

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

**Enter Board Name: Jefferson County Prevention and Recovery 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.

<b>Environmental Context of the Plan/Current Status</b>
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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.

Jefferson County is an Appalachian, semi-rural, riparian community that has been hit hard by the opiate epidemic – and in 2015 was ranked as the third highest county in Ohio for opiate overdoses and deaths. Based on the above descriptors of the county, this area was very industrialized and consequently severely impacted by unemployment due to the decline in steel production and coal mining that were the biggest sectors of the economy. These industries were highly prone to accidents and injuries of workers which ultimately created a demand for opiates, legally and illegally.

In recent years, this part of the state became part of the shale/fracking/natural gas boom. But Jefferson County lagged behind in this area compared to its neighboring counties of Carroll, Columbiana, Harrison, and Belmont. According to the most recent data, April 2019, Jefferson County is ranked 12<sup>th</sup> in Ohio. (The unemployment rate for the state is 4.6%.) Jefferson County unemployment rate was nearly 6%. The demise of jobs and our industries fueled the demand for opiates and led street gangs to consider this as a market for illegal drugs. Of course, this brought more crime and violence to the area also. The location of Steubenville and Jefferson County relative to US Interstates (I 70, I 79, and I 80) and to larger cities (Pittsburgh, Cleveland, and Youngstown) make it a hub and waystation for illegal substances and the associated problems.

For Jefferson County, there were 34 overdose deaths in 2017. The majority of those were due to opioids, including heroin, and in 2018, they decreased in half to only 17 overdose deaths, and only 9 of them were due to opioids, according to the Jefferson County Dept of Health.

Our Board contracted with two new providers, Coleman Professional Service (CPS) and Family Recovery Center (FRC) in FY 2016. The former is contracted for MH services and the latter for SUD services. Overall, we and the community are pleased with the change. FRC has brought evidence based prevention into all school districts in the county and a robust MAT program using suboxone. CPS

has implemented an ACCESS Team which is similar to the ACT model, and CPS will operate an adult crisis stabilization unit (CSU) beginning Nov 2019. The CSU will be located within the main building of the local hospital which operates the ED where everyone must present for emergency services. Coleman also provides services in some of the school districts. Both, Coleman and Family Recover Center offer walk-in and same-day assessments.

There are 8 other providers of behavioral health services in the county, so there are many choices for citizens seeking behavioral health treatment. Additionally, all public school districts in the county now contract with MH providers to offer services in the schools.

Harm reduction has been a focus and strategy employed in working with the SUD population. What seemed antithetical to providers in this arena years ago, is now a necessity to saving lives and helping people find their way into treatment. JCPRB partnered with the Jefferson County Health Dept and with two county health departments located adjacent to our community in neighboring West Virginia to establish the Ohio Valley Harm Reduction Coalition; this is a syringe supply program offering clean needles on an exchange basis and also offers testing for sexually transmitted infections and other viruses that plague this population. Many of the staff work for provider agencies and the health departments which allow participants immediate access to any testing or treatment. Purchase and distribution of Narcan/Project DAWN kits is a key component also.

JCPRB has worked to reduce stigma by providing community education, along with helping to build a trauma-informed provider and first responder network. There is still much to be done here, especially with law enforcement which has generally been indifferent to our efforts.

### 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.

JCPRB's Board of Trustees represents an accurate cross-section of our community, in terms of race, income, and employment, as well as involvement in MH or SUD services for self or family. Board staff participate on multi-disciplinary groups such as Family and Children First Council, DJFS Advisory Board, Adult Protective Team Board, United Prevention Partnership (prevention coalition), a Project ENGAGE group, and fatality review committees.

Board and provider staff disseminated the Recovery Oriented System of Care (ROSC) surveys developed by OACBHA to the various stakeholders. The response (N=99) was low, but *top-box checking (Agree or Strongly Agree)* prevailed in practically every question. The area in which improvement is needed are the areas of community education about treatment, anti-stigma,

and community engagement. Surveying revealed a permissive attitude toward marijuana use and binge drinking that is pervasive in our community. The Board also examines provider satisfaction surveys to look for an gaps or missed opportunities. These surveys also offer customers' candid remarks about services, staff, facilities, etc. that are considered when planning.

- 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 Jefferson County Health Dept is the only such entity in our county. Board staff participate in fatality review committees and most recently in their Community Health Improvement Plan (CHIP) which was quite time-consuming and involved for many community members.

Mentioned in question #1 of this report is that our Board fostered collaboration with the WV County Health Dept with leadership and seed-money to start the syringe services program that also involves JCPRB's contracted SUD provider. Narcan distribution is also a part of this program.

The county health dept is currently embroiled in a forensic audit and numerous administrative and personnel changes. The current leadership at the health dept is unavailable and non-participatory at this time. Our hope is that new leadership will be established soon and a better collaboration process can begin.

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

There were no such disputes in Jefferson County. Additionally, the FCFC council updated their resolution policy in July 2019.

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

Board and provider staff participate in monthly calls and ad-hoc calls/meetings when needed. Due to the number of forensic patients in state hospital beds, Jefferson County has great difficulty placing residents in this level of care when needed. Local hospital beds are often unavailable, thus compounding the problem.

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

See above response in question #2.

- 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)].

Much of this will be answered in various sections of the plan. We want to note our lack of success with implementation of a Quick Response Team; this is due to law enforcement's and community officials' unresponsiveness and apathy. Several surrounding counties with similar demographics have this initiative. In addition to a paucity of treating psychiatrists for adults and youth, it is difficult to find MDs and other prescribers for MAT services.

Some specific items relating to lack of a statewide information-sharing system are: (1) The need for client level data from ODM to meet statutory mandates. (2) The need for more flexible funding options.

Additionally, MCOs should be held accountable for care coordination and strategies to improve engagement of treatment resistant clients.

- 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.

The Board and contracted providers actively participate in re-entry of residents, local drug courts (Addiction Treatment Program [ATP]), and are currently working with a municipal judge to establish an MH Court as well as in discussion with all county court judges for a drug court.

Detailed in question #2 is the involvement with child-welfare and family-serving agencies. JCPRB has been proud to sponsor 4 PAX Teacher Training Programs in Jefferson County, along with subsidizing expenses for some educators to be trained as PAX Partners. Additionally, local provider staff are PAX Tools Trainers and will provide in-services this fall to school bus drivers, cafeteria workers, and custodial staff regarding the PAX initiative. JCPRB plans to continue these efforts.

- 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).

<b>Priorities</b>
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- 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
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Immediate referral to detox and/or MAT treatment.	<p>Clients moved to first position on waiting list (if a wait list exists).</p> <p>Consider expanding MAT providers if needed.</p>	<p>Wait list will reflect client priority. Client record reflects referral.</p> <p>Provider will report add prescribers.</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>
<b>SAPT-BG:</b> Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	<p>Immediate referral to managed withdrawal, detox, or/or MAT treatment</p> <p>Harm reduction</p> <p>Abstinence</p> <p>Drug Free Babies</p>	<p>Assessment and referral done same day, if possible.</p> <p>Referral to perinatal care, transportation, child-care, other social services, family planning, motivational incentives, and addiction medicine.</p> <p>Referral to local hospital if neo-natal care.</p> <p>Appropriate LOC</p> <p>Engage in Long term Tx</p> <p>Engage in recovery community</p> <p>MOMS program for future</p>	<p>Client record</p> <p>Pregnancy testing the Health Dept</p> <p>Record reflects referral and documents process.</p> <p>Recovery Activities Record</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>
<b>SAPT-BG:</b> Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15	Immediate assessment and necessary referrals, e.g. MAT, med-som, managed withdrawal	<p>Immediate assignment to treatment team and services</p> <p>Appropriate LOC</p>	Client record showing referrals and LOC. Also reflecting Stages of Change	<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>required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)</p>	<p>Coordinate services with CSB</p> <p>Abstinence Involvement with Recovery Communities</p>	<p>When appropriate, CSB to collaborate</p> <p>Engage in Long term Tx Engage in recovery</p>	<p>Performance Target for Benchmarks and Milestones.</p> <p>NOMs Records to show CSB involvement</p> <p>Record demonstrates Recovery Activities</p>	
<p><b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>	<p>Continue to operate a needle exchange/syringe service program in Jefferson County</p> <p>Harm Reduction</p> <p>Engagement/referral to Tx.</p>	<p>Continued collaboration with Jefferson County Health Dept and the Brooke and Hancock Health Depts of WV for this program.</p> <p>Allocate Board funding if needed Seek grants</p>	<p>Existing SSP will continue to operate and expand services if needed</p> <p>Implement more testing and education services</p> <p>Board and health depts will fund program if needed. Grants to be sought</p> <p>Rates of infection to stabilize and/or decrease</p> <p>Provide treatment info</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p><b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<p>Quick access MH and SUD assessment and treatment.</p> <p>Keeping families intact</p>	<p>Providers established all school districts in Jefferson Co</p> <p>All school districts and Head Starts will have PAX trained personnel</p> <p><i>HelpMeGrow</i> workers trained</p>	<p>Every school district in the county has affiliation with a BH provider. Services are available during the school-day for children and families.</p> <p>JCPRB along with OhioMHAS offered PAX Teacher Trainings for classroom personnel for all districts</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

	Safe and stable living environment	<p>Additional collaborations with Head Start and daycare facilities.</p> <p>Families referred to housing CPST worker/program, if needed</p>	<p>JCPRB funding for PAX Partner Training for ECS staff</p> <p>PAX Sustainability Training offered to 3 districts</p> <p>Custodians and cafeteria workers from one district provided PAX Tools Training along with all <i>HelpMeGrow</i> staff</p> <p>Bus drivers from districts all districts provided PAX Tools Training Help me grow</p> <p>Family to be assessed for appropriate housing and offered assistance</p>	
<b>MH-BG:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Maintain and improve access to treatment services, esp. med-som, CPST, and other needed supports.	<p>Ongoing evaluation by Board and Providers ensuring adequate staff are available to meet service demands.</p> <p>Most clients can be assessed or seen that day or within 24 hours.</p> <p>Board and providers look for other grant funding as appropriate to enhance existing services and staffing</p>	<p>Board and provider mgmt. to meet at least quarterly to assess this.</p> <p>Records will show initial contact and show date of service.</p> <p>Board and all providers will apply for and obtain at least one new grant. Providers have been successful with small grants from local foundations</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><b>MH-Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of supportive housing</p>	<p>Immediate assessment and linkage to housing CPST worker/program</p> <p>Improve stability of client and move toward recovery</p>	<p>Client moved to top of waiting list for PSH</p> <p>Ongoing CPST and other services for client</p>	<p>Records reflect priority of client for PSH.</p> <p>Client record will show all linkages and referrals for housing, mental health, and physical health needs</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><b>MH-Treatment:</b> Older Adults</p>	<p>Access to a provider will be scheduled within 24 hrs. of initial contact</p> <p>Coordination of physical health care by MH provider</p>	<p>Provider has openings for walk-ins and plans to schedule intake appts within 24 hrs. of initial contact</p> <p>Provider will assess client for physical health needs and refer</p>	<p>Documentation of appointments scheduled within 24 hrs. of initial contact</p> <p>Documentation of assessment for PH needs and any subsequent referral to free-clinic or to local hospital system. The latter provider has a private grant and an APRN to treat BH customers physical health needs</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>

**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>All BH agencies in county attend court to assist judges in dispositioning defendants</p> <p>Consumers incarcerated locally will be seen in the jail by JCPRB’s contract provider</p> <p>Agency also offers a re-entry protocol for persons about to be released from incarceration</p> <p>Local Community Based</p>	<p>Contractual requirement of provider for goals</p> <p>Hold at least semi-annual meetings with local judiciary</p> <p>Treatment personnel assigned to seeing incarcerated persons</p> <p>MH contract provider utilizes MH Re-Entry Grant Funds</p>	<p>Provider will document and demonstrate attending courts to assist judges in referral to necessary treatment; and will employ re-entry protocol in county jail beginning 7.1.16</p> <p>Records indicate persons were served</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>

	Correctional Facility (CBDF) to offer Vivitrol	CBCF participates in CURES/SOR funding for Vivitrol injections 6 months prior to release	CURES data entered and GPRA completed	
Integration of behavioral health and primary care services	All contract providers to recommend and to refer, when needed, that customers establish contact with physical health care provider	Providers will refer and collaborate care with local free-care clinic and local hospital's (free) APRN for physical health care	Clients seeking primary health service will report referral and access to local free-care clinic or hospital	<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)	To have at least 1 peer-worker at MH contract agency  SUD provider to have ongoing peer-supporter(s), esp at recovery house	Provider staff to assess and discuss with any clients that might be interested  Provider to support the worker with training, stipends, etc. to maintain this service	Agency will document discussing peer-supporter role with clients and to eventually employ  Agency documentation will show peer-supporter(s) working with clients	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Minority customer to show via client satisfaction surveys and anecdotal situations a similar level of satisfaction with services as non-minorities	Provider staff to engage in ongoing cultural awareness training/education  Providers attempt to employ persons of a minority population when appropriate	Minority customers of providers will report a similar level of satisfaction with services and agency as non-minority customers  Providers will show attempts to hire and retain minority staff when possible	<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	Continue distribution of Project DAWN kits to the Jefferson County Health Dept, providers, and other community partners  Continue SSP collaboration	Use central pharmacy dollars and other funding, when available, to purchase kits  Advise health dept. of other grants and resources to obtain kits	The Jefferson County Health Dept. will continue to distribute and offer training on Project DAWN kits  Community partners will report having kits on hand	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

	with WV County Health Depts	Support the SSP with expertise and technical assistance when needed	SSP will report ongoing distribution of kits to patrons and report patrons being referred to treatment  Overdose deaths in county will continue to decrease	
Promote Trauma Informed Care approach	All staff at provider agencies receive training in TIC	Listed as a contractual obligation  Promote all TIC trainings to agency and JCPRB to sponsor trainings (with CEUs) at no cost to provider personnel	Employees have proof of training in personnel file  Board will sponsor at least 1 TIC training in the biennium	<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
<b>Prevention:</b> Ensure prevention services are available across the lifespan	Offer EBPs for prevention in all school districts to all grades  Offer prevention information at community events when possible  Support community messaging of prevention when possible  Support and work with	SUD contract provider teaches EBPs in all school districts  SUD and MH contract providers offer prevention messaging and materials at community events, e.g. fairs, rallies, etc.  Use discretionary funding, when available, to offer EBP messaging via mass media and social media  Collaborate with county	Staff to show reports and contact sheets of types of service and number of contacts  Staff to document events attended and approximate number of contacts  Messaging campaign to be documented in JCPRB files, as well as financial documentation  Provider agency and JCPRB	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

	<p>community partners for prevention services</p> <p>UPP, the prevention coalition, (host of the Recovery HUB) to obtain a DFC grant</p>	<p>health dept, local hospital, and other physical health providers</p> <p>Three members of UPP have attended CACDA's trainings already. UPP to apply for DFC grant to support at least 1.5 FTEs of personnel offering prevention</p>	<p>records to show support and collaboration with community partners for prevention</p> <p>UPP obtains award of DFC grant in the biennium</p> <p>Provider agency's monthly reports</p>	
<p><b>Prevention:</b> Increase access to evidence-based prevention</p>	<p>JCPRB and providers to monitor and obtain any new EBPs when appropriate</p> <p>See application for DFC above</p>	<p>JPCRB to facilitate and assist provider personnel in training and purchase of any materials</p> <p>DFC grant</p>	<p>Documentation of training and financial documentation of material purchase</p> <p>Monthly reports from provider</p> <p>DFC grant staff in place</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><b>Prevention:</b> Suicide prevention</p>	<p>Offer suicide prevention messaging, training, and materials to increase awareness of suicide as a public health concern and to decrease incidents of suicides in the county</p>	<p>JCPRB, providers, and local NAMI to offer Mental Health First Aid trainings to public as well as school personnel and other community partners serving the MH and SUD population</p> <p>Promotion of resources and treatment to school children during delivery of other prevention services</p> <p>Providers and JCPRB to distribute and promote Crisis Text Line materials at schools and community events, as well as via mass media and social media</p>	<p>Documentation of trainings and sign-in sheets</p> <p>School personnel and students using resources such as Crisis Text Line and, referring or seeking treatment for suicidal ideation</p> <p>County coroner to report decrease in death by suicide</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>

<b>Prevention:</b> Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Offer resources to physical health providers on problem gambling	Meet with local free clinic to offer awareness, education, and resources for identification and treatment	Documentation of collaborative meetings and evidence of referrals	<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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<b>Board Local System Priorities (add as many rows as needed)</b>			
Priorities	Goals	Strategies	Measurement

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?)

JCPRB has developed a collaborative working relationship with the local ESC and its superintendent, more so than in past years. Our efforts to get school personnel trained in PAX techniques has proved successful and productive for everyone. Additionally, there is a more robust FCFC Council, which is operated by the ESC, around high-fidelity wrap-around for kids and families. The Jefferson County Prevention and Recovery Board was invited by the Union County Board to be a part of a *Strong Families Safe Communities Grant* that will allow us, if awarded, to hire an FTE as a service coordinator. This position will support our local *Engage Project*. The local ESC applied for an IT grant that will link all school districts with our contracted SUD provider via the Internet for services and supports.

Peg's Foundation has been instrumental with the *Stepping-Up Initiative* and with establishing specialized dockets in local courts. The Steubenville Municipal Court submitted a Justice Assistance Grant (JAG) to create an MH court. The three county courts are considering a centralized SUD court and may be ready to apply at the next round of JAG grants. The local probate court prepped and planned with our office and Peg's Foundation to offer Assisted Outpatient Treatment (AOT), but abruptly withdrew for various reasons. JCPRB will continue to support and advocate for an AOT initiative in Jefferson County.

CURES and SOR funding have allowed us to not only expand MAT services with our SUD contract-provider, but have created MAT services in the two local community based correctional facilities (CBCFs) that operate in our proximity. Residents are offered MAT services and IOP 5-6 months prior to release. Once released, people are connected to local community outpatient-services for ongoing treatment.

Since 1995, the Board made many efforts to establish a local NAMI group, but with no success. Nearby Wheeling, WV has a robust NAMI that is actually connected to NAMI of Ohio; and beginning FY19, JCPRB partnered with them. For what was a nominal investment, this partnership has offered many returns; such as, 3 local family groups and several MHFA trainings. We're making the same investment for FY20 and anticipate expanded programs for clients and family members, especially in more remote areas of the county.

JCPRB and MH contract provider, Coleman Professional Services, will establish a Crisis Stabilization Unit (CSU) in partnership with Trinity Health System, the local hospital. The CSU will be physically located on one of the hospital floors. Persons presenting to the ER and meeting this level of care can simply be escorted to the floor. As part of this collaboration, a Coleman employee will be embedded in the ER to assist in triaging patients with the hospital's medical team. Anticipated opening date of the unit is Nov 1, 2020.

## 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.

Utilization of the state hospital is at 50% of our allotment. This isn't due to better patient management or diversion, but instead to the inability to admit persons. Appalachian Behavioral Health (ABH) consistently operates at 98% capacity -- half of which are long-term forensic patients. We only expect this to worsen due to the inaction and indifference of OhioMHAS over the past years. Trinity Medical Center in Steubenville operates an inpatient unit with 12 beds. Trinity can usually admit anyone needing inpatient care, but at times this unit runs at full capacity. A local inpatient MH unit in Bellaire, OH closed just recently; the unit in nearby Weirton, WV closed 5 years ago and often these people present to Trinity Hospital in Steubenville. To the near north in East Liverpool, this MH unit only treats geriatric patients as of recently. Moreover, crisis staff also find that private MH inpatient units will not accept persons with SMI, thus leaving ABH and Trinity as the only options.

OhioMHAS seriously needs to address the shortage of state-hospital beds for both adults and youth. This is a major gap in treatment and care and is antithetical to promoting recovery.

## 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

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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.

Jefferson County Prevention and Recovery Board  
ADAMHS, ADAS or CMH Board Name

\_\_\_\_\_  
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/>