Ohio Department of Mental Health and Addiction Services (OhioMHAS)
Community Plan Guidelines SFY 2021 and 2022

ADAMH Board of Franklin County

The following template will help organize the required information needed to complete the SFY 2021-2022 Community Plan. This template has been organized and streamlined to assist in the creation of a forward-looking Community Plan with a focus on identifying community priorities. These community priorities should be identified via a needs assessment process and tracked to determine success in addressing the stated priorities.

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 ADAMH Board of Franklin County selected the Health Policy Institute of Ohio (HPIO) and Community Research Partners (CRP) to conduct its last formal comprehensive needs assessment in 2014. The report outlined Franklin County's trends of addiction and mental illness and pertinent behavioral healthcare needs. The assessment also projected the current and near future (next 5-7 years) need for publicly-funded behavioral health treatment, support and prevention/wellness services for Franklin County residents with the greatest need for services through ADAMH's system of care.

   In order to ensure that future investments are aligned with the most pressing needs in Franklin County and that ADAMH's network of providers has the capacity to efficiently deliver high-quality care to those in need, the assessment was designed to address the following general questions:

   - Capacity: Where are the current gaps in provider capacity now, and where will they likely be in the future?
   - Demand: How many people will need services that are funded through ADAMH, and which types of services will be in greatest demand?
   - Demographic trends: How will the demographic composition of Franklin County impact future needs for ADAMH-funded services?
   - Policy changes: Which recent state and federal policy changes are most relevant to ADAMH, and how are they likely to impact the number of people needing ADAMH-funded services?
   - Type of need: What types of services are most needed?

   In order to address these questions, the needs assessment utilized the following sources of information and methodology:

   - Focus groups with stakeholder groups: consumers, immigrant and refugee community representatives, and ADAMH contracted service providers
   - Online survey of providers, including ADAMH providers and representatives from provider organizations outside the ADAMH network

- Policy review, including analysis of recent state and federal policy changes that impact behavioral health
- Secondary data, including compilation and analysis of demographic data from the U.S. Census Bureau, prevalence of mental illness and substance abuse/dependence from Substance Abuse and Mental Health Services Administration (SAMHSA), Medicaid enrollment data from the Ohio Department of Medicaid, and service utilization information from the ADAMH Board of Franklin County and Ohio Department of Mental Health and Addiction Services (OhioMHAS)
- Stakeholder interviews, including initial exploratory interviews with internal stakeholders, and interviews with the Chief Executive Officers or Executive Directors of large ADAMH network providers

In developing the Needs Assessment, staff worked in collaboration with more than 33 local non-profit organizations located in neighborhoods across Franklin County that are part of the ADAMH network of care. These community experts provide quality mental health and substance abuse treatment as well as prevention and supportive services such as housing, job training and peer supports. In addition to these contract agencies, ADAMH collaborates with other organizations in the community to help meet the needs of consumers and family members.

Additional efforts working with local, state, and federal organizations since the last formal comprehensive Needs Assessment have included, but not been limited to:

- African American Male Wellness Walk & Mental Health Planning Committee
- African American Barbershop MH Counseling Pilot
- African American Barbershop Talk Presentations
- Asian Community Services
- Bhutanese Community Services
- City of Columbus Neighborhoods Division Latino/Hispanic
- Columbus and Franklin County Addiction Plan
- Columbus City Council Commission on Black Girls
- Columbus Urban League
- Community Immigration Refugee Service
- Consumer Family Advocacy Council
- Cultural Outreach and Engagement efforts, including Gambling Intervention Services (Asian, African American Youth, Faith-based)
- Ethiopian Tewahedo Social Services
- Franklin County Urban Coalition
- Franklin County Youth Council
- Great Lakes Urban Initiative
- Health Works Franklin County
- Ohio AmeriCorps, Southside Community Collaborative and Lead the Way Learning Academy
- OhioMHAS' Planning for Success, including Youth-led Initiative
- Ohio Commission on Minority Health
- Ohio Hispanic Coalition
- Ohio Psychological Association Foundation Board
- Ohio State University Muslim Student Association

- Somali American Leadership Council
- Somali Community Association
- Sister of Guadalupe (Latino/Hispanic) – Catholic Social Services
- Strategic Prevention Framework Learning Collaborative
- RecoveryOhio Minority Health Workgroup
- U.S. Together
- West African Association

Through the efforts described above, the ADAMH Board of Franklin County has identified several areas of community need, including but not limited to:
- Crisis Services
  - A new Franklin County Mental Health and Addiction Crisis Center with both an expanded range of service offerings and enough capacity to meet the community's increasing demand
  - Expanded acute crisis transition programs to stabilize individuals in the community and divert from high levels of care more frequently
- Treatment Services
  - Expanded evidence-based programs throughout the community
  - Increased capacity for medically assisted treatment programs for individuals with substance use disorders
- Prevention Services
  - Expanded school-based prevention programs across all districts
  - Expanded school and community-based suicide prevention programs
- Housing Services
  - Increased capacity for residential care facilities
  - Expanded recovery housing units
- Family Support Services
  - Increased support and staffing for Franklin County's Guardianship Services Board
  - Expanded family education support services
- Recovery Support Services
  - Invest in a Recovery Oriented System of Care, including a ROSC assessment
  - Increased capacity for both peer and employment services

At the time of this submission, ADAMH is in the early stages of developing a new comprehensive community-based Needs Assessment Report in partnership with Measurement Resources Company. This report is targeted for completion by the end of March 2021 and will serve as a core resource for strategic planning activities beginning in 2021.

   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?**

Not applicable. The ADAMH Board of Franklin County has not conducted a Recovery Oriented System of Care (ROSC) assessment; however, we recognize the value to our system of care and consumers in moving from a modality that is designed to address the acute needs of our consumer to one that is

designed to address long term recovery for individuals with mental illness and substance use disorder. The ADAMH Board of Franklin County will be researching how best to incorporate a ROSC assessment into future strategic planning efforts. Moreover, the development of a resulting continuum of care should include significant involvement from a variety of community stakeholders including consumers and family members, as well as innovative and effective practices that will move Franklin's behavioral health system forward. It is also recommended that the development of a ROSC include ongoing training and development for our work force to ensure that they are highly skilled in delivering services that will result in long-term, stable positive outcomes.

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 <u>in the table beginning on Page 6</u>. 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 address goals and strategies for any gaps in the Ohio Revised Code required service array identified in ORC 340.03(A)(11) and 340.033.** *Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).*

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.**

Demographic factors and the evolving policy climate at the state and federal level will continue to provide challenges and opportunities for ADAMH in the provision of quality, timely and appropriate mental health and substance abuse treatment and supports. Population growth, persistent poverty, changing community demographics, access to care, the changing role of the state government in meeting the behavioral healthcare needs of Medicaid beneficiaries, the impact of consumers utilizing marketplace health plans and ensuring access to services mandated in the Continuum of Care are all factors that will influence service delivery in the coming years. Significant changes in health care coverage, including limitations or new requirements on the Medicaid eligibility expansion and behavioral health redesign in Ohio, are continuing to have a material impact on the types of services in which ADAMH invests. As more Franklin County residents obtain insurance coverage for mental health and addiction treatment services through Medicaid expansion or the Affordable Care Act marketplace and additional services are covered under BH redesign, ADAMH-paid services are transitioning to allow ADAMH to increase investments in much-needed and innovative prevention, evidence-based programs, crisis care, and recovery supports (residential, vocational, intervention, etc.) that are not covered by Medicaid.

<u>Demographic Factors</u>
The size of the Franklin County population has grown over the past decade by approximately 13% (U.S. Census QuickFacts). In 2018 alone, Franklin County gained 82 new residents per day ("New Estimates Show Central Ohio to Reach 3 Million by 2050", 2019). The Mid-Ohio Regional Planning Commission forecasts significant population growth in the county and surrounding areas through 2050. The Ohio

Development Services Agency projects Franklin County's population size will grow more than 8% from 2020 to 2030 (Ohio Development Services Agency Population Projections, 2018).

In addition, Franklin County continues to become increasingly diverse, with a significant population of foreign-born persons and households in which languages other than English are spoken. The number of Franklin County residents who were born outside the U.S. rose and, according to the 2018 5-year estimate from the American Community Survey, comprises just over a tenth of the county population. American Community Survey, 5-year estimates). In addition, "deep" poverty (individuals below 50% FPL) also has improved only slightly from 8.9% in 2014 to 7.6% in 2018 (American Community Survey, 5-year estimates). In 2019, the County Commissioners released the "Rise Together: A Blueprint for Reducing Poverty in Franklin County" which shows the economic challenges that communities in our area face and outlines the toll that poverty takes, including experiencing trauma and the negative impact of health outcomes.

Homelessness also remains a major issue for Franklin County and the ADAMH system of care. The Community Shelter Board 2018 Annual Homeless Assessment Report indicates 9,821 individuals and children were served in emergency shelters in Franklin County between 10/01/2017 – 09/30/2018. Services for this vulnerable population remains a key priority for ADAMH of Franklin County as reporting from the U.S. Department of Housing and Urban Development indicate that in 2016 "[m]ore than seven in ten adults in [permanent supportive housing] (75.3%) had a mental health condition, substance abuse issue, or a dual diagnosis that includes both mental health and substance abuse" (Annual Homeless Assessment Report to Congress, p. 7-7).

Access to Care and the Uninsured/Underinsured Population
As a result of the adoption of Medicaid expansion and the availability of ACA marketplace plans in Ohio, the number of Franklin County residents (non-institutionalized civilian population) who are uninsured has dropped significantly from 13.3% in 2013 to 8.1% in 2018 (American Community Survey, 5-year estimates). In addition, the implementation of new federal regulations relating to mental health and substance use disorder parity in Medicaid services and the continuing roll-out of Medicaid behavioral health redesign in Ohio has also extended the shift of expenses for behavioral health treatment expenses away from ADAMH, allowing the Board to increase investments in prevention, recovery supports, and other non-Medicaid taxonomy services. Despite these positive changes in public health coverage, some populations remain uninsured or underinsured and in need of access to quality behavioral health care. In Franklin County, minority populations (African American and Hispanic) and younger individuals (age 19-34) continue to have a higher likelihood of being uninsured. In addition, despite having insurance through an employer or the Affordable Care Act Insurance Marketplace, many non-Medicaid eligible individuals continue to be considered underinsured and have difficulty meeting the costs of care. According to national data from the Commonwealth Fund, as of late 2018 45% of adults surveyed were inadequately insured; they found some improvement with insurance gaps, but worse issues with high out-of-pocket costs and deductibles. ADAMH will continue to play a role in providing treatment and recovery support services to these uninsured and underinsured populations in the coming year.

Policy Environment
Although Medicaid expansion in Ohio has demonstrated considerable success in increasing coverage by 21.9% since October 2013 (Medicaid.gov State Overview: Medicaid and CHIP in Ohio), that success may

not be permanent. New policy or administrative options may reverse these trends and result in cost-shifting for services from the state and federal government to ADAMH and its local taxpayer levy resources. At the federal level, legislative maneuvers to repeal key components to the ACA or health insurance exchanges as well as increased receptivity by the current administration to approve Medicaid waivers for cost-sharing provisions (such as premiums or co-payments tied to continuing eligibility) remains a primary concern. On March 15, 2019, in response to a request from the state, the federal government approved a new waiver focused on work requirements, which could result in individuals being disenrolled for non-compliance beginning in January 2021. ADAMH continues to monitor the continuing developments surrounding Medicaid specifically and health care reform in general, in partnership with the Ohio Association of County Behavioral Health Authorities to better serve Franklin County residents who live with mental health or substance use issues.

Medicaid Expansion: Starting on January 1, 2014, Medicaid expansion began covering Ohioans between the ages of 19 through 64 with incomes at or below 138% of Federal Poverty Levels. For this subset of Medicaid enrollees, the Federal government initially covered 100% of the expansion costs. In 2020, the percent of reimbursement the Federal government will cover (Federal Financial Participation rate) will drop to 90%. Ohio will be required to cover the cost of the remaining 10% with State or Local resources. The financial burden shift could result in a reduction in the number of clients enrolled in Medicaid if Ohio elects to tighten eligibility requirements.

Work Requirements: Ohio was recently granted a Medicaid waiver that requires "expansion" Medicaid clients to work a minimum of 20 hours per week to maintain coverage. The most recent assessment conducted by the Ohio Department of Medicaid (ODM) finds that 93.8% of "expansion" enrollees either already meet the work requirement or meet the exemption criteria approved in the waiver. Residents who lose Medicaid coverage will need to find alternative insurance or use ADAMH resources for their behavioral healthcare.

SUD 1115 Demonstration Waiver: Ohio was recently granted a Medicaid waiver that allows providers to exceed the 16-bed maximum threshold for SUD residential facilities and bill Medicaid. This 5-year waiver expires in September 2024. ODM has not decided if they will pursue extending the waiver (extension would require Centers for Medicare & Medicaid Services approval). If the waiver expires, ADAMH may need to increase residential funding or reduce bed capacity (to stay within 16 bed limit and leverage Medicaid).

Medicaid Behavioral Health Redesign
ODM began a new initiative in 2018 (Behavior Health Redesign) to "modernize" the Medicaid program and included adopting a new code set based on national standards that reimburses Medicaid BH services based on the credential levels of the rendering provider (staff degree/certification) and integrating BH services into managed care. There are currently five managed care organizations (MCO) administrating the BH Medicaid system in Ohio. ODM is currently rebidding MCO contracts for Ohio. The selection of new MCOs and/or changes to regional penetration of MCOs will present additional challenges for providers with Medicaid contracts. The next planned phase in BH redesign is to grant MCOs additional discretion on selection of community providers that an MCO will contract (currently, MCOs are required to contract with any provider that is certified to deliver BH services), client benefit plans (type and intensity of services that a client is eligible), and prior authorization requirements for

select services/programs. ADAMH believes this next phase of BH redesign may negatively impact both the client and the providers' treatment capacity, access to care and continuity of services.

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

   Not applicable.

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.**

   ADAMH participates in care conferences to assist with the linkage process to identified outpatient services and bring expertise regarding the providers and the services they offer. Outpatient services include Assertive Community Treatment teams for those with acute mental health symptoms and needs for support beyond traditional outpatient care. Assisted Outpatient Treatment in partnership with the Franklin County Probate Court offers services to prevent the need for future hospitalization. While it does not prevent this need 100% of the time, we have seen a decline in hospital admissions of those being served through this process. ADAMH has residential services for those leaving a hospital setting but continue to need a higher level of care. Stepping down to a home with staff who provide a safe and clean environment with reminders for medication administration, symptom management and daily activities allows an individual to adjust while still receiving the necessary supports.

Board Local System Priorities (add as many rows as needed)			
Priorities	**Goals**	**Strategies**	**Measurement**
Faith-Based Outreach	Partner with the faith-based community to support self-care and community education efforts	Fund faith-based community-based events that promote behavioral health awareness through mini-grants process. Fund summer day camps in partnership with faith-based congregations and Children's Defense Fund in communities of high need and lower socioeconomic levels to engage school-aged youth. Fund parenting program with faith-based organization to support youth in summer and after-school programming on city southside – for prosocial services. Parent supports provided through Communities in Schools to assist with school and community-based problem if parents are unable. Pastor serves as child advocate in schools when parents are unable. Provide Mental Health First Aid Training to faith community – and create ongoing faith partnerships offering speakers, information resources, and additional training through Mental Health America and NAMI of Franklin County. Support mental health and addiction training and sermon series hosted by senior faith leaders for their congregations by offering information and resources/materials, speakers, and funding.	Measurement indicator: Number of individuals who participate in the faith-based parenting program Baseline data: In 2019, 122 individuals participated in the faith-based parenting program Target: 10% increase annually (135 in 2021; 149 on 2022)
HIV	Provide HIV Early Intervention Services to county residents	Maintain funding of the Syntero HIV Program for youth, Columbus Public	Measurement indicator: Number of individuals receiving education or early

Priorities	Goals	Strategies	Measurement
		Health and CompDrug HIV Early Intervention programs for adults. Continue to support the work of Coalition for Sexual Health through our provider network.	intervention services related to HIV prevention Baseline data: In 2019, 14,801 individuals received education or early intervention services related to HIV prevention Target: 10% increase annually (16,282 in 2020; 17,911 in 2021)
Human Trafficking	Provide supports and treatment services to women involved in Human Trafficking	Continue to fund a sober residence and supportive services including clinical treatment; case management and support services; peer recovery support; vocational readiness, training/education and employment programming and life skills training at Amethyst or the treatment provider of their choice.	Measurement indicator: Number of women accessing residential and peer supports from the CHAT House Baseline data: In 2019, 18 women accessed residential and peer supports from the CHAT House Target: 10% increase annually (20 in 2020; 22 in 2021)
Payment for Quality Care	Increased utilization of value-based contracts and achievement of performance incentives will result in improved clinical results for consumers and more efficient use of ADAMH investments. Treatment providers will assure treatment services are grounded in evidence-based practices to ensure the delivery of quality services.	2020 goal is to develop learning communities with providers to promote the adoption and implementation of new evidence-based models to enhance quality of services.	Measurement indicator: Percent of treatment provider contracts eligible for value-based reimbursement mechanisms Baseline data: In 2019, 56.0% of treatment provider contracts were eligible for value-based reimbursement mechanisms Target: 70% in 2020; 85% in 2021; 100% in 2022
Payment for Quality Community and School-based Prevention Services	Increased utilization of rate differentials for utilization of evidence-based practices should incentivize adoption, resulting in improved results for consumers and more efficient use of ADAMH investments. Prevention providers will assure prevention services are grounded in prevention science to ensure the delivery	Facilitated a Strategic Prevention Framework Learning Collaborative with all prevention providers. Collaborative introduced providers to all phases of the SPF and then provided technical assistance to providers in developing a community profile of their target population; a logic model; an implementation plan and an evaluation plan. Facilitators also developed a	Measurement indicator: Percent of prevention provider contracts eligible for value-based reimbursement mechanisms Baseline data: In 2019, 33.3% of prevention provider contracts eligible for value-based reimbursement mechanisms Target: 70% in 2020; 85% in 2021; 100% in 2022

Priorities	Goals	Strategies	Measurement
	of quality prevention services. (e.g utilization of best practices, staff trained in prevention-specific education, knowledge of SPF, active community engagement, etc).	training calendar where prevention providers could receive prevention specific continuing education. Learning collaborative is ongoing. The 2020 focus is evaluation and credentialing.	
Quality Family Supports	Increased investment in family support services can support positive outcomes and reduce the strain of providing care for families and caregivers of consumers. Families receiving family support services, including respite care, will report increased social connectedness	Funded providers including Community for New Direction, Concord Counseling Services, Franklin County Local Outreach to Suicide Survivors (LOSS) Community Services, Mental Health America of Franklin County, NAMI Franklin County and UMADAOP of Franklin County to provide family services and tracked family members reports of self - connectedness. Participants reported feeling connected to others in their community with similar issues and circumstances. This high rate of Social Connectedness suggests the expansion of these programs and services will continue to provide caregivers the opportunity to develop positive relationships leading to improved health, stable employment and feelings of security.	Measurement indicator: Percent of family members/caregivers receiving family supports services who report favorable levels of social connectedness Baseline data: In 2019, 91.7% of family members/caregivers receiving family supports services reported favorable levels of social connectedness Target: 80%
Reduction in Fatal Overdoses	The increased use of opiates is an epidemic broadly recognized by the community and reduction in overdoses both addresses the epidemic and allows ADAMH to leverage public conversation about other forms of addiction. Partner with community organizations and members to reduce the number of overdose deaths due to opiates.	ADAMH collaborated with community partners to develop the community opiate action plan. ADAMH continues to serve on its steering committee and subcommittees. ADAMH has collaborated with the business community to launch a media campaign to raise awareness of opiate addiction.	Measurement indicator: Number of accidental overdose deaths among Franklin county residents Baseline data: In 2019, there were 543 accidental overdose deaths among Franklin County residents Target: 15% decrease annually (461 in 2020; 391 in 2021)

Priorities	Goals	Strategies	Measurement
		ADAMH has funded several initiatives to reduce opiate addiction including RREACT and school-based substance use prevention in 16 traditional public school districts across Franklin Co.	

6. **Describe the Board's planned collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general 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?)**

ADAMH regularly builds and relies on collaborations for efforts to serve Franklin County. Some examples include but are not limited to ADAMH's outreach and training with community faith leaders, thorough engagement from consumers and their family members primarily through the ADAMH Consumer and Family Advocacy Council, efforts to address the needs of residents with guardianship arrangements through the Guardianship Service Board, the Medication Assisted Treatment program with the Franklin County jails, and programs in partnership with Franklin County Children Services. Looking forward to the next state fiscal year, there are a few critical priority areas which will require collaborative efforts to be successful.

Franklin County Mental Health and Addiction Crisis Center
ADAMH is partnering with the Central Ohio Hospital Council (COHC) and other community stakeholders to plan and construct a comprehensive center intended to support the wellness of adults in Franklin County experiencing (or at risk of experiencing) a crisis associated with their mental health and/or substance use disorder. The new facility will be designed to provide 24/7 access to care to self-referrals, hospitals/health systems, the first responder system, law enforcement, probate, and community-based providers. It will also provide a safe, therapeutic setting, where a person in crisis can be stabilized and connect with the least restrictive treatment options.

The objectives of the Franklin County Mental Health and Addiction Crisis Center are:
- To increase access to mental health and addiction crisis care, so that it meets the needs of all Franklin County residents, including, at-risk and socially disadvantaged populations. The Crisis Center will provide access 24/7 to self-referrals, EMS, police and hospitals, and will serve other community stakeholders including the probate court and community-based providers.
- Improve quality of crisis care, by offering a spectrum of mental health and addiction services (from lobby-level to observation to inpatient) and direct links to community-based programs after crisis care is provided.
- Construct a facility that meets current and future demand. Franklin County is forecasted to have a 23% growth in outpatient mental health and addiction services in the next 10 years.
- Provide a central core facility that serves as a preferred destination for mental health and addiction crisis needs, while simultaneously decompressing hospital EDs, and reducing the need for medical clearance.

There is a Steering Committee and five workgroups made up of representatives from ADAMH, the partnership hospital systems, consumer and family advocacy organizations, community-based providers, city and county agencies, law enforcement, first responders and individuals with lived experience that are tasked with developing the necessary plans and structures needed to create and operate the Crisis Center.

Once the Crisis Center is operational, continued collaborations will be imperative to its ongoing success and the availability of behavioral health crisis services in Franklin County.

<u>Initiatives to Address Racism as a Public Health Crisis</u>

On June 15, 2020, the ADAMH Board of Trustees passed a resolution declaring racism as a public health crisis. ADAMH will collaborate with established and new partners to address the commitments made in the resolution, which include:

- Establishing a committee led by people of color that include board members, consumers and families, ADAMH staff, provider agency representatives, professional minority associations, and other community partners to help construct a comprehensive plan of action to address racism and behavioral health disparities with the ultimate goal to ensure health equity and cultural competence within all services and operations. This work will align with "Rise Together: A Blueprint for Reducing Poverty in Franklin County".
- Committing to a needs assessment process that includes an analysis on racial disparities and inequities
- Working to resolve the under-representation of racial and ethnic minority staff, clinical professionals, and administration by incorporating a strategy for the recruitment, retention, and promotion of African Americans and other underrepresented populations within the ADAMH network
- Collecting and disaggregating data on race and ethnicity
- Creating an internal diversity council to lead diversity and cultural initiatives for ADAMH staff
- Continuing to develop, promote and support cultural initiatives within the ADAMH system of care

<u>School-Based Prevention and Intervention Services</u>

For over a decade, investigators from the Research and Training Center for Children's Mental Health have been studying the role of school-based mental health services in systems of care for children with emotional/behavioral disorders and their families. Effective and integrated school-based mental health services will be key in the current transformation of children's mental health services in Franklin County and throughout America. Schools will be central to providing support for the nation's youth in an increasingly complex societal context. Recent federal initiatives and acts promote the schools' role as an effective vehicle to meet the social and emotional needs of all children while achieving the highest academic standards. The 1999 Report of the Surgeon General on the Mental Health of the Nation, the 2001 No Child Left Behind Act,

ADAMH has invested heavily in prevention, early intervention and treatment in all 16 Franklin County public school districts. In the last three years, ADAMH has increased annual prevention and early intervention investments by 40% in all Franklin County public school districts. In 2017, $4,079,655 went toward school-based programs. This investment grew to $5,574,528 in 2019. In addition, ADAMH recently received a one-time $1.9 million dollar award from OhioMHAS to support prevention work in all public and charter schools in Franklin County.

However, there is more collaborative work to do among administrators, teachers, school counselors behavioral health clinicians and funders to provide mental health services and social emotional

learning on a consistent and regular basis within our schools – especially in Columbus City Schools, Franklin County's largest school district, and each of the county's charter schools . Franklin County's public schools face difficult times as Ohio experiences financial difficulties resulting from budget shortfalls due to the COVID-19 pandemic. Additionally, it is anticipated that teachers and students may experience increasing mental health concerns as school districts determine their protocols for school while COVID-19 is still a threat.

These collaborations will include working with school districts and individual schools to build and adapt services and programming that will continue to meet the needs of students, families and teachers moving forward.

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?**

   Discuss any planned changes in current utilization that is expected or foreseen.

   Identification, linkage and treatment services to individuals hospitalized in State BHOs (primarily individuals without health insurance): this is inclusive of a strong, working Continuity of Care (CoC) Agreement held between lead agencies, ADAMH, and the State Hospitals. Specifically, trained Hospital Liaisons are unique positions within our lead agencies, including a primary AoD provider, which coordinates care and discharge planning for these individuals. Our network of residential Care facilities and investments in supportive housing programs supports the discharge process for these same individuals and provides an intensive level of care needed to coordinate and ease their transition back into the community.

   A complementary and parallel collaboration and network of hospital liaisons exists as well, serving individuals exiting local private psychiatric hospitals and Netcare's Crisis Stabilization unit.

   Our existing CoC Agreement is operative on a two-year cycle and it governs the interaction between our system's crisis care provider, State BHOs and lead agency providers around continuity from admission, care within the hospital and coordinated discharge planning. Every two years, we solicit input from lead agency clinical leadership and Twin Valley Behavioral Healthcare regarding potential changes to the document. Each year we may make minor revisions only on an as-needed basis. The Franklin County ADAMH System has one contract agency responsible for all pre-hospital screening services.

   Assertive utilization management/discharge planning: as described above, the Board is represented at weekly utilization review meetings with hospital staff and a housing provider reviewing all patients that have been hospitalized for two weeks or longer in order to identify and then address barriers to discharge. Temporary housing subsidies have been developed by the Board and received from the

federal government. These subsidies are targeted to homeless persons in the state hospital. In addition, patients who are high utilizers of inpatient services may be referred to an IDDT-ACT team in the community, all of which are demonstrating a positive effect on reducing criminal recidivism in addition to reducing homelessness, reducing use of the state hospital and crisis services and improving clinical conditions. The Board also works closely with the hospital's Forensic Review Team and the forensic monitors to ensure that hospital lengths of stay are related to clinical need and not solely an artifact of criminal justice involvement.

Community resource development: these patients are eligible to receive temporary and permanent housing subsidies that have been earmarked for state hospital patients.

ADAMH continues to have an assertive role in working with the state hospital and provider agencies around hospital utilization management which includes civil and forensic patients. The Board has developed a program to authorize and fund placement of individual that are homeless upon discharge from a crisis setting temporarily while awaiting more permanent housing options.

For people hospitalized at regional campuses other than TVBH, discharge planning has been difficult. Providers find it problematic to provide the needed transportation back to Franklin County, hampering the transition out of the hospital.

Because of high numbers of patients that have a forensic admission, access to TVBH is often limited for other referral resources.

Continuum of Care Service Inventory

8. **Complete the <u>separate spreadsheet</u>: 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)].**

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.**

   Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).

	Priorities for the ADAMH Board of Franklin County			
	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)	Increase the availability of medication assisted treatment (MAT)	Maintain MAT capacity and treatment options at Maryhaven and CompDrug Maintain a Naloxone Education program that provides kits to family members and loved ones who are impacted by drug use Maintain expanded detox services within the network In partnership with Equitas, referrals are made to CompDrug to provide treatment readiness and engagement.	Measurement indicator: Number of consumers of MAT services Baseline data: In 2019, 1,395 consumers received MAT services Target: 20% increase annually (1,674 in 2020; 2,009 in 2021)	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: <u>Mandatory for boards:</u> Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)	100% of pregnant women seeking alcohol or other drug treatment services will have their first appointment within contractual timeframes	Maintain a Pregnant Women's Workgroup, tracking tool and monthly data report to assure that services for pregnant women are prioritized and are receiving timely access Maintain expanded detox services within the network Maintain a Naloxone Education program that provides kits to family members and loved ones who are impacted by drug use	Measurement indicator: Percent of pregnant women seeking alcohol or other drug treatment services who have first appointment w/in timeframe Baseline data: Unmeasured Target: 100%	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: <u>Mandatory for boards</u>: Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Ensure adequate services are available within the community to meet the needs of this population	Maintain expanded detox services within the network In partnership with Franklin County Children Services, prioritize access for parents involved with child welfare. Continue to fund parent mentoring services for individuals linked with the specialty drug courts. ADAMH continues to maintain a relationship with Children Services (FCCS) and partners with FCCS on initiatives to address the behavioral health needs of children.	Measurement indicator: Percent of parents not already linked to services and referred by Franklin County Children's Services for a suspected SUD who receive an assessment for services Baseline data: In 2019, 5.6% of those referred and not already linked received an assessment Target: 75%	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Increase community and school-based access to HIV prevention and early intervention services	Provide timely access to MH/SUD services for individuals with tuberculosis and other communicable diseases (e.g., HIV/AIDS, Hepatitis C, etc.) Engage with providers on offering and expanding access to community/school-based evidence-based practices and programs related to HIV prevention and early intervention	Measurement indicator: Number of youths and adults who receive HIV prevention and early intervention services Baseline data: In 2019, 14,801 individuals received HIV prevention/early intervention services Target: 10% increase annually (16,282 in 2020; 17,911 in 2021)	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Increase accessibility of services for children with SED through a system of care approach	Continue to develop and promote cross-systems partnerships with agencies such as Children Services, Juvenile Court, Family and Children First Council in order to maintain a variety of intensive treatment programs with collaborative funding Prioritize and increase service accessibility to young consumers and their families at risk of serious family emotional instability, loss of parental custody, child placement, court involvement, and/or academic failure due to untreated mental illness Maintain school-based interventions in order to help identify youth in need of mental health and/or alcohol and drug related services earlier and to help these youth and their families access care more quickly	Measurement indicator: Number of children 17 and younger who receive crisis, treatment, or recovery support services Baseline data: In 2019, 3,565 children 17 and younger received crisis, treatment, or recovery support services Target: 10% increase annually (3,922 in 2020; 4,314 in 2021)	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Expand access to care for uninsured people through integrated models of primary care, addiction treatment and mental health care to help achieve identified outcomes and recovery	Continue to develop and promote cross systems partnerships. Maintain an increased number of IDDT / ACT teams for those with the most acute needs. One team has a focus on individuals	Measurement indicator: Percent increase in number of individuals receiving IDDT/ACT team treatment services Baseline data: In 2019, 423 individuals received IDDT/ACT team treatment services Target: 10% increase annually	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		who have been placed on Assisted Outpatient Treatment. Expand a clinic opened on the eastside of downtown offering primary healthcare services along with mental health and substance use disorder treatment. This clinic operated by Primary One and Southeast Healthcare, Inc.	(466 in 2020; 513 in 2021)	
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Increase permanent housing units (along a continuum) for homeless persons with mental illness and/or addiction	Continue to invest in units of service enriched housing with the opening CHN's Hawthorn Grove location. On-site supportive (non-Medicaid taxonomy) services delivered by Concord Counseling Maintain investments in units of service enriched housing for ADAMH consumers by opening Van Buren Village (developed by VOA). On site supportive services (emphasis on peer-led) provided to all 100 tenants (60 previously homeless individuals not served by the ADAMH network) The number of Franklin County consumers in need of housing at the time of discharge from a psychiatric acute care facility and Netcare's Crisis Stabilization Unit presents a growing challenge for locating	Measurement indicator: Number of individuals accessing permanent supportive housing units Baseline data: In 2019, 862 individuals accessed permanent supportive housing units Target: 10% increase annually (949 in 2020; 1,044 in 2021)	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		and securing safe and affordable housing for individuals homeless at the time of discharge		
		In an attempt to reduce the number of individual discharged from TVBH and Netcare into homelessness, the ADAMH Board is addressing this issue by: (1) providing additional funding to Community Housing Network (CHN) through its Housing Facilitation Program to house individuals; (2) expanding Temporary Transitional Housing capacity for adults being discharged from an acute care setting; (3) training provider case managers on the process and community resources to house homeless individuals; (4) enhanced the hospital liaison program to respond to homeless discharge Partnered with Columbus Metropolitan Housing Authority to secure 50 Mainstream vouchers. With intensive support services the vouchers will be used in scattered site locations throughout Franklin County. Opening of a new Residential Care Facility in partnership with North Community Counseling		

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		Center due to open in November 2020. Community Housing Network is planning to open a 40-bed permanent housing facility in 2021 (Creekside).		
MH-Treatment: Older Adults	Ensure adequate behavioral health services are available to meet the needs of older adults	Fund the Senior Services program through Concord Counseling to provide support services to medically fragile older adults Fund the Senior outreach program through Syntero to provide services to seniors with the goal of keeping them in their homes rather than institutional care Collaborate with Aging on behavioral health community conversations	Measurement indicator: Number of adults age 50 years and older who receive crisis, treatment, and recovery support services Baseline data: In 2019, 5,642 adults age 50 years and older who receive crisis, treatment, or recovery support services Target: 10% increase annually (6,207 in 2020; 6,828 in 2021)	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe)

Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	**Goals**	**Strategies**	**Measurement**	**Reason for not selecting**
MH/SUD Treatment in Criminal Justice system – in jails, prisons, courts, assisted outpatient treatment	Ensure adequate behavioral health services are available to meet the needs of individuals involved in the criminal justice system	Fund the Circle for Reentry Ohio program provided by UMADAOPFC for persons reentering the community Continue to fund the Behavioral Health/Juvenile Justice (BHJJ) program provided by Nationwide Children's Hospital Collaborate with schools to develop programming to reduce the number of youths with behavioral health concerns being suspended, expelled or referred to juvenile court for school violations.	Measurement indicator: Number of referrals for services from the jail Baseline data: In 2019, 1,046 referrals for services from jail Target: 50% increase annually (1,569 in 2020; 2,354 in 2021)	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Prevention and/or decrease of opiate overdoses and/or deaths	Increase Medication Assisted Treatment slots for residents of Franklin County	Expand MAT capacity and treatment options	Measurement indicator: Number of accidental overdose deaths among Franklin County residents Baseline data: In 2019, 543 accidental overdose deaths among Franklin County residents Target: 15% decrease annually (461 in 2020; 391 in 2021)	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Expand services to racial and ethnic minorities and LGBTQ populations	Fund Columbus Public Health to provide education and support groups for Latino/Hispanic Women.	Measurement indicator: Percent of individuals receiving crisis, treatment, housing, and recovery support services who are racial/ethnic minorities	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		Continue to fund education and support groups Latino women at CPH and fund outreach and treatment. Fund community navigators to provide outreach and engagement to African Americans. Fund Directions for Youth and Families and Southeast to provide services to LGBTQ youth.	Baseline data: 43.9% of consumers for whom race is reported are identified as racial minorities Target: At least 35% based on Franklin County population demographics	
Promote Trauma Informed Care approach	Promote Trauma Informed Care within the ADAMH network of providers	Support the efforts of agencies within the ADAMH network in becoming trauma informed providers Promote the use of evidence-based programs specific to the treatment of trauma within the ADAMH provider network Provide Trauma Informed Peer Support to those certified or becoming certified as Peer Recovery Supporters. Continue the use of trauma screening in the Behavioral Health, Juvenile Justice program Promote the use of structuring providers physical environments to support	Measurement indicator: Number of network providers delivering services with a trauma informed care approach Baseline data: New metric, data not available Target: 100%	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		trauma informed care practices.		
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Increase certified recovery/peer support in the system	Fund a Consumer Resource Center to help consumers navigate the mental health system. Continue to fund The Peer Center as a consumer operated service. Expansion of vocational and employment support programs within the ADAMH Provider network.	Measurement indicator: Number of Franklin County residents certified as peer support specialists Baseline data: At the close of 2019, 93 Franklin County residents were certified as peer support specialists Target: 50% increase annually (140 by 2020 year-end; 210 by 2021 year-end)	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

OhioMHAS Prevention Priorities				
Priorities	**Goals**	**Strategies**	**Measurement**	**Reason for not selecting**
Prevention: Ensure prevention services are available across the lifespan	Offer prevention services across life span with a focus on families with children/adolescents	Fund new programs that support families with children/adolescents Review prevention services to ensure prevention services are available across lifespan with a focus on families with children and adolescents Continue faith-based parenting program	Measurement indicator: Number of individuals receiving prevention services Baseline data: In 2019, 98,100 consumers received prevention services Target: 10% increase annually (107,910 in 2020; 118,701 in 2021)	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Increase access to evidence-based prevention	Expand evidence-based prevention activities	Fund summer day camps in high need areas that are at-risk for summer slide, substance use disorders, and social emotional challenges. Implemented Workforce Readiness Support Program to reduce marijuana use and increase life skills Implement Life skills program for school age children with special needs Fund eight youth-led projects that target underserved and hard-to-reach at-risk school-aged youth	Number of network providers delivering services with a evidence based practices/programs Baseline data: New metric, data not available Target: 100%	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		Fund school based mental health promotion and substance use prevention. Continue the Strategic Prevention Framework Learning Collaborative		
Recovery Ohio and Prevention: Suicide prevention	In partnership with community stakeholders, develop strategies to reduce the number of suicides in Franklin County	Franklin County Suicide Prevention Workgroup was convened Franklin County Suicide Prevention Brief was created Support the Ohio State University Wexner Medical Center and Nationwide Children's Hospital in moving the Franklin County Suicide Prevention Workgroup forward and create resource lists for suicide prevention strategies in the county Monitor and catalog Evidence Based Practices for suicide prevention Continue suicide hotline and support groups at North Central Mental Health Work with provider network to develop a suicide text/IM service	Measurement indicator: Number of suicide deaths of Franklin County residents Baseline data: In 2019, 151 suicide deaths among Franklin County residents Target: 15% decrease annually (128 in 2020; 108 in 2021)	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		Continue to support LOSS for survivors of suicide and gun project Monitor Franklin County suicide data Maintain Suicide Prevention Hotline Fund Suicide Prevention coalition		
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Develop strategies to reduce problem gambling and increase community awareness of problem gambling	Implement media campaign and launch a problem gambling website Implement screening services for problem gamblers Continue to support problem gambling implementation of SPF Plan Collaboration between ADAMH and community partners to implement a county wide problem gambling and informed gambling program Continue funding for Maryhaven to work with the families of problem gamblers to increase the number of problems seeking services Collaboration between ADAMH provider and Asian Community	Measurement indicator: Number of residents reached through the gambling prevention, community outreach, engagement, and coalitions program Baseline data: In 2019, 4,009 residents were reached through the gambling prevention, community outreach, engagement, and coalitions program Target: 10% increase annually (4,410 in 2020; 4,851 in 2021)	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		to compile Asian Gambling Prevention Project Community Profile Develop financial literacy component for teens and young adults to address gambling Collaboration between ADAMH provider and the Faith Community to conduct focus groups on gambling intervention needs Target intervention and messaging strategies for target populations (e.g., African American emerging adults, seniors). Expanding services to increase awareness through availability of video conferencing, education, presentations		

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

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.

ADAMH BOARD OF FRANKLIN COUNTY
ADAMHS Board Name   (Please print or type)

_____   __September 8, 2020__
ADAMHS Board Executive Director   Date

_____   __September 8, 2020__
ADAMHS Board Chair   Date

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

Attached is the SFY 2021-2022 Community Plan Essential Services Inventory. **Each Board's completed SFY 2019-2020 form will be sent in separate email should the board want to use it to update information.**

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

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

Instructions for the Essential Services Inventory

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

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

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

Additional Sources of CoC Information

1. **SAMHSA Treatment Locator https://www.findtreatment.gov/**
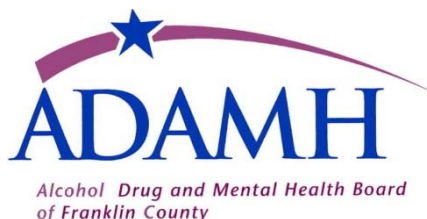
RESOLUTION
Approving the Submission of the Community Plan for
State Fiscal Years 2021 and 2022 to the
Ohio Department of Mental Health and Addiction Services (OhioMHAS)

WHEREAS, the ADAMH Board of Franklin County has the duty to submit a biennial community addiction and mental health plan pursuant to section 340.03 (A)(c) of the Ohio Revised Code; and

WHEREAS, OhioMHAS provided specific guidelines for the community plan, which require the identification of the needs of Franklin County residents and alignment to both Ohio Department of Mental Health and Addiction Services and Franklin County ADAMH Board priorities; and

WHEREAS, the community plan is due to the department on September 15, 2020.

NOW, THEREFORE, BE IT RESOLVED, that the ADAMH Board of Franklin County duly authorizes Erika Clark Jones, CEO, as the board's representative to approve the submission of the community plan for SFY 2021 and SFY 2022 to OhioMHAS before September 15, 2020.

Witness thereof, I have hereunto subscribe my name on this twenty-fifth day of August, Two Thousand and Twenty.

_____   _____
Erika Clark Jones, CEO   Peggy Anderson, Chair
ADAMH Board of Franklin County   ADAMH Board of Franklin County

Approved Date: August 25, 2020   Resolution# 20200825-01