

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

Enter Board Name: ___Allen, Auglaize, Hardin _____

NOTE: OhioMHAS is particularly interested in areas identified as priorities for RecoveryOhio, including: (1) access and capacity changes for mental health and addiction services for both adults and children/youth; (2) health equity concerns for racial and ethnic minorities and people living in Appalachia or rural Ohio; (3) distinctive challenges for multisystem youth, families involved in child welfare, and for criminal justice-involved Ohioans; (4) prevention and/or decrease of opiate overdoses and/or deaths; and/or (5) suicide prevention.

Environmental Context of the Plan/Current Status

1. Describe the economic, social, and demographic factors in the board area that influence service delivery. Note: With regard to current environmental context, boards may describe the impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.

Allen County is a rural farming and manufacturing community. With a population of over 106,331 it stands out as the largest county between Montgomery, Lucas, and Franklin. Allen County experiences significant poverty with 15% of residents below the poverty level. Lima stands out in the region as having the most diverse population with 11.7% of the population being African American and 2.88 % Hispanic. Lima also experiences significant poverty in certain areas of the city. The Lima City Schools while making significant progress over the past years still struggles with graduation rates, graduating just over half of its students. Because of the range of services and the diversity of populations, Lima has experienced a migration from surrounding counties over the years of people seeking both treatment and anonymity.

Auglaize County is a rural farming community with some manufacturing in the western part of the county with a population of 45,949. The population is fairly homogenous and affluent with over 96% of the population being white. It is the most prosperous of the three counties with only 9% of the population living under the poverty level.

Hardin County is a rural farming community with a population of 31,480. Kenton is the county seat and Ada is the home of Ohio Northern University. There is a high degree of poverty like that of Allen County at 17% of the population living under the poverty level. While over 96% of the population is white there is present in the county both Appalachian and Amish cultures. As a result, the population often does not seek help being more family focused and in the case of the Amish very bound to religious authority direction. Hardin County has experienced an explosion in opiate use in the past two years.

Social

Difficulty finding the individuals/families that are in the highest need for services as they do not always present to the community mental health centers. Need to engage individual/families in more unique ways – breaking down barriers to service provision – go to where they are at – schools, homes, neighborhood centers, creating the health homes, etc.

Demographic

Allen County (population 106,331): 83% White / 17% Minority; Poverty – 15% below 150% poverty level; <18 poverty – 25%

Auglaize County (population 45,949): 97% White / 3% Minority; Poverty – 9% below 150% poverty level; <18 poverty - 14%

Hardin County (population 32,058): 97% White / 3% Minority; Poverty – 17% below 150% poverty level; <18 poverty level – 25%

Allen County

157 commitments

15% = 4/5-degree felonies

Auglaize County

64 commitments

63% = 4/5-degree felonies

Hardin County

56 commitments

48% = 4/5-degree felonies

Economic

Allen County unemployment: 3.2%

Auglaize County unemployment: 2.5%

Hardin County unemployment: 3.4%

The Continuum of Care requirements have been the primary focus for service delivery even though some of the requirements do not align with our communities' needs and what we have found to be successful. For example, we do not find residential treatment for opiate addiction to be successful after spending hundreds of thousands of dollars with not one successful person, yet we are required to have this service.

Behavioral Health Redesign has challenged our agencies due to not receiving timely payments for services rendered. Agencies who offer peer support services have been impacted as well due to peers with a criminal record not being able to get NPI numbers timely or at all which meant the Board had to supplement their costs due to their inability to bill Medicaid. It has been challenging for our providers to work with multiple managed care plans who have different timelines for paying.

Assessing Needs and Identifying Gaps

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gaps in services and disparities, if any.
 - a. Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and people living with or recovering from mental illness and addiction in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention in SFY 2019. [ORC 340.03

(A)(1)(a)]. Describe the board's plan for on-going needs assessment in SFY 2020 if they differ from this current fiscal year.

The Board has gathered input from the community through several modalities: focus groups/committee task forces, community health assessments, collaboration with community stakeholders for needs assessments. These assessments and gaps analyses provide significant feedback for programming decisions, funding priorities, and community engagement.

Focus groups were conducted throughout the past year with the following groups:

- Suicide Coalitions
- Gatekeepers groups
- General public for Ohio's Community Collective Impact Model for Change (CCIM4C)
- Opiate hub groups in all three counties

Participated in Community Needs Assessments:

- AAA Mobility Transportation Assessment
- Activate Allen County
- MHTTC School System BH services Assessment
- Youth Commission Assessment

Community Health Assessment Data by County:

Allen

27% of adults considered binge drinkers, 9% youth
8% of adults used marijuana in the last 30 days, 12% youth
8% of adult used RX drugs not prescribed to them to feel good/or high, 5% youth
3% of adults seriously contemplated suicide, 15% of youth

Auglaize

20% of adults considered binge drinkers, 18% youth
6% of adults used marijuana in the last 30 days, 11% youth
3% of adult used RX drugs not prescribed to them to feel good/or high, 10% youth
3% of adults seriously contemplated suicide, 10% of youth

Hardin

17% of adults considered binge drinkers, 11% youth
6% of adults used marijuana in the last 30 days, 12% youth
9% of adult used RX drugs not prescribed to them to feel good/or high, 5% youth
6% of adults seriously contemplated suicide, 12% of youth

- b. Describe how the board collaborated with local health departments and their 2019 State Health Improvement Process. In your response, please include, if applicable, the following: 1) collaborative efforts specific to assessing needs and setting priorities. 2) barriers or challenges the board believes will have to be overcome moving forward that will result in complimentary public health and behavioral health plans, 3) advantages, if any, realized to date

with collaborative planning efforts, 4) next steps your board plans on undertaking to further alignment of public health and behavioral health community planning.

- 1) We are involved with all three of our health departments to assist with creating the questions surrounding all 3 Community Health Assessments. We actively participate in question selection to ensure that the data we would like regarding mental health and substance use is being captured. We then work with the health departments and other community stakeholders to create Community Health Improvement Plans for all three counties. For many years now the CHIP teams have determined that mental health and substance use are priorities in all three counties and as a result, have been written into the plan with detailed outcomes that are to be worked to achieve. We financially contribute to all three counties Community Health Assessment as well.
- 2) Local health departments do not provide much direct service to the community and at times can be hesitant to do so. Locally there is no comfort level in them offering a syringe exchange. While they offer Hepatitis C testing, they do not market that they do, and they do not treat those who test positive.
- 3) Advantages we have experienced: we do not have to re-create our own community health assessment, there is public acknowledgement that mental health and substance use issues are diseases which helps our system to reduce stigma by being included in a broader health environment. Allen and Hardin County Health Departments are Project DAWN sites.
- 4) Allen County is part of the Healing Communities grant which will require collaboration from Allen County Health Department as they are part of the grant which will further strengthen our efforts.

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

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

The Board through its designated agency, Coleman Behavioral Health, utilizes its Crisis Stabilization Unit of 15 beds to divert hospital stays as well as to decrease length of stay. In addition, Coleman utilizes their Polycam studio to implement weekly discharge planning meetings with the state hospital. We fund a Hospital Navigator who assists with discharge from the State Hospital back into the community for a more seamless approach.

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

Representatives from Allen, Auglaize, and Hardin Counties from Criminal Justice, Jobs and Family Services, children's Services, Direct Service Providers, NAMI, Consumers, Family and Children First, DD, and Health), community focus group (included Board of DD, contract agencies, DJFS, law enforcement, jail staff, court staff, etc.) identified the following ROSC elements as being most crucial:

- multi-disciplinary teams working together with the goal of recovery
- timely access to services and supports

- strategies to decrease stigma
- people in recovery and family members are actively involved in the evaluation of services, and
- primary care and behavioral health follow-ups are integrated

In response to the ROSC assessment:

- While multi-disciplinary teams already exist with drug courts, mental health courts, children services providers, and other community agencies, Board of DD, etc., this is an area where we are expanding into other arenas such as Fathers involved with Child Support Enforcement Agency.
- Walk-in access is available daily at our primary adult and youth agencies.
- The Board is developing a major awareness and promotion campaign on reducing stigma through community events, walks, videos, tv, radio and social media.
- Surveys are sent periodically to various stakeholder groups out via survey monkey including clients and their families to evaluate programs.
- Integrated healthcare is a major focus especially for our adult provider who has Lima Memorial Hospital embedded as a medical provider into the mental health clinic, labs on site, and exchange of information for integrated care. St. Rita's Mercy Health will be placing a lab in our adult provider's building soon in Auglaize County.
- Client and family members are a part of our Board as well as on some of our agency's Boards.

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

We are experiencing a shortage of chemical dependency counselors and LISW's/LPCC's to provide services to the influx of those addicted to opiates and to those with private insurance who require a credentialed staff. We consistently have a shortage of psychiatrists and nurses for our BH system. Many other arenas are hiring social workers (FQHC, schools) which is causing a shortage to the BH system.

We have no appropriate environment to receive patients who are on a probate order or an Emergency Medical Certificate in order to complete the pre-hospital screening.

We have a shortage of respite providers for families in need and no respite facility.

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

Although we have a stand-alone prevention agency, it can be difficult to get programming into the schools where we feel it is needed.

The budget allows for schools to plan for and attend to BH needs without ensuring what is being delivered falls within the Continuum of Care or Board's Strategic Plans. Other than medications, there are not funds for providing services within the jails. Halfway houses in the communities are taking clients from all over the state of Ohio and there is limited funding for supportive services. There are high-risk offenders residing in our counties from other communities who do not have access to proper treatment.

There is a need for more flexible funding options. There has been a shift to more grants that have specific guidelines and populations to serve which can be challenging and does not always meet

the needs of differing communities. In addition, a large portion of the grants continue to be operate related which is also not meeting community needs.

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

Priorities

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

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

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

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

Priorities for Allen, Auglaize, Hardin

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)	All IDU's will have same day screening for appropriate opiate treatment & recovery supports	SBIRT Ambulatory Detox Sub-Acute Detox Medical Detox MAT—Suboxone and Vivitrol Recovery Housing Recovery Coaching IOP Quick Response Team for OD's	Outcomes Required for Board: # served same day access # served by QRT	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)	All pregnant women will have same day screening and access to high risk detox or MAT if needed	SBIRT Ambulatory Detox Medical Detox MAT—Subutex Recovery Housing Recovery Coaching IOP MOMS Program	Outcomes Required for Board: # served same day access # served for all identified programs	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Reduce legal removal of children from parents who engage in inpatient treatment.	Family & Children First IHBT MRSS Family Stabilization Outreach Navigator Inpatient Treatment	Outcomes Required for Board: # children who remain in parent's custody # successfully completing inpatient treatment	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS, HIV, Hepatitis C, etc.)				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): We have those who need treatment for Hepatitis C but there are limited funds and providers offering this

MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Navigate identified children to recovery services to support them and their families.	IHBT EMDR Tele-psychiatry School Navigators Juvenile Court Navigators Hospital Navigator Drop-in Center	Outcomes Required for Board: # served for all identified programs	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Ensure access to hospitalization, safe affordable housing, and recovery supports. Coordinate and partner through education and intervention services with law enforcement in each county.	Crisis stabilization CPST Counseling Integrated physical/behavioral health Peer support Housing FIRST Episode Psychosis Cognitive Enhancement Therapy Community Outreach Navigation Changing Seasons	Outcomes Required for Board: # served for all identified programs # linked to services as a result of outreach efforts	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Persons with mental illness/addiction will have access to safe, affordable housing	Permanent Supportive Housing Assisted Living Recovery Housing HAP/financial assistance Shelter Plus Care	Outcomes Required for Board: # served	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Older Adults	Ensure fidelity to proven treatments for persons with the highest acuity mental illness and addiction – adults. Engage in community collaborations for seniors	Crisis stabilization CPST Counseling Integrated physical/behavioral health Peer support Housing	Outcomes Required for Board: # served for all identified programs	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant

Priorities	Goals	Strategies	Measurement	Reason for not selecting
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MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Collaboration with criminal justice system for seamless service delivery for those incarcerated and returning to community	Drug Court Coordination Psychiatry in jails Mental Health Court Coordination Family Treatment Court Community Transition Program	Outcomes Required for Board: # served # employed # recidivism # abstinent	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Integration of behavioral health and primary care services	Adults will have access to on-site integrated physical healthcare	Partnerships with primary care with co-located services	# served	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Adult clients will have access to on-site screening and assessment services	Recovery Coaching Peer Supporters Changing Seasons—drop in center Recovery/Supportive Housing Supportive Employment	Outcomes Required for Board: # served # employed # in safe housing	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Persons who are LGBTQ will have access to community-based supports. All persons regardless of race, culture, or language will be treated with respect and dignity.	Support groups for adults and youth Minority Outreach Worker	Outcomes Required for Board: # served	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	Law enforcement, professionals, and the community have access to Narcan provided by Board and Health Department including immediate replacement 24/7 and access to community outreach.	Narcan kits available Immediate refills available at the Crisis Center Community Outreach Worker available for all emergency responders to follow-up on OD's Quick Response Team	# of Narcan incidents # of referrals to outreach worker	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Promote Trauma Informed Care approach	To provide training and support to provider agencies to develop trauma informed approaches.	EMDR training ROSC agency evaluations	# persons trained Identify areas for targeted development	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting

Prevention: Ensure prevention services are available across the lifespan	Access to prevention services in all three counties with a focus on school-based prevention Create education campaigns for the community at large	Collaborate with senior citizen agencies & AAA Develop strategic plan with schools K-12	# of schools with strategic plans # served	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Increase access to evidence-based prevention	Expand current programs and implement new evidence-based prevention programs	MHFA Stacked Deck RRR PAX GBG Lifelines PAX at Home Incredible Years WISE Program Let's Talk Campaign I Mind	# served	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Suicide prevention	Reduce number of suicides and increase awareness	Suicide Coalitions in all 3 counties Suicide Awareness Walks in all 3 counties Continue to expand Mental Health 1 st Aid Media campaign	Coalitions meet monthly to develop and work on goals MHFA will provide 15 trainings Media team to raise awareness through social media, radio, and tv	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Community residents will have access to services for problem gambling prevention and treatment	SOGS screening tool utilized Stacked Deck for youth Billboards Tri-fold information cards	Outcomes: # served -	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Coordination with CPS agencies to build a stronger system	Reduce out of home placements	Rapid WRAP around, linkage to immediate SUD treatment via Navigators placed at CPS agencies, MRSS	Reduction in out of home placements

Collaboration

5. Describe the board's accomplishments achieved through collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public during the past two years. (Note: Highlight collaborative undertakings that support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)
- Strong connection with the criminal justice system at all levels: Courts, Corrections, Parole/Probation, Law Enforcement
 - We have Youth Led Prevention Gatekeepers groups in 22 schools that are working on mental health awareness and suicide prevention within their schools
 - We have trained over 500 teachers in the PAX Good Behavior Game
 - Strong prevention programming at stand-alone prevention agency
 - Same day access for screening
 - 15 bed crisis stabilization unit that includes withdrawal management
 - Critical Incident Stress Management Team
 - Strong relationship with a Media/Marketing Firm who produces high quality materials and an excellent relationship with all the local print and broadcast media willing to send our message of awareness
 - Over 3,000 people in our communities have been trained in Mental Health First Aid
 - Integrated physical and behavioral healthcare at Coleman
 - Collaboration with medical clinic to provide MAT to those in need especially with complicated medical needs with navigation services

Inpatient Hospital Management

6. Describe the interaction between the local system's utilization of the State Hospital(s), Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that is expected or foreseen.
- We continue to have struggles with beds being available when needed even though we try to utilize other options first such as our local inpatient psychiatric unit and crisis stabilization unit. We have been told that the number of civil beds is extremely low due to competency evaluation forensic patients. We have patients sitting in local ED's for 4-5 days waiting for State beds which is challenging the community partners in a variety of ways: taxing hospital law enforcement, taxing ED's, taxing the local community MH provider who is trying to secure the placement.

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	Identifier Number	ALLOCATION

B. Request for Generic Services

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

B. AGENCY	Identifier Number	SERVICE	ALLOCATION

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

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

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

Mental Health & Recovery Services Board-Alen, Ayslaire, Hardin
ADAMHS, ADAS or CMH Board Name (Please print or type)


ADAMHS, ADAS or CMH Board Executive Director Date 8/22/19


ADAMHS, ADAS or CMH Board Chair Date 8-21-19

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

Instructions for Table 1, “SFY 2019 -20 Community Plan Essential Services Inventory”

Attached is the SFY 19-20 Community Plan Essential Services Inventory. **Each Board’s completed SFY 2018 form will be sent in separate email should the board want to use it to update information.**

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

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

Instructions for the Essential Services Inventory

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

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

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

Additional Sources of CoC Information

1. **Emerald Jenny Treatment Locator** <https://www.emeraldjennyfoundation.org/>
2. **SAMHSA Treatment Locator** <https://www.findtreatment.samhsa.gov/>

