Ohio Department of Mental Health and Addiction Services (OhioMHAS)
Community Plan Guidelines SFY 2019 and 2020

Enter Board Name: <u>Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties</u>

NOTE: OhioMHAS is particularly interested in areas identified as priorities for RecoveryOhio, including: (1) access and capacity changes for mental health and addiction services for both adults and children/youth; (2) health equity concerns for racial and ethnic minorities and people living in Appalachia or rural Ohio; (3) distinctive challenges for multisystem youth, families involved in child welfare, and for criminal justice-involved Ohioans; (4) prevention and/or decrease of opiate overdoses and/or deaths; and/or (5) suicide prevention.

Environmental Context of the Plan/Current Status

1. Describe the economic, social, and demographic factors in the board area that influence service delivery.   Note: With regard to current environmental context, boards may describe the impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.

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

	Seneca County	Sandusky County	Wyandot County
Total Population (2017)	55,243	59,195	22,359
Housing Units (2017)			
Single-parent household, w/related children (2017)	15.2%	16.1%	12.2%
Median Household Income (2017)	$48,415	$49,032	$50,723
Family Income Below Poverty Level (2017)	11.5%	10.4%	6.7%
Unemployment Rates (April, 2019)	3.1%	3.5%	2.2%
Age (2017)			
Under 5 years	5.2%	5.7%	5.7%
5-17 years	17.3%	17.4%	17.8%
18-24 years	11.0%	8.0%	7.5%
25-44 years	22.8%	23.1%	23.4%
45-64 years	27.5%	28.6%	27.6%
65 years and more	16.2%	17.1%	17.9%
Race/Ethnicity (2017)			
White	94.1%	90.5%	97.2%

African American	2.4%	3.2%	.4%
Hispanic (may be of any race)	4.8%	9.5%	2.6%
Number of Children in PCSA Custody on 7/1/2018	15	50	11
Reason for Removal from Home (7/1/2018)			
Neglect	7%	26%	27%
Dependency	53%	38%	18%
Other	33%	20%	45%
Children Supported by Kinship Care (Change from 2016 to 2018)	43 to 73	32 to 38	5 to 6
Placement Costs (2017)			
Licensed Foster Homes	$115,630	$791,601	$51,107
Group/Residential Care	$463,283	$1,174,563	$33,798

Unemployment rates continued to improve since the last Community Plan. The counties' unemployment rates for April 2019 are: Seneca County 3.1%, Sandusky County 3.5% and Wyandot County 2.2%. While this is an improvement, we continue to hear that employers struggle with employees who can pass drug screens and households who are struggling to meet basic needs despite having employment due to minimum wage jobs. The Board continues to work with community partners to increase workforce readiness and employability, build stronger and more productive workplaces, and assist employers with ways to support persons with addictions and mental health problems.

Medicaid expansion had a positive impact on service coverage for individuals suffering from mental illness and/or addictions. Medicaid redesign proved to be a challenge more for the agencies than perhaps the clients in need of services. The redesign is allowing for services not previously covered such as residential treatment and peer recovery services. However, the agencies providing the services have described struggles with the transition including receiving timely payments and having to go through numerous hoops and denials for payments. The Board has seen an increase in the number agencies within the Board district who are certified Medicaid providers of behavioral health services and the Board has increased the number of contracts to offer the sliding fee scale for those who are not covered by Medicaid or those who are under insured.

The levies in each county continue to be used to sustain critical services such as crisis services and access to inpatient services. It has also allowed the Board to expand on supportive services such as recovery housing and peer supportive services. In FY19, the Board approved over 80 different programs and services to be funded by local levy funds. These services included prevention, education, treatment, and recovery services. Through local levy funds we have been able to continue to support a Continuum of Care (ORC 340.03(A)(11) and 340.033. Levy funds are being used to expand to having four recovery homes, ambulatory detoxification services, medication assisted treatment, and expenses related to residential treatment services which are now all available within the Board district.

The Board has been alerted in all three counties of the impact that the opiate epidemic has had on the children involved in the children services system. In July of 2018, there were 50 children in Sandusky County that were in PCSA custody and all three counties saw an increase in the number of kinship placements with Seneca County experiencing the highest increase (from 43 in 2016 to 73 in 2018). All three county DJFSs report that they are experiencing an increase in out of county placements or kinship care due to the number of children with parents who are addicted and an increase in the number of children with behavioral health needs that are beyond what families can manage.

Assessing Needs and Identifying Gaps

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gaps in services and disparities, if any.

    a. Needs Assessment Methodology: 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 assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention in SFY 2019. [ORC 340.03 (A)(1)(a)]. Describe the board's plan for on-going needs assessment in SFY 2020 if they differ from this current fiscal year.

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

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

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

The Board has also used different tools to gather information as required on the various funding sources it is receiving. As part of different prevention grants, the Board has been required to obtain data using the OHYES! Survey that is overseen by Ohio MHAS, as well as, different community needs assessment tools including focus groups to gather information on prevention, treatment and recovery supports related issues.

b. Describe how the board collaborated with local health departments and their 2019 State Health Improvement Process. In your response, please include, if applicable, the following: 1) collaborative efforts specific to assessing needs and gaps and setting priorities. 2) barriers or challenges the board believes will have to be overcome moving forward that will result in complimentary public health and behavioral health plans, 3) advantages, if any, realized to date with collaborative planning efforts, 4) next steps your board plans on undertaking to further alignment of public health and behavioral health community planning.

The Board worked collaboratively with all involved community partners on the comprehensive health assessments which included the three health departments within the Board district. The CHIP planning discussions took into consideration the priorities identified in the Ohio Department of Health's State Health Improvement Plan. Each county selected mental health and substance abuse as a priority to address. The Board has been successful in obtaining grants to help address some of the behavioral health needs and therefore sees that as an advantage in addressing the needs in the community. The Board will continue to pursue grants and other funding opportunities to help address cost barriers that may arise. The grant will also continue to build and/or maintain relationships with community partners as this has proven to be an effective way of planning. An example of how collaborative work has led to success is with the Seneca County Opiate Task Force which its membership includes law enforcement, treatment and prevention providers, all four local judges, prosecutors, health department, school personnel, job and family services and hospital personnel. The task force has worked together to arrange for medication assisted treatment to be offered at the local jail, a joint recovery court was established, and the need for a women's recovery home was identified and is now being opened within the county.

c. Child service needs resulting from finalized dispute resolution with Family and Children First Council [340.03(A)(1)(c)].

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

d. Outpatient service needs of persons currently receiving treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)].

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

e. Service and support needs determined by Board Recovery Oriented System of Care (ROSC) assessments.

The Board plans to conduct a comprehensive Recovery Oriented System of Care assessment in the fall of FY2020. In the latest assessment, areas of improvement included quicker access to care and a need to increase behavioral health services available in the Board's district. Strengths included an increased focus on recovery support services, enhancement of prevention services, and the additional safe and sober activities that are offered in the Board's district.

f. Needs and gaps in facilities, services and supports given the Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

Housing for individuals with a mental illness, a sex offender status and a history of violence – this has been a real challenge for our Board. We used a lot of resources and time to work with treatment providers and adult parole authority to find adequate placement for individuals coming out of the judicial system with a history of mental illness, violence, and a sex offender status. Through discussion with other state leaders it seems that resources are limited. Our goal is to offer treatment and necessary recovery supports for these individuals. Unfortunately, resources are not available, and these individuals end up back behind bars. We hope that together with Ohio MHAS to come up with local resources that can help this major gap.

g. Needs and gaps associated with priorities of the Executive Budget for 2020-2021 including crisis services, criminal justice-involved populations, families involved with child welfare, and prevention/early intervention across the lifespan.

The Board recognizes a need to respond to changes in our region with our crisis intervention services. Over the past two years, the Board district has experienced changes including some hospitals making the decision to provide crisis services within their own system and there have seen changes with the crisis services offered within the region impacting how residents are referred and served when seeking inpatient services outside the district. Treatment providers have also struggled with reimbursement changes that came as a result of Medicaid Redesign and there are current discussions on how interpretation and enforcement of Medicaid rules will impact the number of beds and reimbursement to agencies providing services in local emergency rooms.

As indicated in the above data, the Board district is experiencing an overall increase in out of home placement costs, kinship care and families reporting difficulty with affording resources to meet the needs of youth involved in multi-systems. Many of these cases are involved with service coordination and/or wraparound services. The Board is currently in discussions with local children services agencies, juvenile justice system, family and children first councils and county commissioners to collaboratively approach the concerns. One county in the district has shown success in a foster care program that could be implemented in the other two counties in hopes for similar success. The Board finds it critical to receive assistance from the state level in addressing the most complex cases and therefore looks forward to seeing how the Governor's priorities help to lead to solutions.

The Board has been fortunate in recent years to be awarded different prevention grants that have involved with data collection, needs assessments and strategic planning. During the processes, it became apparent that expansion of prevention services across all ages and to special populations was needed. The Board is currently applying for grants that will help with the implementation of the strategic plans developed under the current grants. The Board is also supporting the community and local prevention coalitions as they work towards building infrastructure and the workforce who can provide prevention services. Traditionally, it was the few credentialed prevention specialists in the district who provided the prevention services. In recent years, the coalitions with the support of the Board have worked to promote more professionals in getting their prevention credentials and the Board has worked with two agencies in expanding prevention services. These efforts will need to be continued in order to meet the expanded prevention efforts to meet the needs of all ages and special populations. The data in the district continues to show a strong need to continue with suicide prevention efforts. The Board is exploring the implementation of LOSS teams to help in the aftermath but an increase in prevention efforts will be occurring.

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

1) Reimbursement methodology for community mental health crisis services; and, how mental health crisis services are being provided in the Board's district, including emergency rooms (based on Medicaid reimbursement rates/ quality of care/ etc.)
2) Clarification regarding Medicaid rules as it relates to IMD and the potential impact on the current residential treatment/ detox providers in the Board's district and the Northwest Ohio region;
3) Services for youth involved in multiple systems;
4) Access to inpatient psychiatric care and the lack of civil beds in the regional state hospital (the need to create solutions to address the shortage of state hospital beds for adults and youth);
5) Expansion of support services to assist individuals pre and post crisis;
6) Potential change(s) in the Ohio MHAS funding methodology/ funding formula and the need for flexible funding options;
7) The need to obtain client level data from ODM to meet the Board's statutory requirements;
8) Increase efforts related to suicide prevention.

3. Complete Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. (Table 1 is an Excel spreadsheet accompanying this document. Instructions are found on page 10 of the Guidelines).

Priorities

4. Considering the board's understanding of local needs, the strengths and challenges of the local system, what has the board set as its priorities for service delivery including treatment and prevention? Please be specific about strategies for adults; children, youth, and families; and populations with health equity and diversity needs in your community.

Below is a table that provides federal and state priorities. Please complete the requested information only for those federal and state priorities that are the same as the board's priorities and add the board's unique priorities in the section provided. 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.

Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in the board's response to question 2.d. in the "Assessment of Need and Identification of Gaps and Disparities" section of the Community Plan [ORC 340.03(A)(11) and 340.033].

Priorities undertaken in SFY 2019 that the board is continuing into 2020 as well as new priority areas identified for SFY 2020 may be included.

Priorities for Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties				
Substance Abuse & Mental Health Block Grant Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Identify persons at initial request for services	Give an assessment appointment within 24- 48 hours to determine level of care. Link persons with area support groups identified in the community.	Track the numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team. Review GOSH Data-Mart program.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Identify persons at initial request for services	Give an assessment appointment within 24- 48 hours to determine level of care. Link persons with area support groups identified in the community.	Track the numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team. Review GOSH Data-Mart program.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Ongoing assessment and monitoring of child neglect/ abuse from intake through length of treatment so parents would not lose permanent custody of their children as a result of their SUD.	Follow Ohio Revised Code and Ohio Administrative Code mandated reporter rules if neglect/abuse is suspected and contact Children's Services. Link persons and family members with area support groups identified in the community. Support community partners with PIVOT court and START program.	Letter of response from Children's Services is placed into the Electronic Medical Record. Incident reports are filed in HIPAA secured location by the Board.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Assessment at time of intake on the Health History form and/or assessment interview.	If suspected, referral to appropriate healthcare providers or Health Home Program is made. Link persons with area support groups identified in the community.	Release of Information is gathered for the healthcare provider and follow up to the healthcare provider is documented.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Identify persons at initial request for services, intake assessment or referrals from the community.	Persons are offered the full array of mental health services or referred out if more intensive services are indicated. Link persons with area support groups identified in the community or in the	Track numbers served via the Electronic Medical Record and levy reporting forms. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team. Track	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		State. Contract with schools to offer mental health services to students in need. Increase early childhood mental health programming. Support Family Intervention Court and intensive home-based services. Secure additional psychiatric inpatient beds for underinsured and/or acute crisis cases.	number of schools contracting for services and number of students served. Contract with inpatient unit for access to special care beds and track number of youth served and number of bed days.	
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Identify persons at initial request for services, intake assessment or referrals from the community.	Persons are offered the full array of mental health services or referred out if more intensive services are indicated. Link persons with area support groups identified in the community or in the State.	Track numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Identify persons at initial request for services, intake assessment or referrals from the community and link with treatment and supportive services.	Persons are offered the full array of mental health and/or addiction services. CPST services work independently with persons and area housing agencies/landlords to provide linkage to housing assistance program (HAP funds), and other housing resources including homeless shelters, and recovery housing. Link persons with area support groups identified in the community.	Track numbers served at the local homeless shelters, group homes and recovery houses. Track numbers served via the Electronic Medical Record.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Older Adults	Identify persons at initial request for services, intake assessment or referrals from the community	Persons are offered the full array of mental health services or referred out if more intensive services are indicated. Link persons with area support groups identified in the community or in the State. Explore the Healthy Ideas Program and other alternatives for older adults.	Track numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team. Determine a plan to implement Healthy Ideas or alternative program for older adults.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe)
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting

MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Identify persons at initial request for services, intake assessment or referrals from the Criminal Justice System	Persons are offered behavioral health treatment services, including Medication Assisted Treatment while incarcerated. Link persons with outpatient treatment services, housing, and other supports before release from the criminal justice system.	Track recidivism rate. Track the number served via the Electronic Medical Record. Track the number of individuals receiving Medication Assisted Treatment. MH Prison Reentry tracking data.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Integration of behavioral health and primary care services	Continue to identify and see persons at sites that integrated behavioral health and primary healthcare.	Continue to allow clients with severe and persistent mental illness to receive all behavioral health and primary medical care under one roof by continuing the collaboration with Firelands Counseling and Recovery Services for their "Plus" program and local FQHCs. Include dentistry and reduced cost of primary care medications.	Track numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Identify persons at initial request for services, intake assessment or referrals from the community and link with treatment and supportive services.	Monitor the three recovery houses in the Board's district to measure effectiveness. Continue to deliver employment support services. Enhance the local Peer Support Groups and increase number of certified Peer Supporters/ Coaches. Reduce transportation barriers for individuals with mental or substance use disorders.	Monitor and conduct reviews of the programs and services. Track number of certified peer supports. Track the number of individuals through the employment program and transportation programs.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Identify persons at initial request for services, intake assessment or referrals from the community. Increase outreach efforts to these populations.	Persons are offered the full array of mental health services or referred out if more intensive services are indicated. Identify these populations, outreach and link persons with area treatment and support groups identified in the community or in the State.	Track numbers served via the Electronic Medical Record. Monitor treatment effectiveness through case reviews with all persons involved in the treatment team. Track number of persons who receive support and outreach services.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Prevention and/or decrease of opiate overdoses and/or deaths	Expand Recovery and Engagement Navigators Program and increase the number of Narcan trainings and access.	Collaborate with different community sectors to expand REN Program (health department, EMS, law enforcement, faith-based organization, peer coaches, family members, etc). Identify persons at high risk after an overdose. Link persons with treatment and support services. Continue to work with community partners to coordinate Narcan trainings and affordable access to the medication.	Track number of responses to individuals who overdosed. Track number of persons who followed-up with treatment and support services. Track number of community Narcan trainings and the number of free doses provided in the Board district.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Promote Trauma Informed Care approach	To continue trauma-informed care strategies and provide support to staff to ensure strategies are maintained.	FCRS will be providing trauma-informed care trainings to ensure trauma-informed practices are sustained. Additionally, FCRS will continue to measure client assessment of "safety and comfort" in our environments, they will continue to screen for trauma history for every client upon admission to services, and they will continue use of trauma protocols to ensure treatment goals/objectives support a trauma-focused treatment process.	Number of staff trainings and the number of staff trained in trauma informed care approaches. % of clients who report positive ratings regarding "safety and comfort."	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Decrease the number of children with early onset of substance use/mental health issues. Identify at-risk populations and provide education on the negative consequences of substance use and/or mental health disorders.	Provide evidenced-based age appropriate prevention activities from preschool age to the elderly for both substance abuse and mental health issues. This includes PAX Good Behavior, Lifeskills, Too Good for Drugs, Incredible Years, Strengthening Families, ROX Ruling Our Experiences.	Through information entered into the GFMS system. Track number of mental health and substance abuse prevention activities via the Electronic Medical Record. Track number of substance abuse prevention activities via the levy reporting forms.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

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

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

Priorities	Goals	Strategies	Measurement
Increase access and quality of services for adults and youth with severe mental illness.	Increase the number of agencies and locations offering treatment services. Increase monitoring and evaluation of the quality of services being offered.	Contract with agency to expand services into Wyandot County; contract with treatment agency to open office in Woodville, Sandusky County. Ensure transportation options are available to treatment in each county. Begin study of Crisis Stabilization Unit and a BH Urgent Care. Expand program reviews conducted with contracted agencies.	Through information entered into the GFMS system. Enter into contracts in each county for transportation to treatment and track number of trips. Track number of programs reviews completed.
Expand resources for youth and families involved in multi-systems and who have a behavioral health disorder.	Increase the resources available to youth and families who are involved in multi-systems and who have behavioral health needs.	Collaborate with juvenile courts, FCFCs and DJFSs in each county to pool resources and expand resources. Duplicate the Sandusky County Foster Care Program in Seneca and Wyandot Counties.	Through local Wraparound data and kinship care data through PCSA Factbook.
Increase the recovery housing beds and provide quality recovery housing in the Board district.	Open women's recovery home in Seneca County and become certified through Ohio Recovery Housing.	Work with OHMHAS and Ohio Recovery Housing to open and certify a recovery home that meets state standards and guidelines.	The home will begin accepting residents by July 1, 2019 and become certified in FY20.

5. Describe the board's accomplishments achieved through collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public during the past two years. (Note: Highlight collaborative undertakings that support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)

Our strengths include well-developed relationships with the local behavioral health providers and collaboration that creates effective work across sectors. In the past year the Board expanded its efforts in working with local businesses, courts, law enforcement agencies, jails, economic development groups and faith-based organizations to find solutions regarding local issues. The Board is not working with a close group of agencies, but rather expanded its reach to better develop a full continuum of care. As indicated previously, the Seneca County Opiate Task Force continues to take on challenging issues and brainstorming solutions. Membership of this task force includes judges, probation, sheriff, law enforcement, treatment providers, Health Department, local DJFS, faith based organization, family of persons impacted by opiate addiction and local physicians. Through the work of this group we were able to implement a successful Medication-Assisted treatment program using Vivitrol in the Seneca County Jail. The Sandusky County Mental Health Coalition is also a group of community leaders, as well as community members that work toward similar efforts. At these meetings we have approximately 50 individuals attending, the largest coalition group in Sandusky County. The Coalition is currently working on implementing an Opiate Response Team to outreach to individuals who overdosed and their family members with the goal of offering assistance and resources. The Mayor's Meetings in Wyandot County is attended by mayors from each of the rural towns, township representatives, and commissioners within the county. The meetings have assisted in identifying needs and gaps within the county as well as served as another avenue to address stigma, gather input, and provide education and awareness on behavioral health issues. The Mayor of Upper Sandusky was vital in assisting the Board with expanding mental health resources in the community by offering free office space for the agency as they expanded into the county from a neighboring county. Community Naloxone trainings were offered in Seneca and Sandusky County to educate the public on the use of Naloxone, the current law, and ways to obtain it. All three counties in the Board's district are Stepping Up Counties, working together to help individuals with mental illness that are incarcerated in our local jails. In the past year we sustained reentry services in Seneca County jail; sustained treatment services at Sandusky County Youth Center, added treatment services in Wyandot County, and added an additional recovery home in the Board's district. Another strength is collaboration with various small community agencies to advance and expand our suicide prevention efforts. Additional funding was set aside by the Board in Fiscal Year 2019 to expand suicide prevention services and focus on specific populations with the goal of reducing number of deaths and number of suicide attempts. The Board also lead the efforts to coordinate a Critical Incident Stress Management team for all three counties and then successfully contracted for the oversite and coordination of the team with a local faith-based organization. This organization is also leading efforts to address suicide prevention in the community and exploring the implementation of a LOSS team.

6. Describe the interaction between the local system's utilization of the State Hospital(s), Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that is expected or foreseen.

The Board contracts with Firelands Counseling and Recovery Services to provide crisis services in the Board district, forensic monitoring services and referrals to inpatient services at state psychiatric hospitals as well as private psychiatric units. Firelands has a liaison who represents the agency and board for inpatient cases. The liaison helps with addressing patient needs including discharge planning. Firelands also has forensic monitors to provide monitoring services for persons found not guilty by reason of insanity and placed on conditional release. Due to these various roles, they were the agency of choice to help implement the Assisted Outpatient Program in Seneca County with cases referred to NOPH and Fireland's inpatient unit, One South. The current trend with utilization at the state hospital has been that most clients from the Board district that are admitted are on a forensic status and not a civil status. We have no reason to believe that this will be changing in FY20. While there is support from NOPH staff to support the AOT Program in Seneca County, the current utilization does not align with persons who may be eligible and benefit from the program. There continues to be curiosity, misconceptions and a general lack of understanding of the role of the state hospital for some stakeholders so the Board has coordinated for a tour of NOPH with stakeholders in order to build relationships, network and increase awareness and understanding of the role of state psychiatric hospitals. This will also give NOPH staff a chance to hear from the local level regarding concerns, needs and to see how all parties can partner to further address the needs of persons with mental illness.

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

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	Identifier Number	ALLOCATION

B. 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 2019-2020

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Mental Health and Addiction Services (OhioMHAS) department a community mental health and addiction services plan for its service area. The plan is prepared in accordance with guidelines established by OhioMHAS in consultation with Board representatives. A Community Plan approved in whole or in part by OhioMHAS is a necessary component in establishing Board eligibility to receive State and Federal funds, and is in effect until OhioMHAS approves a subsequent Community Plan.

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

Mental Health and Recovery Services Board of Seneca, Sandusky and Wyandot Counties
ADAMHS, ADAS or CMH Board Name   (Please print or type)

Mircea Handru _____   7/29/2019
ADAMHS, ADAS or CMH Board Executive Director   Date

 Karen Van Horn _____   7/29/2019
ADAMHS, ADAS or CMH 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.)].

Attached is the SFY 19-20 Community Plan Essential Services Inventory**. Each Board's completed SFY 2018 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. **Emerald Jenny Treatment Locator https://www.emeraldjennyfoundation.org/**

2. **SAMHSA Treatment Locator https://www.findtreatment.samhsa.gov/**