

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

Enter Board Name: _____ Four County ADAMhs 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.

The Four County ADAMhs Board is the statutory authority that is responsible for the planning, funding, monitoring and implementation of alcohol, drug addiction and mental health services in Defiance, Fulton, Henry, and Williams County. The four counties are located in the northwest corner of the state bordering Indiana to the west and bordering Michigan to the north. Located to our northeast is Lucas County and the city of Toledo. The four counties have a total land area of 1656.7 square miles and the population is approximately 148,000. The largest economic resources in our area consist of farming and manufacturing. According to the Bureau of Labor Statistics, the unemployment rate for the four county area averages out to be 3.2 percent, a little lower than the national average which is 3.6 percent. Even though unemployment has slightly decreased, employment opportunities seem to continue to be on the rise as evidenced by increased advertisement along with several recent job fairs.

The four county area is largely composed of persons with a German heritage. According to the four county health departments, the area is predominately White (approximately 95%) with the next largest race being Hispanic/Latino. The two predominate faith practices come from the Lutheran and Catholic Church; however, non-denominational churches in the area have been on the rise. Fortunately, religion and churches have played a vital role to many residents in our area. The church is often seen as a resource for food, shelter, clothing, support, and counseling when needed. Unlike other counties, the four county area has several large corporations for employment including; General Motors, Campbell Soup, Spangler Candy Company, Sauder Manufacturing, Con Agra Foods, and Johns Manville. In the area of education, there are many public local school districts, as well as, a few private schools. Defiance College and Northwest State Community College provide various opportunities for higher education.

Because the four county area is very rural, there is currently no public transportation service which can become a challenge to many residents. For example, without their own means of transportation, residents

often have to depend on family or friends to complete daily tasks such as grocery shopping or attending appointments. Specifically, our consumers are often unable to arrange transportation to service agencies even though majority of our contracted agencies have offices in all four of the counties. There are a couple of taxi services in the area; however, this option becomes too costly for most consumers who need assistance. Fortunately, the Department of Job and Family Services does assist with transportation to medical appointments but only to those who receive Medicaid.

In regards to the behavioral health redesign, some of the larger agencies we contract with have been affected by this change. For example, an agency who does group therapy isn't receiving as much funding due to the Board agreeing to reimburse those services only at the standard Medicaid rate.

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 Four County ADAMhs Board helps fund each county's health needs assessment, a collaborative effort between local hospitals, health departments, and the ADAMhs Board.

- 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.

As stated earlier, the Four County ADAMhs Board helps fund each county's health needs assessment. In addition, starting at the beginning of FY18 (continuing through FY20), the Board also collaborated with the four area health departments on a mental health wellness campaign called Four Your Mental Health. The goal of this campaign is to increase the community's understanding of what mental health means, how to be mentally well, and how to attain mental wellness. Each county has a focus group to receive the communities input on mental wellness to create general communication messaging on this topic. So far, the messaging has been displayed on social media, newspapers, billboards, radio advertisements, print materials, and television. By creating this communication campaign to promote mental wellness, we are confident there will be an increase of awareness which will improve the mental health of the four county residents. The Board also contracts with the Williams County Health

Department to financially support employees of the four county health departments to implement the MyPlate program into area schools. MyPlate uses a familiar image to illustrate the five food groups that help maintain a healthy diet.

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

According to the area's Family and Children First Councils, there were no dispute resolutions that have occurred in the last fiscal year.

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

Minimal housing for individuals who have intellectually disabilities and limited housing for DD clients are two barriers we have consistently noticed in the four county area.

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

Because the Board is not mandated to use ROSC, the Board uses client input and meetings with the following organizations; Municipal and Common Pleas Judges, Juvenile Judges, United Way Directors, Job and Family Services Directors, Adult and Juvenile Probation Officers, and County Health Commissioners.

- 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)].

One of the gaps in our system that was not necessarily brought forth in the needs assessment pertains to our consumers who are dually diagnosed (mentally ill and developmentally delayed). Currently, there is no crisis plan or facility for those individuals who are developmentally delayed. Often these individuals are having encounters with law enforcement and they will call us for assistance on what do with the consumers. At this time, the Board has no knowledge of the consumers or we have a difficult time contacting anyone at the various DD Boards. This lack of planning leaves both the client and law enforcement extremely frustrated. It's important to note, Henry County will take some of the most severe DD consumers while they are children but then move them into independent living situations as adults. Many of these consumers are not linked with any of the mental health agencies, which can result in longer hospitalization stays. We have noticed the high priority to the forensic population has caused this limited access/planning for the dually diagnosed population at state facilities.

- 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.

In the four county area, A Renewed Mind is pursuing to open an adult crisis stabilization unit in FY20. However, one gap associated with this unit is the funding. Even though the Board is hoping to receive additional crisis stabilization money, the funding to start and maintain this facility can be costly. Secondly, even though we find no gap in our area associated with prevention because the four county

area is fortunate to have multiple prevention services, the Board finds it to be a consistent need/priority. The importance of educating the community, bringing awareness to various topics, and advocating for those in need, have all been benefits of the prevention programs the Board supports.

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).

-Sent inventory on June 18, 2019

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)	To serve all those who seek treatment for intravenous/injection in a timely manner.	Engage in treatment no longer than 10 days after initial contact. Treatment may consist of residential services, outpatient services, medically assisted treatment, or inpatient if necessary.	Monitor access time through Board audits.	<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)	To serve all pregnant women who have a substance use disorder.	Through residential services at Serenity Haven which provides group, individual, and family therapy. In addition, provides parenting classes as well as mental health services.	Monitor number of people who engage in programming, who are able to verbalize relapse triggers and number of people who complete the program.	<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)	To serve those parents with a substance abuse disorder who are at risk of harming/neglecting their children.	Develop clinical treatment teams that consist of providers involved in treatment of parent. For example, JFS, Family and Children First Councils, and County Commissioners.	Monitor the number of persons referred and disposition of parents at the end of programming. Also, consult with county commissioners as needed.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)				<input checked="" 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)	Treat all identified children with serious emotional disturbances.	Engage children in treatment no longer than 10 days after initial contact using an array of treatment modalities including individual/family therapy, case management, and med-somatic services.	Monitor access time through Board audits, satisfaction surveys and CARF standards.	<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)	Serve all identified adults with a serious mental illness in a timely manner.	Provide assessment to determine on-going treatment needs within 10 days of initial contact.	Monitor through Board audits.	<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	Reduce the number of homeless persons with mental illness and/or addiction in need of permanent supportive housing.	Continue to expand housing options through New Home Development, our housing agency.	10 bed apartment complex completed in Defiance, Ohio. Capital plans for next few years to develop more housing options.	<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	Identify and provide treatment for older adults who need mental health treatment.	Continue implementing the Healthy IDEAS program provided by Maumee Valley Guidance Center.	Monitor number of referrals and referral sources.	<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	Identify persons with mental health/substance abuse issues in the criminal justice system and provided treatment as needed.	The regional jail has various programs for both mental health and substance abuse. Medically assisted treatment can begin while an individual is incarcerated and then continued in community after discharge. Consult with public health office at the regional jail that can identify mental health patient that needs inpatient care.	Monitor the number of participants in the programs; as well as those admitted into the hospital.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Integration of behavioral health and primary care services	Provide integrated services for the residents of the four county area. Look to expand Heath Partners of Western Ohio into Fulton County.	Health Partners of Western Ohio has established location in both Bryan and Defiance. The location in Defiance is located within a mental health center, making physical and mental health services easily accessible.	Health Partners of Western Ohio is responsible for monitoring the number of persons served and reports this information to the Board quarterly.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Provide support services for individuals with mental health/substance use.	Continue to work with housing agencies to identify appropriate housing for individuals. Employment can be limited due to transportation. We will also continue to work with agencies to develop peer support specialists.	Work with housing agency to monitor number of consumers with vouchers, monitor number of applications for peer recovery specialist.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): Limited

Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)				<input checked="" 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 opiate overdoses and/or deaths.	Continue to educate the public regarding the dangers of opiates, provide medically assisted treatment when appropriate, and to participate in community awareness programs and drug courts.	Board will monitor the number of persons referred to MAT teams and receive reports from the various courts regarding the success of their drug courts.	<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 the number of providers using the trauma informed care approach.	Encourage the Behavioral Health Professionals to provide training to local providers regarding trauma.	Have one training within the next 24 months that will deal with trauma.	<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 from birth to adolescents through adulthood.	Have a variety of programs for each age. Examples of this could be Incredible Years, ECHM programs, and the Healthy IDEAS program,	Board will monitor the number of presentations per quarter and the number of participants in each program.	<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	Continue to provide evidence-based prevention programs. Identify and reduce potential barriers to these services.	Continue to implement evidenced based programs the SOS Signs of Suicide and Healthy IDEAS, and Incredible Years. Identify populations who could benefit from the programs.	Monitor the number of presentation per quarter and the number of participants in each program.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Suicide prevention	Reduce suicides in the four county area.	Through various programs such as SOS Signs of Suicide and Mental Health First Aid Program. The Board also supports a very active and recognized LOSS Team (Local Outreach to Survivors of Suicide).	Monitor the number of presentations per quarter and the number of participants in each program. Also, monitor the number of suicide deaths in the area by using the information from the LOSS team.	<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	Prevent people from becoming problem gamblers. Screen and identify problem gamblers and reduce barriers	Raise public awareness of gambling through PSA's and educational programs.	Monitor the number of persons participating in the programs.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage

	to treatment.			__ Other (describe):
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Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Crisis Stabilization	To expand crisis stabilization services; specifically, to include crisis stabilization beds.	Continue to work with the state to receive crisis services money.	
Stable Housing	All consumers within the four county area will have safe, affordable housing.	Continue to work with New Home Development Inc. to develop various housing options.	
Access to primary and dental health care	All consumers will have access to primary and dental health care in a timely manner.	Continue with expansion of federally qualified health centers throughout the four counties.	

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?)

Accomplishments:

1. **The Four County ADAMhs Board has completed and is anticipating to complete several projects which will increase the services in this area and the number of consumers that will be served. In November of 2018, the Board funded a mobile dental van operated by Health Partners of Western Ohio. Currently, the dental van travels to four county area schools where a qualified hygienist is able to provide dental exams, dental sealant, as well as cleanings. If there are dental problems, such as a cavity, the dental hygienist can refer and schedule the individual to the main office for additional services. Health Partners does bill Medicaid and private insurances; however, there are no co-pays or out-of-pocket expenses for the patients. The dental van makes it convenient for families, makes it financially possible for individuals to access dental care and to receive quality services.**
2. **The next strength is each year a Crisis Intervention Team (CIT) training is held for law enforcement and corrections. CIT educates participants on various mental illnesses and how to best de-escalate a crisis situation. In addition, each participant is educated on the various roles of each local agency and is also provided with resources that can be used when working with someone experiencing a crisis. The CIT training not only benefits the officer but also the individual in crisis. For example, law enforcement is better trained and educated in verbal de-escalation techniques, arrests and use of force has decreased, and crisis response is immediate.**
3. **Also in FY18, A Renewed Mind opened an adult men's residential treatment center called The Renewal Center. This center is specifically for men who are unable to overcome addiction while remaining in their home and community. At The Renewal Center, employees focus on both addiction treatment and the mental health issues that impact addiction. Although the Renewal Center has been a great treatment option for many individuals, the Board has also seen individuals leave and quickly come back because they were unable to maintain sobriety in the community. Fortunately in FY20, A Renewed Mind is planning to open a recovery housing facility. The facility is aimed to better assist individuals to transition back into the community after maintaining sobriety while also providing independence, safety, and support. By having recovery housing, the hopes are to decrease relapse rates, find employment, build life skills, and to sustain long term recovery.**
4. **Lastly, our Board collaborates with other ADAMhs Boards in the northwest region to find funding opportunities in Columbus to address various issues such as youth hospitalization, recovery housing, and peer support services.**

Inpatient Hospital Management

6. Describe the interaction between the local system's utilization of the State Hospital(s), Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that is expected or foreseen.

The Board contracts with A Renewed Mind who provides crisis intervention services. When needed, a crisis intervention screener performs a comprehensive and supportive pre-hospitalization screening to a patient in crisis. Once the screener understands and identifies the patient's needs, the patient is either discharged and

provided with appropriate community resources or placed in a facility. These facilities range from the state hospital or other inpatient facilities. If the Board does not receive a contract with the Kobacker Center at UTMC for youth hospitalizations, we would have to look at other agency possibilities.

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/>