

**Ohio Mental Health and Addiction Services (OhioMHAS)  
Community Plan Update for SFY 2021-2022**

**Needs Assessment Update**

1. Please update the needs assessment submitted with the SFY 2021-2022 Community Plan, as required by ORC 340.03, with any new information that significantly affects the Board’s priorities, goals or strategies. New evaluation process information is of particular interest and importance to the Department regarding: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils (ORC § 340.03(A)(1)(c); (2) outpatient service needs of persons receiving treatment in state Regional Psychiatric Hospitals (ORC § 340.03(A)(1)(c); and (3) consequences of opiate use, e.g., overdoses and/or deaths. If the evaluation process section submitted with the SFY 2021-2022 Community Plan remains current, please indicate as such.

**Board’s Evaluating the Need for Services and Supports Update/Response (if any):** There has been progress toward the priorities and goals listed in the most recent Community Plan as well as the focus in new, necessary directions.

While there has been work over the course of the pandemic to gather data related to local suicide as well as resurge the local suicide prevention coalition, this work has taken on a great deal of momentum over the past 6 months. The coalition participated in strategic planning and, in partnership with school representatives, is developing awareness and educational activities for not only the students but also for educators and administrators. The ADAMHS Board, both independently and with this team, prioritizes messaging to decrease stigma related to behavioral health and normalize the need for treatment but realize the messaging only goes so far if the adults in the youths’ lives don’t feel comfortable addressing these issues. While work will be done with students, there will also be work done specifically with the educators to ensure they can identify signs and symptoms and feel comfortable approaching a student. Identifying what is in their “realm” to discuss and how vs. what would be handed off to a school counselor or therapist is a primary need identified by educators. These opportunities will be rolled out to school districts during the 2022-23 school year and ideally incorporated into their annual trainings.

Another transition over the course of the last fiscal year has been related to the crisis continuum of care. A few years prior, the largest local hospital was bought out by an international hospital. Over the past 2 years, the hospital employed social workers in the emergency room that completed crisis assessments with the aid of phone consultation called “Central Intake.” This transition was not only a shift for consumers and other community partners but has significantly decreased the number of crisis assessments completed by our designated prescreening agency. This decrease in services, and therefore revenue, created a significant increase in requested funding to ADAMHS to maintain the service. In addition, the individual employed as the mobile crisis worker resigned and the position has not been able to be filled. Following local meetings discussing the current status, this director reached out to OMHAS to recommend a consultant. Alisia Clark, Thom Craig and the ADAMHS Director

recently started working together to develop a plan to review and revise the existing crisis continuum. This will begin the first quarter of FY 22 and it is anticipated that there will be significant changes to the local crisis assessment process as well as the continuum of services as a result. The final noteworthy change has been the award of OMHAS capital funding to build a men's SUD residential treatment center. This gap in services was filled by partnerships with neighboring counties who had a multitude of treatment centers. However, it was often difficult to ensure transportation for local residents; local individuals that were able to "walk-in" to the facility were able to utilize open beds; the out-of-county individuals were distanced from support systems, treatment providers, etc. which created a less than ideal resource option for our Tuscarawas and Carroll County consumers. The collaboration filled a gap but was not the best option. ADAMHS is working with the local branch of OhioGuidestone, who has managed a women's residential treatment center for two decades, in the development of the facility and the delivery of the service. ADAMHS is also working closely with the city of New Philadelphia where the site will be located, the Tuscarawas County Commissioners, and other system partners on the development of the service. Due to delays related to construction following the pandemic, it is anticipated that this facility will open in the Spring of 2023.

Over the course of the last 3 months, ADAMHS staff was approached by a staff from both the Tuscarawas County Sheriff's Dept. and the Carroll County Sheriff's Dept. Both expressed concerns related to the pink slip process for incarcerated inmates and issues with transition from jail to local hospital to RPH. This issue will need addressed at the state level due to the existing regulations impacting the pink slip process and the vast differences in how this is operationalized in communities across the state.

There have been no changes necessary related to dispute resolution from Family and Children First Councils. There have been no disputes brought forth at either Council.

We continue to fund a navigator to wrap services around those stepping down from the RPH in both Tuscarawas and Carroll Counties. She maintains contact with the RPH SW staff, ensures housing is in place, ensures physician, case management and counselor appointments are scheduled, facilitates stepdown to the crisis stabilization unit as needed, and connects the individual to our local consumer operated organization if interested.

The Opiate/Addiction Task Force continues to work to impact awareness, stigma reduction, access to services, and decrease overdoses. Services were able to be expanded under the SOR grant. This is in addition to the ongoing work of the Quick Response Team and subcommittees developed to target communities/neighborhoods with the highest overdose rates.

### **Current Status of SFY 2021-2022 Community Plan Priorities**

2. Please list the Board, Block Grant and State priorities identified in the SFY 2021-2022 Community Plan. Briefly describe any progress in achieving the related goals and strategies in Column 4 and indicate in the last column if the Priority is "Continued," "Modified", or "Discontinued" for SFY 2022.

If the SFY 2021-2022 Community Plan addressed any activities in the identified RecoveryOhio priority areas, OhioMHAS is particularly interested in an update or status report of these areas.

(NOTE: This section only applies to previously submitted SFY 2021-2022 priorities. Any new priorities are to be listed in item #3, if applicable). Please add as many rows in the matrix below as are necessary.

<b>COMMUNITY PRIORITIES, GOALS AND STRATEGIES ARE TO BE CUT AND PASTED FROM THE SFY 2021-2022 COMMUNITY PLAN</b>					
Priority	Goal	Strategy	Progress	Barriers/Need for TA?	Priority Continued, Modified, or Discontinued in SFY 2022?
Crisis Services	Ensure an efficient, supportive, and collaborative crisis intervention response. This involves inclusion of new partners, strategies, and tools that are scalable and easily modified to meet the demands of rapidly changing social and community norms.	Convene a working group of community partners to assess existing and emerging crisis intervention options in the community and identify gaps as they currently exist. Begin closely tracking crisis interventions based on time-of-day and geographic locations of on-site and site-based responses in order to quickly initiate needed adjustments as quickly as possible. Work to develop and sustain mobile crisis response	Measurement indicator: Implementation of mobile crisis and data collection related to these responses Baseline data: there is currently no mobile crisis response Target: 25 individuals will receive a mobile response in FY 21  Outcome: There was a mobile crisis worker in place a portion of the first quarter of FY 21. She resigned the	The local crisis continuum is being reviewed for changes in client care, efficiency, responsiveness, and financial sustainability. ADAMHS is working with Thom Craig/Peg's Foundation to review the current state	Modified.

			position in the third quarter of FY 21. The position has not been able to be filled to date. There were 12 mobile assessments completed during her tenure.	and develop a plan.	
Housing Services for Individuals with a Behavioral Health Diagnosis	Ensuring existing housing is maintained and explore additional housing opportunities.	Maintain existing funding streams that ensure existing Permanent Supportive Housing, Transitional Housing, Housing Assistance Programs, and Group-Home Support. Continue building and expanding relationships with local landlords and housing providers by providing major-incident intervention options in an effort to help tenants retain housing and housing assistance.	Measurement indicator: The number of housing units Baseline data: Current Target: The number of units will be maintained and opportunities to expand will be explored.  Outcome: The Board maintained the number of units. Staff continues to work with individuals, providers and the local housing authority to provide stable housing to BH consumers.	NA	Continued
Suicide Prevention	Stabilize and Expand suicide prevention efforts and survivor support options.	Engage local treatment professionals as well as traditional and non-traditional peer-supporters to develop a meaningful and effective intervention and survivor support system.	Measurement indicator: Suicide Prevention Activities Baseline data: The Coalition is currently redeveloping Target: A strategic	NA	Continued. Coalition structure and leadership continues to be developed however work is being done to plan for suicide prevention activities in schools and with school staff through the current membership.

		<p>Work with leaders in the local agri-business community to address the unique challenges facing the farming and agriculture populations.</p> <p>Engage youth-concentrated and youth-led organizations for strategies to communicate suicide prevention messaging in relevant ways.</p>	<p>plan will be created for the next 12-24 months directing prevention activities</p> <p>Outcome: A strategic plan was created in 2020. The Chair of the coalition took a job elsewhere and was unable to continue in the role. The Coalition is now determining if the best option for growth and development is as a subcommittee under the local prevention coalition. This is being discussed at the August prevention coalition meeting as their bylaws will have to be changed to allow this addition.</p>		
Mental Health Stigma Reduction	<p>Establish a robust and comprehensive mental health stigma reduction campaign in an effort to normalize mental health treatment with a goal to reduce incidents of self-harm and increase</p>	<p>Utilize existing Public Relations efforts to develop a wide-ranging multi-platform media campaign equating access to mental-health treatment with access to physical health treatment.</p>	<p>Measurement indicator: Public Relations/Stigma Reduction efforts</p> <p>Baseline data: While the Board is constantly doing PR, a targeted campaign has not been used</p> <p>Target: Implement a</p>	NA	Continued. Stigma reduction efforts occur each year.

	treatment for chronic mental health conditions.		<p>targeted stigma reduction campaign.</p> <p>Outcome: During Mental Health month the Board launched a two-county stigma reduction campaign. This focused on normalizing BH, encouraging treatment when needed, easing access to services, and increasing parity.</p>		
Workforce shortage	Increase provider workforce	<p>Explore the potential of an LSW program at Kent State University Tuscarawas</p> <p>Ensure Health Professional Shortage Area Designation is maintained as long as eligible.</p> <p>Support agencies and clinicians in the HPSA tuition repayment program by developing a process and training for provider agency staff</p> <p>Explore potential tuition reimbursement opportunities with Ohio Means Jobs</p>	<p>Measurement indicator: the development of a BH degree at a local or online university</p> <p>Baseline data: There is currently no program connected to Tusc-Carroll Counties</p> <p>Target: Discussions with the local KSU branch will lead to the development of an LSW program at the regional campus.</p> <p>Outcome: The pandemic delayed the program but per the Dean of the local Kent</p>	<p>While this will impact our workforce development, it will be 5 years before the first class will graduate. The workforce issues continue to be of utmost urgency now.</p>	Goal is met.

			State Univ., an LSW program will be offered at regional campuses starting in the fall of 2022.		
Building resilient children and families	Provide leadership in assessing and addressing gaps in youth and family prevention and wellness programs.	<p>Develop at trauma-informed community, targeting the PAX evidence-based model in the community and interested school systems</p> <p>-Continue to strengthen communication and collaboration with school systems to address the behavioral health needs of their students, including scheduling a one-on-one meeting with each superintendent and his/her team during the biennium</p> <p>-Work collaboratively with the CHIP subcommittees, Family and Children First Councils, and community partners to develop programming that addresses child and family resiliency skills and protective factors</p>	<p>Measurement indicator: k-12 Prevention Action Plans</p> <p>Baseline data: K-12 Prevention Action Plans</p> <p>Target: Schools will reach goals identified on their action plans and report this progress on the implementation report.</p> <p>Outcome: School districts that participated in K-12 Prevention funding were made aware of reports due to the state. I have not been informed of completion or progress.</p>	NA	Discontinued. Schools that were interested in participating have utilized the money, completed action plans and were to submit progress updates to the state. Schools developed plans that fit the needs of their districts. Some districts worked collaboratively with the Board to develop their plan. The Board continues to have strong relationships with the district superintendents and school social workers in both Tuscarawas and Carroll Counties.

**ALIGNED** PRIORITIES, GOALS AND STRATEGIES ARE TO BE CUT AND PASTED FROM THE SFY 2021-2022 COMMUNITY PLAN

Priority	Goal	Strategy	Progress	Barriers/Need for TA?	Priority Continued, Modified, or
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Persons who are	Ensure persons with an IDU disorder have access to resources	Ensure the continuation of the continuum of care	<p>Measurement indicator: agency policies</p> <p>Baseline data: current policies</p> <p>Target: Board will receive current or</p>	<i>Barrier was the delay caused by</i>	<i>Priority Continued, Modified, or</i>

intravenous/injection drug users (IDU)	that impact addiction and support recovery.  Ensure agencies have a policy to provide interim services to those with an IDU disorder if timely access to services is not available.	including MAT programs; jail-based navigators; Quick Response Team; detox, withdrawal management and residential treatment services; and recovery residences.  Ensure contract agencies submit to the Board the most updated policy regarding interim services if an opening is not immediately available for persons who are IDU.	updated policies from all contract agencies related to timely access to services Outcome: The continuum of services has not changed despite a brief change to the provision of service during the pandemic. As all providers and Board staff have return to office-based work at this point, the Board staff can begin to request the policies indicated in the initial 21-22 Community Plan.	<i>the pandemic and competing priorities.</i> NA	<b>Discontinued in SFY 2022</b>  Continued
<b>SAPT-BG: Mandatory for boards: Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)</b>	Engage and prioritize pregnant women with a substance use disorder in treatment services.	Providers will treat the population as a priority, without regard to wait lists.  Agencies will screen all female clients upon initial request for services.  Agency staff will provide or refer to another community service agency that specializes in this population for additional support and follow-up to pregnant	Measurement indicator: agency policies  Baseline data: current agency policies  Target: Board will receive current or updated policies from all contract agencies related to engagement and prioritization of treatment services to women with a SUD  Outcome: The continuum of services and prioritization of services for pregnant women with an SUD has not changed. As all providers and Board staff have return to office-based work at this point, the Board staff can begin to request the policies indicated in the	NA	Continued

		women in SUD treatment.	initial 21-22 Community Plan to ensure a plan is in place.		
<b>SAPT-BG: Mandatory for boards:</b> Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Ensure an ongoing partnership through local Family and Children First Councils and Job and Family Services agencies to sustain current programming for parents with and SUD.  Support the ongoing development of data-driven and evidence-based prevention services.	Maintain current Ohio START programs in Tuscarawas and Carroll Counties which partners a parent with a SUD and children's services involvement with a certified peer.  Maintain and support the universal and targeted prevention efforts of the local prevention services program.  Explore the option of a MOMS program locally	Measurement indicator: OhioSTART program Baseline data: 2 programs in the catchment area Target: Maintain both programs  Outcome: While there has been a delay in program growth during the pandemic, both local Ohio START programs continue to function as a collaborative between the local Jobs and Family Services and OhioGuidestone.  Measurement indicator: k-12 Prevention programming Baseline data: one school has completed their action plan in the portal Target: 50% of schools will participate in the k-12 prevention funding opportunity  Outcome: 64% of school participated in the K-12 prevention funding initiative. Action plans targeted peer lead support, Hope Squads, the collection of district-wide school and student climate data among others.	NA	Goal has been met.
<b>SAPT-BG: Mandatory (for OhioMHAS):</b> Individuals with tuberculosis and	Identify potential cases or at-risk cases of TB or other communicable	Agencies will obtain TB histories and TB risk assessments during initial intake.	Measurement indicator: agency policies Baseline data: current policies Target: Board will receive current or	NA	Continued

<p>other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>	<p>diseases and ensure referral for counseling, testing and treatment</p>	<p>Agencies will partner with local health departments or contract physicians and refer individuals for evaluation, management, education, and follow-up services.</p>	<p>updated policies related to TB and other communicable diseases</p> <p>Outcome: As all providers and Board staff have return to office-based work at this point, the Board staff can begin to request the policies indicated in the initial 21-22 Community Plan.</p>		
<p><b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<p>Ensure spectrum of services that both maintains current programming and develops new programming and services in response to children and family need, specifically targeting early intervention and TIC</p>	<p>Maintain active engagement in FCFCs in both counties and plan a primary role in the development of services that will impact children with an SED including PAX/TIC initiatives and connection building efforts between parents and children.</p> <p>Ensure schools in both Tuscarawas and Carroll Counties have access to TIC information and initiatives.</p> <p>Maintain and expand partnerships with schools and ESC to support the development and implementation of social emotional learning standards.</p>	<p>Measurement indicator: school collaborative and BH/TIC presentations by ADAMHS and the BH provider network</p> <p>Baseline data: 2 school year presentations regarding resources and TIC/ACEs</p> <p>Target: six presentations to schools regarding resources, TIC, and ACEs</p> <p>Outcome: There were three additional presentations to schools related to the above identified issues prior to the pandemic. There was also a change in staffing at TCFCFC which ceased our ability to provide PAX/TIC trainings to districts. There continues to be strong partnerships between ADAMHS, the BH system, and local school districts both to impact student well-being and continue to build the bridge between the BH system and the education system.</p>	<p>NA</p>	<p>Due to the loss of the TIC trained staff member, this goal is discontinued. ADAMHS is a strong partner to FCFCs in both counties and offers resource training to school districts and community members throughout the year.</p>

<p><b>MH-BG:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<p>Develop a proactive system decompensation response when possible and a high quality crisis response when necessary.</p>	<p>Support the ongoing implementation and usage of the Care Plan at the provider agencies, EMS and LE.</p> <p>Identify options both within the current structure of the providers and through new staff or peers to provide more targeted outreach to adults with SMI.</p> <p>Implement mobile crisis response</p>	<p>Measurement indicator: mobile response incidents Baseline data: -0- Target: 20 youth and adult mobile crisis intervention responses</p> <p>Outcome: ADAMHS is working with Thom Craig to review the local crisis continuum and use the SPF model to revise. The collaborative between EMS, LE, BH and ADAMHS continues to meet. The mobile crisis position was briefly filled during FY 21. The individual resigned and the local provider has not been able to fill the position for six months.</p>	<p>ADAMHS is collaborating with Peg's Foundation/Thom Craig for technical assistance. As always, workforce is a barrier to sustaining programs and the lack of workforce prevents the development of new programs.</p>	<p>The review and revision of our crisis continuum is continued.</p>
<p><b>MH-Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of supportive housing</p>	<p>The current housing continuum will maintain and the Board and partners will explore additional options to increase supportive housing.</p>	<p>The Board will continue to fund transitional housing programs in Tuscarawas and Carroll Counties.</p> <p>The Board will maintain an active role in the local housing continuum (HomeNET) and Region 6 of the Ohio Balance of State Continuum of Care.</p> <p>The Board will partner with the Homeless Shelter and encourage participation in the</p>	<p>Measurement indicator: available housing resources Baseline data: 62 housing vouchers Target: maintain the number of vouchers and explore additional supportive housing options</p> <p>Outcome: ADAMHS was able to maintain 54 vouchers in FY 2021. This decrease was due to increased rent amounts spread across available vouchers. The allocated amount of vouchers from HUD is 46.</p> <p>The Board is continuing to participate in HomeNET and the Ohio Balance of the State CoC. The Board continues to have a strong partnership with the</p>	<p>NA</p>	<p>Goal is met. ADAMHS to continue to work with the local housing authority and landlords regarding unit availability.</p>

		<p>consumer-focused Community Team Meetings</p> <p>The Board will maintain the HUD housing programs currently operating and explore opportunities for expansion.</p>	homeless shelter.		
<p><b>MH-Treatment:</b> Older Adults</p>	<p>Increase suicide prevention programming and education with messaging relevant to the older adult population.</p>	<p>Collaborate to resurge the Suicide Prevention Coalition who will:</p> <ul style="list-style-type: none"> <li>Explore universal suicide-prevention messaging.</li> <li>Identify target areas for the prevention campaign that would ensure visibility by the older adult population.</li> <li>Implement campaign.</li> </ul>	<p>Measurement indicator: suicide prevention coalition</p> <p>Baseline data: new coalition is in initial stages of development</p> <p>Target: Coalition will be formed with a wide representation of community sectors</p> <p>Outcome: The development of the coalition started as the pandemic began. Coalition development stalled at that time although the Board and BH system continued to work together on suicide prevention efforts. More recently, ADAMHS is working with the local prevention program under OhioGuidestone to develop a suicide coalition under that umbrella. OG currently manages a prevention coalition with vast membership across the 12 sectors and successful programming. Messaging and additional work will be done as this group revisits a strategic plan and targets efforts.</p>	<p>NA; there had been communication with OSPF and this will resume as needed to support the Suicide Prevention Coalition efforts</p>	Continued

<p>MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment</p>	<p>Ensure both in-person and telehealth options remain available for those involved in the criminal justice system, especially those that are incarcerated</p>	<p>Continue to develop telehealth at the Carroll County jail Maintain court-based services and navigation at drug courts across both counties</p>	<p>Measurement indicator: telehealth programs Baseline data: telehealth is functional in one county jail Target: telehealth will be functional in both county jails  Outcome: Telehealth is functional in both Tusc. and Carroll Co. jails</p>	<p>NA</p>	<p>Goal is met.</p>
<p>Integration of behavioral health and primary care services</p>	<p>Continue to support the presence of an FQHC in Tuscarawas County and support the development of the FQHC in Carroll County</p>	<p>Collaborate with FQHC, Carrollton schools and Carroll Co Health Department to support the development of the FQHC</p>	<p>Measurement indicator: FQHC Baseline data: -0- FQHC in Carroll County Target: and FQHC will be developed in collaboration with the CCHD, Carrollton Schools, and Community Mental Healthcare who manages the FQHC  Outcome: The previous plan for a FQHC between CMH, CCHD, and Carroll schools did not come to fruition. An exploration of another Carroll FQHC is in the works.</p>	<p>NA</p>	<p>Continued</p>
<p>Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)</p>	<p>Develop the local certified peer support system.</p>	<p>Ensure opportunities for certified peer support is explored both within and without the behavioral health system to allow for maximum opportunity for clients to get connected</p>	<p>Measurement indicator: utilization of peer support outside of BH system Baseline data: currently referrals for peer support are made by treatment providers Target: Referrals to the program will come from partners that are connected to BH but this isn't necessarily their primary line of duty  Outcomes: There has been a small increase in referrals from the court system and LE system. This has been small due to decreased contact during</p>	<p>NA</p>	<p>Continued</p>

			the pandemic. This continues to be monitored through monthly Addiction Task Force meetings.		
Prevention and/or decrease of opiate overdoses and/or deaths	Decrease opiate overdoses and deaths which have risen to epidemic levels of 2016/2017	Maintain the QRT Increase awareness of SUD, resources and treatment options Explore SOR 2.0 opportunities	Measurement indicator: awareness efforts Baseline data: there had been less PR related to opiate specific needs prior to the pandemic Target: Increase activities related to prevention and intervention and explore SOR 2.0 opportunities to develop the system of care  Outcome: There was an increase in overdose deaths during the pandemic. The Addiction Task Force worked collaboratively with the Anti-Drug coalition for local and county-wide education and awareness efforts in Sept. 2021. Beginning at this time, there was a slow but steady decline in opiate overdoses.  Projects in both Tusc. and Carroll Counties were awarded SOR 2.0 funding.	NA	Continued
Promote Trauma Informed Care approach	Increase TIC focus and develop a plan to introduce PAX to schools	In collaboration with FCFCs, develop a plan to increase ACEs, TIC, and PAX Tools sharing with school and community	Measurement indicator: collaborations with schools Baseline data: currently 2 schools have participated in PAX Target: PAX and trainings connected with TIC and ACEs will be offered to all districts	NA	Discontinued

			Outcome: The local leader in PAX and TIC left his position in March 2020, at the beginning of the pandemic. Due to workforce issues and the skill and knowledge set needed for this work, the position has not been filled. It is unlikely this goal will continued due to this.		
<b>Prevention:</b> Ensure prevention services are available across the lifespan	Maintain a strong prevention network that is known at the state level.	Support and engage in activities with the Anti-Drug Coalition and other prevention initiatives	Measurement indicator: prevention activities Baseline data: there is currently a robust prevention system that ADAMHS supports Target: Maintain involvement and support with prevention activities  Outcome: Prevention activities continue to be impactful and effective. FY 22 will show more initiatives in Carroll County.	NA	Continued
<b>Prevention:</b> Increase access to evidence-based prevention	Ensure those that engage in prevention activities have access to EBP	Provide those engaged in prevention services access to EBPs Ensure those that utilize prevention services, e.g. school systems, are aware these options exist and are best-practice	Measurement indicator: EBP prevention Baseline data: Prevention programs connected to ADAMHS are required to be evidence based Target: Maintain these services and ensure those that are developed meet this same standard  Outcome: The Board and the local prevention program always prioritize EBPs when looking to address local needs.	NA	Met
<b>Recovery Ohio and Prevention:</b> Suicide prevention	Increase suicide prevention programming and education	Collaborate to resurge the Suicide Prevention Coalition who will:	Measurement indicator: suicide prevention coalition Baseline data: new coalition is in initial stages of development	NA	Continued

		<ul style="list-style-type: none"> <li>-Explore universal suicide-prevention messaging.</li> <li>-Identify target areas for the prevention campaign</li> <li>- Implement campaign.</li> </ul>	<p>Target: Coalition will be formed with a wide representation of community sectors</p> <p>Outcome: It is anticipated that the suicide coalition will be drawn in under the existing prevention coalition that uses at 12 sector approach. This will likely be voted on at the September 2021 prevention coalition meeting.</p>		
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**New Priorities for SFY 2022 (if applicable)**

3. **If applicable**, please add new Block Grant, State or Board priorities for SFY 2022 that were not reflected in the previous Community Plan for SFY 2021-2022. [The Department is especially interested in new priorities related to the following areas identified as priorities for RecoveryOhio priority areas, including: (1) access and capacity changes for mental health and addiction services for both adults and children/youth; (2) health equity concerns for racial and ethnic minorities and people living in Appalachia or rural Ohio; (3) distinctive challenges for multisystem youth, families involved in child welfare, and for criminal justice-involved Ohioans; (4) prevention and/or decrease of opiate overdoses and/or deaths; and/or (5) suicide prevention]. Please add the priority to the matrix below and complete the appropriate cells. If no new priorities are planned, please state that the Board is not adding new priorities beyond those identified in item 2 above.

Priority	Goal	Strategy	Measurement
Develop the local SUD system of care	Develop a men’s SUD residential treatment facility	With the availability of OMHAS capital funding, ADAMHS and OhioGuidestone will collaboration to	Measurement indicator: number of residential beds

		<p>build and administer a local men's residential treatment facility</p>	<p>Baseline data: there are -0- mens SUD residential beds in Tuscarawas and Carroll Counties</p> <p>Target: Considering the delay in construction brought about by the pandemic, it is anticipated this project will be completed in 2023.</p> <p><i>Copy and paste above for multiple indicators</i></p>
Crisis Services	<p>Ensure the local crisis system of care is both clinically and fiscally sound</p>	<p>Participate in OMHAS crisis trainings/workgroups/etc. to gather the most up-to-date information on best practice</p> <p>Complete a review of the current services and track an individual's path from need for crisis intervention to discharge. This has been started in collaboration with Thom Craig/Peg's Foundation.</p>	<p>Measurement indicator: mapping of crisis services and client experience</p> <p>Funding necessary to sustain crisis services at decreased utilization</p> <p>Baseline data: Data review to be done in FY 22</p> <p>Stop the trend of the cost of crisis assessments increasing at a significantly higher rate than the utilization</p> <p>Target: Process map to be completed in FY 22</p> <p>Process map will include options to strengthen our existing crisis system within the changing system we've experienced the last 24 months</p>

<p>Suicide Prevention</p>	<p>Re-surge the Suicide Prevention Coalition and direct prevention activities to youth as well as intervention to those that have lost a loved one to suicide</p>	<p>Collaborate with the local prevention coalition that utilizes the 12 sector approach</p> <p>In partnership with school representatives, develop a school-based suicide prevention plan</p>	<p>Measurement indicator: coalition development and school-based prevention work</p> <p>Baseline data: a small contingency is working to re-develop the coalition</p> <p>Partnerships with some local school districts on the topic has begun</p> <p>Target: the coalition will be brought under the umbrella of the local prevention coalition</p> <p>A plan for the 2022-2023 school year will be developed</p>
<p>Collaborative with Farm Bureau</p>	<p>Board will partner with the local Farm Bureau to address behavioral health issues</p>	<p>The Board will build and sustain a collaborative with the regional Farm Bureau and other ADAMHS Boards that decreases BH stigma and increases awareness</p> <p>Messaging that is palatable to the farming community will be developed and reviewed by the Farm Bureau attendees</p>	<p>Measurement indicator: Collaborative events and materials developed</p> <p>Baseline data: -0- events to date</p> <p>-0- materials developed</p> <p>Target: the collaborative will speak at 2 Farm Bureau events in FY 22</p> <p>The collaborative will develop at least one piece of stigma reduction/awareness material for the farming community</p>

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

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

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

ADAMHS Board of Tuscarawas and Carroll Counties

\_\_\_\_\_

ADAMH Board Name (Please print or type)

\_\_\_\_\_

ADAMH Board Executive Director

08/18/2021  
Date

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ADAMH Board Chair

08/18/2021  
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.)].