Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Community Plan Instructions SFY 2017

Enter Board Name: Hancock County Board of Alcohol, Drug Addiction and Mental Health Services

NOTE: OhioMHAS is particularly interested in update or status of the following areas: (1) Trauma informed care; (2) Prevention and/or decrease of opiate overdoses and/or deaths; and/or (3) Suicide prevention.

Environmental Context of the Plan/Current Status

1. Describe the economic, social, and demographic factors in the board area that will influence service delivery. Note: With regard to current environmental context, boards may speak to the impact of Medicaid redesign, Medicaid expansion, and new legislative requirements such as Continuum of Care.

   Hancock County continues to grow as a community, with a population that now reaches over 75,000. Findlay has been named a top micropolitan area in the country. It is home to Marathon Petroleum; Whirlpool; and Cooper Tire. Findlay is in a period of growth. In addition to a major expansion at Marathon, Whirlpool is also expanding. A number of distribution centers are also in Hancock County including: Lowe's; Home Depot; Kohl's; and new to the community is MacClane (a grocery/food distribution Center). This past year Findlay also dedicated the Marathon Center for the Performing Arts; the University of Findlay added a nursing program; and the hospital dedicated a new Cancer Treatment Center.

   This growth is also reflected in the number of individuals seeking treatment. Our local treatment providers exceeded serving 4,200 clients; with an additional 5,888 receiving prevention services. Both of these numbers reflect unduplicated counts.

   While not at the same pace with other communities, the opiate epidemic continues to climb in the community. While numbers have grown in all areas; the most significant area of growth is in the number of women who are delivering infants exposed to substances as well as the number of infants with NAS. These numbers have doubled and tripled respectively. (See attached).

   The Board has continued to work with service providers to develop the necessary services to address the epidemic as well as strengthen services for individuals seeking services for any kind of substance use disorder. This includes: increasing access to medication assisted recovery; the development of two drug courts; planning for a family dependency court; residential treatment services; increased peer support services; recovery housing; jail based services; a family support group; and the implementation of a recovery support center. We have been unsuccessful in our efforts to establish withdrawal services. This is the most significant complaint from the community. Immediate access and linkage to services is key.

   It should be noted that the strengthening of the system could not have been accomplished without the expansion of Medicaid. Should this policy be reversed, the Board would be unable to maintain the system of care as it is currently being developed. The Medicaid redesign efforts, especially as it relates to the future of the Board

systems in relationship to Managed Care is occurring with minimal input from Boards. Managed Care is a payer of services and does not hold the legislative responsibility for establishing a system of care. There is much concern as to how the state contracts with Managed Care will address working with and putting resources into local Boards to ensure that clients have access to services (treatment and recovery supports).

Assessment of Need and Identification of Gaps and Disparities

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gaps in services and disparities, if any.
    a. Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and consumers in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention [ORC 340.03 (A)(1)(a)].

The Board is engaged with assessment and planning on an ongoing basis via participating in various local Coalitions, Task Forces, and agency specific efforts. In addition, the Board collaborates with the Health Department and the local Hospital in the completion of a Health Assessment which is done every three years through the Northwest Ohio Hospital Council. The most recent study was completed in the fall of 2015.

The Board receives regular input from local stakeholders through participation in the above activities. Feedback is also received through monthly individual meetings held with agency directors; quarterly meetings with agency chairs/directors; agency directors meetings; monthly program committee meetings of the Board; review of agency quality improvement reports; meetings of the ROSC Leadership Committee; input from the Recovery Council, the Family Support Group and NAMI; and the ROSC Self- Assessment.

In the spring of each year, information from all of these sources is synthesized into an Allocations Homework Document which outlines the strengths and priorities. This information is then used as the Board develops the content areas for proposal packages and throughout the contract discussions with providers.

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

The Board is an active participant in our local Family and Children First Council. There have been no recent disputes. The Service Coordination plan underwent major revision with consultation from Neil Brown. The biggest need identified from the Council at this time is the need to provide outreach to the infants, children and families that are directly impacted by the opiate epidemic. Advocacy efforts are underway by the Council to try and get the state to automatically qualify infants who have been exposed to substances for Help Me Grow and Home Visiting Services.

The Board is actively involved in trying to establish a housing complex dedicated to serving pregnant women with substance use disorders in order to engage them in treatment and prenatal care with the hope of keeping the family unit together post-delivery. The planning of this project involves multiple local agencies.

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

We continue to need increased access to housing with available supports 24/7 and the financial resources to support their care.

In addition, the Board is in the process of reducing the contract with Century Health, our adult agency provider to provide funds to physicians for admissions to private hospitals. This is being done to avoid conflict with any laws related to a physician not being able to benefit from a referral they make. This is likely to result in reduced access to private inpatient care and an increased use of the state hospital.

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

The Board completed a ROSC self-assessment. In addition, the Board has an Implementation Framework for ROSC that is monitored on a quarterly basis by the full Board; which addressed the needs of our community. A copy of the most recent report is attached.

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

While the Board has most components of the Continuum of Care, there is no standard by which to measure if the existing capacity is adequate. The only measure available is accessibility. Our youth provider implemented same day access and as a result has eliminated waiting lists. Our adult provider is in the process of implementing this process.

Our biggest gap is access to withdrawal services. One local agency is in the process of putting together ambulatory withdrawal services. There are also three providers who offer medication assisted treatment. Individuals in need of withdrawal services are transferred to Toledo. The facility that is under contract, Arrowhead, is unable to bill Medicaid due to the IMD waiver. As a result, the cost of care for a 5-7 day stay is a full $750 per day (approximately $5,000 per admission). Outside of Arrowhead, individuals in need of withdrawal services receive it at the local justice center. The Board has worked with our local hospital since 2013 to try and establish withdrawal services locally. Although they have not formally established the service, they are currently in the process of considering the use of "scatter beds". They are also in the process of trying to identify a consultant that can be used collaboratively between the Board and the hospital to develop a local strategic plan in relationship to behavioral health services.

2A. Complete Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. (Table 1 is an Excel spreadsheet accompanying this document)

Strengths and Challenges in Addressing Needs of the Local System of Care

In addressing questions 3, 4, and 5, consider service delivery, planning efforts, and business operations when discussing your local system. Please address client access to services and workforce development.

3. Strengths:
   a. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment?

Our local system is highly collaborative at multiple levels. As a result, we are often able to implement programs/services with partners who provide financial and/or public support. An example of this is the MAT protocol we have in place that cuts across all providers in our community.

The Board has been successful in seeking and being awarded grants on a competitive basis to augment the existing funding streams.

The Board actively seeks out the current science related to our field in an effort to bring the most up to date technology into our system that is most likely to yield good outcomes. As a result, our system has very highly trained staff in the areas of criminal justice; trauma; prevention; early childhood mental health; ACT/IDDT, etc.

Access is monitored on a quarterly basis. Our youth agency, Family Resource Center has same day access, collaborative documentation and just in time prescribing. Our adult agency, Century Health, is in the process of implementing this as well. While being able to get individuals into service rapidly, the treatment time between appointments in not ideal.

The integration of peers and family members has been accomplished as evidenced by their participation on our Board; ROSC Leadership Committee; Opiate Task Force; and the Recovery Support Center which also hosts a Consumer Council. The Board is an ongoing advocate for individuals and/or their families who have received services to be participants on local boards, advisory committees, etc. The increased investment in peer support and peer recovery services has been well received and is considered strength for our system.

b. Identify those areas, if any, in which you would be willing to provide assistance to other boards and/or to state departments.

The Board is willing to provide assistance to other boards and/or to state departments on any issue in which we could be of help.

4. Challenges:
   a. What are the challenges within your local system in addressing the findings of the needs assessment, including the Board meeting the Ohio Revised Code requirements of the Continuum of Care?

Access to immediate services, especially withdrawal management and crisis stabilization continue to be the biggest challenge for the Board. It is hoped that through joint planning with the local hospital, this issue can be addressed.

The availability of evidenced based programming for employment services which are appropriate for individuals with substance use disorders would be of extreme help. The Board has been working with the Supported Employment CCOE to develop pilot programming that incorporates the principles of supported employment with broader application. The Board was recently notified that the CCOE is no longer going to be funded by the Department. The need is still great. The Board would be interested in recommendations the Department has for moving this forward.

As previously outlined in our priorities, the need to provide outreach and early intervention to the children and families that are impacted by the epidemic is great if we are to alter the trajectory as the trauma they have experienced put them at high risk for a whole host of physical and mental problems, including substance use. In addition, we need to develop programming for pregnant women.

Our biggest challenge is resources; financial and human. An epidemic cannot be contained without, non-competitive additional resources that get to the local level. All of healthcare is local.

b. What are the current and/or potential impacts to the system as a result of those challenges?

The inability to curb the epidemic and provide successful treatment options is the impact; the client and their family pay the ultimate price.

c. Identify those areas, if any, in which you would like to receive assistance from other boards and/or state departments.

Assistance would be helpful in the following areas:

-Housing for pregnant women with substance use disorders.

-Employment services, outside of supported employment for the SPMI population.

5. Cultural Competency
   a. Describe the board's vision to establish a culturally competent system of care in the board area and how the board is working to achieve that vision.

The cultural competency goal of our Board is to provide individuals with a relevant opportunity for recovery; irrespective of where/when they enter the system. In an effort to achieve this goal, the Board has focused on development of a trauma informed community. 22 local agencies were involved in the year-long trauma learning community with the National Council. Success was achieved in all domain areas. Included in this was a full day training on the "culture of being trauma informed". This was followed by a full day training on the importance of self-care in order to keep the local service providers healthy.

In FY'17 the Board, in collaboration with the University of Findlay will be hosting a training on the culture of the LBGTQ population, identifying appropriate intervention and treatment strategies.

Overall, the Board is working to promote a campaign, "We all know Someone" in an effort to reduce stigma, blame and shame to create a culture of empathy and hope.

Priorities

6. Considering the board's understanding of local needs, the strengths and challenges of the local system, what has the board set as its priorities for service delivery including treatment and prevention and for populations?

   Below is a table that provides federal and state priorities.

   Please complete the requested information <u>only</u> for those federal and state priorities that are the same as the board's priorities, and add the board's unique priorities in the section provided. For those federal and state priorities that are not selected by the board, please check one of the reasons provided, or briefly describe the applicable reason, in the last column.

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

Priorities 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)	Ensure access to a full continuum of care; especially MAT.	Implementation of ROSC with a full continuum of care.	Quarterly ROSC Implementation Report; including number of MAT slots.	__ 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)	Ensure proper prenatal care and substance use treatment for women and keep the family unit together post-delivery.	Establish an apartment complex for pregnant women and children especially women who are opiate dependent and provide "wraparound" services from agencies throughout the community (JFS; Child Welfare; Treatment Agencies; Health Department; Hospital, Metropolitan Housing etc.)	Number of apartments developed; women served; number of infants delivered; number of mothers/infants maintained as a family unit.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Reduce the number of out of home placements.	Work with the Juvenile Court to implement a Family Dependency Court.	Number of youth in out of home placements. Quarterly meetings with the County Commissioners	__ 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.)	Ensure individuals with communicable diseases have access to mental health and substance use services. Identify is other services are needed.	Monitor the increased number of Hepatitis C Cases in the community. Work with the Health Department to determine additional services/education that may be necessary.	Ongoing data collection and monitoring of the number of cases.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Ensure SED youth have access to a full continuum of care.	Maintain investment in treatment services for youth including: outpatient; home based services; CPST; high fidelity wraparound; access to	Number of youth in treatment; by service Number of youth hospitalized and/or in out of home placement	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		medication; residential treatment; school and juvenile court based services.		
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Ensure individuals with severe and persistent mental illness have access to a full continuum of care.	Maintain investment in treatment and recovery support services, including: ACT and IDDT; CPST; access to Medication and outpatient services as well as a continuum of housing supports.	Number of individuals receiving service; inpatient utilization.	__ 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 permanent supportive housing.	Ensure individuals in need of housing have access.	Maintain housing. Continue to participate in the local Housing Consortium to monitor and develop the Continuum of Care.	Continuum of Care Occupancy rates of Board owned housing.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Older Adults.	Ensure access to services.	Maintain specialized in-home counseling position targeting older adults at Century Health.	Number of clients served.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe)
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment.	Ensure individuals involved with the criminal justice system have access to services	Participate in Stepping-Up Initiative Maintain Criminal Justice Division (including forensic team; and jail based services; and reentry services.)	Evaluation results from NEOMED.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Integration of behavioral health and primary care services.	Develop a clear vision for behavioral health in relationship to primary health and incorporate such vision into the Board's strategic plan.	Joint Strategic Planning with the local hospital (Blanchard Valley Health Systems) and the Board in relationship to Behavioral Health.	Development of a strategic plan for FY'18.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Recovery support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support, transportation).	Increase the amount of recovery support services.	Maintain contract with Focus on Friends and housing services. Increase the number of peer support staff.	Tracking number of clients receiving peer support services and the hours provided.	__ 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).	Continue to monitor results from Community Health Assessment.	Work collaboratively with the University of Findlay to offer training to address the needs of the LGBTQ population.	Community Health Assessment Results Number participating in training and evaluation results.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths.	Ensure that no death is in vain.	Review each overdose death in order to identify points of intercept where services are needed and/or could be improved.	Monthly monitoring of overdose deaths. Review of overdose deaths.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Promote Trauma Informed Care approach.	Create a trauma informed community.	Participate in regional meetings to continue to advance trauma-informed approaches.	Community Health Assessment Results.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents.	Ensure a consistent message of wellness throughout the community.	Maintain investment in prevention services with Family Resource Center.	Number of individuals served and programs offered.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Increase access to evidence-based prevention.	Invest in programs which are most likely to improve the opportunity for successful outcomes.	Ensure that programs funded are evidence based.	Specific programs funded; numbers served; outcome achieved.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Suicide prevention.	Reduce the number of suicides.	Participate in Zero Suicide Initiative of State. Monitor the number of deaths monthly. Conduct review for each death. Increase follow-up services and warm “hand-offs”.	Number of completed suicides.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations.				_x_ No assessed local need __ Lack of funds __ Workforce shortage

				__ Other (describe):

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Secure local levy funding.	Successfully pass a levy campaign in the fall of 2016.	Establish Levy Committee to orchestrate campaign in collaboration with the Board.	Outcome of the Vote.
Evaluate the Board's Efforts to Implement ROSC.	Determine what we need to do more of; less of; or not at all. Select key indicators from those currently collected. Modify contracting methods as needed. Develop a toolkit for replication.	Work collaboratively with Brandeis to submit a Letter of Intent to the Robert Wood Johnson Foundation "Changing the Culture of Communities" Initiative. Submit and implement grant if selected.	RWJ Award and grant implementation.
Veterans and their families.	Ensure there are adequate services and supports for veterans and their families.	Continue to work with Veterans Services to Implement Battle Buddies; include a veteran's component to CIT; and include Veterans Services on the ROSC Leadership Committee.	Number of Battle Buddy Matches; CIT Evaluations; and ROSC Leadership Attendance Records.
Establish a robust Intervention Level of Services.	Engage youth and families "at risk"; especially those impacted by the opiate epidemic.	Establish an Intervention Department at Family Resource Center; Conduct outreach and engagement services to priority populations including: early childhood mental health/consultation; wraparound services especially to students having difficulty in school; juvenile court based liaison to engage and make appropriate referrals; outreach and home-visiting to mothers of infants who have been exposed to substance use.	Number of contacts; referrals; and documentation of outcomes.
Individuals with a mental illness and/or substance use disorder who also have developmental disabilities.	Establish on-site services with the DD Board in order to increase access to services for individuals with a dual diagnosis.	Pay for start-up expenses to place a psychiatrist; case manager and therapist on-site on a routine basis to provide services to individuals involved with the DD system in need of behavioral health services.	Hours on site at DD; numbers served; and services provided.

Priorities (continued)

7. What priority areas would your system have chosen had there not been resource limitations, and why? If you provide multiple priority areas, please prioritize.

Priority if resources were available	Why this priority would be chosen
(1) Withdrawal Management/Crisis Stabilization/Immediate Access to Care.	This requires additional financial resources and joint planning with the hospital.
(2) Employment Services.	We need additional financial resources to address this need.
(3) Managed Care Readiness/Potential Pilot.	Minimal time to dedicated in the midst of all the other priorities.
(4) Wellness Services (i.e. prevention; education) targeting the adult population.	Need additional financial resources; also need an adult providers certified in prevention/education services.
(5)Development of treatment team to provide an intensive team based approach (like IDDT) that includes community visits, cross-collaboration and weekly team meetings for the youngest/highest risk individuals addicted to opiates.	Need additional financial resources to develop this team.
(6)Scholarship program and other initiatives to address recruitment and staff retention needs.	Need additional financial resources. We have done the research on recruitment and retention but lack the financial resources to implement the recommendations.
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	

Collaboration

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

The Board is involved in multiple collaborative efforts. While not an exhaustive list outlined below are some of the accomplishments.

Collaborative Organization	**Initiative**
Blanchard Valley Developmental Disabilities Board	Create an on-site clinic to deliver behavioral health services.
Family First Council	Advocacy efforts related to providing services to infants born to mothers who have abused a substance.
Criminal Justice	Stepping Up Initiative; development of an adult criminal justice division with services delivered on-site to the justice center and the probation department.
United Way	Participation in their Collective Impact initiative related to the topic areas of housing; substance abuse and mental health.
Drug Court Advisory Committee	Implementation of two adult drug courts.
Family Dependency Advisory Committee	Planning implementation of a Family Dependency Court in FY'17.
Opiate Task Force	Medication collection; resource packet; education of the medical community, etc.
Regional Trauma Committee	Planning a training targeting primary care.

In relationship to continuity of care, special emphasis is being placed on "warm hand-offs" at all levels.

Inpatient Hospital Management

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

The Board continues to need increased access to housing with available supports 24/7 and the financial resources to support their care.

In addition, the Board is in the process of reducing a contract with Century Health, our adult agency provider to provide funds to physicians for admissions to private hospitals. This is being done to avoid conflict with any laws related to a physician not being able to benefit from a referral they make. This is likely to result in reduced access to private inpatient care and an increased use of the state hospital.

The Board is in the process of working with our local hospital to develop a joint strategic plan for behavioral health services. Access and capacity related to inpatient care will be included in this plan.

Innovative Initiatives (Optional)

10. Many boards have implemented innovative programs to meet local needs. Please describe strategies, policy, or programs implemented during the past two years that increase efficiency and effectiveness that is believed to benefit other Ohio communities in one or more of the following areas:
    a. Service delivery
    b. Planning efforts
    c. Business operations
    d. Process and/or quality improvement

    Please provide any relevant information about your innovations that might be useful, such as: How long it has been in place; any outcomes or results achieved; partnerships that are involved or support it; costs; and expertise utilized for planning, implementation, or evaluation.

    NOTE: The Board may describe Hot Spot or Community Collaborative Resources (CCR) initiatives in this section, especially those that have been sustained.

Advocacy (Optional)

11. Please share a story (or stories) that illustrate the vital/essential elements you have reported on in one or more of the previous sections.

The Board has been in the process of implementing ROSC since 2013. The opiate epidemic has continued to provide challenges, including overdose deaths. The Board received a handwritten note from parents of a young man who overdosed and died. The note, provided on a frayed piece of paper said the following: "Thank you so much for all you do in the community and for your support during our time of sorrow. You guys rock and keep up the great work for the recovery people." (See attached).

Despite the loss of their son, these parents continue to support our efforts to increase services and develop a ROSC; a good testimonial for our efforts.

Open Forum (Optional)

12. Please share other relevant information that may not have been addressed in the earlier sections. Report any other emerging topics or issues, including the effects of Medicaid Expansion, which is believed to be important for the local system to share with the department or other relevant Ohio communities.

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	UPID #	ALLOCATION
n/a		

B. Request for Generic Services

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

B.AGENCY	UPID #	SERVICE	ALLOCATION
n/a			

SIGNATURE PAGE

Community Plan for the Provision of Mental Health and Addiction Services SFY 2017

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.

Hancock County Board of Alcohol, Drug Addiction and Mental Health Services
ADAMHS, ADAS or CMH Board Name (Please print or type)

_____ _____
ADAMHS, ADAS or CMH Board Executive Director Date

_____ _____
ADAMHS, ADAS or CMH Board Chair Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].

Instructions for Table 1, "SFY 2017 Community Plan Essential Services Inventory"

Attached are the SFY 17 Community Plan (ComPlan) Essential Services Inventory and some supporting files to enable the Inventory's completion.

Various service inventories have been included in the ComPlan in the past. The current Essential Services Inventory included with the 2017 ComPlan requires a new element: the listing of services for which the board does not contract. This new element is necessary due to recent changes in the Ohio Revised Code to detail the behavioral health (BH) continuum of care in each board area. The department and constituent workgroups, in pilot studies, have found this information necessary for boards to meet the Ohio Revised Code CoC requirements.

Some additional CoC information resources have been provided (Section VI) to assist in this process, but board knowledge is vitally important given the limitations of these included CoC resources. For example, the attached resources will 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 1st file is the Services Inventory. The goal is to provide a complete listing of all BH providers in the board area. To be able to proceed, please click on the "Enable Editing" and/or the "Enable Content" buttons, if they occur on top of the spreadsheet, and enter the name of the board in the 1st row.

The spreadsheet lists the ORC required Essential Service Categories in each row. Also in each row are cells to collect information about how each category requirement can be met. The information requested includes:

- Provider Name. Also included in some Provider Name cells are prompts for descriptions of services for which there are no FIS-040 or MACSIS definitions. The prompts request that descriptions of how the Board provides for these services be put in the last column, "Board Notes". The prompts can be deleted to make room for a Provider Name.
- Mandatory individual service(s) that satisfy the ORC Essential Service Category
- Services related to the required category, but are needed to meet local BH needs, rather than the CoC mandate.
- "Yes" or "No" response indicating that the board contracts with the provider providing the service.
- Counties within the board where the provider provides the required "must be in the board area" service; or, out-of-board location when the required service is allowed to be provided outside the board area.
- Populations for which the service is intended to serve; or, for Prevention/Wellness services, the IOM Category.

Except for "Provider Name" and "Board Notes" cells, in which information is manually entered, all the other cells have a drop down menu from which services are chosen, and typed data entry cannot occur.

To use the drop down menu, click on a cell and a downward pointing arrow will appear. Click on the arrow and a drop-down list of services will appear. Click on a service and it will appear in the cell. Click on the service a 2nd time and it will erase the service entry in the cell; or highlight the unwanted service entry and click "Clear Content" from the right mouse button menu. Click on as many services as are needed for each provider cell in the row. Use the slide-bar on the right side of the drop down menu to see all available items in the list.

To add additional providers in a particular Essential Service row, highlight all cells in the row below the needed Essential Service, and click "Insert" from the right mouse button menu. All of the instructions and drop down menus for that Essential Service will be included in the "Inserted" rows.

Additional Sources of CoC Information

1. **MACSIS Data Mart Client Counts by AOD and MH services for 2015.**
   Explanation: If a required service or support is not found in a Board's budget, there may be a number of possible explanations, e.g.:
   a. Variation in how Boards account for services and supports in the budgeting process. A check of the MACSIS Data Mart may reveal budgeted services or supports that haven't been directly captured in the current budget.
   b. Required service or support is delivered by Providers serving Medicaid only clients. The Data Mart will show that the Medicaid paid service or support is being provided within the Board service area even though the Board has no contract with that Provider.

2. **OhioMHAS 2015 Housing Survey.**
   Explanation: Certain required housing categories may not be budgeted, e.g., Recovery Housing, or there may be lack of clarity between required housing categories and 040 reporting categories or specified in the Community Plan. The OhioMHAS Housing Survey brings greater clarity to classifications of housing services and environments and better track provision of those Continuum of Care (CoC) elements in Board service areas.
3. **SAMHSA 2014 National Survey of Substance Abuse treatment Services (N-SSATS), and the**

4. **SAMHSA 2014 National Mental Health Services Survey (N-MHSS).**
   Explanation: SAMHSA annually surveys AOD and MH Providers irrespective of their OhioMHAS certification status. The surveys provide a broad spectrum of information, including the existence of some AOD or MH services or supports within a Board's service district that are required essential CoC elements, but which are not found within the public behavioral health service taxonomy, or are not captured within the Board's budget. These surveys should be reviewed for existing required CoC elements delivered by Providers that are OhioMHAS certified (in network) and those Providers that are not (out of network).

Service Crosswalks between ORC Required Essential Service Category Elements and the Additional Information Sources

Essential Service Category Elements (‡ = ORC 340.033 Required)	2015 OhioMHAS Housing Survey	2014 National Survey of Substance Abuse Treatment Services (N-SSATs)	2014 Nation Survey of Mental Health Services Survey (N-NHSS)
A-Ambulatory Detox ‡		OP Detox ASAM Level I.D & II.D	
A-Sub-Acute Detox ‡		Residential Detox ASAM Level III.2-D	
A-Acute Hospital Detox		Inpatient Detox	
Intensive Outpatient Services: • A-IOP ‡ • M-Assertive Community Treatment • M-Health Homes		Intensive OP ASAM Level II.1 (9+ HRS/WK)	• Assertive Community Treatment (ACT) • Primary Physical Healthcare
Essential Service Category Elements (‡ = ORC 340.033 Required)	2015 OhioMHAS Housing Survey	2014 National Survey of Substance Abuse Treatment Services (N-SSATs)	2014 Nation Survey of Mental Health Services Survey (N-NHSS)
A-Medically Assisted Treatment ‡		• Naltrexone • Vivitrol • Methadone • Suboxone • Buprenorphine (No Naltrexone)	
12 Step Approaches ‡		Clinical/therapeutic approaches Used:.. • 12 step facilitation	
Residential Treatment: A-MCR-Hospital A-BHMCR-Hospital		Hospital IP Treatment ASAM IV & III.7	

Residential Treatment ‡: A-MCR- Non-Hospital A-BHMCR-Non-Hospital	Residential Treatment Medical Community Residence	Residential Short-Term ASAM Level III.5 (High Intensity)	
Essential Service Category Elements (‡ = ORC 340.033 Required)	2015 OhioMHAS Housing Survey	2014 National Survey of Substance Abuse Treatment Services (N-SSATs)	2014 Nation Survey of Mental Health Services Survey (N-NHSS)
Residential Treatment ‡: A-NMR-Non-Acute A-BH-Non-Medical-Non-Acute	Residential Treatment Medical Community Residence	Residential Long-Term ASAM Level III.3 (Low Intensity)	
Recovery Housing ‡	Recovery Housing		
M-Residential Treatment	Residential Treatment-MH		24 Hour Residential (Non-Hospital)
Locate & Inform: • M-Information and Referral			MH Referral, including emergency services
M-Partial Hospitalization			Setting: Day Treatment/Partial Hospitalization
M-Inpatient Psychiatric Services (Private Hospital Only)			Inpatient Services
Recovery Supports: • M-Self-Help/Peer Support • M-Consumer Operated Service			MH Consumer Operated (Peer Support)
Recovery Supports: • M-Employment/ Vocational Services			• Supported Employment Services • MH Vocational Rehabilitation Services
Essential Service Category Elements (‡ = ORC 340.033 Required)	2015 OhioMHAS Housing Survey	2014 National Survey of Substance Abuse Treatment Services (N-SSATs)	2014 Nation Survey of Mental Health Services Survey (N-NHSS)
Recovery Supports: • M-Social Recreational Services			Activities Therapy
M-Crisis Intervention			MH Psychiatric Emergency (walk-in)
Wide Range of Housing Provision & Supports: • M-Residential Care	Residential Care: • Adult Care Facility/ Group Home • Residential Care Facility (Health) • Child Residential Care/Group Home		MH Supported Housing Services
Essential Service Category Elements (‡ = ORC 340.033 Required)	2015 OhioMHAS Housing Survey	2014 National Survey of Substance Abuse Treatment Services (N-SSATs)	2014 Nation Survey of Mental Health Services Survey (N-NHSS)
Wide Range of Housing Provision & Supports: • M-Community Residential • M-Housing Subsidy	Permanent Housing: • Permanent Supportive Housing • Community Residence • Private Apartments		MH Housing Services
Wide Range of Housing Provision & Supports: • M-Crisis Bed • M-Respite Bed	Time Limited/ Temporary: • Crisis • Respite • Temporary		

• Temporary Housing • Transitional	• Transitional		
Wide Range of Housing Provision & Supports: • M-Foster Care	Time Limited/ Temporary: • Foster		• Therapeutic Foster Care
Wide Range of Housing Provision & Supports: • AOD			• See Residential Treatment, above