

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

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

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.

Ashtabula County is the northeastern most county in the state of Ohio, encompasses 702 square miles and is the largest county in Ohio by area. It is a federally designated Appalachian Region and is struggling with many of the same economic and educational deficits found in other Appalachian regions of the state. The county has two Qualified Opportunity Zones, one in Ashtabula City and one in Conneaut. According to population estimates by the U.S. Census Bureau, the 2018 population estimate is 97,483. 5.6% of residents are under the age of 5, 22.2% are under the age of 18, and 18.6% are persons 65 years of age and older. The racial makeup of the county is 93.2% White, 3.8% Black/African American, 0.3% Native American, 0.5% Asian, and 2.2% two or more races. 4.2% of the population is Hispanic or Latino and 6.6% reside in homes where a language other than English is spoken. Median household income for 2013-2017 was \$43,017. 19.3% of persons of all ages were living in poverty compared to 13.9% for Ohio and 28.4% of youth under the age of 18 were living in poverty compared to 19.8% for Ohio. 85.7% of the population aged 25 years or older has a high school degree or higher and 13.4% has a bachelor's degree. According to the Robert Wood Johnson Foundation 2019 County Health Ranking Report, 28% of children live in poverty compared to 20% for Ohio and 36% of children live in single-parent households. 88% have a high school diploma and 46% have some college compared to 65% for Ohio. The 2019 Ashtabula County Community Health Assessment revealed that 10% of county adults were without health care coverage and reported they could not afford to pay the insurance premiums. The location of most human service resources are primarily in the northern part of the county including all comprehensive behavioral health agencies, Job and Family Services, Children's Services, and Emergency Medical Services. There is limited public transportation throughout the county and the only regular bus route in the county runs in the City of Ashtabula 6 a.m. to 5 p.m. Monday through Friday with shorter hours on Saturday. Transportation can be arranged through public transportation for free or a fee for the remaining areas of the county but there can be extensive wait times between the time a person is dropped off, their appointment time and the time they are returned home. Senior levy pays for some additional transportation for seniors. Medicaid pays for some transportation to medical appointments. Limited

resources and the vast area to be covered have curtailed expansion of the public transportation system in the county. 694 respondents to the Ashtabula County Community Action Agency 2018 Needs Assessment reported that Drug or Alcohol Use remains the biggest problem within the community. Poverty was identified as the second biggest problem, lack of jobs was third, and crime was fourth. The high poverty rate and the high Medicaid penetration rate, especially with the implementation of Medicaid Expansion, has meant that Medicaid Managed Care carve-in has had a significant impact on the county and its residents. One area specifically revolves around the difficulty in obtaining prior authorization for services such as substance use disorder residential care. It is increasingly difficult for agencies providing this care to obtain more than a 30 to 45 day stay in a residential setting. Payment for services and changing of service level of care criteria has also been a problem. Payment for services has not always been consistent and inconsistencies in criteria for prior authorizations exist inside and between Managed Care Organizations. There is a need to hold managed care organizations accountable for care coordination and collaboration with the Board to engage clients with complex needs. Increased flexible funding options are needed to address emergent needs of clients.

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 views needs assessment as a continuous, ongoing process. The Board ensures regular input from people in recovery and stakeholders and utilizes quantitative and qualitative data. The Board has engaged a number of different local planning bodies in assessing needs. For example, the Board has significant collaborations with the criminal justice system and is a member of the Collaboration Boards for the: Ashtabula County Drug Court, Criminal Justice Behavioral Linkages Project, and Residential Substance Abuse Services Project. These Boards meet at least quarterly to plan and evaluate services to ensure the behavioral health treatment needs of adults with mental illness and/or addictions are addressed. The Board is a key member of the Family Drug Court Leadership Team and identifies the needs of parents and children as a result of substance misuse and involvement with Children Services. The Board Executive Director is a member of the Family and Children's First Council, Community Corrections Board, Health Department Needs Assessment Committee, Ashtabula County Prevention Coalition, Ashtabula County Suicide Prevention Coalition, Job and Family Services Transportation Advisory Board, and the Child Fatality Review Board. The Board's Program Director is a member of the Building Resilience Together Committee, Family and Children First Council Public Information Committee, Advisory Committee and Service Coordination Team as well as a member of the Supported Employment Steering Committee and Ashtabula County Public Health Advisory Team. The Board serves as the backbone organization for the Ashtabula County Substance Abuse Leadership Team which includes representatives from: the two local hospitals, education, criminal justice, law enforcement, criminal justice system, emergency medical personnel, fire departments, commissioners, and city managers. Participation in these Community collaborations includes assessing local needs and identifying priorities that effect prevention,

treatment, and recovery support services. The Board is a member of PartnerSolutions a collaborative of 12 County Boards which provides significant information regarding the characteristics of persons served, service utilization, and client outcomes as well as a variety of other vital services. The Ashtabula Board Director is the chair of the PartnerSolutions Steering Committee. The Board will continue to collect quantitative and qualitative needs assessment data in Fiscal Year 2020.

- 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 gaps 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.

The Ashtabula County MHRS Board contributed financially and participated fully in the 2019 State Health Improvement Process as part of the local collaborative team that contributed to the Ashtabula County Health Needs Assessment, and is continuing the collaboration as the team develops the Ashtabula County Health Improvement Plan. The collaborative team is organized by the Ashtabula County Health Department and includes representatives from Ashtabula City and Conneaut City Health Departments, University Hospitals, Ashtabula County Medical Center, Ashtabula County Commissioners, Catholic Charities, Community Counseling Center, Lake Area Recovery Center, Signature Health, and representatives from local public school districts and A-tech. The team has been meeting regularly since May of 2018 for the current ACHNA and ACHIP. The Health Needs Assessment Survey and CHIP process has been facilitated by Hospital Consortium of Northwest Ohio. The dates of the process were changed to align with the needs of the hospital systems and their timelines for needs assessment and planning. The group met to collaboratively select questions for the assessment survey that would address the needs of all the parties involved. In January and February of 2019, 1200 surveys were sent to randomly selected addresses in Ashtabula County. While 308 surveys were returned, this number was just shy of the number needed to meet the 95% confidence level for the data. The team continues to meet currently as the group reviews the data together to identify needs, gaps, and prioritize areas of focus for the CHIP. Barriers include poor survey response and the limited number of questions allowed in the survey. The collaborative process has helped the county recognize behavioral health issues as public health concerns, and helps the county address those concerns with coordinated solutions. The Board plans to continue participating in future CHA and CHIP processes, and continues to be represented at regular team meetings as the ongoing process moves forward.

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

There have not been any dispute resolutions filed and thus no child service needs identified based on any finalized disputes.

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

Some individuals could benefit from a more intensive level of care and wraparound services once released from the State Regional Psychiatric Hospital. However, the Board has explored the ability to develop and implement a local ACT Team on two separate occasions, but there were not enough clients who met the criteria to make this feasible. As an alternative the Board increased support services such as payeeship, guardianship, emergency assistance and crisis care.

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

The primary service and support needs determined by the Board's Recovery Oriented System of Care assessments concerned the need to develop more peer leaders, increase peer-based recovery staff, and engaging people in recovery in the evaluation of services and development of new programs. A system of care need identified included having safe, sober and fulfilling activities offered in the community. During Fiscal Year 2019, the Board worked to develop and expand peer recovery services. The Board coordinated a local Peer Supporter training. An area of high need for peer supports services was identified as persons with substance use disorders involved in the criminal justice system. The Board is assisting in the funding of a Peer Supporter for the Connection Center which serves persons on probation through one of the three Ashtabula County Common Pleas Courts. The Board assisted two specialized dockets in seeking grant funding for a peer supporter for Family Drug Court and a mentoring program with peer supporters for the Adult Common Pleas Drug Court. The Board conducted focus groups with participants receiving behavioral health services in the jail and persons in Drug Court to assist in service evaluation and program development.

- 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)].

Community Health Needs Assessment: Mental Health related data was obtained from the 2019 Ashtabula County Community Health Needs Assessment survey of 308 respondents. Results indicated that in the past year, 15% of respondents had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities. 6% considered attempting suicide, while <1% reported attempting suicide in the past year. 48% reported that they would call a crisis line if they knew someone who was suicidal and 11% said they would text a crisis line. 23% of respondents reported experiencing four or more adverse childhood experiences. 12% of respondents used a program or service for help with depression, anxiety, or other emotional problem for themselves or a loved one and 67% reported they did not need such a service. The most common reasons reported for not using a program or service to help with depression, anxiety, or emotional problems was: 9% reported not being able to afford to go, 7% fear, and 5% reported stigma.

Provider Assessment: A 2019 survey of Board contract providers indicated that although our system is able to address all services required by the Continuum of Care, workforce shortages in the areas of licensed clinicians, CPST workers, and psychiatrists make addressing capacity needs difficult. Increased workforce capacity, community education and awareness of local resources is needed as well as increased promotion of peer support services.

Mental Health Prevention/Early Intervention across the lifespan: Local behavioral health agencies have community support and therapy staff in most buildings in all 7 schools districts. There

is a growing need to have additional mental health staff in the schools. The need is not just for treatment staff but for staff trained to do behavioral interventions with youth who are exhibiting the need to self-regulate before returning to a classroom or someone teachers can use when they observe a student that may be in need of someone to check on their mental health wellbeing. With the growing number of adolescent suicides in the county, all schools have expressed a need to increase this kind of student and staff support at all grade levels. There is a need to expand all of our current efforts, especially PAX Good Behavior Game, Botvin LifeSkills Training, Signs of Suicide Program and Teen Institute. There continues to be a lack of funding to increase the number of prevention specialists as there is only one in the county

Suicide: The Ohio Alliance for Innovation in Population Health published a study in May 2019 that reported Ashtabula County's average annual suicide rate from 2008-2017 was 18.03, 5th highest of the 88 counties. During 2018, there were 21 completed suicides, six were female and 15 were male. Age ranges were: four 15-24, three 25-34, one 35-44, three 45-54, five 55-64, three 65-74, and two 75-84. Death by firearm was the cause of 11, five by asphyxia, and the remaining five were the result of Intentional overdose, blunt trauma, drowning, stab wound, and exsanguination.

Youth Mental Health: Risk factors for depression identified in a 2017 survey of 2,272 students included: bullying; living with someone who was depressed, mentally ill or suicidal; living with someone who abused alcohol or drugs; and not having many adults in their neighborhood they could talk to about something important. During Fiscal Year 2019, the MHRS Board provided Rachel's Challenge training to all 7 Junior High/Middle Schools and all 8 high schools and A-Tech, our vocational school to improve school climate, decrease bullying, and increase connectedness.

Substance Use Needs

Community Health Needs Assessment: Adult Substance Use data obtained from the 2019 Ashtabula County Community Health Needs Assessment of 308 respondents indicated that: 74% identified as having had at least one alcoholic drink in the past month, 23% reported binge drinking, and 6% reported driving after drinking too much. Within the past six months, 7% reported using marijuana, 3% reported misusing prescription drugs, and 3% reported using recreational drugs. 23% of adults had four or more adverse childhood experiences in their lifetime. 1% of respondents reported used a program to help with a drug or alcohol problem and 92% reported no program was needed. The most commonly reported reasons for not using a service to help with a drug or alcohol problem included: 4% stigma of seeking alcohol or drug services, 2% transportation, 2% could not afford to go, 2% insurance did not cover, and 2% fear or afraid of getting in trouble.

Provider Assessment: A 2019 survey of Board contract providers indicated that although our system is able to address all services required by the Continuum of Care, there is a need for increased sober living opportunities particularly for clients transitioning from inpatient treatment. Limited workforce and a lack of transportation also contribute to reduced service accessibility. One provider is planning to increase the number of female residential treatment beds and another provider received a grant for a recovery house specifically for women with opiate use disorder who are pregnant and/or have small children. Stimulant abuse has been increasing and there is a need for clinical training regarding evidence-based treatments.

Substance Use Prevention/Early Intervention across the lifespan: Youth and adult prevention efforts have focused upon increasing assets and reducing risks. Two substances of high abuse targeted include alcohol and prescription drugs. Ashtabula County has a very active Prevention Coalition that plans and implements a variety of prevention programs throughout the County and in all seven of the school districts. The Board has utilized multiple funding sources such as Drug Free

Communities, Collective Impact, and the Safe RX Initiative to promote the strategic plans of its Coalition and Substance Abuse Leadership Team to reduce the supply of prescription medications and address overdose reversal. Having only one certified Prevention Specialist in the County limits the ability to meet all the prevention needs of youth and adults.

Drug-related Deaths: During 2018, there were 33 drug-related deaths, 27 involved drug overdoses and 5 were other drug-related deaths which included suicides and accidental deaths. Regarding the 27 persons who died as a result of a drug overdose, 20 were male and 12 were female. 17 drug overdoses were the result of fentanyl, 5 resulted from multiple drug toxicity, 2 from heroin, 2 from Methamphetamine, and one undetermined.

Recovery Oriented System of Care Assessment: The primary service and support needs determined by the Board's Recovery Oriented System of Care assessments concerned the need to develop more peer leaders, increase peer-based recovery staff, and engaging people in recovery in the evaluation of services and development of new programs. A system of care need identified included having safe, sober and fulfilling activities offered in the community. During Fiscal Year 2019, the Board worked to develop and expand peer recovery services. The Board coordinated a local Peer Supporter training. An area of high need for peer supports services was identified as persons with substance use disorders involved in the criminal justice system. The Board is assisting in the funding of a Peer Supporter for the Connection Center which serves persons on probation through one of the three Ashtabula County Common Pleas Courts. The Board assisted two specialized dockets in seeking grant funding for a peer supporter for Family Drug Court and a mentoring program with peer supporters for the Adult Common Pleas Drug Court. The Board conducted focus groups with participants receiving behavioral health services in the jail and persons in Drug Court to assist in service evaluation and program development. An additional need identified through these focus groups is for a sober-living club for persons in recovery.

Youth Substance Use: Information obtained from the 2017 OHYES survey of 2,365 students indicated that youth substance use problems include: past-30 day use of alcohol, access to prescription drugs, and perception of parental disapproval regarding alcohol. 11.8% of 2,365 students reported using alcohol in the past 30 days, including students as young as 12 years old. In addition, 2.7% reported using prescription drugs not prescribed for them. 66% of youth perceive moderate to high risk with alcohol abuse and 94% perceive moderate or high risk in using prescription drugs not prescribed for them. The 2017 Prevention Coalition Community Survey has been used to identify environmental conditions in the areas of awareness, ease of access, community norms and perception of risk: 36% of respondents have prescription medications in their homes that could be abused; 22% of adults viewed underage drinking as part of growing up; and 23% of adults believed it was okay for underage youth to consume alcohol if their parents permit it.

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.

Crisis Services: Although other agencies provide crisis intervention for their clients, the Board contracts with one provider agency to respond as its 24/7 crisis intervention entity. During Fiscal Year 2019, there were 276 individuals who received crisis services. Locations for crisis contacts were: Signature Health, ACMC, Ashtabula County Jail, Ashtabula City Jail, Children Services, Juvenile Resource Center, hospitals, and the homes of clients known to the crisis provider agency. The current crisis service could benefit from additional workforce to expand its capabilities to respond to families in crisis and when law enforcement is on the scene due to behaviors that are related to an

individual's potential behavioral health symptomology. Currently, the Board has adult crisis beds available in Geauga County. However, Ashtabula County residents are reluctant to go to another county for this service and the site of service has limitations in its immediate access capability. An in-county adult crisis bed is needed and the Board has collaborated with a local hospital and the Northcoast Behavioral Health Hospital Collaborative to expand crisis beds in the region further to include at least one crisis bed in Ashtabula County that would be open to residents of the region as well as Ashtabula County residents, however this is pending approval and funding by the Department. The MHRS Board collaborated with community partnerships to develop and implement an Incident Response Team for the local schools that responds to the schools after a student death, teacher death or any other incident that the school feels they will be in need of mental health first aid and support. The team operates on 2 levels: all members have been trained in MH First Aid and they refer any youth or staff that need more intensive intervention to a clinically trained member to help them cope with the situation. This is available to all grade levels. The County's LOSS Team (Local Outreach to Survivors of Suicide) respond to calls from the Coroner's Office to suicides, traumatic death situations or with the local dive team to support survivors and educate them about resources to divert a mental health crisis situation for the friends and family members.

Mental Health and Criminal Justice: The Board participates in a Criminal Justice Behavioral Health Linkages program at the County Jail. Funding is allocated for a full-time reentry staff member who serve persons with mental health disorders to link them to the necessary treatment and recovery supports pre- and post-release. Due to the high numbers of persons incarcerated who have mental health disorders, another full-time counselor is needed to meet the demand. However, due to the limitations of the jail's physical facilities, the Jail cannot accommodate any additional staff. Another need at the jail is increased psychiatric time. However, due to workforce shortages and obtaining a psychiatrist willing to work within the physical limitations of the jail, psychiatric services for persons incarcerated is not sufficient to meet demand. A high percentage of individuals served in the Adult Common Pleas Mental Health or Drug Courts have mental health and substance use co-occurring disorders. The courts could benefit from an independent assessment person who is dually credentialed to increase timely access to these specialty dockets. The Adult Common Pleas Mental Health Court identified a need to increase its capacity to serve more individuals and during Fiscal Year 2019, the Board assisted the Court in applying for a Justice Assistance Grant to increase the court's Coordinator from part to full-time.

Child Welfare: Ashtabula County has experienced a sharp rise in the number of children removed from their homes due to the increase in parents struggling with an opiate or other substance use disorder over the past 5 years. During 2018, 1,131 children were involved with the Ashtabula County Children Services Board (CSB) and the average number of children in placement was 237. Of the 227 children removed during the calendar year, 85 were removed due to substance abuse by the parent/caregiver. However, this number does not reflect the actual numbers as neglect was often documented when substance abuse was the root cause of removals. The Ohio Department of Job and Family Services Data Dashboard reports the percentage of children removed with Parental Drug Use/Abuse as a removal reason has increased from 25% in January of 2014 to 59.3% in January of 2019. CSB experienced the most significant increase in that percentage from 43.9% in January 2018 59.3% in January 2019. In calendar year 2018, the total number of drug-exposed babies was 57, with 34 children under the age of 1 year removed due to parental drug use. During Fiscal Year 2019, the Board collaborated with the Family Drug Court and submitted a grant to expand capacity and peer support services for parents with substance use disorders involved in the child welfare system. Ashtabula County CSB is an OhioStart participant and the staff of the MHRS Board are on the local steering committee.

Prevention/Early Intervention across the lifespan

The Ohio Alliance for Innovation in Population Health published a study in May 2019 that reported Ashtabula County's average annual suicide rate from 2008-2017 was 18.03, 5th highest of the 88 counties. During 2018, there were 21 completed suicides, six were female and 15 were male. Age ranges were: four 15-24, three 25-34, one 35-44, three 45-54, five 55-64, three 65-74, and two 75-84. Death by firearm was the cause of 11, five by Asphyxia, and the remaining five were the result of intentional overdose, blunt trauma, drowning, stab wound, and exsanguination.

Local behavioral health agencies have community support and therapy staff in most buildings in all 7 schools districts. Although this has been very helpful there is a growing need to have additional mental health staff in the schools. The need is not just for treatment staff but for staff trained that can do behavioral interventions with those youth who are exhibiting the need to self-regulate before returning to a classroom or someone teachers can use when they observe a student that may be in need of someone to check on their MH wellbeing. With the growing number of adolescent suicides in the county, all of the schools have expressed a need to see an increase in this kind of student and staff support at all grade levels.

There is a need to expand all of our current efforts, especially PAX Good Behavior Game (preschool-3rd grade), Botvin LifeSkills Training (3rd grade-12th grade), SOS (Junior High/Middle School and High School), Racheal's Challenge (Junior High/Middle School and High School), SOS (Junior High/Middle School and High School) and Teen Institute (High School). The Coalition would also like to address the prevention needs of those students involved with the child welfare system and those struggling with homelessness, both with and without their parents. There continues to be a lack of funding to increase the number of prevention specialists as there is only one in the county and a great need for funding and staff to meet the mental health needs of the schools for those students that fall into the Indicated area of prevention.

The Board is in the process of revamping its website and will be adding some self-screening tools to more quickly link persons to appropriate services and resources. During fiscal year 2020, the Board plans to expand its suicide prevention strategies to target middle aged men and seniors. The Board will also focus efforts to implement a campaign designed to normalize help seeking behaviors.

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 (enter name of Board)

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Provide services to persons who are IDU within 48 hours of contact with a provider.	<ol style="list-style-type: none"> 1. Ensure access to treatment through the Transitions program. 2. Support expansion of detox and residential treatment services 3. Support access to medication assisted treatment 	<ol style="list-style-type: none"> 1. Number referred and number of those who had a treatment services appointment within 2 business days. 2. Contract with Glenbeigh for 250 detox and residential treatment days 3. Number served who received medication assisted 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 boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Provide accessible and individualized services to women who are pregnant and have a substance use disorder.	<ol style="list-style-type: none"> 1. Implement the Maternal Opiate Medical Support Program 2. Provide recovery housing for women with OUD who are pregnant 	<ol style="list-style-type: none"> 1. Number of pregnant women served in MOMs program 2. Number of women and children who obtained recovery housing 	<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)	<ol style="list-style-type: none"> 1. Increase the capacity of the Family Drug Court (FDC) from 12 cases or 24 parents to 4 cases or 48 parents. 2. Incorporate wraparound peer recovery support services to assist parents and families with treatment engagement and retention, achievement and maintenance of recovery, and linkages to recovery and social supports. 3. Ensure provision of evidence-based parenting programs for parents with SUDs who have dependent children who are at risk of parental neglect/abuse. 4. Participate in the Ashtabula County Children Services Ohio Start Initiative. 	<ol style="list-style-type: none"> 1. Increase FDC Coordinator from part-time to full-time and Board assist in collaborations to maximize appropriate referrals. 2. FDC, MHRS Board, and Provider work to implement peer supporter position within the FDC 3. Implement and monitor utilization of Celebrating Families parenting program 4. Board Executive Director or designee attend Ohio Start Initiative meetings and provide support to address identified local needs. 	<ol style="list-style-type: none"> 1. Number of enrolled parents or guardians served; number of additional family members served; number of drug/alcohol tests performed on enrolled parents or guardians; number of enrolled parents or guardians arrested for a new drug offense while in the program; number of enrolled parents or guardians arrested for a new drug offense 6-12 months after exiting the program; number of enrolled parents or guardians who successfully exit the court having completed all requirements; average length of stay for enrolled parents or guardians. 2. Number of enrolled parents or guardian who received peer support services ; number of substance abuse, 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

			<p>mental health and recovery support services provided to enrolled parents or guardians; number of substance abuse, mental health and recovery support services provided to additional family members; percent of parents or guardians exhibiting a desired change in the targeted behavior (short and long term); number of children served; number of children placed in out-of-home care; average length of stay for children in out-of-home care; number of children reunited with their parents or guardians after being removed from the home and placed in temporary placement; number of parents or guardians whose parental rights were terminated; number of children in permanent placement .</p> <p>3. Number of parents who attend Celebrating Families Program and demonstrate improvement between pre and post-test results.</p> <p>4. Number of Ohio Start meetings attended.</p>	
<p>SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>	<p>Collaborate with the County Health Department regarding local trends and mechanisms to address communicable diseases among the population served by the Board.</p>	<p>Board participates in Ashtabula County Public Health Action Team to determine local trends regarding communicable diseases, anomalies, overdose deaths, and disaster preparedness.</p>	<p>Number of meetings attended. Information relevant to local trends are provided to those who serve clients</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<p>Provide services and supports to children with SED that ensure utilization of the least restrictive level of care.</p>	<p>1. MST and Intensive Home-Based Therapy. 2. SED Youth will have support in their transition to adulthood. 3. Provide High fidelity wraparound</p>	<p>1. Number of families served through MST that complete successfully 2. Number of transitional aged youth served through TIP that complete the program and who have stable housing and are in school or employed.</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>

			3. Number of WRAP cases completed and closed where the child remains in the home following services.	
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Provide a continuum of services that maximize recovery for persons with SMI.	<ol style="list-style-type: none"> 1. Ensure Immediate Access Clinic is available to assess walk-in appointments. Provide immediate access services to individuals with SMI who are not in crisis at the time of the referral 2. Ensure the provision of guardianship services. 3. Develop a local crisis bed through the regional project. 4. Provide emergency assistance funding to assist individuals with SPMI at risk of hospitalization or frequent crisis intervention. 	<ol style="list-style-type: none"> 1. Number of persons who request an immediate appointment and are seen and linked to mental health services within the same day of request. 2. Number of clients served who obtain stable housing within 6 months of program entry and number who maintain stable housing for a minimum of six months. 3. Local crisis bed is available to Ashtabula County residents. 4. Follow-up of persons who received emergency assistance funding indicates that the person remained in the community for at least 90 days. 	<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	Ensure the provision of emergency, recovery, and long-term housing for persons with mental illness and/or addiction.	<ol style="list-style-type: none"> 1. Coordinate emergency housing needs through Shelter Plus Care program. 2. Administer HUD Housing vouchers to persons in need of permanent housing 3. Provide recovery housing funding through ATP and Board levy dollars for persons with SUD. 	<ol style="list-style-type: none"> 1. Number of clients served through Shelter plus Care. 2. Percentage that maintain their housing more than one year. 3. Number of persons served through Recovery Housing funding. 	<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	Determine the mental health needs of Ashtabula County older adults	<ol style="list-style-type: none"> 1. Conduct focus groups of seniors to determine needs and approaches to meeting those needs. 	<ol style="list-style-type: none"> 1. Plan to meet the identified needs of older adults is developed. 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

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

Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	<p>1. Increase the % of persons who receive MH treatment in the county jail via the CJBH Project who are not rearrested within 6 months and one year of their release. Increase the percent of persons who are linked to services identified in their re-entry plans within 7 calendar days of release.</p> <p>2. Increase the capacity of the Common Pleas Drug Court and Mental Health Court and reduce the recidivism of persons who complete the program.</p> <p>3. Expand accessibility of treatment and recovery support services for persons who are on probation through all the Common Pleas Courts and have a SUD.</p>	<p>1. Reentry Specialist will provide screening and mental health services to persons within the jail setting, as well as community linkages and re-entry services.</p> <p>2. Board applied for funding for the Adult Drug Court through the Bureau of Justice and through OCJS for the Mental Health Court to increase capacity. Drug and Mental Health Court Treatment Teams will use best practices to ensure program completion.</p> <p>3. The Connection Center will provide a one-stop service center for persons on probation with the Common Pleas Courts with evidence-based treatment, recovery supports, community services, and access to probation officers for regular reporting.</p>	<p>1. % of persons who engage in CJBH program and are not rearrested within 6 months and one year of release. % of persons released from jail that are linked to services identified in their reentry plans within 7 calendar days.</p> <p>2. # of additional individuals served by the Drug and Mental Health Court in 2020. % who successfully complete the programs and who don't recidivate within 6 months of completion.</p> <p>3. # of persons who utilize the service, # who successfully complete treatment, and # who receive recovery supports and community services such as GED and Getting Ahead classes.</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe)</p>
Integration of behavioral health and primary care services	Increase access to health care services for persons with SUD	Provide health care services at the Connection Center	Number of health care services available at the Connection Center and number of clients who obtained them	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Provide adequate recovery support services for persons with MH/SUD	<p>1. Provide Supported Employment</p> <p>2. Increase Peer Support services</p> <p>3. Expand Recovery Housing beds</p> <p>4. Representative Payee</p>	<p>1. Number of persons served who become employed</p> <p>2. Number of peer supporters employed by contract providers</p> <p>3. 16 additional beds for men and 6 beds for women and their small children</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

			are available in FY 20 4. Number of persons who have a representative payee.	
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Identify barriers to accessing treatment services across populations and ensure materials are available for the Hispanic population.	1. Board's website and related materials are accessible to Hispanic population 2. Materials used by the Quick Response Team such as Your Life Matters and Board SUD Resource Manual are accessible to Hispanic population	1. Board's website and related materials are available in Spanish. 2. Quick Response Team materials are available in Spanish.	<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	Decrease the number of non-fatal and fatal overdose deaths.	Facilitate distribution of Narcan throughout the County and with the Quick Response Team.	Number of Narcan kits distributed and number of overdose deaths.	<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	Increase trauma-informed care throughout the system of care.	1. Collaborate across organizations in a learning community format by participating in the Building Resiliency Committee, a subcommittee of FCFC. 2. Expand services to youth involved with Juvenile Court MST Diversion Program to include trauma focused CBT	1. Number of meetings attended 2. Trauma-Focused CBT is available to youth who need this treatment modality	<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	Provide prevention services to persons in every age group	1. Provide PAX training in pre-K through 6 grades 2. Provide prevention information and messaging at health fairs, community events, schools, hospitals, businesses, and senior centers 3. Implement Coalition's Action Plans	1. Number of classrooms trained and implementing PAX 2. Number of events and materials 3. Number of action plan goals met	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<p>Prevention: Increase access to evidence-based prevention</p>	<p>The Board will fund and support evidenced-based prevention services across the lifespan.</p>	<ol style="list-style-type: none"> 1. Expand the capacity of teachers trained in PAX GBG in grades pre K- 6 grades in 6 of 7 school districts and one parochial school 2. Provide PAX Tools training to parents and community members 3. PAX Partner training to have a champion in every building 4. Provide one PAX Heroes Training in each district. 5. Provide Botvin LifeSkills Training to middle school and high school students 	<ol style="list-style-type: none"> 1. Number of teachers trained 2. Number of community members trained 3. Number of trained PAX partners 4. Number who attend Heroes Training. 5. Number of classes implementing Botvin LifeSkills Training. 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>Prevention: Suicide prevention</p>	<ol style="list-style-type: none"> 1. Reduce the number of suicide deaths by reducing access to firearms for persons at risk. 2. Expand community and gatekeeper training to increase linkage of persons at risk with treatment. 3. Increase awareness of intervention and treatment resources that encourage help-seeking behavior. 	<ol style="list-style-type: none"> 1. Educate and partner with local gun shops to encourage implementation of the Gun Shop Project. Implement two Means Matter events in FY 20 and distribute gun locks to the public. 2. Provide three QPR and three Mental Health First Aid Trainings to persons who interact with the 3 at-risk groups of youth, middle-aged men, and seniors. 3. Develop and distribute mental health resource guide. 	<ol style="list-style-type: none"> 1. Number of gun shops provided guidelines on how to avoid selling or renting a firearm to a suicidal customer and number of gun locks and educational materials distributed to community members 2. Number of trainings completed to target groups. 3. Number of mental health resource guides distributed. 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations</p>	<p>Ensure the identification and treatment of persons with problem gambling. Community members are educated about problem gambling</p>	<ol style="list-style-type: none"> 1. Gambling screening and assessment is included in provider Assessment. 2. Gambling prevention materials are purchased and distributed. 	<ol style="list-style-type: none"> 1. Number of persons identified and number who are referred to services. 2. Number of materials distributed. 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

Board Local System Priorities (add as many rows as needed)

Priorities	Goals	Strategies	Measurement
Workforce development.	<ol style="list-style-type: none"> 1. Collaborate with providers and partners across systems to determine specific workforce issues and needs. 2. Increase provider access to qualified applicants to expand workforce capacity in line with client demand for services. 	<ol style="list-style-type: none"> 1. Gather information via a resource assessment and provider survey of workforce issues and needs. 2. Participate in Health Resources and Service Administration Rural Communities Opiate Response Program and implement guidelines to strengthen local workforce capacity 	<ol style="list-style-type: none"> 1. Completed resource assessment 2. RCORP grant deliverables are completed within established timelines
Reduce stigma and increase community recognition of mental health and/or substance use disorders as public health issues and encourage help-seeking behaviors	<ol style="list-style-type: none"> 1. Persons in need of mental health or substance abuse treatment will access services and the public views mental illness and substance use as public health issues. 	Conduct research to determine effective evidence-based stigma reduction campaigns. Collaborate with all partners to implement the campaign in FY 20.	Community Health Assessment indicates a reduction in the % of respondents who do not access treatment because of stigma. Community Survey will indicate respondents identify mental illness and substance use as public health issues.

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?)

One of the Board's greatest strengths remains its strong collaborative relationships with Ashtabula County organizations, community members, family members, and consumers. During the current fiscal year, the Board has enhanced those relationships to include even more work with the criminal justice system and the child welfare system. The Board has continued to be a major supporter of the Adult Drug Court and has assisted in securing funding, serving on the Collaboration and Advisory Boards, and providing in-kind services to ensure its sustainability. The Board was successful in securing a fifth year of funding for the Residential Substance Abuse Treatment Grant which provides services to persons incarcerated in the County Jail who have addictions and are at high risk of re-offending. During Fiscal Year 2016, the Board in expanded its work with the County Jail to secure a Criminal Justice Behavioral Health (CJBH) Linkages Grant. This grant provides for valid screening of inmates for mental health, substance use, and co-occurring disorders. It also enabled the addition of jail-based mental health services and reentry services for inmates with behavioral health needs. The Board serves on the CJBH Collaboration Board and coordinates mental health training for correctional staff.

The Board's leadership role with the County's Prevention Coalition, Suicide Prevention Coalition and Housing Coalition has allowed for further enhancement of cross community work and has engaged additional partners who represent sectors such as faith-based, schools, and family members who provide valuable input into addressing county prevention and treatment needs. This partnership has enabled the Board to support local grassroots efforts to combat the opiate addiction issue the county is facing in at least three separate communities and in providing support for the planning and implementation of the county's 5th annual opiate summit. We are able to more effectively meet the needs of families dealing with suicide loss and traumatic death of a loved one through our work with the Coroner's Office and our local volunteers. The LOSS Team has 14 active members and provides "Postvention" services to suicide completions and traumatic deaths. This collaboration has now been expanded to include the County Dive Team when the LOSS Team assisted family and community members with the death of a youth by drowning.

Our work with our county Children's Services Board and Juvenile Court positioned the county to be part of the Ohio Supreme Court's Statewide System Reform Project which is designed to infuse best practice into the child welfare and juvenile justice system as it relates to working with families with SUD and/or a MH disorder. This project lead to Children Services seeking to become an OhioStart agency and to the certification of the Ashtabula County Family Drug Court. Additionally this work has resulted in a continued improvement in the access to treatment for child welfare families at the local BH providers and a greatly enhanced communication system between all of the parties for the benefit of the families and children served.

Our work with the schools this year has also led to expansion of our collaborative relationship with them. We were able to survey over 1,300 students this past school year and have been asked to develop a comprehensive plan for crisis response for the districts. Through this effort the Board trained 75 individuals in MH First Aid, 20 therapist and developed, in conjunction with the County Health Department, an Incident Response Team (IRT) that will deploy to school in the event of a

crisis situations such as a death of a student. During the past year and a half the Board has also trained over 250 teachers in PAX Good Behavior Game, assisted the schools in implementation and planned for additional trainings in SFY 2020 to include PAX Good Behavior Game, PAX Partner Training, PAX Heroes training and community-wide PAX Tools training facilitated by our local trainers. The Board has provided SOS training, Racheal's Challenge presentations and continued our efforts around Botvin Lifeskills for the schools.

We have also enhanced our work with the County Health Department. Along with our support of the county-wide health needs assessment we worked with the Health Department to distribute 40 Narcan kits to first responders and community members. The Board facilitated a collaboration between the County Health Department and a local BH provider to expand the number of trainers available to do NARCAN trainings, assisted in setting up for distribution at the local 3-day Remote Area Medical (RAM), at the PART Conference and various other venues. The Board additionally supported the County Health Department in applying for an Ohio Department of Health grant to obtain an additional supply of NARCAN.

The Board is a member of PartnerSolutions a collaborative of 12 County Boards which provides significant information regarding the characteristics of persons served, service utilization, and client outcomes as well as a variety of other vital services. The Ashtabula Board Director is the chair of the PartnerSolutions Steering Committee. The Board collaborated with five other Boards including Stark, Wayne-Holmes, Columbiana, Portage and Tusc-Carrol in planning and implementing the Strong Families Safe Communities Program. The Board has collaborated with the Lake County MHRS Board in co-facilitating MH first aid training in Ashtabula County as well as in assisting to mentor the Ashtabula County NAMI. Ashtabula County has worked closely with our Northcoast Behavioral Health hospital collaborative in expanding capacity for detox and mental health crisis beds over the past 2 years and continues that work into state fiscal year 2020.

Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)

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.

Ashtabula County continues to have a local behavioral health unit at Ashtabula County Medical Center as well as another private hospital in the western part of the county. Individuals with Medicaid or other insurance are generally diverted to the private hospitals for their inpatient care. The inpatient units work closely with the Board's local BH providers to facilitate discharge and ensure outpatient care upon release. The units also work collaboratively with the Board's crisis provider to facilitate transfers to the state hospital on those rare occasions it is needed to meet the needs of the patient. The Board is also actively involved with the hospitals and their emergency care staff to ensure collaborative efforts on behalf of the patients/clients we serve. In fact, we work collaboratively on a multitude of projects with both the Ashtabula County

Medical Center and UHHS Hospital systems. We do not anticipate a change in the utilization unless the county would lose one of the private hospital units.

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.

ADAMHS, ADAS or CMH Board Name (Please print or type)

ADAMHS, ADAS or CMH Board Executive Director

Date

ADAMHS, ADAS or CMH 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.)].

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/>