down from the 3 percent reported in 2018. The prevalence of daily and weekly gambling activities reported by teens, however, is generally lower, but varies by type of gambling activity and by gender. For example, 12.8 percent of all youth reportedly bet on sports teams, and 4.5 percent bet on daily fantasy sports games, such as FanDuel and DraftKings. However, those rates jump to 18.4 percent and 6.8 percent respectively among males.
 - The most prevalent types of gambling activities among Wood County adolescents are betting money on sports: sports teams (pro, college, or amateur), on fantasy sports or games with an entry fee to play, on daily fantasy sports such as FanDuel or DraftKings, or on betting money on games of personal skill. The second highest level of prevalence occurs in Ohio Lottery games such as purchasing Ohio Lottery tickets or purchasing scratch off tickets.
 - In 2020 we asked youth about gaming activities and use the IDGS9-SF as a measure of gaming disorder. Approximately 61 percent of 6th graders reported gaming every day last year, with 38 percent gaming 2 hours or more per day. Disordered gaming was highest among 5th grade males at 3.5 percent and lowest among 6th grade females at less than 1 percent.
- Crisis Services Inquiry – During FY 2019, the Board worked with a consultant to gather information via interview and focus groups to gain more reliable information on the satisfaction of stakeholders with the crisis services, following the transition to a mobile crisis system. The Board hosts a meeting of stakeholders weekly to discuss the results of this report as well as other concerns that may arise. During 2020, stakeholders were contacted to identify whether there were any perceived changes in targeted areas. Results identified in the last inquiry included in improvement in most areas (14 of 27). However, 9 out of 27 worsened since the initial inquiry. Results follow:

- The data collected to evaluate the effectiveness of changes made during the previous year indicated that each of the previous strengths continued to improve. This included satisfaction with response time, crisis staff commitment to aid even when having a difference of opinion regarding outcome, crisis providers responsiveness to feedback, and common dedication to the providing support for the person in crisis.
- Survey respondents indicated varied satisfaction on changes made to impact the previously identified challenges. High levels of improvements were noted in the crisis programs consistency of policies and practices, and communication between the crisis provider and the psychiatric hospital. Additionally, satisfaction was significantly improved in crisis providers using collateral information at the scenes and developing positive relationships with stakeholders. Moderate levels of improvement were noted in the involvement of psychiatric hospital administrators within the process, providing continuing education on the program to stakeholders, and communication between crisis providers and stakeholders. Low levels of improvement were noted regarding having available bed space within psychiatric hospitals, difference of opinions at the scene between crisis providers and stakeholders, and discrepancy between those at the scene and admitting doctors at the psychiatric unit.
- Regarding previously identified gaps, survey respondents identified areas of high, moderate, and lack of improvement. Satisfaction was noted as highly increased regarding the follow up provided to individuals in crisis after the incident. Moderate progress was noted in satisfaction for the process to review disputed calls after an incident. Continued gaps were noted in the area of additional options for people in crisis in the county outside of hospitalization, a need for a Crisis Stabilization Unit, lack of ambulance resources to transport individuals to the psychiatric hospital, and an inadequate amount of crisis staff.
- In the items that were asked only of specific stakeholder groups, differing levels of progress were also noted. Mobile crisis providers noted high levels of progress in each of their questions, including receiving fewer requests outside of their role and feeling more trusted by stakeholders. Law enforcement noted high levels of improvement in the support they received from administrators and having decreased time at the scene. Moderate improvement was noted in having decreased challenges with specific crisis personnel. However, both law enforcement and hospital staff identified hospital security as providing inadequate support to crisis situations.
- As part of our allocations process, the Board requires an identification of unmet needs from each Board provider. These responses are coded and analyzed for themes and used for planning for prevention, treatment and recovery needs. This assessment will continue in FY 21 and FY 22. Needs identified in the last inquiry included:
 - There is a clear need for increased availability of psychiatric time throughout the community.
 - Workforce development, including appropriately licensed clinicians and training.
 - Increase in prevention/education, to include suicide prevention.
 - Rates for a number of services, though crisis services and group therapy were highlighted.
 - Transportation continues to be a barrier to accessing treatment.

- Housing options are limited, and affordable housing is difficult to find in the County.
- Availability of services in rural areas of the county. Services are currently clustered in population centers, leaving parts of the very large geographical county underserved.
- During public events, including the County Fair, as well as other community celebrations, the Board conducts surveys of those in attendance regarding awareness of problems, community education efforts and some needs assessment. Though these are samples of convenience, they provide important insight into many communities within the county. We typically repeat this survey or replace it with other information we are seeking annually, however COVID-19 prevented this assessment in 2020. We intend to continue surveying community respondents in FY 2021 and 2022. Needs identified in the last survey (2019) included:
 - Community perception of suicide. 60.6% of respondents reported they believed there was a suicide problem in Wood County. 61.6% of respondents reported they knew someone who died to an opiate overdose.
 - Community perception of opiates. 76.4% of respondents reported they believed there was an opiate problem in Wood County. 48.8% of respondents reported they knew someone who died of an overdose.
 - The survey results were able to be broken down by area within the County, to determine where future education and prevention efforts may be targeted.
- The Board works collaboratively with the Wood County Health Department in regard to the Community Health Assessment. This provides valuable information on both and adult and youth behavioral health. This is a cross sectional, self-report survey that is provided via mail. This method of needs assessment will continue and be expanded in future fiscal years.
 - 2% of adult respondents seriously considered suicide within the past year.
 - 11% of respondents sought help for depression, anxiety or other emotional problems.
 - 14% of respondents had a period of two or more weeks when they felt so sad or helpless nearly every day that they stopped doing usual activities increasing to 29% for those under 30 years of age, and 31% for those with income less than \$25,000.
 - Reasons for not seeking help included: could not afford services (6%), stigma of seeking services (5%), did not know how to find a program (3%), and too high of a deductible (2%).
 - 19% of youth respondents (6th – 12th grade) seriously considered attempting suicide within the past year. 5% reported attempting suicide within the past year.
 - 27% of youth respondents had a period of two or more weeks when they felt so sad or helpless nearly every day that they stopped doing usual activities in the past 12 months. This increased to 37% of female youth respondents. Only 8% of those reporting suicidal ideation or depressive symptoms reported speaking with a mental health professional.
- 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 ROSC survey was a critical piece of needs assessment for the Board this year. Wood County respondents represented 2.48% of all State respondents while Wood County represents just 1.12% of the State's population, so responses were above average for the State. Most overall scores were very near the state average, but a few individual items provided information regarding relative weaknesses in the system of care.

- Peer Support – Wood County scored poorly on the role and utilization of peers in the system of care.
- Community Involvement – Wood County scored poorly on community acknowledgement and celebration of achievements of people in recovery.
- Treatment and Community – Wood County scored relatively poorly on efforts made to involve natural supports.

These items will be addressed in the Board priorities and initiatives throughout FY 2021 and 2022.

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 table on page 3.

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.

Wood County's population estimate is 130,817. There has been slight population growth of 4.2% (up from 125,489) since 2010.

Median Age is 34.8 years, Ohio 39.4 years

Under 5 years – 5.3%

Under 18 – 20.3%

65 + years – 15.7%

Racial composition is as follows:

White – 93.1%

Hispanic/Latino – 5.7%

Black – 2.8%

Asian – 1.8%

American Indian/ Alaskan native – 0.3%

Unemployment Rate is 7.0% (August 2020)

Disability Rate is 8.2%

Veteran Status is 7173

High School Degree

Wood County = 94.1%

Bachelor or higher degree

Wood County = 33.1%

Median Household Income

Wood County = \$59,789 (Ohio – 58,642)

Poverty Rate

Wood County = 11.9%

Bowling Green is the largest city with a population of 31,504. The county is 617 square miles in size. There are 9 school districts and is home to a five-county vocational school. Wood County is home to Bowling Green State University and Owens Community College.

Wood County's economic status has worsened since the submission of our FY19 Community Plan, in terms of a higher unemployment rate (up to 7.0% as of August 2020 according to the Federal Reserve Economic Data).

Health Equity Concerns for Racial and Ethnic Minorities and People Living in Rural Ohio

The demographics of those accessing services through the Wood County system of care are 52.19% female, 47.81% male. Racial breakdown was as follows:

	Accessing System	Population in County
Asian –	0.68%	1.8%
Black/African American –	2.97%	2.9%
Native American/Alaskan Native –	0.65%	0.3%
Native Hawaiian/Pacific Islander –	0.15%	0%
White –	84.35%	93.1%
Unknown –	8.55%	0%

Given the information in the table above, it appears that the population being served is close to the population expected to be served in the system of care. It is, however, notable that the number of unknown reported race could represent a significant disparity, if it is disproportionately attributed to one racial category.

In regard to ethnicity, 4.89% of those receiving services identify as Hispanic, while 5.7% of the population identified as Hispanic. An increase in outreach to the Hispanic community in Wood County may be beneficial to ensure awareness and access to services among this population is maximized.

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

None

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 funds a position with a contract provider (Unison Health) to assist with discharge planning for all Wood County residents utilizing acute inpatient services for a behavioral health disorder. This position works collaboratively with detox centers, private hospitals and the state hospital to ensure Wood County needs are identified. Unison Health meetings with Board staff weekly to discuss needs in crisis services and those utilizing acute inpatient services.

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

Priorities	Goals	Strategies	Measurement
<p>1. Reduce Deaths of Despair</p>	<p>Prevent the anticipated increase in suicides, due to COVID, by increasing prevention programming and access to resources.</p> <p>Prevent the anticipated increase in overdose deaths, due to COVID, by increasing prevention programming and access to resources.</p>	<p>Implement a multi-agency collaborative community wide suicide prevention approach across the lifespan.</p> <p>Maintain and expand the availability of Dialectical Behavioral Therapy within the system of care.</p> <p>Increase access to Narcan by involving first responders in provision to those who have experienced an overdose.</p> <p>Investigate additional harm reduction strategies in Wood County.</p>	<p><i>Suicide prevention</i> Measurement indicator: Develop a community-oriented plan. Baseline data: 0 Target: 1</p> <p><i>Suicide Prevention</i> Measurement indicator: Number of annual completed suicides Baseline data: 11 Target: 10</p> <p><i>Dialectical Behavioral Therapy</i> Measurement indicator: Number of groups held Baseline data: not received, insufficient access Target: 200</p> <p><i>Narcan</i> Measurement indicator: Number of kits distributed in the community Baseline data: 6 Target: 100</p>
<p>2. Increase Access to and Success in Services</p>	<p>Better understand the need for, and potential design of, a crisis stabilization unit.</p> <p>Enhance and promote the use of telemedicine to ensure access to services.</p> <p>Better understand the housing needs within the County.</p>	<p>Investigate and plan for a CSU to address regional needs.</p> <p>Provide access to telemedicine by allowing for billing for those receiving Board subsidy as well as ensuring availability of necessary technology equipment.</p> <p>Conduct a needs assessment targeted on behavioral health housing needs within the County.</p>	<p><i>CSU</i> Measurement indicator: Develop recommendation in coordination with consultant. Baseline data: 0 Target: 1</p> <p><i>Telemedicine</i></p>

			<p>Measurement indicator: Allow expanded telemedicine billing to GOSH for all contracted programs. Baseline data: 0 Target: 5</p> <p><i>Telemedicine</i> Measurement indicator: Ensure access to equipment for clients to use for telemedicine if they do not have their own. Baseline data: 0 Target: 1000</p> <p><i>Housing</i> Measurement indicator: Develop needs assessment Baseline data: 0 Target: 1</p>
3. Build an Empathic and Resilient Community	<p>Expand the use and role of peer supporters in the system of care.</p> <p>Ensure consumers have a voice in the development, planning and evaluation of the system of care.</p> <p>Ensure the community embraces and celebrates the accomplishments of those in recovery.</p>	<p>Increase referrals to and utilization of peer support services within the system of care.</p> <p>Develop a plan to increase consumer voice within the system of care.</p> <p>Host and/or promote events that celebrate the accomplishments of those in recovery.</p>	<p><i>Peers</i> Measurement indicator: Number of clients served. Baseline data: Not tracked prior to 2021 Target: To be determined.</p> <p><i>Peers</i> Measurement indicator: Number of units of service. Baseline data: Not tracked prior to 2021 Target: To be determined.</p> <p><i>Consumer Voice</i> Measurement indicator: Plan developed. Baseline data: 0 Target: 1</p>

			<p><i>Celebrate Accomplishments</i> Measurement indicator: Number of events held. Baseline data: 0 Target: 2</p>
4. Meaningfully Engage Entire Community	<p>Investigate the needs of special populations within the county.</p> <p>Engage the faith community to support those with behavioral health disorders.</p> <p>Engage the business community to better meet the needs of local business in support of those with behavioral health disorders.</p>	<p>Create a committee or task force to reach out to diverse populations within the county and better assess needs.</p> <p>Reach out to faith communities with events or resources to assist them in recognizing and supporting those living with behavioral health disorders.</p> <p>Reach out to local businesses or groups with events or resources to assist them in recognizing and supporting those living with behavioral health disorders.</p>	<p><i>Special Populations</i> Measurement indicator: Creation of committee/task force Baseline data: 0 Target: 1</p> <p><i>Special Populations</i> Measurement indicator: Creation of report/recommendations/needs assessment Baseline data: 0 Target: 1</p> <p><i>Faith Communities</i> Measurement indicator: Number of targeted events serving these groups. Baseline data: 0 Target: 2</p> <p><i>Local Business</i> Measurement indicator: Number of targeted events serving these groups. Baseline data: 0 Target: 2</p>
5. Partner with the Legal System and Law Enforcement to Support People Living with Behavioral Health Disorders	<p>Improve outcomes for people with behavioral health disorders intersecting with the legal system or law enforcement.</p> <p>Recognize and enhance the involvement of law enforcement in prevention.</p>	<p>Implement an Assisted Outpatient Treatment program in Wood County.</p> <p>Advocate and plan for a Drug Court in the Common Pleas Court.</p>	<p><i>AOT</i> Measurement indicator: Program funded and operational Baseline data: 0 Target: 1</p> <p><i>Drug Court (by end of 2022)</i></p>

		Integrate law enforcement into Prevention and Support programming.	Measurement indicator: Program funded and operational Baseline data: 0 Target: 1 <i>Law Enforcement</i> Measurement indicator: Number of support or prevention programs integrating law enforcement. Baseline data: 0 Target: 2
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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?)

Wood County Job and Family Services has a full-time clinician on site who is employed at Children's Resource Center (CRC). This clinician links individuals to services and provides consultation to the agencies and employees about the families they serve. This allows families with parents struggling with substance use disorders to receive necessary services and potentially prevent out of home placements where they might occur if services were not available or engaged with. This program is jointly funded between the Board and Job and Family Services.

Dialectical Behavior Therapy (DBT) training was offered to all county agencies beginning in 2018. The board contracted with Treatment Informational Collaborative to work on with all participating agencies on an ongoing basis to provide support for clinicians and agency leadership. Additional training will take place in November 2019 and phone call support sessions have continued on a monthly basis. Trainings will continue in Winter 2020 and throughout 2021 to ensure skills are gained and maintained by contract agency clinicians. The board provides financial assistance to DBT trained agencies to ensure they can provide all fidelity requirements.

The Cocoon is a local resource for domestic violence survivors which provides an array of services to meet the need of these individuals. The ADAMHS board works collaboratively with The Cocoon to provide outreach and engagement as well as onsite access to clinical services.

The Board continues to benefit from the presence of Bowling Green State University (BGSU) and our collaboration with several colleges and departments of the BGSU.

1. BGSU's Counseling Center has been involved with several collaborations including our trauma informed efforts, expansion of Dialectical Behavioral Therapy into our entire system of care, and they tie into our emergency services.
2. BGSU Police is actively involved in promoting CIT across the county and they participate actively with our CIT program, CIT Coordinator's Committee and emergency services coordination and quality improvement.
3. BGSU College of Health and Human Services have been working collaboratively with NAMI-Wood County and the Board to enhance reentry services assisting those reentering the community from incarceration in being connected with much needed resources and services.

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)

The Board funds a position with a contract provider to assist with discharge planning for all Wood County residents utilizing acute inpatient services for a behavioral health disorder. This position works collaboratively with detox centers, private hospitals and the state hospital to ensure Wood County residents have adequate care upon discharge and maintains contact until residents are connected with community services (or until they decline the service).

- b. Who will be responsible for this?

Unison Health, through a contract with the Board.

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

The Board does not anticipate any changes in utilization of State Hospital service. The State Hospital is frequently full and unable to meet the existing needs of the community. Until changes are made regarding the percentage of forensic clients (mostly from the urban county where the hospital is located) it will continue to be unable to meet local needs.

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)].

Please see attached service inventory.

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).

See following table

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)	<ol style="list-style-type: none"> Continue to provide rapid access to effective Detox and treatment (inpatient, sub-acute detox, residential treatment, and intensive outpatient services). Provide for Medication Assisted Treatment for appropriate individuals at risk for relapse and death. Continued provision of Narcan to those impacted by opioid use disorder and their loved ones, as well as community organizations in need without other sources. Improve Access to Recovery support services 	<ol style="list-style-type: none"> Ensure adequate capacity for a full array of detox services. Maintain and/or secure contracts with Residential treatment providers for adults and youth. Ensure adequate capacity for medication assisted treatment. Encourage use of Narcan in overdose situations. Provision of Recovery services, including: <ol style="list-style-type: none"> vocational services work to integrate with physical health care Use of Recovery housing where appropriate and available 	<p><i>Capacity</i> Measurement indicator: State waitlist report. Baseline data: See state data. Target: No service greater than 30 days.</p> <p><i>Residential Treatment</i> Measurement indicator: At least 2 contracted agencies. Baseline data: 2 Target: 2</p> <p><i>Narcan</i> Measurement indicator: Number of kits distributed Baseline data: N/A Target: 100</p> <p><i>Vocational Services</i> Measurement indicator: Number of placements Baseline data: 77 Target: 75 per year</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: <u>Mandatory for boards:</u> Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)	<ol style="list-style-type: none"> Provide safe, effective, structured treatment and recovery support for the benefit of the expectant mother and the conceived child. Reduction of neonatal abstinence syndrome. 	<ol style="list-style-type: none"> Provide inpatient women’s residential treatment for individuals with a substance use disorder and/or a mental health diagnosis at Devlac Hall and the 	<p><i>Inpatient Services</i> Measurement indicator: Maintain contracts with Harbor for Devlac and Chrysalis Baseline data: Active contract</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>Chrysalis program, both operated by Harbor.</p> <p>2. Continue to provide the MOM's program.</p>	<p>Target: Active contract</p> <p><i>MOMs Program</i> Measurement indicator: Reduction in NAS ICU admissions. Baseline data: 0 Target: 2 or less per year.</p> <p><i>MOMs Program</i> Measurement indicator: Percent of mothers receiving prenatal care. Baseline data: 87.5% Target: 90%</p>	
<p>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)</p>	<p>1. Collaborate with JFS to serve families at-risk of an out-of-home placement.</p>	<p>1. Integrate behavioral health professional into JFS services to better identify and refer families to appropriate services.</p>	<p><i>JFS Liaison</i> Measurement indicator: Percent of families identified engaging in recommended service. Baseline data: 94% Target: 75%</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>SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS, HIV, Hepatitis C, etc.)</p>	<p>There has not been a recorded case of tuberculosis in many years.</p>	<p>1. Provider agencies follow accreditation guidelines to prevent the spread of disease. 2. Appropriate Level of Care provided for substance dependence. Collaboration with physical health providers will occur.</p>	<p>Our local inpatient facility requires TB testing prior to admission. Reports are available upon request.</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>MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<p>1. To provide early outreach, identification and intervention. 2. To provide appropriate level of care, including residential treatment as needed. 3. Trauma-informed care will be provided.</p>	<p>1. Early Childhood outreach identification occurs via our Early Childhood Mental Health programs through consultation with most childcare programs and referrals from schools, juvenile justice, Jobs and Family Services, churches and individuals. Evidence-based</p>	<p><i>Early Childhood Mental Health</i> Measurement indicator: Reduce preschool expulsions. Baseline data: 0 Target: 0</p> <p><i>School-based Therapeutic Services</i></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>4. Comprehensive assessments and evidence based integrated treatment provided.</p>	<p>“Incredible Years” program offered.</p> <p>2. Outreach to children is provided in schools for all behavioral health problems via school-based therapists/consultants, Prevention programs (Sexual Abuse Prevention, Suicide Prevention, Anti-bullying prevention, Expect Respect, Youth Mental Health First Aid and AOD prevention programs).</p> <p>3. Youth & family clinician working onsite with Children’s Services at JFS.</p> <p>4. Collaboration with Juvenile Justice Using Sequential Intercept Mapping for Youth. Mental health assessments and treatment provided at the Juvenile Detention Center.</p> <p>5. Evidence based programming provided: Functional Family Therapy, Trauma Informed CBT, Incredible Years, SPARKS and Adventure Therapy program.</p> <p>6. Trauma-informed care is provided following Sanctuary Model.</p> <p>7. Transportation provided for all treatment services with new NET Plus system, free of charge.</p> <p>8. For Day Treatment youth, free transportation provided.</p> <p>9. Residential treatment is provided as necessary at Children’s Resource Center (8 beds).</p>	<p>Measurement indicator: Number of districts served. Baseline data: 10 districts served Target: 10 districts served</p> <p><i>JFS Liaison</i> Measurement indicator: Percent of families identified engaging in recommended service. Baseline data: 94% Target: 75%</p> <p><i>Residential Treatment</i> Measurement indicator: Percent of beds occupied Baseline data: 57.5% Target: 75%</p>	
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		10. Child Psychiatric hospitalization available at two regional hospitals.		
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	To provide a full continuum of trauma informed, evidence-based and recovery-oriented care; from outreach, early intervention; crisis intervention, inpatient treatment, outpatient treatment and Recovery supports. 1. Improve access to treatment and recovery support. 2. Pursue Crisis Stabilization Unit in Wood County. 3. Evaluate the expansion of housing options in Wood County for those with SMI.	1. Continue system planning via needs assessments with consumers, family members, advocates, community stakeholders, and provider agencies to determine gaps to be addressed in a trauma informed, recovery-oriented system of care (ROSC), as a follow up to the ROSC Survey. 2. Expand and improve utilization of transportation to treatment via the NET Plus program. Expansion of NET Plus system for recovery services and supports. • Vocational services • Drop-in center • Shopping/banking 3. Increased collaborative planning with criminal justice system. 4. Increase utilization of vocational services, especially the IPS program, via joint marketing.	<i>NETplus Transportation</i> Measurement indicator: Number of transports provided. Baseline data: 212 Target: 250 <i>Criminal Justice</i> Measurement indicator: see local priorities Baseline data: see local priorities Target: see local priorities <i>Vocational Services</i> Measurement indicator: Number served Baseline data: 130 Target: 160	___ 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	1. Work with community partners and stakeholders to locate and reach out to homeless persons with mental illness and substance abuse. 2. Explore additional options to expand supportive housing for those in need.	1. Sponsor and participate in Wood County "Project Connect" program (county wide program with practically all service agencies and churches to locate and transport homeless individuals and families and connect them with services) 2. Investigate new housing options included joint efforts with local	<i>Project Connect</i> Measurement indicator: Number of families contacted Baseline data: not collected Target: 50 <i>Expanded Housing</i> Measurement indicator: Develop committee or taskforce to explore issue	___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):

		landlords to expand supportive housing into traditional settings.	Baseline data: No baseline data. Target: Group developed.	
MH-Treatment: Older Adults	<ol style="list-style-type: none"> 1. Enhance relationship with older adult serving agencies within the County. 2. Ensure appropriate psychiatric care to older adults. 	<ol style="list-style-type: none"> 1. Expand outreach to the 7 Wood County Senior Centers and increase collaboration with the Wood County Committee on Aging. 2. Maintain contract with psychiatric hospital with a geriatric focus. 	<p><i>Agency Collaboration</i> Measurement indicator: Number of agencies with active collaboration. Baseline data: 0 Target: 8</p> <p><i>Geriatric Psychiatric Inpatient</i> Measurement indicator: Maintain active contract with geriatric psychiatric facility Baseline data: 1 Target: 1</p>	<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	<ol style="list-style-type: none"> 1. Improve outcomes for people with behavioral health disorders intersecting with the legal system or law enforcement. 2. Recognize and enhance the involvement of law enforcement in prevention. 3. Improve engagement in treatment following incarceration. 	<ol style="list-style-type: none"> 4. Implement an Assisted Outpatient Treatment program in Wood County. 5. Advocate and plan for a Drug Court in the Common Pleas Court. 6. Integrate law enforcement into Prevention and Support programming. 7. Provide screening and linkage to treatment to all residents 	<p><i>AOT</i> Measurement indicator: Program funded and operational Baseline data: 0 Target: 1</p> <p><i>Drug Court (by end of 2022)</i> Measurement indicator: Program funded and operational Baseline data: 0 Target: 1</p> <p><i>Law Enforcement</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)

		incarcerated in the Wood County Justice Center.	<p>Measurement indicator: Number of support or prevention programs integrating law enforcement. Baseline data: 0 Target: 2</p> <p><i>Screening</i> Measurement indicator: Number of inmates screened for behavioral health disorders Baseline data: 546 Target: 740</p> <p><i>Linkage</i> Measurement indicator: Percent of those assessed while incarcerated that attend first session post-release Baseline data: 50% Target: 76%</p>	
Integration of behavioral health and primary care services	<ol style="list-style-type: none"> 1. Enable those seeking primary care services to access behavioral health services easily. 2. Promote the use of SBIRT in general and family practices. 	<ol style="list-style-type: none"> 1. Support the local Federally Qualified Health Center in providing behavioral health services, including Medication Assisted Treatment and coordinating with the system of care. 2. Host and/or promote training for medical professionals in SBIRT. 	<p><i>Wellness Center</i> Measurement indicator: Behavioral health services available at FQHC. Baseline data: 1 Target: 1</p> <p><i>SBIRT</i> Measurement indicator: Number of trainings for medical professionals. Baseline data: 0 Target: 1</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>
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	<ol style="list-style-type: none"> 1. Better understand the housing needs within the County. 2. Improve access to treatment and recovery supports. 	<ol style="list-style-type: none"> 1. Conduct a needs assessment targeted on behavioral health housing needs within the County. 2. Expand and improve utilization of transportation to treatment via the NET Plus program. Expansion of 	<p><i>Housing</i> Measurement indicator: Develop needs assessment Baseline data: 0 Target: 1</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>NET Plus system for recovery services and supports.</p> <ol style="list-style-type: none"> Vocational services Drop-in center Shopping/banking 	<p><i>NETplus Transportation</i> Measurement indicator: Number of transports provided. Baseline data: 212 Target: 250</p>	
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	<ol style="list-style-type: none"> Investigate the needs of special and diverse populations within the county. 	<ol style="list-style-type: none"> Create a committee or task force to reach out to diverse populations within the county and better assess needs. 	<p><i>Special Populations</i> Measurement indicator: Creation of committee/task force Baseline data: 0 Target: 1</p> <p><i>Special Populations</i> Measurement indicator: Creation of report/recommendations/needs assessment Baseline data: 0 Target: 1</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>
Prevention and/or decrease of opiate overdoses and/or deaths	<ol style="list-style-type: none"> Prevent the anticipated increase in overdose deaths, due to COVID, by increasing prevention programming and access to resources. 	<ol style="list-style-type: none"> Maintain and expand the availability of Dialectical Behavioral Therapy within the system of care. Increase access to Narcan by involving first responders in provision to those who have experienced an overdose. Investigate additional harm reduction strategies in Wood County. 	<p><i>Dialectical Behavioral Therapy</i> Measurement indicator: Number of groups held Baseline data: not received, insufficient access Target: 200</p> <p><i>Narcan</i> Measurement indicator: Number of kits distributed in the community Baseline data: 6 Target: 100</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>
Promote Trauma Informed Care approach	<ol style="list-style-type: none"> Maintain commitment to trauma informed care within the system of care. 	<ol style="list-style-type: none"> Continue to require all contracted agencies to have trainings and policies in place for all staff regarding trauma informed care. 	<p><i>Trauma Informed Care</i> Measurement indicator: Number of contracted agencies that have trainings/policies on file.</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>

			Baseline data: 5 Target: 5	
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OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	1. Continue the work of the Wood County Prevention Coalition. Work with local businesses to promote wellness education and prevention programs.	1. Enter into a coalition involvement agreement with the prevention coalition. 2. Participate in the coalition meetings and serve as an officer as appropriate. 3. Engage with members of the community through local fairs, leadership boards and local chambers of commerce. 4. Develop a local needs assessment which identifies needs for areas businesses in regard to wellness and prevention programs.	<p><i>Coalition</i> Measurement indicator: Signed agreement. Baseline data: 0 Target: 1</p> <p><i>Coalition</i> Measurement indicator: Percent of prevention coalition meetings attended. Baseline data: not collected Target: 50%</p> <p><i>Community Engagement</i> Measurement indicator: Number of events attended Baseline data: 5 Target: 25</p> <p><i>Local Needs</i> Measurement indicator: Assessment conducted. Baseline data: 0 Target: 1</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Increase access to evidence-based prevention	1. Expand school-based training in evidence-based programs, such as PAX Good Behavior Game.	1. School districts not implementing all prevention services will be approached to determine barriers	<p><i>Evidence-based programming</i> Measurement indicator: Number of school districts participating. Baseline data: 10</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		to implementation and problem solving to rectify.	Target: 10	
Recovery Ohio and Prevention: Suicide prevention	1. Prevent the anticipated increase in suicides, due to COVID, by increasing prevention programming and access to resources.	<ol style="list-style-type: none"> 1. Implement a multi-agency collaborative community wide suicide prevention approach across the lifespan. 2. Maintain and expand the availability of Dialectical Behavioral Therapy within the system of care. 	<p><i>Suicide prevention</i> Measurement indicator: Develop a community-oriented plan. Baseline data: 0 Target: 1</p> <p><i>Suicide Prevention</i> Measurement indicator: Number of annual completed suicides Baseline data: 11 Target: 10</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	1. Work with Healthcare organizations to implement problem gambling screening and referral processes.	1. Create and participate on Gambling Task Force in the county.	<p><i>Gambling</i> Measurement indicator: Create a Gambling Task Force Baseline data: 0 Target: 1</p> <p><i>Gambling</i> Measurement indicator: Number of people accessing services for problem gambling. Baseline data: 1 Target: 2</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

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

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

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

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

B. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	Identifier Number	ALLOCATION
0	n/a	0

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
n/a	n/a	n/a	0

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.

Wood County Alcohol, Drug Addiction, and Mental Health Services Board

Deanna Stanton

ADAMHS Board Name (Please print or type)

Deanna Stanton

10/28/2020

Deanna Stanton, LPCC-S
ADAMHS Board Executive Director

Date

Dan Lambert

10/27/2020

Daniel Lambert
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/>