

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

Enter Board Name: Brown County Board of Mental Health & Addiction Services

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.

Brown County was founded in 1818 and is named for Major General Jacob Brown, an officer in the War of 1812. Brown County is a rural county on the border of Appalachia that offers access to the Ohio River on our southern border and is located one-hour east of Greater Cincinnati. Brown County has a strong Appalachian background. Brown County has a rich history in agriculture and is said to be the place of origin of the White Burley type of tobacco. A monument to white burley tobacco is still found at the Ohio Tobacco Museum located in Ripley, Ohio in the southern part of Brown County.

According to the United States Census Bureau (www.census.gov) the Brown County population estimate for July 1, 2015 was 43,839 and the estimate from July 2018 is 43,602 and a decrease of 1%. Brown County residents are moving closer to cities for employment.

The average unemployment rate for 2019 through June is 5.08% a record low in recent years but still higher than the state average of 4.3%. The Brown County Department of Job and Family Services reports that approximately 24,000 residents receive Medicaid and/or food stamps. Therefore, approximately 55% of Brown County residents receive government assistance. The median household income is \$49,188 which is an increase over past years but still less than Ohio's average income of \$52,407. Eighty five children are in custody or kinship placement. The most common industries in Brown County by number of employees are manufacturing, healthcare and social assistance, and retail trade (<http://datausa.io/profile/geo/brown-county-oh/#economy>). The largest employers in the county are school districts.

Brown County has been designated as a Health Professional Shortage Area. Recruitment of Mental Health and Addiction Specialists is problematic and open positions with the agencies remain open for months often without a single applicant. Medicaid redesign has created poaching of the professionals we do have working in the county. A large majority of our mental health and addiction workforce live outside of the county. Finding psychiatrists who are willing to work in the county is also problematic and tele-psychiatry seems to work for our child population, but adults have been more reluctant to the concept.

Brown County is comprised of 490 square miles and does not have a public transportation system. Our consumers often do not have reliable transportation to bring them to appointments and therefore our providers have a high no show rate. Providers have offered incentives for keeping appointments, as well as gas cards but this has not solved the problem. Without a levy the Board does not have funds available to address this problem.

Local funding is an issue regarding the social services/health care delivery system. Two levies have passed to support services in the county: The Brown County Board of Developmental Disabilities (permanent levy) and Senior Citizens. The Brown County Board of MHAS operates without local funding/levy.

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.

In the middle of FY2018 conducted a second Recovery Oriented Systems of Care (ROSC) assessment. Fifty-three people completed the survey. The Board's overall average score was 4.67 out of 6. The strengths are 1) Focus on clients and families 2) Ensuring Timely Access to Care 3) Prevention Strategies. The areas with opportunities for improvement were: 1) Partnerships lacking with local businesses for individuals in recovery to reduce stigma and gain employment 2) Need to have more peer run programs, opportunities to celebrate recovery and recovery supports 3) Need to develop a broader array of substance use and addiction services in the county.

In addition to this survey the Board's Executive Director regularly meets with providers, community members, county agencies and leadership and discusses the needs of the community and how they can be and are being addressed. She also meets with clients receiving services on a quarterly basis and meets with NAMI Brown County participants. The County HUB discusses and provides information

about service needs and supports as well as the Coalition for a Drug Free Brown County which the Executive Director helps lead.

The Executive Director works closely with the Brown County Educational Services Center and they provide information on needs of schools and children regarding treatment, prevention and teacher professional development needs.

The Board would like to initiate a thorough and formal needs assessment but lacks the funding for this.

- 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 Board met with the Health Department on several occasions as they completed the SHIP. We assisted in stakeholder meetings to help the Health Department assess needs and set priorities. The Board has already established collaborative relationships and programs and sees the value in working together to address issues faced by our community. We will continue to work with the Health Department and strengthen our collaborative efforts when possible.

- c. Child service needs resulting from finalized dispute resolution with Family and Children First Council [340.03(A)(1)(c)].
Through our Child and Family Team (cluster) the county is seeing an increased need for residential services for adolescents. We typically pool funding between the Board of Developmental Disabilities (if the child qualifies), DJFS, and the Board. Historically the county has done a good job keeping children out of residential placements. Recently the extreme needs of the children we are serving and the complexities of their diagnoses and home lives have required several lengthy residential stays. The Board has children/adolescents as a priority population but is struggling to fund the required number of residential placements we are experiencing.
- d. Outpatient service needs of persons currently receiving treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)].
We have not had a civil client in the state hospital until very recently so have not experienced this issue. Talbert House provides services for clients after discharge from the state hospital and coordinates with Summit while the client is hospitalized to plan for service needs at discharge.
- e. Service and support needs determined by Board Recovery Oriented System of Care (ROSC) assessments.
See attachment and A

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 meet the continuum of care definitions.

We would benefit from having residential services for SUD available in our county. Workforce is a concern and recruiting professionals is problematic especially with psychiatrists.

We do not have any specialized dockets.

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.

Our county has basic crisis services available, but we do not have mobile crisis. The lack of a hospital in our county has created a problem with crisis services as there is no designated location to meet to assess individuals in crisis. We have conducted preliminary conversations about crisis services but do not have the funding to afford this.

The county does have a crisis response team that responds to schools, businesses or communities upon request after a crisis.

We continue to make strides in working with our criminal justice population. When the county jail expansion opens plans are in place to increase services to inmates.

The Board has had prevention as a priority for several years and has increased prevention programming in the schools. Some community prevention efforts are in place, but more are needed.

The Board and providers work closely with Children's Services and relationships have strengthened in the past few years.

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 Brown County				
Substance Abuse & Mental Health Block Grant Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	1) Increase access to peer specialists 2) Increase access to detox services 3) Increase access to MAT 4) Increase access to residential treatment	1) Increase community knowledge of peer specialist services and link more clients 2) Investigate need for additional peer specialist at Talbert House 3) Increase funding for detox and residential treatment	Number of IV drug users who cease IV drug use Number of IV drug users who engage in MAT Number of IV drug users who receive services from peer specialists Number of clients who utilize detox and residential 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)	Identify, screen and link pregnant women with substance use disorders to appropriate level of care treatment programs	Work with OB/GYN's and doctor's offices to make linkage to treatment Provide quick access to treatment	Number of pregnant drug users identified and linked to services	<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)	Increase collaboration with Brown County DJFS Child Protective Services to identify and link to treatment parents whose substance abuse disorders put their children at risk of parental abuse or neglect Coordinate with DJFS START program to make treatment linkage etc...	Collaborate with START program to help ensure families in need of intensive services are receiving them Provide community based adolescent drug treatment /prevention. Expand services to refer families at an earlier stage when there is a suspected problem. Help schools develop discipline protocols for drug use/possession that requires family and student drug intervention/education and treatment if necessary	Number of referrals received, and cases open via referral from Brown County DJFS Child Protective Services Reduction in placements by children's services, referrals to criminal justice system Number of reunifications with children after treatment Increase in number of clean drug screens School districts that make policy changes Number of CIT officers trained	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		Garner interest in a CIT training in the county and schedule officers		
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Screen and link individuals with tuberculosis and other communicable diseases to public health providers in conjunction with their AOD treatment	Incorporate health screenings into admission and assessment process; maintain active referral/linkage with public health entities Screenings are available for individuals participating in Prevention Point (needle exchange) and treatment referrals are given	Number of persons screened, referred, and linked to needed health services	<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): Children with Serious Emotional Disturbances (SED)	Increase the number of Brown County school districts who teach Life Skills, PAX GBG, and other evidence-based mental health programs in schools for youth of all ages and those who have Serious Emotional Disturbances (SED)	Provide play therapy, parent child interactive therapy (PCIT), cognitive behavioral therapy (teens); individual, group, and family therapy; CPST; Pharmacological Management	Number of SED children and their families that are served; reduction in out-of-home placements Implementation of Life Skills training in at least one more district	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Provide comprehensive services for adults with SMI Increase number participating in life skills groups	Provide CPST; Pharmacological Management; individual, group, and family counseling; housing; vocational services; social recreational; linkage to primary healthcare services, housing	Number of SMI adults served; reduction in hospitalizations (number and duration) Number of SMI adults in Group home placement	<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	Enable individuals with a mental illness or addiction to be able to live in a safe supported environment within our community	Partnership with Adams Brown Community Action Program (ABCAP) allows us to offer many housing opportunities for Brown County clients.	Number of individuals who live in ABCAP housing instead of being institutionalized or placed in group homes	<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	Due to lack of funding this is not a Board priority			<input type="checkbox"/> No assessed local need <input checked="" 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

<p>MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment</p>	<p>Providing linkage and support system to those consumers residing and/or released into the community</p> <p>Increase peer specialist support and number of peer specialists</p>	<ol style="list-style-type: none"> 1) Continue MAT treatment linkage program with Municipal Judge 2) Continue jail’s access to Community provider to evaluate inmates for suicide risk. 3) Continue work with courts to offer treatment options 4) Peer specialists linking with inmates close to release with treatment and recovery supports 5) Once jail expansion opens increase SUD and MH services provided in the jail including groups 	<p>Number of inmates linked to treatment</p> <p>Number of court referrals to treatment</p> <p>Number of clients on MAT treatment linked via jail or court</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>
<p>Integration of behavioral health and primary care services</p>	<p>Currently not a priority due to lack of workforce</p>			<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input checked="" type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
<p>Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)</p>	<p>Ensuring consumers in recovery have the needed supports and services to remain in recovery</p>	<ol style="list-style-type: none"> 1) Continued use of peer specialists with our adult community provider and their providing transportation to recovery supports 2) Continued vocational services partnering with Ohio Means Jobs. 3) Continue financial support for Recovery Housing for county residents 	<ol style="list-style-type: none"> 1) Number of clients receiving peer support services 2) Number of clients finding and maintaining employment 3) Number of clients living at Recovery House 4) Number of clients successfully finding housing and employment after living at Recovery House 	<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>
<p>Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)</p>	<p>Acceptance and understanding of the needs of all individuals and how their cultural differences contribute to service delivery</p>	<p>Provide annual trainings for all therapists on understanding cultural differences</p>	<p>Number of minority clients receiving services at the agency</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>

<p>Prevention and/or decrease of opiate overdoses and/or deaths</p>	<p>Increased use of prevention and harm reduction programs in the county</p> <ul style="list-style-type: none"> a) Project DAWN b) Prevention Point c) QRT d) Drug Take Back Days e) Distribution of Deterra Bags 	<ul style="list-style-type: none"> 1) Continuation of Project DAWN and Narcan funding for police and EMS 2) Increase usage of Prevention Point (needle exchange) 3) Add a second location for Prevention Point 4) Utilize QRT for any drug related arrests, as well as to canvas high drug usage areas and collaborating with faith communities and community organizations 5) Distribute Deterra bags at fairs, and community events 6) Education on the importance of proper drug storage and disposal 	<ul style="list-style-type: none"> 1) Number of individuals trained and receiving Narcan kits 2) Increase number of individuals exchanging needles 3) Increase QRT successful visits 4) Number of Deterra bags distributed 5) Decreased number of drug overdoses 6) Increased number of treatment initiations after QRT or Prevention Point visits 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
<p>Promote Trauma Informed Care approach</p>	<p>Use of a Trauma Informed Care approach by community partners</p> <p>Piloting “Handle with Care” in all Brown County school districts</p>	<ul style="list-style-type: none"> 1) Continue providing Trauma Informed Care training to community partners 2) All BC school staff trained in TIC and Handle with Care 3) All BC police and sheriff’s deputies trained in TIC and Handle with Care 4) All DJFS children’s service staff trained in TIC and Handle with Care 	<ul style="list-style-type: none"> 1) Number of community partners completing Trauma Informed Care training 2) Percentage of school staff trained in TIC and Handle with Care 3) Percentage of police and sheriff’s deputies trained in TIC and Handle with Care 4) Percentage of DJFS children’s services staff trained in TIC and Handle with Care 5) Number of Handle with Care students served 6) Anecdotal information regarding Handle with Care 7) Outcome data from Handle with Care program 	<ul style="list-style-type: none"> <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 education to the community regarding mental health, suicide and SUD	<ol style="list-style-type: none"> 1) Hold at least two Mental Health First Aid trainings a year 2) Hold at least one QPR training for the public a year 3) Continue signs of suicide screenings in schools 4) At least one additional school will participate in SOS 	<ol style="list-style-type: none"> 1) Number trained in MHFA 2) Number trained in QPR 3) Number of students receiving SOS 4) Number of districts offering SOS 	<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	<p>Increase use of EBP in schools</p> <p>Increase participation in Kinship programs</p>	<ol style="list-style-type: none"> 1) Increase schools implementing PAX GBG 2) Increase schools implementing Botvin Life Skills 3) Work with school districts to find programming that meets the needs of the district 4) Continue offering/funding kinship programs (services for those raising children that are not their own) 5) Continuation of Juvenile Court diversion programs 6) Continuation of Brown County Youth United (youth led) program 	<ol style="list-style-type: none"> 1) Number of schools implementing PAX GBG 2) Number of schools implementing Botvin Life Skills 3) Number of districts beginning new programming 4) Number of participants in kinship programs 5) Number of participants in Juvenile program and outcomes 6) Programs, policy changes implemented by Brown County Youth United 	<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	<ol style="list-style-type: none"> 1) Increase use of SOS in schools 2) Increase school staff trained in QPR and MHFA 3) QPR training to public 4) MHFA training to public 	<ol style="list-style-type: none"> 1) Increase schools offering SOS 2) Increase school staff training in QPR and MHFA 3) Offer QPR training to the public 4) Offer MHFA trainings to the public 	<ol style="list-style-type: none"> 1) Number of schools offering SOS 2) Number of school staff trained in QPR and MHFA 3) Number of individuals trained in QPR 4) Number of individuals trained in MHFA 	<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	1) Early identification of problem gambling	1) SOGS administered as part of client intake	1) Number of SOGS administered 2) Number of individuals seeking gambling treatment	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
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Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement

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?)

The Board has developed a strong relationship with community members, businesses, healthcare, government, court, police, schools, and churches through the Coalition for a Drug Free Brown County. We have been able to accomplish several of the established goals and continue to work together to help reduce stigma, celebrate those in recovery and offer treatment and support for those addicted. This year will mark our 4th Annual Recovery Run 5K.

We have forged strong partnerships with the Brown County Educational Service Center, the Brown County Prosecutor and the Brown County Drug and Special Crimes Task Force. In the fall of 2018, we collaborated and hosted “Dreamland” author Sam Quinones. He met with high school student leaders from each district prior to his lunch presentation. Over 300 people attended one of his sessions.

The Brown County Drug and Special Crimes Task Force, The Brown County Health Department and Talbert House work together to form the Quick Response Team in the county. This partnership has increased information sharing between law enforcement and the Board. Drug trends, hotspots, and data are shared between the group.

NAMI Brown County was created in early 2018 and offers Peer support groups and Family support groups. This helps fill the gap for support services for those with a mental illness and their families.

The Brown County Health Department and the Board work collaboratively on several projects. Prevention Point a needle exchange program began in 2018 and is housed at the health department. In addition to this program the Board provides funding for the purchase of Narcan for EMT’s, fire departments and police.

The Brown County Educational Center and the Board have collaborated on numerous projects and grants. The ESC oversees mentoring, the 40 Developmental Asset program, is a PAX GBG partner, will be the hub for the Handle with Care program, coordinates the Brown County Youth United program-a youth led group to address substance use including vaping and juuling.

We work with the court systems and probation departments to ensure treatment needs are being addressed and new programs developed.

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.

Brown County does not have a hospital. Our clients currently go to Clermont County or into KY for inpatient services. The Clermont County hospital often overrides pink slips and have not done a good job with discharge planning.

We do have a behavioral hospital owned by Oglethorpe (Georgetown Behavioral Hospital) opening in fall of 2019 however they will not be accepting Medicaid, will not accept pink slips or do SUD treatment unless the client has a MH diagnosis as primary. We have initiated conversations about the need for accepting Medicaid and crisis services.

The state hospital (SBH) is basically a forensic hospital. We currently have a civil client there but it's the first we've had admitted in years.

We have developed availability of detox and crisis stabilization beds at Beckett Springs however this has been grant funded and extremely costly. The feasibility of continuing this after grant funds are no longer available is very unlikely.

Hospitalization for adolescents is scarce at best. We do not have a contract with an adolescent behavioral health hospital. Cincinnati Children's is the closest location, but they often will not accept Brown County residents. Families are traveling out of state or to Dayton, Columbus or Cleveland for inpatient care which is a huge stressor.

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.

Brown County Board of Mental Health & Addiction Services

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/>