

## RICHLAND COUNTY MENTAL HEALTH AND RECOVERY SERVICES BOARD \*A G E N D A\*

DATE:

February 19, 2019

TIME:

5:30 PM

PLACE: Board Offices 87 E. First Street Suite L Mansfield, OH 44902

#### Please silence cell phones

#### **CALL TO ORDER:**

Pledge of Allegiance Roll Call Community Meeting

#### **AGENDA ITEMS:**

- 1. \* Approval of January 15, 2019 meeting minutes Kym Lamb
- 2. \* Motion to approve expenditures for last half of January through the first half of February 2019- Kym Lamb
- 3. Cash Position Sherry Branham
- 4. President's reports Kym Lamb
- 5. Executive Director's Report Joe Trolian
- 6. Old Business
  - -Continued discussion of Medical Marijuana Referring Physicians
- 7. New Business
- 8. Future Agenda Items
- 9. \* Adjournment

<sup>\*</sup>Denotes items requiring Board action.

#### **MEMORANDUM**

To: All Board Members

From: Joe Trolian

Re: Board Meeting February 19, 2019

Date: February 11, 2019

This is a reminder that the next meeting of the Richland County Mental Health and Recovery Services Board will be:

Tuesday, February 19, 2019 at 5:30 pm at the Board Office.

I hope you have been able to stay warm and healthy over the past month, it has been a tough one. We have been settling into a new administration and starting to field new changes. All of the new office holders are in place and we should see a number of issues begin to move forward.

Sherry and I attended the OACBHA Legislative Day on the January 29<sup>th</sup>. This was not an actively attended meeting and we were only able to meet with Senator Obhof's Legislative Aides. We were able to present a number of materials (included in your packet) and discuss a few issues that are occurring locally. We did hear a presentation from our new Governor Mike DeWine and OHMAS Director Lori Criss and the Office of Recovery Director Alisha Nelson. We expect to have the Governor's "as introduced" budget by the end of March and then things will move fast and furiously through both the House than the Senate. We are hoping to get as much as we can into the "as introduced" as it will be easier to maintain it then if we have to get it added by a legislator. So, stay tuned, advocacy may be needed.

We have not heard any additional news on the UMADAOP Medicaid issue, this is a little troubling as I was hoping to have an idea of at least which way the winds were blowing before we start into the budget process. I will continue to try and get some insight into what is happening.

We submitted our first State Opiate Response (SOR) Grant for \$186K. We have not heard back as of today. If we are funded, this will allow us to put \$141K back into our reserve as we continue to replenish these funds ahead of schedule. In addition, we received \$53K that we should be able to replace \$40,000 in local funds and return those to reserves. We also have a second SOR Grant that we will be applying for that is specifically geared toward recovery housing. These will actually be used as expansion dollars and will not replenish any local funds. At this rate, we should be able to start SFY 2020 with nearly \$7,000,000 total in our budget.

Finally, the 120-day letters will be issued on February 22<sup>nd</sup>. This will begin our official process of planning for next year.

### Richland County Mental Health & Recovery Services Board **Meeting Minutes January 15, 2019**

Present: Becky Brewster, Cindy Lewis, Ronald Moton, Ann Mitchell, Susan Bemiller, Barbara Blanton, Sheila Holloway, Brett Toward, Monica Durham, Jennifer Lemon, Kym Lamb, Christina

Thompson

Excused: Andy Medwid, Andrew Waldruff

Unexcused:

Staff Present: Joe Trolian, Sherry Branham, Angie Parker, Debbie Ammons, Carey Vogt

Guest: Mary Kay Pierce (NAMI)

Kym Lamb called the meeting to order at 5:35 P.M. Pledge of Allegiance Roll Call Community Meeting

1. \* Approval of October 16, 2018 and November 13, 2018 meeting minutes - Kym Lamb Lamb asked if there was a motion to approve the October 16, 2018 and November 13, 2018 meeting minutes. Moton motioned to approve both meeting minutes. Mitchell seconded. There was no discussion and the motion was approved unanimously. Motion carried. No one abstained.

#### 2. \* Motion to approve expenditures for the last half of October 2018, all of November 2018, December 2018 and the First half of January 2019 -Kym Lamb

Lamb asked if there was a motion to approve expenditures for the last half of October 2018, all of November 2018, December 2018 and the First half of January 2019. Moton motioned to approve the last half of October 2018, all of November 2018, December 2018 and the First half of January 2019 expenditures. Durham seconded. Motion was approved unanimously. Motion carried. No one abstained.

#### Cash Position - Sherry Branham

The cash position beginning balance as of the first of November 2018 was \$5,720,527.71. We added a total revenue for November 2018 of \$877,413.52. Total expenditures for the same period we \$339,431.02. Leaving an end of November fund balance of \$6,258,510.21. This is an increase of \$537,982.50.

#### 4. \* Finance Committee Report - Ron Moton

-Approve the County Calendar Year Budget for SFY2019

Moton asked if there was a motion to approve the County Calendar Year Budget for SFY2019. Moton motioned to approve the Calendar year budget for SFY2019.

Holloway seconded. Motion was approved unanimously. Motion carried. No one abstained. Trolian noted that a Federal grant for \$186K has been applied for. There will be 2 additional grants he will be submitting this year.

# Richland County Mental Health & Recovery Services Board Meeting Minutes January 15, 2019

#### 5. Review of Richland County Single State Audit - Joe Trolian

Trolian said it is Title XX funding. It was finalized and nothing has changed. Richland County will be a high-risk county due to these findings. The plan of correction submitted to the State Auditor has been implemented for all Title XX funds starting this fiscal year. The plan also included the policies that were updated and approved in October, there may be one additional policy added for approval in February if the issues are not covered in current policies already in place.

#### 6. President's reports - Kym Lamb

Getting the website launched for opiate addiction in Richland County. A calendar is on our MHRSB site. If you know of any places that do help with Opiate addiction in Richland County, please have them go on to the site (https://opiateaddictionrichlandcounty.com/blog/) and list their events and meetings on our Calendar. Richland Sources is working on 2 solutions. #1 Gray Matters and #2 Rising from the Rust.

#### 7. Executive director's Report - Joe Trolian

- Discussion of Medical Marijuana Referring Physicians

Dr. Ahmed with Wellness and Addiction Recovery Center is applying for Certification through the Department of Mental Health and Addiction Services (OHMAS) which would meet one of the requirements for applying for discretionary funds from the Board. Dr. Ahmed is also one of two physicians in Richland county that area approved to provide an individual with a recommendation to get a Marijuana Card. Several hospitals have restricted privileges from doctors who are providing these recommendations. Marijuana is not an FDA approved medication. The Board may be faced with an application for funding from this organization and we need to decide if we want to limit uses or tax payer funds to only FDA approved medications or restrict physicians funded by the Board from participating in the referral practice. If we are going to do this, we need to take an official stance before funding is requested, so it will not be viewed as discriminatory toward a specific organization. Dr. Toward provided several interesting facts and figures on it and said they are likely to get COPD faster than with cigarettes. Trolian asked if he would like to make a motion to approve or disapprove which Toward stated he would like the motion to explore some legal language to see if we want to approve or disapprove. The issue was tabled for a future meeting after Trolian has time to work with the Board Association to see if such a stance has been taken by other Boards or if guidelines are already in place that they could work with. Trolian announced the Catalyst Rehab Telethon is coming up February 2, 2019. If anyone would like to donate, fill out an envelope and give to him and we will put them all together for one larger check to present during the 3:00 hour from the Board of Directors and Staff. Trolian said that the New Beginnings building is under roof and has floors. The other building is moving along a little slower. They had land issues which was reported by Catalyst Board Chair as being resolved, but we have not received the official notice yet. Joe stated that we will notify all Board members when that has been received. UMADAOP update for now is that in FY16 the Board discovered the issues regarding the administrative billing work that UMADAOP was doing on behalf of other agencies. Joe spoke with the OHMAS who state that they would address it with UMADAOP. A letter was issued in 2017 from OHMAS addressing the concerns and we were cc'd. Mr. Baker assures us that none of the services are being offered. We have a new Governor and Director of

## Richland County Mental Health & Recovery Services Board Meeting Minutes January 15, 2019

MCD, Auditor and Attorney General, which has slowed process down some. Trolian will keep board posted. We have not stopped any of their funding. YFC has stopped their funding with them. They can still bill MCD, 120-day notices go out in February. So we can use this as the mechanism to determine if we need to make changes in how we do business with UMADAOP. Mr. Baker assured Trolian that he will keep us updated on any changes.

#### 8. Old Business

No Results

#### 9. New Business

No Results

#### 10. Future Agenda Item

No Results

#### 11. \* Adjournment - Kym Lamb

Moton motioned to adjourn the meeting and Lewis seconded. The meeting was adjourned at 6:28 P.M.

ATTESTED BY:

Kym Lamb, Chair

February 11, 2019

TO:

Mental Health & Recovery Services Board

FROM:

Joseph Trolian, Executive Director

SUBJECT:

Monthly Payables

Enclosed you will find the list of payables submitted for payment for the last half of January 2019 and the first half of February 2019. Please review the expenditures. A vote for approval will be taken at the Board meeting.

Thank you,

Joseph Trolian, Executive Director

**Enclosures:** 

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VENDOR	ACCOUNT	AUDITOR	INVOICE	UNITS	AMOUNT
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_	D30BHNL04	20040000.330803	200	00.00	306.93
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VENDOR	ACCOUNT	AUDITOR	INVOICE	UNITS	AMOUNT 785.50
RICH CO COMMUNITY AL	R31UNNL68 R31UNNL25 R31UNNL25 R31BHNL05 R31BHNL08	20040000.530668 20040000.530668 20040000.530668 20040000.530668 20040000.530668	DRUG TEST ROOM & BOARD ATP ROOM AND BOARD ATP AOD GRP PSYCHOTHERAPY & IOP ATP AOD IND COORDINATION & SUPPORT ATP ROOM AND BOARD	0.00 0.00 0.00 0.00 0.00	30.00 550.00 49,420.00 1,199.04 97.70 1,373.75
RUMPKE RUMPKE	B11UNBF12 B11UNBQ02	20040000.531719 52040000.530600	TRASH REMOVAL JAN 2019 BOARD TRASH REMOVAL JAN 2019 WP	0.00 0.00 VENDOR TOTAL	82.54 75.45 157.99
SCHMIDT SECURITY	B10UNBF06	20040000.531719	JAN - MAR 2019 SECURITY	0.00 VENDOR TOTAL	332.70
SEITZ SOLUTIONS	B10UNBF05	20040000.531719	COMPUTER CONSULTANT JAN 2019	0.00 VENDOR TOTAL	941.50
SHRED-IT	B10UNBH08	20040000.530900	DEC 2018 SHREDDING	0.00 VENDOR TOTAL	00.09
SPECTRUM SPECTRUM	B11UNBQ02 B11UNBQ02	52040000.530600	12/19/18-01/18/19 SPECTRUM SERVICES 01/19/19-02/18/19 SPECTRUM SERVICES	CES 0.00 CES 0.00 VENDOR TOTAL	213.49 216.03

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VENDOR	ACCOUNT	AUDITOR	INVOICE	UNITS	AMOUNT
STUDER-OBRINGER INC STUDER-OBRINGER INC	B11UNBQ10 B11UNBQ20	52040000.530696 52040000.530696	GEN CONTRACTOR #4 NB II GEN CONTRACTOR #4 WM	00.0	86,931.20
			NEA	VENDOR TOTAL	2,18:
SUN GRAPHICS	B10UNBC03	20040000.530300	ANNUAL REPORT 2018 & OPIATE OUTREACH	00.0	w.
			VEN	VENDOR TOTAL	540.30
THIRD STREET COMMUNI	034UNNL06 030UNNL63	20040000.530668	MEDICATION - VIVITROL MAT PDOA OCT-DEC 2018/JAN-MAR 2019	00.00	5,579.70 58,257.74
			VEN	VENDOR TOTAL	63,837.44
TREASURER OF STATE O	B10UNBE02	20040000.530500	BOILER INSPECTION BOARD JAN 2019	00.0	53.25
			VEI	VENDOR TOTAL	53.25
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			VE	VENDOR TOTAL	41,431.58
WEL LIOUOR DBA DLE	B11UNBT02	20040000.530946	ANNUAL DINNER BOOKING DEPOSIT	00.00	300.00
R			ΞΛ	VENDOR TOTAL	300.00

## RICHLAND COUNTY BOARD OF MENTAL HEALTH AND RECOVERY SERVICES CASH POSITION STATEMENT

#### DECEMBER 31, 2018 TO JANUARY 31, 2019

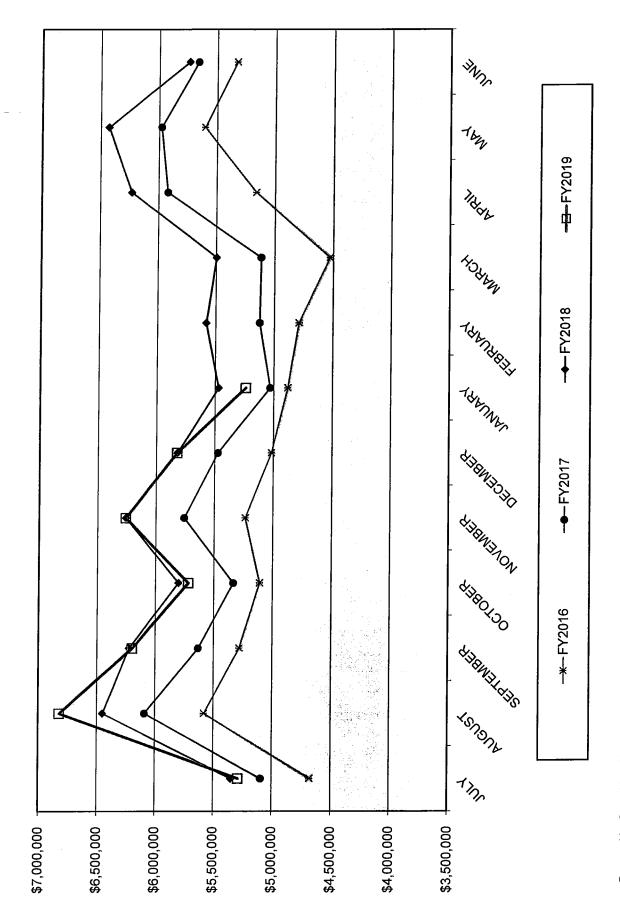
CASH ON HAND 12/31/2018 ADD: FUND BALANCE AS OF 12/31/2018			\$ \$ \$	5,822,464.10 - 5,822,464.10
ADD: Receipts Levy State Federal GOSH Other	\$ \$ \$ \$ \$ \$	11,918.25 124,957.75 9,663.50 12,472.54	\$	159,012.04
MINUS: Expenditures Board Contract Agencies GOSH	\$ \$ \$	71,126.62 658,335.35 16,274.47	\$	745,736.44
FUND BALANCE 1/31/19			\$	5,235,739.70
CASH ON HAND JANUARY 31, 2019			\$	5,235,739.70
CHANGE IN CASH POSITION SINCE DECEMBER 31, 2018			\$	(586,724.40)

# **CASH FLOW**

CASH ON HAND FY2016	D FY2016	CASH ON HAND FY2017	ID FY2017	CASH ON HAND FY	DF
JULY	\$ 4,680,070	אחר	\$ 5,095,286	JULY	€
AUGUST	\$ 5,580,977	AUGUST	\$ 6,091,807	AUGUST	↔
SEPTEMBER	\$ 5,278,494	SEPTEMBER	\$ 5,633,444	SEPTEMBER	↔
OCTOBER	\$ 5,107,223	OCTOBER	\$ 5,332,516	OCTOBER	₩
NOVEMBER	\$ 5,233,044	NOVEMBER	\$ 5,761,190	NOVEMBER	↔
DECEMBER	\$ 5,014,366	DECEMBER	\$ 5,472,291	DECEMBER	↔
JANUARY	\$ 4,877,360	JANUARY	\$ 5,031,405	JANUARY	↔
FEBRUARY	\$4,787,008	FEBRUARY	\$ 5,124,553	FEBRUARY	ᡋ
MARCH	\$ 4,523,997	MARCH	\$ 5,117,371	MARCH	₩
APRIL	\$ 5,157,941	APRIL	\$ 5,921,563	APRIL	↔
MAY	\$ 5,601,872	MAY	\$ 5,979,134	MAY	↔
JUNE	\$ 5,325,686	JUNE	\$ 5,664,203	JUNE	↔

CASH ON HAND FY2018	Ĺ C	72018	CASH ON
JULY	€	5,346,891	JULY
AUGUST	↔	6,451,330	AUGUST
SEPTEMBER	↔	6,225,521	SEPTEMB
OCTOBER	₩.	5,805,431	OCTOBER
NOVEMBER	ᡐ	6,259,511	NOVEMBE
DECEMBER	↔	5,821,210	DECEMBE
JANUARY	↔	5,469,144	JANUARY
FEBRUARY	↔	5,581,784	FEBRUAR
MARCH	₩	5,495,051	MARCH
APRIL	↔	6,229,637	APRIL
MAY	↔	6,430,422	MAY
JUNE	ᡐ	5,740,945	JUNE

CASH ON HAND FY2019	Ĺ	r2019	
JULY		5,284,315	
AUGUST		6,822,445	
SEPTEMBER		6,198,685	
OCTOBER		5,720,528	
	↔	6,258,510	
DECEMBER		5,822,464	
		5,235,740	
FEBRUARY			
MARCH			
APRIL			
MAY			
JUNE			



Prepared by Carey Vogt 2/8/2019





# Developing a Better Understanding

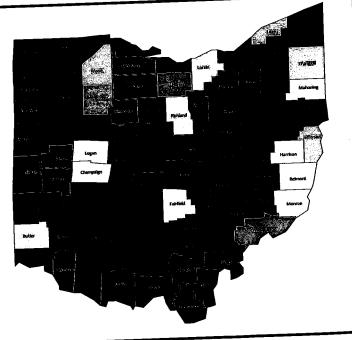
## COORDINATING LOCAL RECOVERY-ORIENTED SYSTEMS OF CARE

Local Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards are statutorily empowered to plan, develop, fund, administer and evaluate the local system of care for mental health and addiction services. An ADAMH Board does this by serving as the community addiction and mental health services hub for the county or counties under its jurisdiction. The local ADAMH Boards lead the local efforts to support wellness, promote prevention, and address mental illness and addiction by bringing together local partners impacted by mental illness and/or addiction, including individuals with lived experience. ADAMH Boards work with their partners to: assess community needs; provide a unified system of prevention, education, treatment, and support services; and ensure the viability of a community support system for their service district. Boards also promote a comprehensive system of high-quality, cost-effective, and culturally-sensitive mental health and addiction services to meet the needs of their local citizens.

ADAMH Boards serve as the local Recovery-Oriented Systems of Care (ROSC) leaders and hubs for community engagement, incubators for new ideas, and catalysts for innovation and change to collectively address mental health and addiction issues across Ohio. The positive influence that prevention, wellness, treatment, and recovery have on individuals, families and communities cannot be overstated. We know that strong, healthy communities foster job growth, community safety, and overall economic development. By ensuring a local system of care that includes prevention, early intervention, treatment, and recovery support services and programs, Boards help keep individuals and families well and intact, and open the door to recovery for individuals living with a mental illness and/or addiction.

#### **ADAMH Boards and ROSC**

Ohio's 51 Alcohol, Drug Addiction, and/or Mental Health (ADAMH) Boards have worked for the past four years to implement Recovery-Oriented Systems of Care (ROSC) in their local communities. A ROSC places its primary focus on the individuals and families in need of prevention, early intervention, treatment and recovery support services, building on their strengths and incorporating a coordinated, collaborative approach across the community. The foundation of Ohio's ROSC is locally managed continuums of care designed to provide personcentered prevention, treatment, and recovery support services to help individuals and families impacted by mental illness and addiction achieve wellness and sustain long-term recovery.



@OACBHA



# Issues and Recommendations for Community Mental Health and Addiction Services

2019

#### Dear Ohio Leader:

As you work on behalf of Ohioans, we want to share information on the opportunities and challenges facing Ohioans impacted by mental illness and addiction. This document was conceived and designed as a mechanism to educate and inform leaders in Ohio about the local Alcohol, Drug Addiction, and Mental Health Boards and the pressures facing the current community-based system of care. This document includes an overview of several major challenges to the current system along with a series of recommended solutions to these challenges.

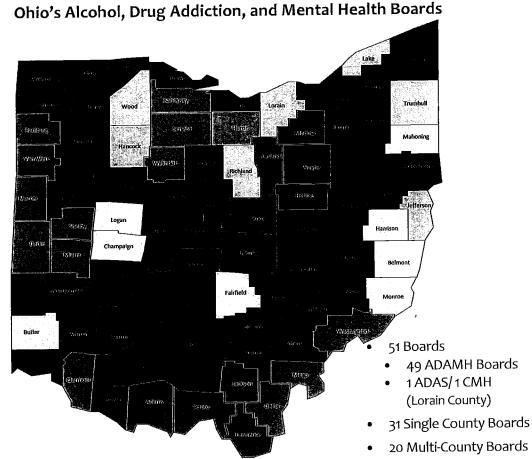
Individuals and family members throughout Ohio who are experiencing signs and symptoms of mental illness and/or substance use disorders often don't reach out for help because of stigma, limited access to care, lack of insurance, transportation challenges, and cultural barriers. It's imperative that we collectively work to bring down the physical and figurative barriers to accessing services and supports. Engaging in meaningful care will have long-term and wide-ranging benefits for the individual, their family, their community, and all of Ohio.

Treatment Works. People Recover. Recovery is Beautiful. This is both a tagline and a philosophy that drives our work. We look forward to working with you and leaders throughout Ohio to ensure that citizens across the state are able to access high-quality mental health and addiction prevention, treatment, and support services in a stable and sustainable local Recovery-Oriented System of Care.

Sincerely,

**OACBHA** 

Then I Walter Chief Executive Officer OACBHA



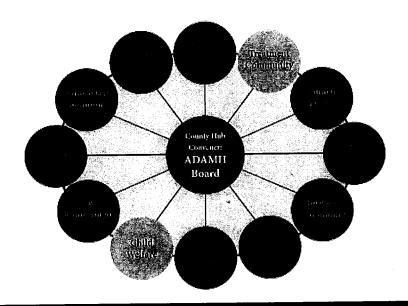
#### **Ohio's ADAMH Boards**

Ohio's Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards are statutorily empowered to plan, develop, fund, administer, and evaluate the local system of care for mental health and addiction services. Fifty-one local Boards, governed by volunteer Board members appointed by the state and the county commissioners, do this work with a mix of federal, state, and local funds.

Local Boards are charged with establishing a unified system of treatment and community supports for individuals impacted by mental illness and/or addiction. The Boards encourage and foster the development of high-quality, cost effective, and comprehensive services. Local Boards are uniquely positioned to rapidly identify changing community needs and to serve as catalysts for change.

Today, throughout Ohio, local ADAMH Boards are utilizing the Recovery-Oriented System of Care (ROSC) framework to drive the advancement of networks of formal and informal services developed and mobilized to help individuals achieve and sustain long-term recovery in the community. The ROSC philosophy prioritizes the inclusion of clients and families in every step of the development, implementation, and evaluation of local systems of care. By utilizing the ROSC framework, local communities are offering citizens an array of accessible services and supports that are designed to be culturally appropriate, building on individual, family, and community strengths, and have as their primary and explicit aim, the promotion of the person's/family's resilience, recovery, and inclusion in community life. The foundation of Ohio's ROSC is locally managed continuums of care designed to provide person-centered prevention, treatment, and support services to help individuals impacted by mental illness and addiction achieve and sustain long-term recovery.

Ohio's 51 Alcohol, Drug Addiction, and Mental Health Boards, covering all 88 counties, provide community members with access to a statutorily defined continuum of care, inclusive of prevention, treatment, and recovery supports in communities throughout the state. Ohio's ADAMH Boards are charged with coordinating County Hubs to Combat Opioid Addiction and community efforts related to mental illness. Ohio's ADAMH Boards are doing this in a time of increased understanding of the needs of individuals with mental illness and/or substance use disorders and increasing demand for local services. ADAMH Board serve as the hub of their local communities, facilitating partnerships and relationships with organizations throughout the community representing individuals in recovery, families, law enforcement, criminal justice, faith-based entities, education, child welfare, human services, and more. As Ohio's communities continue to change and evolve, local ADAMH Boards are working to ensure that the services and supports offered to citizens of their Board area are accessible and effective.



#### **Issues and Recommendations**

#### **Medicaid Expansion:**

Medicaid expansion has dramatically increased access to critical, life-saving health and behavioral health services for hundreds of thousands of individuals in Ohio. One of the populations that benefit from Medicaid expansion is single adults without children who are experiencing substance use disorders. Prior to Medicaid expansion, these individuals could not access Medicaid coverage and often had serious challenges accessing appropriate addiction treatment along with other healthcare services. Medicaid expansion has resulted in an expansion of addiction treatment services throughout Ohio.

Recommendation: Continue Medicaid expansion as it is today to ensure that Ohioans, specifically those facing mental illness and addiction, are able to access lifesaving health care services.

#### Behavioral Health Redesign

The changes underway as part of Behavioral Health Redesign and the transition of the community behavioral health Medicaid benefit into managed care will fundamentally change how many individuals access care and how agencies receive reimbursement for Medicaid services.

Recommendation: A formal, independent evaluation of the implementation of Behavioral Health Redesign should be conducted measuring changes to access, capacity, and the impact on wellbeing of clients served.

#### State Psychiatric Hospital Access:

In 1988, there were 3,500 state psychiatric hospital beds available at 17 hospitals (14 adult and three youth hospitals). Today, there are 1,081 beds at six state psychiatric hospitals, all serving adults. The focus on deinstitutionalization was necessary and right. However, the capacity that remains today does not meet the current demand for services. Additionally, Ohio's state psychiatric hospitals are seeing an increasing trend of forensic admissions. The number of clients in state hospitals as a result of court involvement (currently 65-70% of all clients) continues to crowd out the beds available for civil admissions. As a result, individuals in need of hospitalization for their mental illness are often left lingering in emergency departments and jails until a bed becomes available and once they are admitted to a state hospital their stays are often too short to meet all their needs.

Recommendations: Open additional civil state psychiatric hospital beds, either by opening additional units at the existing state hospitals or developing a new state hospital to increase access to this critical level of care.

The state should develop a process to better meet the needs of forensic clients, including a requirement to conduct community-based competency restorations for individuals charged with misdemeanor offenses.

#### Acute Care Mental Health Services for Kids:

On any given day, over 200 Ohio youth are receiving services in out-of-state placements. All too often, this is because Ohio does not have appropriate access to acute care services for young people experiencing severe emotional disturbances. Out of state placements result in families not being able to be engaged in the treatment and complicated reintegration processes. There are many partners involved in providing care for children and all of them struggle with how to provide the most effective services in an environment of limited resources and no state-funded facility. There is a tremendous need for increased capacity for young people and it is incumbent that the state target resources to meet this need. This should be done through an investment in the creation of public or private facilities to ensure that access to inpatient care for adolescents is available in each state psychiatric hospital region.

Recommendation: Develop and fund in-state access to crisis and inpatient care to meet the complex, multi-system needs of young people throughout Ohio.

#### Mental Health Crisis Services:

Mental health crises represent one of the most challenging concerns in the community. A mental health crisis can be incredibly complicated for an individual, their family, and local partners to navigate. Ensuring that appropriate crisis response is available in the community can be incredibly complicated for the local system of care, including mental health resources, healthcare resources, law enforcement, and others. There is not a predictable schedule for a mental health crisis and the crises do not always occur in an orderly fashion. As a result, it's important that a safety-net of support is prepared to respond appropriately and readily accessible when it is needed 24/7/365. To have an effective crisis response network, community partners, including emergency response, healthcare, law enforcement, and the treatment community need to be working in tandem to ensure that the individual in crisis is immediately connected with the appropriate clinical and community services.

Recommendation: Make additional state funding available to local Boards to ensure that every locality is able to provide 24/7 access to a continuum of crisis services.

#### **Coordinated Response to Addiction:**

Overdose deaths as a result of opioid use, driven by illegally produced fentanyl mixed with other street drugs, continue to be the leading cause of accidental death in our state. While much has been done, what is now needed is more coordination, a guiding framework driving the state response that will help us all pull together so that we are marshalling all available resources as effectively as possible. Additionally, more timely data will allow communities the ability to more accurately assess the burden which also provides information to better target prevention and intervention. Timely, comprehensive coordination across all entities involved in addressing the opioid epidemic and addiction in Ohio is critical. This problem is too big for a piecemeal approach.

Recommendations: Establish an empowered state entity with the responsibility for coordinating between and among state departments and agencies with the authority to address policymaking, funding, education, and communication. The entity should work in partnership with ADAMH Boards and their County Hubs to Combat Opioid Addiction.

The state should ensure that data for opioid poisoning is shared timely through existing reporting mechanisms to the County Hubs for appropriate community responses.

#### It's Not Just Opioids:

While the opioid crisis continues to make headlines, we must ensure that our responses focus not just on opioid addiction, but on all substance use disorders. Our prevention approaches, our community education activities, and our treatment resources need to take into account the trends we're seeing related to other drug and alcohol use and broadly address substance use disorders.

Recommendations: Ensure that the activities, funding, and programs in development to address the opioid crisis consider the impact of other drug trends (meth, cocaine, spice, K2, etc.).

Due to multiple one-time funds from federal and state sources, programs must be built in a sustainable way to ensure ongoing access to resources in the community.

#### **Criminal Justice Reform:**

Ohio's criminal justice system has become the de facto mental health and addiction service system for too many non-violent individuals experiencing a mental illness and/or addiction. Too many individuals with a mental illness and/or addiction, who could be better served in the local community, find themselves caught up in a criminal justice system that is more focused on criminogenic factors than treatment needs which further exacerbates the challenges and overcrowding already facing the criminal justice system.

Recommendation: State leaders should work with local stakeholders to reform Ohio's sentencing laws and improve access to appropriate interventions, services, and supports.

#### **Prevention and Wellness:**

Prevention is and will continue to be the most beneficial way to impact the long-term societal change in communities throughout Ohio. Prevention programming that addresses social and emotional learning while teaching children to be resilient and teaching adults positive decision-making skills are the most effective and efficient ways to support the ongoing development of our citizens. There are several evidence-based and promising programs available for communities to utilize to promote healthy behaviors at every developmental stage.

Recommendations: Increase support and funding for prevention and wellness programming in order to ensure that Ohioans receive developmentally appropriate prevention and wellness services throughout their life.

Allow ADAMH Boards to become certified prevention providers in order to meet unmet needs in communities.

#### Death Review Boards - Suicide and Overdose:

#### Suicide Death Review Board:

Suicide deaths in Ohio are continuing to increase. We know this to be true in several counties throughout the state, but there is a data lag for state and national numbers related to deaths resulting from suicide. The increase in suicide deaths requires local approaches to community engagement as some communities are seeing an increase in deaths of middle-aged men, while others are seeing increase in deaths of young people. Suicide death reports should be expedited in order to ensure that communities have the latest information about suicide trends in their community so that they can build effective community responses and interventions.

Recommendation: Enact a statutory change allowing community partners to come together to conduct Suicide Death Reviews similar to the Child Fatality Review boards that are already codified in Ohio law.

#### Overdose Death Review Board:

Overdose deaths have been an area of increased scrutiny over the past several years. Each death resulting from an overdose can shed light on community needs and opportunities. This epidemic has resulted in an increased need for a coordinated response and an increased need for collecting and understanding data. Several community partners will have information that could be utilized in evaluating and reviewing the circumstances surrounding an overdose death. This information could help communities put in place protocols and practices to prevent future deaths.

Recommendation: Enact a statutory change allowing community partners to come together to conduct Overdose Fatality Reviews similar to the Child Fatality Review boards that are already codified in Ohio law.

#### **Funding Flow:**

Today, the Ohio Department of Mental Health and Addiction Services administers over 700 grants to community organizations throughout Ohio. This shift to grant funding a variety of projects and programs has resulted in bureaucratic inefficiencies related to the flow of funds and the project priorities, but it has also resulted in a lack of coordination about what is being funded at the community level. It is not unheard of for a local Board to provide funding for a particular priority in the community and then for OhioMHAS to issue a grant for the same or a similar project. In an environment of scarce resources and serious need, these funding processes are confusing at best.

Recommendation: Utilize the ADAMH Boards, the local statutory partners, to flow funds through to the community. In place of grants, provide funding to ADAMH Boards, with guidance on the priorities and expected outcomes and let local Boards determine how to most effectively blend and braid federal, state, and local funds to meet community needs.

Data/Information:

Ensuring high quality care requires the ability to coordinate and evaluate the existing service system, the connections among care settings, and the ability to plan for a coordinated continuum of care. To effectively address all of these steps, local ADAMH Boards need consistent access to data and information.

Recommendations: The State should ensure local Alcohol, Drug Addiction, and Mental Health Boards have access to and can share data between and among systems, including Medicaid and the Managed Care Organizations.

OhioMHAS, being the only state department without a statewide information management system, should be required to provide a statewide information system for data collection, analysis, and dissemination.

The state should develop a mechanism for data sharing between and among community first responders and treatment providers responding to crisis and safety planning situations.

**Peer Recovery Supports:** 

Peer Recovery Supporters offer a tremendous benefit to the individuals they serve. They utilize their expertise and their lived experience to help guide an individual along their recovery path. As individuals who have been there before, they are uniquely positioned to help individuals with a mental illness and/or substance use disorder navigate the often-complex system of supports and services. There are not enough Peer Recovery Supporters delivering peer supports throughout Ohio and the current certification process is fraught with confusion and delays.

Recommendations: The certification process for Peer Recovery Supporters should be administered by an independent entity and clear and consistent certification steps should be identified.

The certification process should distinguish between mental health and addiction peer recovery supporters.

Individuals should have at least one year of addiction and mental health recovery and stability prior to being certified as a Peer Recovery Supporter.

Housing:

Safe and stable housing is a necessary component of behavioral health care. In order to most effectively leverage the stabilization and supports offered by clinical treatment services one must have their basic needs related to housing met. Too many individuals with a serious mental illness and/or a substance use disorder are navigating the perils associated with chronic homelessness or the lack of stable housing.

Recommendations: Invest in community housing options for individuals with mental illness and addiction and eliminate the wait list for the Residential State Supplement (RSS) program.

Ensure that recovery houses supported by public funds are appropriate, legitimate, and high-quality facilities.

Marijuana for Medical Purposes:

As the marijuana for medical purposes program is implemented in Ohio, a number of concerns remain about the connection between marijuana for medical purposes and mental health and addiction issues, the need for comprehensive prevention messaging for young people, the rights of employers, and the impact of marijuana for medical purposes on local service systems.

Recommendations: OhioMHAS should develop policies and programs that address prevention, safe-handling, mental health implications, and housing implications that are related to the implementation of medical marijuana.

The state should establish a single point of contact for individual questions, concerns, or issues related to medical marijuana.



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## A Plan for Addressing Ohio's Addiction Epidemic - Update

Ohio faces an unprecedented addiction and overdose epidemic that is taking its toll on individuals, families, and communities. A coordinated, consistent, and aggressive response is needed to handle new challenges that arise as this epidemic evolves and changes. Ohio's overdose death rate continues to be among the highest in the country. While deaths involving heroin decreased in 2017, overdose deaths involving synthetic opioids such as fentanyl and carfentanil continue to rise. Ohio's problem is not limited to opioids. Overdose deaths involving cocaine and methamphetamines, particularly those cut with fentanyl, have increased significantly. The prevalence of binge drinking in Ohio is among the highest in the country. The impact of the arrival of medical marijuana is uncertain. However, it is yet another change in the landscape. As we endeavor to create a strong and healthy Ohio, we must work to prevent and treat addiction, regardless of the substance involved.

In recognition of the need to take systematic, strategic, and rapid steps to decrease the incidence of addiction and increase the frequency of recovery, the Ohio Association of County Behavioral Health Authorities, under the direction of its member Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards, is updating and implementing this plan to address addiction and create healthy, drug-free communities.

In this document, you'll find the outline of an all-encompassing plan of action that builds upon the foundation of local Recovery-Oriented Systems of Care. The success of this plan depends on all of us. Ohioans must come together to marshal all available resources and leverage all relationships to effectively address addiction in Ohio.

We know that treatment works, people recover, and recovery is beautiful. Everyone working together utilizing a public health approach, offers us collectively our best chance to end this epidemic in our state & have a meaningful impact on the lives of our citizens, families, and communities.

This plan involves four prongs: Information & Coordination; Prevention; Continuum of Care; and Funding & Workforce.

### Information & Coordination

#### **\* Coordinate State and Local Activities**

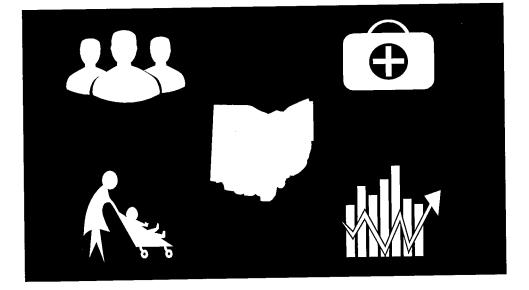
- » Work to develop a statewide strategic plan
- » Ensure coordination among statewide and local activities
- » Coordinate efforts between the state and local opiate/drug task forces and coalitions
- » Support the continued development of local County Hubs
- » Develop a system for partnering between state agencies, associations, and organizations
- » Develop a system for sharing comprehensive data between and among state and local agencies

#### Develop and Implement a Stigma Reduction Campaign

- » Educate on addiction as a chronic disease
- » Emphasize the fact that Treatment Works...People Recover
- » Promote the value of naloxone/Narcan as a life-saving tool
- » Celebrate individuals in recovery
- » Highlight the value of individuals in recovery as employees

#### \* Work with the Community

- » Develop and implement a 24/7 hotline that is equipped to respond to addiction in communities
- » Empower Boards via the local County Hubs to ensure crosssystem coordination among all stakeholders
- » Engage new partners representing diverse sectors of the community, including individuals & family members
- » Coordinate efforts with local health departments
- » Empower peers and the recovery community



### Continuum of (

#### **\*** Treatment

- Increase access to clinic withdrawal managemen treatment; residential tre
- » Work with hospital EDs
- » Expand Screening, Brief (SBIRT) within medical s
- » Increase access to traum services and supports
- » Sustain and enhance wit psychiatric hospital region
- » Increase availability of consumers substance use disorders
- » Increase access to relaps support
- » Expand the use of Quick have overdosed get into

#### Recovery Supports

- » Ensure adequate housin services
- » Increase access to peer to streamline the peer c
- » Increase access to employer recovery
- » Provide employers with individuals in recovery

#### Criminal Justice/Law Enforcer

- » Work to increase fundin
- » Work to expand specialt
- » Work with jails and prise with an addiction
- » Allow for statewide data health care systems.
- » Expand evidence-based
- » Address sentencing laws violent offenders with a

#### Children & Adolescents

- » Work across systems to with neonatal abstinenc
- » Partner with children's s care
- » Ensure access to approp

#### # Families

- » Provide comprehensive impacted by addiction
- Support the expansion of



Ohio's 51 Alcohol, Drug Addiction, and/or Mental Health (ADAMH) Boards are continuing their efforts to implement Recovery-Oriented Systems of Care (ROSC) in their communities. A ROSC places its primary focus on the individuals and families in need of treatment and recovery services, building on their strengths and incorporating a coordinated, collaborative approach across the community. The foundation of Ohio's ROSC is locally managed continuums of care designed to provide personcentered prevention, treatment, and support services to help individuals and families impacted by mental illness and addiction achieve and sustain long-term recovery.

# Treatment Works. People Recover. Recovery Is Beautiful.

Ohio Association of County Behavioral Health Authorities
175 S. Third Street, Suite 900
Columbus, Ohio 43215
www.oacbha.org
Cheri L. Walter, CEO



## SFY 2020-2021 Biennial Budget Request Putting People First

As Ohioans and Ohio's policymakers continue dealing with addiction, overdoses, mental illness, and suicide, we must **put people first**. Collectively, we must work to stabilize and enhance the community mental health and addiction system of care. The funding and policy recommendations included below are designed to ensure that Ohio's local Recovery-Oriented Systems of Care, spearheaded by the ADAMH Boards, are better positioned to meet the mental health and addiction prevention, treatment, and recovery support needs of Ohio's communities. To achieve maximum efficiency with federal, state, and local investments, funds should flow through local ADAMH Boards, as they work with state and local partners to prioritize community needs.

The continuation of Medicaid Expansion as it is today is imperative, as it has dramatically increased access to critical, life-saving mental health and addiction services for hundreds of thousands of individuals in Ohio.

The following funding and policy requests are built upon the assumption that individuals continue to have access to mental health and addiction services as a result of the continuation of Medicaid expansion. All of the funding recommendations included in this document are for a continuation of temporary funding or include a recommendation for where the funding can be captured.

#### **Funding Requests**

- ▶ Recommendation: Continue the investment in the withdrawal management-crisis stabilization funding at \$1.25 million per collaborative per year for a total of \$7.5 million per year while allowing the funding to be flexible enough to be utilized for either new or existing withdrawal management or crisis stabilization services.
- ▶ **Recommendation:** Continue the \$7 million/year investment that supports the allocation of \$75,000 per county that is utilized to support the needs of clients and families identified by the County Hubs.
- ▶ Recommendation: Increase the 336-421 Continuum of Care line item by \$12 million/year in flexible funds to be allocated to Board to enhance prevention, crisis, treatment, and recovery services to better assist individuals struggling to recover and help them lead high-quality, productive lives. This funding could be captured by maximizing the IMD revenue State Hospitals can bill Managed Care Organizations for Medicaid clients provided services in a state hospital.
- Recommendation: Provide \$8 million/year to support the development of step-up/stepdown stabilization units for individuals needing longer-term community-based care. Funding for this investment could be secured by reassessing the need for the \$112 million set aside to build a new Columbus State Hospital facility.

#### **Policy Requests**

▶ **Recommendation:** Amend ORC 340.03 (A)(1) to incorporate the local Hub responsibility of ADAMH Boards as follows:

"Serve as the community addiction and mental health planning agency and hub for the county or counties under its jurisdiction."

- Recommendation: Implement a process and a funding mechanism to determine how client data will be collected, shared, utilized, and analyzed to ensure that local county authorities have timely and consistent access to the information necessary to plan and administer the local system of care.
- ▶ Recommendation: Enact a statutory change allowing community partners to come together to conduct Overdose Death Reviews and Suicide Death Reviews similar to the Child Fatality Review boards that are already codified in Ohio law.



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#### The ADAMH Board of Richland County

#### FOR IMMEDIATE RELEASE

The Mental Health & Recovery Services Board of Richland County will hold its monthly Board meeting on Tuesday, February 19, 2019 at 5:30 p.m. at 87 East First Street, Mansfield, Ohio.

For additional information you may call the Board office at 419-774-5811.

Thank you,

Sherry Branham, MTA

**Director of External Operations** 



#### **Board Meeting**

DATE: February 19, 2019

PLACE: Mental Health and Recovery Serv.

87 E. First St. Suite L Mansfield OH 44902

TIME: 5:30 PM

#### **VISITOR SIGN IN SHEET**

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