

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

**Enter Board Name:** Montgomery County ADAMHS

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

**Environmental Context of the Plan/Current Status**

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

Montgomery County ADAMHS is a complex system with more than 40 contracted and other non- contracted provider partners, who offer a variety of behavioral health services to Montgomery County residents. Montgomery County ADAMHS provides local funding for those who are underemployed or underinsured as to supplement private insurances, Medicare/Medicaid and VA Benefits via a Combined Human Services Levy that funds more than sixty community organizations to provide an array of services in the community.

The Board’s priority populations are IV Drug Users, Women who are pregnant, of child bearing age or parenting, Parents with dependent children including those who are Children Services Involved, SED youth, SMI Adults. Other priority populations include persons with TB or other communicable diseases, people who are homeless and/or mentally ill, those with opiate addictions, multi-system and transition aged youth, individuals with disabilities, criminal justice involvement, and early childhood mental health needs.

In conjunction with federal, state and local funding dictates, the Board provides funding for mandated mental health and substance use disorder treatment services such as Diagnostic Assessment, Individual and Group Therapy and CPST, Psychiatric Evaluation and management services, Crisis Hotline, Hospital Pre-Screening and Crisis Intervention Services, Standard & Intensive Outpatient Treatment and Residential Treatment for people with substance use issues or dual diagnosis needs. Additionally, the Board provides a continuum of prevention and early intervention services.

Finally, Recovery Supportive Services are available based on eligibility for an entire spectrum of housing options, employment skills training, consumer operated clubhouse, peer support, NAMI, suicide prevention programming, MH Court, Forensic Monitoring, Medication Assisted Treatment including Methadone, Suboxone®, and Vivitrol®, Project Dawn kit distribution, Housing for transition age youth, Recovery Housing, service coordination including financial support for placement costs for youth in inpatient and foster care, group home or residential treatment or other services/supports to address individual family needs, guardianship, payees, deaf and language interpreter services, behavioral health workforce development, community education and a host of other supportive services that are funded with local dollars. The local board is always seeking innovative programming to meet the needs of Montgomery County residents.

**DEMOGRAPHIC FACTORS:** Montgomery County, which covers approximately 461.7 square miles is the 5<sup>th</sup> most populous county in Ohio and is residence to an estimated 532,331 people, which represents a .01% increase when compared to 2017. The Census data indicates that the racial composition is 70.6% Caucasian, 21.4% African American, 2.4% Asian, 0.1% Native American, 2.8% Two or more races; and 3.1% Hispanic or Latino.

Children less than 18 years of age comprise 22.1% of the county population; females outnumber males and are living longer, and as the county population ages, the African American population is increasing as the Caucasian numbers decrease.

**SOCIO ECONOMIC FACTORS:** Montgomery County's unemployment rate as of May, 2019 is 3.6%, ranking it 38<sup>th</sup> highest across the state. Unemployment in the county has steadily declined since 2010 when it hit a peak of 11.4%. However, total employment in the county declined from 252,000 in 2007 to 234,459 in 2016.

Montgomery County's overall poverty rate (for all ages) has increased steadily since 2007, (from 14.8% to 18.7% at its peak) and remained above the state average for all years examined. In 2017, the poverty rate for all ages in Montgomery County was 15.9%. The poverty rate in Montgomery County for children under 18 years of age increased from 22.9% in 2007 to 29.3% in 2013 but has begun to decrease, to 27.6% in 2017.

**ENVIRONMENTAL FACTORS:** Of 88 Ohio counties, Montgomery County ranks 81<sup>st</sup> for total health outcomes, 80<sup>th</sup> for Length of Life, 79<sup>th</sup> for Quality of Life, 71<sup>st</sup> for Healthy Behaviors, 26<sup>th</sup> for Clinical Care, 70<sup>th</sup> for Social and Economic Factors, and 87<sup>th</sup> for Physical Environment (countyhealthrankings.org, 2019). In general, more African Americans than Caucasians living in Montgomery County report their health as fair or poor and as income decreases, poor physical, mental and oral health increases.

Since CY 2010, unintentional drug overdose deaths increased 346% to the peak of 566 in CY 2017. There was a decline of 49% from CY 2017 to CY 2018 (289 total deaths) and current projections for the year-end total of CY 2019 show a continued stabilization. Even with these substantial reductions, Montgomery County remains one of the highest per capita and total overdose death counties in Ohio. Approximately one-fourth of underage (age 12-20) individuals consume alcohol and nearly one-third of individuals age 12 and older use tobacco products in the county.

According to the CDC 2017 data, Montgomery County's rate of completed suicides was 16.30 per 100,000. This rate is higher than both Ohio's rate (14.0/100,000) and the national rate (13.4/100,000). During 2017, Montgomery County experienced 83 completed suicides with 12 occurring in the 15-24 age range.

As of 2017, the Montgomery County HIV/AIDS rate was 281.6 per 100,000 populations. In comparison, the state average for the same period was 202.3. The number of confirmed cases of Hepatitis C in Montgomery County during 2018 was 422 and was well below the average for the period from 2014 to 2017, (806 cases per year). A contributing factor in the drastic reduction in Hepatitis C rates is likely greater community awareness associated with the opiate epidemic and the recent introduction of clean needle exchange programming.

The Infant Mortality rate in Montgomery County from 2014-2016 was 6.8 per 1,000 children. The Infant Mortality rate for the African American population is 13.1 per 1,000 children compared to 4.5 per 1,000 children in the Caucasian population.

**IMPACT of Medicaid redesign, Medicaid expansion, and New legislative requirements such as Continuum of Care:**

Medicaid expansion has allowed the ADAMHS board to increase the continuum of recovery support services such as housing, workforce development, and peer-based services. ADAMHS has been able to build and enhance access to the legislative Chapter 340 addiction Continuum of Care requirements as well as other local recovery support priorities.

New Legislation/Continuum of Care: The dollars saved through Medicaid expansion are being re-invested to meet the new statutory requirements in ORC CH. 340 including the creation of ambulatory withdrawal management, a 24/7 crisis response for those experiencing a Narcan Rescue, targeted treatment & supportive services and recovery housing for opiate addicted pregnant women, a Narcan Repository for law enforcement departments to ensure they can access if their department chooses to carry Narcan, and expansion of recovery housing services. In addition, ADAMHS funds Public Health Dayton/Montgomery County to provide a high-risk wraparound treatment team to home/community-based services for up to 1 year for high risk opiate addicted populations including pregnant women, high utilizers of the county jail, and those involved in specialized dockets.

ADAMHS contracted providers have been able to successfully transition to meet the new MCO requirements and billing codes for BH Redesign. It is still uncertain what will occur as MCOs are given discretionary contracting choice with providers in the future. Providers continue to be anxious about the future of their fiscal health and service provision under the new requirements. The county has seen an influx of new Medicaid only providers over the last 2 years. There continues to be a gap for individuals who are considered “dual eligible,” Medicare and Medicaid, as there is a shortage in the number of providers who can bill Medicare.

Montgomery County ADAMHS, with federal, state and local funding provides financing for traditional mental health and substance abuse treatment and prevention services such as Diagnostic Assessment, Individual and Group Therapy and CPST, Psychiatric Evaluation and medication/somatic services, Crisis Hotline, Hospital Pre-Screening and Crisis Intervention Services, Standard & Intensive Outpatient Treatment and Residential Treatment for people with substance use issues or dual diagnosis needs.

In addition, Recovery Supports, such as an entire spectrum of housing options, employment skills training, consumer operated clubhouse, peer support, NAMI, Suicide Prevention programming, Youth Move, MH Court, Forensic Monitoring, Medication Assisted Treatment including Methadone, Suboxone®, and Vivitrol®, Project Dawn kit distribution, housing for transition age youth, service coordination including financial support for placement costs for youth in inpatient and foster care, group home or residential treatment or other services/supports to address individual family needs, guardianship, payees, deaf and language interpreter services, behavioral health workforce development, community education and a whole host of other supportive services are funded with local dollars. As earlier noted, the local board is always seeking innovative programming that can meet the needs of the residents of Montgomery County.

## Assessing Needs and Identifying Gaps

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gaps in services and disparities, if any.
  - a. Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and people living with or recovering from mental illness and addiction in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention in SFY 2019. [ORC 340.03(A)(1)(a)]. Describe the board's plan for on-going needs assessment in SFY 2020 if they differ from this current fiscal year. Child service needs resulting from finalized dispute resolution with Family and Children First Council [340.03(A)(1)(c)].
  - b. Describe how the board collaborated with local health departments and their 2019 State Health Improvement Process. In your response, please include, if applicable, the following: 1) collaborative efforts specific to assessing needs and gaps and setting priorities. 2) barriers or challenges the board believes will have to be overcome moving forward that will result in complimentary public health and behavioral health plans, 3) advantages, if any, realized to date with collaborative planning efforts, 4) next steps your board plans on undertaking to further alignment of public health and behavioral health community planning.
  - c. Outpatient service needs of persons currently receiving treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)].
  - d. Service and support needs determined by Board Recovery Oriented System of Care (ROSC) assessments.
  - 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)].
  - f. Needs and gaps associated with priorities of the Executive Budget for 2020-2021 including crisis services, criminal justice-involved populations, families involved with child welfare, and prevention/early intervention across the lifespan.

**A) NEEDS ASSESSMENT FINDINGS:** The Montgomery County ADAMHS Board of Trustees and Senior Leadership Team hold an annual retreat to conduct strategic prioritization and planning. Last year, the Board re-aligned its Divisions which now include: 1) Administration (including IT); 2) Fiscal Operations; 3) Behavioral Health Treatment & Support Services; 5) Prevention & Early Intervention; 6) External Affairs and 7) Training.

The 2018-2020 Strategic Plan Initiatives are:

- Explore joint ventures and system alignment both within Montgomery County and regionally that add value to providers and clients and offer professional growth and workforce development opportunities.
- Continue to develop and utilize technological advances to assist in making data-driven decisions that allow ADAMHS to predict and plan for trends and changes in service demands and to more effectively understand and communicate with providers and citizens.
- Earn national health care accreditation to further solidify the ADAMHS reputation and credibility as a sustainable and viable leader in mental health and addiction strategies.

- Eliminate silos within the community of care and intensify current efforts to link with culturally competent health serving organizations to move toward full integration as Behavioral Health re-design or carve-in is established in Ohio.
- Continue to lead the education and advocacy efforts both to fight the current addiction crisis while playing a key role in identifying and sharing best practices and leading efforts to build the community's mindset to improve health and eradicate stigma.
- Support efforts of leadership in succession planning and cross-training of staff to sustain the organization's effectiveness.
- Monitor and analyze the potential implications and effects of state and federal policies impacting Medicaid providers and consumers and provide leadership to our communities through advocacy, education and facilitation of discussions on this topic.

In June of 2019, Montgomery Co. ADAMHS staff met with the Family & Children First Council and the Montgomery County Children Matter System of Care Advisory Board to identify children & family priorities for the community plan. FCFC identified the following priorities:

- Public awareness/education campaigns focused on suicide prevention
- Responding to the mental health needs of children & families impacted by the May 2019 tornadoes
- Build capacity for in home-based services for adoptive families for older (12-17) adopted children, similar to Help Me Grow, focused on behavioral health needs and supports
- Build capacity for home visiting services for children & their families between the ages of 3-5 years (expanded Help Me Grow)
- Increase integration/partnership with Help Me Grow and behavioral health providers
- Build capacity for day treatment programs for school aged children
- Increase training/educational opportunities for county foster parents focused on mental health & behavioral health issues

Montgomery Co. Children Matter Advisory Board identified the following priorities:

- Increased access to services for parents who work full time
- Increased access to respite care to reduce out of home placements/residential care
- Increased access to traditionally covered Medicaid services that aren't covered by private insurance for families
- Public awareness/education about Children Matter programming so that families are connected earlier

The Board partners with the Montgomery County Prevention Coalition to collect data to inform environmental prevention initiatives. Demographic and risk factor data is collected for specific geographic regions targeted for prevention efforts. Additionally, marijuana perception of risk and harm data was collected by college-aged students.

In partnership with Montgomery County Educational Services Center, and with the implementation of the Schools of Excellence in Prevention program in FY20, a staff person is dedicated to assisting schools with participating in OHYES. This will provide us with the necessary data related to MH and AOD – along with correlating risk factors – for youth in our community.

A gap analysis for prevention services was conducted in January 2019. This analysis inventoried prevention services already in existence within our community and identified populations in which services were not available to them. This analysis also provided a view of what prevention services are provided to universal, selective, and indicated prevention populations across the Continuum of Care for prevention populations and informed us that we currently have a healthy balance of prevention services across the prevention continuum.

The gap analysis process for prevention services did focus on different age populations (preschoolers, elementary, middle school, high school, young adults, adults, and seniors). It also addressed high risk populations including children residing in homes where addiction is present, high risk parents, and LGBTQ populations. This information was used to inform FY20 funding priorities for prevention services.

**B) Collaborative Efforts in Assessing Needs, Gaps, & Priorities:** In 2014, Montgomery County ADAMHS partnered with Public Health Dayton & Montgomery County (PHDMC), as well as various other local and regional bodies, to complete a community health assessment (CHA) as part of the development of the Community Health Improvement Plan (CHIP). Over 35 community organizations participated in the CHIP development process, and representatives from these organizations served as members of the Steering Committee, stakeholder group, and workgroups. The CHIP aligns with the Montgomery County Human Services Planning & Development strategic plan as well as with other county, state, and national health improvement initiatives. The CHIP implementation began mid-2016 and is slated to be implemented over a four-year period (2016-2019).

Behavioral Health is one of the 3 priorities; the other two priorities are birth outcomes and chronic disease prevention. Integration of community partners – mental health, primary care, public health, and substance abuse - is critical to meet the behavioral health needs and ultimately the overall health of Montgomery County residents. The complete 2016 – 2019 CHIP and the year 3 annual update can be found at:

<https://www.phdmc.org/report/community-health-improvement-plan>

In 2018, PHDMC and the regional hospital collaborative embarked on the 2020 Community Health Assessment in preparation for integration of the hospital health plans with the public health CHIP. MCADAMHS was not invited to participate in the regional planning efforts but was invited by PHDMC to participate in the county level planning for the 2020 CHA. MCADAMHS will continue to align with PHDMC in developing local priorities for the CHA & CHIP.

**Challenges/Barriers to complementary public health & behavioral health plans:** In the first integrated public health and behavioral plan (2016-2019) the focus was on access and capacity for BH treatment services. As the state departments consider full integration into 1 combined plan, it will be important to ensure BH prevention and intervention needs, gaps, & priorities are clearly identified. Additionally, an integrated community health plan that serves 3 systems (hospitals, public health, and ADAMHS) could find it challenging for all systems to have equitable input into identifying the needs/gaps/priorities. Often the service areas do not easily align – regional hospital systems, multiple public health boards in one county, and ADAMHS boards who serve one or multiple counties. There could be a risk of losing individual needs of a county's ADAMHS board when creating a regionalized community health improvement plan, unless there is deliberate community input and dialogue.

**Advantages to complementary public health & behavioral health plans:** Complementary plans allow for a collective impact model to be used to address population health outcomes. Aligned goals could: increase leveraging for state and national grants; provide aligned funding of agreed upon initiatives; and raise community awareness of health needs, gaps, and priorities in a community. They also have the potential for better meeting clients “where they live” and providing a much more comprehensive, equitable and accessible service delivery system.

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

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

Below is a table that provides federal and state priorities. Please complete the requested information only for those federal and state priorities that are the same as the board’s priorities and add the board’s unique priorities in the section provided. For those federal and state priorities that are not selected by the board, please check one of the reasons provided or briefly describe the applicable reason in the last column.

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

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

**Priorities for (Montgomery Co. ADAMHS)**

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

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>SAPT-BG: Mandatory (for OhioMHAS):</b> Persons who are intravenous/injection drug users (IDU)	Persons who self-identify as IDU get priority for services within 2 days of request.  Ensure quality programming available to this population.	Require each service provider to maintain compliance with access timeframes in accordance with the federal standard.  Provide programming that includes Medication Assisted Treatment Options including Methadone, suboxone, and vivitrol for outpatient and residential treatment options.	Persons who self-identify as IDU upon access to care are to be seen within 2 days. This information is tracked and reported to ADAMHS quarterly  ADAMHS conducts compliance review surveys and provides a compliance rating for each service providing agency  Number of persons who self-identify as IDU served during the fiscal year	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG: Mandatory (for boards):</b> Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Ensure compliance with access requirements for pregnant women within the local system of care.  Ensure quality programming available to this population.	Require each service provider to maintain compliance with access timeframes in accordance with the federal standard.  Partner with Promise to Hope program, local Children Services, Family & Children First Council regarding service coordination.	Persons who self-identify as a pregnant SUD user upon access to care are to be seen within 2 days. This information is tracked and reported to ADAMHS quarterly  ADAMHS conducts compliance review surveys and provides a compliance rating for each contracted service providing agency  Number of women served who are identified as HB 484 service recipients	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG: Mandatory (for boards):</b> 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)	Ensure compliance with access requirements for parents with dependent children within the local system of care.  Ensure quality programming available to this population.	Provide outpatient & residential programming, and recovery housing for this population at varied provider agencies.  Partner with local Interagency Clinical Assessment Team for multi-system	ADAMHS conducts compliance review surveys and provides a compliance rating for each contracted service providing agency	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		youth to plan for services and cost share when MH treatment is a primary need. Partner with CSD and Juvenile Court to fund the ICAT Coordinator position.	Number of youth/families who participate in ICAT process. Number of youth who ADAMHS cost shares	
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Persons at risk of or with TB or other communicable diseases receive counseling and testing.	Agencies provide counseling, testing and/or a referral to testing and treatment for communicable diseases.	TB counseling and referral data is submitted to ADAMHS quarterly and reported to Ohio MHAS per guidelines	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Youth with SED have access to and receive treatment that is of high quality and responsive to the needs of the child/family.	Multi-system youth may be referred to ICAT or Children Matter! for service coordination and access to services as identified.  Core BH services are available within the system of care for SED youth.	Family reports services have a positive impact on the family/youth who are ICAT involved  # youth who disrupt despite ICAT plans  # youth who receive treatment services is tracked yearly  UOS by service type for SED youth are tracked yearly  ChildrenMatter! Submits quarterly data on children/families served	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-BG:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	SMI adults have access to and receive treatment that is of high quality and responsive to their needs.	Core BH services are available within the system of care for SMI adults.  SMI adults are afforded supportive services within the spectrum of care.	# adults with SMI diagnosis area tracked yearly  UOS by service type for SMI adults are tracked annually	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Homeless people who are living with mental illness and/or addiction will have access to permanent supportive housing based on available funding	Outreach services will be provided by PATH and other social service agencies to identify individuals who are homeless and living with mental illness and/or addiction	# of individuals served by PATH  # of individuals who receive CABHI funds for supportive services to maintain housing	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

	Persons experiencing SPMI will obtain affordable housing with supportive services to assist them to remain housed, and recover from MH / Addiction.	<p>PATH will connect individuals to needed housing and supportive services</p> <p>Obtain a baseline of housing stock &amp; subsidies in the ADAMHS system and Continuum of Care.</p> <p>Assess supportive services availability.</p> <p>Establish a baseline of recovery housing throughout Montgomery County.</p> <p>Explore options to support recovery housing system of care.</p> <p>Explore resources for expansion of recovery housing options.</p> <p>Enhance collaboration with and among housing providers.</p>	<p>Number of HAP vouchers available and used</p> <p>Number of persons housed in all types of housing funded by ADAMHS</p> <p>Meetings with recovery housing providers and tours of houses</p> <p>Assess resources for recovery housing Assess needs of the recovery housing and supportive housing providers</p> <p>Number of opportunities for collaboration and communication hosted by ADAMHS</p>	
<b>MH-Treatment:</b> Older Adults	Increase public awareness of mental health needs of older adults	Implement an educational campaign, including health fairs and various media, to educate community re: mental health needs of older adults including SUD	<p>Number of media messages focused on older adults</p> <p>Number of health fairs attended</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe)</p>
<b>Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant</b>				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Increase access to MH/SUD treatment services within local jail and community-based correction facilities within in the county	Providers will be given ability to bill ADAMHS board for assessment, OP counseling, CPST/SUD case management, and evaluation/management services	UOS by service type for individuals who are incarcerated will be tracked yearly	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe)</p>

	Maintain operations of specialized dockets including veterans court, mental health court, juvenile drug court, and 2 common pleas drug courts	<p>within these facilities for open/active clients</p> <p>Will fund continued in-house MH/SUD services via jail medical provider to provide crisis, brief intervention, and referral/discharge planning</p> <p>Continue collaboration with specialty dockets via shared funding positions, technical assistance, and grant opportunities</p> <p>Apply for grants (ATP, SOR) that support local MH/SUD and CJ treatment &amp; support initiatives</p>	<p>UOS by service type for individuals served by the in-house jail services program</p> <p># of positions that are cost shared with ADAMHS that support specialty dockets</p> <p>MCSO medical provider contract outlining provision of MH/SUD services in house at the jail</p> <p>Grant monthly &amp; quarterly reports</p>	
Integration of behavioral health and primary care services	Integration of BH and Primary Care for persons living in Montgomery County.	Partner with Public Health of Dayton/Montgomery Co. to implement CHIP behavioral health initiatives	Increase the # of primary care providers who screen for behavioral health disorders by 10%	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	<p>Recovery Support services are plentiful throughout Montgomery County for SMI and substance use disorders.</p> <p>Expand Peer Support services provider network.</p>	<p>Provide a host of supportive services that are in alignment with our priorities as well as those emerging community needs.</p> <p>Continue to provide workforce path for potential Peer Support providers.</p> <p>Work with provider agencies to implement Peer Support programs.</p>	<p>UOS by service type are tracked yearly for supportive services</p> <p># of persons who receive each supportive service tracked yearly</p> <p>ADAMHS will work to create as much client specific tracking as can be created</p> <p>Number of persons certified by OHMHAS as peer support specialists</p> <p># of recovery housing beds available</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBTQ)	Increase public awareness of health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBTQ)	Host a series of educational workshops for BH professionals focused on health equity and disparities  Provide educational materials via health fairs and social media to educate community re: mental health needs of all populations	# of educational workshops hosted  Number of media messages focused on health equity and disparities  Number of health fairs attended	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	Increase # of LE departments carrying Narcan  Provide access to naloxone to the general community  Provide access to naloxone for those who are incarcerated	Maintain a shared funding Narcan Repository that LE depts. can access for Narcan kits  Maintain Project Dawn program	# of LE depts. who are carrying Narcan and/or participating in the Narcan repository  # of Project Dawn trainings per year, including # offered at criminal justice institutions	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Promote Trauma Informed Care approach	Provide access to local trauma informed care trainings for local professionals	Host local trauma informed care trainings by certified professionals	# of professionals who attend training  # of workshops hosted	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

**Prevention Priorities**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>Prevention:</b> Ensure prevention services are available across the lifespan	Implement prevention services to the older adult populations due to their vulnerability with MH and AOD concerns	Work with a provider to implement the WISE (Wellness Initiative for Senior Education) program, a prevention EBP	Documentation of completed strategies in the form of final reports, attendance records, meeting minutes, etc.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Ensure schools have access to evidence-based prevention services	Increase the # of evidence-based prevention programming available to local schools across every grade based	Work with Montgomery County Educational Services Center to implement the Schools of Excellence in Prevention (SEP) program that assesses	Increase # of schools involved in SEP	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

	on Strategic Prevention Framework planning	schools' prevention needs and assists with connecting them to local prevention providers	Increase # of youth participating in evidence-based prevention programming  Increase # of teaching staff and faculty that participate in professional development opportunities related to understanding their role in prevention	
<b>Prevention:</b> Suicide prevention	Increase the # of evidence-based suicide prevention programming to identified high risk populations	Implement new EBP suicide prevention program during SFY20	Increase # of EBP suicide prevention programs in the community	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Ensure prevention services are available to youth who identify as LGBTQ	Implement prevention services to LGBTQ youth due to their vulnerability with MH and AOD concerns	Work with Miami University, DayBreak, and an LGBTQ consultant to conduct focus groups and design evidence-informed prevention programming	Documentation of completed strategies in the form of final reports, attendance records, meeting minutes, etc.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Ensure prevention services are available during after-school time	Implement prevention services in after-school settings	Work with after-school providers to increase their utilization of evidence-based prevention programming	Documentation of completed strategies in the form of final reports, attendance records, meeting minutes, etc.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Environmental prevention strategies	Increase # of environmental prevention strategies within high risk communities in Montgomery County	Support the efforts of the Montgomery County Prevention Coalition	Documentation of completed strategies in the form of final reports, attendance records, meeting minutes, etc.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Vaping prevention	Implement vaping prevention services to address the youth epidemic	Work with Montgomery County Educational Services Center to implement evidence-informed vaping prevention services, alternatives to suspension programming, and vaping cessation services	Documentation of completed strategies in the form of final reports, attendance records, meeting minutes, etc.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<b>Prevention:</b> Prevention services for children residing in homes where addiction is present	Implement prevention services to address the needs of children residing in homes where addiction is present in order to half the family cycle of addiction	Work with the Montgomery County Educational Services Center and the Recovery Alliance of Montgomery County Ohio (RAMCO) to provide evidence-informed prevention services that addresses the specific needs of this population	Documentation of completed strategies in the form of final reports, attendance records, meeting minutes, etc.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
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Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
<b>NEW PRIORITIES</b>			
Multi system youth & their families	<p>Expand capacity to serve multisystem youth and their families (CSD, juvenile court, DDS);</p> <p>Develop a community based COC that involves education, health, Pre-K, behavioral and intellectual services, community planning, child welfare, parental engagement, foundations, etc. to create better health and educational outcomes.</p>	<p>Expand capacity for high fidelity wraparound services</p> <p>Build capacity for in home-based therapy services such as Integrated co-occurring treatment (ICT)</p> <p>Build capacity for day treatment programs in the county</p> <p>Complete needs &amp; gaps analysis for respite care services available in the county</p>	<p># of programs available in the community (high fidelity wraparound, in home based services, &amp; day treatment programs)</p> <p># of children/family served</p>
Families impacted by May 2019 Tornadoes	Ensure behavioral health services (early intervention, prevention, treatment, & supportive services) are available to youth, adults, and families impacted by the tornadoes	<p>Assess need for behavioral health supports for individuals impacted by the tornadoes</p> <p>Build capacity for services as needs are identified during the long-term recovery phase</p>	To Be Determined as needs are identified
Suicide prevention	Increase public awareness of risks & signs for suicide	<p>Offer QPR (Question, Persuade, Refer) trainings in the community</p> <p>Build a public awareness campaign to educate the community</p>	<p># of QPR trainings offered</p> <p># of "people reached" via media campaign</p>

		Implement “myStrength” web based/mobile tool	# of providers and businesses who implement myStrength web based/mobile tool
Workforce Development	Expand opportunities to return to the workforce for people living with SMI, SPMI, and SUD who are in recovery  Expand pathways for people to become licensed in the prevention or chemical dependency field	Expand the BWC Workforce grant to include more employers  Assess current funded workforce initiatives to identify potential gaps & barriers and identify solutions  Expand partnership with Sinclair Community College to create licensure pathway for people interested in the prevention field	# of participating employers in the BWC grant  # of people who complete Sinclair program for chemical dependency licensure or prevention licensure
Mental Health/Substance Use disorder Residential Treatment for youth	Increase # of youth residential treatment beds available in the county	Develop a multi-system supported residential treatment facility for youth involved in the juvenile court or CSD system	Operation a multi-system supported residential treatment facility  # of youth served
Health Equity Concerns for Minorities	Ensure behavioral health services (early intervention, prevention, treatment, & supportive services) are equitably available to all minority populations	Assess needs for behavioral health services for minority populations  Build capacity for services as needs are identified	To be determined
CIT Mobile Crisis Teams	Build capacity within law enforcement departments to respond to a person experiencing a behavioral health crisis	Implement pilot mobile crisis team in 5 LE departments (MCSO, Dayton PD, Vandalia, Butler Township, & Kettering)	Quarterly data will be collected for the pilot mobile crisis team
Behavioral Health & Infant Mortality	Ensure behavioral health services (early intervention, prevention, treatment, & supportive services) are available to parents of children <1 year old	Assess needs for behavioral health services for parents of children <1 year old  Participate in Infant Morality workgroups	Participate in infant mortality workgroups

Criminal Justice Services	Ensure seamless transition for behavioral health services for those who are incarcerated	Partner with local jail, community based correctional facility, and STOP program to ensure MH & SUD onsite and discharge planning services are available	# of services available
SBIRT in schools	Ensure every middle and high school student is screened for depression, anxiety, alcohol, drug, and vaping use	Work with SBIRT provider to expand universal screening, brief intervention and referral to treatment services to all schools that are willing to integrate this service into the school day	# of students served # of students that screen positive in each category
Vaping prevention	Ensure every middle and high school can address vaping use with their students	Work with vaping prevention provider during this first pilot year and work towards expansion in future years	# of students served Decrease in vaping use by youth
Youth Led Prevention	Ensure every middle and high school has opportunities for peer to peer engagement	Work with Youth Led Prevention provider to expand services to additional schools utilizing the Youth Empowerment Conceptual Framework and the Strategic Prevention Framework	# of youth leaders # of peer led prevention initiatives
Problem gambling/gaming/screen disorder prevention	Ensure problem gambling prevention incorporates prevention messaging and strategies targeting unhealthy gaming and screen time	Work with local university to design and pilot problem gaming and screen disorder prevention services targeting high risk youth	Decrease in screen time by youth
Ensure prevention services are available to youth who identify as LGBTQ	Implement prevention services to LGBTQ youth due to their vulnerability with MH and AOD concerns	Work with Miami University, DayBreak, and an LGBTQ consultant to conduct focus groups and design evidence-informed prevention programming	Documentation of completed strategies in the form of final reports, attendance records, meeting minutes, etc.
Ensure prevention services are available during after-school time	Implement prevention services in after-school settings	Work with after-school providers to increase their utilization of evidence-based prevention programming	Documentation of completed strategies in the form of final reports, attendance records, meeting minutes, etc.
Environmental prevention strategies	Increase # of environmental prevention strategies within high risk communities in Montgomery County	Support the efforts of the Montgomery County Prevention Coalition	Documentation of completed strategies in the form of final reports, attendance records, meeting minutes, etc.
<b>Continued Priorities from SFY 17/18</b>			
Pregnant women who are opiate addicted	Develop recovery housing & supportive services in partnership with Miami Valley Hospital's prenatal treatment program "Promise to Hope" and Brigid's Path	Maintain 7-unit recovery house for women who are pregnant and opiate addicted	# of L3 recovery housing available to pregnant women # of pregnant women who receive recovery support services

		Via local human services levy purchase recovery supportive services to complement treatment & recovery housing	
People with opiate addiction identified as high risk due to pregnancy, drug court referral, and/or due to multiple incarcerations related to substance use	Increase access to community-based treatment for those individuals how have SUD and are identified as high risk	Maintain an addictions wraparound team (known as CBAT) in partnership with Public Health of Dayton/Montgomery Co. which is a multi-disciplinary community-based team to provide substance use disorder treatment and supportive services to individuals in their homes & the community as an alternative to inpatient/residential treatment for up to 12 months	Implementation of team  # of people served on the team
Certified Peer Recovery Supporters	Increase # of OHMHAS certified peer recovery supporters	Provide local opportunity for individuals to complete the 16 hr online training, 40 hr in person training, and a computer testing center to complete the OHMHAS requirements for peer recovery supporter certification	# of individuals certified
Recovery housing	Increase # of SUD recovery housing apartments in the community	Utilize local levy funding to subsidize recovery housing beds in the community	Increase bed capacity by 10% by end of CY20
Payee Services	Increase capacity for the payee program	Maintain levy funding for provider agency to eliminate waitlist for payee program	# of payee slots maintained at 200
Community based Outpatient Competency Restoration and Forensic Assertive Community Team (FACT)	Design & implement an outpatient competency restoration program for municipal courts	Partner with local municipal courts & MH/SUD providers to move pilot program to full implementation of a community-based OP competency restoration program  Build capacity through the development of a Forensic Assertive Community Treatment (ACT) team	Reduce # of people committed to Summit for competency restoration from municipal courts  Increase # of people served on the FACT team
Mental Health First Aid	Increase # of residents trained in MHFA	Partner with a variety of social service, school, criminal justice entities to offer MHFA as part of workforce development  Partner with community and faith-based organizations to offer MHFA to their members	# of people trained in MHFA

		Partner with Sinclair Community College OPOTA Academy to incorporate MHFA into new officer academy	
Crisis Intervention Team (CIT)	Build capacity within law enforcement departments to respond to a person experiencing a behavioral health crisis	<p>Offer quarterly CIT 40 hr week Academies until all LE departments meet the minimum 25% of trained officers</p> <p>Offer CIT Companion Courses for Dispatchers and BH professionals</p> <p>Implement pilot mobile crisis team in 5 LE departments (MCSO, Dayton PD, Vandalia, Butler Township, &amp; Kettering)</p> <p>Facilitate the CIT Advisory committee that oversees CIT to ensure sustainability</p>	<p># of law enforcement officers trained</p> <p># of dispatchers trained</p> <p># of BH professionals trained</p> <p>Quarterly data will be collected for the pilot mobile crisis team</p>
Clubhouse & Consumer Operated Services	Keep SPMI adults engaged in meaningful social activities	Maintain clubhouse and/or consumer operated services for adults living with severe & persistent mental illness	# of people attending social clubs
Recovery Housing	Ensure access to all levels of recovery housing	<p>Complete Housing Needs assessment &amp; implement recommendations</p> <p>Increase L1 recovery housing to include subsidized apartments that individuals can “step down” to after completing the L2 recovery housing program.</p> <p>Increased of L2 and L3 recovery housing especially for families involved with family treatment court/CSD.</p> <p>Maintain L3 recovery housing women who are opiate addicted and pregnant</p>	<p># of beds available by LOC for recovery housing</p> <p>Completion of a needs assessment</p>
Mental Health Housing	Ensure access to all levels of mental health housing	Complete Housing Needs assessment & implement recommendations	# of people served

		Design & implement housing program that will serve hard to serve populations (sex offenders, NGRI, etc.)	# of beds by LOC available in the community
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## Collaboration

5. Describe the board's accomplishments achieved through collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public during the past two years. (Note: Highlight collaborative undertakings that support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)
- Montgomery Co. ADAMHS has formed a Regional Affiliate Alcohol, Drug, Mental Health & Recovery Board (RAB) alignment with eight other counties. The purpose of the RAB is to strengthen the ability to expand service access, create options for local citizens, and amplify the local voice in a regional behavioral healthcare system, while observing our statutory responsibilities. The RAB will enhance quality services across the entire region, streamline processes to yield program, administrative, and funding efficiencies, and combine backroom operations, such as, purchasing power and other shared resources, including staff to increase the return on our investment.
  - Montgomery County is participating in a collective impact process which has aligned the county human services levy priorities with the United Way priorities to ensure that all community partners are working in synch to ensure maximum impact for population health improvement. As part of that process, one initiative is to create cross department/agency sharing of client specific health information in a formalized health information exchange.
  - In partnership with 6 other ADAMHS Boards, the Northeast Ohio Behavioral Health Information Consortium (NEOBHIC) was created. Its goal is to acquire a state-of-the-art electronic health records system and operate it through a collaborative arrangement. The collaborative has chosen NextGen as the EHR provider. Montgomery Co. ADAMHS currently has 4 providers as part of the collaborative and anticipates a 5th provider to transition to NextGen.
  - MCADAMHS has partnered with Greater Dayton Area Hospital Information Network (GHADIN) to provide access to behavioral health providers into a Health Information Exchange network.

Montgomery County ADAMHS is committed to engaging customers, community stakeholders, and the general public in its service delivery planning process. Individuals who are clients/customers of the public health system are members of the ADAMHS Board of Directors and its Program & Services Committee. Data and other information generated during these meetings are used by Board Staff and the Trustees to improve and refine the services purchased by the Board.

The Board is one of the four (4) mandated agencies that participate in the County's combined Human Services Levy process. As a part of this process, Community Review Teams - who consist of individuals appointed by the Board of County Commissioners - review the ADAMHS Board's operations and make suggestions for funding. The recommendations made by this Community Review Team lead directly to the Board's Human Services Levy allocation.

The MCADAMHS Board participates in numerous community initiatives that assist with the planning, prioritizing, implementation, and evaluation of the publicly funded systems of care. Below are some of those initiatives:

- Community Overdose Action Team (COAT)
- Children Matter!
- Montgomery County Prevention Coalition
- Greater Dayton Area Hospital Association – Center for Disaster Mental Health
- Sequential Intercept Mapping – Opiates
- Stepping Up
- CIT Advisory Committee
- Integrated Children Assessment Team (I-CAT)
- Dayton Children’s Medical Center Advisory Committee
- Homeless Solutions Affordable Housing Options
- Next Gen Implementation: Electronic Health Record
- Greater Dayton Brain Health Foundation
- LGBTQ Health Alliance
- Infant Mortality Taskforce
- Montgomery County Emergency Room Overdose Notification System (MC ERON)

It is evident the tradition of creativity and collaborative efforts is alive and well in Montgomery County, particularly as it relates to how the citizens who are most vulnerable can be helped.

Leveraging Additional Dollars (Grants) - ADAMHS has collaborated with community partners to pursue, develop, and secure grant funding. Below are some of the grants:

- 3<sup>rd</sup> year of funding for the OHMHAS ATR grant
- OHMHAS Community Linkages/Re-Entry
- OHMHAS SOR grant (Treatment, Recovery Housing, Peers)
- multiple OHMHAS capital grants for housing projects
- sub-recipient of Dept. of Justice grant for a 360 addictions database
- CARA federal grant “Project Save” to expand naloxone to 1<sup>st</sup> responders
- Cardinal Health Foundation - Rx Medication Safety Program
- Drug Free Communities grant through ONDCP to support the Montgomery County Prevention Coalition
- SAMHSA grant for Mental Health Awareness Training grant to create the Warriors Supporting Wellness project (provides Mental Health First Aid trainings to first responders, active military, and their families)
- OHMHAS Youth Resiliency grant to support four local youth resiliency centers
- Prevention Action Alliance to support our program gambling prevention efforts.

<b>Inpatient Hospital Management</b>
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1. 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.

Summit Discharge Meeting: MCADAMHS hosts bi-monthly care coordination meetings via videoconference with outpatient mental health and housing program providers, Board staff, and state hospital staff present. Resource utilization is reviewed and disposition is planned.

This collaborative setting allows for special planning for difficult cases and coordination of care for the highest utilizing individuals. Specifically addressing state hospital utilization, our staff has convened a work group with the state and community hospital leadership, local outpatient providers, and representatives from the legal system which is charged with developing a community plan to address long-term forensic patients and bed access with a special focus on community bed access. Additionally, Board staff meets with treatment providers on-site at the state hospital and discuss issues related to patient flow, access, level of care, and appropriate treatment.

With decreased capacity at the state hospital to serve adults who are serving civil commitments, there are often long wait times for people placed on emergency application for admission who are incarcerated in the county jail. This is placing extreme pressure on jail staff, the local BH system and the County's general revenues to identify alternatives. The local private hospitals refuse to admit these individuals unless the Sheriff office provides 24/7 security.

**Adolescent Substance Use Disorder Residential Treatment:** ADAMHS has worked collaboratively with Children Services and Juvenile Court to bring online and operate a residential treatment facility in county for youths aged 14 – 18 who need MH or SUD treatment. The facility is scheduled to open in just a few months.

Dayton Children's Hospital opened a BH Crisis unit in July of 2018 and in July of 2019 they opened a 24-bed inpatient psychiatric unit. This facility will increase capacity for a local option for youth and their families, which will allow families to remain in place while their children receive critical treatment as opposed to needing to leave their homes, possibly jobs and other familiar supports.

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

A. HOSPITAL	Identifier Number	ALLOCATION

### B. Request for Generic Services

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

B. AGENCY	Identifier Number	SERVICE	ALLOCATION

SIGNATURE PAGE

Community Plan for the Provision of  
Mental Health and Addiction Services  
SFY 2019-2020

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

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

\_\_\_\_\_  
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 2019 -20 Community Plan Essential Services Inventory”

Attached is the SFY 19-20 Community Plan Essential Services Inventory. **Each Board’s completed SFY 2018 form will be sent in separate email should the board want to use it to update information.**

The Essential Services Inventory form included with this Community Plan requires the listing of services for which the board may not contract. This element is necessary due to current Ohio Revised Code to detail the behavioral health (BH) continuum of care in each board area.

Some additional Continuum of Care (CoC) information resources have been provided below to assist in this process, but board knowledge is vitally important given the limitations of these included CoC resources. For example, the attached resources may not address BH services provided by Children Service Boards and other key providers within the local behavioral healthcare system.

### Instructions for the Essential Services Inventory

The goal is to provide a complete listing of all BH providers in the board area. However, at a minimum, at least one entity must be identified for each essential service category identified in Column A of the form.

In addition to the identification of the Essential Service Category, the spreadsheet identifies the treatment focus (Column B) and Service Location (Column C) of the service as required in Ohio Revised Code. The fourth column (Column D) provides a list of the Medicaid and Non-Medicaid services associated with each of the Essential Service Categories.

In Column E, please identify the Names and Addresses of providers who deliver the Column D Medicaid/Non-Medicaid payable services associated with each Essential Service Category and in Column F indicate by “Y” or “N” whether the Board has a contract with this agency to provide the services.

### **Additional Sources of CoC Information**

1. Emerald Jenny Treatment Locator <https://www.emeraldjennyfoundation.org/>
2. SAMHSA Treatment Locator <https://www.findtreatment.samhsa.gov/>