

Enter Board Name: Richland County Mental Health and Recovery Services Board

Evaluating and Highlighting the Need for Services and Supports

1. *Describe the community needs assessment process that led to the identification of the local priorities the Board will address. Describe how the Board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and people living with or recovering from mental illness and addiction in evaluating needs, evaluating strengths and challenges and setting priorities for treatment and prevention for SFY 2021-2022. [ORC 340.03 (A)(1)(a)].*

The Richland County Mental Health and Recovery Services Board collaborated with 10 community funding members for the Community Health Assessment (CHA) in 2018. With Richland Public Health in the lead, we were in the process of vetting a potential new vendor for the next CHA. This vetting included the ability to be able to compare previous CHAs with the new model to continue longitudinal evaluations. We also need the flexibility to add specific questions to address mental health concerns, problem gambling and addictions. Finally, the new program will need to be able to over-sample in rural and minority communities to assure statistically significant participation. In Richland County we have been working collaboratively with Richland Public Health for well over 10 years. We share educational opportunities and have combined prevention efforts to address, suicidality, addressing low birth weight babies and infant mortality, health disparities, establishing Project Dawn, providing smoking/vaping cessation programs, and applying for several Federal prevention efforts. The Board does not foresee any barriers that will hinder further collaboration. We look forward to the aligning of due dates and frequency of community assessments, so we do not need to duplicate efforts or create survey fatigue in the community.

- a. *If the Board's service and support needs were determined by the Board Recovery Oriented System of Care (ROSC) assessment, how will these identified service and support needs be addressed by the Board?*

In the Fall of 2018, the Board administered the Recovery Oriented System of Care 2.0 survey. We received the results of the survey late the Spring of 2019. Through the Strategic Planning Committee, we began to identify what was being addressed and needs to be addressed in SFY 2020 and beyond. Our intention was to use this data to drive the Request for Proposal and contracting process for SFY 2021. Unfortunately, with the onset of COVID-19, the Board elected to continue SFY 2020 contracts for a second year rather than requiring agencies to undergo the contracting process amid a pandemic. So, we will use this information for the SFY 2022 contracting process. As part of the Trauma Informed Recovery Oriented Community of Care (TIROCC) initiative, The Board elected to add "Resilience" to the title and focus of the program. The new title is Trauma Informed, Resilience and Recovery Oriented Community of Care (TIRROCC). Resilience is also being paired with all Trauma Informed efforts and Recovery focused approaches within the system.

Finally, we continue to use data generated from several of the coalitions (i.e. homeless coalition, Domestic Violence and Sexual Assault Coalition, Youth and Family Council, Community Corrections Board, Opiate Review Board, Suicide Prevention Coalition, etc.) to determine if there are additional needs that should be addressed in partnership with other community entities or if some of the social determinants that we are attempting to address are hitting the mark.

2. *Considering the Board's understanding of local needs and the strengths and challenges of the local system, please identify the Board's unique priorities in the area provided on Page 2. Please be specific about the chosen strategies for adults, children, youth, and families and populations with health equity and diversity needs in your community. OhioMHAS is still interested in any RecoveryOhio priorities Board areas may be addressing.*

Please refer to the charts that are listed on pages 4 through 9. These are not listed in a specific order of priority. They are listed to provide ease of comparison to previous Community Plans. The first 20 items were previously identified as priorities in past Community plans, and they have been updated and/or enhanced for the 21-22 Community Plan. The last 6 priorities are new to this biennial plan.

3. *Describe all environmental factors that influenced the identification of the chosen priorities within the Board area. Factors could include economic, social, and demographic factors, transportation, unemployment, uninsured/underinsured population, poverty rates, housing availability, incarceration rates, etc. Note: Regarding current environmental factors, Boards may describe the continuing impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.*

Richland County has a population as of July 1, 2019 of 121,154. The minority population is 12.9% with 9.6% Black, 2% Bi-racial, 1.3% Hispanic or other. The latest report shows 14.4% of the population living at or below the poverty level, which is slightly higher than the state's rate of 13.9%. Current unemployment rate has been significantly impacted by COVID-19 and as of June 2020 sits at 11.3%.

The overdoses in Richland County in 2019 was 388 which is a slight uptick from 357 in 2018 with a 16% drop to 37 overdose deaths as compared to 2018's 44. However, with the issues that we are currently facing because of COVID-19 our pace for 2020 is showing an increase of 32% in overdoses and 44% in deaths. We continue to utilize everything at our disposal including and Overdose Response Team, multiple options for MAT, Peer Support outreach, Warmline and 211 accessibility, Recovery Housing, services available in the jail and multiple specialty dockets to name a few.

Suicides peaked in 2018 with 23. Throughout SFY 2019 a diligent effort was made to educate employers, school personnel, churches and other segments of the general population on the signs and symptoms of depression and suicide. The result was a drop to 9 suicides for the year 2019.

SFY 2019 8,531 Richland County Residents received services through OHMAS Certified Agencies as reported in Datamart. 3,291 received services for a Substance Use Disorder, 6,090 received services for a mental illness and 850 received a combination of the two. 13.3% were Black 77.04% were White and 9.64% were Hispanic, Bi-Racial, Other, or undeclared. 34% were under 18, 64% were between 18 and 64 and 2% were 65 or over.

We continue to focus on Access and Retention. Our new priorities all focus on encouraging the community to access services. Making access convenient and timely and implementing changes that should result in individuals finding value in the services they are receiving and will be willing to continue in services beyond 30 days.

4. *Describe any child service needs resulting from finalized dispute resolution with county Family and Children First Council(s) [340.03(A)(1)(c)].*

The Richland County Family and Children First Council, also known as the Youth and Family Council, is very active and has very active participation from its partner entities. One of the specific cooperative approaches is the establishment of pooled funds that have contributions from Mental Health and Recovery, Children Services, Job and Family Services, Public Health and Developmental Disability. These shared funds allow oversight of any multi-agency out of home placements as well as assuring the ability to meet the needs of dispute resolution. We have not had any issues that have resulted in the need for dispute resolution.

5. *Describe how the future outpatient service needs of persons currently receiving inpatient treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)] are identified.*

The Board contracts for a Utilization Review Case Manager to work with all Richland County Residents that are hospitalized at a Regional Hospital. In addition, the Board provides our largest, comprehensive agency with a discretionary pot of funds to utilize for wrapping services around individuals upon discharge. The County also offers a full array of stepdown options including a Stabilization Unit, Service Enriched Housing, Permanent Supportive Housing, Assertive Community Treatment, Assisted Outpatient Treatment, guardianships, etc.

Richland County Mental Health and Recovery Services Board Local System Priorities

Priorities	Goals	Strategies	Measurement
Organizational Trauma Informed, Resilience and Recovery Oriented Care and Awareness	All contract agencies are in the process of recertification in trauma informed and Recovery Orientation. The process was halted due to COVID and will resume in the spring of 2021. The Board will continue implementing and evaluating sections of the 5-year strategic plan that is based on specific success and challenges of the Board as well as those shared by the agency. In November of 2019, The Board elected to insert the word “Resilience” into our Trauma Informed, Resilience and Recovery Oriented Community of Care (TIRROCC) initiative.	The TIRROCC Steering Committee and the QA/QI Committee of the Agencies, worked together to develop and evaluation form to be used in the recertification process. This will include a series of surveys form internal staff as well as stakeholders as well as potential interviews with key personnel. A threshold of 80% satisfaction in all domains has been established to achieve a 3-year recertification. Any organization below 80% will received a 1-year recertification and technical assistance with an expectation of 80% at the end of one year.	Measurement indicator: Domain Satisfaction Baseline data: Not established Target: 5 contract agencies and the Board will achieve 80% satisfactory ratings (3.5 or higher on a 5 point Likert Scale) on all Domains of the TIRROCC Organizational Assessment.
Crisis Intervention Team Training	Complete Richland County’s 26 th , 27 th , 28 th and 29 th class of Crisis Intervention Team Training for training first responders.	Utilize the approved format for the 40-hour training with NAMI as the lead agency.	Measurement indicator: Number of Classes Baseline data: 1 class every 6 months Target: 4 additional classes during SFYs 21-22.
Housing, Including Recovery, and Permanent Supportive	The Board currently owns 32 Units of Permanent Supportive Housing 8 Units of Transitional Housing 10 units of Service Enriched Housing Catalyst owns 24 Units of Permanent Supportive Housing UMADAOP owns 30 Units of Recovery Housing	Currently maintain level of housing and utilize SOR funds to provide recovery housing specific for Opiate Use Disordered individuals to assist in access to MAT. In addition, begin the process of developing plans for a Capital Expansion in 22-23 that would increase permanent supportive housing by 4 units and transitional housing by 8 units.	Measurement indicator: Occupancy Baseline data: 88% Occupancy per quarter Target: Maintain no less than 80% occupancy in all housing units from one quarter to the next.
Community Education	Provide a myriad of educational topics as needed to community organizations, either using Board staff or arranged by the Board to use agency staff.	Utilize various topics as need arises.	Measurement indicator: presentations per year Baseline data: 18 in SFY 2019 Target: Board staff will provide a minimum of 12 community presentations on various topics per year.

Hotline Service	Maintain a 24-hour contact line for Richland County residents to access emergency services or critical information.	Maintain the crisis line that is housed at the Crisis Stabilization Unit and is the central dispatch for crisis teams. Crisis line staff also provide timely responses to enquiries through the Opiate Review Board Website.	Measurement indicator: Number of calls Baseline data: SFY 2019 4214 calls fielded Target: The HELpline will field no less than 3500 calls per year.
Warmline	Expanded SFY 2019 to 24 hour per day 7 days per week warmline that is staffed by trained peers and used to provide non-crisis supports. Staff are employed by Catalyst through the Oasis Club or through Mansfield UMADAOP at Wood Pointe.	All staff have been trained to handle non-crisis support calls as well as being trained by First Call 211 to handle information calls. In addition, staff will begin to monitor the number of calls that Opiate Use Disorder related and have a dispatch option for a Certified Peer Team to do face-to-face outreach as part of the SOR Peer Grant. The staff will also begin responding to inquiries to the Opiate Review Board's website (typically information in nature).	Measurement indicator: Number of calls Baseline data: SFY 2019 3488 calls fielded Target: The Warmline will field no less than 3000 calls per year.
MH and AOD Wrap Around Services	Provide a flexible pool of funds that can be used for behavioral health consumers to provide a myriad of "gap filling" needs, i.e. ACF placement, medication assistance beyond central pharmacy, etc.	Services are left to the discretion of the agency. The agency takes an 8% administration fee and reports out utilization on the invoice form.	Measurement indicator: Individuals Assisted Baseline data: None Established Target: No target has been tracked to date. We will track this year to establish a baseline and establish future targets.
Vocational	Catalyst Life Services is the WIOA Provider for Job and Family Services and has a VRP3 Grant for vocational services through OOD. We add additional funds to allow for vocational services to be available for individuals that may not qualify for other funders but need vocational assistance. Individuals identified through the CTP Linkage program. Vocation program and assisted them in accessing gainful employment.	Engage individuals who need treatment, obtain a commitment to pursue employment as soon as it is clinically advised, provide them with the needed level of treatment and provided them with OOD certified vocational services. Work with JFS on applying and implementing a vocation SOR grant that will help assist individuals with Opiate Use Disorder to access gainful employment. Expand Vocation services to individuals identified through the Re-entry Linkage program. These are individuals that are on the Mental Health case load and being released from prison.	Measurement indicator: Individuals Assisted Baseline data: No Baseline established for Board only funds. Target: Will track the number of individuals assisted by Board supplement Measurement indicator: CTP Enrollees Baseline data: Based on prison releases Target: 50% of CTP enrollees will find gainful employment within 12 months.
Mansfield City School Programs	Provide on-site professional supports for Mansfield City School SED classrooms focusing on youth 7 to 13 years of age.	Utilize the curriculum Skill Streaming. Utilized the curriculum Life Skills.	Measurement indicator: hours provided Baseline data: 1000 hours per school year Target: We will be tracking the number of

			hours Catalyst is providing support services to Mansfield City Schools.
Consumer Drop In Center OASIS Club	A Consumer operated drop-in center that provides peer to peer supports as well as educational program and recreational activities.	Governed by an independent advisory board, the club operates 5 days a week from 3:00pm to 7:00pm and does outings on weekends.	Measurement indicator: average quarterly attendance Baseline data: 40 unduplicated individuals Target: Maintain or exceed 40 unduplicated individuals who “drop in” at the OASIS Club each quarter.
Mansfield Pediatric Project	Provide training and consultations between child psychiatry and local pediatricians. Also use these funds to implement an on-site pediatrician at Catalyst Life Services.	Consultation and education.	Measurement indicator: Case consultations provided. Baseline data: 50 Cases Target: In SFY 2019 61 Cases received Consultation the target is a minimum of 50.
System coordination	.5 FTE of youth and family System coordination provided by the Richland County Family and Children’s First Council.	Care Coordination for youth and families that are either new to the system or struggling to navigate.	Measurement indicator: Families Served Baseline data: 25 families Target: A minimum of 25 families will be assist through the Youth and Family Council.
Specialty Docket Support Program	Provide a Liaison to the Municipal and Common Please specialty dockets, including Municipal; Drug, Mental Health, Veterans and Domestic Violence courts and Common Pleas; Drug and Re-Entry Courts.	Consultation, coordination, and program design. Implementation of Addiction Treatment Program at the Mansfield and Shelby Municipal and Richland County Common Pleas Drug Court dockets.	Measurement indicator: Hours of Court Involvement Baseline data: Maintain 67% (1400 hours) productivity. Target: One FTE has been dedicated to Court Liaison which should be a minimum of 67% (1400 hours) of direct or support court involvement
Assisted Outpatient Treatment Program	Provide funding for a half FTE of Case Manager to work directly with the Probate Court and individuals who have been placed on Assisted Outpatient Treatment.	A collaboration of the Board, Catalyst Life Services, Richland County Probate Court and NAMI Richland County have established an Assisted Outpatient Treatment Program. Currently all individuals who are probated to either the State or local hospital are offered AOT. All protocols have been written and adopted by the entities. The biggest challenge has been eliminating the option for an individual to sign a voluntary admission prior to discharge which nullifies	Measurement indicator: individuals served Baseline data: 14 Target: A minimum of 7 new individuals will be enrolled in AOT annually.

		the probate order. This has been a reoccurring challenge.	
General System and Professional Education	Provide or coordinate professional education programs sponsored by the Board or a provider agency. Ethics is provided every year.	General topical education, or coordinate presenters for continuing education for professionals. The Professional Development Pilot will work with one specific agency that due to expanding program has a need to expand staffing and enhance the quality of staff. Results will be tracked to see if this is something that can be promoted and implemented system wide in future years.	Measurement indicator: CEU Hours Baseline data: 12 Hours per year Target: The Board and Partner agencies will provide, locally a minimum of 12 hours of CEU's trainings per year for the betterment of the field.
Withdrawal Management and SUD Residential Care Enhancements	Currently: 16 beds of Withdrawal Management 16 beds of Men's Residential 16 beds of Women's Residential	With the recent construction of two new facilities we have increased our capacity for withdrawal management and SUD Residential Care. We have covered the non-Medicaid billable expenses using multiple funding streams. We will enhance this process using SOR 2.0 funds to address stimulants and provided an enhancement to a mothers and child(ren) program in the Veronica's House (Women's facility).	Measurement indicator: Numbers served Baseline data: Still establishing Target: Maintain 70% capacity in all facilities and establish base line data for individuals served (WM just opened in January and all buildings have been subject to reduced occupancy due to COVID-19).
School-Based Expansions	We have recently expanded Behavioral health services into 8 school districts, this is in addition to already established programming, which means we are in all school districts at some level in Richland County.	For SFY 21 we have trained and are placing a Critical Incident Stress Management Team in 6 school districts, the local vocational school and one charter school. The purpose is to assist the school in navigating the current COVID 19 impact on the school year.	Measurement indicator: Hour of service Baseline data: New program, no baseline established Target: minimum of 40 hours per school
Develop and implement a non-first responder comprehensive crisis intervention training.	We would like to target faith-based safety teams and organizational response team is a comprehensive training, like CIT, to assist individuals with early intervention and providing effective referrals for the communities or organizations.	We began providing trainings to faith-based organizations, but our larger, full day training was postponed due to COVID-19. We will continue to work on this training and other approaches if gatherings are not green-lighted soon.	Measurement indicator: Number of programs Baseline data: 2 per year Target: AS we begin to ramp up our efforts, we will target providing a minimum of 2. ½ day trainings for the lay population during the next year on ways to assist individuals that are showing signs of distress.
Integrate Trauma Informed approaches with Certified Child Care Organizations.	Working with JFS Certified Child Care Organizations to integrate trauma informed approaches to at least	The Woman's Fund of the Richland Foundation has identified a need they would like to address regarding	Measurement indicator: Conference Baseline data: 1

	identify signs and symptoms of trauma in children and effectively refer to an appropriate professional or possibly implement some trauma informed techniques that could be effective in their programs.	children that are coming for childcare that have experience severe trauma and are presenting with symptoms that are difficult to address. We will begin working with the YMCA, NC State College and Pioneer JVS. Look to provide a full day summit in May 2021 (postponed from May 2020 due to COVID-19)	Target: Hold a full day summit for Child Care Workers.
Enhancement in 12-step supports with clinical approaches to recovery.	Utilize the “Know It Before You Need It” approach to assure that there is updated information that is readily accessible regarding what kind of 12-step programs are available, where they are located, when they meet, etc.	Most agencies utilize 12-step concepts and approaches throughout clinical services. It becomes especially helpful as a recovery support in the middle to later stages of the recovery process. Unfortunately, many programs change locations, stop meeting, or switch times. Maintaining an up to date list of sources is crucial.	Measurement indicator: biannual update Baseline data: Update 2x per year Target: update resource list 2 times per year.
KNOWITB4UNEEDIT Enhanced Initiative	IN partnership with Midstate Multi-Media, United Way of Richland County, Richland Source and 211 we are rolling out a year long initiative to get “how to get help” information into the hands of the general population throughout the region.	The program will include nearly \$100K worth of airtime and in kind services from WMFD (Midstate Multi-Media), Billboards funded through United Way, Success and “feelgood” stories provided by Richland Source, Public information from the Local Board and 211 all with the singular purpose of encouraging individuals and families to seek help if they need it and driving residents to an enhanced web presence for needed information.	Measurement indicator: Website traffic Baseline data: New program none established Target: continual growing Website traffic
Parent and Family Support Line	As a result of an overwhelming number of parents and families that, overnight, became defacto teachers and homeschool settings. Family Life developed a 15 hour per day Support line that is staffed by Family and Child serving clinicians and can provide phone support to the general population.	Hour of operations are 8am to 11pm 7 days per week. The purpose is to provide practical advices to parents, children or families that are struggling with a myriad of concerns surrounding but not limited to newer conditions resulting from COVID-19. Although this support line is staffed by Family Life Counseling it is open to any caller regardless of client status.	Measurement indicator: Number of calls Baseline data: New Program, none established Target: We anticipate a minimum of 30 calls per month.
Enhanced Community Crisis Response	Although Richland County has an efficient system for addressing crisis on an individual basis, We need to improve the approach we use for dealing with a crisis that impacts a larger community (i.e. school, employer, town, church, etc.).	Provide Critical Incident Stress Management and Debriefing and crisis management for qualified professionals at multiple agencies. Set up a network with community leaders (i.e. principals, HR Managers, Mayors, Ministers, etc.) that know how to access trained teams. Provide community level trainings to learn signs that a person or community is in distress.	Measurement indicator: Professionals trained Baseline data: New program, no baseline established Target: minimum of 15 Licensed Professionals trained and committed to respond.

System wide training and addressing demystifying Implicit Bias	In partnership with the Youth and Family Council (FCFC) and the mandated member organizations of FCFC, we will address implicit bias in contract and affiliate agencies.	Establishing a Behavioral Health Cohort to work with Facilitators contracted by the Youth and Family Council, educate administration and key leadership staff on Implicit Bias and encourage the training to continue to mid-level, direct service and support staff.	Measurement indicator: Number educated Baseline data: None established Target: at least 2 individuals from each contract agency and affiliate agency as well as the Board.
Homeless outreach and 2 nd Chance programming	In Partnership with Harmony House, Family Life Counseling will provide outreach and support for homeless individuals that are currently residing at Harmony House.	Family Life will work on and on-call basis with Harmony House to provide outreach and support to residents. This can include non-Medicaid billable supports including but not limited to information referral, benefit assistance, vocational assistance, etc.	Measurement indicator: Individuals served Baseline data: New program, none established Target: Provide services with the allocation limits to Harmony House.
Behavioral Health Urgent Care Pilot(s)	Explore the establishment of a “Urgent Care” model for Behavioral Health. With the target of, fiscal resources permitting, running a 6-month pilot(s) starting in January of 2021.	Utilizing current facilities, encourage one or more agencies to establish 60 non-scheduled clinical hours Monday through Saturday including at least 3 evenings. These would be for walk-in services. Services would be limited to Assessments, Individual Counseling and Crisis Intervention. Staffing would be limited to clinicians with adequate credentials to work with all diagnosis.	Measurement indicator: Number served Baseline data: New Program, none established Target: During the pilot, the organization would be looking to provide a 50% productivity rate for these non-scheduled hours.

Collaboration

6. *Describe the Board's planned collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the public for SFY 2021-2022 that will be needed to implement funded priorities. (Note: Highlight collaborations needed to support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)*

Collaboration is a cornerstone of how we operate the public system in Richland County. We continue to build on current collaboratives to address needs for all communities impacting youth and adults. Addressing outreach and public awareness to direct services needs for unique populations.

We are currently engaged with a number of child care agencies, Job and Family Services, Youth and Family Council and the Richland Foundation to increase the number of 5 Star Rated child care facilities in the county as part of the Step Up To Quality initiative. This was to culminate in a Child Care Summit (a one day of CEU training opportunities) in May of 2020 but was derailed and postponed by COVID-19. We have rescheduled for May of 2021.

We continue strong and effective collaboration between behavioral health and the criminal justice/law enforcement systems. With over 550 Crisis Intervention Team trained officers, nine Supreme Court certified Specialty Dockets including: Common Pleas Re-entry and SUD Treatment Courts, Mansfield Municipal Mental Health, SUD Treatment, Veteran's and Domestic Violence Courts and a Shelby Municipal Drug Court. The Special Response Court at the juvenile level is currently pursuing certification to become the 10th. Through the Criminal Justice/Behavioral Health Linkage grant, we have been able to provide on-site licensed clinicians to provide crisis intervention, assessments, educational groups, case management services and counseling a minimum of 20 hours a week in the jail. In addition, with a combination of Indigent Driver Alcohol Treatment fund and SOR Local Response funds we have licensed staff able to provide onsite assessments at the local courts. During SFY 2020 we will be looking to add psychiatric services to the jail up to 2 hours per week. Finally through the Opiate Review Board that was established in 2016, we have established 4 Overdose Response Teams that have contacted over 420 individuals since March of 2017, established an active web presence and participated in a number of community outreach and educational efforts for Richland County.

A new collaborative has been the I-Team through Adult Protective Services. This team is made up of members of APS, the County Prosecutor, Area Agency on Aging, Probate Court, Richland County Sheriff and Mansfield Police Department, Catalyst Life Services, and the Board. The purpose is to review cases of older adults that may be struggling with being victims, or having difficulties sustaining independent living. The team meets monthly to staff cases as well as look at community barriers that may cause additional problems for future older adults.

Regionally the Richland County Board continued to provide contracted services with the Muskingum Area Board and the Washington County Board to provide IT services using Good Office Systems Helper (GOSH). This has allowed these Board areas to process local billing since the sunset of MACSIS. This collaborative effort allows sharing of personnel costs, which in turn frees local dollars for services.

The Heartland Region has also entered several collaborative efforts to address Withdrawal Management needs as well as both youth and adult crisis services.

Inpatient Hospital Management and Transition Planning

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

Richland County is part of the Heartland Hospital Region. Our Regional Board meets monthly with each other and quarterly with the hospital staff. As stated earlier, Richland County contracts with Catalyst Life Services for a Utilization Review Case Manager. The UR Case Manager serves as a liaison between the community and Heartland Behavioral Health. We have implemented a similar process for our local private hospital OhioHealth. With the completion of the Withdrawal Management facility that became operational in January 2020, we have returned to a 13 bed Crisis Stabilization Unit. This unit is used for both diversion from hospital placement as well as a stepdown option to reduce hospital length of stay. While on the unit individuals can begin or reestablish community-based services. They can work on housing and establishing public assistance as well as family supports to aid in continuing in community-based care.

Continuum of Care Service Inventory

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

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

Please see attached Continuum of Care for SFY 2021 through 2022

Alignment with Federal and State Priorities

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

Please refer to the table below: pages 12-17.

Priorities for Richland County Mental Health and Recovery Services Board

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Provide immediate access to services based on level of care. If the needed service is not available, the agency will assist the person in locating another agency that can meet the individuals need.	Withdrawal Management, Residential, Intensive Outpatient, Medication Assisted Treatment (MAT), Outpatient, After Care, Vocational, Peer Support and other services as indicated. Anticipating that the BHIS and/or the Datamart system will provide data for these specific individuals.	Measurement indicator: Number served Baseline data: Need to establish Target: Using either the BHIS data, the Datamart or establishing hand counts from Contract agencies, will track specific IDU individuals who receive services each year.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory for boards: Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)	Provide access to services based on level of care. Access will be based on availability of services with priority going to above listed programs If the needed services is not available, the agency will assist the person in locating another agency that can meet the individuals need.	Withdrawal Management, Residential, Intensive Outpatient, Medication Assisted Treatment (MAT), Outpatient, After Care, Vocational, Peer Support and other services as indicated. Anticipating that the BHIS and/or the Datamart system will provide data for these specific individuals.	Measurement indicator: Number served Baseline data: 6 per year through BG Funds Target: Increase by 25% each year	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory for boards: Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Provide access to services based on level of care. Access will be based on availability of services with priority going to above listed programs. If the needed service is not available, the agency will assist the person in locating another agency that can meet the individuals need.	Withdrawal Management, Residential, Intensive Outpatient, Medication Assisted Treatment (MAT), Outpatient, After Care, Vocational, Peer Support and other services as indicated. Anticipating that the BHIS and/or the Datamart system will provide data for these specific individuals.	Measurement indicator: Number served Baseline data: 0 cases required consultation Target: All cases	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Provide access to services based on level of care. Access will be based on availability of services with priority going to above listed programs. If the needed service is not available, the agency will assist the person in locating	Withdrawal Management, Residential, Intensive Outpatient, Medication Assisted Treatment (MAT), Outpatient, After Care, Vocational, Peer Support and other services as indicated. Anticipating that the BHIS and/or the	Measurement indicator: Number of Cases Baseline data:) cases indicated in SFY 2020 Target: All Cases	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

	another agency that can meet the individuals need.	Datamart system will provide data for these specific individuals.		
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Provide access based on triaged needs with constant attention paid to wait times.	Assessment, Med Somatic, Crisis Intervention, Individual Counseling, Group Counseling, CPST/TBS/PSR, Peer Supports and Other services as needed.	Measurement indicator: Individuals Served Baseline data: 700 annually Target: SFY 2019 of the 2511 children (17 and under) served, 933 met these qualifications. target an increase of 10%	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Provide access based on triaged needs with constant attention paid to wait times.	Assessment, Med Somatic, Crisis Intervention, Individual Counseling, Group Counseling, CPST/TBS/PSR, Peer Supports and Other services as needed.	Measurement indicator: Individuals Served Baseline data: 2000 Annually Target: SFY 2019 3579 adults served, 2286 met these qualifications. target an increase of 10%	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Provide access based on triaged needs and with constant attention paid to wait time. A Liaison exists between the behavioral health system and the local homeless shelter to aid in obtaining services. The behavioral health system is also an active participant in the Richland County Homeless and Housing Coalition. Maintain 58 units of independent supported housing.	Assessment, Med Somatic, Crisis Intervention, Individual Counseling, Group Counseling, Community Psychiatric Supportive Treatment, Vocational and Other services as needed. Continue to do thorough housing assessments of individuals involved in our system and utilize housing coordinators to assist in getting consumers in the most appropriate housing.	Measurement indicator: Housing Occupancy Baseline data: 88% Occupancy Target: 80% Occupancy	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Older Adults	Provide access based on triaged needs and with constant attention to wait time. Both Catalyst Life Services and Family Life Counseling, specialize in Medicare services and services directed to the over 65 population.	Assessment, Med Somatic, Crisis Intervention, Individual Counseling, Group Counseling, Community Psychiatric Supportive Treatment, and Other services as needed or indicated. Anticipating that the BHIS and/or the Datamart system will provide data for these specific individuals.	Measurement indicator: Number Served Baseline data: 100 annually Target: In SFY 2019 156 individuals met this qualification. Target a 10% increase	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Provide immediate access to those involved in both the criminal and civil court systems.	Onsite comprehensive assessment at both the Municipal and Common Pleas level. Service provision in the county including: Education, Crisis Intervention, Assessments, Individual/group counseling, and case management/CPST and MAT. Linkage services for individuals on a Mental Health Case Load being discharged from Prison through the Reentry Linkage Program. Enrollment in Assisted Outpatient Treatment for anyone Probated to a Civil Hospital Commitment.	Measurement indicator: Served in AOT Baseline data: 14 annually Target: 14 enrolled in SFY 2019. Maintain this number or increase for SFY 2021 and 2022 Measurement indicator: Number served in Jail Baseline data: 100 Annually Target: Minimum of Base Line annually	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Integration of behavioral health and primary care services	Assess both adults and youth for potential physical health needs as well as behavioral health where possible and refer as needed.	Severe and Persistently Mentally Ill (SPMI) Adults will be referred to the co-located physician at Catalyst Life Services. Severely Emotionally Disturbed (SED) Youth will be referred to a co-located licensed pediatrician at Catalyst Life Services. General populations will be provided with referral information.	Measurement indicator: Annual Report Baseline data: Established by FQHC Target: Established by FQHC	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	All service tracks will include access to vocational services in addition to other recovery supports, such as housing assistance, case management, peer support and system navigation.	Maintain adequate capacity in vocational services to accommodate all requests. Continue to expand available housing options, maintain the Warmline at 24/7 and continue to work with local partners such as 211, JFS and RCT to accommodate other supports.	Measurement indicator: Total served Baseline data: Data established in above programs Target: Meet targets established in above programs.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Maintain that the racial, ethnic and LGBTQ populations currently being served to closely match the breakdown of these subgroups in the Richland County demographics.	Utilize quarterly data when possible, or consumer satisfaction surveys and referral satisfaction surveys to assess problems in addressing underserved populations. Anticipating that the BHIS and/or the Datamart system will provide data for these specific individuals.	Measurement indicator: Individuals Served vs County Population Baseline data: County Population Target: Meet or exceed the County Population breakdown for disparate populations for those who access services.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	Provide funding and coordination for ethical MAT with emphasis on Vivitrol and buprenorphine. Coordinate with Richland Public Health in their effort to distribute Naloxone to first responders. Continue community educational efforts and production of success stories. Maintain the Opiate Response Team through local funds if needed.	We currently have a Medication Assisted Treatment Prescription Drug and Opiate Addiction project that is currently following over 70 individuals and working to help each access MAT among other concerns. Our Opiate Response Teams has outreached to nearly 300 individuals since its inception in March of 2017, they currently have a 78% rate of people contacted accessing treatment.	Measurement indicator: Track Overdose statistics Baseline data: SFY 2019 388 overdoses/ 37 deaths Target: Lower than the previous year.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Promote Trauma Informed Care approach	Continue the implementation of the Trauma Informed Resilience and Recovery Oriented Community of Care (TIRROCC). Follow the Strategic plan, that is currently in place until 2022, to guide system development for the next three Years.	Richland County completed the Trauma Informed Recovery Oriented Community of Care consultation. From this project we developed a 5-year Trauma Informed and Recovery Oriented Strategic Plan. We have accomplished the implementation of the Trauma Screen for all assessments as well as the roll out the "Know It Before You Need It" initiative which is designed to provide better community education and information dissemination of services available and how access help. Begin developing a new 5-Year Strategic plan to implement in SFY 2022	Measurement indicator: Number of Strategic Plan Objective Completed Baseline data: 80% Target: The Board will complete a minimum of 80% of the objectives established in the 5-Year Strategic Plan.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Both UMADAOP and CACY have implemented prevention plans that address all age groups including Elementary School, High School for CACY and Adults through the Circle for Recovery for UMADAOP. Most of the Prevention services for youth also have parent component.	Information Dissemination, Education, Community Based Process, Environmental, Problem ID and Referral and Alternative.	Measurement indicator: Services Provided Baseline data: Established in GFMS Target: Established by the agency in GFMS	<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	Both CACY and UMADAOP utilize evidence based and promising practices in their prevention efforts. In conjunction with the Mayors Association we will be working with some school systems that have been reluctant to engage a full gambit of prevention (I.e. ATOD/Bullying/Gambling) and attempt to remove barriers wherever possible. We will also begin working through the mayors to bring some drug prevention to the local senior centers.	Information Dissemination, Education, Community Based Process, Environmental, Problem ID and Referral and Alternative.	Measurement indicator: Services Provided Baseline data: Established in GFMS Target: Established by the agency in GFMS	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery Ohio and Prevention: Suicide prevention	Maintain leadership on the Suicide Prevention Coalition. CACY has implemented a Suicide Prevention component to their School based Prevention. NAMI and the Board continue to educate the public on the signs and symptoms of depression and suicidality.	Coalition will meet quarterly to inform the community partners of the current statistics as well as to discuss planning and implementation of community awareness programs.	Measurement indicator: Decrease in Suicide Rate Baseline data: Richland County 12.79 per 100K Population Target: Under the current rate.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	CACY continues its effort in gambling prevention at the junior high. High school and college level.	Maintain Gambling Prevention Programs as outlined in the Richland County Problem Gambling Plan.	Measurement indicator: Services Provided Baseline data: Established in GFMS	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage

			Target: Established by the agency in GFMS	___ Other (describe):
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Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Ambulatory Detoxification or Medication-Assisted Treatment

ORC 340.033 allows for a process to request a time-limited waiver under section 5119.221 for the Revised Code for ambulatory detoxification and medication-assisted treatment. As stated in ORC 5119.221, the director may provide a time-limited waiver if both of the following apply:

- The board seeking the waiver has made reasonable efforts to make ambulatory detoxification and medication-assisted treatment available within the borders of the board’s service district.
- Ambulatory detoxification and medication-assisted treatment can be made available through a contract with one or more providers located not more than thirty (30) miles from your board’s service area.

To complete your waiver request for review, please include below, a brief overview of your board’s “reasonable efforts” to provide ambulatory detoxification or medication-assisted treatment and attach a copy of the contract(s) with the identified provider(s) that has agreed to provide this service to your area. This information will be forwarded to the director as part of the waiver review and approval process.

B. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	Identifier Number	ALLOCATION

C. Request for Generic Services

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

B. AGENCY	Identifier Number	SERVICE	ALLOCATION

SIGNATURE PAGE

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

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

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

Richland County Mental Health and Recovery Services Board

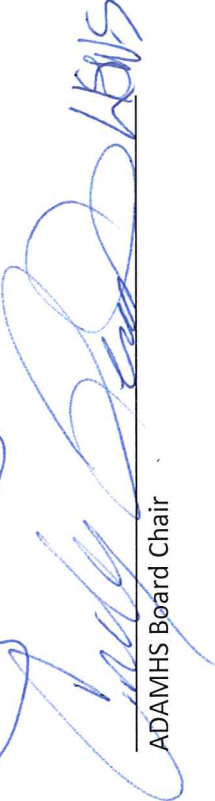
ADAMHS Board Name (Please print or type)



ADAMHS Board Executive Director

September 15, 2020

Date



ADAMHS Board Chair

September 15, 2020

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.)].