Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Community Plan Guidelines SFY 2021 and 2022

Enter Board Name: Mental Health & Recovery Services Board of Lucas County

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)].

Below are the MHRSB's current and ongoing needs-assessment strategies and findings. In the beginning of March 2020, just prior to the stay-at-home orders for Ohio, the Mental Health & Recovery Services Board of Lucas County (MHRSB) developed and implemented a strategy to maintain access to the most essential services while minimizing the spread of COVID-19. MHRSB maintained priority focus on supporting its provider network, and as needed/when relevant, engaged outside its network in order to support the public behavioral health system in Lucas County. Three domains were prioritized at that time as the most essential services: uninterrupted access to crisis services, maintaining treatment services, and housing stability. MHRSB approved $2 million in COVID relief funding using levy dollars to support the above three domains, as well as purchase PPE. Behavioral health resources can be found on the MHRSB's website: https://www.lcmhrsb.oh.gov/coronavirus/.

Strategic Planning (Pre- and During COVID-19 Pandemic)

The MHRSB's strategic planning efforts began in January 2020. MHRSB combined its FY 2021 purchasing plan and strategic planning processes, utilizing a consultant (Rice Education Consulting Services) to facilitate the collection of quantitative and qualitative feedback from the community and stakeholders. The goal was to evaluate organization climate, identify catalysts for the work, and discuss future plans for the Board though focus groups, interviews, anonymous surveys. Efforts were paused in mid-March when the state's stay-at-home orders were announced. Therefore, the MHRSB's 2017-2020 Strategic Plan has been extended until a new, interim strategic plan is built. These efforts will begin in August 2020. The pre-COVID efforts are summarized below.

- *Focus Groups*: A series of focus groups were convened to collect feedback from the Board's contract agencies, system collaborators (such as those in the homelessness, criminal justice, and court systems), and individuals with lived experience. Participants were asked to detail their understanding of the Board's functions, the Board's strengths and opportunities, and identify the critical issues, key priorities, and emerging trends that the Board should address in the next 3-5 years. In total, 37 people participated.

- *Survey*: Surveys were administered online and in paper form, and paper surveys were available in English, Spanish, and Arabic. Stakeholders were invited to complete the survey via public postings and service provider locations, e-mail blasts, newspapers, newsletters, support groups, advocacy organizations, and social media posts. Surveys were completed by individuals served, family members, providers and other community stakeholders. A total of 79 surveys were completed.
- *Key Informant Interviews – Family Members of Individuals with Lived Experience, Lucas County Commissioners, and Board Trustees and Staff***:** Individuals were invited to participate in a one-to-one call with the consultant to discuss the Board's strengths and opportunities, and identify the critical issues, key priorities, and emerging trends that the Board should address in the next 3-5 years. In total, 22 people participated.

Assessing Community Psychiatric Emergencies Services

MHRSB invests nearly $4 million dollars to provide emergency psychiatric and stabilization services to both resident adults and juveniles in Lucas County. However, community stakeholders continue to cite additional needs to support adults and youth who are or have experienced a need for emergency psychiatric interventions within the community. Given the level of MHRSB investment, current MHRSB budget constraints, stakeholder satisfaction, environmental conditions related to Behavioral Health Redesign, and identifiable gaps/needs to properly support individuals who are or have experienced psychiatric emergencies, a temporary Community Psychiatric Emergency Services Sub-Committee (CPES) within MHRSB was formed to address these issues. CPES participants included MHRSB Trustees and staff, contract agency executives and staff, psychiatrists and clinicians, consumers of public behavioral health services (specifically emergency services), law enforcement, and additional key stakeholders. The MHRSB contracted with TBD Solutions to provide consultancy services as part of the efforts of the CPES Subcommittee. TBD Solutions was tasked with developing and administering a community survey about behavioral health crisis services, reviewing current practices in psychiatric emergency services, investigating evidence-based interventions, and providing recommendations on treatment interventions and funding opportunities.

- *Community Survey*: Surveys were administered online and in paper form, and paper surveys were available in English, Spanish, and Arabic. Stakeholders were invited to complete the survey via public postings and service provider locations, e-mail blasts, newspapers, newsletters, support groups, advocacy organizations, and social media posts. Surveys were completed by individuals served, family members, providers and other community stakeholders. A total of 726 surveys were completed between July 2nd and August 23rd, 2019.
- *Survey Focus Group*: Survey participants were invited to participate in a focus group to discuss behavioral health crisis services in Lucas County. Ten people participated in the focus group, representing providers, community partners, advocates, and persons with lived experience and their family members. TBD Solutions facilitated a structured dialog focusing on participant experiences with and exposure to crisis services in Lucas County. Open-ended questions encouraged participants to elaborate on objective questions posed in the community survey.
- *Psychiatrists Focus Group*: In October 2019, nine psychiatrists working within behavioral health crisis services in Lucas County convened for a focus group to discuss their experience delivering and coordinating care. Psychiatrists were asked what is working within the programs they work in and the providers they interface with, and what their patients say about care coordination.

An analysis of the data showed the following: Overall strengths of Lucas County's current psychiatric emergency services include a broad array of crisis services (including many co-located services), a focus on

mental health recovery and peer-delivered services, and an empowered provider community engaged in seeking solutions while including the voices of persons served and their families. Opportunities for improvement and/or enhancement include the need for a system of shared accountability between payers and providers to assure high-quality and well-coordinated client treatment, evidence-based treatment interventions, and cost-effective service delivery. The system should also be supported by a transparent dashboard for performance metrics with a robust mix of structure, process, and outcomes measures that drive decision-making. (*The full report can be found here*: https://drive.google.com/drive/u/0/folders/1hc6iNPwwDAnGiNvnIEIeY-uMAl3MGZHp.)

Guardianship Board Exploratory Committee

Lucas County currently has guardianship needs for individuals who are indigent, deemed incompetent by Probate Court, or are living in Lucas County nursing homes with no family or next-of-kin willing or able to become their guardians. Lucas County partners who serve members of these populations created a Guardianship Board Exploratory Committee (GBEC) to consider the creation of a Guardianship Board as outlined in Ohio Revised Code 2111.52 that will oversee the provision of Guardianship services to the members of these populations in need of such services. The Committee contracted with the Scripps Gerontology Center on a study to: 1) assess the current guardianship service needs in Lucas County, 2) review the existing guardianship operations utilized in comparably-sized Ohio counties, and 3) make recommendations for the most appropriate course of action for the provision of guardianship services. Between August and December 2019, the research team utilized telephone interviews, an online survey, and focus groups to understand guardianship in Lucas County from the perspective of a diverse group of stakeholders, including guardians and individuals who serve wards and their guardians through legal, medical, and social services. In addition, the research team analyzed administrative data from Lucas County and conducted site visits with other comparably-sized Ohio counties to review their existing guardianship operations and identify promising practices. Recommendations were for a comprehensive guardianship system; enhanced information, training, and support for current guardians; and a guardianship monitoring program. The GBEC continues to meet and has recently decided to establish a Guardianship Services Board. It is anticipated that this Board should be operational by April 1, 2021.

Assessing and Addressing the Opioid Epidemic in Lucas County

Opioid overdose hospital encounters peaked for Lucas County in 2017, accounting for 1,167 encounters. In 2019 the number of encounters decreased by 23%[1]; while seemingly good on paper the number of opioid related and overall overdose deaths has continues to increase every single year in Lucas County[2]. Increased accessibility and presence of fentanyl continue to be monitored. The Lucas County Coroner's Officer services twenty NW Ohio counties and two Michigan counties. Based on an analysis of toxicology reports from their data, roughly 91% of Heroin overdoses did not include fentanyl in 2014; fast-forward to 2019, and only 3.9% of Heroin overdoses did not include fentanyl[3].

In 2007, opioid related overdose deaths accounted for roughly one-quarter of the drug-related overdose deaths[4]; in 2019, opioid related overdose deaths account for 84% of those deaths[5]. Furthermore, unintentional drug overdose deaths have increased by more than 33% in 2019 when compared to 2018[6]. Since

[1] Ohio Hospital Association, 2020
[2] Ohio Department of Health, Data Warehouse, 2020
[3] Lucas County Coroners Office, 2020
[4] Ohio Department of Health, Data Warehouse, 2020
[5] Ohio Department of Health, Data Warehouse, 2020
[6] Ohio Department of Health, Data Warehouse, 2020

2007, the number of deaths almost tripled for whites, but more than quadrupled for minority populations[7]. Individuals between the ages of 35-39 accounted for roughly 19% of all deaths in 2019[8]. Individuals between the ages of 50-54 and 55-59 also experienced significant increases for 2019 as well[9]. The MHRSB and Toledo-Lucas County Health Department work closely overdose and death related data on an ongoing basis. Recent findings show that a majority of overdose deaths begin at an individual's residence or a friend's house; identifying these types of trends has allowed community stakeholders to make data informed decisions, such as where naloxone distribution efforts should be focused. Aside from overdose death data, a large focus continues to be placed on first responder overdose data that may include details such as suspected drug type, race/ethnicity, location, time, names, etc. In 2019, Toledo experienced the highest number of overdoses in 43604, 43605, 43612, and 43613 zip codes[10].

The number of Medicaid and Board-funded clients diagnosed with SUD has increased over 100% from 2011 to 2018[11]. While there are several notable trends, the two most significant include Black male and White females. In 2011, Black males accounted for roughly 22% of the SUD population; however, in 2019, they only accounted for 17%[12]. White females accounted for 24% of the SUD population in 2011, and in 2019 that percentage rose to 29%[13]. In 2019, the majority of individuals that were diagnosed with SUD resided in 43605, 43609, 43604, and 43612[14].

Over the last several years, the African-American population and other persons of color experienced a significant increase in the number of drug overdose deaths in Lucas County. As noted previously, the number of deaths almost tripled for whites, but more than quadrupled for minority populations since 2007[15]. New Concepts, an OhioMHAS-certified agency funded by MHRSB, was the sub-recipient of a $1 million African Americans, Hispanics, and other persons of color that the MHRSB received via the SOR Minority Treatment Grant in 2019. New Concepts partnered with the local health department for naloxone distribution efforts, along with Adelante Latino Resource Center and UMADAOP Lucas County, which have built relationships and serve individuals in the Latinx and African-American communities.

The MHRSB also continues to fund two newer innovative initiatives. The first initiative is a behavioral health navigator program led by Adelante Latino Resource Center. The program aims to address health inequities by ensuring language barriers do not interfere with individuals trying to access behavioral health services in Lucas County; so far, the program has served both Spanish- and Arabic-speaking populations, and has been successful linking them to treatment. The second initiative is a prevention program that will help identify residents in the community who have experienced Adverse Childhood Experiences (ACEs) and provide positive social experiences that counteract the negative impact of ACEs and decrease the likelihood of poor adult health. The prevention program, collectively known as FACES (Families and Communities Enhancing Stability) is currently at the data collection phase of the project; the project is targeting 43605 and 43607 zip Codes.

[7] Ohio Department of Health, Data Warehouse, 2020
[8] Ohio Department of Health, Data Warehouse, 2020
[9] Ohio Department of Health, Data Warehouse, 2020
[10] High Intensity Drug Trafficking Area (HIDTA) program Overdose Mapping and Application Program (ODMAP), 2020; Toledo Fire & Rescue Department, 2020; Lucas County Emergency Medical Services (EMS), 2020
[11] ODJFS extracts and MHRSB of Lucas County billing data, 2020
[12] ODJFS extracts and MHRSB of Lucas County billing data, 2020
[13] ODJFS extracts and MHRSB of Lucas County billing data, 2020
[14] ODJFS extracts and MHRSB of Lucas County billing data, 2020
[15] Ohio Department of Health, Data Warehouse, 2020

Finally, MHRSB has completed its planning for the Community Collective Impact 4 Change (CCIM4C). In November 2018, the MHRSB was awarded the CCIM4C grant under the 21st Century CURES Act through OhioMHAS. A strategic prevention plan for addressing the opioid epidemic and a defined ecosystem for implementing the plan were developed in collaboration with the Toledo-Lucas County Health Department. The plan can be found here: https://drive.google.com/drive/u/1/folders/1VpIE8-KXgPPFzSNVNLHhfjKWIFFLnbex

Evaluating Health Equity within the Continuum of Care and Addressing Structural Racism

MHRSB put forward a plan which is documented in the 2016 MHRSB Diversity Report ('Diversity Plan'). With an understanding that the goals are long term, complex, and systemic, Board leadership has consistently re-affirmed a commitment to ensuring access to equitable, high-quality, and affordable behavioral health care for its entire client base. MHRSB staff continue to work in all areas of the operation to collect current and pertinent data that will inform the Board's work in this area. MHRSB Trustees approved an increase to the budget allocated for health equity activities at the June 16, 2020 meeting with a goal of targeted interventions and strategies to leverage maximum and sustainable impact. Initial steps and recommendations for full utilization of the increased funding are outlined below.

- *Survey of Board Staff*: The Executive Director met with each MHRSB employee individually to ask questions, listen to current experiences, thoughts and feelings, and to gather recommendations about needed change in operations and/or enhancements to the Diversity Plan for greater impact at the MHRSB and throughout the system of care. The focus of each discussion was about the MHRSB workplace environment, developing greater understanding of staff experiences in the workplace, and suggestions in comparison to the narratives expressed throughout the community in response to current racial tensions. Staff information collected will provide the content for MHRSB staff workgroups and project development, facilitated Dine with Data and other all Staff learning opportunities, and will inform the work of a sub group of the redesigned Inclusion Advisory Council as well as any revisions and updates to the Diversity Plan. Pending recommendations from MHRSB staff and Inclusion Council review and approvals, the initial feedback suggests refined efforts and additional budget allocations be directed in the domains of accountability, education and training, sustainability, language/communication, partnerships, and consumer and staff perceptions.

Assessing Chronic Homelessness and Incorporating a *Housing First* Initiative

Each night, nearly 300 adults reside in one of Lucas County's homeless shelters[16]. While a large percentage of those individuals transition to an appropriate level of housing and stabilize, a significant portion do not for various reasons. Further, homeless individuals with disabilities such as behavioral health disorders are among the most vulnerable in Lucas County, and some remain homeless for extended periods. Lucas County's 2018 Point-In-Time count revealed that 41 individuals residing in shelters or the street met the criteria for "chronically homeless,"[17] as defined by the Department of Housing and Urban Development.

The MHRSB has identified "reducing chronic homelessness for individuals with behavioral health issues" as a priority outcome for the public behavioral health system[18]. Therefore, the MHRSB, in partnership with the Toledo Lucas County Homelessness Board, the Lucas County Metropolitan Housing Authority, the Board of

[16] Toledo Lucas County Homelessness Board, 2018
[17] TLCHB, "2018 Winter Housing Inventory Chart & Point-in-Time Count," p. 2
[18] MHRSB, "Priority Outcome Measures," 2018

Lucas County Commissioners, and other stakeholders formed the Housing First Core Leadership team. They launched its Housing First model, known locally as No Barrier Housing in November 2019.

Adult Care Facilities (ACFs)

MHRSB is currently evaluating the housing continuum to ensure individuals are utilizing housing based on individual need in the least restrictive setting by working with ACF operators to provide support and enhance the quality of housing in our community. A subcommittee has been formed to establish processes to develop a preferred network system, enhanced training for ACF operators, and a website/app to improve communication and transparency between stakeholders. The subcommittee, which commenced in February 2020, was on hiatus between March-August due to pandemic-related changes, but will be reconvening in Fall 2020.

COVID-19 Pandemic-Specific Needs Assessments

Since mid-March when the stay-at-home orders went into effect, Board staff have been working with the Board's network of providers, inclusive of prevention and recovery support services, to assess their needs and challenges, as well as pivot their programming in order to serve their populations and expand outreach in the most effective ways. A summary of those efforts is below.

- *Treatment*: Board staff have held regular meetings virtually with treatment agencies since the beginning of the COVID-19 pandemic to monitor how agencies have continually adapted to meet client needs. Monthly meetings between service providers along with local hospital systems have ensured good communication flow with the ever-changing environment. Currently, all MHRSB-funded treatment agencies provide some mix of telehealth, in-person, and community-based services for both mental health and substance use disorders. Ambulatory detox remains available. Inpatient detox capacity has decreased, but options remain at the Zepf Center and through a recent contract with Arrowhead Behavioral Health. Unison has converted their detox beds to residential beds. Project Direct Link (Vivitrol in the jail program) is operational, but has seen a significant decrease in referrals due to the jail's decrease in population and quick release of booked inmates. Rescue has decreased capacity on their crisis stabilization units to allow for social distancing; however, all services, including the Behavioral Health Urgent Care, remain operational. Agencies are reporting increased acuity with clients and referrals for domestic violence.
- *Prevention*: The HOPE (Help Optimized through Prevention Education) Team, composed of the ten Board-funded certified prevention agencies, has met virtually on a biweekly basis with Board staff during the months of March through August. Common issues emerged for these programs that provide a wide range of prevention services across the lifespan, from early childhood to seniors including addressing anxiety around COVID-19, youth taking prescription drugs at home, challenges in virtual schooling, isolation, and service delivery within the challenges of social distancing. Prevention programs have continued to provide services. The 'Strive for 5 Campaign Challenge' was a collaboration between the HOPE Team and the Lucas County Opiate Coalition to reach out during social distancing and quarantine to those in recovery, people who live alone, individuals experiencing loss, family and friends during May, Mental Health Awareness Month. The Crisis Text Line is currently being promoted through a digital billboard campaign in four zip codes with a high number of COVID-19 cases to offer support to those experiencing anxiety during the pandemic. Strategic planning videoconferences are scheduled for the month of August with each of the prevention agencies and Board staff to review successes and challenges since March and plans for August through December 2020.

- *Recovery Supports*: Operationally, some recovery supports look different, but the focus of much of their work has shifted to meet current systemic issues. Board-funded recovery housing, as well as shelters (St. Paul's Community Center and Safety Net) continue to be operational. Each facility has continued to accept new residents while implementing new screening and other protocols in an effort to reduce risk of exposure while following CDC recommendations. Adult Care Facility support has continued to be a priority for Board staff, providing technical assistance to operators as needed. The Wellness and Recovery Center and The Thomas M. Wernert Center (TMWC) are both operational again. While shut down, each facility repurposed their staff to provide support to members and the community. The Wellness and Recovery Center staff are also operating the MHRSB's newly-created Emotional Support Line. The TMWC has adjusted their day-to-day operations in an effort to provide a safe environment, limiting the amount of time a member can access the facility and requiring scheduled arrivals. PATH Street Outreach (through NPI) teams have adjusted how they are operating, while trying to limit exposure as much as possible.

    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?
    N/A

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.
See the 'Board Local System Priorities' table on page 8.

   Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in ORC 340.03(A)(11) and 340.033.
   In the last full Community Plan (2020), MHRSB identified gaps in the system such as ambulatory detoxification, peer mentoring, residential treatment services, sub-acute detoxification, and medication assisted treatment services. Since then, MHRSB has successfully closed these gaps within its network through the receipt of 21st Century CURES Act grants and State Opioid Response grants.

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

   In accordance with the MHRSB's 2017-2020 Strategic Plan, the MHRSB formed a Data and Information Systems Subcommittee to accomplish several tasks related to improved data collection and reporting, which would lead to more informed decision-making. The subcommittee was led by a Board Trustee and included a mix of Board Trustees, Board staff, and select stakeholders. The subcommittee developed a set of outcome standards based on Board priorities ('Priority Outcomes Framework') for which all agencies funded by the MHRSB will be accountable, as these are nested within the FY 2020-2021 Agency Agreements. It should be noted that, while the outcome domains and indicator measures have been created, there are not yet targets, as the Board has been collecting baseline data. Once all baseline data has been collected, targets (where appropriate) will be established. Therefore, *all* measures listed in the subsequent priority tables are undergoing data collection and do not yet have

baselines established that can be reported. Finally, given that there are commonalities between the five priority outcomes listed in 'Board Local System Priorities' and the two latter tables, 'Substance Abuse & Mental Health Block Grant Priorities' and 'Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant,' the reader will note that some measures are used more than once to satisfy a priority.

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.
   Factors for prioritization have been outlined within the respective narratives above.

   Specific to current environmental factors, particularly the ongoing impact of Behavioral Health Redesign and Medicaid Managed Care carve-in, several concerns in the community remain. These include the ACT team reimbursement pre-authorization and payment process; inadequate reimbursement amount for IHBT to sustain MST services; poor quality care coordination; lack of reimbursement for MH residential services in the community; and overall poor operational oversight and management of Adult Care Facilities.

4. Describe any child service needs resulting from finalized dispute resolution with county Family and Children First Council(s) [340.03(A)(1)(c)].
   MHRSB staff actively participates in the Service Coordination Mechanism as part of the Lucas County Family and Children First Council. In FY 2018 and FY 2019, there were no disputes requiring resolution.

5. Describe how the future outpatient service needs of persons currently receiving inpatient treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)] are identified.
   Discharge planning is defined within the Continuity of Care Agreement with NOPH and community mental health centers. This agreement is currently under review. Given the implications that Behavioral Health Redesign and the move to managed care has had on this agreement, it is likely that these discussions will be lengthy. Nonetheless, the MHRSB collaborates with NOPH to utilize Access to Success funding for individuals being discharged from NOPH; this helps fill gaps for their transition in to the community. Need is driven by NOPH, and MHRSB partners with them to draw down funds as client needs arise. Additionally, MHRSB participates in the Hospital Utilization Management Committee to discuss community trends, barriers, and opportunities. The most prevalent issue is step-down care from NOPH, specifically an adult psychiatric rehabilitation center. An effective array of housing options is needed, which include ACFs, adult psychiatric rehabilitation center, and Permanent Supportive Housing (PSH). All must include quality care coordination at the local level and be financially supported by OhioMHAS, ODM, or their managed care partners.

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Equitable access to behavioral health services	Increased diversity in the local public behavioral health system; increased access to translation services; increased Board Trustee and staff diversity; remediate Board and agency policies that have led to and maintain structural racism	Accountability: Continued robust reviews of hiring and procurement operations to ensuring transparency; inclusivity and anti-oppression practices are addressed. Established performance goals for MHRSB leadership. Education and Training: Training and workforce development re: anti-oppression; development of effective leadership. Sustainability: Agency audits of policies with an equity anti-racism lens; MHRSB and provider agency leadership development (adaptive, anti-oppression, Inclusion & Diversity); ensure inclusive hiring practices that meet system and agency need; language interpreter services throughout the system of care. Language/Communication: Ensure consumers with limited English proficiency and/or deaf/hard-of-hearing have access to care throughout the system. Partnerships: Engagement strategies to better engage identified populations; relationship building, marketing campaigns to support development of a pipeline to workforce; population-specific MH Awareness campaigns. Consumer and Staff Perceptions: Develop refined engagement strategies for identified populations; refine data plan to enable collection, storage and easy use of data to guide health equity advances throughout the system.	Ratio of the population to mental health providers (defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care) Number of multi-lingual staff at provider agencies and utilization of translation services Percent of race/ethnic representation at all Board and staff levels in MHRSB and provider agencies # of units utilized throughout the system based on provider agency report [specific to language/communication] # of formal partnerships/MOUs/ collaborations with community organizations, grassroots level, stakeholder groups with unique relationships with and advocacy for identified population groups # surveys satisfaction surveys administered [specific to consumer and staff perception] # of key data analytics applied to MHRSB

			ongoing planning [specific to consumer and staff perception]
Reduce suicide and unintentional drug overdose deaths	Reduction in deaths by suicide for youth and adults; reduction in suicide ideation and attempts for youth and adults; reduction in unintentional deaths from opioids and other drugs and/or alcohol	Funding at CMHCs and crisis emergency services; funding for mental health promotion and ATOD and suicide prevention Funding for Recovery Housing Funding for residential treatment Funding for ambulatory detox Funding for sub-acute detox	Number of deaths due to suicide per 100,000 population for persons age 18+ Number of deaths due to suicide for persons age 10-17 Number of adults age 18+ who have attempted suicide in past year Number of youth age 10-17 who have attempted suicide in past year Percent of persons age 12-17 who experienced suicide ideation Percent of persons age 18+ who experienced suicide ideation Number of unintentional deaths due to drug overdoses per 100,000 population (age adjusted) Number of unintentional deaths due to opioid/opiate-related overdoses Number of deaths attributable to alcohol Number of naloxone community distribution sites Number of naloxone pharmacy distribution sites
Reduce penetration of persons with behavioral health issues in a corrections institution	Increase in the number of adults with behavioral health disorders are deflected from a corrections	Funding for a Behavioral Health/Criminal Justice Coordinator, whose role is to facilitate cross-system	Number of persons 18+ who have identified as having a mental illness

	institution (pre-arrest); increase in the number of adults with behavioral health disorders are diverted from a corrections institution (post-arrest)	improvements in order to reduce the penetration of persons with behavioral health issues into the criminal justice system, with an emphasis on reducing racial and ethnic disparities/disproportionate minority contact. [funding to CJCC] Funding for a behavioral health diversion program that partners with public defenders, case managers, and peer support specialists to provide coordinated needs assessment, linkage, case management, criminal case resolution, and advocacy for client needs (sustainable housing, behavioral health services, employment, transportation). [funding to TLAS]	and/or substance use disorder are deflected from a corrections institution, pre-arrest Number of persons 18+ who have identified as having a mental illness and/or substance use disorder are diverted from a corrections institution, post-arrest
Reduce homelessness for individuals with behavioral health issues	Increase in number of homeless and chronically homeless individuals getting permanent housing and receiving appropriate linkage to behavioral health services	Funding provided to Unison Health to implement the following project: Housing Navigators & Stability Managers work with chronically homeless, as defined by the Toledo Lucas County Homelessness Board, individuals in Lucas County, with many belonging with the SPMI population, to connect them permanent supportive housing and provide support so individuals are able to maintain their housing. Financial match for local PATH program Board participation on the Lucas County Housing Board and No Barriers Housing Committee	Percent of homeless persons 18+ years old with mental health problems who receive mental health services Number of days for homeless to be placed in permanent housing Percentage of households whose length of stay in Permanent Supportive Housing is at least 181 days
Reduce substance use disorder	Decrease in SUD, and increase in perception of harm of substance use	Funding at CMHCs; funding for mental health promotion and ATOD prevention Funding provided to A Renewed Mind for Project Direct Link, a project in the Lucas County Corrections Center to get inmates with OUD assessed and linked with Vivitrol if appropriate	Percentage of persons age 18+ who reported misusing prescription drugs in the past 6 months Percent of youth who report alcohol use in the past 30 days Percent of youth who report marijuana

		Funding provided to Mercy Health for Mother and Child Dependency project, which is an intensive case management model for pregnant women with OUD that gets them connected to MAT throughout the length of the pregnancy	use in the past 30 days Percent of youth who report non-prescribed prescription drug use in the past 30 days Percent of youth who report perceived risk of alcohol use Percent of youth who report perceived risk of marijuana use Percent of youth who report perceived risk of tobacco use Percent of adolescents age 12-17 who refrained from using alcohol for the first time Percent of adolescents age 12-17 who refrained from using marijuana for the first time Percentage of persons age 18+ who reported engaging in binge drinking in the past 30 days Percent of persons age 12+ with an intake assessment who received one outpatient clinical service within a week and two additional outpatient clinical services within 30 days of intake

Collaboration

6. Describe the Board's planned collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public for SFY 2021-2022 that will be needed to implement funded priorities. (Note: Highlight collaborations needed to support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)
    - Guardianship Board Exploratory Committee – Probate, JFS, DD, AoA
    - Adult Psychiatric Residential – NAMI Ohio
    - ACF – ACF Association, ABLE Ombudsman, Northwest Ohio ACF Association, OhioMHAS
    - MHRSB HOPE Team
    - CPES – law enforcement, Hospitals, Provider Network

Inpatient Hospital Management and Transition Planning

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

    Discuss any planned changes in current utilization that is expected or foreseen.
    The MHRSB's Prescreening/Involuntary Commitment Subcommittee has been meeting since FY 2016. Its purpose was to finalize crisis care services system-wide between NOPH, private hospitals, community mental health centers, and MHRSB's local designated crisis care center (Rescue Mental Health & Addiction Services). Between this committee and the Hospital Utilization Management Committee meeting, NOPH and private hospitals share their census trends every other month and discuss system-wide barriers. Identified issues continue to be: 1) shortages of state hospital beds for adults and youth, and 2) linking people to outpatient treatment (in that the no-show rate to CMHCs post-discharge from the hospital is high). Collaborative discharge planning and housing (specifically individuals who are homeless and are discharged) also continue to be issues that the committees are working to address.

    Changes (or plans for change) are anticipated during the fiscal year, as the various priorities and committees identified above—specifically CPES, the Adult Psychiatric Rehab facility, and ACF recommendations for the system—are explored and/or implemented. As noted, what is needed additionally is immediate access to ACT services (including payment upon authorization) and more robust accountability from the Managed Care Entities to provide effective Care Coordination.

Continuum of Care Service Inventory

8. Complete the attached spreadsheet: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. Instructions are found on Page 10 of the Guidelines.

Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

Alignment with Federal and State Priorities

9. The following pages of this template contains a table that provides the specific federal and state priorities for: Mental Health Block Grant (MH-BG), Substance Abuse Prevention and Treatment Block Grant (SAPT-BG), SAMHSA and OhioMHAS treatment and prevention priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board's priorities. For those federal and state priorities that are not selected by the board, please check one of the reasons provided or briefly describe the applicable reason in the last column.

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

Priorities for (enter name of Board)				
Substance Abuse & Mental Health Block Grant Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	This falls under our priority outcomes: -Reduce suicide and unintentional drug overdose deaths; and -Reduce substance use disorder	MHRSB continues to address the opioid epidemic in many ways, including: funding the purchase and distribution of naloxone kits, expanding medication assisted treatment, expanding recovery housing, developing residential treatment, funding a syringe access program in collaboration with the Toledo-Lucas County Health Department and UTMC to reduce health risks associated with reusing syringes and to provide treatment information for substance abuse disorders, and investing in peer supports for persons with OUD	Unintentional drug overdose deaths; and substance use disorder treatment retention	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory for boards: Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)	This falls under our priority outcomes: -Reduce suicide and unintentional drug overdose deaths; and -Reduce substance use disorder	MHRSB continues to address the opioid epidemic in many ways, including: funding the purchase and distribution of naloxone kits, expanding medication assisted treatment, expanding recovery housing, developing residential treatment, funding a syringe access program in collaboration with the Toledo-Lucas County Health Department and UTMC to reduce health risks associated with reusing syringes and to provide treatment information for substance abuse disorders, funding a program (Mother and Child Dependency, through Mercy	Unintentional drug overdose deaths; and substance use disorder treatment retention	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		Health) specific to pregnant women who are OUD, and investing in peer supports for persons with OUD		
SAPT-BG: Mandatory for boards: Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Parents would not lose permanent custody of their children as a result of their SUD.	MHRSB continues to fund a program (case manager at TASC) that primarily targets substance-using parents. Further, MHRSB doubled its capacity for case management for the Family Drug Court through the case management position.	Number of clients served by the program, and number of clients successfully completing the program	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	This falls under our priority outcome: -Reduce suicide and unintentional drug overdose deaths	MHRSB funds a syringe access program in collaboration with the Toledo-Lucas County Health Department and UTMC to reduce health risks associated with reusing syringes and to provide treatment information for substance abuse disorders	Number of clients served by the program, number of kits distributed (includes syringes, fentanyl test strips, clean supplies, literature on treatment options)	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	This falls under our priority outcome: - Equitable access to behavioral health services	MHRSB is the administrator of the regional ENGAGE 2.0 grant, so it is working with its local crisis services provider to develop mobile response stabilization services (MRSS) teams for youth to respond to family-defined crises (ages 0-21)	Number of MRSS-related calls; number of families served; length of time (in minutes) to respond to families; number of families linked to ongoing care; number of families referred to wraparound	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	This falls under our priority outcomes: - Equitable access to behavioral health services - Reduce suicide and unintentional drug overdose deaths	Continue to allocate sufficient purchase-of-service funding for mental health treatment services, as well as continue to invest in training for Mental Health First Aid and Question-Persuade-Respond (QPR)	Ratio of the population to mental health providers; number of deaths due to suicide per 100,000 population for persons age 18+; number of deaths due to suicide for persons age 10-17; number of adults age 18+ who have attempted suicide in past year; number of youth age 10-17 who have attempted suicide in past year; percent of persons age 12-17 who experienced suicide ideation; percent of persons age 18+ who experienced suicide ideation	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	This falls under our priority outcome: - Reduce homelessness for individuals with behavioral health issues	MHRSB Staff are active on the Toledo Lucas County Homelessness Board and its committees, including the Housing First Core Team. Additionally, the MHRSB recently funded a pilot project to an OhioMHAS-certified agency to work with the chronically homeless to get them in the Housing First program.	Percent of homeless persons 18+ years old with mental health problems who receive mental health services; number of days for homeless to be placed in permanent housing; percentage of households whose length of stay in Permanent Supportive Housing is at least 181 days	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Older Adults			Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*	__ No assessed local need __ Lack of funds __ Workforce shortage X Other (describe) previous local planning efforts did not substantiate additional need, but this will be reevaluated as the MHRSB moves back into strategic planning in the late summer/fall of 2020.

Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	This falls under our priority outcomes: - Reduce penetration of persons with behavioral health issues in a corrections institution	MHRSB funds several programs in this capacity: an agency is funded to link with the county jail and administer Vivitrol for indicated clients who are about to be released, as well as connect them to ongoing outpatient treatment; MHRSB also works with specialty dockets and the local TASC program to administer ATP funds; a full-time position at the Criminal Justice Coordinating Council is funded by MHRSB to analyze, research, develop, plan, and evaluate activities that support system improvements for	Number of persons who are booked at a local/regional corrections institution and have identified as having a substance use disorder; number of persons who have identified as having a mental illness and/or substance use disorder are deflected from a corrections institution, pre-arrest	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

		the intersection of the Lucas County behavioral health and criminal justice systems; Crisis Intervention Training is provided four times a year by MHRSB for community law enforcement officers to identify individuals in need of short-term immediate intervention and crisis resolution who may benefit from treatment for mental health disorders instead of incarceration; and MHRSB funds the Opportunity Project, a program designed to more effectively and efficiently represent clients with mental health and substance abuse disorders who are in the Lucas County Correction Center, which provides early identification of client needs, facilitates connections with service providers and reduces inappropriate or unnecessary use of jails		
Integration of behavioral health and primary care services			Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*	__ No assessed local need X Lack of funds __ Workforce shortage X Other (describe) previous local planning efforts did not substantiate additional need, but this will be reevaluated as the MHRSB moves back into strategic planning in the late summer/fall of 2020.
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	This falls under our priority outcomes: - Improve perception of persons' quality of life	Doubled the capacity of the Thomas M. Wernert Center (TMWC) which recently held its grand reopening; established the Wellness and Recovery Center, a peer-run respite center	Number of people participating in Wernert Center activities; number of individuals who use the Wellness Center; percentage of individuals that return to the Wellness and Recovery Center	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	This falls under our priority outcomes: - Equitable access to behavioral health services	MHRSB has engaged in the following: Funded behavioral health navigation and language interpreter services to individuals and families with limited English proficiency who may encounter challenges that delay and discourage access to needed MHRSB-funded services; developed a work group to finalize a strategic awareness campaign specifically targeted to increase impact in African-American, youth and young adults, Latino/Hispanic, populations with limited English proficiency, LBGTQ, and Faith-based communities; developed a regular system-wide Cultural Learning Series Calendar to provide ongoing learning opportunities that will lead to increased knowledge, skill and ability in clinical staff and leadership that will aid in better management of and improvements in service to the increasingly rich diversity in Lucas County.	Number of multi-lingual staff at provider agencies and utilization of translation services; percent of race/ethnic representation at all Board and staff levels in MHRSB and provider agencies	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	This falls under our priority outcomes: -Reduce suicide and unintentional drug overdose deaths; and -Reduce substance use disorder	MHRSB continues to address the opioid epidemic in many ways, including: funding the purchase and distribution of naloxone kits, expanding medication assisted treatment, expanding recovery housing, developing residential treatment, funding a syringe access program in collaboration with the Toledo-Lucas County Health Department and UTMC to reduce health risks associated with reusing syringes and to provide treatment information for substance abuse	Unintentional drug overdose deaths; and substance use disorder treatment retention; percent of persons age 12+ with an intake assessment who received one outpatient clinical service within a week and two additional outpatient clinical services within 30 days of intake; percentage of persons age 18+ who reported misusing prescription drugs in the past 6 months	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

		disorders, and investing in peer supports for persons with OUD		
Promote Trauma Informed Care approach	This falls under a CHIP priority for which the MHRSB is responsible for monitoring as a designated facilitated agency: -Increase awareness of Trauma Informed Care (TIC)	Attend TIC Coalition meetings	Number of TIC trainings; number of agencies that participate on the TIC Coalition	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	This falls under our priority outcomes: -Reduce suicide and unintentional drug overdose deaths; and -Reduce substance use disorder		Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Increase access to evidence-based prevention			Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*	__ No assessed local need X Lack of funds __ Workforce shortage __ Other (describe)
Recovery Ohio and Prevention: Suicide prevention	This falls under our priority outcomes: -Reduce suicide and unintentional drug overdose deaths	Continue to allocate sufficient purchase-of-service funding for mental health treatment services, as well as continue to invest in training for Mental Health First Aid and Question-	Number of deaths due to suicide for persons age 10-17; number of adults age 18+ who have attempted suicide in past year; number of youth age 10-17 who have attempted suicide in past	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		Persuade-Respond (QPR)	year; percent of persons age 12-17 who experienced suicide ideation; percent of persons age 18+ who experienced suicide ideation	
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations			Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*	__ No assessed local need __ Lack of funds __ Workforce shortage X Other (describe): This has occurred already at MHRSB-funded community mental health centers

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 wavier is intended for service expenditure of state general revenue and federal block funds.**

A. Hospital	Identifier Number	Allocation	Project
University of Toledo Medical Campus	[unknown]	$814,288.50	Youth Acute Care Psychiatric Units (regional crisis funds with additional local-levy investment)
University of Toledo Medical Campus	[unknown]	$505,000	State Opioid Response funding for the Opioid Response Team project

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
Rescue Mental Health & Addiction Services	14-796-8721	MRSS	$272,199 (ENGAGE 2.0 funding)

SIGNATURE PAGE

Community Plan for the Provision of Mental Health and Addiction Services SFY 2021-2022

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

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

_____

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/**