

RESOLUTION FY 2020-8

THE WOOD COUNTY ADAMHS SERVICE BOARD COMMUNITY PLAN SFY 2019 AND 2020

August 26, 2019

Whereas, the Wood County Alcohol, Drug Addiction and Mental Health Services Board is required by the Ohio Revised Code 340.03 (A)(c) to “In accordance with guidelines issued by the director of mental health and addiction services under division (F) of section 5119.22 of the Revised Code, annually develop and submit to the department of mental health and addiction services a community addiction and mental health plan,…”

Whereas, the Wood County Alcohol Drug Addiction and Mental Health Services Board has reviewed the Community Plan for SFY 2019 and 2020,


Whereas, the SFY 2020 Plan is due to the Department of Mental Health and Addiction Services (OMHAS) by August 30, 2019,

Whereas, approval of this Plan by OMHAS is required in order for OMHAS to release state and federal funds to the Board,

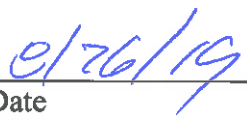
Therefore, the Board hereby approves the SFY 2019 and 2020 Community Plan for Wood County.

Board Members	Yes	No	Absent	Abstain
Allan Baer			X	
Brad Biller	X			
Tonya Camden	X			
Jessica Clements	X			
Leanne Eby	X			
Judy Ennis	X			
Fred Dannhauser	X			
Marc Jensen			X	
Stan Korducki	X			
Dan Lambert	X			
Frank McLaughlin	X			
Sue Moore	X			
Hallie Nagel	X			
Corey Speweik			X	
Cary Wise	X			
Doug Cubberley	X			

Dan Lambert motioned to approve this resolution Hallie Nagel seconded. This resolution is adopted by the majority of the Board. Resolution passed.



 Board Chair



 Date

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

Enter Board Name: Wood County ADAHMS Board

NOTE: OhioMHAS is particularly interested in areas identified as priorities for Recovery Ohio, 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.

Economic, social and demographic factors

Wood County's population estimate is 130,696. There has been slight population growth of 4.1% (up from 125,488) since 2010.

- Median Age is 35 years, Ohio 38 years
- Under 5 years – 5.3%
- 5 – 17 years – 20.3%
- 65 + years – 14.9%

Racial composition is as follows:

White – 93.2%

Hispanic/Latino – 5.6%

Black – 2.9%

Asian – 1.8%

American Indian/ Alaskan native – 0.3%

Unemployment Rate is 2.9% (April 2019)

Disability Rate is 7.9%

Veteran Status is 7447

High School Degree

Wood County = 94.2%

Bachelor or higher degree

Wood County = 32.2%

Median Household Income

Wood County = \$58,033

Poverty Rate

Wood County = 10.8%

Bowling Green is the largest city with a population of 31,578. The county is 617 square miles in size. There are 9 school districts and is home to a five-county vocational school. Wood County is home to Bowling Green State University and Owens Community College.

Wood County's economic status has improved since the submission of our FY17 Community Plan, in terms of lower unemployment rate (down to 2.9% as of April, 2019 according to the Ohio Labor Market Information provided by the Ohio Department of Jobs and Family Services) and an increase in county tax revenue.

Impact on the Wood County ADAMHS Board System of Care

The healthy economic situation has likely contributed to the continued success for our employment services programs for residents suffering from mentally illness and substance abuse. Our Supported Employment program, an Individual Placement and Support program, has continued to provide some of the best outcomes in the State.

The large geographic size of the county and rural setting continues to present transportation problems. However, we have addressed this with two approaches. We have established a county-wide free transportation program for behavioral health treatment appointments. This was established in partnership with the Wood County Jobs and Family Services, Black and White Transportation and Children's Resource Center. Using one toll-free number, free round-trip transportation to treatment services are provided. The second approach has consisted of the provision of mental health and substance abuse treatment for youth and families in local schools, which is available for each school district. Schools have kept buildings open later to accommodate families coming to the schools for treatment. While this addressed some problems regarding access to treatment, it does not assist those in need with transportation to services such as shopping, banking or employment.

The Board continues to benefit from the presence of Bowling Green State University (BGSU) and our collaboration with several colleges and departments of the BGSU.

1. BGSU’s Counseling Center has been involved with several collaborations including our trauma informed efforts, expansion of Dialectical Behavioral Therapy into our entire system of care, and they tie into our emergency services.
2. BGSU Police is actively involved in promoting CIT across the county and they participate actively with our CIT program, CIT Coordinator’s Committee and emergency services coordination and quality improvement.
3. BGSU College of Health and Human Services have been working collaboratively with NAMI-Wood County and the Board to develop a reentry resource center, to assist those reentering the community in being connected with much needed resources and services.

Medicaid and Behavioral Health Redesign

Behavioral health redesign continues to be of concern to all the community behavioral health agencies in the county. Most agencies have taken losses in the millions. Agencies continue to track the impact that the redesign has on cash flow and agency operations. No agencies in the county are at immediate risk of closing or have been brought to the attention of the state to date. This will continue to be monitored closely as we progress through state fiscal year 2019 and 2020.

Access and Capacity Changes for Mental Health and Addiction Services

Wood County capacity to provide services has not experienced a quantifiable change in capacity to provide services. The number of providers in the County has remained static. However, the number of services provided has decreased. The number of services provided decreased by 46% from quarter 1 of FY 2018 and quarter 1 of FY 2019. Quarter two of the respective years also experienced a decrease of 39% in the number of services provided. It is not entirely clear if this measured decrease is due to a lack of reliable information regarding services provided following the discontinuation of the MACSIS system.

Health Equity Concerns for Racial and Ethnic Minorities and People Living in Rural Ohio

The demographics of those accessing services through the Wood County system of care are 52.19% female, 47.81% male. Racial breakdown was as follows:

	Accessing System	Population in County
Asian –	0.68%	1.8%
Black/African American –	2.97%	2.9%
Native American/Alaskan Native –	0.65%	0.3%
Native Hawaiian/Pacific Islander –	0.15%	0%
White –	84.35%	93.1%
Unknown –	8.55%	0%

Given the information in the table above, it appears that the population being served is close to the population expected to be served in the system of care. It is, however, notable that the number of unknown

reported race could represent a significant disparity, if it is disproportionately attributed to one racial category.

In regard to ethnicity, 4.89% of those receiving services identify as Hispanic, while 5.7% of the population identified as Hispanic. An increase in outreach to the Hispanic community in Wood County may be beneficial to ensure awareness and access to services among this population is maximized.

Distinctive Challenges for Multisystem Youth, Families Involved in Child Welfare, and for Criminal Justice-Involved Ohioans

Wood County is in the process of implementing a high-fidelity wraparound service for youth who are being served by multiple systems. While the Family and Children First Council has been ensuring that youth have been adequately served through service coordination, it has been identified that the County's residents could benefit from an improved process and service. The inclusion of wraparound in the service continuum should provide opportunities for improved treatment to youth and their families.

Wood County was one of the first in the State to engage in a Sequential Intercept Mapping process and was the first in the State in engaging in the process for youth specifically. We have collaborative programs in place with our community corrections center, the local jail, probate, common pleas and all municipal courts. However, retaining engagement in the system of care is not yet at an optimal level for those reentering following incarceration. This continues to be an area of focus for the Board and the County.

Prevention and/or Decrease of Opiate Overdoses and/or Deaths

The board continues to receive monthly updates from the county health department regarding the following information:

- Substance Abuse Deaths
- Year to Date Confirmed Wood County Substance Abuse Deaths
- Drug Overdose Deaths
- Drug Related Non-Overdose Deaths
- Lucas County Death but Wood County Resident - Drug Overdose Deaths
- Lucas County Death but Wood County Resident - Drug Related Non-Overdose Deaths

This information is not specific to Opiates and does include other drugs and combined drug toxicity. The overall number of Opiate related deaths remains less than the current suicide rate in the county and has declined from the previous two years. The Wood County Opiate Task Force continues to meet regularly to identify, address and collaborate among community members issues specific to Opiates. The Task Force also has an advisory board which plans agenda items and steers the work done by the task force. Members of the task force represent service providers, government officials, law enforcement, community and business leaders, schools, hospitals, and many others invested in reducing opiate overdose deaths. Project DAWN is continuing to be supported by the board. Two board contacted agencies have received funding in regard to Naloxone purchase and distribution and have worked within the community to distribute Naloxone to those most in need. Wood Co Alcohol Drug Addiction & Mental Health Services Board is now a part of the Overdose Detection Mapping Application Program (ODMAP) and now has a user account. The Wood County Sheriff's office ARC deputy is currently in charge of registering both fatal and non-fatal overdoses in the system which can provide real time data on Opiate overdose trends.

Suicide Prevention

The board continues to receive monthly updates from the county health department regarding the following information:

- June 2019 Confirmed Wood County Suicides
- Year to Date Wood County Suicides
- Year to Date Confirmed Wood County Gunshot Suicides
- Lucas County Death but Wood County Resident Suicide

The Wood County Suicide Prevention Coalition remains active and meets monthly. Two co-chairs currently make up the leadership of the coalition and include a board staff and a prevention/educational service center staff member. The coalition has developed a plan for FY 2019 and is outlined in the priorities tables contained within this document. The ADAMHS board financially support the Suicide Prevention coalition and has approved a budget of \$20,000 for both FY 2018 and FY 2019. The coalition leadership has received training in QPR (question, persuade, refer) and is offering the training in the community at no cost. Plans continue for training into FY 19 and FY 20.

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.

Wood County's assessment of needs is an ongoing dynamic process that occurs via formal surveys and informal communications that have developed over several years with community stakeholders and partners.

- We monitor the volume and frequency of overdose deaths through coordination with the Health Department as well as the Coroner's Office; and we work collaboratively with the Opiate Task Force to direct prevention and response efforts to the communities most impacted. The Opiate Task Force gathers law enforcement, criminal justice professionals, community leaders as well as substance abuse treatment providers to direct community education and response efforts. This also provides a forum for informal feedback from the community, where we learn more detailed information about the continued impact of the opioid epidemic. Needs identified included:
 - This method of needs assessment will continue during FY19 and FY20.
- Youth Survey – The Board engages in a bi-annual youth survey. The survey is a population census, rather than a sample, that is given to every student in public school districts in Wood County. The survey features prevalence rates for alcohol and other drugs, perceived risk of harm, characteristics of those who do not use alcohol or other drugs, bullying, problem gambling, mental health and adverse childhood experiences. As the study is completed every two years, the Board has trend information regarding the youth in the County for the past 14 years. Wood County substance use has decreased overall, along with bullying and the number and severity of

mental health problems, including suicide ideation. The local decline in the use of substances overall exceeds the decreases seen in national samples and is likely due to strong prevention efforts. The Youth Survey will continue to be conducted on a bi-annual basis. Needs identified in the last survey included:

- The following results of the 2018 survey are based on the approximate population of all students in grades 5 through 12 (n=8,526 useable surveys). Surveys were distributed to all fifth through twelfth grade public school students in Wood County during November and December 2017. The results do not include Penta Career Center so that local results can be compared to national results (national studies do not include career centers). Results of this year's findings are summarized below.
- Nicotine. Wood County continued to show decreases in 30-day cigarette use with only 4.4 percent of seniors reporting use (down from 6.1 percent of seniors reporting use in 2016). The use of smokeless tobacco remained at 2.8 percent among 11th graders and dropped to 2.3 percent among 12th graders. Electronic cigarette (vaping) use is emerging among Wood County youth with rates ranging from 9.4 percent among 9th graders to 17.2 percent among 12th graders (up from 14 percent in 2016). It appears that the use of electronic cigarettes may be replacing cigarette use. Among teens who vape, the use of flavored oils is preferred over nicotine (in grades 8 and 10), with THC a distant third. Seniors report vaping nicotine (56%) over vaping flavored oils (45%) and THC (9%).
- Alcohol. Annual and monthly alcohol use has declined very dramatically since 2008; faster than the national rate of decline. This decline has continued, and 38 percent of seniors report annual use (down from 46 % in 2016). Binge drinking also declined across all grades with seniors declining to 14.1 percent, down from 17.2 percent in 2016. Teen attitudes towards alcohol use continue to show peer disapproval of use and a perceived great risk of harm from use.
- Marijuana. In Wood County, both annual and monthly rates held steady with some grades reporting minor increases and some minor decreases. Approximately 21 percent of 12th graders reported annual use (22.4% in 2016) and 11 percent reported 30-day use (14.3% in 2016). Peer disapproval and fear of harm are much more liberal than in cigarette and alcohol use. Fear of harm is decreasing with only 23 percent of seniors perceive great risk of harm in marijuana use and only 37 percent perceive strong disapproval from peers. Parents are perceived to remain steadfastly opposed to adolescent marijuana use. However, marijuana can be used in an electronic cigarette or vaping device, as an edible (in a brownie, candy, etc.), and in concentrated form (wax or dabs). Marijuana use in these forms has been increasing. In the past 30 days among Wood County 12th graders, 9 percent reported using marijuana in an e-cig or vaping device (6.9% in 2016), 7.7 percent reported using marijuana as an edible (9.8% in 2016), and 5.5 percent reported marijuana use in concentrated form (4.1% in 2016). Males were nearly twice as likely to report these non-smoking types of marijuana use as were females.
- Inhalants. Prevalence rates remain very low with 8th graders reporting the highest rate of all grades at 2.9 percent. Use among all grades is down.
- MDMA/Ecstasy. Prevalence rates are at all-time lows in Wood County with only 2.3 percent of seniors reporting use. The Monitoring the Future (December 2017) also reported significant decreases in grades 8, 10 and 12.
- Stimulants. The misuse of Ritalin®, Concerta® and amphetamine preparations like Adderall declined in all grades and are at the lowest levels ever reported in Wood County.
- LSD. Among 11 and 12th graders, LSD in Wood County increased slightly from 2016. In 2016, rates are 2.7 percent among 11th graders (down from 3.3 percent in 2016) and 3.3 percent among 12th graders (down from 3.7 percent in 2016). Tenth graders reported an increase from 1.6 to 2.8 percent from 2016 to 2018. All grades combined shows a slight increase.

- Narcotic Painkillers. The annual use of narcotic painkillers, as reported by Wood County youth, has continued to decline in nearly all grade levels since 2004 with 2018 levels reaching historic lows. Monthly use of narcotic painkillers is lower than previous years.
- Cocaine. Cocaine prevalence is at the lowest levels seen in Wood County, with only 2.4 percent of seniors reporting annual use.
- Cough Medicine. Among all teens, the rates of cough and cold medicine among Wood County 7 through 12th graders are down over 2016. However, slight increases were reported in grades 10 and 11.
- Caffeinated Energy Drinks. Energy drink prevalence increased across all grades since 2016. Prevalence among 12th graders is 38 percent (34.1% in 2016).
- Heroin. The rates of heroin use, among Wood County youth, are less than one percent between grades 7 and 9; 0 percent among 10th graders; .1 percent among 11th graders; and .8 among 12th graders. A total of 16 school aged youth in Wood County reported having tried heroin at least once in the 2018 survey
- Sleep and Anxiety Medications. The use of barbiturates and benzodiazepine declined in grades 10 through 12th, but increase in grades 7, 8 and 9. Rates remain low.
- The Botvin LifeSkills Training program. By June 2015, approximately 25,033 Wood County students received LifeSkills Training. Due to the comprehensive saturation of training, there are no comparison groups for analysis. In the past, those teens who received school-based LifeSkills Training, or other research-based prevention training programs reported lower rates of substance use among a broad range of substances.
- Mental Health. A strong positive relationship exists between problem severity (as measured by the Ohio Scales) and substance use. That is, the more teens indicate that they experience internal or external distress, the more likely they are using alcohol, tobacco, and other drugs. Mental Health was assessed using a Problem Severity Scale with the following results:
 - 7.8% of Wood County youth report significant mental health problems, a decrease of 1.1 percent over 2016's rate of 8.7 percent
 - 15.3% of Wood County youth report "moderate" mental health problems, an increase of about 1 percent over 2016.
 - Youth who report more mental health problems are more likely to engage in substance use across a broad variety of substances.
 - Youth who report significant mental health problems are much more likely to think about suicide or attempt suicide.
 - Youth who report moderate, severe or intense levels of problem severity were much more likely to report a greater frequency of being victims of bullying than those youth who reported no mental health problem.
- Bullying. Bullying increased for the first time since 2012 when declines began. Verbal and cyber bullying increased in almost all grades, while indirect bullying increased in most grades and physical bullying was mixed. Verbal and cyber bullying, while increasing, remain lower than their highest levels in 2012.
 - Victims of bullying are more likely to report substance use.
 - The frequency of bullying seems to be related to substance use and to mental health problems, especially in Junior High.
 - Victims of bullying are more likely to report moderate, severe, or intense mental health issues than non-victims.
 - Victims of bullying are more likely to think about or attempt suicide.

- Adverse Childhood Experiences (ACEs). According to SAMHSA, adverse childhood experiences (ACEs) are stressful or traumatic events, including abuse and neglect and household dysfunction. ACEs are strongly related to the development and prevalence of a wide range of health problems including risky health behaviors, chronic health conditions, low life potential, and early death. Approximately 5,870 Wood County adolescents from grades 7 through 12 completed the ACEs survey in November and December, 2017.
- Three of the top five most prevalent ACEs reported by 7 through 12th grade youth in Wood County involved family dysfunction; separation/divorce (34.6%); family mental illness (19.6%); and living with someone who went to jail or prison (17.1%). The remaining two of the top five ACEs involved emotional abuse (19.1%) and emotional neglect (16.8%). The ACEs with the lowest prevalence involved domestic violence (4.4%) and sexual abuse (4.4%).
- A very strong relationship was found between the number of ACEs reported and level of emotional problem severity and suicide. The higher the number of ACEs the more likely teens thought about or tried to commit suicide.
- Disordered Gambling. The prevalence rate of disordered gambling remained at 3 percent among 7 through 12th graders as measured by the NODS-Clip brief scale. The prevalence of daily and weekly gambling activities reported by teens, however, is generally lower, but varies by type of gambling activity and by gender. For example, 12.8 percent of all youth reportedly bet on sports teams, and 4.5 percent bet on daily fantasy sports games, such as FanDuel and DraftKings. However, those rates jump to 18.4 percent and 6.8 percent respectively among males.
- The most prevalent types of gambling activities among Wood County adolescents are betting money on sports: sports teams (pro, college, or amateur), on fantasy sports or games with an entry fee to play, on daily fantasy sports such as FanDuel or DraftKings, or on betting money on games of personal skill. The second highest level of prevalence occurs in Ohio Lottery games such as purchasing Ohio Lottery tickets or purchasing scratch off tickets. Surprisingly low in prevalence were online gaming activities and betting using a smart phone or mobile device.
- Crisis Services Inquiry – During FY 2019, the Board worked with a consultant to gather information via interview and focus groups to gain more reliable information on the satisfaction of stakeholders with the crisis services, following the transition to a mobile crisis system. The Board hosts a meeting of stakeholders weekly to discuss the results of this report as well as other concerns that may arise. While there are no immediate plans to complete this study again, the meetings continue for informal information gathering. Results identified in the last inquiry included:
 - Aspects to Be Started or Enhanced
 - Regular Problem-Solving Meetings with Stakeholders. Several focus groups identified the benefit of engaging in a multi-stakeholder problem solving process. The process includes the review of difficult cases for problem solving, and also to maintain consistency within communication of process changes. The research team believes that a focus must be placed upon cohesion building between the stakeholders within the problem-solving process to facilitate trust building. Challenges should be perceived as a system issue rather than the downfall or a specific stakeholder.
 - Development of Guidelines and a Flow Chart to Clarify the Process. Multiple focus group participants discussed challenges in consistency with the process. Previously within the county, the development of flow charts has been helpful to these stakeholder groups in providing clarity

to the process. Previously, crisis providers utilized scenario-based education which will be discussed below. Based on the data the flow chart should include:

- When should other stakeholders pink slip?
 - What is the process regarding pink slip versus safety plan?
 - Process for obtaining a bed and resolving challenges.
 - How to resolve issues so that each aspect is included and kept up to speed.
- **Development or Clarification of Resources for Lower Level Crisis Supports and Follow Up Services.** Focus group participants discussed a lack of resources or knowledge of resources for lower levels of crises. Lower level crisis includes when there is an emergent mental health issue that does not meet the criteria for emergency hospitalization. In these cases, the stakeholders identified not knowing what to do and feeling left “holding the bag.” Identifying a plan for the mental health system to provide support during these cases can increase trust in the mental health system.
 - **Additionally, participants discussed a need to follow up in several areas, both within the process of safety planning and further after the crisis.** Participants discussed a concern that current resources do not follow up with the individual within the next twenty-four hours after a safety plan was utilized. Further development of this service or education to stakeholders if the service is in place would be beneficial to consider. Another area identified regarding follow up is completed within the Crisis Intervention Team process. A mental health service provider outside of the crisis system completes this service. Participants discussed a lack of knowledge of this service and their results. It would be beneficial to provide education and a summary of results to stakeholders periodically to maintain an understanding of the service and results.
 - **Regular Education Sessions.** A majority of the focus group participants discussed the benefits of increased education within the crisis system. Education included all members of the system to assist in maintaining an understanding of the system processes, standards, and criteria for decision making, and resources available. Education should include an understanding of the guidelines and processes within the flow chart described previously.
 - **Continued Efforts Toward Providing Psychiatric Hospitalization Services in Wood County.** Multiple stakeholder groups discussed a need for psychiatric services within Wood County. Depending on the stakeholder group, the resources discussed took on different forms. The first option that would be beneficial to explore is a Crisis Stabilization Unit. Participants described a Crisis Stabilization Unit as reducing a majority of the strain for law enforcement. The second option participants discussed was a great presence of psychiatric services at the Wood County Hospital.
- **Aspects to Be Stopped**
 - **Significant Wait Times for Beds.** Wait times for psychiatric beds at other facilities was noted by focus group members as increasing. It would be beneficial for further evaluation to take place with regional providers to gain clarification on triage levels and implications of admitting patients to the ICU on bed wait times.
 - **Complex and Inconsistent Problem-Solving Process.** Participants discussed challenges within the current problem-solving process of at times creating greater strain and misunderstanding. The development of a problem-solving standard meeting could be beneficial in resolving complaints and maintaining consistency within communication.
 - **Aspects to Be Continued**
-

- Crisis Service Providers Openness to Feedback. Our current crisis provider has been noted to engage with stakeholders in a manner that is receptive to feedback. Responsiveness to feedback was viewed positively by each stakeholder group and identified as important to the process. Continuing to engage with the community in this manner will be beneficial to further problem solving.
 - Crisis Service Providers Prompt Response to Scenes. Each of the stakeholder groups discussed the prompt response times to the scene by crisis staff. Response time was averaged at 20-30 minutes and was viewed as exceptional to the stakeholder groups. Maintaining the capability to respond in this time frame will be important to community satisfaction.
 - Stakeholder Commitment to Serving Individuals with Mental Health Needs. Finally, each of our stakeholder groups was noted to commit to serving individuals in our community with mental health needs. The culture of the community is a positive one and important to continue to maintain.
- As part of our allocations process, the Board requires a SWOT analysis as well as identification of unmet needs from each Board provider. These responses are coded and analyzed for themes and used for planning for prevention, treatment and recovery needs. This assessment will continue in FY 19 and FY 20. Needs identified in the last inquiry included:
 - There is a clear need for increased availability of psychiatric time throughout the community.
 - Workforce development, including appropriately licensed clinicians and training.
 - Increase in prevention/education, to include suicide prevention.
 - Rates for a number of services, though crisis services and group therapy were highlighted.
 - Transportation continues to be a barrier to accessing treatment.
 - Housing options are limited, and affordable housing is difficult to find in the County.
 - Availability of services in rural areas of the county. Services are currently clustered in population centers, leaving parts of the very large geographical county underserved.
- During public events, including the County Fair, as well as other community celebrations, the Board conducts surveys of those in attendance regarding awareness of problems, community education efforts and some needs assessment. Though these are samples of convenience, they provide important insight into many communities within the county. Needs identified in the last survey included:
 - Community perception of suicide. 60.6% of respondents reported they believed there was a suicide problem in Wood County. 61.6% of respondents reported they knew someone who died to an opiate overdose.
 - Community perception of opiates. 76.4% of respondents reported they believed there was an opiate problem in Wood County. 48.8% of respondents reported they knew someone who died of an overdose.
 - The survey results were able to be broken down by area within the County, to determine where future education and prevention efforts may be targeted.
- The Board works collaboratively with the Wood County Health Department in regard to the Community Health Assessment. This provides valuable information on both adult and youth behavioral health. This is a cross sectional, self-report survey that is provided via mail. This method of needs assessment will continue in future fiscal years.
 - 2% of adult respondents seriously considered suicide within the past year.

- 11% of respondents sought help for depression, anxiety or other emotional problems.
- 14% of respondents had a period of two or more weeks when they felt so sad or helpless nearly every day that they stopped doing usual activities increasing to 29% for those under 30 years of age, and 31% for those with income less than \$25,000.
- Reasons for not seeking help included: could not afford services (6%), stigma of seeking services (5%), did not know how to find a program (3%), and too high of a deductible (2%).
- 19% of youth respondents (6th – 12th grade) seriously considered attempting suicide within the past year. 5% reported attempting suicide within the past year.
- 27% of youth respondents had a period of two or more weeks when they felt so sad or helpless nearly every day that they stopped doing usual activities in the past 12 months. This increased to 37% of female youth respondents. Only 8% of those reporting suicidal ideation or depressive symptoms reported speaking with a mental health professional.
- The Board has identified in its strategic plan a goal to develop a better understanding of the social determinants of health for Wood County residents. Methodology has not yet been identified for this goal. This is a future goal, and no findings are yet available.

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.

1. The Community Health Assessment surveyed residents to gauge the overall health status of people in Wood County in areas like physical health mental health, drug and alcohol use, nutrition and physical activity. Wood County Health Partners, a diverse group of agencies and organizations, used the data as a guide to create community-wide action steps to positively influence some of the trends identified in the assessment. These priorities are represented in the 2019-2021 Community Health Improvement Plan. Participants included; Wood County Health Partners Alex Aspacher, Wood County Health Department Alyssa Miller, Hospital Council of Northwest Ohio Amy Jones, Wood County Health Department Angela Patchen, Wood County Educational Service Center Aimee Coe, Wood County Alcohol, Drug Addiction and Mental Health Services Board Becky Walls, Independent Licensed Massage Therapist Ben Batey, Wood County Health Department Britney Ward, Hospital Council of Northwest Ohio Deb Chatfield, Wood County Hospital Denise Niese, Wood County Committee on Aging Diane Krill, Wood County Health Department Erica Goodrick, United Way in Wood County Jacob Ziegler, Bowling Green State University Jan Larson McLaughlin, BG Independent News Julian de Leon Guerrero, United Way in Wood County Kami Wildman, Wood County Health Department Kyle Clark, Wood County Educational Service Center Linda Thiel, Community Health Services Marc Briseno, Wood County Department of Job and Family Services Pat Hardy, Harbor Behavioral Health Pat Snyder, Wood County Health Department Phil Snyder, Arrowhead Behavioral Health Phil Welch,

Bowling Green State University Stan Korducki, Wood County Hospital Sue Clanton, United Way in Wood County Tessa Elliott, Hospital Council of Northwest Ohio Tyler Briggs, Wood County Health Department.

2. No barriers or challenges have been identified to date.
3. We have developed a better understanding of the needs of the community specific to mental health and/or substance abuse from collaborating with the CHIP process.
4. The ADAMHS board has committed itself to ongoing participating in the CHIP process by attending quarterly meeting to update the participating members on the progress made to date. For a copy of the 2019-2021 Community Health Improvement Plan, please visit <http://woodcountyhealth.org/Reports/reportsandpubs.html>

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

No disputes occurred regarding funding of children receiving services. The Board works collaboratively with the Family and Children First Council, including all partner agencies to identify the needs of those receiving services.

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

The Board contracts for a hospital liaison position to work with all local private and public (State) hospitals to identify the needs of those receiving treatment. The position attends team meetings and works toward discharge planning to ensure that people return to the community safely and are connected with ongoing services. Needs assessments are individualized and informal, though aggregate reports are required quarterly from this position. Key findings reported this fiscal year:

- 49% of Wood County residents who are receiving inpatient psychiatric care are meeting with the hospital liaison at least twice. (This is below the target of 90%)
- 44% of residents discharged from the inpatient psychiatric care attend an appointment with a community mental health center following discharge. (This is below the target of 80%)

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

The statewide ROSC assessment was conducted in 2018. Details regarding methodology can be requested from OACBHA. Wood County specific findings were as follows:

- Wood County underperformed against the state average in every ROSC principle.

	Wood County Score	Ohio Score
Focus on clients and families	4.71	4.78
Timely Access to Care	4.49	4.68
Healthy, Safe, & Drug Free Communities	4.41	4.45
Accountable Financing	4.42	4.49
Systems of Care	4.21	4.44

- Respondents were Board staff or members (20), Providers (17) and Stakeholders (11). Stakeholders reported lower scores on all principles except accountable financing. Fewer than five people in recovery or family members completed the survey.
- Relative Strengths
 - Focus on clients and families – Service providers do not coerce others, service providers match people to the most appropriate level of care, treatment provides low-intensity care for those who would not benefit from high-intensity care.
 - Timely Access to Care – Individuals can get the most appropriate types of care based on science; first responders to help stabilize individuals by providing education on: mental health and substance abuse issues, coordinated responses to trauma, overdose and access treatment; early intervention and referral strategies including connection to peer supports in coordination with the courts, criminal justice system, if needed, and sufficient access to medication or medication assisted recovery without delay or interruption.
 - Healthy, Safe, & Drug Free Communities – Prevention strategies are reflective of best prevention science, state prevention plans for guidance and local priorities and needs; prevention strategies reflect specifically designed steps to address primary, secondary, and tertiary populations in the community; prevention is viewed as a critical cornerstone in measure of individual, family and community health, wellness, and recovery.
 - Accountable Financing – Resources are developed to enhance and promote prevention, intervention, treatment, and recovery support services; outcomes are connected to community plan priorities and agency performance in achieving those priorities; contracts are outcome based and evaluated by access, cost, efficiency, and attainment of established goals based on severity of population served.
 - Systems of Care – Opportunities exist for people to share their stories and rewrite their own narrative through recovery; communities proactively address emerging issues, suicide, overdose prevention, need for medication assisted recovery; clients understand their rights to be referred if their individual needs cannot be met.
- Relative Weaknesses
 - Focus on clients and families – every effort is made to involve natural supports in the planning of services, if so desired; most services are provided in the person’s natural environment; barriers are addressed for each participant.
 - Timely Access to Care – organizations that provide other resources that may benefit the individual and family served; key community partners for at risk individuals; peer supports are used to improve access to care and the continuation of ongoing care.
 - Healthy, Safe, & Drug Free Communities – A sufficient array of addiction recovery support services are available throughout the community; the community formally acknowledges and celebrates the achievement of people in recovery; cities and townships are receptive to sober lifestyle communities.
 - Accountable Financing – Appointment “no show” rates are monitored regularly and followed up on within 24 hours after the missed appointment; peers may be used for outreach to strengthen treatment participation; peers are involved in the program development, evaluation, and improvement of services.
 - Systems of Care – Provider agencies employ peers to strengthen and develop new programs and services; young adults have the opportunity to serve as peer support specialists and

advisers to agency serving them; individual recovery capital is measured as a barometer of progress and recovery.

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

Needs assessment regarding services and supports are done through the many needs assessments listed above. However, two major areas have been identified as priority gaps to be addressed during this plan's period:

- Peer services – Wood County is lacking significant peer support services to enhance its system of care and ensure that those in recovery have a clear and consistent voice in access, treatment and evaluation of the system of care.
- Crisis stabilization unit – The County has identified a clear need for a crisis stabilization unit and has prioritized securing this facility and service in its current strategic plan.

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

- Crisis services – As noted above, crisis rates were indicated as a concern through qualitative assessment of needs with providers, and a crisis stabilization unit was identified through our Crisis Services study and prioritized as a need through the Board's strategic planning process.
- The Board, in conjunction with BGSU, is planning to study the efficacy and efficiency of the screening process for those incarcerated in Wood County. This assessment should include comparison with other local counties to determine the most cost-effective methods that provide the most benefit. This assessment is still in planning stages. Thus, methodology has not yet been determined, and results are not yet available.

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

Priorities

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

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

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

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

Priorities for Wood County ADAMHS

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p>SAIPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)</p>	<ol style="list-style-type: none"> 1. Continue to provide rapid access to effective Detox and treatment (inpatient, sub-acute detox, residential treatment, and intensive outpatient services). 2. Provide for Medication Assisted Treatment for appropriate individuals at risk for relapse and death. 3. Continued provision of Narcan to those impacted by opioid use disorder and their loved ones, as well as community organizations in need without other sources. 4. Improve Access to Recovery support services 	<ol style="list-style-type: none"> 1. Ensure adequate capacity for a full array of detox services. 2. Maintain and/or secure contracts with Residential treatment providers for adults and youth. 3. Ensure adequate capacity for medication assisted treatment. 4. Encourage use of Narcan in overdose situations. 5. Provision of Recovery services, including: <ol style="list-style-type: none"> a. vocational services b. work to integrate with physical health care c. Use of Recovery housing where appropriate and available d. Reentry resource center 	<ol style="list-style-type: none"> 1. Obtain occupancy rates or wait lists from our current contracted providers. 2. Maintain copy of contact on file. 3. Monitor wait list data provided by Ohio MHAS. 4. Continue tracking total number of kits distributed to community <ol style="list-style-type: none"> a. Monitor number of individuals served and number of job placements. b. measurement system developed by criminal justice liaison c. Average occupancy, lengths of stay, referrals to detox, number of hospital bed days, number of jail bed days and number of client employed. d. will measure the number of people served and referrals made. 	<p>No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>SAIPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)</p>	<ol style="list-style-type: none"> 1. Provide safe, effective, structured treatment and recovery support for the benefit of the expectant mother and the conceived child. 2. Reduction of neonatal abstinence syndrome. 	<ol style="list-style-type: none"> 1. Provide inpatient women's residential treatment for individuals with a substance use disorder and/or a mental health diagnosis at Devlac Hall and the Chrysalis program, both operated by Harbor. 2. Continue to provide the MOM's program. 	<ol style="list-style-type: none"> 1. Continue to track the number of residents served and the number referred for continued treatment services. 2. Measurement Objectives include: 100% of mothers in the program will receive prenatal care, reduction of inpatient hospital days, reduction of neonatal abstinence syndrome severity, 	<p>No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

<p>SAIPT-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)</p>	<p>Provide trauma informed women's specific treatment and recovery with on-site childcare where appropriate to promote healthy parent-child relationships.</p>	<ol style="list-style-type: none"> 1. Trauma Informed and evidence-based services provided for parents with SUD based on appropriate level of care. 2. Funding through board subsidy and hardship are available for parents with SUD who have dependent children. 	<p>reduction in neonatal intensive care unit admissions.</p>	<p>No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>SAIPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS, HIV, Hepatitis C, etc.)</p>	<p>There has not been a reported case of TB in several years. Goal is to work collaboratively with physical health providers to achieve desired outcomes.</p>	<p>Provider agencies follow accreditation guidelines to prevent the spread of disease. Appropriate Level of Care provided for substance dependence. Collaboration with physical health providers will occur.</p>	<p>Our local inpatient facility required TB testing prior to admission. Reports are available upon request.</p>	<p>No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<ol style="list-style-type: none"> 1. To provide early outreach, identification and intervention. 2. To provide appropriate level of care, including residential treatment as needed. 3. Trauma-informed care will be provided. 4. Comprehensive assessments and evidence based integrated treatment provided. 	<ol style="list-style-type: none"> 1. Early Childhood outreach identification occurs via our Early Childhood Mental Health programs through consultation with most child care programs and referrals from schools, juvenile justice, jobs and Family Services, churches and individuals. Evidence-based "Incredible Years" program offered. 2. Outreach to children is provided in schools for all behavioral health problems via school-based therapists/consultants, Prevention programs (Sexual Abuse Prevention, Suicide Prevention, Anti-bullying prevention, Expect Respect, Youth Mental Health First 	<p>1. Objective 1 - Reduce preschool expulsions in the counties served Objective 2 - Reduce challenging behaviors in children (measured by reported improvement on DECA) Objective 3 - Increase social and emotional skills in children (measured by reported improvement on DECA) Objective 4 - Increase knowledge of the impact of trauma and chronic stress on children for staff and parents (measured by training evaluations) Objective 5 - Increase the resiliency and protective factors in children, families, and staff (measured by DECA, DERLS, and post-evals). 2. Objective 1 - Continue to provide and maintain quality mental health</p>	<p>No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>

<p>MIH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<p>To provide a full continuum of trauma informed, evidence-based and recovery-oriented care; from outreach, early intervention; crisis intervention, inpatient treatment, outpatient treatment and Recovery supports.</p> <ol style="list-style-type: none"> 1. Improve access to treatment and recovery support. 	<p>Aid and AOD prevention programs).</p> <ol style="list-style-type: none"> 3. Youth & family clinician working onsite with Children's Services at JFS. 4. Collaboration with Juvenile Justice Using Sequential Intercept Mapping for Youth. Mental health assessments and treatment provided at the Juvenile Detention Center. 5. Evidence based programming provided: Functional Family Therapy, Trauma Informed CBT, Incredible Years, SPARKS and Adventure Therapy program. 6. Trauma-informed care is provided following Sanctuary Model. 7. Transportation provided for all treatment services with new NET Plus system, free of charge. 8. For Day Treatment youth, free transportation provided. 9. Residential treatment is provided as necessary at Children's Resource Center (8 beds). 10. Child Psychiatric hospitalization available at two regional hospitals. 	<p>collaborative services within the 10 school districts in Wood County</p> <p>Objective 2 - Implement Sanctuary Tools within the schools with clients and families</p> <ol style="list-style-type: none"> 3. Objective 1 - Expand mental health services to families involved with Wood County JFS Objective 2 - Families will be successfully identified and engaged in mental health services 5. High quality FFT services will be provided to at least 30 families 7. Works collaboratively with JFS to monitor number of trips provided and cost efficiency. 8. Efficacy of services tracked through MyOutcomes (Relative Effect Size & Overall Change). 9. Maintain 70% occupancy in residential unit. 	<p>No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>MIH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<p>To provide a full continuum of trauma informed, evidence-based and recovery-oriented care; from outreach, early intervention; crisis intervention, inpatient treatment, outpatient treatment and Recovery supports.</p> <ol style="list-style-type: none"> 1. Improve access to treatment and recovery support. 	<p>1. Continue system planning via needs assessments with consumers, family members, advocates, community stakeholders, and provider agencies to determine gaps to be addressed in a trauma informed, recovery-oriented system of care (ROSC), as a follow up to the ROSC Survey.</p>	<p>1. To conduct a minimum of two town hall meetings.</p> <p>2. Monitor utilization of NetPlus</p>	<p>No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

<p>MHI-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing</p>	<p>2. Pursue Crisis Stabilization Unit in Wood County. 3. Evaluate the expansion of housing options in Wood County for those with SMI.</p>	<p>2. Expand and improve utilization of transportation to treatment via the NET Plus program. Expansion of NET Plus system for recovery services and supports.</p> <ul style="list-style-type: none"> • Vocational services • Drop-in center • Shopping/banking <p>3. Increased collaborative planning with criminal justice system. 4. Increase utilization of vocational services, especially the IPS program, via joint marketing.</p>	<p>3. Satisfaction survey for crisis services, assess efficacy and efficiency of screening process in local jail. 4. Develop joint marketing plan</p>	
<p>MHI-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing</p>	<p>Work with community partners and stakeholders to locate and reach out to homeless persons with mental illness and substance abuse.</p>	<p>1. Sponsor and participate in Wood County "Project Connect" program (county wide program with practically all service agencies and churches to locate and transport homeless individuals and families and connect them with services)</p>	<p>Track number of contacts made at the Project Connect Event.</p>	<p>No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>MHI-Treatment: Older Adults</p>	<p>Expand outreach to the 7 Wood County Senior Centers and increase collaboration with the Wood County Committee on Aging. Ensure appropriate psychiatric care to older adults.</p>	<p>Reach out to local Senior Centers and provide behavioral health resources. Maintain contract with psychiatric hospital with a geriatric focus.</p>	<p>Conduct a thorough needs assessments specific to Wood County Seniors. Monitor utilization of contract with Volunteers of America at Sojourn.</p>	<p>No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)</p>
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
<p>Priorities</p>	<p>Goals</p>	<p>Strategies</p>	<p>Measurement</p>	<p>Reason for not selecting</p>

<p>MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment</p>	<p>Continue to promote MH/SUD Treatment in Criminal Justice system – in jails, prisons, and courts. Investigate the need for assisted outpatient treatment in the county</p>	<p>Continue with comprehensive criminal justice – behavioral health collaborations. Continue to provide Crisis Intervention Training for all Wood County Law Enforcement Agencies, Behavioral Health, Providers and Fire Departments.</p>	<p>Monitor compliance with service utilization for jail Vivitrol program participants. Monitor and target outreach to law enforcement agencies to ensure adequate availability of CIT trained officers.</p>	<p>No assessed local need Lack of funds Workforce shortage Other (describe)</p>
<p>Integration of behavioral health and primary care services</p>	<p>Focus on integration between physical health and behavioral health.</p>	<p>1. SBIRT implementation county wide. 2. Continue to promote full implementation of NET Plus transportation for physical health appointments. 3. Encourage visits/tours of the Health and Wellness Center by members of Connection Center and NAMI peer support program members.</p>	<p>Track the number of people entering the behavioral health system with no previous involvement. Maintain membership in the transportation coalition committee through the county. Develop relationships with behavioral health managed care to promote care coordination.</p>	<p>No assessed local need Lack of funds Workforce shortage Other (describe):</p>
<p>Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)</p>	<p>1. Expand housing options for system clients 2. Expand vocational service utilization 3. Expand peer support staff and services 4. Expand transportation to include recovery supports.</p>	<p>Meet with local officials and realtors to determine options for various levels of housing options. Increase marketing of vocational services to likely referral sources. Obtain training for more peer support staff. Expand transportation as otherwise noted.</p>	<p>Monitor housing capacity and utilization. Monitor utilization and job placements. Monitor reach and engagement of marketing/promotions. Monitor number of certified peer supports at each agency. Monitor utilization of NetPlus.</p>	<p>No assessed local need Lack of funds Workforce shortage Other (describe):</p>
<p>Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)</p>	<p>Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBTQ)</p>	<p>Develop a greater understanding of health equity and disparities across the county.</p>	<p>Conduct needs assessment.</p>	<p>No assessed local need Lack of funds Workforce shortage Other (describe):</p>
<p>Prevention and/or decrease of opiate overdoses and/or deaths</p>	<p>1. Lead community to raise general public awareness of opiate addiction and the threat to life it represents. 2. Promote Recovery Helpline as a way to obtain information and access treatment.</p>	<p>1. Continue to provide public awareness events. Continue to disseminate the Opiate resource guide throughout the community. 2. Continue marketing for Recovery Helpline</p>	<p>1. Conduct a minimum of 2 events and disseminate a minimum of 1000 resource guides. 2. Monitor utilization of Recovery Helpline.</p>	<p>No assessed local need Lack of funds Workforce shortage Other (describe)</p>

	3. Continue support of Jail Vivitrol program	3. Sustain Project Direct Link and collaboration with courts, Northwest Ohio Community Corrections Center and the Wood County Justice Center.	3. Monitor utilization and outcomes from Project Direct Link.	
Promote Trauma Informed Care approach	Continue to promote widespread commitment to a trauma informed care.	Continue to fund agencies with current policies/practices which support trauma informed care.	Monitor number of current agency policies relating to trauma informed care that are up to date.	<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
Prevention: Ensure prevention services are available across the lifespan	Continue the work of the Wood County Prevention Coalition. Work with local businesses to promote wellness education and prevention programs.	Enter into a coalition involvement agreement with the prevention coalition. Participate in the coalition meetings and serve as an officer as appropriate. Engage with members of the community through local fairs, leadership boards and local chambers of commerce.	Signed agreement and attendance at a minimum of 50% of all prevention coalition meetings. Develop a local needs assessment which identifies needs for areas businesses in regard to wellness and prevention programs.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Increase access to evidence-based prevention	Expand school-based training in evidence-based programs, such as PAX Good Behavior Game.	School districts not implementing all prevention services will be approached to determine barriers to implementation and problem solving to rectify.	Monitor the number of schools engaged in prevention programming offered through the Educational Service Center.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Suicide prevention	Goal 1: Raise awareness of the general population about the nature and problems of suicide, that suicide is a public health epidemic which is largely preventable, where to get help and reduce stigma as a barrier to treatment.	Continue a media campaign for universal education and prevention.	Monitor monthly minutes from the Suicide Prevention Coalition for completion of strategies. Monitor reports from the local health department regarding local completed suicides.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

	<p>Goal 2: Continue to raise awareness of the Military Personnel/Veterans and first responder population and caregivers about the nature and problems of suicide, that suicide is largely preventable, where to get help and reduce stigma as a barrier to treatment. Intervention and referral become common knowledge.</p> <p>Goal 3: Increase outreach and local support to "survivors" or those who have lost someone to suicide.</p> <p>Goal 4: Raise awareness of the youth population and caregivers about the nature and problems of suicide, that suicide is largely preventable, where to get help and reduce stigma as a barrier to treatment. Intervention and referral become common knowledge.</p> <p>Goal 5: Raise awareness of the middle-aged men population and caregivers about the nature and problems of suicide, that suicide is largely preventable, where to get help and reduce stigma as a barrier to treatment. Intervention and</p>	<p>Increase intervention and referral for military and first responder population.</p> <p>Assist "survivors" or those that have lost someone to suicide in understanding mental health issues and depression in order to help them work through complex grief issues and societal stigmatization often faced.</p> <p>Continue to develop strong partnerships with youth-serving agencies and schools regarding suicide prevention.</p> <p>Increase access to and intervention/referral for middle aged men population. Based on focal statistics this is the highest population in Wood County at risk.</p>	
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	referral becomes common knowledge.					
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Work with Healthcare organizations to implement problem gambling screening and referral processes.	Create and participate on Gambling Task Force in the county.	Monitor service utilization for gambling treatment.			<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

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

Priorities	Goals	Strategies	Measurement
Suicide	Reduce Suicide Rates	<ul style="list-style-type: none"> Develop a Crisis Stabilization unit Convene key stakeholders to discuss suicide prevention/response Ensure support for continuation of DBT Develop a succession plan for Board staff 	<p>Will monitor completed suicides, demographics of those who have completed suicide and methods of suicides.</p> <p>11/30/2019 with annual updates</p>
Staffing	Ensure the Board is appropriately staffed to meet system needs	<ul style="list-style-type: none"> Increase menu of housing options Plan for the expansion of transportation Increase patient and family-centered care Develop a better understanding of the social determinants of health impacting Wood County residents Peer support 	Complete a thorough county wide needs assessment. Monitor wait list for all services as well as service utilization.
System	Increase system access and success in services		
Reduce Stigma	Address Stigma	<ul style="list-style-type: none"> Increase visibility of available resources Develop Myth vs. Fact education Highlight successes Continue clinical audits of county agencies 	<p>Monitor reach and engagement through social media campaigns.</p> <p>Publish a minimum of six videos.</p> <p>Monitor efficacy of treatment, fidelity to evidenced-based practices, and client satisfaction.</p>
Services	Sustain high-quality, accountable mental health and addiction clinical services in the community		

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?)

Wood County Job and Family Services has a full-time clinician on site who is employed at Children's Resource Center (CRC). This clinician links individuals to services and provides consultation to the agencies and employees about the families they serve.

Dialectical Behavior Therapy (DBT) training was offered to all county agencies beginning in 2018. The board contracted with Treatment Informational Collaborative to work on with all participating agencies on an ongoing basis to provide support for clinicians and agency leadership. Additional training will take place in November 2019 and phone call support sessions will continue on a monthly basis. The board provides financial assistance to DBT trained agencies to ensure they can provide all fidelity requirements.

The Cocoon is a local resource for domestic violence survivors which provides an array of services to meet the need of these individuals. The ADAMHS board works collaboratively with The Cocoon to provide outreach and engagement as well as onsite access to clinical services.

Inpatient Hospital Management

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

Wood County made a change to psychiatric crisis services for FY 2019 and moved toward a mobile response system. This has resulted in a decrease in the percent of those hospitalized from approximately 49% to 36% of those screened, compared to the prior fiscal year.

During this fiscal year, we have also expanded to include outreach and stabilization services for those who experienced crisis. These changes were implemented this quarter, and outcomes are not yet available. We anticipate a decrease in rehospitalizations and expect better treatment engagement following hospital release.

While our utilization has decreased, it is important to note that we continue to experience difficulties with the State Hospital system. When our residents are in need of hospitalization at NOPH we, too often, are informed that there is no availability. This is particularly concerning given the increasing number of beds being dedicated to the forensic population. This should be an area of focus for both OMHAS as well as the state legislators.

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
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	Identifier Number	SERVICE	ALLOCATION
N/A			

SIGNATURE PAGE

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

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

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

Wood County Alcohol Drug Addiction and Mental Health Services Board

Wood County Alcohol Drug Addiction Mental Health Services Board

ADAMHS, ADAS or CMH Board Name (Please print or type)



Aimee A. Coe, Interim Executive Director

8/26/19
Date



Douglas F. Cubberley, Board Chair

8/26/19
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.emeraldiennyfoundation.org/>
2. SAMHSA Treatment Locator <https://www.findtreatment.samhsa.gov/>