

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

Enter Board Name: Four County ADAMhs 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)].

The Four County ADAMhs Board helps fund each county's health needs assessment, a collaborative effort between local hospitals, health departments, and the ADAMhs Board.

- 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?

Because the Board is not mandated to use ROSC, the Board uses client input and meetings with the following organizations; Municipal and Common Pleas Judges, Juvenile Judges, United Way Directors, Job and Family Services Directors, Adult and Juvenile Probation Officers, and County Health Commissioners.

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

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

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

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

The Four County ADAMhs Board is the statutory authority that is responsible for the planning, funding, monitoring and implementation of alcohol, drug addiction and mental health services in Defiance, Fulton, Henry, and Williams County. The four counties are located in the northwest corner of the state bordering Indiana to the west and bordering Michigan to the north. Located to our northeast is Lucas County and the city of Toledo. The four counties have a total land area of 1656.7 square miles and the population is approximately 148,000. The largest economic resources in our area consist of farming and manufacturing. According to the Bureau of Labor Statistics, the unemployment rate for the four county area averages out to be 3.2 percent (before COVID-19), a little lower than the national average which is 3.6 percent (Before COVID-19). Even though unemployment has slightly decreased, employment opportunities seem to continue to be on the rise as evidenced by increased advertisement along with several recent job fairs.

The four county area is largely composed of persons with a German heritage. According to the four county health departments, the area is predominately White (approximately 95%) with the next largest race being Hispanic/Latino. The two predominate faith practices come from the Lutheran and Catholic Church; however, non-denominational churches in the area have been on the rise. Fortunately, religion and churches have played a vital role to many residents in our area. The church is often seen as a resource for food, shelter, clothing, support, and counseling when needed. Unlike other counties, the four county area has several large corporations for employment including; General Motors, Campbell Soup, Spangler Candy Company, Sauder Manufacturing, Con Agra Foods, and Johns Manville. In the area of education, there are many public local school districts, as well as, a few private schools. Defiance College and Northwest State Community College provide various opportunities for higher education.

Because the four county area is very rural, there is currently no public transportation service which can become a challenge to many residents. For example, without their own means of transportation, residents often have to depend on family or friends to complete daily tasks such as grocery shopping or attending appointments. Specifically, our consumers are often unable to arrange transportation to service agencies even though majority of our contracted agencies have offices in all four of the counties. There are a couple of taxi services in the area; however, this option becomes too costly for most consumers who need assistance. Fortunately, the Department of Job and Family Services, The Veterans offices, and The Area Office On Aging does assist with transportation to medical appointments but only if the individual meets certain criteria.

In regards to the behavioral health redesign, some of the larger agencies we contract with have been affected by this change. For example, an agency who does group therapy isn't receiving as much funding due to the Board agreeing to reimburse those services only at the standard Medicaid rate.

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

According to the area's Family and Children First Councils, there were no dispute resolutions that have occurred in the last fiscal year.

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.

Minimal housing for individuals who have intellectually disabilities and limited housing for DD clients are two barriers we have consistently noticed in the four county area.

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

Priorities	Goals	Strategies	Measurement
Crisis Stabilization	To expand crisis stabilization services; specifically, to decrease the number of clients who are getting screened multiple times. By doing this, we are aiming to decrease the number of crisis screens in our area.	Continue to work with the state to receive crisis services money. A Client Navigator was recently hired by our crisis agency to assist clients in getting the resources they need and to reduce the number of screens among clients who experience multiple ER visits due to mental health/crisis issues.	Measurement indicator: Number of crisis screens Baseline data: Calendar year 2018 there were 1,404 individuals screened and in calendar year 2019 there were 1,116 individuals screened for crisis services Target: Decrease the number of crisis screens- 1,000 screens
Stable Housing	All consumers within the four county area will have safe, affordable housing.	Continue to work with New Home Development Inc. to develop various housing options. Many clients are placed out of county because of the lack of housing options for individuals with mental health problems that need more assistance/monitoring.	Measurement indicator: Number of Four County clients that are placed out of county Baseline data: Currently 11 out of town placements Target: Reduce number the number of out of town placements- 8 out of town placements
Access to primary and dental health care	All consumers will have access to primary and dental health care in a timely manner.	Continue exploring ways to expand the primary and dental services in Defiance County.	Measurement indicator: Current wait time Baseline data: The current wait time for dental services is 6 months Target: Reduce the wait time for dental services- 3 months
Transportation (specifically for crisis)	All consumers will have access to crisis transportation.	Continue to work with local hospitals and transportation services to develop a crisis transportation plan.	Measurement indicator: Number of individuals in crisis who do not have transportation Baseline data: In 2019, approximately 166 clients out 1,116 required placement after being screened Target: Establish a contract with a

			transportation agency to provide reliable transportation for these clients.
			Measurement indicator: Baseline data: Target: <i>Copy and paste above for multiple indicators.</i>

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?)

As stated earlier, the Four County ADAMhs Board helps fund each county's health needs assessment. In addition, starting at the beginning of FY18 (continuing through FY21), the Board also collaborated with the four area health departments on a mental health wellness campaign called Four Your Mental Health. The goal of this campaign is to increase the community's understanding of what mental health means, how to be mentally well, and how to attain mental wellness. Each county has a focus group to receive the communities input on mental wellness to create general communication messaging on this topic. So far, the messaging has been displayed on social media, newspapers, billboards, radio advertisements, print materials, and television. By creating this communication campaign to promote mental wellness, we are confident there will be an increase of awareness which will improve the mental health of the four county residents. The Board also contracts with the Williams County Health Department to finically support employees of the four county health departments to implement the MyPlate program into area schools. MyPlate uses a familiar image to illustrate the five food groups that help maintain a healthy diet. The collaboration with the area health departments has been beneficial and will continue to be a needed partnership in the future.

The area hospitals and transportation services are two other partnerships that we see valuable in implementing improvements for our clients. For example, a barrier that we have consistently seen throughout the years is the lack of transportation for clients who are screened at the hospital and need to be transferred to a stabilization unit. Because we have very few crisis beds in the four county area, many times our clients are being placed in Toledo or Fort Wayne which are both located about an hour away. The lack of transportation has caused financial burdens on clients, increased the wait time for individuals in crisis to be placed, and frustration among everyone effected. Continuing to build these partnerships and attempting to find a solution for this problem is a priority for the Board as our goal is to serve the clients as best as we can.

Inpatient Hospital Management and Transition Planning

7. Describe what partnerships will be needed between the Board and the State Hospital(s), Private Hospital(s) and/or outpatient providers for the identification of needed services and supports.
 - a. How will the Board coordinate the transition from the hospital to the community? (i.e.; discharge planning)

The Board will continue to make contacts with the area hospitals that our clients frequently utilize. For example, Board employees along with various service providers took a tour of Mercy St. Charles crisis stabilization unit. By taking the tour, the Board was able to see the facility, as well as discussing and planning the transition process from the hospital to the community.

- b. Who will be responsible for this?

Tonie Long, the Director of Quality Improvement of the ADAMhs Board, has been the individual who has communicated with both the hospitals and Board providers. Tonie provides the hospitals with agency contacts so each hospital and Board agencies are able to communicate and coordinate a plan for the four county clients who are getting discharged.

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

N/A

Continuum of Care Service Inventory
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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
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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 Four County ADAMhs 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)	To serve all those who seek treatment for intravenous/injection in a timely manner using the MAT program.	Identify and treat injection drug users with medication assisted treatment.	Measurement indicator: Number of individuals in the MAT program Baseline data: 168 individuals Target: 100 individuals	<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)	To serve all pregnant women who have a substance use disorder.	Through residential services at Serenity Haven which provides group, individual, and family therapy. In addition, provides parenting classes as well as mental health services.	Measurement indicator: Number of pregnant women at Serenity Haven Baseline data: 3-5 pregnant women Target: 4 or under pregnant women	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: <u>Mandatory for boards:</u> Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	To serve those parents with a substance abuse disorder who are at risk of harming/neglecting their children.	Continue to engage parents with substance use disorder through Fulton and Williams county drug courts.	Measurement indicator: Number of individuals who go through drug court with children Baseline data: 38 individuals with children Target: 30 individuals with children	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)			Measurement indicator: Baseline data: Target:	<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Treat all identified children with serious emotional disturbances.	Continue to provide services to children with serious emotional disturbances using an array of treatment modalities including individual/family therapy, case management, and med-somatic services.	Measurement indicator: Number if children served (SED) Baseline data: 351 children with SED Target: 300 children with SED	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Serve all identified adults with a serious mental illness in a timely manner.	Continue to provide CPST; med management, individual, group, and family counseling, housing, peer	Measurement indicator: Number of clients served (SMI) Baseline data: 745 SMI clients served	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage

		support services.	Target: 700 SMI clients served	__ Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Reduce the number of homeless persons with mental illness and/or addiction in need of permanent supportive housing.	Continue to expand housing options through New Home Development, our housing agency.	Measurement indicator: Number of units (through New Home Development) Baseline data: 56 units Target: 60 units	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Older Adults	Identify and provide treatment for older adults who need mental health treatment.	Continue implementing the Healthy IDEAS program provided by Maumee Valley Guidance Center.	Measurement indicator: Number of Behavioral Activations through the Healthy IDEAS program. Baseline data: 8 behavioral activations Target: 15 behavioral activations	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Identify persons with mental health/substance abuse issues in the criminal justice system and provide treatment as needed.	The regional jail (CCNO) has various programs for both mental health and substance abuse. Medically assisted treatment can begin while an individual is incarcerated and then continued in community after discharge.	Measurement indicator: Number of individuals in CCNO who are receiving treatment from the Criminal Justice and Behavioral Health Linkage Grant Baseline data: 51 individuals (FY19) Target: 75 individuals	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe)
Integration of behavioral health and primary care services	Provide integrated services for the residents of the four county area. Look to expand Heath Partners of Western Ohio (FQHC).	Health Partners of Western Ohio (FQHC) has established location in both Bryan and Defiance. The location in Defiance is located within a mental health agency, making physical and mental health services easily accessible.	Measurement indicator: Number of clients served at the Defiance location Baseline data: 479 clients (2018) Target: 550 clients	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Provide support services for individuals with mental health/substance use.	Continue to work with housing agencies to identify appropriate housing for individuals. We will continue to work with agencies to	Measurement indicator: Number of certified peer support specialists Baseline data: 2 certified peer support specialists	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		develop peer support specialists.	Target: 5 certified peer support specialists	
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)			Measurement indicator: Baseline data: Target:	<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	Decrease the number of opiate overdoses and/or deaths.	Continue to educate the public regarding the dangers of opiates, provide medically assisted treatment when appropriate, and to participate in community awareness programs and drug courts.	Measurement indicator: Number of opiate overdoses and/or deaths Baseline data: FY18- 23 overdoses each year Target: 0 overdose deaths	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Promote Trauma Informed Care approach	Increase the number of providers using the trauma informed care approach.	Encourage the Behavioral Health Professionals to provide training to local providers regarding trauma.	Measurement indicator: Number of trainings Baseline data: 0 trainings Target: 1 training	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Provide prevention services from birth to adolescents through adulthood.	Have a variety of programs for each age. Examples of this could be Incredible Years, SOS Signs of Suicide, and the Healthy IDEAS program.	Measurement indicator: Board will monitor the agencies to ensure prevention programs are available across the life span. Baseline data: FY19 \$290,000 were spent for prevention programs. Target: Continue to provide prevention programs for different age groups and	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

			to explore new prevention programs for our agencies to implement.	
Prevention: Increase access to evidence-based prevention	Continue to provide and explore new evidence-based prevention programs. Identify and reduce potential barriers to these services.	Continue to implement evidenced based programs the SOS Signs of Suicide, Healthy IDEAS, and Incredible Years. Identify populations who could benefit from the programs.	Measurement indicator: Monitor new programs and potential barriers Baseline data: Currently providing evidence based programs in 15 school districts. Target: Provide evidence based programs in every school district in the Four County area (23).	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery Ohio and Prevention: Suicide prevention	Reduce suicides in the four county area.	Through various programs such as SOS Signs of Suicide and Mental Health First Aid Program. The Board also supports a very active and recognized LOSS Team (Local Outreach to Survivors of Suicide) and the Four County Suicide Prevention Coalition.	Measurement indicator: Research prevention methods for higher risk populations. Baseline data: Five year average of suicides each year in the Four County area is 21.8. Target: Reduce the number of suicide deaths in the four county area to 0.	<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				<input checked="" type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

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

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

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

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

B. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	Identifier Number	ALLOCATION

C. Request for Generic Services

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

B. AGENCY	Identifier Number	SERVICE	ALLOCATION

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.

Four County ADAMhs Board
ADAMHS Board Name (Please print or type)

_____ Date _____
ADAMHS Board Executive Director

_____ Date _____
ADAMHS Board Chair

[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/>