

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

**Mental Health and Recovery for Licking and Knox Counties**

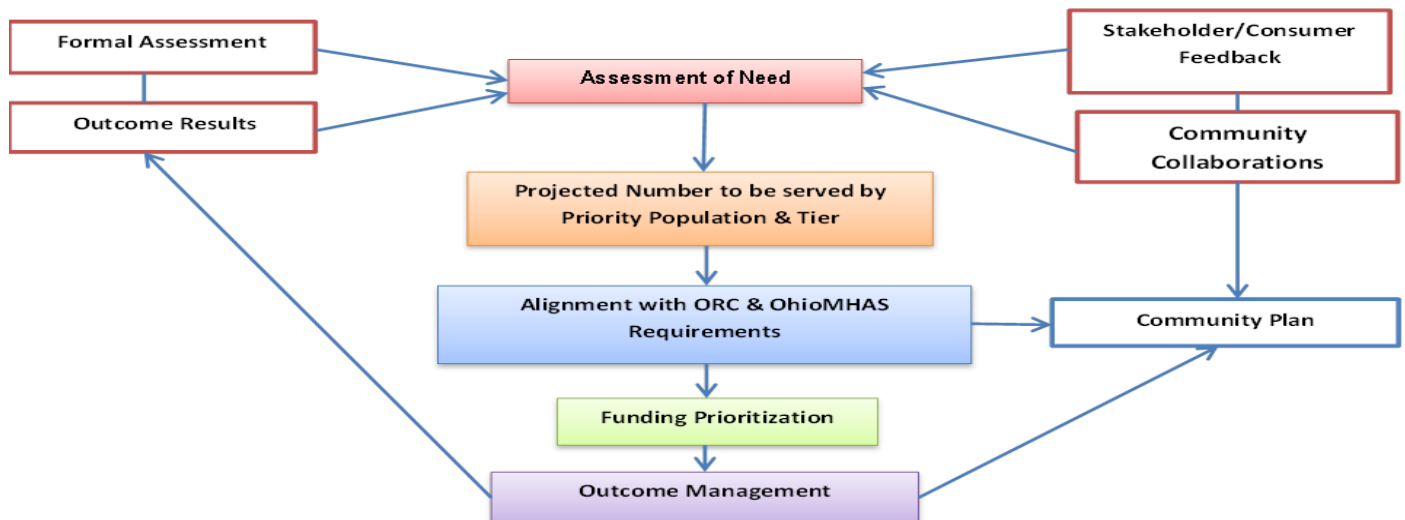
*The following template will help organize the required information needed to complete the SFY 2021-2022 Community Plan. This template has been organized and streamlined to assist in the creation of a forward-looking Community Plan with a focus on identifying community priorities. These community priorities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

**Evaluating and Highlighting the Need for Services and Supports**

1. **Describe the community needs assessment process that led to the identification of the local priorities the Board will address. Describe how the Board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and people living with or recovering from mental illness and addiction in evaluating needs, evaluating strengths and challenges and setting priorities for treatment and prevention for SFY 2021-2022. [ORC 340.03 (A) (1) (a)].**
  - 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***

MHR has partnered for decades with community and state partners and other key stakeholders to assess needs and identify gaps and disparities. As public policy, MHR views behavioral health issues as public health issues promoting inclusive community planning including collaborative efforts. Below is the MHR framework used to determine community behavioral healthcare needs that drive funding prioritization.

**Process**



Most community issues contain complex challenges and intertwined complications, such as the impact of opioid and other addictions. This requires a comprehensive approach involving input and strategies from many sources to resolve a common problem. MHR has participated in a variety of local, regional, and state planning initiatives:

- Local - County health departments, drug free community initiatives – Knox Substance Abuse Action Team (KSAAT) and Our Futures of Licking County, children and family first councils Shared Plans, HRSA Grant – KORR Team (Knox), InCK Grant Partnership (Licking), K – 12 Prevention Education Funding planning with county ESCs and local districts, Collective Impact planning involving United Way in both counties, JFS planning groups, and HUD Continuums of Care
- Regional: Central Ohio Regional Withdrawal Management – Crisis Stabilization ADAMH Board Collaborative, Central Ohio Regional SORS Grant Collaborative, Central Ohio TVBH Hospital Collaborative, SFSC Youth Mobile Crisis Team Collaborative, Balance of State Region 9 Executive Committee, and the Regional Trauma Informed Care Collaborative
- State-wide: The Ohio Multi-System Youth Integration Planning workgroup, Ohio Interagency Youth Council, ODE Educational Advisory Workgroup, FFPSA Prevention MH Workgroup, FFPSA SUD Treatment Workgroup, OhioMHAS Access to Care and Clinical Round Tables, and OACHBA Managed Care, Recovery is Beautiful – ROSC Implementation, Hospital, Mental Health Technology Transfer Center Network Planning, Opioid and other Addictions, and Kids’ Committees, and Executive Council

MHR supports and utilizes other local methods of assessment and planning: MHR Annual Provider Performance Target and Outcome Measures Evaluation, ad-hoc special MHR committees, the Vorys Health Care Advisors’ assessment and consultation, both counties’ health department community health assessment (CHA) and community health improvement planning (CHIP), the Children and Family First Shared Plan process, the SFY19 ROSC survey and most recently assessment leading to the development of the HRSA grant and InCK Partnership and the utilization of the OhioMHAS K – 12 Prevention Education funding. The board invests in strategies that contribute to addressing shared community concerns especially those promoting health, wellness, and safety. These were addressed in the board’s last strategic plan ending in 2020. As an example, in this 5-year plan, MHR adopted recommendations from the 2015 – 2016 and 2017 - 2019 Knox County Health Department Health Improvement plan including the promotion of community-wide trauma informed practices. MHR, working with Brown Consultants, will be crafting its next 5 – year plan which will incorporate a variety of community assessments in the development of its strategies and objectives. **Below is participation in collaborations and partnerships and community assessments used in establishing board local system priorities and identifying strategies for OhioMHAS priorities. Evidence of alignment with RecoveryOhio prioritizes is woven throughout the MHR system and continuum of care and board planning and strategies.**

**Health Resources and Services Administration (HRSA) Grant** - Knox County was recently awarded the US Department of Health and Human Resources – Health Resources and Services Administration (HRSA) Rural Communities Opioid Response Program – Implementation Grant. Knox was one of 89 recipients nationally and one of two in Ohio. This three year grant, addressing health disparities, will provide \$1,000,000 in funding to reduce the morbidity and mortality rate of substance use disorders (SUD) and opioid use disorders (OUD) for high risk and vulnerable populations in Knox County by improving access to evidence-based, integrated, and sustainable prevention, treatment, and recovery support services.

The project hopes to: Improve the public’s understanding of substance use disorders, increase screening and early identification of SUD/OUD, expand medication-assisted treatment (MAT), increase the availability and distribution of overdose-reversing medications, increase screening for infectious disease, implement SUD peer support and increase the number of providers to prescribe MAT and the number of patients treated for OUD. The project was developed by the Knox Opioid Response and Recovery team (KORR) and other community partners. Project development occurred in collaborative planning sessions incorporating assessment of community needs and a review of local data. MHR is the administrative/fiscal agent with the MHR executive director serving as the project manager.

**Ohio Integrated Care for Kids (Ohio InCK)** – MHR is a member of a large multi-county collaborative, the InCK Partnership addressing the health disparities of children in Licking and Muskingum Counties. Compared to other Ohio counties, Licking and Muskingum counties have higher rates of children in custody of child welfare agencies; statewide, 10.5 per 1,000 of Ohio’s children are in custody, while the rates for Licking and Muskingum are 18.1 per 1,000 and 17.0 per 1,000 children, respectively. These counties experience 11% higher emergency department utilization and 69% higher out-of-

home placement rate compared to Ohio overall. Local challenges are compounded by mental health and primary care provider shortages that impact access to needed care and services. In response to these and other health and social challenges, the Ohio Department of Medicaid (ODM), Nationwide Children's Hospital (NCH), and local leaders in Licking and Muskingum counties designed a collaborative approach to integrate child health and social services. The proposed approach was awarded seven years of federal grant funding through the Centers for Medicare and Medicaid Services (CMS) as one of eight cooperative agreements in seven states established to design and test the Integrated Care for Kids (InCK) Model.

InCK provides a funding opportunity to test whether alternative payments models supporting integrated delivery of child services reduce costs and improve quality of care. Through a framework of child-centered care integration across behavioral, physical, and other child providers the goals of InCK include:

- Improve child health
- Reduce substance use disorders and opioid use
- Reduce avoidable inpatient stays and out of home placements
- Create sustainable Alternative Payment Models (APMs)

Components of the program include early identification and treatment of children with multiple health-related needs through population-level risk stratification, integrated care coordination and case management for high-needs kids, and state-specific APMs to support accountability for outcomes.

The InCK Partnership conducted an in depth community services inventory across sectors that addressed health disparities experienced by children and its impact. Conditions and needs were identified in schools, support agencies and public health, healthcare and other related childhood health needs, communities and environments, policies, child welfare, juvenile justice, and parents and families.

The MHR executive director is serving as the Licking County InCK Partnership Vice-chair for the first year of the grant.

#### **MHR Ad-hoc Committees**

Time-limited MHR board ad-hoc committees, System Change, Recovery Housing, and Harm Reduction, target specific issues with community representation as members including persons with lived (consumers) and shared (families and friends) experience. Committee activities have included surveys and assessment of needs and research and education concerning the use of best practices. These committees make recommendations to the board for their consideration. This has included the development of two recovery houses, the preparation of the system for re-design and managed care, and the inclusion of harm reduction best practices. The board is considering the development of a committee devoted to the impact of social determinants especially housing and the development of population health strategies.

#### **Vorys Health Care Advisors**

The Vorys Health Care Advisors' assessment and consultation prepared the MHR system of care for changes resulting from re-design and managed care and lead to a number of recommendations for improvements. Vorys worked very closely with the MHR Board and Ad-hoc System Change Committee, contract providers and their boards, and other community leadership and key stakeholders. Examples of recommendations are listed below.

- Over the past two years, senior clinicians representing both contract and non-contract local providers have met to assess and plan for the network of care. The Clinical Directors Leadership Workgroup have made several recommendations leading to the development of public policy and strengthening the network of care. The group is working towards implementing the evidenced based practice of a "No Wrong Door" policy to access network services. Included is the universal use of the self-reporting assessment tool - DSM 5 Cross-Cutting Symptom Measures for adults and youth. Intended to contribute to a more seamless system of care for consumers, MHR contract providers have agreed to its use and related referral procedures between organizations.

- MHR developed the Innovations Fund to encourage providers to develop operational and fiscal efficiencies including sharing of administrative ‘back office’ functions. The fund will also support limited legal fees leading to merger or other types of partnerships and strategic planning. To date, four providers have engaged in operational assessments and/or strategic planning. Provider administrative leadership meet regularly to review the impact of re-design and managed care and the development of shared strategies to improve fiscal and operational capacity.

## **County Health Departments**

MHR has participated in the county health department process of community health assessment (CHA) using results to develop community health improvement process (CHIP) since 2011.

### **Knox County Health Department CHA & CHIP**

The Knox County Health Department assessment and planning process was driven by the Knox Health Planning Partnership (KHPP) consisting of community leadership and other key stakeholders. MHR is part of the KHPP and assisted in planning and funding the process.

The current (2018) Knox CHA was cross-sectional in nature and included a written survey of adults within Knox County. Questions were modeled after the survey instruments used by the Centers of Disease Control and Prevention (CDC) for their national and state Behavioral Risk Factor Surveillance System (BRFSS). This allowed Knox County to compare the data collected in their CHA to national, state, and local health trends. The CHA identified the following as mental health and addiction concerns or gaps:

- Stigma surrounding mental health and substance abuse & lack of empathy
- Lack of general understanding of the impact of mental health and addiction especially for youth
- Need for greater access to mental health and addiction services especially higher levels of care
- Need for integrated physical/behavioral healthcare
- Lack of awareness about adverse childhood experiences (ACES)

Results indicated a need to align the 2017 – 2019 CHIP priorities with the 2018 – 2021 plan. For mental health and addiction this included the priority outcomes of decreasing depression, suicide, unintentional drug overdose deaths, and drug dependency/abuse. Other indicators included reduced suicide ideation and increased quit attempts for nicotine addiction.

The CHIP process was conducted in four sessions with KHPP members and community guests in a collaborative process representing 15 community partners and agencies. In addition, community input was gathered and used as a guide for the creation of CHIP strategies.

The 2018 – 2021 Knox CHIP identified the following action step to improve related behavioral health outcomes:

- To work toward improving mental health and addiction outcomes
  - Mental Health – expand Mental Health First Aid trainings (reduce depression and suicide deaths)
  - Addiction – increase community awareness and education of substance abuse and prevention (reduce alcohol and drug dependency/use)
  - Addiction – Increase continuing education for primary care and substance use disorder providers (reduce alcohol and drug dependency/use, reduce unintentional drug overdose deaths, and rescued sales of opioid pain relievers)
- To address all priority areas
  - Increase awareness of Trauma Informed Care (reduce suicide ideation in adults)
  - Increase links to tobacco cessation (increase quit attempts)

MHR is a participant in implementing identified CHIP strategies. In past CHIPS, MHR staff have provided consultation and leadership for teams planning for improved access to services and introducing trauma informed care to the community. This has resulted with the support of the ARTIC workforce survey measuring professional and personal knowledge and experience of trauma, improved access to crisis services including the introduction of the Kids' Mobile Crisis Team, introduction of the Good Behavior Game and Mental Health First Aid training, marketing of Pathways 211 services, and the development of an adult ACT/FACT mental health team.

**For the current 2018 – 2021 Knox Chip and addressing CHA identified gaps in services, MHR will make the following contributions:**

- Expand Mental Health First Aid trainings
- Continued prevention funding (see MHR prioritized continuum of care) including parenting programs, Second Step, and the Good Behavior Game and introduce additional school strategies through K – 12 Prevention Education funding and additional MHR funding of EBP programs – Calm Classrooms and Signs of Suicide
- Planning and sponsorship of the annual Knox Addiction Conference
- Planning and sponsorship of the annual Licking Trauma Summit
- Planning and sponsorship of trauma informed workforce training including policy development, best practices, and self-care
- Fortification of crisis continuum of services including the development of an adult mobile crisis team
- Development of the Knox Addiction Triage Partnership between Knox Community Hospital ED, the Overdose Response Team (QRT), and BHP to use the MHR Addiction Triage Matrix and the Mental Health Crisis Triage Matrix of services.

As a KHPP member, MHR will contribute data and information for CHIP outcome management and attend planning meetings.

#### **Licking County Health Department CHA & CHIP**

The Licking County Health Department (LCHD) CHA assessment and CHIP planning process is very similar to that of Knox County. Using the Mobilizing for Action through Planning and Partnership (MAPP) process, the Community Health Improvement Committee (CHIC) collaborated to selected priorities for the CHIP based on CHA results and developed strategies to address needs and gaps. The CHIC is comprised of over 20 local agencies. MHR is a member and actively attends meetings. The CHA is comprised of data and information gathered from four assessments, Local Public Health System Assessment, Forces of Change Assessment, Community Themes and Strengths Assessment, and the Community Health Status Assessment. LCHD also administered the BRFSS to collect additional local population health data.

While LCHD has engaged in CHA and CHIP planning since 2006, the 2018 – 2021 is the first time planning has identified behavioral health as a priority.

#### **Behavioral Health Priority**

- Goal: Reduce the burden of addiction in Licking County
  - Increase number of individuals engaged in addiction treatment who present in hospital ED
  - Develop accurate process to collect and analyze overdose data
- Goal: Reduce untreated depression and anxiety in Licking County
  - Increase number of depression and anxiety screenings conducted by primary care physicians
  - Increase number of depression and anxiety screenings conduct by pediatricians for adolescents

#### **Chronic Disease Priority**

- Goal: Decrease the prevalence of tobacco use in Licking County
  - Increase number of pregnant women enrolled in tobacco counseling
  - Increase the number of adults enrolled in cessation counseling
  - Reduce the perception of E-Cigarettes as a safe alternative to cigarettes in high school students

**For the current 2018 – 2021 Licking CHIP and addressing CHA identified gaps in services, MHR will make the following contributions:**

- Expand Mental Health First Aid trainings
- Continued prevention funding (see MHR prioritized continuum of care) and introduce additional school strategies through K – 12 Prevention Education funding
- Planning and sponsorship of the annual Knox Addiction Conference
- Planning and sponsorship of the annual Licking Trauma Summit
- Planning and sponsorship of trauma informed workforce training including policy development, best practices, and self-care
- Fortification of crisis continuum of services including the development of an adult mobile crisis team
- Development of the Licking Addiction Triage Partnership between Licking Memorial Hospital ED & Shepherd Hill Hospital, the Quick Response Team (QRT), and BHP to use the MHR Addiction Triage Matrix and the Mental Health Crisis Triage Matrix of services.

As a CHIC member, MHR will contribute data and information for CHIP outcome management and attend planning meetings.

### **Local Children and Family First Councils**

MHR is a very committed member of the Knox County Family and Children First Council (CFFC) and the Licking County Children and Family First Council (FCFC). The MHR Executive Director has chaired the Knox CFFC, sat on both counties' executive committees, and participated in discussion with other pooled funders including boards of developmental disabilities, juvenile court, and JFS/Children's Services. The MHR Clinical Director currently sits on each counties' multi-system youth and Engage planning committee: Clinical Committee (Licking) and Community Team (Knox), and the Early Childhood Clinical Committee (Licking). MHR provides councils local levy funding for high risk children and youth and their families. This includes contributions to pooled funding for residential treatment costs and other uncovered services, high risk family team facilitators, scholarships for workforce training, support of the annual Licking County Trauma Summit, and a specific fund for safety planning for high risk youth to avoid out of home placement. In addition, MHR dedicated the SFY19 one-time multi-system youth funding to Knox and Licking Children's Services to cover costs of multi-system youth in custody.

MHR also participates in the development of each council's Shared Plan.

### **Knox County Family and Children First Council (CFFC)**

In developing the SFY20 -21 Shared Plan, the Knox CFFC utilized local data from the Knox County Health Department, Knox County Head Start, and MHR. Data was gathered the health department CHA and CHIP, a community Adverse Childhood Experiences Questionnaire (ACES), and the ARTIC (Attitudes Regarding Trauma Informed Care) a best practice workforce survey supported by MHR. It should be noted that 648 community members participated in the ACE screening questionnaire with 19% having a score of four ACES or higher. This is 6% more than the National CDC Study. Based on this collective data and planning, the following Shared Plan was developed:

1. **Shared Priority:** Strengthening Resilience in Children (Birth through High School Graduation)
  - Outcome – To increase Children's access to environments that promote resilience strategies and/or skills
  - Measure – Number of classrooms and homeschool groups in the county that foster resiliency
  - Measure – Number of training and events offered to children (birth through high school graduation) that focuses on building resiliency
  - Measure – Number of classrooms in the county participating in the Good Behavior Game
  - Measure – Number of preschool, elementary and middle schools and classrooms in the county participating in Second Step

2. Shared Priority: Parent Education
  - Outcome – To increase the opportunities for parents/caregivers to participate in parenting programs that support healthy families
  - Measure – Number of parents receiving parenting training
3. Shared Priority: Trauma Informed Care
  - Outcome – Increase the number of service providers who adopt and apply trauma informed practices
  - Measure – Number of trained providers/agencies in Knox County
  - Measure – Number of workshops offered to Knox County Professional

**For the 2020 – 2021 Knox Shared Plan and addressing identified gaps in services, MHR will make the following contributions:**

- Expand Mental Health First Aid trainings
- Expansion of Kids’ Mobile Crisis Team to young children and their families under the age of 8
- Continued prevention funding (see MHR prioritized continuum of care) including parenting program, Second Step, and the Good Behavior Game and introduce additional school strategies through K – 12 Prevention Education funding and additional MHR funding of EBP programs – Calm Classrooms and Signs of Suicide
- Planning and sponsorship of the annual Knox Addiction Conference
- Planning and sponsorship of the annual Licking Trauma Summit
- Planning and sponsorship of trauma informed workforce training including policy development, best practices, and self-care

**Licking County Children and Family First Council (FCFC)**

The Licking FCFC used a similar process in developing the SFY20 -21 Shared Plan. FCFC members met to review progress of the SFY18 – SFY19 plan and associated outcome data. Below are the priorities resulting from their planning.

1. Shared Priority: Children/youth with multi-system challenges and their families
  - Outcome – Increase number of youth receiving CFFC multi-system High Fidelity Wraparound Service (HFW) and Service Coordination - SC (CFFC family teaming)
  - Measure – Number of community partners trained in multi-system HFW/SC
  - Measure – Number of organizations and schools participating in multi-system HFW and SC family meetings
  - Measure – Number of youth involved in multi-system HFW and SC
  - Measure – Percentage of youth involved in CFFC family teaming who are at high risk (risk defined by referral/CANS) for residential placement (more than 30 days) CPS custody/court commitment to DYS/CCF who are diverted from placement
  - Measure – Number of families on CFFC family teams with safety and crisis plans
2. Shared Priority: Parent and family voice
  - Outcome – Increase parent/family participation in CFFC
  - Measure – Parent/family advisory committee will meet at least 4 times
  - Measure – Number of parent/family representatives on CFFC committees
  - Measure – Number of families utilizing parent peer supports
3. Shared Priority: Trauma Informed Care
  - Outcome – Increase in provider/caregiver implementation of trauma informed practices
  - Measure – Number of people trained in TIC
  - Measure – Number of organizations with TIC trainers
  - Measure – Number of organizations signing cooperative agreement to embrace trauma informed practices
4. Shared Priority: Collaborative, community based early interventions
  - Outcome – Increase availability and utilization of Early Childhood (EC) Mental Health (MH) services and supports to reduce youth deeper involvement in systems (child welfare, behavioral health, and juvenile justice)

- Measure – Number of families of young children served through CFFC supported services including ECMH consultation from the Early Childhood Clinical Committee, multi-system High Fidelity Wrap and Service Coordination, and Early Intervention
- Measure – Preschool expulsion preventions

**For the 2020 – 2021 Licking Shared Plan and addressing identified gaps in services, MHR will make the following contributions:**

- Expand Mental Health First Aid trainings
- Expansion of Kids’ Mobile Crisis Team to young children and their families under the age of 8
- Continued prevention funding (see MHR prioritized continuum of care) and introduce additional school strategies through K – 12 Prevention Education funding
- MHR funding of a full time High Risk – Multi-system Family Team Facilitator
- MHR planning for a family mentoring – peer support program
- Planning and sponsorship of the annual Licking Trauma Informed Summit
- Planning and sponsorship of the annual Knox Addition Conference
- Planning and sponsorship of trauma informed workforce training including policy development, best practices, and self-care

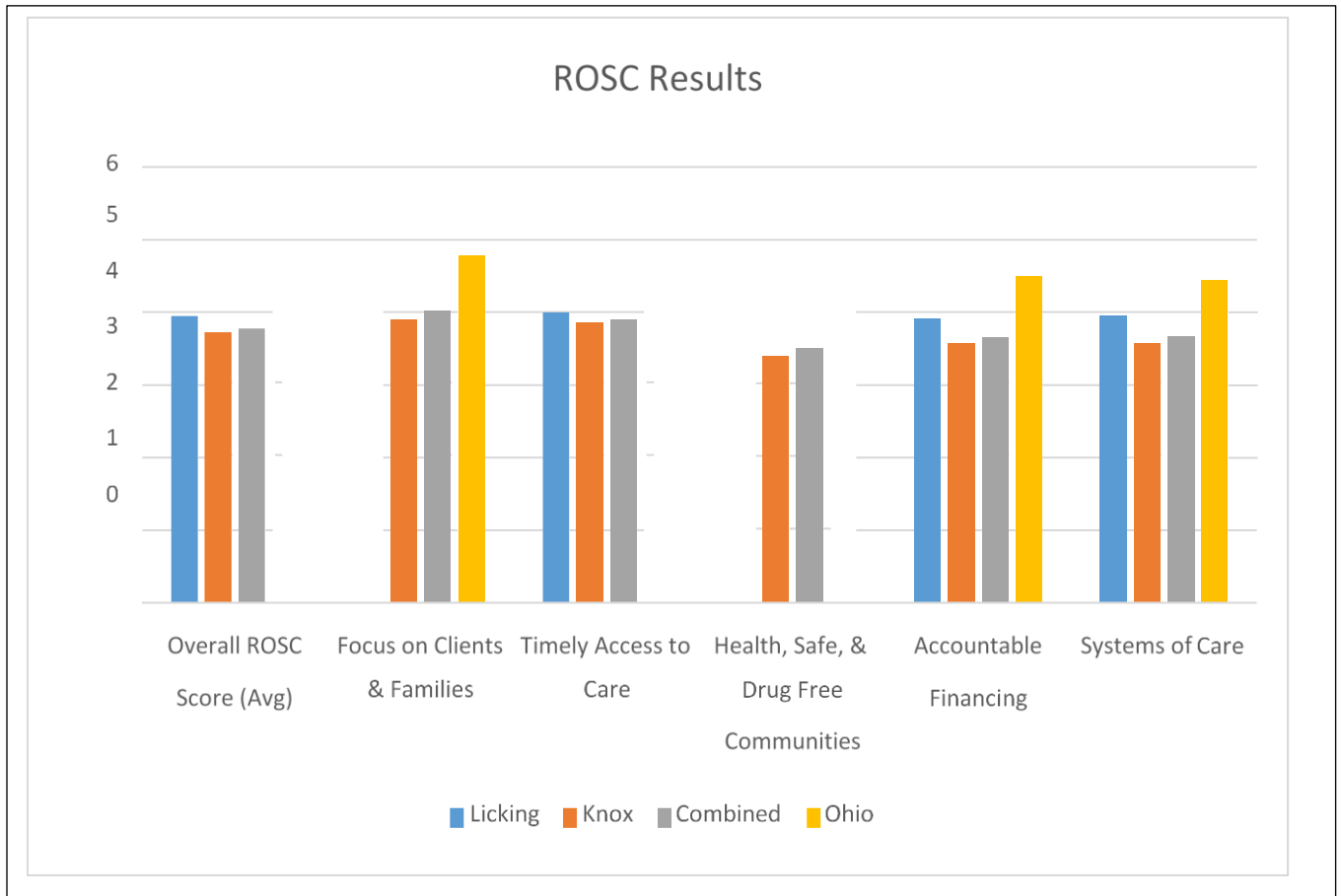
**Recovery Orientated System of Care**

In 2018, MHR participated in the OACBHA Recovery Oriented System of Care (ROSC) Survey. To capture a diverse response, surveys were distributed at a variety of community venues including county fairs, libraries, community meetings, social media, recovery and family groups. Respondents from the MHR area represented 4% of state-wide ROSC survey participants. Below are the results of the survey.

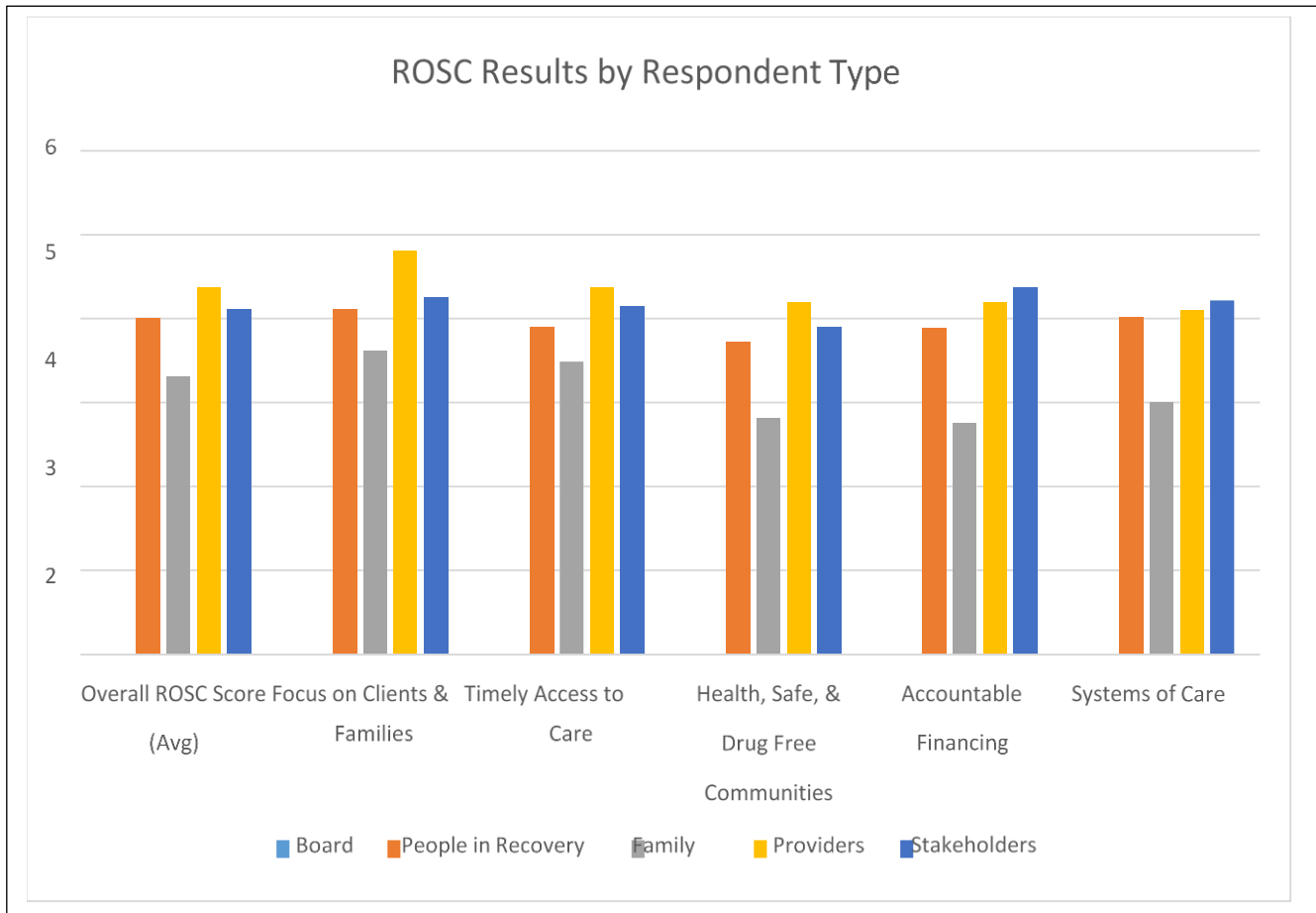
	Licking	Knox	Combined	Ohio
Number of Participants	30	89	119	2822
Overall ROSC Score (Avg.)	3.94	3.72	3.77	4.58
Focus on Clients & Families	4.39	3.89	4.02	4.78
Timely Access to Care	3.99	3.85	3.89	4.68
Health, Safe, & Drug Free Communities	3.82	3.39	3.50	4.45
Accountable Financing	3.90	3.57	3.65	4.49
Systems of Care	3.96	3.57	3.67	4.44



## Comparison of local to state-wide results



**ROSC Scores by Respondent Type (Entire Board Area)**



	Board	People in Recovery	Family	Providers	Stakeholders
Number of Participants	*	13	32	13	14
Overall ROSC Score (Avg.)	*	4	3.31	4.37	4.11
Focus on Clients & Families	*	4.11	3.61	4.80	4.25
Timely Access to Care	*	3.89	3.49	4.37	4.15
Healthy, Safe, & Drug Free Communities	*	3.72	2.81	4.19	3.89
Accountable Financing	*	3.88	2.75	4.18	4.37
Systems of Care	*	4.02	3.01	4.10	4.21
* Fewer than 5 participants; data not included to protect privacy/confidentiality					

main	Highest Scoring Items	Lowest Scoring Items
<b>Focusing on Clients and Families</b>	<ul style="list-style-type: none"> <li>Services providers will screen and match all persons to the most appropriate level of care no matter which level they provide. (m=5.1)</li> <li>Board has representation of recovery in its membership. Board and service providers are trained regularly in recovery topics including a definition of recovery, Recovery Principles and Objectives and Goals derived there from for the community. (m=4.9)</li> <li>Staff use recovery language (e.g., hope, strength focused, respect) in everyday conversations. (m=4.6)</li> </ul>	<ul style="list-style-type: none"> <li>Service providers are trained regularly in trauma-informed care. (m=3.8)</li> <li>Barriers (e.g., childcare, transportation, legal issues) are addressed for each participant. (m=3.6)</li> <li>Most services are provided in a person's natural environment (e.g., home, community, and workplace). (m=3.6)</li> </ul>
<b>Ensuring Timely Access to Care</b>	<ul style="list-style-type: none"> <li>Implementation of evidenced-based medical and behavioral health screenings including brief screens for depression, physical abuse, substance use, etc. (m=4.2)</li> <li>Recovery community organizations. (m=4.2)</li> <li>Behavioral Health and primary care are integrated with each treatment plan and the goals of treatment. (m=4.2)</li> </ul>	<ul style="list-style-type: none"> <li>Peer supports are used to improve access to care and the continuation in ongoing care. (m=3.5)</li> <li>Childcare centers to promote early interventions. (m=3.4)</li> <li>Individuals have timely access to the services and supports that are most helpful for them. (m=3.3)</li> </ul>
<b>Promoting Health, Safe, and Drug-Free Communities</b>	<ul style="list-style-type: none"> <li>Prevention is viewed as a critical cornerstone and measure of individual, family and community health, wellness, and recovery. (m=4.9)</li> <li>Prevention strategies are reflective of best prevention science (e.g. SAMHSA, SPF SIG), state prevention plans or guidance and local priorities and needs.*</li> <li>Partnerships and learning exchanges exist with first responders (e.g., EMT, firefighters, police) to ensure mutual support and ease in accessing treatment. (m=4.2)</li> </ul>	<ul style="list-style-type: none"> <li>A sufficient array of mental health recovery support services are available throughout the community. (m=3.2)</li> <li>A sufficient array of mental health treatment services are available throughout the community. (m=3.2)</li> <li>Strategies to identify and decrease stigma are consistently implemented in communities. (m=3.1)</li> </ul>
<b>Prioritizing Accountable &amp; Outcome Driven Financing</b>	<ul style="list-style-type: none"> <li>Peers may be used for outreach to strengthen treatment participation. (m=4.4)</li> <li>Contracts are outcome-based and evaluated by access, cost, efficiency and attainment of established goals based on severity of population served. (m=4.2)</li> <li>Behavioral health is included as a health indicator for the community at large. (m=4)</li> </ul>	<ul style="list-style-type: none"> <li>Appointment "no show" rates are monitored regularly and followed up on within 24 hours after the missed appointment. (m=3.5)</li> <li>Clients receiving services are actively involved in the evaluation of programs and services offered and received. (m=3.2)</li> <li>Family members and citizens in general are engaged in the evaluation of care. (m=2.9)</li> </ul>
<b>Locally Managing Systems of Care</b>	<ul style="list-style-type: none"> <li>Individual Recovery Capital is measured as a barometer of progress and recovery. (m=4.6)</li> <li>People in recovery are members of any managing system (e.g. managed care) or agency and community board. (m=4.2)</li> <li>Opportunities exist for people to share their stories and re-write their own narrative through recovery. (m=4.2)</li> </ul>	<ul style="list-style-type: none"> <li>Partnerships exist with local businesses for individuals in recovery to reduce stigma and gain employment. (m=3.5)</li> <li>Peer-run leisure activities are available and supported throughout the community. (m=3.3)</li> <li>Young adults have the opportunity to serve as peer support specialists and advisers to agencies serving them. (m=3.2)</li> </ul>

m = Mean (or average) score; \* Fewer than 5 responses

Below are similar needs and gaps identified on the ROSC survey and other community assessments. Included are common MHR strategies.

ROSC Domain	Low Scoring Items	Strategy	Other Community Assessments Identifying Similar Needs and Gaps
<b><i>Focusing on Clients and Families</i></b>	Service providers are trained regularly in trauma informed care	<ul style="list-style-type: none"> <li>• MHR sponsorship of annual Licking Trauma Summit</li> <li>• Planning and sponsorship of trauma informed workforce trainings including policy development, best practices, and self-care</li> <li>• Participation on the Knox Resiliency – TIC community planning committee</li> <li>• Participation on Licking CFFC TIC workgroup</li> <li>• Participation on Early Childhood Clinical Committee - Licking</li> <li>• Participation on the Licking Our Futures Education Committee</li> </ul>	MHR ad-hoc committees, Vorys assessment and consultation, health department CHA & CHIP, FCFC Shared Plans, ARTIC workforce survey, MHR Outcome Measures & Performance Targets
	Most services are provided in a person's natural environment	<ul style="list-style-type: none"> <li>• High Risk Multi-system Youth Family Teams and CFFC/FCFC Council Family Team Facilitators</li> <li>• Develop Adult Mobile Crisis Team</li> <li>• Kids' Mobile Crisis Team</li> <li>• QRT Teams</li> <li>• Adult ACT/FACT teams</li> </ul>	FCFC Shared Plans (for youth & family)
<b><i>Ensuring Timely Access to Care</i></b>	Peer supports are used to improve access to care and the continuation in ongoing care	<ul style="list-style-type: none"> <li>• HRSA Opioid/Other Substance Implementation grant (Knox)</li> <li>• Integrated Care for Kids (InCK) federal grant and local partnership (Licking)</li> <li>• MHR funded Consumer Operated Centers and Peer Supports</li> <li>• MHR sponsored Integrated Peer Support training</li> <li>• Develop Medicaid reimbursable SUD Peer Support</li> <li>• Develop crisis Peer Support</li> <li>• Participation in Licking County CFFC family mentoring program planning</li> </ul>	FCFC Shared Plans (for youth & family peer support), , MHR Outcome Measures & Performance Targets, , InCK ODM & local partnership community assessment

ROSC Domain	Low Scoring Items	Strategy	Other Community Assessments Identifying Similar Needs and Gaps
	Individuals have timely access to the services and supports that are most helpful for them	<ul style="list-style-type: none"> <li>• Addiction Triage partnerships between local hospital EDs, QRT teams, BHP, and Pathways 211</li> <li>• HRSA Opioid/Other Substance Implementation grant (Knox)</li> <li>• Integrated Care for Kids (InCK) federal grant and local partnership (Licking)</li> <li>• Essential Services</li> <li>• MHR Addiction Triage Matrix</li> <li>• MHR Mental Health Crisis Services Matrix</li> <li>• Addiction Triage partnerships between local hospital EDs, QRT teams, BHP, and Pathways 211</li> <li>• Develop Adult Mobile Crisis Team</li> <li>• Kids' Mobile Crisis Team</li> <li>• FCFC Family Team Facilitators</li> <li>• MHR provider common assessment tool</li> </ul>	MHR ad-hoc committees, Vorys assessment and consultation, health department CHA & CHIP, FCFC Shared Plans, MHR Outcome Measures & Performance Targets, InCK ODM & local partnership community assessment
<b>Promoting Health, Safe, and Drug-free Communities</b>	A sufficient array of mental health recovery support services are available throughout the community	<ul style="list-style-type: none"> <li>• HRSA Opioid/Other Substance Implementation grant (Knox)</li> <li>• Integrated Care for Kids (InCK) federal grant and local partnership (Licking)</li> <li>• MHR funded Consumer Operated Centers and Peer Supports</li> <li>• MHR Wraparound &amp; Recovery Support funding</li> <li>• MHR partnership with Licking County Collation for Housing to explore permanent supportive housing development</li> <li>• MHR support of special docket ATP funding and other court supports</li> </ul>	MHR ad-hoc committees, Vorys assessment and consultation, health department CHA & CHIP, FCFC Shared Plans, , MHR Outcome Measures & Performance Targets, , MHR Outcome Measures & Performance Targets, InCK ODM & local partnership community assessment
	Strategies to identify and decrease stigma are consistently implemented in communities	<ul style="list-style-type: none"> <li>• MHR Communication Plan</li> <li>• Kokosing River Productions Community Film Project</li> <li>• MHR Art of Recovery Project</li> </ul>	MHR ad-hoc committees, Vorys assessment and consultation, health department CHA & CHIP, FCFC Shared Plans,

ROSC Domain	Low Scoring Items	Strategy	Other Community Assessments Identifying Similar Needs and Gaps
<b><i>Prioritizing Accountable &amp; Outcome Driven Financing</i></b>	Appointment 'no show' rates are monitored regularly and followed up on with 24 hours after the missed appointment	<ul style="list-style-type: none"> <li>• Mental Health First Aid trainings</li> <li>• MHR Clinical Directors Leadership Workgroup planning</li> <li>• MHR Innovation Fund</li> </ul>	Vorys assessment and consultation, , MHR Outcome Measures & Performance Targets
	Clients, family members, and citizens are engaged in the evaluation of care	<ul style="list-style-type: none"> <li>• HRSA Opioid/Other Substance Implementation grant (Knox)</li> <li>• Integrated Care for Kids (InCK) federal grant and local partnership (Licking)</li> <li>• MHR Clinical Directors Leadership Workgroup planning</li> </ul>	FCFC Shared Plans, InCK ODM & local partnership community
<b><i>Locally Managed Systems of Care</i></b>	Partnerships exist with local business for individuals in recovery to reduce stigma and gain employment	<ul style="list-style-type: none"> <li>• MHR Communication Plan</li> <li>• MHR Clinical Directors Leadership Workgroup</li> <li>• Participation with the Licking County JFS Planning Group</li> </ul>	Vorys assessment and consultation

## **MHR SFY2019 Outcome Measures and Performance Targets**

MHR Outcome Measures and Performance Targets are collected semi-annually and annually from all contract providers. Results are reported to the MHR board for their review and are incorporated into the continuum of care quality improvement and planning process. Providers are required to use a valid and reliable assessment tool to measure changes in functioning. With the impact of the COVID -19 crisis, some SFY20 results have been delayed. As received, these will be incorporated into planning. Below are SFY19 results.

### **Background**

- SFY19 – July 1, 2018 to June 30, 2019
- Results from children, youth, and adults engaged in MHR System of Care
- Measures effectiveness of services and programs
- Targets and measures with thresholds are taken from other federal sources including SAMHSA. That includes NOMS – National Outcome Measures
- Thresholds represent the national aggregated results of how other similar programs performed for comparison of local success
- Several SFY19 measures collect HEDIS data– used by managed care including timeliness to access of care and hospital re-admission

### **System Strengths**

- System meets statutory essential services requirements
- Early identification and outreach
- Well developed and effective crisis response system
- Improved clinical and service pathways for addiction continuum of care
- Timely access to most treatment services
- Recovery houses
- Peer support services
- Prevention Programs

### **Promising Results & Strategies**

- Strengthening of community partnerships and collaborations
- MHR Communications Plan
- Newly funded SFY19 services – SUD adult residential treatment room & board, regional withdrawal management & crisis stabilization, ATP Special Docket funding, MAT-PDOA teams, additional SORS funding for recovery housing support and expansion of quick response teams, crisis triage, outreach, and residential treatment
- MHR Clinical Leadership Workgroup – common front door assessment tool

### **System Concerns**

- Lack of capacity or willingness of higher levels of care to accept emergent cases in a timely manner and/or accept high risk cases or those with greater acuity
- Treatment outcomes for addicted adults especially opioids
- Percentage of children/youth and adults participating in a treatment service demonstrating improvement in functioning
- Scattered site transitional housing and housing in general
- Employment services
- Impact of Re-design/managed care on service provision and provider operations
- Workforce retention and recruitment

### **Summary of identified Needs and Gaps**

Below is a summary of identified needs and gaps in the system of care. Planning to meet many of these has been included in the SFY21 prioritized continuum of care and the development of other system strategies.

## Mental Health & SUD Treatment Needs & Gaps

- Expand early childhood mental health early intervention and treatment
- Strengthen trauma informed practices and trauma informed environments
- Enhance seamless provision of 24-hour emergency services/crisis management including SUD triage
- Increase MH/SUD services in the criminal justice system
- Increase physician availability/access in the community including integrated care
- Promote early identification and intervention of behavioral healthcare issues especially those related to untreated depression and anxiety
- Improve engagement and retention of SUD clients in treatment
- Expand the availability of detox/withdrawal management services and residential treatment and ensure seamless transition from detox/withdrawal management to SUD residential or outpatient services
- Develop comprehensive strategies to address addiction including the adoption of best practices related to medication-assisted treatment and recovery supports
- Partner with local FCFC to develop family/parent mentoring - peer support program

## Recovery & Wellness Support Needs & Gaps

- Participate in community-based initiatives to address access to recovery/wellness support focused on housing, transportation, employment including recovery housing
- Strengthen the provision and/or availability of appropriate housing options for individuals with MH and SUD issues
- Incorporate nutrition education, tobacco cessation, stress management and other supportive education into recovery supports



## Prevention Needs & Gaps

- Promotion of evidenced based practices promoting impact across the lifespan
- Parenting education and support:
  - For both low and high-risk families and availability for parents with children of all ages
  - Designed to increase positive family management
  - Effective early interventions for parents with young children
- Universal prevention strategies designed to address multiple risk factors by promoting protective factors resulting in positive changes addressing multiple outcome areas
- School strategies that promote social and emotional well-being and health in students
- Systematic prevention evaluation methods adopted by MHR agencies and coordinated system-wide to link agency prevention outcomes to community changes
- Public health strategies addressing youth access to alcohol, tobacco, and other substances

## Administrative and System Needs & Gaps

- Strengthen evaluation capacity including outcomes management among provider agencies
- Improved application and use of data for planning and assessment purposes
- Workforce stability - recruitment and retention
- Support the adoption of trauma-informed environments within all system treatment providers organizations and improve access to trauma informed practices
- Strengthen collaboration to address needs of high-risk multi-system youth
- Strategies addressing stigma
- Integration of behavioral health and physical health
- Address linkage between poverty and other social determinants and behavioral health issues
- Strengthen community-wide support involving diverse community sectors to support behavioral health services

- 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.**

MHR promotes the integration of Recovery Oriented System of Care (ROSC) principals and Collective Impact to engage the community and support collaboration between key stakeholders and partners including people with lived (consumers) and shared (family and friends) experience. Layers of the RSOC framework are defined as:

- MHR System of Care - Includes all partners, stakeholders, and collaborations. Programs and services may be included on the Essential Services Matrix.
- MHR Continuum of Care – Includes all prioritized services and programs purchased by MHR. Programs and services may be included on the Essential Services Matrix, the MHR Addiction Triage Matrix, and the MHR Mental Health Crisis Services Matrix.
- MHR Addiction Triage Matrix – Supports timely access to care for those in SUD crisis and other related urgent needs. Includes ASAM higher level services funded by local, state, and federal dollars. Used as part of a triage process by the Licking and Knox SUD Triage Partnerships – Licking Memorial Hospital – ED and Shepherd Hill Hospital, Knox Community Hospital ED and New Visions, QRT teams, Behavioral Healthcare Partners of Central Ohio – Emergency Services Health Officers, CIT, and Pathways 211 Hotline. Incorporated in the MHR Continuum of Care.
- MHR Mental Health Crisis Services Matrix – Supports timely access to care for those in mental health crisis and other related needs. Includes safety planning and access to levels of care and services to assist in resolving the crisis in the least restrictive environment. Used as part of triage process by Kids’ Mobile Crisis Team, Emergency Services Health Officers, Licking Memorial Hospital ED and Shepherd Hill and Knox Community Hospital ED, FCFC family team facilitators and multi-system youth /Engage planning teams, CIT, and Pathways 211. Incorporated in the MHR Continuum of Care.

### **MHR Continuum of Care**

MHR implements a balanced trauma informed – culturally appropriate prioritized funding system to support its continuum of care based upon a public health planning approach utilizing the Strategic Prevention Framework, SAMHSA best practice values of the “Public Health Model for Behavioral Healthcare,” and ethical decision-making practices of Dr. Michael Gillette. It also incorporates the Ohio Department of Mental Health and Addiction Services (OhioMHAS) state comprehensive system of care including ORC 340 and Essential Services requirements. The prioritization strategy seeks to align with the SAMHSA Modernized Comprehensive Continuum of Care model in identifying core services using Recovery Orientated Systems of Care (ROSC) as the framework to provide greater access to care and promoting health and wellness and recovery practices.

At the center of the MHR System and Continuum of Care are local providers who have long standing partnerships with the board. This includes Behavioral Healthcare Partners of Central Ohio (BHP), Licking Alcohol Prevention Program (LAPP), The Freedom Center (FC), Pathways of Central Ohio (Pathways), Mental Health America of Licking County (MHA), The Woodlands (Woodlands), New Directions (ND), and The Main Place (TMP). Several are located in both counties of the board’s service district. All have made significant contributions in assisting the board in crafting public policy leading to the provision of critical services, the management of the system, and ensuring access to quality care for residents. They also actively participate by bringing their experience and expertise to multiple local, state, and national collations and other groups promoting advocacy and health and wellness. All are involved in the MHR funding process. Both the process and resulting funded MHR Continuum of Care are found below. Additional non-contract provider along with

MHR contracted provider services are included on the Essential Services Elements and in the Addiction and Mental Health Crisis Services Triage Matrixes.

## Funding Process

### Tier Placement

Programs/Services ranked and placed into four tiers each with their own ranking criteria:

- **Tier 1:** CRISIS SERVICES – Risk of Imminent Harm (1:1 – 1:3)
- **Tier 2:** TREATMENT – High Risk (2:1-2:4) & Treatment (2:5 – 2:8)
- **Tier 3:** RECOVERY SUPPORTS AND WELLNESS ACTIVITIES (3:1 – 3:7)
- **Tier 4:** PREVENTION – High Risk Prevention Populations (4:1 – 4:2) & Universal Prevention Populations (4:3 – 4.5)

In addition, programs/services meeting the following sub-continuums of care and/or targeted strategies leading to greater health and wellness are integrated across the continuum and tiers. These trauma informed – culturally appropriate strategies address social determinants of health – employment, housing, transportation, food, interpersonal safety, and toxic stress. Sub-continuums of care and/or targeted strategies including examples of programs/services aligning with the Community Plan are provided below. Many have been added to address needs and gaps identified in community assessments and collaborative planning. More are found in the prioritized continuum of care.

- **Trauma Informed Practices:** Services and programs where staff universally practice to at least one identified trauma informed best practice AND/OR the program or service itself is considered to be a trauma informed best practice
  - *Parenting and prevention programs*
  - *Kids' Mobile Crisis Team*
  - *Gender specific SUD treatment*
  - *Other evidenced-based TIC treatment practices*
  - *Crisis/Emergency Services*
  - *Domestic Violence Services*
  - *Mental Health First Aid*
  - *School planning – Good Behavior Game & Calm Classrooms*
  - *Workforce training & development – ARTIC Survey, Licking County TIC Summit, The Village Network 6 Rs Trainings, MHR Self-Care DIY Workshop, Newark Professional Firefighters Local 109 IAFF Peer Support Training*
  - *System TIC projects – The Lobby Project, social media, intake practices, Niatex opportunities*
- **Health Disparities** – Partnerships and strategies directed toward addressing health disparities and developing supportive public policy and sustainable funding sources while enhancing local systems of care
  - *HRSA Grant (Knox)*
  - *InCK Partnership (Licking)*
- **Recovery Strategies:** Services and programs addressing social determinants of health necessary to successfully maintain recovery
  - *Common network of care assessment tool*
  - *MHR Communications Plan*
  - *SUD outreach & case management*
  - *Special Court Docket and Jail/Prison Re-entry funding*
  - *Wraparound – basic needs*
  - *Recovery supports – development of protective factors*
  - *Recovery housing and recovery housing rental assistance*
  - *Scattered site transitional housing*
  - *Integrated Peer Support/Consumer Operated Services & training*
  - *Adult ACF programs*
- **Public Safety – Civil/Criminal Justice & Re-entry Strategies:** Services and programs that target youth and adults with mental health and/or addiction issues reentering the community from jail or prison for the purpose of decreasing recidivism by gaining access to care and planning and/or offer support to civil/criminal justice programs that provide specialized supervision and court services
  - *Crisis/Emergency Services*

- *Medical Services*
- *MH & SUD Jail Re-entry Services*
- *Prison MH Re-entry Services - CTP*
- *Criminal Justice Specialist – special docket courts*
- *MAT/Naloxone Fund*
- *MAT-PDOA Teams – Quick Response Teams*
- *Adult Mobile Crisis Teams*
- *ATP and other Special Docket Court Funding*
- *Contingency Management*
- *Jail Psychotropic Medication Pass-through*
- *Forensic Monitoring Services*
- *ACT/FACT Teams*
- *CFFC High Risk – pooled funding, family facilitators, & state dollars*
- *Outpatient Commitment*
- *Probate support*
- *CIT officer & dispatch training & program coordination*
- *Bridges Out of Poverty jail program*
- *Targeted parenting programs*
- **Crisis Services:** Services and programs that target youth and adults at risk of serious and imminent harm (includes need for emergency or urgent services due to danger to self/others, and/or incapable of self-care due to behavioral healthcare issues and/or potential life threatening symptoms resulting from withdrawal from substances). Services include assessment of risk, crisis/safety planning, and referral to appropriate level of care to resolve any imminent harm
  - *Licking and Knox Quick Response Teams*
  - *Kids’ Mobile Crisis Team*
  - *Adult Mobile Crisis Teams*
  - *FCFC Family Team Facilitators*
  - *Licking and Knox CIT*
  - *BHP Emergency Services – Health Officers*
  - *Domestic Violence services and shelter - both counties*
  - *MHR Addiction Triage Matrix*
  - *MHR Mental Health Crisis Triage Matrix*
  - *Licking County Addiction Triage Partnership: LMH ED, BHP, & QRT*
  - *Knox County Addiction Triage Partnership: KCH ED, BHP, & QRT*
  - *Central Ohio Region Crisis Stabilization beds – Columbus Springs Hospital (adults) & Nationwide Children’s (youth)*
- **ECMH (Early Childhood Mental Health):** Services and programs that target behavioral healthcare needs of very young children and their parents
  - *Parenting programs – Triple P & the Incredible Years*
  - *Second Step – Knox County pre-school program*
  - *Good Behavior Game*
  - *Calm Classrooms*
  - *Early Childhood Mental Health consultation & intervention*
  - *FCFC planning & family facilitators and teams – Licking County ECMH Clinical Committee*
  - *Recovery Houses- Licking Level II and IV (women and women with children)*
  - *Kids’ Mobile Crisis Team - new addition of young children under age 8*
  - *Planning for family peer support and mentoring*
- **Opioid and Other Addiction Continuum of Care:** Services and programs serving youth or adults meeting ORC requirements
  - *Adult opioid/other substances residential treatment- room & board fund*
  - *Central Ohio Regional withdrawal management beds*
  - *ATP special docket court funding*
  - *SORS funding – recovery housing, expanded QRT teams, outpatient and residential treatment services*
  - *MAT-PDOA Quick Response Teams*
  - *MAT/naloxone fund*
  - *Recovery houses*
  - *SUD residential treatment – re-entry & community beds*
  - *FCFC – Multi-system and high risk youth*
- **Suicide Prevention:** Services and programs promoting prevention and early identification of potential suicide risk
  - *Pathways 211 – phone, web, and texting services*

- *BHP Emergency/Crisis Services*
- *Columbus Springs Hospital crisis stabilization beds (adults)*
- *Nationwide Children’s Hospital crisis stabilization beds (youth)*
- *CIT*
- *Kids’ Mobile Crisis Team*
- *Adult Mobile Crisis Team*
- *School prevention – Good Behavior Game, Calm Classrooms, LifeSkills, Signs of Suicide*
- *School prevention – K-12 Prevention Education funding*
- *School prevention – national depression screening day & follow-up services*
- *Community prevention – LOSS Teams, Mental Health First Aid (youth and adult) & Gatekeeper training*

**Tiers 1 & 2 Definitions & Criteria**

1. **Risk:** Potential negative impact if the service was not provided.
  - **Risk to public safety**
  - **Risk to self and/or others**
  - **Risk of diminished functioning or capacity**
  - **Risk of medical emergency (access to detox or withdrawal management services)**
  - **Risk of institutionalization**
  - **Financial risk or high utilization of system resources**
  
2. **Level of Care** required to manage risk and meet **medical necessity** (ORC 5101:3-1-01). **Medically necessary services** are defined as services that are necessary for the diagnosis or treatment of disease, illness, or injury and without which the individual can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of body organ or part, or significant pain and discomfort. (ODMH May 2010). A medically necessary service must meet generally accepted standards of medical practice, be appropriate to the illness or injury for which it is performed as to the type of service and expected outcome, and to the intensity of the service and level of setting.
  - **The higher the risk and/or the greater the medical necessity, the higher the level of care required.**
  - **Programs providing higher levels of care were prioritized higher by tier. Programs with higher levels of care generally provided greater intensity and frequency of service.**
  - **Prioritization aligned with OhioMHAS service certification requirements. Service certification requirements address medical necessity and levels of care.**
  - **For SUD programs, prioritization aligned with ASAM Levels of Care. These levels of care incorporate medical necessity.**
  
3. **MHR Priority Populations – MHR Administrative Policy #106**
  - **Mental Health Funding**
    1. Children and adolescents challenged with severe emotional disturbance (SED).
    2. Forensic adults with either the forensic status of Not Guilty by Reason of Insanity (NGRI) or Incompetent to Stand Trial-Unrestorable-Criminal Court Jurisdiction (IST-U-CJ).
    3. Adults challenged with severe mental disability (SMD).
    4. Children and adolescent with non-severe emotional disturbance.
    5. Adults with non-severe mental disability
  - **Substance Use Disorder Funding**
    1. Children and adolescents challenged with severe substance abuse/dependency.
    2. Adults challenged with severe substance dependency.
    3. Adults challenged with severe substance abuse.
    4. Adults affected by substance usage.

**Tier 1: CRISIS SERVICES – Risk of Imminent Harm (1:1 – 1:3) Criteria:** Risk of serious and imminent harm (includes need for emergency or urgent services due to danger to self/others, and/or incapable of self-care due to behavioral healthcare issues and/or potential life threatening symptoms resulting from withdrawal from substances). Services include assessment of risk, crisis/safety planning, and referral to appropriate level of care to resolve any imminent harm.

- **Mandated services**
- **All populations served regardless of payer source**
- **Level of Risk**
- **Medical Necessity**
- **Level of Care**

**Tier 2: Treatment Services – High Risk Treatment (2:1 – 2:4)**

**Criteria:** Court ordered NGRI/IST-U-CJ forensic care, monitoring, and treatment; services to persons of MHR priority populations with histories of community violence, treatment non-compliance, and/or criminal justice involvement; services to persons with co-occurring disorders and/or multiple hospitalizations and/or multiple detoxification stays; and services to youth (birth – 17) including those involved with multi community system involvement and/or in danger of out of home placement. Includes the use of a consumer specific plan and must be medically necessary.

**Tier 2: Treatment Services (2:5 – 2:8)**

**Criteria:** Risk of serious negative outcomes, but not imminent harm (includes need for treatment or intervention to persons of MHR priority populations that provides structured recovery focused activities leading to stabilization of behavioral healthcare symptoms and/or other safety issues and/or increased functioning). Includes the use of a consumer specific plan and must be medically necessary.

- **Mandated services**
- **Priority Treatment Populations focusing on mandated and most vulnerable populations**
- **Level of risk**
- **Medical Necessity**
- **Level of Care**

**Tier 3: Recovery Supports and Wellness Activities (3:1 – 3:8)**

**Criteria:** Risk of potential negative outcomes in long-term without these supports or activities. Includes promotion of structured recovery supports and wellness activities leading to stabilization of behavioral healthcare symptoms and/or other safety issues, and/or increased functioning AND/OR provides activities that support the recovery process. 3:1 to 3:3 contain services involving access to basic needs. Typically includes the use of a consumer specific plan and generally are not medically necessary. May or may not include MHR priority populations. Consumers may receive other medically necessary services on other tiers. Other resiliency-based interventions may also be used

- **Priority treatment populations served focusing on mandated and most vulnerable treatment populations**
- **Penetration of the intervention in decreasing risk, improving health, and/or increasing functioning for mandated and vulnerable treatment populations. Programs providing access to basic needs ranked higher.**
- **Interventions that are complementary or part of planning with treatment or other systems' interventions**
- **Purposeful approaches – including EBP's and other research based practices supporting recovery and wellness**

**Tier 4 Definitions & Criteria for Ranking**

**2011 Prevention Planning Values:** Key stakeholders in both counties identified the following values to serve as criteria to guide funding decisions to best serve the prevention needs of the communities:

- The use of science-based preventive interventions (effectiveness)
- Ability to reach the target population given a reasonable investment of financial resources (efficiency).
- Additional preventive interventions should leverage existing community resources (the use of alternative resources).
- Ability to afford the preventive intervention. It is financially feasible to get quality outcomes.
- Use of universal preventive interventions if these can reach high-risk populations both efficiently and effectively.
- Priority populations should be those at greatest risk (equity).

**Prevention Priority Populations**

<b>Licking County</b>	<b>Knox County</b>
1.Universal prevention ages 5 - 12	1.High-risk children, ages 0 - 5
2. High- risk children, ages 0 - 5	2.Universal prevention, ages 5 - 12

<b>Licking County</b>	<b>Knox County</b>
3.High-risk children, ages 5 - 12	3.High-risk children, ages 5 - 12
4.High- risk children, ages 13 – 18	4.Universal prevention, ages 0 – 5 was identified as top priority, but not included because of challenges in reaching this population
5.Universal prevention, ages 13 - 18	

**Other Prevention Criteria**

- Priority Prevention Populations – according to risk and identified by the Knox and Licking Community Prevention Planning Process and the MHR Prevention Priority Policy #120
- Use of IOM Report – Science-based interventions that impact multiple problem behaviors and focus on population-based interventions
- Interventions that impact age-related developmental competencies by reducing risk factors and supporting protective factors
- EBPs following SAMHSA criteria

**Tier 4: PREVENTION – High Priority Prevention Populations (4:1 – 4:2)**

**Criteria:** Identified high-priority populations and the use of identified EBP implemented to target audience with fidelity with impact on multiple problem behaviors. Potential risk for negative outcomes for many participants in the intermediate to longer-term if services are not provided before more serious problems develop. Early intervention refers to programs delivered to young children and/or their parents and programs delivered to at – risk adolescents before serious problems emerge. Negative outcomes these programs aim to prevent include child abuse and neglect, behavioral and social-emotional problems, school failure, alcohol and other drug abuse, teen pregnancy, delinquency, and violence. Interventions are not considered medically necessary and typically do not include the use of a consumer specific plan. The use of resiliency-based interventions is stressed including targeted and selected prevention strategies for ages 0 to 17. Universal strategies are targeted to priority prevention populations involving ages 0 to 5 and 5 to 12.

**Tier 4: PREVENTION – Universal Prevention Populations (4:3 – 4:5)**

**Criteria:** Potential risk for negative outcomes in the long-term for some participants. Negative outcomes these programs aim to prevent include alcohol and other drug use, violence, and sexual assault. Typically serve the general population of children or adolescents and their families, without regard to risk factors. Aims to prevent problems before they arise (primary prevention). Does not include a consumer specific plan and is not medically necessary. The use of resiliency-based interventions is stressed including science-based interventions that impact multiple problem behaviors and focus on population-based interventions.

**Other System and Continuum of Care Services**

The MHR Addiction Services Triage Matrix and MHR Mental Health Crisis Services Triage Matrix represent the full crisis continuum of care based on level of care and risk for children, youth, or adults in need of crisis or more intensive services to maintain safety and stability. Many are in addition to local MHR contracted providers and including inpatient or residential services and may be part of regional partnerships with other Central Ohio ADAMH boards. Some programs are located out of county. MHR holds additional contracts with these providers.

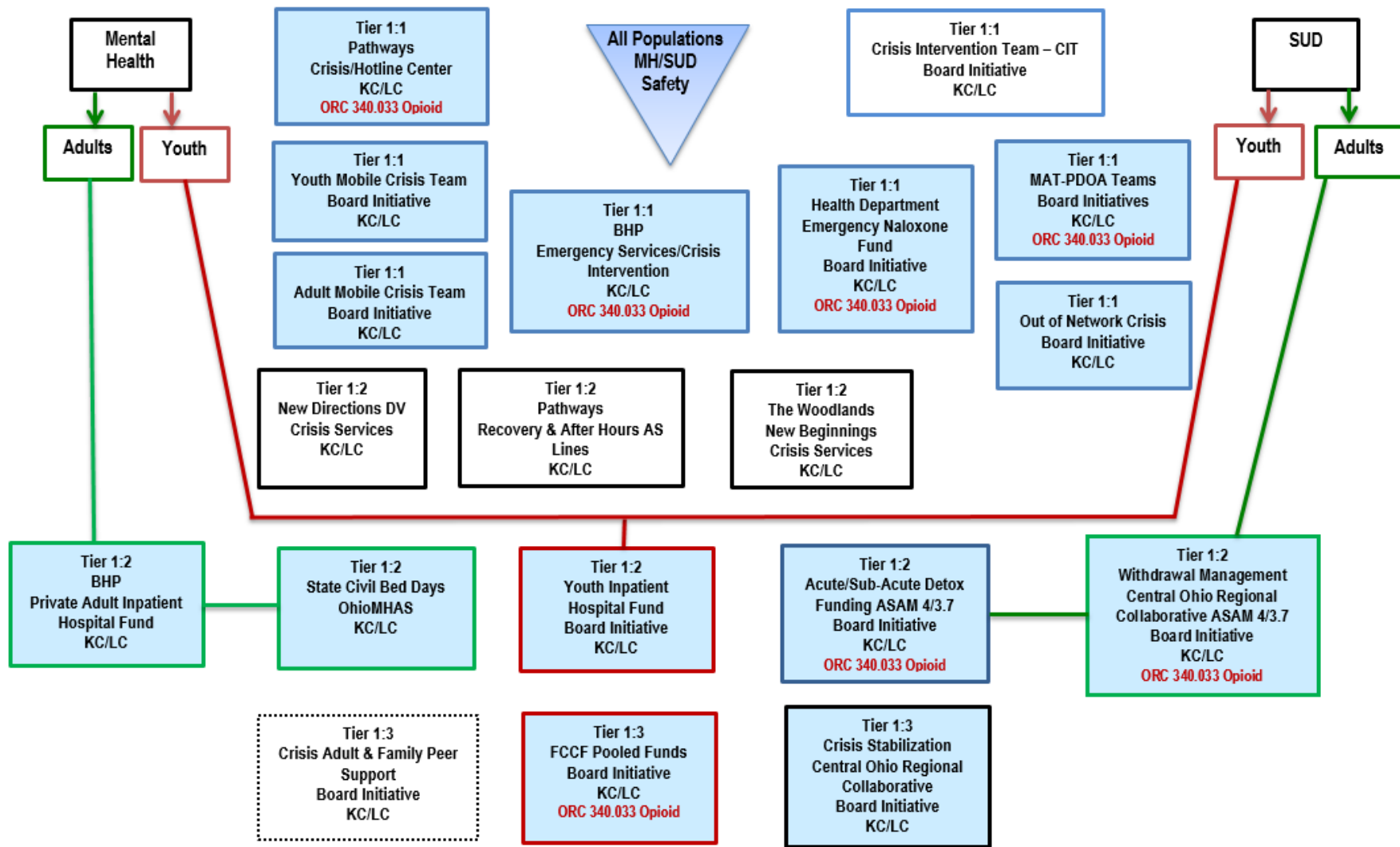
SFY21 MHR Prioritized Continuum of Care by Tier  
(07/01/2020)

Includes Mandated Services: Crisis, Forensic, & Essential Service Elements ORC 340.033 Opioid & 340.03(A)(11) MH/SUD Continuum of Care

Proposed New SFY21 Programs On Hold

**Tier 1: CRISIS SERVICES – RISK OF IMMINENT HARM**

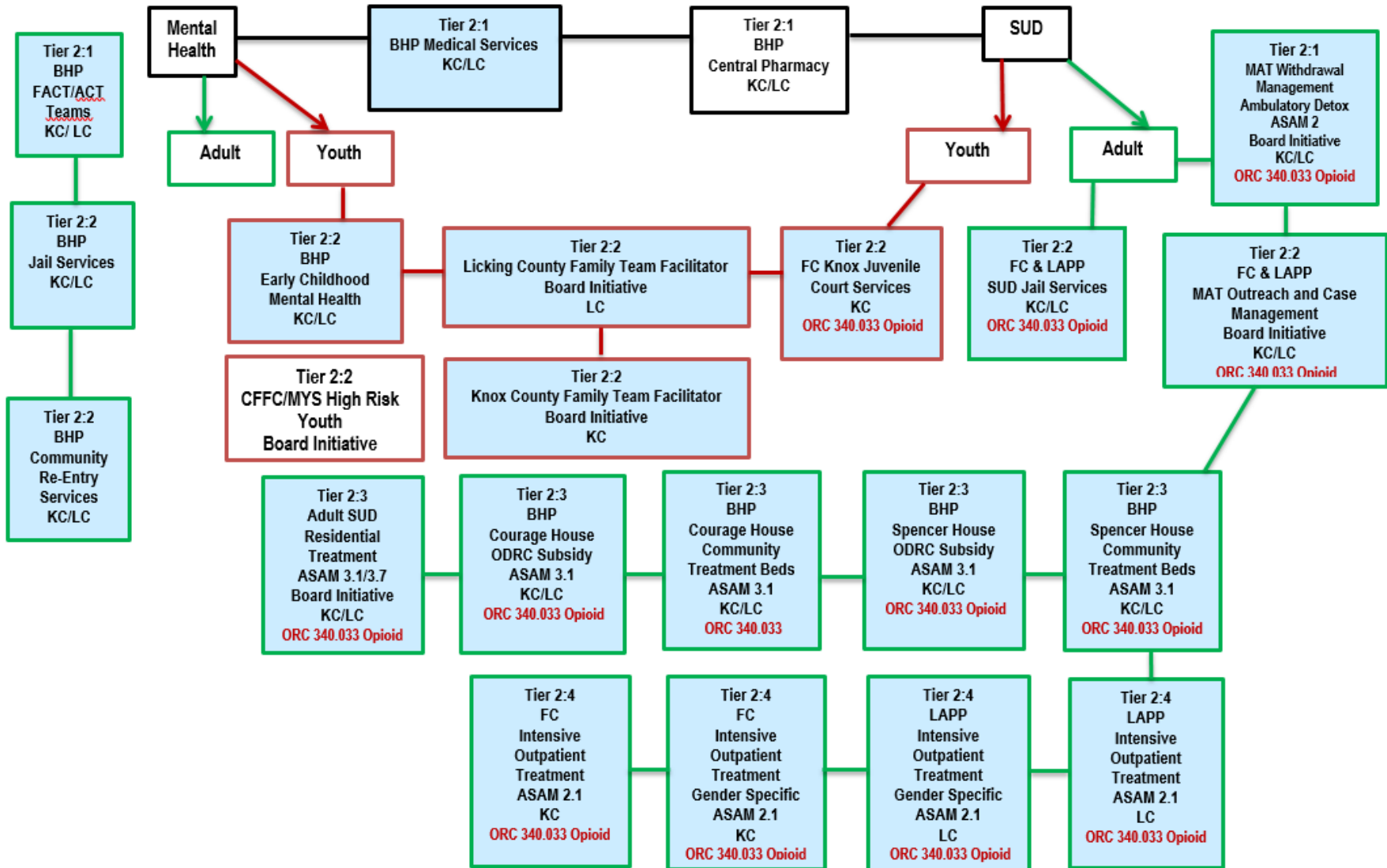
**Criteria:** Risk of serious and imminent harm (includes need for emergency or urgent services due to danger to self/others, and/or incapable of self-care due to behavioral healthcare issues and/or potential life threatening symptoms resulting from withdrawal from substances). Services include assessment of risk, crisis/safety planning, and referral to appropriate level of care to resolve any imminent harm.





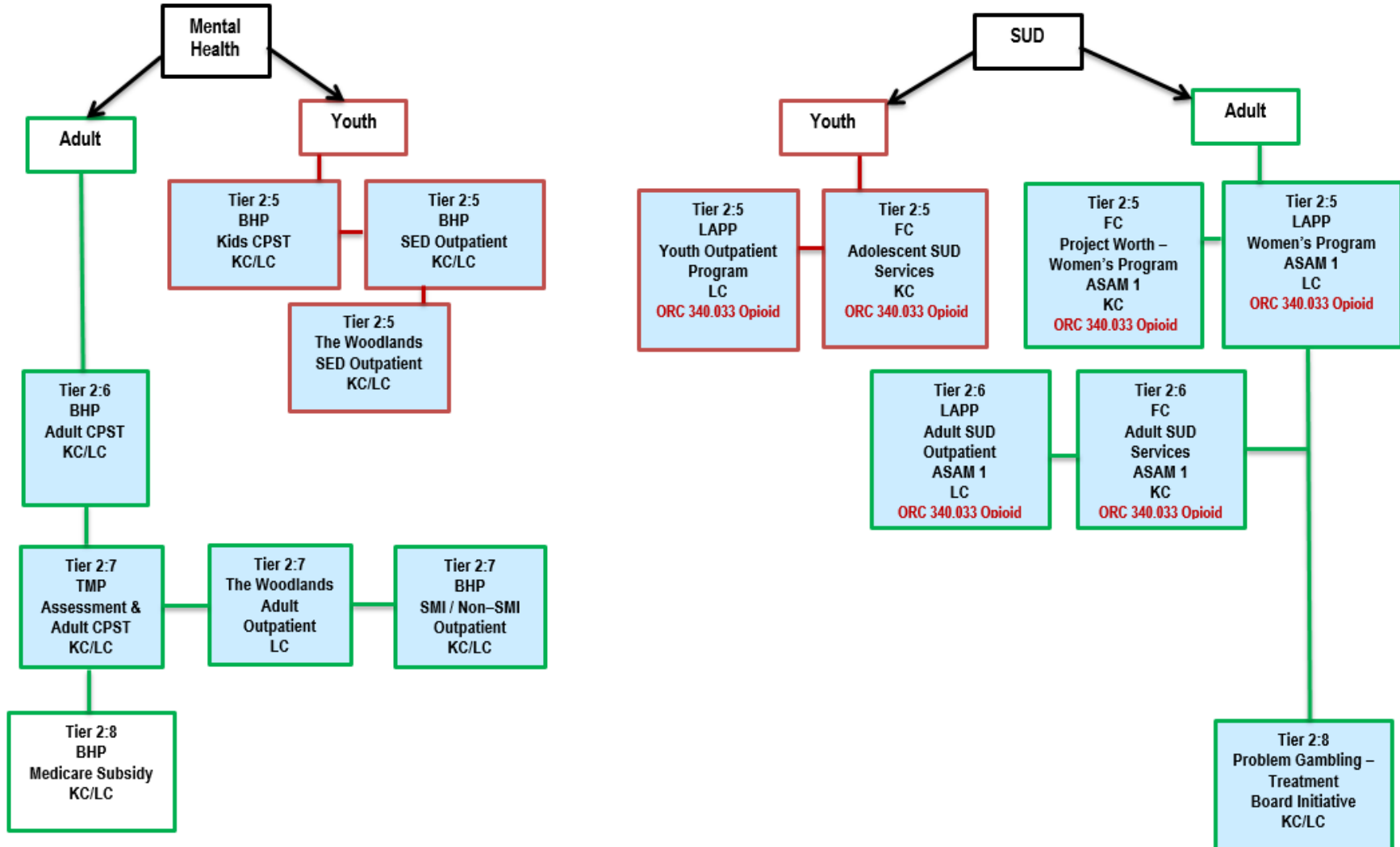
**Tier 2: Treatment Services – High Risk**

**Criteria:** Court ordered NGR/IST-U-CJ forensic care, monitoring, and treatment; services to persons of MHR priority populations with histories of community violence, treatment non-compliance, and/or criminal justice involvement; services to persons with co-occurring disorders and/or multiple hospitalizations and/or multiple detoxification stays; and services to youth (birth – 17) including those involved with multi community system involvement and/or in danger of out of home placement. Includes the use of a consumer specific plan and must be medically necessary.



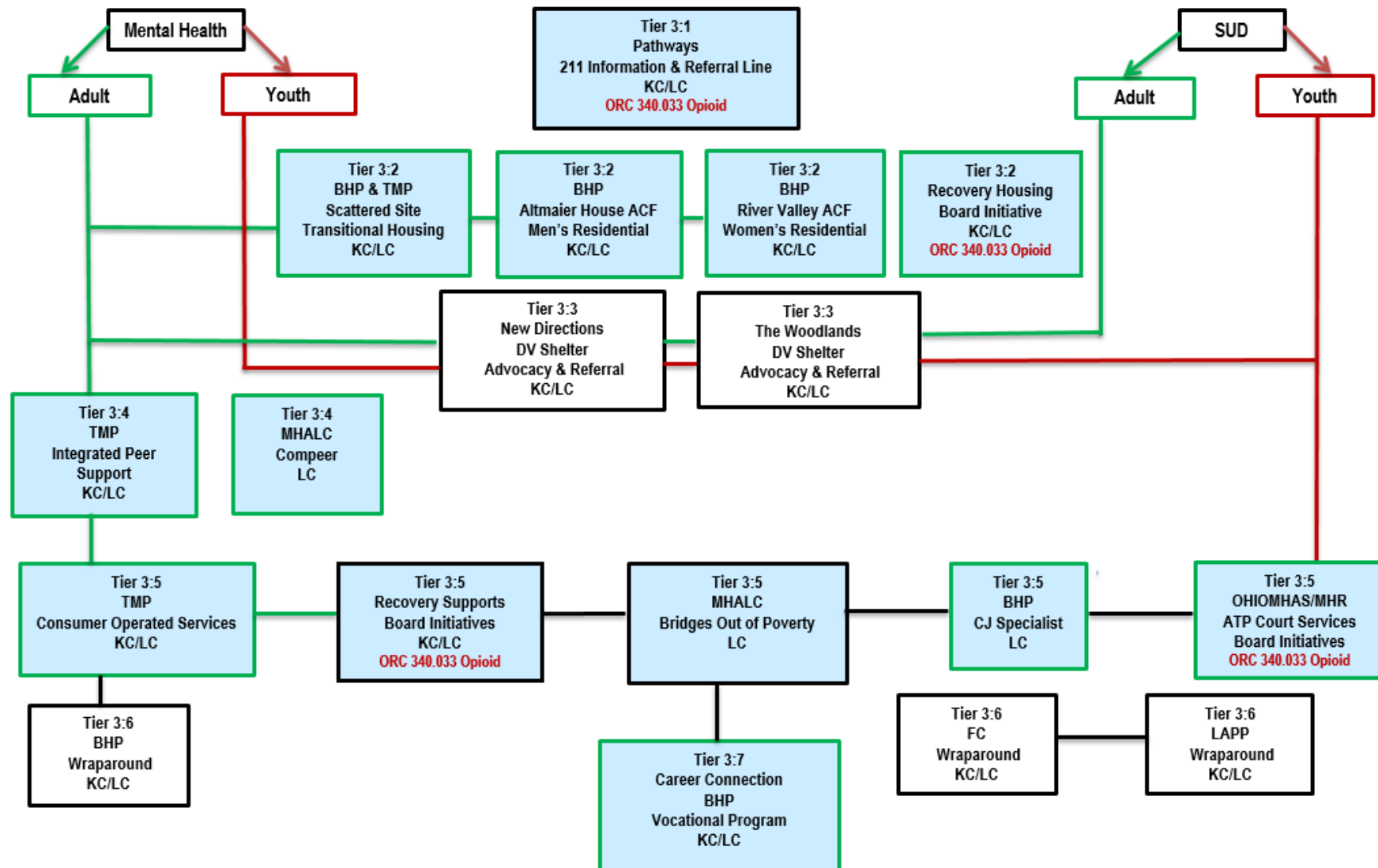
**Tier 2: Treatment Service**

**Criteria:** Risk of serious negative outcomes, but not imminent harm (includes need for treatment or intervention to persons of MHR priority populations that provides structured recovery focused activities leading to stabilization of behavioral healthcare symptoms and/or other safety issues and/or increased functioning). Includes the use of a consumer specific plan and must be medically necessary.

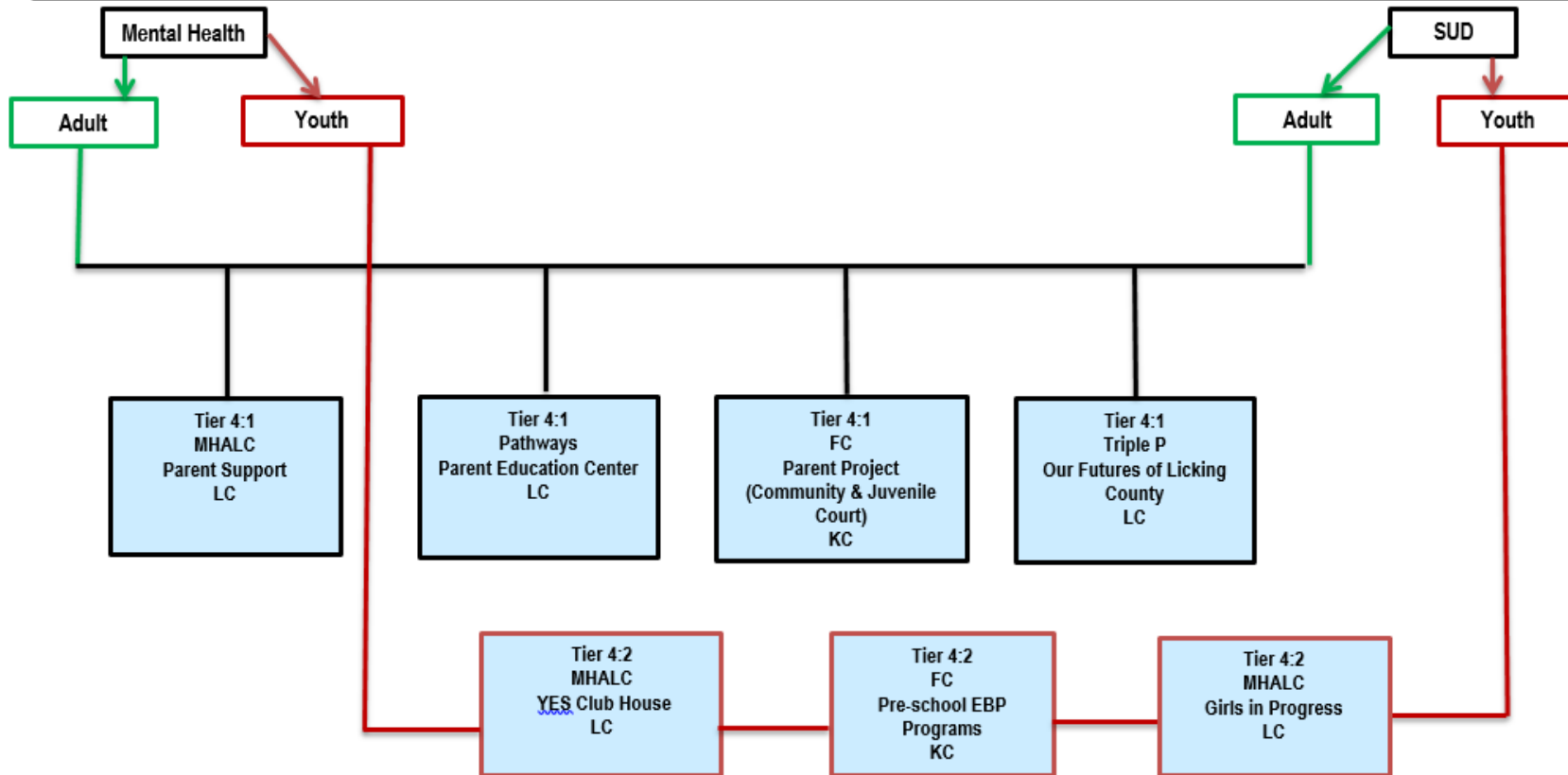


**Tier 3: Recovery Supports and Wellness Activities**

**Criteria:** Risk of potential negative outcomes in long-term without these supports or activities. Includes promotion of structured recovery supports and wellness activities leading to stabilization of behavioral healthcare symptoms and/or other safety issues, and/or increased functioning AND/OR provides activities that support the recovery process. 3:1 to 3:3 contain services involving access to basic needs. Typically includes the use of a consumer specific plan and generally are not medically necessary. May or may not include MHR priority populations. Consumers may receive other medically necessary services on other tiers. Other resiliency-based interventions may also be used.

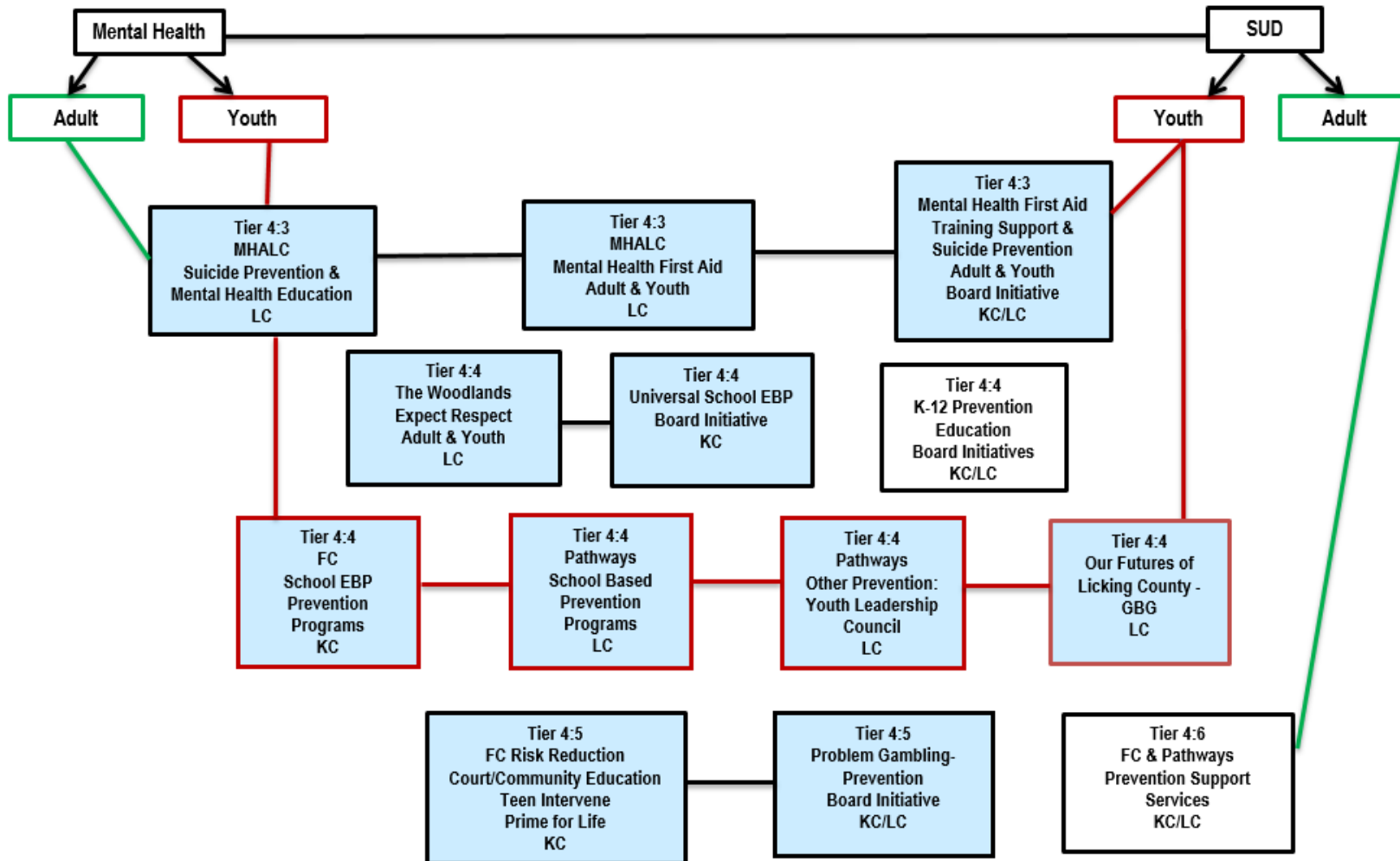


**Tier 4: PREVENTION – High Priority Prevention Populations**  
**Criteria:** Identified high-priority populations and the use of identified EBP implemented to target audience with fidelity with impact on multiple problem behaviors. Potential risk for negative outcomes for many participants in the intermediate to longer-term if services are not provided before more serious problems develop. Early intervention refers to programs delivered to young children and/or their parents and programs delivered to at – risk adolescents before serious problems emerge. Negative outcomes these programs aim to prevent include child abuse and neglect, behavioral and social-emotional problems, school failure, alcohol and other drug abuse, teen pregnancy, delinquency, and violence. Interventions are not considered medically necessary and typically do not include the use of a consumer specific plan. The use of resiliency-based interventions is stressed including targeted and selected prevention strategies for ages 0 to 17. Universal strategies are targeted to priority prevention populations involving ages 0 to 5 and 5 to 12.



**Tier 4: PREVENTION – Universal Prevention**

**Criteria:** Potential risk for negative outcomes in the long-term for some participants. Negative outcomes these programs aim to prevent include alcohol and other drug use, violence, and sexual assault. Typically serve the general population of children or adolescents and their families, without regard to risk factors. Aims to prevent problems before they arise (primary prevention). Does not include a consumer specific plan and is not medically necessary. The use of resiliency-based interventions is stressed including science-based interventions (EBPs) that impact multiple problem behaviors and focus on population-based interventions.



**MHR Addiction Services Matrix  
(Revised – August 2020)**

- MHR fiscal and contractual agent
- SUD adult services for Licking and Knox County residents
- Services require ASAM assessment and/or pre-authorization
  - Knox County: The Freedom Center – Kristina Foreman and Melissa Body (740-397-2660)
  - Licking County: LAPP – Phill Casby and Debbie Esterline (740-336-7303)
  - MHR: Tara Schultz and Kay Spergel (740-522-1234)

<b>Funding Source</b>	<b>Services Offered</b>	<b>Eligibility Requirements</b>	<b>Providers</b>	<b>Referral Process</b>	<b>Beds Available</b>	<b>Additional Information</b>
<b>Central Ohio Regional Board Collaborative Detoxification/Withdrawal Management</b>	Detoxification and withdrawal management & stabilization	Any SUD disorder Pre-authorization Must meet level of care – ASAM Admission and Length of stay dependent on medical necessity	<b>PTC Recovery Works – Worthington</b>  <b>Dublin Springs – Central Ohio sites</b>	FC/LAPP complete ASAM to confirm eligibility.  FC pre-authorizes services for Knox and LAPP pre-authorizes services for Licking except after hours. Licking County residents may present in LMH ED for assessment and approval by BHP. Knox County residents may present in KCH ED for assessment and approval by BHP.	Bed availability dependent upon daily facility capacity	Transportation may be available  Medicaid and 3 <sup>rd</sup> party insurance may also be referred
<b>Central Ohio Regional Board Collaborative SORS Funding</b>	Expanded QRT/ORT & Outpatient Services Residential Treatment	Opioid Use Disorder OR other SUD disorder with history of opioid overdose and/or at risk of use and/or overdose Pre-authorization Must meet level of care – ASAM Admission and Length of stay dependent on medical necessity	<b>Recovery Works – Worthington</b>	FC/LAPP complete ASAM to confirm eligibility MHR pre-authorizes services	Bed availability dependent upon daily facility capacity	Transportation may be provided  Medicaid and 3 <sup>rd</sup> party insurance may also be referred
<b>Central Ohio SAMHSA Emergency COVID Funding</b>	Withdrawal management services Transportation and peer support services	All SUD disorders Impacted by COVID 19 Pre-authorization Must meet level of care – ASAM Admission and Length of stay dependent on medical necessity	<b>Dublin Springs Hospital</b>		Bed availability dependent upon daily facility capacity	
<b>MHR Residential Treatment Funds</b>	Residential treatment – room and board only	Any SUD disorder Pre-authorization Must meet level of care – ASAM	<b>Licking Memorial Hospital – Shepherd Hill Hospital - Newark</b>	FC/LAPP complete ASAM to confirm eligibility	Bed availability dependent upon daily facility capacity	Perry Behavioral Health Choices may provide transportation

<b>Funding Source</b>	<b>Services Offered</b>	<b>Eligibility Requirements</b>	<b>Providers</b>	<b>Referral Process</b>	<b>Beds Available</b>	<b>Additional Information</b>
	LMH/SH – Partial hospitalization + residential Perry – residential treatment	Must have Medicaid as payer source for treatment Admission and Length of stay dependent on medical necessity not to exceed 28 days	<b>Perry Behavioral Health Choices</b> – New Lexington	FC/LAPP pre-authorizes services		For LMH/SH - must be pre-authorized by Medicaid to receive Partial Hospitalization treatment services
<b>MAT-PDOA Grant – QRT/ORT</b>	Outreach MAT Residential Treatment	Opioid Use Disorder	<b>Recovery Works</b> <b>Perry Behavioral Health Choices</b> <b>LMH/SH</b> <b>Freedom Center/Knox</b> <b>Community Hospital</b> <b>New Vision</b>	Refer to QRT/ORT through 211	Bed availability dependent upon daily facility capacity	QRT/ORT expanded under SORS
<b>Addiction Treatment Program (ATP) - OhioMHAS</b>	MAT Detox & withdrawal management Residential treatment Recovery supports	Active participant of certified drug court participating in the state program All addictions MHR pre-authorization All requests to be short term Requires specific plan of how participant will use request to bridge barriers and seek other resources that lead to greater independence or functioning. May be dependent on medical necessity and ASAM levels of care.	<b>Recovery Works</b> <b>Perry Behavioral Health Choices</b> <b>Dublin Springs</b> <b>LMH/SH</b> <b>Freedom Center/Knox</b> <b>Community Hospital</b> <b>New Vision</b>	Recommended by drug court treatment team for MHR pre-authorization for service eligibility prior to expenditure	Bed availability dependent upon daily facility capacity	May not qualify for other sources of funding  Knox (Municipal Court & Common Pleas) & Licking (Municipal Court & Common Pleas)  Does not include emergent needs.  Other services may be provided by FC, LAPP, or other local SUD providers
<b>Special Docket Court Emergency Funding</b>	Recovery Supports	Active participant in Licking or Knox special docket court with emergent needs that cannot wait for APT planning		One-time annual funding awarded to the special docket court to be used at their discretion.		May not qualify for other sources of funding  Emergent needs.
<b>Behavioral Healthcare Partners Community Beds</b>	Residential treatment	Any SUD disorder Must meet level of care - ASAM	<b>BHP Courage and Spencer Houses</b>	Referral to BHP	6 beds	Courage House accepts women with children
<b>MHR Detoxification &amp; MAT Funding</b>	Detoxification & withdrawal management MAT medications and doctor's appointments	FC and LAPP directly administer these funds and determine eligibility. May be dependent on medical necessity and ASAM levels of care	<b>FC and LAPP purchase services</b>	Referral to FC or LAPP		May not qualify for other sources of funding
<b>MHR Recovery Houses</b>	Level II – Women with/without children (Licking) Level II – Women (Knox)	Any SUD disorder Must be Licking or Knox resident Must meet admission criteria	<b>BHP</b>	Referral to BHP	4 beds per residence	Permanent housing as long as resident remains sober
<b>MHR Recovery House Rental Assistance</b>	Short term rental assistance (3 months)	Any SUD Disorder Pre-authorization Must be Licking or Knox resident in a recovery house located in either Licking or Knox Counties	<b>MHR</b>	Referral to MHR		Funding is contingent on available resources

Funding Source	Services Offered	Eligibility Requirements	Providers	Referral Process	Beds Available	Additional Information
		Recovery House must be accredited by ORH and meet all OhioMHAS Quality Housing Standards Funding may not exceed 3 months Must include specific plan for how resident will provide rent after rental assistance ends				

**MHR Mental Health Crisis Services Matrix  
(Revised August 2020)**

- MHR fiscal and contractual agent
- Mental Health crisis stabilization adult services for Licking and Knox County residents
- Services require mental health status and risk assessment and/or pre-authorization
  - Pathways 211 Hotline
  - Behavioral Healthcare Partners (BHP) Emergency Services/Crisis Intervention Services
  - MHR: Tara Schultz and Kay Spergel (740-522-1234)

Funding Source/Program	Services Offered	Eligibility Requirements	Providers	Referral Process	Funds/Beds Available	Additional Information
<b>Pathways 211 Hotline &amp; Information and Referral</b>	24/7 phone, text, and website crisis services and information and referral Recovery Warm Line	None	<b>Pathways of Central Ohio</b>	Call or text		Gateway to a number of MHR crisis services including BHP Emergency/Crisis Services, Kids' Mobile Crisis Team, and QRT Teams
<b>Behavioral Healthcare Partners of Central Ohio (BHP) Emergency Services</b>	24/7 Emergency and Crisis Intervention Services Safety Planning Hospital Pre-screening Probate Services Mobile Capacity	Available to anyone regardless of residency	<b>BHP Support of Licking Memorial Hospital ED and Shepherd Hill Hospital and Knox Community Hospital ED</b>	Self-referral Pathways 211 CIT Other providers and community groups		Services available regardless of ability to pay  Fully funded locally through levy dollars by MHR
<b>SFSC Kids' Mobile Crisis Team (MUTT)</b>	Youth & Young Adult (Ages 0 – 25)  Community Based – Mobile Services Early Identification Crisis Services Safety Planning	Available to anyone between the ages of 0 – 25 regardless of residency	<b>Team</b> <ul style="list-style-type: none"> <li>• BHP</li> <li>• Board of Development Disabilities</li> <li>• FCFC Family Team Facilitators</li> <li>• The Main Place (adults)</li> </ul>	Referral through Pathways 211 or directly to BHP		Team members mobilized depend upon age and type of crisis



Funding Source/Program	Services Offered	Eligibility Requirements	Providers	Referral Process	Funds/Beds Available	Additional Information
	Access to Levels of Care Necessary to Resolve Crisis including Respite, hospitalization, and short term residential treatment					
<b>Adult Mobile Crisis Team</b>	Youth & Young Adult (Ages 0 – 25)  Community Based – Mobile Services Early Identification Crisis Services Safety Planning Access to Levels of Care Necessary to Resolve Crisis including access to Crisis Stabilization services and pre-screening	Available to adults 18+ regardless of residency	<b>Team</b> <ul style="list-style-type: none"><li>• BHP</li><li>• The Main Place</li><li>• Law Enforcement</li><li>• First Responders</li></ul>	Referral through Pathways 211 or directly to BHP		Team to be developed in SFY21
<b>Central Ohio Regional Board Collaborative Adult Crisis Stabilization</b>	Adult crisis stabilization	Service is voluntary Must not meet ‘pink slip’ criteria – no danger to self or others No other major medical problems Pre-authorization Must meet level of care Initial length of stay – 3 days dependent on medical necessity	<b>Dublin Springs Hospital System</b> <ul style="list-style-type: none"><li>• Dublin Springs – Dublin</li><li>• Dublin Springs – Columbus</li><li>• Beckett Springs – West Chester</li></ul>	BHP complete assessment to confirm eligibility BHP pre-authorizes services	Bed availability dependent upon daily facility capacity	Non-Medicaid service No transportation provided Transitional youth (18-24) may be referred from the Kids’ Mobile Crisis Team
<b>MHR Nationwide Children’s Hospital Crisis Stabilization</b>	Youth crisis stabilization beds	May not be in danger to self or others	Nationwide Children’s Hospital	Referrals made from BHP or FCFC Family Team Facilitators		
<b>MHR Youth and Adult Inpatient Hospital Fund</b>	Pre-authorized inpatient services for youth and their families and adult with no means or payment	Must have no means of payment for inpatient hospitalization	Various	Referrals made to BHP or FCFC Family Team Facilitators		All services require pre-authorization and agreed cost with hospital  Initial days will be approved with additional days requiring clinical justification

## **MHR System and Continuum of Care Alignment with RecoveryOhio Priorities**

As per state criteria, MHR system and continuum of care planning and priorities aligns with a number of RecoveryOhio priorities. Examples include collation and partnership efforts and other MHR funded programs and services and system supports.

<b>RecoveryOhio Priorities</b>	<b>MHR System and Continuum of Care Priorities Examples</b>
<b><i>Stigma and Education</i></b>	
Media Outreach	MHR Communication Plan, Provider Communication Plans, System Prevention Strategy
Professional Training Opportunities	Knox County Addiction Conference, Licking County Trauma Informed Care Summit, MHR Workforce Training & Development Funding, MHR “Not So Different Film” Behavioral Health Services Public Education & Awareness Project
Involving the Citizen Workforce	Mental Health First Aid training, Crisis Intervention Team (CIT), MHR “Not So Different Film” Behavioral Health Services Public Education & Awareness Project
<b><i>Workforce Development</i></b>	
Expanding the Workforce Through Financial Support for the Education and Training of Critical Specialists	Knox County Addiction Conference, Licking County Trauma Informed Care Summit, MHR Workforce Training & Development Funding, OhioMHAS and MHR Sponsored Integrated Peer Support Training, MHR Innovations Funding, Mental Health First Aid training, Crisis Intervention Team (CIT), COVID – 19 System Financial Assistance, MHR Licking County JFS/CS – CFFC Family Team Facilitator, MHR levy funding – The Main Place peer support & consumer operated services, InCK Grant & Partnership (Licking), HRSA Grant & Partnership (Knox), County HUB planning, MHR “Not So Different Film” Behavioral Health Services Public Education & Awareness Project
Supporting and Retaining the Existing Workforce	
Increase the Number of Prevention Specialists	
Promoting Cultural Competence Support	
Teaching Non Specialists to Respond and Provide Needed Support	
Supporting and Expanding the Role of Peer Support Specialists	
Using Technology to Expand Access to Care in Underserved Areas	COVID – 19 System Financial Assistance, InCK Grant & Partnership (Licking), HRSA Grant & Partnership (Knox)
<b><i>Prevention</i></b>	
Coordinating Funding to Improve Sustainability, Efficiency, and Effectiveness of Investments	MHR 5-Year Strategic Plan, , InCK Grant & Partnership (Licking), HRSA Grant & Partnership (Knox)
Community Coalitions	InCK Grant & Partnership (Licking), HRSA Grant & Partnership (Knox), County HUBS – Knox Substance Abuse Addition Taskforce - KSAAT (Knox) & Addiction Taskforce (Licking), County Children and Family First Councils, County Health Department CHA/CHIP community planning, Our Futures of Licking County
K – 12 Prevention Education	MHR Continuum of Care – Prevention Strategies & Funding, OhioMHAS/ODE K – 12 District Prevention Education Funding, County Children and Family First Councils, , Our Futures of Licking County, KSAAT, MHR “Not So Different Film” Behavioral Health Services Public Education & Awareness Project

<b>RecoveryOhio Priorities</b>	<b>MHR System and Continuum of Care Priorities Examples</b>
Before and After School Programs	MHA – YES Clubhouse, Pathways Youth Leadership Council, Our Futures of Licking County, KSAAT
Prevention Across the Life Span	InCK Grant & Partnership (Licking), HRSA Grant & Partnership (Knox), MHR Continuum of Care – Prevention Strategies & Funding, MHR “Not So Different Film” Behavioral Health Services Public Education & Awareness Project
Suicide Prevention	MHR Continuum of Care – Prevention Strategies & Funding, Community Suicide Coalitions, Mental Health First Aid, Crisis Intervention Team (CIT), LOSS Teams, Pathways 211, MHR “Not So Different Film” Behavioral Health Services Public Education & Awareness Project
Expanding Law Enforcement’s Role	Crisis Intervention Team (CIT), Special Docket Court Support, Mental Health & SUD Jail Services
Community Prevention Strategies	InCK Grant & Partnership (Licking), HRSA Grant & Partnership (Knox), MHR Continuum of Care – Prevention Strategies & Funding, MHR “Not So Different Film” Behavioral Health Services Public Education & Awareness Project
<b><i>Harm Reduction</i></b>	
Promoting Harm Reduction	InCK Grant & Partnership (Licking), HRSA Grant & Partnership (Knox), MHR County Health Department Emergency Naloxone Funding, MAT-PODA Quick Response Teams, MHR Addiction Services Triage Matrix, Ad-hoc MHR Harm Reduction Committee, MHR “Not So Different Film” Behavioral Health Services Public Education & Awareness Project
Increasing Naloxone Availability	MHR County Health Department Emergency Naloxone Funding, MAT-PODA Quick Response Teams, MHR Addiction Services Triage Matrix
<b><i>Treatment and Recovery Supports</i></b>	
OhioSTART	Licking County JFS/CS OhioSTART Project to assist parents maintain custody while receiving support for addiction/mental health recovery, InCK Grant & Partnership (Licking)
Exploring Crisis Infrastructure Models	MHR Continuum of Care Crisis & High Risk Services Funding, MHR Addiction Services Triage Matrix, MHR Mental Health Crisis Services Triage Matrix, SFY21 Ohio Crisis Infrastructure Funding – Adult Mobile Crisis Teams & Crisis Peer Support
Hospital Engagement	MHR Addiction Services Triage Matrix, MHR Mental Health Crisis Services Triage Matrix
Supporting a Full Continuum of Care	SFY21 MHR Funded Prioritized System and Continuum of Care, SFY21 – 22 ORC Essential Services Compliance, MHR Addiction Services Triage Matrix, MHR Mental Health Crisis Services Triage Matrix
Promoting Levels of Care Determination and Treatment Recommendations	SFY21 – 22 ORC Essential Services Compliance, MHR Addiction Services Triage Matrix, MHR Mental Health Crisis Services Triage Matrix, MHR Workforce Training &

<b>RecoveryOhio Priorities</b>	<b>MHR System and Continuum of Care Priorities Examples</b>
	Development Funding, OhioMHAS and MHR Sponsored Integrated Peer Support Training, MHR System Clinical Leadership Workgroup
Telemedicine	COVID – 19 System Financial Assistance, InCK Grant & Partnership (Licking), HRSA Grant & Partnership (Knox)
Using Medication to Treat Addiction	InCK Grant & Partnership (Licking), HRSA Grant & Partnership (Knox), MHR County Health Department Emergency Naloxone Funding, MAT-PODA Quick Response Teams, MHR Addiction Services Triage Matrix, Ad-hoc MHR Harm Reduction Committee
Improving Access to Medication to Treat Mental Illness and Addiction	InCK Grant & Partnership (Licking), HRSA Grant & Partnership (Knox), County Health Department CHIP plans, , MHR Addiction Services Triage Matrix, MHR Mental Health Crisis Services Triage Matrix,
Recovery Friendly Communities and Workplaces	The Main Place Peer Support & Consumer Operated Centers, MHA Bridges Out of Poverty Jail & Community Programming, MHR Recovery Housing & Recovery Housing Rental Assistance, MHR “Not So Different Film” Behavioral Health Services Public Education & Awareness Project
Support for Families	InCK Grant & Partnership (Licking), HRSA Grant & Partnership (Knox), County Children and Family First Councils, , Our Futures of Licking County, KSAAT, Mental Health America of Licking County, Freedom Center, Pathways of Central Ohio, The Woodlands, New Directions, MHR “Not So Different Film” Behavioral Health Services Public Education & Awareness Project
<b>Specialty Populations</b>	
Youth – Looking at Needs of Youth and Families	InCK Grant & Partnership (Licking), HRSA Grant & Partnership (Knox), County Children and Family First Councils, SFY21 MHR Funded Prioritized System and Continuum of Care, SFY21 – 22 ORC Essential Services Compliance, MHR Addiction Services Triage Matrix, MHR Mental Health Crisis Services Triage Matrix, Licking County JFS/CS OhioSTART Project, MHR Continuum of Care Crisis & High Risk Services Funding, Youth Mobile Crisis Team (ages 0 – 24), Family Peer Support & Mentoring development, County Pooled Funds, Licking County JFS Planning Group, KSAAT, County Health Department CHIPS, Multi-system High Risk Family Teams & Team Facilitators
Youth – Examining Crisis Services	
Youth – Concentrating on Foster Care and Child Welfare	
Youth – Providing a Full Continuum of Services for Children, Youth, and Young Adults	
Youth - Focusing on Organizations for Youth	
Youth - Meeting the Respite and Support Needs of Families	
Adults – Alternatives to Incarceration	Special Docket Court Support including ATP funding, Mental Health and SUD Jail Treatment & Re-entry Services, Common Pleas Court Day Reporting programs, Prison Re-entry – Community Treatment Program (CTP)
Adults – Specialty Courts	
Adults – Treatment While Incarcerated	
Adults – Attention to Re-entry & Reintegration	
<b>Data Measurement and System Linkage</b> - Measuring Outcomes	MHR Performance Target and Outcomes Measures Report, InCK Grant & Partnership (Licking), HRSA Grant & Partnership (Knox), Children & Family First Council Shared Plans, County Health Department CHA/CHIP

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.

**Social and demographic factors:** As of May 2020, Knox County, a micropolitan area, with an estimated population of 61,893, currently has 12,734 (20.6%) enrolled in Medicaid. Licking County, statistically a large metro fringe area, with an estimated population of 175,769 currently has an enrolled Medicaid population of 36,367 (20.7%), with both counties having a slight increase from last year. Population growth is an important factor in both Licking and Knox Counties. According to the U.S. Census Bureau: Annual Estimates of the Resident Population: April 1, 2010 to July 1, 2015, estimated Knox population for 2015 equaled 61,061 and for Licking 170,570. While total population of each county from 2000 to 2012 grew by 11.3% in Knox County and 15.1% in Licking County (U.S. Census Bureau: 2000 Census and 2010 Quick Facts) estimated rates of growth from 2012 to 2018 climbed steadily for Licking (9.5%). While Knox County saw a slight dip in population for several years the county has also had a steady rate of increase (9.8%) (U.S. Census Bureau: 2013-2017 American Community Survey 5-Year Estimates). This coupled with the number of adults and children living in poverty or beneath 200% of poverty, as mentioned above, signals a possible increase in the number of residents with less financial resources.

While Knox and Licking Counties have statistical designations as micropolitans and large metro fringe areas, it's also important to note that they function much like rural communities with associated issues. Each county has a large county seat with outlying villages and townships that all function as their own microcosms. Services are primarily situated in the county seat and transportation to and from the outlying areas can be a challenge. Both counties have a public transit system consisting of a small network of shuttle busses. These busses have varying degrees of accessibility and do not provide a true shuttle system with delivery routes that the community can rely on. In Knox County it's estimated that 34.4% of workers below the 150% poverty level relied on public transportation for work. In Licking County, it's estimated that 27.1% of the population makes less than \$35,000 per year, but only .3% of the population accesses public transportation. Both counties have a public transit system that cannot meet the needs of its users meaning there is a high rate of transportation barriers for those who want to work. Lack of transportation is also a known barrier for those of the population seeking services and needing to keep appointments with a provider. (U.S. Census Bureau: 2014-2018 American Community Survey 5-Year Estimates)

In Knox County, percentages of people served in the system of care from different racial/ethnic groups are representative of the general population. There is a slight disproportional increase in the percentage of some minor groups in Licking County receiving services and a decrease in the number of Caucasians engaged in care. Percentages have been rounded.

	Licking		Knox	
	% of the Total Population*	% Served in the Public System of Care**	% of the Total Population*	% Served in the Public System of Care**
African - American	4%	8%	1%	1.5%
Asian	2%	7%	.6%	0%
Caucasian	91%	84%	97%	98%
Hispanic/Latino	3%	2%	2%	1.5%

\*Ohio Census Bureau – Quick Facts

\*\*MHR Contract Provider SFY19 BAP Application Data for Identified Demographic Groups Receiving Care per Total Number Served

**Local Economic Conditions:** Licking and Knox Counties have both experienced decreases in poverty over the last reporting period and significant fluctuations in unemployment due to COVID-19. It is currently estimated that 13.1% of Knox County residents and 11.6% of Licking County residents live below the poverty level. (U.S. Census Bureau: 2014-2018 American Community Survey 5-Year Estimates) Last year it was estimated that 21.4% of all Knox children (0 – 18) and 23.4% of all Licking County children (0-18) live in households that have received public assistance in the past 12 months. In both counties this is predominately seen in single parent households. (U.S. Census Bureau: 2013-2017 American Community Survey 5-Year Estimates) Of all children under 18 it is estimated that 21.5% in Knox County and 17.2% in Licking County live in poverty. (U.S. Census Bureau: 2014-2018 American Community Survey 5-Year Estimates) The proportion of students who are considered “economically disadvantaged” has fallen slightly overall in both counties from 2015 to 2018. By the 2019-2020 school year, the two largest districts in the two-county area—Newark City Schools and Mount Vernon City Schools —were experiencing rate decreases (2015 – 2019) of 61.21% to 60.7% and 56.07% to 49.41% respectively (Ohio Department of Education District Profile Report, 2019). Even with the decrease, rates are still higher than the state average of 47.93%. By last year’s estimates Knox and Licking County also have a high percentage of grandparents living with their grandchildren, whose parents are not present and being responsible for their care 7.4% and 10.3% respectively. (U.S. Census Bureau: 2013-2017 American Community Survey 5-Year Estimates)

In May 2019 the unemployment rates in Knox County were reported at 4.0% and 3.0% in Licking County (ODJFS, Ohio Labor Market Information, Ohio Unemployment Rates; May 2019 rate not seasonally adjusted). These statistics indicated an improving economy in both counties, but also indicate a significant number of working poor families when considering the number of adults living beneath 200% of poverty. It is estimated that 21.9% of Knox residents (12,600) and 20.0% in Licking County (33,299) live at or below 150% of poverty. (U.S. Census Bureau: 2013-2017 American Community Survey 5-Year Estimates). There may be an increase in numbers a residents losing employment due to shutdowns related to COVID-19 and businesses closing permanently. In January 2020 the unemployment rate was reported to be 5.0% in Knox County and 4.6% in Licking County. (ODJFS, Ohio Labor Market Information, Ohio Unemployment Rates; January 2020 rate not seasonally adjusted) The last reported numbers in July 2020 had risen to 8.0% in Knox County and 9.2% in Licking County. These increases however were still below the state and national averages at 11.1% and 11.2% respectively. (ODJFS, Ohio Labor Market Information, Ohio Unemployment Rates; June 2020 rate not seasonally adjusted)

In SFY19, approximately 3.6 million dollars (local, state, and federal funding) was used to provide non-Medicaid treatment services to almost 3000 adults and nearly 290 children living often at or below 200% of the poverty level representing 30% of MHR’s total expenditures. This may include individuals not qualifying for expansion or unable to take advantage of other ACA benefit options, those excluded from using third-party policies due to restrictions related to court ordered addiction treatment, adults and families who could not afford the high deductibles and co-pays of policies purchased on the exchange, and families needing case management services and other supports for children not covered by insurance.

In 2019, approximately 11,400 individuals received either a Medicaid or non-Medicaid behavioral health treatment service from a MHR contracted provider in Licking and Knox Counties: approximately 1650 were youth and 9750 were adults. As reported in the SFY19 – SFY20 Community Plan, based on the application of prevalence data rates calculated from findings of SAMHSA’s *Behavioral Health Trends in the United States -Results for the 2014 National Survey on Drug Use and Health* (8.1%) an estimated 11,000 (Licking) and 3880 (Knox) residents ages 12+ are substance dependent and in need of substance abuse treatment services. Based on prevalence rates (18.1%) from the same survey an estimated 25,000 (Licking) and 8600 (Knox) adult residents would benefit from mental health treatment services with approximately 5550 (Licking) and 1960 (Knox) experiencing a severe mental illness (national rate – 4.1%). While these are very rough estimates of persons potentially impacted by a behavioral health disorder in the MHR service area, it does provide an indication of potential need for greater access to care. With the impact experienced by the general population and potential trauma resulting from the COVID -19 crisis these amounts may become higher. The current MHR system of care roughly provides treatment to 1 out of 5 people who are substance dependent and approximately half (46%) of adults with serious mental illnesses...

Untreated depression and anxiety are major public health issues impacting community wellbeing. In the 2017 Community Blueprint by United Way of Licking County cited their first priority as focusing “on addressing addiction, child abuse and neglect, domestic violence, and mental health by increasing awareness and access of behavioral health resources.” SAMHSA reports nationally 6.6% of adults (15.7 million) and 13.3% of adolescents ages 12 to 17 (3.2 million) and 13.1% young adults ages 18 -25 (4.4 million) experienced a major depressive episode (2017). It is also estimated that 40 million Americans suffer from anxiety disorders with symptoms often appearing as early as age 11. Seven percent (7%) or 3,159 Knox County adults reported taking medication not prescribed for them or taking more than prescribed to feel good, high, more active, and/or alter mood during the past 6 months according to the 2018 Knox County Community Health Improvement Plan. This number increased to 14% for those with incomes less than \$25,000. The same plan also reported that 9% or 4,062 Knox County adults felt depressed, increasing to 20% for those under the age of 30. Disproportionately, Americans in poverty are more likely to struggle with a wide array of chronic health problems including depression. About 31% of Americans in poverty say they have at some point been diagnosed with depression compared with 15.8% that are not in poverty. (2011 Gallup Healthways Well-Being Index). Economic hardship is the most common adverse childhood experience (ACE) reported nationally and in almost all states, followed by divorce or separation of a parent or guardian. (2014 Child Trends Research Brief). Nationally, it is estimated that one in four children experience economic hardship. The four most common adverse childhood experiences (percentage prevalence) among children ages birth through 17 in Ohio include: Economic Hardship (27%), divorce (15%), violence (13%), and alcohol (12%). Locally, the Knox CHA reported 13% of adults surveyed experienced 4 or more adverse childhood experiences (ACES). In the 2017-2018 OYES Report for Licking County Schools of the 2224 students surveyed 309 students reported 4 or more ACES (14%) with 1057 reporting at least one (47%). Untreated depression and anxiety increases the chance of risky behaviors such as drug or alcohol abuse or the self-medication of symptoms leading to potential addiction. The Anxiety and Depression Association of America estimates 20% of Americans with an anxiety or mood disorder such as depression have an alcohol or other substance use disorder, and 20% percent of those with an alcohol or substance use disorder also have an anxiety or mood disorder.

### **Environmental Factors Impacting Service Delivery**

**Medicaid Expansion:** As was reported in prior Community Plans, MHR was projecting a SFY13 deficit of \$843,279 going into the SFY14 budgeting process. While expansion did not immediately bring new funding to the continuum of care it did reduce deficit funding and stabilized the system including non-Medicaid programs. If not implemented, MHR would have exhausted its unrestricted cash reserves by SFY15 resulting in major cuts to its safety net.

Realizing its potential benefits, MHR was one of the first boards to implement expansion beginning January 2014. Working with contract treatment providers, MHR adjusted set-aside amounts to reflect the increase of potential Medicaid consumers qualifying under expansion and the resulting reduction of non-Medicaid funding. MHR also paid providers to assist consumers in applying for the benefit. A Medicaid contingency fund was available to providers in the event MHR overestimated the impact of expansion. As a result, the system saved approximately \$500,000 during the last six months of SFY14.

While MHR still pulls from its unrestricted reserves to fund its complete continuum of care, it does so at a much slower rate. MHR has used Medicaid savings to pursue expansion of non-Medicaid programs and funding of new ones to better address community needs. This includes addressing the impact of social determinants of health including recovery housing and other recovery supports. Overtime, MHR has seen an increased number of working poor individuals and families utilizing non-Medicaid funding of treatment services. As treatment may be a higher funding priority than other non-Medicaid services, this may impact MHR’s ability to address other related lower priority needs. This trend will be monitored in SFY21.

**The Impact of Behavioral Health Re-design and Managed Care:** MHR initiated the Ad-hoc System Change Committee to address the impact of state changes to the Licking and Knox Service District and objectively plan for the continuation of service delivery in the public system. Membership includes MHR board and staff, all contract provider executive directors and their board chairs, community hospitals, and other key community leadership including former Rep. Scott

Ryan. The committee was formed to represent community concerns not any specific organization. Maureen Corcoran, President of Vorys Health Care Advisors (VHCA), provided consultation. MHR contracted with VHCA to assist its contracted treatment providers as they prepared to implement the re-design leading to managed care. VHCA worked through an interactive, iterative clinical and business transformation model process with a multi-disciplinary team from each agency. The modeling process allowed agencies to assess the re-design's impact on their clinical and programmatic services, as well as on their workforce and business needs. A final report with recommendations was made during the MHR board SFY18 annual training which included all contracted MHR providers and their boards, other key stakeholders and community leaders, and persons with lived (consumers) and shared (family and friends) experience. Many of these recommendations have been incorporated into subsequent MHR planning and funding.

MHR believes that due diligence was done by the board and its providers in preparing for the upcoming changes. That being said, there are grave concerns about the impact of managed care on the system of care and the stability of providers. MHR and the community know too well the consequences of lost services let alone an entire organization and the cost, emotional and financial, in reinstating them.

In October 2016 the continuum of care faced a crisis when Behavioral Healthcare Partners of Central Ohio (BHP) suddenly lost three prescribers immediately impacting almost 3000 children and adults in Licking and Knox Counties who received those services. Except for hospital discharges and high risk children, BHP was no longer able to accept new referrals. In addition, the cost to operate psychiatric/medical services exceeded revenue BHP prescribers were able to generate and the organization no longer could afford to meet its overhead administrative costs. Due to a shortage of prescribers, BHP was forced to use contract providers and tele-health services which were far more expensive than regular employees. This loss was very disruptive to the community.

No organization locally or in Central Ohio had the capacity to replace BHP's psychiatric services. Many potential resources reported months' long waiting lists that would not resolve the immediate crisis nor provide ongoing care. Instead, MHR and BHP partnered and developed strategies to rebuild and strengthen the department. This included MHR financial support for administrative overhead, recruitment costs, and the use of tele-psychiatric services to temporarily provide care until regular employees could be hired. The process to recruit staff and stabilize the department began in November 2016. In May 2019 the department was finally fully staffed with permanent employees in both Licking and Knox BHP locations. Wait times for appointments had decreased to 4 weeks for adult new and follow-up visits and child wait times are 2 weeks for current and new consumers. While the strategies were successful, the process took well over two years and cost over 2 million dollars including SFY20 allocations. There were many lessons learned. Once a continuum loses a service, it is very hard and expensive to replace it. The same would be true with the loss of an organization.

It is MHR's goal to preserve the continuum of care. Any loss of service would impact the provision of the ORC Essential Services array. Disruption in services would have a negative impact on community health, wellness, and safety. While in general providers have adjusted well to the new rates and process, several have struggled with availability of higher credential staff to bill a full service rate. Others are challenged by their electronic records vendor. All have had issues with the managed care companies especially related to timely reimbursement and communication. This has threatened the local service network and system of care. That being said, MHR is encouraged with the new August 1, 2019 rates and the continued efforts of OhioMHAS and ODM in addressing managed care concerns.

### **Impact of the COVID – 19 Crisis on the System and Continuum of Care**

Like other communities in Ohio, Licking and Knox Counties have been significantly impacted by the COVID – 19 crisis. With the issuance of the Director's Order in March the activities of the MHR board and staff and providers have been focused on responding to the COVID – 19 crisis through disaster planning and stabilizing the system and continuum of care. The board and providers are very committed to service and the wellbeing of the community with a strong spirit of collaboration and support.



Following CDC and ODH standards, a pandemic specific disaster plan was developed. This has allowed essential and critical behavioral health care services to continue. While most crisis, outreach, case management and teams, and recovery support services were delivered face to face, many outpatient treatment services were provided via telehealth. For many this is the first time providers have used telehealth technology with implementation occurring literally overnight. It has been a challenging learning curve for both staff and those receiving services. As prevention providers have not been able to deliver services directly in schools and other parts of the community they have become very creative. This includes the use of social media and other platforms to remotely provide parenting and prevention services. They have developed public education messaging supporting management of stressors caused by the crisis by promoting protective factors and self-care. Many recovery supports are still being delivered face to face. That includes all residential treatment, recovery housing, adult care facilities, domestic violence shelters, and some peer support services. Both consumer operated centers have been closed but continue to provide a daily hot meal and peer support through telehealth and directly in the community.

To assure stability for the system, the MHR Executive Committee, by authority from MHR By-laws, met in three special sessions in March and April to identify immediate financial assistance for providers. This allowed providers to have secure access to revenue necessary for operations. In addition, MHR suspended its annual funding process and instead extended current SFY20 contracts into SFY21. This eliminated pressure on providers and allowed the system to move forward by focusing on other more pertinent priorities. Financial assistance included contract advances, service delivery flexibility, additional administrative dollars, a COVID -19 fund specifically to support telehealth (equipment and platforms) and PPE support, additional client wraparound dollars for basic needs, and workforce support including hazard pay for staff delivering services face to face. Of concern has been the well-being, safety, and retention of the workforce.

Recovery from the COVID -19 crisis will take time and adjustment. It will be awhile before providers fully understand the impact on their financial position and operations. While providers worked diligently to deliver services disruption in access still occurred for some individuals. As an example, SUD providers struggled to effectively provide group treatment services via platforms. Some people were uncomfortable in using face to face services due to the unknown risk of the virus. Initially the system reported a decrease in inquiries about services and intakes. At the beginning of the crisis, Pathways 211 reported food and shelter as the number one Information request from the public. It is believed that while many people were initially more concerned with physical safety and basic needs during the crisis, on 'the other side of the curve' more will begin to experience anxiety, depression, and addiction issues related to isolation, unemployment and financial instability. It is predicted that behavioral health services will increase in the future.

To plan for this surge and the re-opening of the system of care, provider CEOs and executive directors have been meeting at least monthly. This has included the development of several sub-groups that have addressed prevention delivery and population health.

Board Local System Priorities			
Priorities	Goals	Strategies	Measurement
<b>Local system and continuum of care</b>	<ul style="list-style-type: none"> <li>Provide access to care for Licking and Knox children and youth, families, and adults in need of behavioral healthcare services</li> <li>Stabilize local system and continuum of care</li> <li>Address health disparities and promote population health</li> </ul>	<ul style="list-style-type: none"> <li>Prioritization of local need</li> <li>Improve capacity by increasing the effective and efficient use of resources including local, state, and federal funding</li> <li>Recruitment and retention of workforce</li> <li>Innovation Fund to offer providers support in the development of organizational planning leading to improved capacity and sustainability</li> </ul>	<p>Funding of the SFY22 MHR Prioritized System and Continuum of Care:</p> <ul style="list-style-type: none"> <li>Addressing identified local need based on community assessments</li> <li>Meeting OhioMHAS Essential Services</li> <li>Aligning with OhioMHAS and RecoveryOhio priorities</li> <li>Aligning with local collation and partnership strategies</li> <li>Utilizing local, state, and federal resources</li> </ul> <p>Building capacity for the system and continuum of care</p> <ul style="list-style-type: none"> <li>Number of MHR contract providers with strategic plans</li> <li>Implementation of best practices in recruiting and retention of workforce</li> </ul>
<b>MHR 5 – year Strategic Plan</b>	<p>Develop 5-year Strategic Plan addressing:</p> <ul style="list-style-type: none"> <li><b>Planning</b> – To enhance MHR identity as a collaborative center and a resource for excellence I the planning a delivery of behavioral health care services in Licking and Knox counties meting community needs</li> <li><b>Finance</b> – Maintain financial viability of MHR and its service delivery system through efficient and accountable financial management</li> </ul>	<p>Use of Brown Consultants:</p> <ul style="list-style-type: none"> <li>To drive an objective assessment or key partners and other community members to measure board effectiveness and provide an analysis of results</li> <li>Facilitate board process to develop plan</li> <li>Develop an outcome based plan for implementation including objectives and timelines and a process to report progress</li> </ul>	<p>Completion of MHR 5 – Year Strategic Plan</p> <ul style="list-style-type: none"> <li>Brown &amp; MHR staff consultation (July 2020 – June 2021)</li> <li>Email survey measuring board effectiveness issued to 1700 Licking &amp; Knox County residents. Includes consumers and family members, advocates, community partners, and the general public (September 2020)</li> </ul>

Board Local System Priorities			
Priorities	Goals	Strategies	Measurement
	<ul style="list-style-type: none"> <li>• <b>Wellness and Recovery</b> – Fund and maintain a high quality, cost effective service delivery system that is responsive to the needs of all Licking and Knox County residents</li> <li>• <b>Advocacy</b> – Ensure greater visibility through public outreach, advocacy, and technology, promote education, recovery and reduce stigma in Licking and Knox Counties</li> <li>• <b>Quality Improvement</b> – Implement a system-wide model of performance improvement that supports an organizational management philosophy that employees data-informed decision making</li> </ul>		<ul style="list-style-type: none"> <li>• Phone survey measuring board effectiveness to 25 – 30 key community partners (October 2020)</li> <li>• MHR Governance Committee Review (January – March 2021)</li> <li>• MHR Board Retreat (April – June 2021)</li> </ul>
<b>HRSA Grant &amp; Partnership (Knox)</b>	<ul style="list-style-type: none"> <li>• To reduce the morbidity and mortality rate of substance use disorders (SUD) and opioid use disorders (OUD) for high risk and vulnerable populations in Knox County by improving access to evidence-based, integrated, and sustainable prevention, treatment, and recovery support services.</li> <li>• Address health disparities and promote population health</li> </ul>	<ul style="list-style-type: none"> <li>• Improve the public’s understanding of substance use disorders</li> <li>• Increase screening and early identification of SUD/OUD</li> <li>• Expand medication-assisted treatment (MAT)</li> <li>• Increase the availability and distribution of overdose-reversing medications</li> <li>• Increase screening for infectious disease</li> <li>• Implement SUD peer support</li> <li>• Increase the number of providers to prescribe MAT and the number of patients treated for OUD.</li> </ul>	<p>.As HRSA Grant administrative and fiscal agent and KORR Coalition partner:</p> <ul style="list-style-type: none"> <li>• Assist in implementation of Year One of the Work Plan</li> <li>• Measure effectiveness of Year One strategies</li> <li>• Complete all federal reporting requirements</li> </ul>
<b>InCK Grant &amp; Partnership (Licking)</b>	<p>InCK is a funding opportunity to test whether alternative payments models supporting integrated delivery of child services reduce costs and improve quality of care. Through a framework of child-centered care integration across behavioral, physical, and other child providers the goals of InCK include:</p> <ul style="list-style-type: none"> <li>• Improve child health</li> <li>• Reduce substance use disorders and opioid use</li> <li>• Reduce avoidable inpatient stays and out of home placements</li> </ul>	<p>Components of the program include:</p> <ul style="list-style-type: none"> <li>• Early identification and treatment of children with multiple health-related needs through population-level risk stratification</li> <li>• Integrated care coordination and case management for high-needs kids</li> <li>• State-specific APMs to support accountability for outcomes</li> </ul>	<p>As HRSA Grant Coalition partner and member of grant’s leadership council:</p> <ul style="list-style-type: none"> <li>• Assist with grant’s leadership to develop coalition structure and identify community needs</li> <li>• Assist in implementation of Year One of the Work Plan</li> </ul>

Board Local System Priorities			
Priorities	Goals	Strategies	Measurement
	<ul style="list-style-type: none"> <li>• Create sustainable Alternative Payment Models (APMs)</li> <li>• Address health disparities and promote population health</li> </ul>		

## Collaboration

4. 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?)

In order to fulfill its mission, MHR has developed significant partnerships locally and on a state level. This has provided MHR with opportunities to engage in shared community planning including assessment of needs and the development of strategies. MHR has incorporated these results into public policy and the investment of local dollars.

MHR also administers the 'County HUB to Combat Opioid Addiction' in both counties. Membership is comprised of representatives from education, law enforcement, the courts, child welfare, healthcare, business community, civic organizations, human services, treatment community, faith-based community, community leaders, and individuals with lived (consumers) and shared (family and friends) experience. Many key collaborations and partnerships are part of the HUB.

The two newest partnerships which MHR has joined, HRSA Grant & Knox Opioid Response and Recovery (KORR) Partnership (Knox) and Integrated Care for Kids (InCK) Grant & Partnership (Licking) will be key to their respective communities in addressing health disparities, population health, access to care, and infusion of additional funding. Both incorporate those with both lived and shared experiences as part of decision making and planning.

Below is the list of key collaborations and partnerships. Those highlighted in bolded text are collaborations contributing various elements, directly or indirectly, to the MHR System and Continuum of Care. Many include MOUs outlining participation.

- **HRSA Grant & Knox Opioid Response and Recovery (KORR) Partnership (Knox)**
- **Integrated Care for Kids (InCK) Grant & Partnership (Licking)**
- **Knox County Municipal Special Docket Drug Court Steering Committee & ATP Services**
- **Knox County Common Pleas Special Docket Court Steering Committee, Day Reporting, and ATP Services**
- **Knox County Juvenile Special Docket Drug Court Steering Committee**
- **Licking County Common Pleas Special Docket Drug Court Steering Committee, Day Reporting, & ATP Services**
- **Licking County Municipal Special Docket Behavioral Health Court Steering Committee**
- **Licking County CIT Steering Committee**
- **Knox County CIT Steering Committee**
- **Licking County Community Corrections Planning Board**
- **Knox County Community Corrections Planning Board**
- **Knox Substance Abuse Action Taskforce – (Knox County HUB to Combat Opioid Addiction)**
- **Licking County Addiction Taskforce (Licking County HUB to Combat Opioid Addiction)**
- **Licking County Quick Response Team**
- **Knox County Overdose Response Team**
- **Licking County SUD Triage Collaborative – Licking Memorial Hospital ED, BHP, and QRT**
- **Knox County SUD Triage Collaborative – Knox Community Hospital ED, BHP, and QRT**
- **Knox County Health Department (Knox Health Planning Partnership –KHPP) – Assessment & CHIP**
- **Licking County Health Department (Community Health Improvement Committee – CHIC) – Assessment & CHIP**
- **Licking County Health Department Fatality Review**
- **Licking County Health Department Prescription Drug Overdose Prevention Coalition**
- **Licking County United Way Community Blueprint Assessment & Plan**
- **Knox County United Way Community Assessment & Plan**

- **Licking County Our Futures – Leadership Board and Education Committee**
- **Licking County JFS Planning Committee**
- **Knox County Family and Children First Council & Shared Plans**
- **Licking County Children and Family First Council & Shared Plans**
- Ohio Balance of State Region 9 Executive Committee
- **Licking HUD Continuum of Care Committee**
- **Knox –Holmes-Coshocton HUD Continuum of Care Committee**
- Licking County Collation for Housing – Corporation for Supportive Housing Permanent Supportive Housing Planning Grant
- **Central Ohio Regional Withdrawal Management – Crisis Stabilization ADAMH Board Collaborative**
- **Central Ohio Regional SORS Grant Collaborative**
- **Central Ohio TVBH Hospital Collaborative**
- **SFSC Youth Mobile Crisis Team Collaborative**
- Regional Trauma Informed Care Collaborative
- Ohio Interagency Youth Council
- ODE Education Advisory Workgroup
- FFPSA SUD Treatment, Workgroup
- FFPSA Prevention MH Workgroup
- OACHBA Managed Care, Recovery is Beautiful – ROSC Implementation, Hospital, Mental Health Technology Transfer Center Network Planning, Opioid and other Addiction, and Program Committee.

<b>Inpatient Hospital Management and Transition Planning</b>
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5. **Describe what partnerships will be needed between the Board and the State Hospital(s), Private Hospital(s) and/or outpatient providers for the identification of needed services and supports.**
  - a. **How will the Board coordinate the transition from the hospital to the community? (i.e.; discharge planning)**
  - b. **Who will be responsible for this?**

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

MHR continues to use the established processes described below to meet needs of consumers and to monitor hospital utilization. Outcome measures and performance targets are used to monitor hospitalization.

- The average (median) number of days between discharge from board-funded non-state hospital psychiatric services and provider service follow-up contact will be 7 days or less.
- 90% of state hospital admissions (with stays of 3 or more calendar days) will have face-to-face follow-up contact with a nurse practitioner or psychiatrist within 7 days of discharge
- The average (median) number of days between discharge from detox/SUD in-patient and face-to-face follow up contact will be 5 days or less.

Progress is measured and reviewed semi-annually and annually with providers instituting strategies for improvement, as needed.

In addition to the established processes described below, MHR has implemented a youth mobile crisis response team in both counties. MHR has received a Strong Families Safe Communities grant since August of 2013 to facilitate the development of these teams. The teams include staff from Behavioral Healthcare Partners and the Boards of DD in both Licking and Knox County. In addition, Pathways/211 serves as the agency receiving, screening, and dispatching referrals.

The team addresses the critical issues faced by families with youth (ages 0 – 24) in crisis who present a risk to themselves, their families, or others due to mental illness and/or developmental disabilities. Referrals have come from hospitals, schools, community agencies and families. The team goes to the individual’s house or another agreed-upon location, meets with the individual and/or family, and provides targeted crisis intervention services and safety planning and intensive care coordination with referral to appropriate services.

In SFY21, with the successful experience of the youth mobile crisis response and support of OhioMHAS crisis infrastructure funding, MHR, working with community partners, plans to develop an adult mobile crisis team response for both counties in the service district.

### **Private hospitals:**

- Both the Licking and Knox County CIT programs have developed procedure protocols that actively involve law enforcement, community hospitals and MHR contract providers in increasing face-to-face capacity of emergency service provision to both adults and children and adolescents. Community hospitals provide the central location for CIT identified cases in need of further crisis intervention or pre-hospital screening that cannot be addressed in the field.
- Shepherd Hill Hospital, the behavioral healthcare inpatient psychiatric unit for Licking Memorial Hospital, participates in collaborative efforts involving crisis intervention and pre-hospital screening activities with the staff of Licking Memorial Hospital and the BHP Crisis Intervention/Emergency Services Department.
- MHR provides access to all levels of SUD care. See the MHR SUD Triage Services Matrix.
- Both community hospitals participate in multi-system collaborative groups that address issues of planning and implementation of programming. These groups include:
  - The Licking County CIT Steering Committee
  - The Knox County CIT Steering Committee
  - Licking County SUD Triage Collaborative – Licking Memorial Hospital ED, BHP, and QRT
  - Knox County SUD Triage Collaborative – Knox Community Hospital ED, BHP, and QRT
- MHR has designated funding for families having no means of payment for inpatient psychiatric care for their children. MHR contracts with private hospitals which provide inpatient psychiatric care for children and manages this funding in conjunction with the hospital pre-screening activities provided by the BHP Crisis Intervention/Emergency Services Department.
- MHR allocates designated funding to BHP for adults with no means of payment for inpatient psychiatric care. Without this funding, state hospital bed day use would increase. This ensures greater flexibility in using private hospitalization with shorter lengths of stay when it is clinically appropriate. BHP directly contracts with private hospitals to purchase beds as needed.
- Both community hospitals, Licking Memorial Hospital (Licking County) and Knox Community Hospital (Knox County), work very closely with the BHP Crisis Intervention/Emergency Services Department by providing safe observation space in their emergency room departments and the support of their emergency room staff for individuals in need of crisis intervention and/or pre-hospitalization screening and medical clearance.

### **Regional Psychiatric Hospital Continuity of Care Agreements/State Hospital Bed Day Utilization Project**

The Continuity of Care Agreement between Twin Valley Behavioral Healthcare, Behavioral Healthcare Partners (BHP), and MHR has been implemented to ensure a seamless process to access and improve continuity of care in the admissions, treatment and discharge between state hospitals and community mental health providers by the following:

1. All BHP staff involved in the Continuity of Care processes is knowledgeable about its content and expectations including responsibilities of hospital admission, inpatient-outpatient team participation, discharge planning, and aftercare services. Additionally, MHR provides annual training opportunities for health officers including review

of OAC 5122 and best practice crisis intervention models. Supervision for the Continuity of Care implementation is provided by the BHP Medical Director, the BHP Crisis Intervention /Emergency Services Supervisors for Licking and Knox Counties, and clinical administration. MHR monitoring and consultation is provided by the MHR Clinical Director on a 24/7 as needed basis.

2. Local aggressive utilization management:

- MHR and BHP staff review all TVBH hospital utilization notifications.
- BHP health officers daily fax all probate and pink slip documents to the MHR Clinical Director for review.
- The BHP Medical Director, other BHP supervisors, and the MHR Clinical Director regularly consult on admissions, continuing stays, and discharge planning. All consult with TVBH administration concerning consumer inpatient status.
- BHP staff participates in scheduled team meetings with TVBH in person, via phone conference, or by teleconferencing. In between scheduled team meetings, BHP clinical staff meet with hospitalized consumers and hospital staff for continued stay assessment and discharge planning.

3. Administrative Meetings

- TVBH, MHR and BHP administrative staff confers on the implementation of the Continuity of Care Agreement, methods of improving the collaborative partnership, and specific cases.
- MHR participates with the Central Ohio Collaborative to assess and plan for regional needs and gaps in services.

**Addressing Needs of Civilly and Forensically Hospitalized Adults**

MHR and BHP adhere to the conditions of the Continuity of Care agreement with Twin Valley Behavioral Healthcare in assuring that needs of hospitalized consumers are met in discharge planning and the provision of aftercare services.

Since FY 2008, MHR has funded the evidence based practice ACT/FACT team in Licking County. In SFY17, a Knox County team was developed. Team staff provides services to all ACT/FACT consumers, while ACT serves non-forensic adults and FACT serves the forensic population. The team serves some of the highest risk mental health consumers in the system.

Forensically hospitalized consumers are followed by Behavioral Healthcare Partners (BHP), a MHR provider and the MHR Forensic Monitor. Forensic cases are served on the ACT/FACT team. Both BHP and the forensic monitor attend hospital treatment team meetings to plan for discharge and conditional release into the community. BHP staff frequently involve The Main Place, the MHR funded peer support/consumer operated center in both counties, as part of a coordinated team effort to address the needs of forensic consumers as part of the conditional release plan. Both providers take consumers into the community prior to release so that the plan can be practiced and the consumer become reintegrated.

The MHR forensic monitor becomes involved with a forensically hospitalized consumer fairly early in the process, generally beginning during competency evaluation or restoration process. This is to establish a relationship with the consumer and provide consultation to the treatment team, BHP, and the court.



## Continuum of Care Service Inventory

6. **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

7. **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).***

### **Acronym Key for MHR Federal and State Priorities**

**MHR** – Mental Health and Recovery for Licking and Knox Counties, **EBP** – Evidenced Based Practices, **NOMS** – SAMHSA National Outcome Measures, **PT**: Performance Targets, **LC** – Licking County, **KC** – Knox County, **SFY21 MHR Contract Providers** – **BHP** – Behavioral Healthcare Partners of Central Ohio, **FC** – Freedom Center, **LAPP** – Licking Alcohol Prevention Program, **MHALK** – Mental Health America of Licking County, **ND** – New Directions, **Pathways** – Pathways of Central Ohio, **TMP** – The Main Place, Woodlands – The Woodlands. **Other- CFFC** – Children and Family First Council

### **MHR Performance Target and Outcomes Measures Management**

As discussed earlier, MHR collects Outcome Measures and Performance Targets semi-annually and annually from all contract providers. Results are reported to the MHR board for their review and are incorporated into the continuum of care quality improvement and planning process. Providers are required to use a valid and reliable assessment tool to measure changes in functioning. Priorities may include a number of different outcome measures to determine effectiveness. Those outcome measures most significant to the identified population served (proposed output measure) have been highlighted in bold text.

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
<p><b>SAPT-BG: Mandatory (for OhioMHAS):</b> Persons who are intravenous/injection drug users (IDU)</p>	<p><b>Adults/youth who are intravenous/injection drug users (IDU) will access treatment services promptly.</b></p>	<p><b><u>Public Policy</u></b></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opioid Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY21 prioritized funding of non-Medicaid SUD/MH crisis, treatment, recovery and prevention services for youth and adults for both counties</li> </ul> <p><b><u>Public Policy Development</u></b></p> <ul style="list-style-type: none"> <li>MHR Governance Committee</li> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Harm Reduction Committee – Collaborative Community Planning</li> </ul> <p><b><u>Community/Collation Planning and Strategies – Includes Assessment of Needs &amp; Gaps Analysis</u></b></p> <ul style="list-style-type: none"> <li>Licking and Knox County HUB for Opioid/Addiction Planning</li> <li>HRSA Grant – KORRS Partnership Planning (Knox)</li> <li>ROSC SFY19 Survey</li> <li>Knox County Municipal Special Docket Drug Court &amp; ATP Services</li> <li>Knox County Common Pleas Special Docket Court &amp; ATP Services</li> <li>Knox County Juvenile Special Docket Drug Court</li> <li>Licking County Common Pleas Special Docket Drug Court &amp; ATP Services</li> <li>Licking County Municipal Special Docket Court &amp; ATP Services</li> <li>Knox County Day Reporting Program</li> <li>Licking County Day Reporting Program</li> <li>Special Docket Court MHR Emergency Funding</li> <li>Licking County CIT</li> <li>Knox County CIT</li> </ul>	<p><b><u>Related NOMs</u></b></p> <ul style="list-style-type: none"> <li>Access/Capacity</li> <li>Retention</li> <li>Employment/ Education</li> <li>Abstinence</li> <li>Crime &amp; Criminal Justice System</li> <li>Social Connectedness</li> <li>Retention</li> <li>Use of EBPs</li> </ul> <p><b><u>Proposed Output Measure:</u></b></p> <ul style="list-style-type: none"> <li>150 adult IV drug users</li> <li>500 adult opioid users</li> </ul> <p><b><u>MHR Outcome Measures &amp; Performance Targets– System Aggregate</u></b></p> <ul style="list-style-type: none"> <li><i>Provider &amp; Board Initiative Continuum of Care</i></li> <li><i>Semi and Annual Collection &amp; Review</i></li> </ul> <p><b><u>Crisis Services</u></b></p> <ul style="list-style-type: none"> <li>95% of individuals in crisis will be responded to within one hour of their initial contact. (All SUD &amp; MH)</li> <li>100% will be seen within three hours of their initial contact (All SUD &amp; MH)</li> <li><b>100% of individuals receiving crisis intervention services will be provided with a safety plan that takes into account risk assessment (All SUD &amp; MH)</b></li> </ul> <p><b><u>Treatment Services</u></b></p> <ul style="list-style-type: none"> <li>73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (All youth &amp; adult SUD)</li> <li><b>90% of adult IV drug users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call. (All youth &amp; adult SUD)</b></li> <li><b>90% of all adult opiate users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call. (All youth &amp; adult SUD)</b></li> <li>75% of clients receiving services will have no new involvement with the criminal justice system. (All youth &amp; adult SUD)</li> <li>Of those completing a program with a dependence diagnosis, 75% will report abstinence from drugs and/or alcohol use at discharge. (All youth &amp; adult SUD)</li> </ul>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>• Newark Police Department NARI Program</li> <li>• Multi-system High Risk Adult Team (Knox)</li> <li>• Knox County Community Corrections Planning Board</li> <li>• Licking County Community Corrections Planning Board</li> <li>• Knox Substance Abuse Action Taskforce – Youth &amp; Adult Committees (County HUB)</li> <li>• Licking County Addiction Taskforce (County HUB)</li> <li>• Licking County Quick Response Team</li> <li>• Knox County Overdose Response Team</li> <li>• Knox County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department Fatality Review</li> <li>• Licking County Health Department Prescription Drug Overdose Prevention Coalition</li> <li>• Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>• Knox County United Way Community Assessment &amp; Plan</li> <li>• Licking County Our Futures</li> <li>• Licking County JFS/Children’s Services – MHR High Risk Youth and Family Funding</li> <li>• Licking County JFS/Children’s Services – SUD Services for Parents at Risk of Losing Custody Due to Addiction</li> <li>• Licking County JFS Planning Committee</li> <li>• Knox County Family and Children First Council &amp; Shared Plan</li> <li>• Licking County Children and Family First Council &amp; Shared Plan</li> </ul> <p><b><u>Use of Evidenced Based &amp; Best Clinical/Service Practices</u></b></p> <ul style="list-style-type: none"> <li>• SAMHSA Gender Specific Treatment EBP</li> <li>• SAMHSA MAT EBP</li> <li>• SAMHSA Matrix Model EBP</li> <li>• SAMHSA Stages of Change EBP</li> <li>• SAMHSA Motivational Interviewing EBP</li> <li>• SAMHSA SUD EBPs – 12-Step Treatment, Criminal Justice, Cognitive Based Treatment &amp; Contingency Management</li> <li>• SAMHSA – Solution Focused Therapy and Family Behavior Therapy EBPs</li> <li>• SAMHSA Trauma Informed Practices EBP</li> <li>• Recovery Orientated Systems of Care (ROSC)</li> <li>• University of Cincinnati Recommendations</li> <li>• Special Docket Courts</li> </ul>	<ul style="list-style-type: none"> <li>• 50% of adult SUD clients assessed as appropriate for outpatient or residential services will complete the programs. (All adult SUD)</li> <li>• 65% of youth admitted will complete the program (All youth SUD)</li> <li>• 56% of offenders assessed in jail and referred to SUD services as part of re-entry planning will engage in SUD services upon release from incarceration. (LAPP &amp; FC SUD Jail Services)</li> <li>• 70% of participants engaged in services upon release will decrease or have no new involvement with the criminal justice system. (LAPP &amp; FC SUD Jail Services)</li> </ul> <p><b><i>Wellness – Recovery &amp; Related Prevention</i></b></p> <ul style="list-style-type: none"> <li>• 80% of participants will report improvements in parenting skills and behaviors. (All parenting programs)</li> <li>• 75% are employed and/or in a continued training or education program (MHALC Bridges Out of Poverty)</li> <li>• 73% of participants will demonstrate improvement in functioning. (MHALC Bridges Out of Poverty)</li> </ul> <p><b><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></b></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b> <b><i>Related Behavioral Health Goal</i></b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li>• <b>Knox County &amp; Licking County Health Department Community Health Improvement Plans</b> <b><i>Addiction &amp; Mental Health Prevention Goals:</i></b> <ul style="list-style-type: none"> <li>○ <i>Reduce depression and suicide deaths</i></li> <li>○ <i>Reduce alcohol and drug dependency/use</i></li> <li>○ <i>Reduce unintentional drug overdose deaths</i></li> <li>○ <i>Increase awareness of Trauma Informed Care</i></li> <li>○ <i>Increase number of nicotine quit attempts</i></li> </ul> </li> </ul>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>• CIT</li> <li>• NREPP Teen Intervene</li> <li>• NREPP Prime for Life</li> </ul> <p><b>MHR SFY21 Funded Continuum of Care</b></p> <p><b><u>Provider Programs/Services – Continuum of Care</u></b></p> <p><b><i>Crisis Services</i></b></p> <ul style="list-style-type: none"> <li>• Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>• Licking and Knox Quick Response Teams (QRP)</li> <li>• Licking County SUD Triage Collaborative – Licking Memorial Hospital ED, BHP, and QRT</li> <li>• Knox County SUD Triage Collaborative – Knox Community Hospital ED, BHP, and QRT</li> <li>• BHP 24/7 Emergency Services/Crisis Intervention</li> <li>• Kids’ Mobile Crisis Team (MUTT)</li> <li>• Adult Mobile Crisis Team</li> <li>• Pathways 24/7 Recovery Warm Line</li> </ul> <p><b><i>Treatment Services</i></b></p> <ul style="list-style-type: none"> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>• MHR Addiction Services Matrix</li> </ul> <p><b><i>Wellness – Recovery &amp; Related Prevention</i></b></p> <ul style="list-style-type: none"> <li>• MHALC Bridges Out of Poverty</li> <li>• FC Risk Reduction Education –Knox Municipal Court</li> <li>• LAPP youth &amp; adult SUD Wraparound Services</li> <li>• FC youth &amp; adult SUD Wraparound Services</li> <li>• BHP youth &amp; adult SUD Wraparound Services</li> <li>• FC Parent Project – Community &amp; Juvenile Court</li> <li>• Pathways Parent Education Center</li> <li>• MHALC Parent Support</li> <li>• BHP Housing Support Services</li> <li>• The Woodlands New Beginnings DV Shelter &amp; Services</li> <li>• The Woodlands DV Advocacy &amp; Referral</li> <li>• New Directions DV Shelter &amp; Services</li> <li>• New Directions DV Advocacy &amp; Referral</li> </ul>	

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
<p><b>SAPT-BG: Mandatory for boards:</b> Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)</p>	<p><b>Women who are pregnant with substance use disorders will have access to gender-specific treatment programming.</b></p>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> </ul> <p>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations</p> <ul style="list-style-type: none"> <li>Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY21 prioritized funding of non-Medicaid SUD/MH crisis, treatment, recovery and prevention services for youth and adults for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Harm Reduction Committee – Collaborative Community Planning</li> </ul> <p><b>Community/Collation Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>Licking and Knox County HUB for Opioid/Addiction Planning</li> <li>HRSA Grant – KORRS Partnership Planning (Knox)</li> <li>ROSC SFY19 Survey</li> <li>Knox County Municipal Special Docket Drug Court &amp; ATP Services</li> <li>Knox County Common Pleas Court Special Docket Court &amp; ATP Services</li> <li>Knox County Juvenile Special Docket Drug Court</li> <li>Licking County Common Pleas Special Docket Drug Court &amp; ATP Services</li> <li>Licking County Municipal Special Docket Court &amp; ATP Services</li> <li>Special Docket Court MHR Emergency Funding</li> <li>Knox County Day Reporting Program</li> <li>Licking County Day Reporting Program</li> <li>Licking County CITS</li> <li>Knox County CIT</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>Access/Capacity</li> <li>Retention</li> <li>Employment/ Education</li> <li>Abstinence</li> <li>Crime &amp; Criminal Justice System</li> <li>Social Connectedness</li> <li>Retention</li> <li>Use of EBPs</li> </ul> <p><b>Proposed Output Measure:</b></p> <ul style="list-style-type: none"> <li>20 pregnant women receiving SUD services</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets– System Aggregate</b></p> <ul style="list-style-type: none"> <li><i>Provider &amp; Board Initiative Continuum of Care</i></li> <li><i>Semi and Annual Collection &amp; Review</i></li> </ul> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>95% of individuals in crisis will be responded to within one hour of their initial contact. (All SUD &amp; MH)</li> <li>100% will be seen within three hours of their initial contact (All SUD &amp; MH)</li> <li><b>100% of individuals receiving crisis intervention services will be provided with a safety plan that takes into account risk assessment (All SUD &amp; MH)</b></li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li><b>95% of pregnant women receiving SUD treatment services will be enrolled in gender-specific programming</b></li> <li>73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (All youth &amp; adult SUD)</li> <li>90% of adult IV drug users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call. (All youth &amp; adult SUD)</li> <li>90% of all adult opiate users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call. (All youth &amp; adult SUD)</li> <li>75% of clients receiving services will have no new involvement with the criminal justice system. (All youth &amp; adult SUD)</li> <li>Of those completing a program with a dependence diagnosis, 75% will</li> </ul>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

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		<ul style="list-style-type: none"> <li>• Newark Police Department NARI Program</li> <li>• Multi-system High Risk Adult Team (Knox)</li> <li>• Licking County Community Corrections Planning Board</li> <li>• Knox County Community Corrections Planning Board</li> <li>• Knox Substance Abuse Action Taskforce – Youth &amp; Adult Committees (County HUB)</li> <li>• Licking County Addiction Taskforce (County HUB)</li> <li>• Licking County Quick Response Team</li> <li>• Knox County Overdose Response Team</li> <li>• Knox County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department Overdose Fatality Review</li> <li>• Licking County Health Department Prescription Drug Overdose Prevention Coalition</li> <li>• Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>• Knox County United Way Community Assessment &amp; Plan</li> <li>• Licking County Our Futures</li> <li>• Licking County JFS/Children’s Services – MHR High Risk Youth &amp; Family Funding</li> <li>• Licking County JFS/Children’s Services – SUD Services for Parents at Risk of Losing Custody Due to Addiction</li> <li>• Licking County JFS Planning Committee</li> <li>• Knox County Family and Children First Council &amp; Shared Plan</li> <li>• Licking County Children and Family First Council &amp; Shared Plan</li> </ul> <p><b><u>Use of Evidenced Based &amp; Best Clinical/Service Practices</u></b></p> <ul style="list-style-type: none"> <li>• SAMHSA Gender Specific Treatment EBP</li> <li>• SAMHSA MAT EBP</li> <li>• SAMHSA Matrix Model EBP</li> <li>• SAMHSA Stages of Change EBP</li> <li>• SAMHSA Motivational Interviewing EBP</li> <li>• SAMHSA SUD EBPs – 12-Step Treatment, Criminal Justice, Cognitive Based Treatment &amp; Contingency Management</li> <li>• SAMHSA – Solution Focused Therapy and Family Behavior Therapy EBPs</li> <li>• SAMHSA Trauma Informed Practices EBP</li> <li>• Recovery Orientated Systems of Care (ROSC)</li> <li>• University of Cincinnati Recommendations</li> <li>• Special Docket Courts</li> </ul>	<p>report abstinence from drugs and/or alcohol use at discharge. (All youth &amp; adult SUD)</p> <ul style="list-style-type: none"> <li>• 50% of adult SUD clients assessed as appropriate for outpatient or residential services will complete the programs. (All adult SUD)</li> <li>• 56% of offenders assessed in jail and referred to SUD services as part of re-entry planning will engage in SUD services upon release from incarceration. (LAPP &amp; FC SUD Jail Services)</li> <li>• 70% of participants engaged in services upon release will decrease or have no new involvement with the criminal justice system. (LAPP &amp; FC SUD Jail Services)</li> </ul> <p><b><u>Wellness – Recovery &amp; Related Prevention</u></b></p> <ul style="list-style-type: none"> <li>• 80% of participants will report improvements in parenting skills and behaviors. (All parenting programs)</li> <li>• 80% of participants will report improved behaviors of their children. (All parenting programs)</li> <li>• 75% are employed and/or in a continued training or education program (MHALC Bridges Out of Poverty)</li> <li>• 73% of participants will demonstrate improvement in functioning. (MHALC Bridges Out of Poverty)</li> </ul> <p><b><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></b></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b> <b>Related Behavioral Health Goal</b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li>• <b>Knox County &amp; Licking County Health Department Community Health Improvement Plans</b> <b>Addiction &amp; Mental Health Prevention Goals:</b> <ul style="list-style-type: none"> <li>○ Reduce depression and suicide deaths</li> <li>○ Reduce alcohol and drug dependency/use</li> <li>○ Reduce unintentional drug overdose deaths</li> </ul> </li> </ul>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

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		<ul style="list-style-type: none"> <li>• CIT</li> <li>• NREPP Teen Intervene</li> <li>• NREPP Prime for Life</li> </ul> <p><b>MHR SFY21 Funded Continuum of Care</b></p> <ul style="list-style-type: none"> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>• MHR Addiction Services Matrix</li> </ul> <p><b><u>Provider Programs/Services – Continuum of Care</u></b></p> <p><b><u>Crisis Services</u></b></p> <ul style="list-style-type: none"> <li>• Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>• Licking and Knox Quick Response Teams (QRP)</li> <li>• Licking County SUD Triage Collaborative – Licking Memorial Hospital ED, BHP, and QRT</li> <li>• Knox County SUD Triage Collaborative – Knox Community Hospital ED, BHP, and QRT</li> <li>• BHP 24/7 Emergency Services/Crisis Intervention</li> <li>• Kids' Mobile Crisis Team (MUTT)</li> <li>• Adult Mobile Crisis Team</li> <li>• Pathways 24/7 Recovery Warm Line</li> </ul> <p><b><u>Treatment Services</u></b></p> <ul style="list-style-type: none"> <li>• BHP Criminal Justice Specialist – Special Docket Courts</li> <li>• LAPP SUD Jail Treatment &amp; Re-entry Services</li> <li>• FC SUD Jail Treatment &amp; Re-entry Services</li> <li>• BHP SUD Courage House – 16 units for women &amp; women with children</li> <li>• LAPP SUD Women's IOP &amp; MAT</li> <li>• FC SUD Women's IOP</li> <li>• LAPP SUD Women's OP &amp; MAT</li> <li>• FC SUD Women's OP &amp; MAT</li> </ul> <p><b><u>Wellness – Recovery &amp; Related Prevention</u></b></p> <ul style="list-style-type: none"> <li>• LAPP youth &amp; adult SUD Wraparound Services</li> <li>• FC youth &amp; adult SUD Wraparound Services</li> <li>• BHP youth &amp; adult SUD Wraparound Services</li> <li>• Pathways Parent Education Center</li> <li>• MHALC Parent Support</li> <li>• FC Parent Project – Community &amp; Juvenile Court</li> <li>• MHALC Bridges Out of Poverty</li> </ul>	<ul style="list-style-type: none"> <li>○ Increase awareness of Trauma Informed Care</li> <li>○ Increase number of nicotine quit attempts</li> </ul>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

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		<ul style="list-style-type: none"> <li>• <i>FC Risk Reduction Education –Knox Municipal Court</i></li> <li>• <i>BHP Housing Support Services</i></li> <li>• <i>The Woodlands New Beginnings DV Shelter &amp; Services</i></li> <li>• <i>The Woodlands DV Advocacy &amp; Referral</i></li> <li>• <i>New Directions DV Shelter &amp; Services</i></li> <li>• <i>New Directions DV Advocacy &amp; Referral</i></li> </ul> <p><b><u>Board Initiatives– Continuum of Care</u></b></p> <p><b><u>Crisis Services</u></b></p> <ul style="list-style-type: none"> <li>• <i>MHR Addiction Services Matrix</i></li> <li>• <i>Naloxone Kits Fund</i></li> <li>• <i>QRT</i></li> <li>• <i>CIT</i></li> <li>• <i>Ambulatory &amp; Sub-ambulatory Detox Fund</i></li> </ul> <p><b><u>Treatment Services</u></b></p> <ul style="list-style-type: none"> <li>• <i>MAT Fund</i></li> <li>• <i>FC MAT Outreach and Case Management</i></li> <li>• <i>LAPP MAT Outreach and Case Management</i></li> </ul> <p><b><u>Wellness – Recovery &amp; Related Prevention</u></b></p> <ul style="list-style-type: none"> <li>• <i>Recovery Housing – Level III - women</i></li> <li>• <i>Recovery Housing – Level II - women and women with children</i></li> <li>• <i>Recovery Housing Rental Assistance</i></li> <li>• <i>Integrated Peer Support</i></li> <li>• <i>Recovery Supports – Family groups &amp; Special Docket Court &amp; Provider SUD treatment youth &amp; adult Contingency Management</i></li> <li>• <i>Career Connections</i></li> </ul> <p><b><u>Other Supports– Continuum of Care</u></b></p> <ul style="list-style-type: none"> <li>• <i>Licking Memorial Health Systems – Behavioral Health Services – Shepherd Hill Hospital</i></li> <li>• <i>Knox Community Hospital – New Vision Medical Stabilization (Detox)</i></li> <li>• <i>Knox County Health Department FQHC</i></li> </ul>	
<p><b>SAPT-BG: Mandatory for boards:</b> Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) &amp; 340.15 required consultation with County Commissioners and required service priority</p>	<p><b>Parents with substance abuse disorders who have dependent children at risk of parental neglect/abuse due to SUD will have access to SUD treatment</b></p>	<p><b><u>Public Policy</u></b></p> <ul style="list-style-type: none"> <li>• SAMHSA A Public Health Model for Behavioral Health</li> <li>• MHR Five Year Strategic Plan</li> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> </ul>	<p><b><u>Related NOMs</u></b></p> <ul style="list-style-type: none"> <li>• Access/Capacity</li> <li>• Retention</li> <li>• Employment/ Education</li> <li>• Abstinence</li> <li>• Crime &amp; Criminal Justice System</li> </ul>



**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
<p>for children at risk of parental neglect/abuse due to SUDs)</p>		<ul style="list-style-type: none"> <li>• SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>• MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>• MHR SFY21 prioritized funding of non-Medicaid SUD/MH crisis, treatment, recovery and prevention services for youth and adults for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>• MHR Governance Committee</li> <li>• MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>• MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> <li>• MHR Ad-hoc Harm Reduction Committee – Collaborative Community Planning</li> </ul> <p><b>Community/Collation Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>• Licking and Knox County HUB for Opioid/Addiction Planning</li> <li>• InCK Grant &amp; Partnership &amp; Planning (Licking)</li> <li>• HRSA Grant &amp; KORRS Partnership Planning (Knox)</li> <li>• ROSC SFY19 Survey</li> <li>• Knox County Municipal Special Docket Drug Court &amp; ATP Services</li> <li>• Knox County Common Pleas Court Special Docket Court &amp; ATP Services</li> <li>• Knox County Juvenile Special Docket Drug Court</li> <li>• Licking County Common Pleas Special Docket Drug Court &amp; ATP Services</li> <li>• Licking County Municipal Special Docket Court &amp; ATP Services</li> <li>• MHR Special Docket Court Emergency Funding</li> <li>• Knox County Day Reporting Program</li> <li>• Licking County Day Reporting Program</li> <li>• Licking County CIT</li> <li>• Knox County CIT</li> <li>• Newark Police Department NARI Program</li> <li>• Multi-system High Risk Adult Team (Knox)</li> <li>• Licking County Community Corrections Planning Board</li> <li>• Knox County Community Correction Planning Board</li> <li>• Knox Substance Abuse Action Taskforce – Youth &amp; Adult Committees (County HUB)</li> </ul>	<ul style="list-style-type: none"> <li>• Social Connectedness</li> <li>• Retention</li> <li>• Use of EBPs</li> </ul> <p><b>Proposed Output Measure:</b></p> <ul style="list-style-type: none"> <li>• 600 parents receiving SUD services</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets</b></p> <ul style="list-style-type: none"> <li>• <i>Provider &amp; Board Initiative Continuum of Care</i></li> <li>• <i>Semi and Annual Collection &amp; Review</i></li> </ul> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>• 95% of individuals in crisis will be responded to within one hour of their initial contact. (All SUD &amp; MH)</li> <li>• 100% will be seen within three hours of their initial contact (All SUD &amp; MH)</li> <li>• <b>100% of individuals receiving crisis intervention services will be provided with a safety plan that takes into account risk assessment (All SUD &amp; MH)</b></li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>• 73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (All youth &amp; adult SUD)</li> <li>• <b>90% of adult IV drug users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call. (All youth &amp; adult SUD)</b></li> <li>• <b>90% of all adult opiate users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call. (All youth &amp; adult SUD)</b></li> <li>• 75% of clients receiving services will have no new involvement with the criminal justice system. (All youth &amp; adult SUD)</li> <li>• Of those completing a program with a dependence diagnosis, 75% will report abstinence from drugs and/or alcohol use at discharge. (All youth &amp; adult SUD)</li> <li>• <b>50% of adult SUD clients assessed as appropriate for outpatient or residential services will complete the programs. (All adult SUD)</b></li> <li>• 56% of offenders assessed in jail and referred to SUD services as part of re-entry planning will engage in SUD services upon release from incarceration. (LAPP &amp; FC SUD Jail Services)</li> <li>• 70% of participants engaged in services upon release will decrease or</li> </ul>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>• Licking County Addiction Taskforce (County HUB)</li> <li>• Licking County Quick Response Team</li> <li>• Knox County Overdose Response Team</li> <li>• Knox County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department Overdose Fatality Review</li> <li>• Licking County Health Department Prescription Drug Overdose Prevention Coalition</li> <li>• Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>• Knox County United Way Community Assessment &amp; Plan</li> <li>• Licking County Our Futures</li> <li>• Licking County JFS/Children’s Services – MHR High Risk Youth &amp; Family Funding</li> <li>• Licking County JFS/Children’s Services – SUD Services for Parents at Risk of Losing Custody Due to Addiction</li> <li>• Licking County JFS Planning Committee</li> <li>• Knox County Family and Children First Council &amp; Shared Plan</li> <li>• Licking County Children and Family First Council &amp; Shared Plan</li> </ul> <p><b><u>Use of Evidenced Based &amp; Best Clinical/Service Practices</u></b></p> <ul style="list-style-type: none"> <li>• SAMHSA Gender Specific Treatment EBP</li> <li>• SAMHSA MAT EBP</li> <li>• SAMHSA Matrix Model EBP</li> <li>• SAMHSA Stages of Change EBP</li> <li>• SAMHSA Motivational Interviewing EBP</li> <li>• SAMHSA SUD EBPs – 12-Step Treatment, Criminal Justice, Cognitive Based Treatment &amp; Contingency Management</li> <li>• SAMHSA – Solution Focused Therapy and Family Behavior Therapy EBPs</li> <li>• SAMHSA Trauma Informed Practices EBP</li> <li>• Recovery Orientated Systems of Care (ROSC)</li> <li>• University of Cincinnati Recommendations</li> <li>• Special Docket Courts</li> <li>• CIT</li> <li>• NREPP Teen Intervene</li> <li>• NREPP Prime for Life</li> </ul> <p><b>MHR SFY21 Funded Continuum of Care</b></p> <ul style="list-style-type: none"> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate</li> </ul>	<p>have no new involvement with the criminal justice system. (LAPP &amp; FC SUD Jail Services)</p> <p><b><i>Wellness – Recovery &amp; Related Prevention</i></b></p> <ul style="list-style-type: none"> <li>• 80% of participants will report improvements in parenting skills and behaviors. (All parenting programs)</li> <li>• 80% of participants will report improved behaviors of their children. (All parenting programs)</li> <li>• 75% are employed and/or in a continued training or education program (MHALC Bridges Out of Poverty)</li> <li>• 73% of participants will demonstrate improvement in functioning. (MHALC Bridges Out of Poverty)</li> </ul> <p><b><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></b></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b> <b><i>Related Behavioral Health Goal</i></b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li>• <b>Knox County &amp; Licking County Health Department Community Health Improvement Plans</b> <b><i>Addiction &amp; Mental Health Prevention Goals:</i></b> <ul style="list-style-type: none"> <li>○ <i>Reduce depression and suicide deaths</i></li> <li>○ <i>Reduce alcohol and drug dependency/use</i></li> <li>○ <i>Reduce unintentional drug overdose deaths</i></li> <li>○ <i>Increase awareness of Trauma Informed Care</i></li> <li>○ <i>Increase number of nicotine quit attempts</i></li> </ul> </li> </ul>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
		<p>Services</p> <ul style="list-style-type: none"> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>• MHR Addiction Services Matrix</li> </ul> <p><b><u>Provider Programs/Services – Continuum of Care</u></b></p> <p><b><i>Crisis Services</i></b></p> <ul style="list-style-type: none"> <li>• <i>Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</i></li> <li>• <i>Licking and Knox Quick Response Teams (QRP)</i></li> <li>• <i>Licking County SUD Triage Collaborative – Licking Memorial Hospital ED, BHP, and QRT</i></li> <li>• <i>Knox County SUD Triage Collaborative – Knox Community Hospital ED, BHP, and QRT</i></li> <li>• <i>BHP 24/7 Emergency Services/Crisis Intervention</i></li> <li>• <i>Kids’ Mobile Crisis Team (MUTT)</i></li> <li>• <i>Adult Mobile Crisis Team</i></li> <li>• <i>Pathways 24/7 Recovery Warm Line</i></li> </ul> <p><b><i>Treatment Services</i></b></p> <ul style="list-style-type: none"> <li>• <i>LAPP SUD Jail Treatment &amp; Re-entry Services</i></li> <li>• <i>FC SUD Jail Treatment &amp; Re-entry Services</i></li> <li>• <i>Prison MH Re-entry Services</i></li> <li>• <i>BHP Criminal Justice Specialist – Special Docket Courts</i></li> <li>• <i>FC Juvenile Special Docket Drug Court Case Manager</i></li> <li>• <i>BHP SUD Courage House – 16 units for women &amp; women with children</i></li> <li>• <i>BHP SUD Spencer House – 16 units for men</i></li> </ul> <p><b><i>Wellness – Recovery &amp; Related Prevention</i></b></p> <ul style="list-style-type: none"> <li>• <i>LAPP youth &amp; adult SUD Wraparound Services</i></li> <li>• <i>FC youth &amp; adult SUD Wraparound Services</i></li> <li>• <i>BHP youth &amp; adult SUD Wraparound Services</i></li> <li>• <i>MHALC Bridges Out of Poverty</i></li> <li>• <i>FC Risk Reduction Education –Knox Municipal Court</i></li> <li>• <i>FC Parent Project – Community &amp; Juvenile Court</i></li> <li>• <i>Pathways Parent Education Center</i></li> <li>• <i>MHALC Parent Support</i></li> <li>• <i>BHP Housing Support Services</i></li> <li>• <i>The Woodlands New Beginnings DV Shelter &amp; Services</i></li> <li>• <i>The Woodlands DV Advocacy &amp; Referral</i></li> <li>• <i>New Directions DV Shelter &amp; Services</i></li> <li>• <i>New Directions DV Advocacy &amp; Referral</i></li> </ul>	

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
		<p><b><u>Board Initiatives– Continuum of Care</u></b>  <b><u>Crisis Services</u></b></p> <ul style="list-style-type: none"> <li>• MHR Addiction Services Matrix</li> <li>• Naloxone Kits Fund</li> <li>• QRT</li> <li>• CIT</li> <li>• Ambulatory &amp; Sub-ambulatory Detox Fund</li> </ul> <p><b><u>Treatment Services</u></b></p> <ul style="list-style-type: none"> <li>• MAT Fund</li> <li>• FC MAT Outreach and Case Management</li> <li>• LAPP MAT Outreach and Case Management</li> </ul> <p><b><u>Wellness – Recovery &amp; Related Prevention</u></b></p> <ul style="list-style-type: none"> <li>• Recovery Housing Level II - women and women with children</li> <li>• Recovery Housing Level III – women</li> <li>• Recovery Housing Rental Assistance</li> <li>• Integrated Peer Support</li> <li>• Recovery Supports – Family groups &amp; Special Docket Court &amp; Provider SUD treatment youth &amp; adult Contingency Management</li> <li>• Career Connections</li> </ul> <p><b><u>Other Supports– Continuum of Care</u></b></p> <ul style="list-style-type: none"> <li>• Licking Memorial Health Systems – Behavioral Health Services – Shepherd Hill Hospital</li> <li>• Knox Community Hospital – New Vision Medical Stabilization (Detox)</li> <li>• Knox County Health Department FQHC</li> </ul>	
<p><b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>	<p><b>Individuals with tuberculosis and other communicable diseases will have access to appropriate health care.</b></p>	<p><b><u>Local Health Strategies</u></b></p> <ul style="list-style-type: none"> <li>• Licking Health Department Services</li> <li>• Knox Health Department Services</li> <li>• Knox County Health Department FQHC</li> </ul>	<p><b><u>Related NOMs</u></b></p> <ul style="list-style-type: none"> <li>• Access/Capacity</li> </ul> <p><b><u>Proposed Output Measure:</u></b></p> <ul style="list-style-type: none"> <li>• All adults receiving MH and/or SUD services - 8000</li> </ul> <p><b><u>Community Health Assessments</u></b></p> <ul style="list-style-type: none"> <li>• Licking County Community Health Assessment and Health Improvement Plan</li> <li>• Knox County Community Health Assessment and Health Improvement Plan</li> </ul> <p><b><u>Local System Assessment</u></b>  <b><u>Crisis Services</u></b></p> <ul style="list-style-type: none"> <li>• 100% of individuals receiving crisis intervention services will be provided with a safety plan that takes into account risk assessment (All SUD &amp; MH)</li> </ul>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
			<p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (All youth &amp; adult MH &amp; SUD)</li> </ul>
<p><b>MH-BG: Mandatory (for OhioMHAS):</b> Children with Serious Emotional Disturbances (SED)</p>	<p><b>Children with Serious Emotional Disturbances (SED) will have improved functioning through participation in MH treatment services.</b></p>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY21 prioritized funding of non-Medicaid SUD/MH crisis, treatment, recovery and prevention services for youth and adults for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Governance Committee</li> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> </ul> <p><b>Community/Collation Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>Licking and Knox County HUB for Opioid/Addiction Planning</li> <li>HRSA Grant &amp; KORR Partnership Planning (Knox)</li> <li>InCK Grant &amp; Partnership (Licking)</li> <li>ROSC SFY19 Survey</li> <li>Knox County Juvenile Special Docket Mental Health Court</li> <li>Knox County Juvenile Special Docket SUD Court</li> <li>Knox County Family and Children First Council – Executive Council, Pooled Funders, Community Team &amp; Shared Plan</li> <li>Licking County Children and Family First – Executive Council, Pooled</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>Access/Capacity</li> <li>Retention</li> <li>Employment/ Education</li> <li>Crime &amp; Criminal Justice System,</li> <li>Social Connectedness</li> <li>Use of EBPs</li> </ul> <p><b>Proposed Output Measure:</b></p> <ul style="list-style-type: none"> <li>2000 children and youth and their families receiving behavioral health care services (MH and/or SUD)</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets– System Aggregate</b></p> <ul style="list-style-type: none"> <li>Provider &amp; Board Initiative Continuum of Care</li> <li>Semi and Annual Collection &amp; Review</li> </ul> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>95% of individuals in crisis will be responded to within one hour of their initial contact. (All SUD &amp; MH)</li> <li>100% will be seen within three hours of their initial contact (All SUD &amp; MH)</li> <li><b>100% of individuals receiving crisis intervention services will be provided with a safety plan that takes into account risk assessment (All SUD &amp; MH)</b></li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>73% of youth will demonstrate a higher level of functioning as measured on a recognized and valid functional scale</li> <li>90% of students will remain in their school and/or childcare setting without suspensions/expulsions while receiving ECMH services</li> </ul>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
		<p>Funders, Clinical Committee, ECMH Clinical Committee, &amp; Shared Plan</p> <ul style="list-style-type: none"> <li>Licking County Health Department – Assessment &amp; CHIP</li> <li>Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>Knox County Health Department – Assessment &amp; CHIP</li> <li>Knox County United Way Community Assessment &amp; Plan</li> <li>Knox County CHIP Resiliency Team</li> <li>Licking County United Way Community Assessment &amp; Blueprint Plan</li> <li>Licking County Our Futures</li> <li>KSAAT Youth Committee</li> <li>Licking County JFS Planning Committee</li> <li>Licking County JFS/Children’s Services – MHR High Risk Youth &amp; Family Funding</li> <li>Licking County JFS/Children’s Services – SUD Services for Parents at Risk of Losing Custody Due to Addiction</li> </ul> <p><b>Use of Evidenced Based &amp; Best Clinical/Service Practices</b></p> <ul style="list-style-type: none"> <li>SAMHSA – Solution Focused Therapy and Family Behavior Therapy EBPs</li> <li>SAMHSA Motivational Interviewing EBP</li> <li>SAMHSA Stages of Change EBP</li> <li>SAMHSA Trauma Informed Practices EBP</li> <li>Special Docket Courts</li> <li>Mobile Urgent Treatment Team (MUTT)</li> <li>Recovery Orientated Systems of Care (ROSC)</li> </ul> <p><b>MHR SFY21 Funded Continuum of Care</b></p> <p><b>Provider Programs/Services – Continuum of Care</b></p> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>Licking and Knox Quick Response Teams (QRP)</li> <li>Licking County SUD Triage Collaborative – Licking Memorial Hospital ED, BHP, and QRT</li> <li>Knox County SUD Triage Collaborative – Knox Community Hospital ED, BHP, and QRT</li> <li>BHP 24/7 Emergency Services/Crisis Intervention</li> <li>Kids’ Mobile Crisis Team (MUTT)</li> <li>Pathways 24/7 Recovery Warm Line</li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate</li> </ul>	<p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li><b>80% of participants will report improvements in parenting skills and behaviors. (All parenting programs)</b></li> <li><b>80% of participants will report improved behaviors of their children. (All parenting programs)</b></li> <li><b>80% of participants will demonstrate increased developmental competencies – skills and/or behaviors (MH and SUD youth &amp; adult prevention programs)</b></li> </ul> <p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li><b>MHR Five Year - Strategic Plan</b> <i>Outcomes listed under Board Priorities</i></li> <li><b>Licking County United Way Blueprint Assessment &amp; Plan</b> <b>Related Behavioral Health Goal</b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li><b>Knox County &amp; Licking County Health Department Community Health Improvement Plans</b> <b>Addiction &amp; Mental Health Prevention Goals:</b> <ul style="list-style-type: none"> <li>Reduce depression and suicide deaths</li> <li>Reduce alcohol and drug dependency/use</li> <li>Reduce unintentional drug overdose deaths</li> <li>Increase awareness of Trauma Informed Care</li> <li>Increase number of nicotine quit attempts</li> </ul> </li> </ul>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
		<p>Services</p> <ul style="list-style-type: none"> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>• MHR Addiction Services Matrix</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• BHP Wraparound Services</li> <li>• BHP Knox County Juvenile Special Docket Mental Health Court Case Management</li> <li>• FC Parent Project – Community &amp; Juvenile Court</li> <li>• Pathways Parent Education Center</li> <li>• MHALC Parent Support</li> <li>• Our Futures Triple P Parenting</li> <li>• FC Pre-school EBP Program</li> <li>• FC Pre-school/elementary Good Behavior Game</li> <li>• Our Futures Elementary Good Behavior Game</li> <li>• MHALC YES Clubhouse</li> <li>• MHALC Mental Health First Aid</li> </ul> <p><b>Board Initiatives– Continuum of Care</b></p> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>• Kids' Mobile Crisis Team</li> <li>• Kids' Mobile Crisis Team ECHM</li> <li>• CIT</li> <li>• Youth Inpatient Hospital Fund</li> <li>• Pooled Youth Residential Treatment Fund</li> </ul> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>• High Risk Family Team Facilitators</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• K – 12 District Prevention Education Funding</li> <li>• School EBP Prevention Funding</li> <li>• Recovery Supports – Family groups &amp; Special Docket Court &amp; Provider SUD treatment youth &amp; adult Contingency Management</li> <li>• MHR Mental Health First Aid Support Fund</li> </ul> <p><b>Other Supports– Continuum of Care</b></p> <ul style="list-style-type: none"> <li>• Knox County Health Department FQHC</li> </ul>	

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**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
<p><b>MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</b></p>	<p><b>Adults with Serious Mental Illness (SMI) will have improved functioning through participation in MH treatment services.</b></p>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY21 prioritized funding of non-Medicaid SUD/MH crisis, treatment, recovery and prevention services for youth and adults for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Governance Committee</li> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> </ul> <p><b>Community/Collation Planning &amp; Strategies – Includes Assessment of Needs and Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>Licking and Knox County HUB for Opioid/Addiction Planning</li> <li>HRSA Grant &amp; KORR Partnership Planning</li> <li>ROSC SFY19 Survey</li> <li>Knox County Municipal Special Docket Drug Court &amp; ATP Services</li> <li>Knox County Common Pleas Court Special Docket Court &amp; ATP Services</li> <li>Knox County Juvenile Special Docket Drug Court</li> <li>Licking County Common Pleas Special Docket Drug Court &amp; ATP Services</li> <li>Licking County Municipal Court Special Docket &amp; ATP Services</li> <li>MHR Special Docket Court Emergency Funding</li> <li>Knox County Day Reporting Program</li> <li>Licking County Day Reporting Program</li> <li>Licking County CIT</li> <li>Knox County CIT</li> <li>Newark Police Department NARI Program</li> <li>Multi-system High Risk Adult Team (Knox)</li> <li>Licking County Community Corrections Planning Board</li> <li>Knox County Community Correction Planning Board</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>Access/Capacity</li> <li>Retention</li> <li>Employment/ Education</li> <li>Abstinence</li> <li>Crime &amp; Criminal Justice System</li> <li>Stability in Housing</li> <li>Use of EBPs</li> </ul> <p><b>Proposed Output Measure:</b></p> <ul style="list-style-type: none"> <li>5000 adults receiving mental health services</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets– System Aggregate</b></p> <ul style="list-style-type: none"> <li><i>Provider &amp; Board Initiative Continuum of Care</i></li> <li><i>Semi and Annual Collection &amp; Review</i></li> </ul> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>95% of individuals in crisis will be responded to within one hour of their initial contact. (All SUD &amp; MH)</li> <li>100% will be seen within three hours of their initial contact (All SUD &amp; MH)</li> <li><b>100% of individuals receiving crisis intervention services will be provided with a safety plan that takes into account risk assessment (All SUD &amp; MH)</b></li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li><b>73% of adults will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (all adult MH treatment programs)</b></li> <li>90% of F/ACT clients released to community control will meet the terms of their conditional release (ACT/FACT)</li> <li>Rate of readmission to psychiatric hospitals will be no more than 5% at 30 days (ACT/FACT)</li> <li>Rate of readmission to psychiatric hospitals will be no more than 15% at 180 days (ACT/FACT)</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>75% of individuals receiving services will establish stable housing (All</li> </ul>



**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>• Knox Substance Abuse Action Taskforce – Youth &amp; Adult Committees (County HUB)</li> <li>• Licking County Addiction Taskforce (County HUB)</li> <li>• Licking County Quick Response Team</li> <li>• Knox County Overdose Response Team</li> <li>• Knox County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department Overdose Fatality Review</li> <li>• Licking County Health Department Prescription Drug Overdose Prevention Coalition</li> <li>• Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>• Knox County United Way Community Assessment &amp; Plan</li> <li>• Licking County Our Futures</li> <li>• Licking County JFS/Children’s Services – MHR High Risk Youth &amp; Family Funding</li> <li>• Licking County JFS/Children’s Services – SUD Services for Parents at Risk of Losing Custody Due to Addiction</li> <li>• Licking County JFS Planning Committee</li> <li>• Knox County Family and Children First Council &amp; Shared Plan</li> <li>• Licking County Children and Family First Council &amp; Shared Plan</li> </ul> <p><b><u>Use of Evidenced Based &amp; Best Clinical/Service Practices</u></b></p> <ul style="list-style-type: none"> <li>• SAMHSA Assertive Community Treatment Team (ACT) EBP</li> <li>• SAMHSA Stages of Change EBP</li> <li>• SAMHSA Motivational Interviewing EBP</li> <li>• SAMHSA – Solution Focused Therapy and Family Behavior Therapy EBPs</li> <li>• SAMHSA Trauma Informed Practices EBP</li> <li>• Special Docket Courts</li> <li>• Peer Support/Consumer Operated Services Best Practice</li> <li>• Recovery Orientated Systems of Care (ROSC)</li> <li>• NREPP Compeer</li> </ul> <p><b><u>MHR SFY 21 Funded Continuum of Care</u></b></p> <ul style="list-style-type: none"> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>• MHR Addiction Services Matrix</li> </ul>	<p>housing programs)</p> <ul style="list-style-type: none"> <li>• 73% of clients will demonstrate a higher level of functioning using a valid functioning scale (All housing programs)</li> <li>• Rate of readmission to psychiatric hospitals will be no more than 5% at 30 days (ACF)</li> <li>• Rate of readmission to psychiatric hospitals will be no more than 15% at 180 days. (ACF)</li> <li>• 75% will decrease or have no new involvement with the criminal justice system (ACF)</li> <li>• 73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (MHALC Compeer &amp; TMP Peer Support)</li> <li>• 75% are employed and/or in a continued training or education program (MHALC Bridges Out of Poverty)</li> <li>• 73% of participants will demonstrate improvement in functioning. (MHALC Bridges Out of Poverty)</li> <li>• 85% of SPMI adults attending the Consumer Operated Service will engage with a Peer Support Specialist and develop a Recovery Plan (TMP Consumer Operated Services)</li> </ul> <p><b><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></b></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b> <b><i>Related Behavioral Health Goal</i></b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li>• <b>Knox County &amp; Licking County Health Department Community Health Improvement Plans</b> <b><i>Addiction &amp; Mental Health Prevention Goals:</i></b> <ul style="list-style-type: none"> <li>○ <i>Reduce depression and suicide deaths</i></li> <li>○ <i>Reduce alcohol and drug dependency/use</i></li> </ul> </li> </ul>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
		<p><b><u>Provider Programs/Services – Continuum of Care</u></b></p> <p><b><u>Crisis Services</u></b></p> <ul style="list-style-type: none"> <li>• Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>• Licking and Knox Quick Response Teams (QRP)</li> <li>• Licking County SUD Triage Collaborative – Licking Memorial Hospital ED, BHP, and QRT</li> <li>• Knox County SUD Triage Collaborative – Knox Community Hospital ED, BHP, and QRT</li> <li>• BHP 24/7 Emergency Services/Crisis Intervention</li> <li>• Kids’ Mobile Crisis Team (MUTT)</li> <li>• Adult Mobile Crisis Team</li> <li>• Pathways 24/7 Recovery Warm Line</li> </ul> <p><b><u>Treatment Services</u></b></p> <ul style="list-style-type: none"> <li>• Medical Services</li> <li>• BHP Central Pharmacy</li> <li>• ACT/FACT Teams</li> <li>• MH Jail Services</li> <li>• MH Prison Re-entry</li> </ul> <p><b><u>Wellness – Recovery &amp; Related Prevention</u></b></p> <ul style="list-style-type: none"> <li>• BHP &amp; TMP Housing Support Services</li> <li>• BHP &amp; TMP Scattered Site Transitional Housing</li> <li>• BHP Emergency Short Term Housing</li> <li>• BHP Altmaier Men’s ACF</li> <li>• BHP River Valley Women’s ACF</li> <li>• TMP Peer Support Services</li> <li>• MHALC Compeer</li> <li>• TMP Consumer Operated Services</li> <li>• MHALC Bridges Out of Poverty</li> <li>• BHP Wraparound Services</li> <li>• MHALC Mental Health First Aid</li> </ul> <p><b><u>Board Initiatives/Board System– Continuum of Care</u></b></p> <ul style="list-style-type: none"> <li>• MHR Forensic Monitoring Services</li> <li>• Probate legal support</li> </ul> <p><b><u>Crisis Services</u></b></p> <ul style="list-style-type: none"> <li>• CIT</li> <li>• Out of Network Crisis Fund</li> <li>• Adult Private Inpatient Hospital Fund</li> </ul>	<ul style="list-style-type: none"> <li>○ Reduce unintentional drug overdose deaths</li> <li>○ Increase awareness of Trauma Informed Care</li> <li>○ Increase number of nicotine quit attempts</li> </ul>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
		<p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>Recovery Supports – Family groups &amp; Special Docket Court &amp; Provider MH treatment youth &amp; adult Contingency Management</li> <li>MHR Mental Health First Aid Fund</li> <li>Career Connections</li> </ul> <p><b>Other Supports– Continuum of Care</b></p> <ul style="list-style-type: none"> <li>Licking Memorial Health Systems – Behavioral Health Services – Shepherd Hill Hospital</li> <li>Knox Community Hospital – New Vision Medical Stabilization (Detox)</li> <li>Knox County Health Department FQHC</li> </ul>	
<p><b>MH-Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of supportive housing</p>	<p><b>Housing resources will be available to persons with mental illness and/or addiction.</b></p>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY21 prioritized funding of non-Medicaid SUD/MH crisis, treatment, recovery and prevention services for youth and adults for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Governance Committee</li> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Harm Reduction Committee – Collaborative Community Planning</li> </ul> <p><b>Community/Collations Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>Licking and Knox County HUB for Opioid/Addiction Planning</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>Access/Capacity</li> <li>Retention</li> <li>Abstinence</li> <li>Employment/Education</li> <li>Crime and Criminal Justice</li> <li>Social Connectedness</li> <li>Use of EBPs</li> </ul> <p><b>Proposed Output Measure:</b></p> <ul style="list-style-type: none"> <li>All adults receiving MH and/or SUD services – 8000</li> <li>Adults participating in scattered site transitional housing – 50</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets – System Aggregate</b></p> <ul style="list-style-type: none"> <li>Provider &amp; Board Initiative Continuum of Care</li> <li>Semi and Annual Collection &amp; Review</li> </ul> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>56% of offenders assessed in jail and referred to SUD services as part of re-entry planning will engage in SUD services upon release from incarceration. (LAPP &amp; FC SUD and BHP MH Jail Services)</li> <li>70% of participants engaged in services upon release will decrease or have no new involvement with the criminal justice system. (LAPP &amp; FC SUD and BHP MH Jail Services)</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>• InCK Grant &amp; Partnership (Licking)</li> <li>• ROSC SFY19 Survey</li> <li>• Knox County Municipal Special Docket Drug Court &amp; ATP Services</li> <li>• Knox County Common Pleas Special Docket Court &amp; ATP Services</li> <li>• Knox County Juvenile Special Docket Drug Court</li> <li>• Licking County Common Pleas Special Docket Drug Court &amp; ATP Services</li> <li>• Licking County Municipal Special Docket Court &amp; ATP Services</li> <li>• Knox County Day Reporting Program</li> <li>• Licking County Day Reporting Program</li> <li>• Special Docket Court MHR Emergency Funding</li> <li>• Licking County CIT</li> <li>• Knox County CIT</li> <li>• Newark Police Department NARI Program</li> <li>• Multi-system High Risk Adult Team (Knox)</li> <li>• Knox County Community Corrections Planning Board</li> <li>• Licking County Community Corrections Planning Board</li> <li>• Knox Substance Abuse Action Taskforce – (County HUB)</li> <li>• Licking County Addiction Taskforce (County HUB)</li> <li>• Licking County Quick Response Team</li> <li>• Knox County Overdose Response Team</li> <li>• Knox County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department Fatality Review</li> <li>• Licking County Health Department Prescription Drug Overdose Prevention Coalition</li> <li>• Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>• Knox County United Way Community Assessment &amp; Plan</li> <li>• Licking County Our Futures</li> <li>• Licking County JFS/Children’s Services – MHR High Risk Youth and Family Funding</li> <li>• Licking County JFS/Children’s Services – SUD Services for Parents at Risk of Losing Custody Due to Addiction</li> <li>• Licking County JFS Planning Committee</li> <li>• Knox County Family and Children First Council &amp; Shared Plan</li> <li>• Licking County Children and Family First Council &amp; Shared Plan</li> <li>• Licking County Collation for Housing – Corporation for Supportive Housing Permanent Supportive Housing Planning Grant</li> <li>• MHR Recovery Housing (women)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>75% of scattered site transitional I housing clients exiting the program will obtain housing</b></li> <li>• Rate of readmission to psychiatric hospitals will be no more than 5% at 30 days (ACF)</li> <li>• Rate of readmission to psychiatric hospitals will be no more than 15% at 180 days. (ACF)</li> <li>• 75% will decrease or have no new involvement with the criminal justice system (ACF)</li> <li>• <b>73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (MHALC Compeer &amp; TMP Peer Support)</b></li> <li>• 75% are employed and/or in a continued training or education program (MHALC Bridges Out of Poverty)</li> <li>• 73% of participants will demonstrate improvement in functioning. (MHALC Bridges Out of Poverty)</li> <li>• 85% of SPMI adults attending the Consumer Operated Service will engage with a Peer Support Specialist and develop a Recovery Plan (TMP Consumer Operated Services)</li> </ul> <p><b><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></b></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan Related Behavioral Health Goal</b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li>• <b>Knox County &amp; Licking County Health Department Community Health Improvement Plans</b> <b>Addiction &amp; Mental Health Prevention Goals:</b> <ul style="list-style-type: none"> <li>○ Reduce depression and suicide deaths</li> <li>○ Reduce alcohol and drug dependency/use</li> <li>○ Reduce unintentional drug overdose deaths</li> </ul> </li> </ul>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>• MHR Recovery Housing Rental Assistance</li> <li>• The Main Place – The Place Next Door Permanent Supportive Housing – 10 units</li> <li>• The Main Place Housing First Apartments – 17 units</li> <li>• Licking County Housing Continuum of Care Committee (HUD)</li> <li>• Knox- Holmes-Coshocton Housing Continuum of Care Committee (HUD)</li> </ul> <p><b><u>Use of Evidenced Based &amp; Best Clinical/Service Practices</u></b></p> <ul style="list-style-type: none"> <li>• SAMHSA Stages of Change</li> <li>• SAMHSA Motivational Interviewing EBP</li> <li>• Housing First</li> <li>• Rapid Re-housing</li> <li>• Permanent Supportive Housing</li> <li>• “Housing in Place” Scattered Site Transitional Housing model</li> <li>• SAMHSA Trauma Informed Practices EBP</li> <li>• Recovery Orientated Systems of Care (ROSC)</li> </ul> <p><b>MHR SFY21 Funded Continuum of Care</b></p> <ul style="list-style-type: none"> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>• MHR Addiction Services Triage Matrix</li> <li>• MHR Mental Health Services Triage Matrix</li> </ul> <p><b><u>Provider Programs/Services – Continuum of Care</u></b></p> <p><b><u>Information and Referral</u></b></p> <ul style="list-style-type: none"> <li>• Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>• Licking and Knox Quick Response Teams (QRP)</li> <li>• Licking County SUD Triage Collaborative – Licking Memorial Hospital ED, BHP, and QRT</li> <li>• Knox County SUD Triage Collaborative – Knox Community Hospital ED, BHP, and QRT</li> <li>• BHP 24/7 Emergency Services/Crisis Intervention</li> <li>• Kids’ Mobile Crisis Team (MUTT)</li> <li>• Adult Mobile Crisis Team</li> <li>• Pathways 24/7 Recovery Warm Line</li> </ul>	<ul style="list-style-type: none"> <li>○ Increase awareness of Trauma Informed Care</li> </ul> <p>Increase number of nicotine quit attempts</p>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
		<p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>• BHP Criminal Justice Specialist – Special Docket Courts</li> <li>• SUD Jail Treatment &amp; Re-entry Services</li> <li>• ACT/FACT Team</li> <li>• MH Jail Services &amp; Re-entry Services</li> <li>• Prison MH Re-entry Services</li> <li>• BHP Criminal Justice Specialist – Special Docket Courts</li> <li>• BHP SUD Courage House – 16 units for women &amp; women with children</li> <li>• BHP SUD Spencer House – 16 units for men</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• BHP Housing Support Services</li> <li>• BHP Scattered Site Transitional Housing Fund</li> <li>• BHP Emergency Short Term Housing Fund</li> <li>• BHP Altmaier Men’s ACF – 7 units</li> <li>• BHP River Valley Women’s ACF – 9 units</li> <li>• The Main Place Housing Support Services</li> <li>• TMP Scattered Site Transitional Housing Fund</li> <li>• The Woodlands New Beginnings DV Shelter &amp; Services</li> <li>• The Woodlands DV Advocacy &amp; Referral</li> <li>• New Directions DV Shelter &amp; Services</li> <li>• New Directions DV Advocacy &amp; Referral</li> <li>• MHALC Bridges Out of Poverty</li> <li>• LAPP youth &amp; adult MH/SUD Wraparound Services</li> <li>• FC youth &amp; adult MH/SUD Wraparound Services</li> <li>• BHP youth &amp; adult MH/SUD Wraparound Services</li> </ul> <p><b>Board Initiatives– Continuum of Care</b></p> <ul style="list-style-type: none"> <li>• Recovery Housing Level II - women and women with children – 5 units (Licking)</li> <li>• Recovery Housing Level II –women – 5 units (Knox)</li> <li>• Recovery Housing Funding Assistance Level II – women and men’s residences (Licking)</li> </ul>	
<p><b>MH-Treatment: Older Adults</b></p>	<p><b>Older adults will have access to mental health treatment.</b></p>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>• SAMHSA A Public Health Model for Behavioral Health</li> <li>• MHR Five Year Strategic Plan</li> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>• Abstinence</li> <li>• Employment/Education</li> <li>• Crime and Criminal Justice</li> <li>• Social Connectedness</li> <li>• Retention</li> </ul>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>• SPMI/SMI/SMD adults are a MHR priority population. Policy #106.</li> <li>• MHR SFY21 prioritized funding of non-Medicaid MH treatment and recovery services for adults for both counties</li> </ul> <p><b>Strategies and Practices Related to the Integrated Healthcare Needs of Older Adults</b></p> <p><b><u>Community/Collations Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</u></b></p> <ul style="list-style-type: none"> <li>• Licking and Knox County HUB for Opioid/Addiction Planning</li> <li>• HRSA Grant &amp; KORR Partnership (Licking)</li> <li>• ROSC SFY19 Survey</li> <li>• Knox County Municipal Special Docket Drug Court &amp; ATP Services</li> <li>• Knox County Common Pleas Special Docket Court &amp; ATP Services</li> <li>• Licking County Common Pleas Special Docket Drug Court &amp; ATP Services</li> <li>• Licking County Municipal Special Docket Court &amp; ATP Services</li> <li>• Knox County Day Reporting Program</li> <li>• Licking County Day Reporting Program</li> <li>• Special Docket Court MHR Emergency Funding</li> <li>• Licking County CIT</li> <li>• Knox County CIT</li> <li>• Newark Police Department NARI Program</li> <li>• Multi-system High Risk Adult Team (Knox)</li> <li>• Knox County Community Corrections Planning Board</li> <li>• Licking County Community Corrections Planning Board</li> <li>• Knox Substance Abuse Action Taskforce – (County HUB)</li> <li>• Licking County Addiction Taskforce (County HUB)</li> <li>• Licking County Quick Response Team</li> <li>• Knox County Overdose Response Team</li> <li>• Knox County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department Fatality Review</li> <li>• Licking County Health Department Prescription Drug Overdose Prevention Coalition</li> <li>• Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>• Knox County United Way Community Assessment &amp; Plan</li> <li>• Licking County JFS Planning Committee</li> <li>• Knox County Health Department – Assessment &amp; CHIP</li> </ul>	<ul style="list-style-type: none"> <li>• Access/capacity</li> <li>• Stability in Housing</li> <li>• Use of EBPs</li> </ul> <p><b><u>Proposed Output Measure:</u></b></p> <ul style="list-style-type: none"> <li>• All adults 65+ receiving behavioral healthcare services - 400</li> </ul> <p><b><u>MHR Outcome Measures &amp; Performance Targets– System Aggregate</u></b>                      – All MHR outcomes measures and performance targets would apply to older adults as they receive services throughout the continuum</p> <ul style="list-style-type: none"> <li>• <i>Provider &amp; Board Initiative Continuum of Care</i></li> <li>• <i>Semi and Annual Collection &amp; Review</i></li> </ul> <p><b><u>Treatment Services</u></b>                      73% of adults will demonstrate a higher level of functioning as measured on a recognized and valid functional scale</p> <p><b><u>Wellness – Recovery &amp; Related Prevention</u></b></p> <ul style="list-style-type: none"> <li>• 73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (MHALC Compeer &amp; TMP Peer Support)</li> <li>• 85% of SPMI adults attending the Consumer Operated Service will engage with a Peer Support Specialist and develop a Recovery Plan (TMP Consumer Operated Services)</li> <li>• 80% of participants will demonstrate increased developmental competencies – skills and/or behaviors (Pathways and FC Old Adult SUD Community Outreach and Prevention Program)</li> </ul> <p><b><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></b></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b>  <i>Annual measures</i>  <i>Outcomes listed under Board Priorities</i></li> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b>  <b><i>Related Behavioral Health Goal</i></b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services,</i></li> </ul>

**Priorities for Mental Health and Recovery for Licking and Knox Counties**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>• Licking County Health Department – Assessment &amp; CHIP</li> </ul> <p><b><u>Use of Evidenced Based &amp; Best Clinical/Service Practices</u></b></p> <ul style="list-style-type: none"> <li>• SAMHSA – CIH Standard Framework for Levels of Integrated Health Care: Level III – Basic Collaboration Onsite to Level IV Close Collaboration Onsite with Some System Collaboration</li> <li>• SAMHSA Trauma Informed Practices EBP</li> <li>• Recovery Orientated Systems of Care (ROSC)</li> <li>• Peer Support/Consumer Operated Services Best Practice</li> <li>• NREPP Compeer</li> </ul> <p><b>MHR SFY21 Funded Continuum of Care</b></p> <ul style="list-style-type: none"> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>• MHR Addiction Services Matrix</li> </ul> <p><b><u>Provider Programs/Services – Continuum of Care</u></b></p> <p><b>Crisis</b></p> <ul style="list-style-type: none"> <li>• BHP Emergency Services/Crisis Intervention – Hospital ER offices</li> <li>• Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>• Adult Mobile Crisis Team</li> <li>• Licking and Knox Quick Response Teams (QRP)</li> <li>• Licking County SUD Triage Collaborative – Licking Memorial Hospital ED, BHP, and QRT</li> <li>• Knox County SUD Triage Collaborative – Knox Community Hospital ED, BHP, and QRT</li> <li>• Pathways 24/7 Recovery Warm Line</li> </ul> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>• BHP Medical Services - Licking Memorial Hospital Integrated Health Services Program</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• TMP Peer Support Services – Wellness Warriors</li> <li>• MHALC Compeer</li> <li>• TMP Consumer Operated Services</li> </ul> <p><b><u>Other Supports– Continuum of Care</u></b></p> <ul style="list-style-type: none"> <li>• Licking Memorial Health Systems – Behavioral Health Services –</li> </ul>	<p><i>mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></p> <ul style="list-style-type: none"> <li>• <b>Knox County &amp; Licking County Health Department Community Health Improvement Plans</b></li> </ul> <p><b>Addiction &amp; Mental Health Prevention Goals:</b></p> <ul style="list-style-type: none"> <li>○ Reduce depression and suicide deaths</li> <li>○ Reduce alcohol and drug dependency/use</li> <li>○ Reduce unintentional drug overdose deaths</li> <li>○ Increase awareness of Trauma Informed Care</li> <li>○ Increase number of nicotine quit attempts</li> </ul>



Priorities for Mental Health and Recovery for Licking and Knox Counties			
Substance Abuse & Mental Health Block Grant Priorities			
Priorities	Goals	Strategies	Measurement
		Shepherd Hill Hospital <ul style="list-style-type: none"> <li>Knox Community Hospital – New Vision Medical Stabilization (Detox)</li> <li>Knox County Health Department FQHC</li> </ul>	

Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant			
Priorities	Goals	Strategies	Measurement
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	<b>Youth and adults with mental illness and/or addiction disorders and involved with the criminal justice system will have access to appropriate services.</b>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY21 prioritized funding of non-Medicaid SUD/MH crisis, treatment, recovery and prevention services for youth adults for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Governance Committee</li> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Harm Reduction Committee – Collaborative Community Planning</li> </ul> <p><b>Joint Funding: ODRC/MHR</b></p> <ul style="list-style-type: none"> <li>BHP SUD Courage House – 16 units for women &amp; women with children</li> <li>BHP SUD Spencer House – 16 units for men</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>Abstinence</li> <li>Employment/Education</li> <li>Crime and Criminal Justice</li> <li>Social Connectedness</li> <li>Retention</li> <li>Access/capacity</li> <li>Stability in Housing</li> <li>Use of EBPs</li> </ul> <p><b>Proposed Output Measure:</b></p> <ul style="list-style-type: none"> <li>500 adults receiving SUD Jail &amp; Re-entry Services</li> <li>400 adults receiving Mental Health Jail &amp; Re-entry Services</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets– System Aggregate</b></p> <ul style="list-style-type: none"> <li><i>Provider &amp; Board Initiative Continuum of Care</i></li> <li><i>Semi and Annual Collection &amp; Review</i></li> </ul> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>95% of individuals in crisis will be responded to within one hour of their initial contact. (All SUD &amp; MH)</li> <li>100% will be seen within three hours of their initial contact (All SUD &amp; MH)</li> <li><b>100% of individuals receiving crisis intervention services will be provided with a safety plan that takes into account risk assessment (All SUD &amp; MH)</b></li> </ul> <p><b>Treatment Services</b></p>

**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant**

Priorities	Goals	Strategies	Measurement
		<p><b><u>Community/Collation Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</u></b></p> <ul style="list-style-type: none"> <li>• Licking and Knox County HUB for Opioid/Addiction Planning</li> <li>• HRSA Grant &amp; KORR Partnership (Knox)</li> <li>• InCK Grant &amp; Partnership (Licking)</li> <li>• ROSC SFY19 Survey</li> <li>• Knox County Municipal Special Docket Drug Court &amp; ATP Services</li> <li>• Knox County Common Pleas Special Docket Court &amp; ATP Services</li> <li>• Knox County Juvenile Special Docket Drug Court</li> <li>• Licking County Common Pleas Special Docket Drug Court &amp; ATP Services</li> <li>• Licking County Municipal Special Docket Court &amp; ATP Services</li> <li>• Knox County Day Reporting Program</li> <li>• Licking County Day Reporting Program</li> <li>• Special Docket Court MHR Emergency Funding</li> <li>• Licking County CIT</li> <li>• Knox County CIT</li> <li>• Newark Police Department NARI Program</li> <li>• Multi-system High Risk Adult Team (Knox)</li> <li>• Knox County Community Corrections Planning Board</li> <li>• Licking County Community Corrections Planning Board</li> <li>• Knox Substance Abuse Action Taskforce (County HUB)</li> <li>• Licking County Addiction Taskforce (County HUB)</li> <li>• Licking County Quick Response Team</li> <li>• Knox County Overdose Response Team</li> <li>• Knox County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department Fatality Review</li> <li>• Licking County Health Department Prescription Drug Overdose Prevention Coalition</li> <li>• Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>• Knox County United Way Community Assessment &amp; Plan</li> <li>• Licking County Our Futures</li> <li>• Licking County JFS/Children’s Services – MHR High Risk Youth and Family Funding</li> <li>• Licking County JFS/Children’s Services – SUD Services for Parents at Risk of Losing Custody Due to Addiction</li> <li>• Licking County JFS Planning Committee</li> <li>• Knox County Family and Children First Council &amp; Shared Plan</li> <li>• Licking County Children and Family First Council &amp; Shared Plan</li> </ul> <p><b><u>Use of Evidenced Based &amp; Clinical Treatment Practices</u></b></p>	<ul style="list-style-type: none"> <li>• <b>73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (SUD &amp; MH)</b></li> <li>• <b>75% of clients receiving services will have no new involvement with the criminal justice system. (Youth &amp; adult SUD &amp; MH)</b></li> <li>• 90% of IV drug users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call (All youth &amp; adult SUD)</li> <li>• Of those completing a program with a dependence diagnosis, 75% will report abstinence from drugs and/or alcohol use at discharge. (All youth &amp; adult SUD)</li> <li>• 50% of clients assessed as appropriate for outpatient or residential services will complete the programs. (All youth &amp; adult SUD)</li> <li>• <b>56% of offenders assessed in jail and referred to SUD services as part of re-entry planning will engage in SUD services upon release from incarceration. (LAPP &amp; FC SUD Jail Services)</b></li> <li>• <b>70% of participants engaged in services upon release will decrease or have no new involvement with the criminal justice system. (LAPP &amp; FC SUD Jail Services)</b></li> </ul> <p><b><u>Wellness – Recovery &amp; Related Prevention</u></b></p> <ul style="list-style-type: none"> <li>• 90% of participants in Risk Reduction Education programs will report improved attitudes and perception of risk related to ATOD use. (FC Risk Reduction Education)</li> <li>• 80% of participants will report improvements in parenting skills and behaviors. (All parenting programs)</li> <li>• 80% of participants will report improved behaviors of their children. (All parenting programs)</li> <li>• <b>75% are employed and/or in a continued training or education program (MHALC Bridges Out of Poverty)</b></li> <li>• <b>73% of participants will demonstrate improvement in functioning. (MHALC Bridges Out of Poverty)</b></li> </ul> <p><b><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></b></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b> <b>Related Behavioral Health Goal</b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services,</i></li> </ul>

**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>• Gaines Center Sequential Intercept Model</li> <li>• SAMHSA Assertive Community Treatment Team (ACT/FACT) EBP</li> <li>• SAMHSA Gender Specific SUD Treatment EBP</li> <li>• SAMHSA MAT EBP</li> <li>• SAMHSA Matrix Model EBP</li> <li>• SAMHSA Stages of Change EBP</li> <li>• SAMHSA Motivational Interviewing EBP</li> <li>• SAMHSA SUD EBPs – 12-Step Treatment, Criminal Justice, Cognitive Based Treatment &amp; Contingency Management</li> <li>• SAMHSA – Solution Focused Therapy and Family Behavior Therapy EBPs</li> <li>• SAMHSA Trauma Informed Practices EBP</li> <li>• Recovery Orientated Systems of Care (ROSC)</li> <li>• University of Cincinnati Recommendations</li> <li>• Special Docket Courts</li> <li>• CIT</li> <li>• NREPP Teen Intervene</li> <li>• NREPP Prime for Life</li> </ul> <p><b>MHR SFY21 Funded Continuum of Care</b></p> <ul style="list-style-type: none"> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>• MHR Addiction Services Matrix</li> </ul> <p><b><u>Provider Programs/Services – Continuum of Care</u></b></p> <p><b><u>Crisis Services</u></b></p> <ul style="list-style-type: none"> <li>• Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>• Licking and Knox Quick Response Teams (QRP)</li> <li>• Licking County SUD Triage Collaborative – Licking Memorial Hospital ED, BHP, and QRT</li> <li>• Knox County SUD Triage Collaborative – Knox Community Hospital ED, BHP, and QRT</li> <li>• BHP 24/7 Emergency Services/Crisis Intervention</li> <li>• Kids’ Mobile Crisis Team (MUTT)</li> <li>• Adult Mobile Crisis Team</li> <li>• Pathways 24/7 Recovery Warm Line</li> </ul> <p><b><u>Treatment Services</u></b></p>	<p><i>mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></p> <ul style="list-style-type: none"> <li>• <b>Knox County &amp; Licking County Health Department Community Health Improvement Plans</b></li> <li>• <b>Addiction &amp; Mental Health Prevention Goals:</b> <ul style="list-style-type: none"> <li>○ Reduce depression and suicide deaths</li> <li>○ Reduce alcohol and drug dependency/use</li> <li>○ Reduce unintentional drug overdose deaths</li> <li>○ Increase awareness of Trauma Informed Care</li> <li>○ Increase number of nicotine quit attempts</li> </ul> </li> </ul>

**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>• BHP Criminal Justice Specialist – Special Docket Courts</li> <li>• SUD Jail Treatment &amp; Re-entry Services</li> <li>• MH Jail Treatment &amp; re-entry Services</li> <li>• Prison MH Re-entry Services</li> <li>• FC Juvenile Special Docket Drug Court Case Manager</li> <li>• BHP SUD Courage House – 16 units for women &amp; women with children</li> <li>• BHP SUD Spencer House – 16 units for men</li> <li><b>Wellness – Recovery &amp; Related Prevention</b></li> <li>• MHALC Bridges Out of Poverty</li> <li>• FC Risk Reduction Education –Knox Municipal Court</li> <li>• LAPP youth &amp; adult SUD Wraparound Services</li> <li>• FC youth &amp; adult SUD Wraparound Services</li> <li>• BHP youth &amp; adult SUD Wraparound Services</li> <li>• FC Parent Project – Community &amp; Juvenile Court</li> <li>• Pathways Parent Education Center</li> <li>• MHALC Parent Support</li> <li><b><u>Board Initiatives– Continuum of Care</u></b></li> <li><b>Crisis Services</b></li> <li>• Naloxone Kits Fund (Knox)</li> <li>• CIT</li> <li>• Ambulatory &amp; Sub-ambulatory Detox Fund</li> <li>• Pooled Youth Residential Treatment Fund</li> <li><b>Treatment Services</b></li> <li>• MAT Fund</li> <li>• County High Risk Family Team Facilitators</li> <li>• FC MAT Outreach and Case Management</li> <li>• LAPP MAT Outreach and Case Management</li> <li><b>Wellness – Recovery &amp; Related Prevention</b></li> <li>• Recovery Housing Level II - women and women with children – 5 units (Licking)</li> <li>• Recovery Housing Level II – women – 5 units (Knox)</li> <li>• Recovery Housing Rental Assistance Level II – women &amp; men’s residences (Licking)</li> <li>• Integrated Peer Support</li> <li>• Recovery Supports – Family groups &amp; Special Docket Court &amp; Provider SUD treatment youth &amp; adult Contingency Management</li> <li>• Career Connections</li> <li><b><u>Other Supports– Continuum of Care</u></b></li> <li>• Licking Memorial Health Systems – Behavioral Health Services –</li> </ul>	

**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant**

Priorities	Goals	Strategies	Measurement
		Shepherd Hill Hospital <ul style="list-style-type: none"> <li>• Knox Community Hospital – New Vision Medical Stabilization (Detox)</li> <li>• Knox County Health Department FQHC</li> </ul>	
Integration of behavioral health and primary care services	<p><b>MHR will collaborate with county health departments, providers, local hospitals, and other health professionals to develop strategies for the integration of behavioral health and primary care services.</b></p>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>• SAMHSA A Public Health Model for Behavioral Health</li> <li>• MHR Five Year Strategic Plan</li> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>• SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>• MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>• MHR SFY21 prioritized funding of non-Medicaid SUD/MH crisis, treatment, recovery and prevention services for youth adults for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>• MHR Governance Committee</li> <li>• MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>• MHR Harm Reduction Committee – Collaborative Community Planning</li> </ul> <p><b>Community/Collations Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>• HRSA Grant &amp; KORR Partnership (Knox)</li> <li>• InCK Grant &amp; Partnership (Licking)</li> <li>• Licking and Knox County HUB for Opioid/Addiction Planning</li> <li>• ROSC SFY19 Survey</li> <li>• Knox County Municipal Special Docket Drug Court &amp; ATP Services</li> <li>• Knox County Common Pleas Special Docket Court &amp; ATP Services</li> <li>• Knox County Juvenile Special Docket Drug Court</li> <li>• Licking County Common Pleas Special Docket Drug Court &amp; ATP Services</li> <li>• Licking County Municipal Special Docket Court &amp; ATP Services</li> <li>• Knox County Day Reporting Program</li> <li>• Licking County Day Reporting Program</li> <li>• Special Docket Court MHR Emergency Funding</li> <li>• Licking County CIT</li> <li>• Knox County CIT</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>• Abstinence</li> <li>• Employment/Education</li> <li>• Crime and Criminal Justice</li> <li>• Social Connectedness</li> <li>• Retention</li> <li>• Access/capacity</li> <li>• Stability in Housing</li> <li>• Use of EBPs</li> </ul> <p><b>Proposed Output Measure:</b></p> <ul style="list-style-type: none"> <li>• All adults receiving MH and/or SUD services - 8000</li> <li>• All children and youth receiving MH and/or SUD services - 2000</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets – System Aggregate</b></p> <ul style="list-style-type: none"> <li>• <i>Provider &amp; Board Initiative Continuum of Care</i></li> <li>• <i>Semi and Annual Collection &amp; Review</i></li> </ul> <p><b>Treatment Services</b></p> <ul style="list-style-type: none"> <li>• <b>73% of adults will demonstrate a higher level of functioning as measured on a recognized and valid functional scale</b></li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• <b>73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (MHALC Compeer &amp; TMP Peer Support)</b></li> <li>• 85% of SPMI adults attending the Consumer Operated Service will engage with a Peer Support Specialist and develop a Recovery Plan (TMP Consumer Operated Services)</li> </ul> <p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b></li> </ul>

**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>• Newark Police Department NARI Program</li> <li>• Multi-system High Risk Adult Team (Knox)</li> <li>• Knox County Community Corrections Planning Board</li> <li>• Licking County Community Corrections Planning Board</li> <li>• Knox Substance Abuse Action Taskforce – Youth &amp; Adult Committees (County HUB)</li> <li>• Licking County Addiction Taskforce (County HUB)</li> <li>• Licking County Quick Response Team</li> <li>• Knox County Overdose Response Team</li> <li>• Knox County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department Fatality Review</li> <li>• Licking County Health Department Prescription Drug Overdose Prevention Coalition</li> <li>• Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>• Knox County United Way Community Assessment &amp; Plan</li> <li>• Licking County Our Futures</li> <li>• Licking County JFS/Children’s Services – MHR High Risk Youth and Family Funding</li> <li>• Licking County JFS/Children’s Services – SUD Services for Parents at Risk of Losing Custody Due to Addiction</li> <li>• Licking County JFS Planning Committee</li> <li>• Knox County Family and Children First Council &amp; Shared Plan</li> <li>• Licking County Children and Family First Council &amp; Shared Plan</li> </ul> <p><b><u>Use of Evidenced Based &amp; Best Clinical/Service Practices</u></b></p> <ul style="list-style-type: none"> <li>• SAMHSA – CIH Standard Framework for Levels of Integrated Health Care: Level III – Basic Collaboration Onsite to Level IV Close Collaboration Onsite with Some System Collaboration</li> <li>• SAMHSA Trauma Informed Practices EBP</li> <li>• Recovery Orientated Systems of Care (ROSC)</li> <li>• Peer Support/Consumer Operated Services Best Practice</li> <li>• NREPP Compeer</li> </ul> <p><b>MHR SFY21 Funded Continuum of Care</b></p> <ul style="list-style-type: none"> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>• MHR Addiction Services Matrix</li> <li>• MHR Mental Health Crisis Services Matrix</li> </ul>	<p><i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></p> <ul style="list-style-type: none"> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan <i>Related Behavioral Health Goal</i></b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li>• <b>Knox County &amp; Licking County Health Department Community Health Improvement Plans</b> <b>Addiction &amp; Mental Health Prevention Goals:</b> <ul style="list-style-type: none"> <li>• Reduce depression and suicide deaths</li> <li>• Reduce alcohol and drug dependency/use</li> <li>• Reduce unintentional drug overdose deaths</li> <li>• Increase awareness of Trauma Informed Care</li> <li>• Increase number of nicotine quit attempts</li> </ul> </li> </ul>

**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant**

Priorities	Goals	Strategies	Measurement
		<p><b><u>Provider Programs/Services – Continuum of Care Crisis</u></b></p> <ul style="list-style-type: none"> <li>BHP Emergency Services/Crisis Intervention – Hospital ER offices</li> <li>Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>Licking and Knox Quick Response Teams (QRP)</li> <li>Licking County SUD Triage Collaborative – Licking Memorial Hospital ED, BHP, and QRT</li> <li>Knox County SUD Triage Collaborative – Knox Community Hospital ED, BHP, and QRT</li> <li>BHP 24/7 Emergency Services/Crisis Intervention</li> <li>Kids’ Mobile Crisis Team (MUTT)</li> <li>Adult Mobile Crisis Team</li> <li>Pathways 24/7 Recovery Warm Line</li> </ul> <p><b><u>Treatment</u></b></p> <ul style="list-style-type: none"> <li>BHP Medical Services - Licking Memorial Hospital Integrated Health Services Program</li> </ul> <p><b><u>Wellness – Recovery &amp; Related Prevention</u></b></p> <ul style="list-style-type: none"> <li>TMP Peer Support Services – Wellness Warriors</li> <li>MHALC Compeer</li> <li>TMP Consumer Operated Services</li> </ul> <p><b><u>Other Supports– Continuum of Care</u></b></p> <ul style="list-style-type: none"> <li>Licking Memorial Health Systems – Behavioral Health Services – Shepherd Hill Hospital</li> <li>Knox Community Hospital – New Vision Medical Stabilization (Detox)</li> <li>Knox County Health Department FQHC</li> </ul>	
<p>Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)</p>	<p><b>Recovery support services, including housing and/or employment/ education services will be available to individuals with mental health or substance use disorders.</b></p>	<p><b><u>Public Policy</u></b></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY21 prioritized funding of non-Medicaid SUD/MH crisis, treatment, recovery and prevention services for youth adults for both counties</li> </ul> <p><b><u>Public Policy Development</u></b></p> <ul style="list-style-type: none"> <li>MHR Governance Committee</li> </ul>	<p><b><u>Related NOMs</u></b></p> <ul style="list-style-type: none"> <li>Access/Capacity</li> <li>Retention</li> <li>Abstinence</li> <li>Employment/Education</li> <li>Crime and Criminal Justice</li> <li>Social Connectedness</li> <li>Use of EBPs</li> </ul> <p><b><u>Proposed Output Measure:</u></b></p> <ul style="list-style-type: none"> <li>All adults receiving MH and/or SUD services - 8000</li> </ul> <p><b><u>MHR Outcome Measures &amp; Performance Targets – System Aggregate</u></b></p> <ul style="list-style-type: none"> <li>Provider &amp; Board Initiative Continuum of Care</li> </ul>

**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>• MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>• MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> <li>• MHR Ad-hoc Harm Reduction Committee – Collaborative Community Planning</li> </ul> <p><b><u>Community/Collations Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</u></b></p> <ul style="list-style-type: none"> <li>• Licking and Knox County HUB for Opioid/Addiction Planning</li> <li>• ROSC SFY19 Survey</li> <li>• HRSA Grant &amp; KORR Partnership (Knox)</li> <li>• InCK Grant &amp; Partnership (Licking)</li> <li>• Knox County Municipal Special Docket Drug Court &amp; ATP Services</li> <li>• Knox County Common Pleas Special Docket Court &amp; ATP Services</li> <li>• Knox County Juvenile Special Docket Drug Court</li> <li>• Licking County Common Pleas Special Docket Drug Court &amp; ATP Services</li> <li>• Licking County Municipal Special Docket Court &amp; ATP Services</li> <li>• Knox County Day Reporting Program</li> <li>• Licking County Day Reporting Program</li> <li>• Special Docket Court MHR Emergency Funding</li> <li>• Licking County CIT</li> <li>• Knox County CIT</li> <li>• Newark Police Department NARI Program</li> <li>• Multi-system High Risk Adult Team (Knox)</li> <li>• Knox County Community Corrections Planning Board</li> <li>• Licking County Community Corrections Planning Board</li> <li>• Knox Substance Abuse Action Taskforce – Youth &amp; Adult Committees (County HUB)</li> <li>• Licking County Addiction Taskforce (County HUB)</li> <li>• Licking County Quick Response Team</li> <li>• Knox County Overdose Response Team</li> <li>• Knox County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department Fatality Review</li> <li>• Licking County Health Department Prescription Drug Overdose Prevention Coalition</li> <li>• Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>• Knox County United Way Community Assessment &amp; Plan</li> <li>• Licking County Our Futures</li> </ul>	<ul style="list-style-type: none"> <li>• <i>Semi and Annual Collection &amp; Review</i></li> </ul> <p><b><u>Treatment</u></b></p> <ul style="list-style-type: none"> <li>• 56% of offenders assessed in jail and referred to SUD services as part of re-entry planning will engage in SUD services upon release from incarceration. (LAPP &amp; FC SUD and BHP MH Jail Services)</li> <li>• <b>70% of participants engaged in services upon release will decrease or have no new involvement with the criminal justice system. (LAPP &amp; FC SUD and BHP MH Jail Services)</b></li> </ul> <p><b><u>Wellness – Recovery &amp; Related Prevention</u></b></p> <ul style="list-style-type: none"> <li>• Rate of readmission to psychiatric hospitals will be no more than 5% at 30 days (ACF)</li> <li>• Rate of readmission to psychiatric hospitals will be no more than 15% at 180 days. (ACF)</li> <li>• 75% will decrease or have no new involvement with the criminal justice system (ACF)</li> <li>• <b>73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (MHALC Compeer &amp; TMP Peer Support)</b></li> <li>• <b>75% are employed and/or in a continued training or education program (MHALC Bridges Out of Poverty)</b></li> <li>• <b>73% of participants will demonstrate improvement in functioning. (MHALC Bridges Out of Poverty)</b></li> <li>• 85% of SPMI adults attending the Consumer Operated Service will engage with a Peer Support Specialist and develop a Recovery Plan (TMP Consumer Operated Services)</li> </ul> <p><b><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></b></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b> <b><i>Related Behavioral Health Goal – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></b></li> </ul>



**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>• Licking County JFS/Children’s Services – MHR High Risk Youth and Family Funding</li> <li>• Licking County JFS/Children’s Services – SUD Services for Parents at Risk of Losing Custody Due to Addiction</li> <li>• Licking County JFS Planning Committee</li> <li>• Knox County Family and Children First Council &amp; Shared Plan</li> <li>• Licking County Children and Family First Council &amp; Shared Plan</li> <li>• Licking County Housing Continuum of Care Committee (HUD)</li> <li>• Knox- Holmes-Coshocton Housing Continuum of Care Committee (HUD)</li> <li>• Licking County Collation for Housing – Corporation for Supportive Housing Permanent Supportive Housing Planning Grant</li> <li>• MHR Recovery Housing (women)</li> <li>• MHR Recovery Housing Rental Assistance (men and women)</li> <li>• The Main Place – The Place Next Door Permanent Supportive Housing – 10 units</li> <li>• The Main Place Housing First Apartments – 17 units</li> </ul> <p><b><u>Use of Evidenced Based &amp; Best Clinical/Service Practices</u></b></p> <ul style="list-style-type: none"> <li>• SAMHSA Stages of Change</li> <li>• SAMHSA Motivational Interviewing EBP</li> <li>• Housing First</li> <li>• Rapid Re-housing</li> <li>• Permanent Supportive Housing</li> <li>• “Housing in Place” Scattered Site Transitional Housing model</li> <li>• Peer Support/Consumer Operated Services Best Practice</li> <li>• SAMHSA Trauma Informed Practices EBP</li> <li>• Recovery Orientated Systems of Care (ROSC)</li> <li>• NREPP Teen Intervene</li> <li>• NREPP Prime for Life</li> <li>• NREPP Compeer</li> </ul> <p><b>MHR SFY21 Funded Continuum of Care</b></p> <ul style="list-style-type: none"> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>• MHR Addiction Services Matrix</li> <li>• MHR Mental Health Crisis Services Matrix</li> </ul> <p><b><u>Provider Programs/Services – Continuum of Care</u></b></p> <p><b><u>Crisis and Information and Referral</u></b></p>	<ul style="list-style-type: none"> <li>• <b>Knox County &amp; Licking County Health Department Community Health Improvement Plans</b></li> <li>• <b>Addiction &amp; Mental Health Prevention Goals:</b> <ul style="list-style-type: none"> <li>○ Reduce depression and suicide deaths</li> <li>○ Reduce alcohol and drug dependency/use</li> <li>○ Reduce unintentional drug overdose deaths</li> <li>○ Increase awareness of Trauma Informed Care</li> <li>○ Increase number of nicotine quit attempts</li> </ul> </li> </ul>

**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>• Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>• Licking and Knox Quick Response Teams (QRP)</li> <li>• Licking County SUD Triage Collaborative – Licking Memorial Hospital ED, BHP, and QRT</li> <li>• Knox County SUD Triage Collaborative – Knox Community Hospital ED, BHP, and QRT</li> <li>• BHP 24/7 Emergency Services/Crisis Intervention</li> <li>• Kids’ Mobile Crisis Team (MUTT)</li> <li>• Adult Mobile Crisis Team</li> <li>• Pathways 24/7 Recovery Warm Line</li> </ul> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>• BHP Criminal Justice Specialist – Special Docket Courts</li> <li>• SUD Jail Treatment &amp; Re-entry Services</li> <li>• MH Jail Treatment &amp; re-entry Services</li> <li>• Prison Re-entry Services</li> <li>• FC Juvenile Special Docket Drug Court Case Manager</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>• BHP Housing Support Services</li> <li>• BHP Scattered Site Transitional Housing Fund</li> <li>• BHP Emergency Short Term Housing Fund</li> <li>• BHP Altmaier Men’s ACF – 7 units</li> <li>• BHP River Valley Women’s ACF – 9 units</li> <li>• The Main Place Housing Support Services</li> <li>• The Main Place – The Place Next Door Permanent Supportive Housing – 10 units</li> <li>• The Main Place Housing First Apartments – 17 units</li> <li>• TMP Scattered Site Transitional Housing Fund</li> <li>• The Woodlands New Beginnings DV Shelter &amp; Services</li> <li>• The Woodlands DV Advocacy &amp; Referral</li> <li>• New Directions DV Shelter &amp; Services</li> <li>• New Directions DV Advocacy &amp; Referral</li> <li>• MHALC Compeer</li> <li>• FC Risk Reduction Education –Knox Municipal Court</li> <li>• The Main Place Consumer Operated Services</li> <li>• The Main Place Peer Support Services</li> <li>• MHALC Bridges Out of Poverty</li> <li>• LAPP youth &amp; adult MH/SUD Wraparound Services</li> <li>• FC youth &amp; adult MH/SUD Wraparound Services</li> <li>• BHP youth &amp; adult MH/SUD Wraparound Services</li> </ul>	

**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant**

Priorities	Goals	Strategies	Measurement
		<p><b><u>Board Initiatives– Continuum of Care</u></b>  <b><u>Treatment Services</u></b></p> <ul style="list-style-type: none"> <li>• County High Risk Family Team Facilitators</li> <li>• FC MAT Outreach and Case Management</li> <li>• LAPP MAT Outreach and Case Management</li> </ul> <p><b><u>Wellness – Recovery &amp; Related Prevention</u></b></p> <ul style="list-style-type: none"> <li>• Recovery Housing Level II - women and women with children – 5 units (Licking)</li> <li>• Recovery Housing Level II– women – 5 units (Knox)</li> <li>• Recovery Housing Rental Assistance Level II (men and women)</li> <li>• Integrated Peer Support</li> <li>• Recovery Supports – Family groups &amp; Special Docket Court &amp; Provider SUD treatment youth &amp; adult Contingency Management</li> <li>• Career Connections</li> </ul> <p><b><u>Other Supports– Continuum of Care</u></b></p> <ul style="list-style-type: none"> <li>• Licking Memorial Health Systems – Behavioral Health Services – Shepherd Hill Hospital</li> <li>• Knox Community Hospital – New Vision Medical Stabilization (Detox)</li> <li>• Knox County Health Department FQHC</li> </ul>	
<p>Promote health equity and reduce disparities across populations (e.g. racial, ethnic &amp; linguistic minorities, LGBT)</p>	<p><b>Health equity will be promoted to reduce disparities across populations.</b></p>	<p><b><u>Public Policy</u></b></p> <ul style="list-style-type: none"> <li>• MHR Civil Rights Policy #126</li> <li>• MHR Communication with Sensory Impaired People Policy #127</li> <li>• MHR Community Complaints/Concerns Policy #128</li> <li>• MHR Clients Rights Policy #151</li> <li>• SAMHSA A Public Health Model for Behavioral Health</li> <li>• MHR Five Year Strategic Plan</li> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>• Severely Substance Abusing adults/youth are a MHR priority population. Policy #106.</li> <li>• MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>• MHR SFY21 prioritized funding of non-Medicaid SUD/MH treatment, recovery, and prevention services for adults/youth for both counties</li> </ul> <p><b><u>Public Policy Development</u></b></p> <ul style="list-style-type: none"> <li>• MHR Governance Committee</li> <li>• MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> </ul>	<p><b><u>. Related NOMs</u></b></p> <ul style="list-style-type: none"> <li>• Access/Capacity</li> </ul> <p><b><u>Proposed Output Measure:</u></b></p> <ul style="list-style-type: none"> <li>• All adults receiving MH and/or SUD services - 8000</li> <li>• All children and youth receiving MH and/or SUD services - 2000</li> </ul> <p><b><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></b></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b> Annual measures Outcomes listed under Board Priorities</li> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b> <b>Related Behavioral Health Goal</b> – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</li> </ul>

**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Harm Reduction Committee – Collaborative Community Planning</li> </ul> <p><b>Community/Collations Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>Licking and Knox County HUB for Opioid/Addiction Planning</li> <li>ROSC SFY19 Survey</li> <li>HRSA Grant &amp; KORR Partnership (Knox)</li> <li>InCK Grant &amp; Partnership (Licking)</li> </ul> <p><b>Other Supports– Continuum of Care</b></p> <ul style="list-style-type: none"> <li>Licking Memorial Health Systems – Behavioral Health Services – Shepherd Hill Hospital</li> <li>Knox Community Hospital – New Vision Medical Stabilization (Detox)</li> <li>Knox County Health Department FQHC</li> </ul>	<ul style="list-style-type: none"> <li><b>Knox County &amp; Licking County Health Department Community Health Improvement Plans</b></li> <li><b>Addiction &amp; Mental Health Prevention Goals:</b> <ul style="list-style-type: none"> <li>Reduce depression and suicide deaths</li> <li>Reduce alcohol and drug dependency/use</li> <li>Reduce unintentional drug overdose deaths</li> <li>Increase awareness of Trauma Informed Care</li> <li>Increase number of nicotine quit attempts</li> </ul> </li> </ul>
<p>Prevention and/or decrease of opiate overdoses and/or deaths</p>	<p><b>Opiate-addicted individuals will have access to SUD services and supports necessary to prevent and/or decrease opiate overdoses and/or deaths</b></p>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>Severely Substance Abusing adults/youth are a MHR priority population. Policy #106.</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY21 prioritized funding of non-Medicaid SUD/MH treatment, recovery, and prevention services for adults/youth for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Governance Committee</li> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Harm Reduction Committee – Collaborative Community Planning</li> </ul>	<p><b>. Related NOMs</b></p> <ul style="list-style-type: none"> <li>Access/Capacity</li> <li>Retention</li> <li>Employment/ Education</li> <li>Abstinence</li> <li>Crime &amp; Criminal Justice System</li> <li>Social Connectedness</li> <li>Retention</li> <li>Use of EBPs</li> </ul> <p><b>Proposed Output Measure:</b></p> <ul style="list-style-type: none"> <li>All adults receiving SUD services – 3000</li> <li>All opioid using adults - 500</li> <li>All youth receiving SUD services - 200</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets – System Aggregate</b></p> <ul style="list-style-type: none"> <li>Provider &amp; Board Initiative Continuum of Care</li> <li>Semi and Annual Collection &amp; Review</li> </ul> <p><b>Crisis Services</b></p> <ul style="list-style-type: none"> <li>95% of individuals in crisis will be responded to within one hour of their initial contact. (All SUD &amp; MH)</li> <li>100% will be seen within three hours of their initial contact (All SUD &amp; MH)</li> </ul>

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Priorities	Goals	Strategies	Measurement
		<p><b><u>Community/Collation Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</u></b></p> <ul style="list-style-type: none"> <li>• Licking and Knox County HUB for Opioid/Addiction Planning</li> <li>• ROSC SFY19 Survey</li> <li>• HRSA Grant &amp; KORR Partnership (Knox)</li> <li>• InCK Grant &amp; Partnership (Licking)</li> <li>• Knox County Municipal Special Docket Drug Court &amp; ATP Services</li> <li>• Knox County Common Pleas Special Docket Court &amp; ATP Services</li> <li>• Knox County Juvenile Special Docket Drug Court</li> <li>• Licking County Common Pleas Special Docket Drug Court &amp; ATP Services</li> <li>• Licking County Municipal Special Docket Court &amp; ATP Services</li> <li>• Knox County Day Reporting Program</li> <li>• Licking County Day Reporting Program</li> <li>• Special Docket Court MHR Emergency Funding</li> <li>• Licking County CIT</li> <li>• Knox County CIT</li> <li>• Newark Police Department NARI Program</li> <li>• Multi-system High Risk Adult Team (Knox)</li> <li>• Knox County Community Corrections Planning Board</li> <li>• Licking County Community Corrections Planning Board</li> <li>• Knox Substance Abuse Action Taskforce – Youth &amp; Adult Committees (County HUB)</li> <li>• Licking County Addiction Taskforce (County HUB)</li> <li>• Licking County Quick Response Team</li> <li>• Knox County Overdose Response Team</li> <li>• Knox County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department Fatality Review</li> <li>• Licking County Health Department Prescription Drug Overdose Prevention Coalition</li> <li>• Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>• Knox County United Way Community Assessment &amp; Plan</li> <li>• Licking County Our Futures</li> <li>• Licking County JFS/Children’s Services – MHR High Risk Youth and Family Funding</li> <li>• Licking County JFS/Children’s Services – SUD Services for Parents at Risk of Losing Custody Due to Addiction</li> <li>• Licking County JFS Planning Committee</li> <li>• Knox County Family and Children First Council &amp; Shared Plan</li> <li>• Licking County Children and Family First Council &amp; Shared Plan</li> </ul>	<ul style="list-style-type: none"> <li>• <b>100% of individuals receiving crisis intervention services will be provided with a safety plan that takes into account risk assessment (All SUD &amp; MH)</b></li> </ul> <p><b><i>Treatment Services</i></b></p> <ul style="list-style-type: none"> <li>• <b>73% of clients will demonstrate a higher level of functioning as measured on a recognized and valid functional scale (All youth &amp; adult SUD)</b></li> <li>• <b>90% of adult IV drug users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call (All youth &amp; adult SUD)</b></li> <li>• <b>90% of all adult opiate users will be scheduled for an initial clinical assessment appointment within 5 calendar days of the initial call. (All youth &amp; adult SUD)</b></li> <li>• 75% of clients receiving services will have no new involvement with the criminal justice system. (All youth &amp; adult SUD)</li> <li>• Of those completing a program with a dependence diagnosis, 75% will report abstinence from drugs and/or alcohol use at discharge. (All youth &amp; adult SUD)</li> <li>• <b>50% of adult SUD clients assessed as appropriate for outpatient or residential services will complete the programs. (All adult SUD)</b></li> <li>• 65% of youth admitted will complete the program (All youth SUD)</li> <li>• 56% of offenders assessed in jail and referred to SUD services as part of re-entry planning will engage in SUD services upon release from incarceration. (LAPP &amp; FC SUD Jail Services)</li> <li>• 70% of participants engaged in services upon release will decrease or have no new involvement with the criminal justice system. (LAPP &amp; FC SUD Jail Services)</li> </ul> <p><b><i>Wellness – Recovery &amp; Related Prevention</i></b></p> <ul style="list-style-type: none"> <li>• 80% of participants will report improvements in parenting skills and behaviors. (All parenting programs)</li> <li>• 75% are employed and/or in a continued training or education program (MHALC Bridges Out of Poverty)</li> <li>• 73% of participants will demonstrate improvement in functioning. (MHALC Bridges Out of Poverty)</li> </ul> <p><b><u>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</u></b></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i></li> </ul>

**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>• Licking County Housing Continuum of Care Committee (HUD)</li> <li>• Knox- Holmes-Coshocton Housing Continuum of Care Committee (HUD)</li> <li>• Licking County Collation for Housing – Corporation for Supportive Housing Permanent Supportive Housing Planning Grant</li> <li>• MHR Recovery Housing (women)</li> <li>• MHR Recovery Housing Rental Assistance (men and women)</li> </ul> <p><b><u>Use of Evidenced Based &amp; Best Clinical/Service Practices</u></b></p> <ul style="list-style-type: none"> <li>• SAMHSA Gender Specific Treatment EBP</li> <li>• SAMHSA MAT EBP</li> <li>• SAMHSA Matrix Model EBP</li> <li>• SAMHSA Stages of Change EBP</li> <li>• SAMHSA Motivational Interviewing EBP</li> <li>• SAMHSA SUD EBPs – 12-Step Treatment, Criminal Justice, Cognitive Based Treatment &amp; Contingency Management</li> <li>• SAMHSA – Solution Focused Therapy and Family Behavior Therapy EBPs</li> <li>• SAMHSA Trauma Informed Practices EBP</li> <li>• Recovery Orientated Systems of Care (ROSC)</li> <li>• University of Cincinnati Recommendations</li> <li>• Special Docket Courts</li> <li>• CIT</li> <li>• NREPP Teen Intervene</li> <li>• NREPP Prime for Life</li> </ul> <p><b>MHR SFY21 Funded Continuum of Care</b></p> <ul style="list-style-type: none"> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>• MHR Addiction Triage Services Matrix</li> <li>• MHR Mental Health Crisis Services Triage Matrix</li> </ul> <p><b><u>Provider Programs/Services – Continuum of Care</u></b></p> <p><b><u>Crisis Services</u></b></p> <ul style="list-style-type: none"> <li>• Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>• Licking and Knox Quick Response Teams (QRP)</li> <li>• Licking County SUD Triage Collaborative – Licking Memorial Hospital ED, BHP, and QRT</li> <li>• Knox County SUD Triage Collaborative – Knox Community Hospital ED, BHP, and QRT</li> </ul>	<p><i>Outcomes listed under Board Priorities</i></p> <ul style="list-style-type: none"> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b> <b>Related Behavioral Health Goal</b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li>• <b>Knox County &amp; Licking County Health Department Community Health Improvement Plans</b> <b>Addiction &amp; Mental Health Prevention Goals:</b> <ul style="list-style-type: none"> <li>○ Reduce depression and suicide deaths</li> <li>○ Reduce alcohol and drug dependency/use</li> <li>○ Reduce unintentional drug overdose deaths</li> <li>○ Increase awareness of Trauma Informed Care</li> <li>○ Increase number of nicotine quit attempts</li> </ul> </li> </ul>

**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>• BHP 24/7 Emergency Services/Crisis Intervention</li> <li>• Kids' Mobile Crisis Team (MUTT)</li> <li>• Adult Mobile Crisis Team</li> <li>• Pathways 24/7 Recovery Warm Line</li> <li><b>Treatment Services</b></li> <li>• LAPP SUD Jail Treatment &amp; Re-entry Services</li> <li>• FC SUD Jail Treatment &amp; Re-entry Services</li> <li>• BHP Criminal Justice Specialist – Special Docket Courts</li> <li>• FC Juvenile Special Docket Drug Court Case Manager</li> <li>• BHP SUD Courage House – 16 units for women &amp; women with children</li> <li>• BHP SUD Spencer House – 16 units for men</li> <li><b>Wellness – Recovery &amp; Related Prevention</b></li> <li>• MHALC Bridges Out of Poverty</li> <li>• FC Risk Reduction Education –Knox Municipal Court</li> <li>• LAPP youth &amp; adult SUD Wraparound Services</li> <li>• FC youth &amp; adult SUD Wraparound Services</li> <li>• BHP youth &amp; adult SUD Wraparound Services</li> <li>• FC Parent Project – Community &amp; Juvenile Court</li> <li>• Pathways Parent Education Center</li> <li>• MHALC Parent Support</li> <li><b><u>Board Initiatives– Continuum of Care</u></b></li> <li><b>Crisis Services</b></li> <li>• Naloxone Kits Fund (Knox)</li> <li>• CIT</li> <li>• Kids' Mobile Crisis Team (MUTT)</li> <li>• Ambulatory &amp; Sub-ambulatory Detox Fund</li> <li>• Pooled Youth Residential Treatment Fund</li> <li><b>Treatment Services</b></li> <li>• MAT Fund</li> <li>• County High Risk Family Team Facilitators</li> <li>• FC MAT Outreach and Case Management</li> <li>• LAPP MAT Outreach and Case Management</li> <li><b>Wellness – Recovery &amp; Related Prevention</b></li> <li>• Recovery Housing Level II - women and women with children</li> <li>• Recovery Housing Level III - women</li> <li>• Recovery Housing Rental Assistance</li> <li>• Integrated Peer Support</li> <li>• Recovery Supports – Family groups &amp; Special Docket Court &amp; Provider</li> <li>• SUD treatment youth &amp; adult Contingency Management</li> <li>• Career Connections</li> </ul>	

**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant**

Priorities	Goals	Strategies	Measurement
		<p><b>Other Supports– Continuum of Care</b></p> <ul style="list-style-type: none"> <li>Licking Memorial Health Systems – Behavioral Health Services – Shepherd Hill Hospital</li> <li>Knox Community Hospital – New Vision Medical Stabilization (Detox)</li> <li>Knox County Health Department FQHC</li> </ul>	
<p>Promote Trauma Informed Care approach</p>	<p><b>Focus on strengthening trauma-informed practices and trauma-informed environments with other community stakeholders utilizing a public health approach and the Strategic Prevention Framework (SPF).</b></p>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY21 prioritized funding of non-Medicaid services for youth and adults integrating trauma informed practices leading to protective factors</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Governance Committee</li> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Recovery Housing Committee – Collaborative Community Planning</li> <li>MHR Ad-hoc Harm Reduction Committee – Collaborative Community Planning</li> </ul> <p><b>Community/Collations Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>Licking and Knox County HUB for Opioid/Addiction Planning</li> <li>HRSA Grant &amp; KORR Partnership (Knox)</li> <li>InCK Grant &amp; Partnership (Licking)</li> <li>ROSC SFY19 Survey</li> <li>Planning &amp; sponsorship of annual Licking County Trauma Summit</li> <li>MHR sponsored TIC workforce trainings</li> <li>Knox County Municipal Special Docket Drug Court &amp; ATP Services</li> <li>Knox County Common Pleas Special Docket Court &amp; ATP Services</li> <li>Knox County Juvenile Special Docket Drug Court</li> </ul>	<p>:</p> <p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>Access/Capacity</li> <li>Retention</li> <li>Employment/ Education</li> <li>Abstinence</li> <li>Crime &amp; Criminal Justice System</li> <li>Social Connectedness</li> <li>Retention</li> <li>Use of EBPs</li> </ul> <p><b>Proposed Output Measure:</b></p> <ul style="list-style-type: none"> <li>All adults receiving MH or SUD services – 8000</li> <li>All children and youth receiving MH or SUD services - 2000</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets – System Aggregate</b></p> <ul style="list-style-type: none"> <li><i>Provider &amp; Board Initiative Continuum of Care</i></li> <li><i>Semi and Annual Collection &amp; Review</i></li> </ul> <p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li><b>Knox Family and Children First Shared Plan</b> <ul style="list-style-type: none"> <li>Provide and strengthen child centered programs focused on building resiliency skills which diminish the negative impact of early childhood trauma. Measured by the number of children receiving child-centered programs focused on building resiliency.</li> <li>Support community wide initiatives to develop a trauma informed community targeting organizations which sere children and their caregivers. Measured by number of trained providers and number of organizations signing a cooperative agreement to embrace trauma informed practices</li> </ul> </li> <li><b>Licking County Children and Family First Shared Plan</b></li> </ul>



**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>• Licking County Common Pleas Special Docket Drug Court &amp; ATP Services</li> <li>• Licking County Municipal Special Docket Court &amp; ATP Services</li> <li>• Knox County Day Reporting Program</li> <li>• Licking County Day Reporting Program</li> <li>• Special Docket Court MHR Emergency Funding</li> <li>• Licking County CIT</li> <li>• Knox County CIT</li> <li>• Newark Police Department NARI Program</li> <li>• Multi-system High Risk Adult Team (Knox)</li> <li>• Knox County Community Corrections Planning Board</li> <li>• Licking County Community Corrections Planning Board</li> <li>• Knox Substance Abuse Action Taskforce – (County HUB)</li> <li>• Licking County Addiction Taskforce (County HUB)</li> <li>• Licking County Quick Response Team</li> <li>• Knox County Overdose Response Team</li> <li>• Knox County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department – Assessment &amp; CHIP</li> <li>• Licking County Health Department Fatality Review</li> <li>• Licking County Health Department Prescription Drug Overdose Prevention Coalition</li> <li>• Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>• Knox County United Way Community Assessment &amp; Plan</li> <li>• Licking County Our Futures</li> <li>• Licking County JFS/Children’s Services – MHR High Risk Youth and Family Funding</li> <li>• Licking County JFS/Children’s Services – SUD Services for Parents at Risk of Losing Custody Due to Addiction</li> <li>• Licking County JFS Planning Committee</li> <li>• Knox County Family and Children First Council &amp; Shared Plan</li> <li>• Licking County Children and Family First Council &amp; Shared Plan</li> <li>• Licking County Housing Continuum of Care Committee (HUD)</li> <li>• Knox- Holmes-Coshocton Housing Continuum of Care Committee (HUD)</li> <li>• Licking County Collation for Housing – Corporation for Supportive Housing Permanent Supportive Housing Planning Grant</li> <li>• MHR Recovery Housing (women)</li> <li>• MHR Recovery Housing Rental Assistance (men and women)</li> </ul> <p><b><u>Use of Evidenced Based &amp; Best Clinical/Service Practices</u></b></p> <ul style="list-style-type: none"> <li>• Community-wide use of ACEs</li> <li>• EBP Parenting Programs</li> </ul>	<ul style="list-style-type: none"> <li>○ Shared goal of addressing children with histories of trauma and promotion of trauma informed care</li> <li>• <b>Knox County &amp; Licking County Health Department Community Health Improvement Plans</b> <b>Addiction &amp; Mental Health Prevention Goals:</b> <ul style="list-style-type: none"> <li>○ Reduce depression and suicide deaths</li> <li>○ Reduce alcohol and drug dependency/use</li> <li>○ Reduce unintentional drug overdose deaths</li> <li>○ Increase awareness of Trauma Informed Care</li> <li>○ increase number of nicotine quit attempts</li> </ul> </li> <li>• <b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b> <b>Related Behavioral Health Goal</b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li>• <b>Knox County Health Department Community Health Improvement Plan</b> <b>Addiction &amp; Mental Health Prevention Goal</b> – <i>Implementation of community – wide trauma informed environments for children and youth</i> <b>Addiction &amp; Mental Health Intervention Goal</b> – <i>Implementing community – wide early identification and intervention of behavioral health issues</i></li> <li>• <b>Licking County Health Department Community Health Improvement Plan</b> <i>Improving Access to Affordable Healthcare Services</i></li> </ul>

**Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant**

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>EBP Prevention Programs</li> <li>Ohio Alliance to End Sexual Violence: Core Standards for Rape Crisis Programs in Ohio</li> <li>Ohio Domestic Violence Network Programs: Trauma Informed Care, Best Practices and Protocols</li> <li>SUD Gender Specific Treatment Curricula</li> <li>MH EBP treatment practices</li> </ul>	

**OhioMHAS Prevention Priorities**

Priorities	Goals	Strategies	Measurement
<b>Prevention:</b> Ensure prevention services are available across the lifespan	<b>Prioritize prevention funding for services targeting children and families with children (ages 0-18).</b>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>SAMHSA - A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY21 prioritized funding of non-Medicaid MH/SUD crisis, treatment, recovery, and prevention services for youth and adults for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Governance Committee</li> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> </ul> <p><b>Community/Collation Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>HRSA Grant &amp; KORR Partnership ((Knox)</li> <li>InCK Grant &amp; Partnership (Licking)</li> <li>Knox Substance Abuse Action Taskforce</li> <li>Licking County Prevention Partnership – Opiate Initiative</li> <li>Knox County Health Department – Assessment &amp; CHIP</li> <li>Licking County Health Department – Assessment &amp; CHIP</li> <li>Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>Knox County United Way Assessment &amp; Plan</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>Access/Capacity</li> <li>Social Connectedness</li> <li>Employment/ Education</li> <li>Abstinence</li> <li>Crime and Criminal Justice</li> <li>Use of EBPs</li> </ul> <p><b>Proposed Output Measure:</b></p> <ul style="list-style-type: none"> <li>All children, youth, and families receiving prevention services - 8000</li> <li>All children, youth, and families receiving parenting education services - 6000</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets – System Aggregate</b></p> <ul style="list-style-type: none"> <li><i>Provider &amp; Board Initiative Continuum of Care</i></li> <li><i>Semi and Annual Collection &amp; Review</i></li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li><b>80% of participants will report improvements in parenting skills and behaviors. (All parenting programs)</b></li> <li><b>80% of participants will report improved behaviors of their children. (All parenting programs)</b></li> <li><b>80% of participants will demonstrate increased developmental competencies – skills and/or behaviors (MH and SUD youth &amp; adult prevention programs)</b></li> </ul>

OhioMHAS Prevention Priorities			
Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>Licking County Our Futures</li> <li>Licking County JFS Planning Committee</li> <li>Knox County Family and Children First Council</li> <li>Licking County Children and Family First Council</li> <li>Licking County Suicide Taskforce</li> <li>Knox County Suicide Taskforce</li> </ul> <p><b>Use of Evidenced Based &amp; Best Clinical/Service Practices</b></p> <p><b>NREPP</b></p> <ul style="list-style-type: none"> <li>Incredible Years Infant, Toddler, and School Age Parent Program (ages 8-14)</li> <li>Active Parenting</li> <li>Parents as Teachers</li> <li>Triple P Parenting</li> <li>Parenting Wisely</li> <li>Active Parenting Now</li> <li>1-2-3-4 Parenting</li> <li>Project Alert</li> <li>LifeSkills</li> <li>Signs of Suicide - SOS</li> <li>Gatekeeper Training</li> <li>Second Step</li> <li>Too Good for Drugs</li> <li>Good Behavior Game</li> <li>Calm Classrooms</li> <li>Youth Leadership</li> </ul> <p><b>Meeting SAMHSA Criteria</b></p> <ul style="list-style-type: none"> <li>Pathways Youth Leadership Council of Licking County</li> <li>MHALC Girls in Progress</li> <li>Woodlands Expect Respect</li> <li>MHALC Yes Clubhouse</li> <li>FC Parent Project</li> </ul> <p><b>MHR SFY21 Funded Continuum of Care</b></p> <ul style="list-style-type: none"> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services MHR Addiction Services Triage Matrix</li> <li>MHR Mental Health Crisis Services Triage Matrix</li> <li>MHR Addiction Services Triage Matrix</li> </ul>	<ul style="list-style-type: none"> <li><b>80% of Youth Led Initiative Council participants will report increased social connectedness with the group and/or community. (Pathways YLC)</b></li> </ul> <p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li><b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li><b>Licking County United Way Blueprint Assessment &amp; Plan</b> <b>Related Behavioral Health Goal</b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li><b>Knox County &amp; Licking County Health Department Community Health Improvement Plans</b></li> </ul> <p><b>Addiction &amp; Mental Health Prevention Goals:</b></p> <ul style="list-style-type: none"> <li>Reduce depression and suicide deaths</li> <li>Reduce alcohol and drug dependency/use</li> <li>Reduce unintentional drug overdose deaths</li> <li>Increase awareness of Trauma Informed Care</li> <li>increase number of nicotine quit attempts</li> </ul>

OhioMHAS Prevention Priorities			
Priorities	Goals	Strategies	Measurement
		<p><b><u>Provider Programs/Services – Continuum of Care Crisis</u></b></p> <ul style="list-style-type: none"> <li>• Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>• Licking and Knox Quick Response Teams (QRP)</li> <li>• Licking County SUD Triage Collaborative – Licking Memorial Hospital ED, BHP, and QRT</li> <li>• Knox County SUD Triage Collaborative – Knox Community Hospital ED, BHP, and QRT</li> <li>• BHP 24/7 Emergency Services/Crisis Intervention</li> <li>• Kids' Mobile Crisis Team (MUTT)</li> <li>• Adult Mobile Crisis Team</li> <li>• Pathways 24/7 Recovery Warm Line</li> </ul> <p><b><u>Wellness – Recovery &amp; Related Prevention</u></b></p> <ul style="list-style-type: none"> <li>• Pathways Parent Education Center</li> <li>• MHALC Parent Support</li> <li>• FC Parent Project</li> <li>• Our Futures of Licking County Triple P Parenting</li> <li>• FC Good Behavior Game</li> <li>• Our Futures of Licking County Good Behavior Game</li> <li>• MHALC YES Clubhouse</li> <li>• FC Pre-School Prevention</li> <li>• MHALC Girls' in Progress</li> <li>• MHALC Suicide Prevention &amp; Mental Health Education</li> <li>• MHALC Mental Health First Aid – Adult &amp; Youth</li> <li>• Pathways School Based Prevention Programs</li> <li>• Pathways Life Skills/Project Alert</li> <li>• Pathways Youth Led Initiatives</li> <li>• Woodlands Expect Respect</li> <li>• Pathways Gambling Prevention</li> <li>• Pathways Center for Prevention Services – Prevention Partnership and General Prevention Services</li> <li>• FC &amp; Pathways Prevention Support Services</li> </ul> <p><b><u>Board Initiatives– Continuum of Care Wellness – Recovery &amp; Related Prevention</u></b></p> <ul style="list-style-type: none"> <li>• Calm Classrooms Training Support</li> <li>• Knox County Good Behavior Game Training Support</li> <li>• Mental Health First Aid – Adult &amp; Youth Training Support</li> <li>• Mental Health First Aid MHR Staff Instructors – Adult &amp; Youth</li> <li>• Recovery Supports – Family groups &amp; Special Docket Court &amp; Provider SUD treatment youth &amp; adult Contingency Management</li> </ul>	

OhioMHAS Prevention Priorities			
Priorities	Goals	Strategies	Measurement
		<p><b>MHR Strategic Prevention Framework (SPF) Planning</b></p> <ul style="list-style-type: none"> <li>• Gambling Prevention and Treatment</li> <li>• Emergency Services/Crisis Intervention</li> <li>• Early Childhood Mental Health</li> <li>• Opiate Continuum of Care</li> <li>• Recovery Housing</li> <li>• Jail Services</li> <li>• Behavioral Health Re-design</li> </ul> <p><b>Other Supports– Continuum of Care</b></p> <ul style="list-style-type: none"> <li>• Licking Memorial Health Systems – Behavioral Health Services – Shepherd Hill Hospital</li> <li>• Knox Community Hospital – New Vision Medical Stabilization (Detox)</li> <li>• Knox County Health Department FQHC</li> </ul>	
<p><b>Prevention:</b> Increase access to evidence-based prevention</p>	<p><b>Youth and adults will have access to evidence-based prevention based on established SAMHSA criteria, IOM recommendations, and MHR policy</b></p>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>• SAMHSA A Public Health Model for Behavioral Health</li> <li>• MHR Five Year Strategic Plan</li> <li>• ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>• ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>• SPMI/SMI/SMD adults and SED youth and Severely Substance Abusing adults/youth are MHR priority populations. Policy #106</li> <li>• MHR SFY20 prioritized funding of non-Medicaid services for youth and adults integrating trauma informed practices leading to protective factors</li> </ul> <p><b>Specific Public Policy</b></p> <ul style="list-style-type: none"> <li>• Priority Prevention Populations – according to risk and identified by the MHR 2011 Knox and Licking Community Prevention Planning Process and the MHR Prevention Priority Policy #120</li> <li>• Use of IOM Report – Science-based interventions that impact multiple problem behaviors and focus on population-based interventions</li> <li>• Interventions that impact age-related developmental competencies by reducing risk factors and supporting protective factors</li> <li>• EBPs following SAMHSA criteria</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>• MHR Governance Committee</li> <li>• MHR Ad-hoc Behavioral Health Re-design Committee – collaborative community planning</li> </ul>	<p><b>Related NOMs</b> Use of EBPs</p> <p><b>Proposed Output Measure:</b></p> <ul style="list-style-type: none"> <li>• All children, youth, and families receiving prevention services - 8000</li> <li>• All children, youth, and families receiving parenting education services - 6000</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets – System Aggregate</b></p> <ul style="list-style-type: none"> <li>• <i>Provider &amp; Board Initiative Continuum of Care</i></li> <li>• <i>Semi and Annual Collection &amp; Review</i></li> <li>• <b>80% of prevention programs offered will be full evidence-based programs by meeting SAMHSA criteria and IOM recommendations</b></li> </ul> <p><b>Outputs – Number to be Served</b></p> <ul style="list-style-type: none"> <li>• Number of participants in Evidence-Based programs (SAMHSA criteria)</li> </ul> <p>Number of participants in Evidence-Based programs (SAMHSA criteria)</p> <p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b></li> </ul>

OhioMHAS Prevention Priorities			
Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>MHR Ad-hoc Recovery Housing Committee – collaborative community planning</li> <li>MHR Ad-hoc Harm Reduction Committee – collaborative community planning</li> </ul>	<p><b>Related Behavioral Health Goal</b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></p> <ul style="list-style-type: none"> <li><b>Knox County &amp; Licking County Health Department Community Health Improvement Plans</b></li> <li><b>Addiction &amp; Mental Health Prevention Goals:</b> <ul style="list-style-type: none"> <li>Reduce depression and suicide deaths</li> <li>Reduce alcohol and drug dependency/use</li> <li>Reduce unintentional drug overdose deaths</li> <li>Increase awareness of Trauma Informed Care</li> <li>Increase number of nicotine quit attempts</li> </ul> </li> </ul>
Recovery Ohio and Prevention: Suicide prevention	Provision of services and programs promoting prevention and early identification of suicide risk	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>MHR 2011 Prevention Planning Progress Report and Recommendation &amp; MHR Prevention Priority Populations #120</li> <li>MHR SFY20 prioritized funding of non-Medicaid MH/SUD crisis, treatment, recovery, and prevention services for adults for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Governance Committee</li> <li>MHR Ad-hoc Behavioral Health Re-design Committee – collaborative community planning</li> <li>MHR Ad-hoc Harm Reduction Committee – collaborative community planning</li> </ul> <p><b>Community/Collation Planning &amp; Strategies – Includes Assessment of Needs &amp; Gaps Analysis</b></p> <ul style="list-style-type: none"> <li>HRS A Grant &amp; KORR Partnership (Knox)</li> <li>InCK Grant &amp; Partnership (Licking)</li> <li>Licking County Suicide Prevention Collation</li> <li>Knox County Suicide Prevention Collation</li> <li>Annual Licking County Coroner Child Fatality Review</li> <li>Annual Knox County Coroner Child Fatality Review</li> <li>Knox County Health Department – Assessment &amp; CHIP</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>Social Connectedness</li> <li>Use of EBPs</li> </ul> <p><b>Proposed Output Measure:</b></p> <ul style="list-style-type: none"> <li>3500 youth receiving Signs of Suicide training</li> <li>2000 adults receiving QPR or Mental Health First Aid Training (Youth or Adult Signs)</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets – System Aggregate</b></p> <ul style="list-style-type: none"> <li><b>Provider &amp; Board Initiative Continuum of Care</b></li> <li><b>Semi and Annual Collection &amp; Review</b></li> <li>90% of students will demonstrate an improved attitude about reaching out for help. (MHALC SOS)</li> <li>90% of individuals trained in Gatekeeper Training will show increased knowledge about the process of effectively responding to a suicide crisis. (MHALC Gatekeeper Training - QPR)</li> </ul> <p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li><b>MHR Five Year - Strategic Plan</b> Annual measures Outcomes listed under Board Priorities</li> <li><b>Licking County United Way Blueprint Assessment &amp; Plan</b></li> </ul>

OhioMHAS Prevention Priorities			
Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>Licking County Health Department – Assessment &amp; CHIP</li> <li>Licking County United Way Community Blueprint Assessment &amp; Plan</li> <li>Knox County United Way Assessment &amp; Plan</li> <li>Knox County Family and Children First Council</li> <li>Licking County Children and Family First Council</li> </ul> <p><b>Use of Evidenced Based &amp; Best Clinical/Service Practices</b></p> <ul style="list-style-type: none"> <li>NREPP Mental Health First Aid</li> <li>NREPP SOS</li> <li>NREPP Gatekeeper Training - QPR</li> <li>LOSS Teams (Local Outreach to Suicide) &amp; Active Post-vention Model (APM)</li> </ul> <p><b>MHR SFY21 Funded Continuum of Care</b></p> <ul style="list-style-type: none"> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>MHR Addiction Services Triage Matrix</li> <li>MHR Mental Health Services Triage Matrix</li> </ul> <p><b>Provider Programs/Services – Continuum of Care</b></p> <p><b>Crisis</b></p> <ul style="list-style-type: none"> <li>Pathways 24/7 211 Crisis Hotline – Information &amp; Referral</li> <li>Licking and Knox Quick Response Teams (QRP)</li> <li>Licking County SUD Triage Collaborative – Licking Memorial Hospital ED, BHP, and QRT</li> <li>Knox County SUD Triage Collaborative – Knox Community Hospital ED, BHP, and QRT</li> <li>BHP 24/7 Emergency Services/Crisis Intervention</li> <li>Kids' Mobile Crisis Team (MUTT)</li> <li>Adult Mobile Crisis Team</li> <li>Pathways 24/7 Recovery Warm Line</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>MHALC Suicide Prevention – Middle/High School Depression Screening</li> <li>MHALC Suicide Prevention – SOS</li> <li>MHALC Suicide Prevention – Gatekeeper Training - QPR</li> <li>MHALC Suicide Prevention – Mental Health First Aid – Youth &amp; Adult</li> </ul> <p><b>Board Initiatives– Continuum of Care</b></p> <ul style="list-style-type: none"> <li>MHR Mental Health First Aid Training Support – Youth &amp; Adult</li> </ul>	<p><b>Related Behavioral Health Goal</b> – To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</p> <ul style="list-style-type: none"> <li><b>Knox County &amp; Licking County Health Department Community Health Improvement Plans</b></li> <li><b>Addiction &amp; Mental Health Prevention Goals:</b> <ul style="list-style-type: none"> <li>Reduce depression and suicide deaths</li> <li>Reduce alcohol and drug dependency/use</li> <li>Reduce unintentional drug overdose deaths</li> <li>Increase awareness of Trauma Informed Care</li> <li>Increase number of nicotine quit attempts</li> </ul> </li> </ul>

OhioMHAS Prevention Priorities			
Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>MHR Recovery Supports – Family Support Groups</li> </ul> <p><b>Other Community Supports – Continuum of Care</b></p> <ul style="list-style-type: none"> <li>Knox County LOSS Team</li> <li>Licking County LOSS Team</li> </ul> <p><b>Other Supports– Continuum of Care</b></p> <ul style="list-style-type: none"> <li>Licking Memorial Health Systems – Behavioral Health Services – Shepherd Hill Hospital</li> <li>Knox Community Hospital – New Vision Medical Stabilization (Detox)</li> <li>Knox County Health Department FQHC</li> </ul>	
<p><b>Prevention:</b> Integrate Problem Gambling Prevention &amp; Screening Strategies in Community and Healthcare Organizations</p>	<p><b>Provision of integrated problem gambling and screening strategies in community and healthcare organizations</b></p>	<p><b>Public Policy</b></p> <ul style="list-style-type: none"> <li>SAMHSA A Public Health Model for Behavioral Health</li> <li>MHR Five Year Strategic Plan</li> <li>ORC Essential Service Elements – ORC 340.033 Required Opiate Services</li> <li>ORC Essential Service Elements – RC 340.03 (A)(II) Required SUD &amp; MH Services</li> <li>SPMI/SMI/SMD adults are a MHR priority population. Policy #106.</li> <li>MHR SFY20 prioritized funding of non-Medicaid MH treatment and recovery services for adults for both counties</li> </ul> <p><b>Public Policy Development</b></p> <ul style="list-style-type: none"> <li>MHR Governance Committee</li> <li>MHR Ad-hoc Behavioral Health Re-design Committee – Collaborative Community Planning</li> </ul> <p><b>Use of Evidenced Based &amp; Best Clinical/Service Practices</b></p> <ul style="list-style-type: none"> <li>NREPP LifeSkills</li> <li>Gambling Addiction Screening Tool</li> </ul> <p><b>Provider Programs/Services – Continuum of Care</b></p> <p><b>Crisis</b></p> <ul style="list-style-type: none"> <li>Pathways 24/7 Crisis/Hotline and Information &amp; Referral including Warm Line</li> </ul> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>BHP SUD Treatment &amp; Recovery Services OP</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>Pathways Social Marketing Campaign- gambling prevention website (<a href="http://www.playitsafeohio.org">www.playitsafeohio.org</a>), Facebook ads, radio ads, and local newspapers including strategies targeted at specific risk groups (i.e. ages 18 – 24).</li> </ul>	<p><b>Related NOMs</b></p> <ul style="list-style-type: none"> <li>Access/Capacity</li> <li>Retention</li> <li>Employment/ Education</li> <li>Abstinence</li> <li>Crime &amp; Criminal Justice System</li> <li>Social Connectedness</li> <li>Retention</li> <li>Use of EBPs</li> </ul> <p><b>Proposed Output Measure:</b></p> <ul style="list-style-type: none"> <li>Community contacts to the Pathways 211 Hotline and to the Play It Safe website</li> </ul> <p><b>MHR Outcome Measures &amp; Performance Targets – System Aggregate</b></p> <ul style="list-style-type: none"> <li>Provider &amp; Board Initiative Continuum of Care</li> <li>Semi and Annual Collection &amp; Review</li> </ul> <p><b>Individuals will better understand the issue of problem gambling and be informed of the resources available to help</b></p> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>SUD treatment providers will monitor the amount of individuals identified with a gambling concern or addiction problem using a gambling addiction screening tool</li> </ul> <p><b>Wellness – Recovery &amp; Related Prevention</b></p> <ul style="list-style-type: none"> <li>The number of contacts to Pathways 211 Hotline and to the Play-It Safe website</li> </ul>



OhioMHAS Prevention Priorities			
Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> <li>• Pathways information dissemination and education strategies including the distribution of gambling information brochures to lottery outlets, local businesses, governmental agencies, schools and universities, older adult organizations, and other community stakeholders</li> <li>• Pathways Youth Leadership Council</li> <li>• Pathways Life Skills to reinforce protective factors necessary to decrease the risk of gambling and other addictive behaviors</li> </ul>	<p><b>Progress of Related Community/Collation Planning &amp; Strategies – Outcomes &amp; Measures</b></p> <ul style="list-style-type: none"> <li>• <b>MHR Five Year - Strategic Plan</b> <i>Annual measures</i> <i>Outcomes listed under Board Priorities</i></li> <li>• <b>Licking County United Way Blueprint Assessment &amp; Plan</b> <b>Related Behavioral Health Goal</b> – <i>To promote a health community, we must address addiction, child abuse and neglect, domestic violence and mental health increasing awareness and access to: Addiction and recovery services, mental health care, resources that keep ever child safe and healthy and resources that keep personal relationships safe and healthy.</i></li> <li>• <b>Knox County &amp; Licking County Health Department Community Health Improvement Plans</b> <b>Addiction &amp; Mental Health Prevention Goals:</b> <ul style="list-style-type: none"> <li>○ <i>Reduce depression and suicide deaths</i></li> <li>○ <i>Reduce alcohol and drug dependency/use</i></li> <li>○ <i>Reduce unintentional drug overdose deaths</i></li> <li>○ <i>Increase awareness of Trauma Informed Care</i></li> <li>○ <i>Increase number of nicotine quit attempts</i></li> </ul> </li> </ul>

## 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

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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 for Licking and Knox Counties**

ADAMHS Board Name (Please print or type)

\_\_\_\_\_  
ADAMHS Board Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
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/>