Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Community Plan Guidelines SFY 2021 and 2022

Enter Board Name: ___Mental Health & Recovery Services Board of Allen, Auglaize and Hardin Counties ___

The following template will help organize the required information needed to complete the SFY 2021-2022 Community Plan. This template has been organized and streamlined to assist in the creation of a forward-looking Community Plan with a focus on identifying community priorities. These community priorities should be identified via a needs assessment process and tracked to determine success in addressing the stated priorities.

Evaluating and Highlighting the Need for Services and Supports

1. Describe the community needs assessment process that led to the identification of the local priorities the Board will address. 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 evaluating needs, evaluating strengths and challenges and setting priorities for treatment and prevention for SFY 2021-2022. [ORC 340.03 (A)(1)(a)].

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

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

- Suicide Coalitions
- Gatekeepers youth groups
- Opiate hub groups in all three counties

Participated in Community Needs Assessments:

- Activate Allen County
- Community Health Improvement Plan Meetings
- K-12 Self-Assessments
- Community COVID Response & Relief

Community Health Assessment Data by County:

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

Auglaize
20% of adults considered binge drinkers, 18% youth
6% of adults used marijuana in the last 30 days, 11% youth

3% of adult used RX drugs not prescribed to them to feel good/or high, 10% youth
3% of adults seriously contemplated suicide, 10% of youth

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

a. If the Board's service and support needs were determined by the Board Recovery Oriented System of Care (ROSC) assessment, how will these identified service and support needs be addressed by the Board?

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

- multi-disciplinary teams working together with the goal of recovery
- timely access to services and supports
- strategies to decrease stigma
- people in recovery and family members are actively involved in the evaluation of services, and
- primary care and behavioral health follow-ups are integrated

In response to the ROSC assessment:

- While multi-disciplinary teams already exist with drug courts, mental health courts, children services providers, and other community agencies, Board of DD, etc., this is an area where we are expanding into other arenas such as Fathers involved with Child Support Enforcement Agency.
- Walk-in access is available daily at our primary adult and youth agencies.
- The Board is developing a major awareness and promotion campaign on reducing stigma through community events, walks, videos, tv, radio and social media.
- Integrated healthcare is a major focus especially for our adult provider who has Lima Memorial Hospital embedded as a medical provider into the mental health clinic, labs on site, and exchange of information for integrated care. St. Rita's Mercy Health will be placing a lab in our adult provider's building soon in Auglaize County.
- Client and family members are a part of our Board as well as on some of our agency's Boards.
- Daytime Crisis worker was developed for timely access for the schools
- MAT Navigator was embedded at Mercy Health outpatient physician office to navigate clients into outpatient counseling and peer services

2. Considering the Board's understanding of local needs and the strengths and challenges of the local system, please identify the Board's unique priorities in the area provided on Page 2. Please be specific about the chosen strategies for adults, children, youth, and families and populations with health equity and diversity needs in your community. OhioMHAS is still interested in any RecoveryOhio priorities Board areas may be addressing.

   Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in ORC 340.03(A)(11) and 340.033.

Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).

3. Describe all environmental factors that influenced the identification of the chosen priorities within the Board area. Factors could include: economic, social and demographic factors, transportation, unemployment, uninsured/underinsured population, poverty rates, housing availability, incarceration rates, etc. Note: Regarding current environmental factors, Boards may describe the continuing impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.

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

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

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

Social

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

Demographic

Allen County (population 106,331): 83% White / 17% Minority; Poverty – 15% below 150% poverty level; <18 poverty – 25%
Auglaize County (population 45,949): 97% White / 3% Minority; Poverty – 9% below 150% poverty level; <18 poverty -14%
Hardin County (population 32,058): 97% White / 3% Minority; Poverty – 17% below 150% poverty level; <18 poverty level – 25%

Allen County
157 commitments
15% = 4/5-degree felonies

Auglaize County

64 commitments
63% = 4/5-degree felonies

Hardin County
56 commitments
48% = 4/5-degree felonies

Economic
Allen County unemployment: 11%
Auglaize County unemployment: 9.4%
Hardin County unemployment: 10.2%

It has been challenging for our providers to work with multiple managed care plans who have different timelines for paying.

COVID-19

COVID has abruptly forced the system to re-evaluate the priorities due to the impact it has had on our community. It has required a rapid change in operations which some providers and clients were unable to adapt to as easily as others.

4. Describe any child service needs resulting from finalized dispute resolution with county Family and Children First Council(s) [340.03(A)(1)(c)].
   N/A
5. Describe how the future outpatient service needs of persons currently receiving inpatient treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)] are identified.

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

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Underinsured persons without Medicaid who cannot afford behavioral health services and who choose to not enroll in the public community behavioral health system	Expand access to providers	EAP Navigator EAP Program Contract and consultation with Working Partners Contract with Cornerstone of Hope for access to private treatment Fund employer's enrollment in EAP	Measurement indicator: # employers Baseline data: no data, this will be a new program Target: 10 employers participating
Individuals who have SPMI, addiction, who are eldering, or who have developmental disabilities requiring guardianship often have complex social and medical issues and receive services from a variety of public systems	To ensure individuals have access to a guardian	To establish Guardianship Services Boards to help fill this growing need	Measurement indicator: establish guardianship board Baseline data: n/a Target: establishment board
			Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*
			Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*
			Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*

Collaboration

6. Describe the Board's planned collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public for SFY 2021-2022 that will be needed to implement funded priorities. (Note: Highlight collaborations needed to support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)

   - Strong connection with the criminal justice system at all levels: Courts, Corrections, Parole/Probation, Law Enforcement
   - We have Youth Led Prevention Gatekeepers groups in 22 schools that are working on mental health awareness and suicide prevention within their schools
   - We have trained over 600 teachers in the PAX Good Behavior Game
   - Strong prevention programming at a certified prevention agency
   - Same day access for screening for both adults and youth
   - 15 bed crisis stabilization unit that includes withdrawal management
   - Critical Incident Stress Management Team
   - Strong relationship with a Media/Marketing Firm who produces high quality materials and an excellent relationship with all the local print and broadcast media willing to send our message of awareness
   - Over 4,000 people in our communities have been trained in Mental Health First Aid
   - Integrated physical and behavioral healthcare at Coleman
   - Collaboration with primary medical office to provide MAT to those in need especially with complicated medical needs with navigation services
   - Partnership Children Services agencies to navigate parents or guardians into outpatient services to prevent removal of children
   -

Inpatient Hospital Management and Transition Planning

7. Describe what partnerships will be needed between the Board and the State Hospital(s), Private Hospital(s) and/or outpatient providers for the identification of needed services and supports.
   a. How will the Board coordinate the transition from the hospital to the community? (i.e.; discharge planning)
      The Board contracts with a designated agency, Coleman Professional Services, utilizes its Crisis Stabilization Unit of 15 beds to divert hospital stays as well as to decrease length of stay. In addition, Coleman utilizes their Polycom studio to implement weekly discharge planning meetings with the state hospital. We fund a Hospital Navigator who assists with discharge from the State Hospital back into the community for a more seamless approach.

   b. Who will be responsible for this? Coleman Professional Services – designated agency

Discuss any planned changes in current utilization that is expected or foreseen.

Continuum of Care Service Inventory

8. Complete the attached spreadsheet: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. Instructions are found on Page 10 of the Guidelines.

   Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

Alignment with Federal and State Priorities

9. The following pages of this template contains a table that provides the specific federal and state priorities for: Mental Health Block Grant (MH-BG), Substance Abuse Prevention and Treatment Block Grant (SAPT-BG), SAMHSA and OhioMHAS treatment and prevention priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board's priorities. 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.

   Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).

Priorities for (Allen, Auglaize, Hardin)				
Substance Abuse & Mental Health Block Grant Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Create opportunities for IDU's to dispose of used syringes safely. To provide opportunities to receive new syringes.	To make this a priority for the Opiate Action Commission to work with community partners to evaluate feasibility in Allen County	Measurement indicator: create an implementation plan Baseline data: no syringe disposal/exchange Target: create one syringe exchange location	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory for boards: Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)	To provide organizations that serve pregnant women with SUD in an environment co-located with OBGYN, Navigators to link women to services	MOMS Program	Measurement indicator: # served MOMS program Baseline data: 39 women served Target: 45 women served Measurement indicator: # linked to MAT Baseline data: 16 women linked to MAT Target: 18	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory for boards: Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Reduce legal removal of children from parents who engage in SUD treatment.	MRSS Family Stabilization Outreach Navigator	Measurement indicator: increase # of children that remain in custody of parents and/or return to custody of parents that participate in program Baseline data: 3 families Target: 8 families Measurement indicator: # parents connected to treatment Baseline data: 19 persons Target: 25 persons	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other			Measurement indicator: Baseline data:	_X_ No assessed local need __ Lack of funds

communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)			Target:	__ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Ensure there are community avenues to connect SED youth to treatment	IHBT EMDR Tele-psychiatry School Navigators Juvenile Court Navigators Hospital Navigator Drop-in Center Daytime Crisis FCFC Coordinator CPST	Measurement indicator: increase # of youth School Navigators served (SBIRT) Baseline data: 513 Target: 575 Measurement indicator: # who are connected to treatment Baseline data: 241 Target: 300	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Develop non-Medicaid services to provide a full continuum of care.	Crisis stabilization CPST Guardianship Representative Inpatient Nurse Navigator Mental Health Court Coordinator Supportive Housing Cognitive Enhancement Therapy Changing Seasons	Measurement indicator: # patients being discharged from inpatient care who successfully get connected to outpatient care Baseline data: 54% connected and showed for their 1st appt Target: 60% connected and show	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Persons with mental illness/addiction will have access to safe, affordable housing	Permanent Supportive Housing Assisted Living ACF's Recovery Housing HAP/financial assistance Shelter Plus Care	Measurement indicator: # served in PSH & Recovery Housing Baseline data: 333 served Target: 350 served	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Older Adults	To provide positive activities and connection for isolated elderly persons.	WISE Program Contract with Senior Citizens for recreational & wellness activities	Measurement indicator: # participants Baseline data: 60 participants Target: 75 participants	__ No assessed local need __ Lack of funds __ Workforce shortage __ 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	Collaboration with criminal justice system for seamless service delivery for those incarcerated and returning to community	Drug Court Coordination Psychiatry in jails Mental Health Court Coordination Family Treatment Court Community Transition Program Jail Navigation First Responder Navigator	Measurement indicator: # served by jail navigation Baseline data: 183 persons served Target: 200 persons served	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Integration of behavioral health and primary care services	Ensure primary care facilities have the most recent information about treatment services available to their patients and develop partnerships to coordinate care.	Partnerships with primary care with co-located services Marketing Outreach MAT Navigator MOMS Program	Measurement indicator: # visits to physician offices for marketing outreach Baseline data: 127 visits to physician offices Target: 150 visits	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Increase certified peer supporters in the community.	Sponsor trainings Contract with additional providers Fund peer supporters until they can be certified and bill Medicaid	Measurement indicator: # Peer Supporters Baseline data: 13 peer supporters Target: hire 3 additional peers	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Develop a strategy with a consultant to promote health equity and reduce disparities across populations.	Hire a consultant Facilitate focus groups for stakeholders and minority groups Expand on existing minority outreach programs	Measurement indicator: Successful expansion of minority outreach workers Baseline data: currently 1 outreach worker Target: hire 1 additional outreach worker Measurement indicator: Identify and hire a consultant Baseline data: Had preliminary meeting with potential consultant Target: Choose and contract with a consultant	__ No assessed local need __ Lack of funds _X_ Workforce shortage __ Other (describe):

Prevention and/or decrease of opiate overdoses and/or deaths	All persons with an opiate addiction who initiates MAT will have access to Narcan.	Provide Narcan to those in recovery housing and those who initiate MAT First Responder Outreach Worker Quick Response Team	Measurement indicator: % persons given a Narcan kit Baseline data: no data Target: 100%	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Promote Trauma Informed Care approach	To provide training and support to provider agencies to develop trauma informed approaches.	EMDR training TREM Seek opportunities to provide workshops to provider agencies	Measurement indicator: # trainings Baseline data: no data Target: 2 trainings provided	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Contract with certified prevention agencies to deliver prevention services to priority populations	Identified populations: Preschool children & families School children College students Employees Aging	Measurement indicator: # of adults trained in MHFA Baseline data: 450 trained Target: 600 trained	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Increase access to evidence-based prevention	Fund evidence-based programs to be strategically provided in environments that target priority populations	MHFA Stacked Deck RRR PAX GBG Lifelines PAX at Home	Measurement indicator: # students served in RRR Baseline data: 1500 students Target: 1700 students	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		WISE Program I Mind	Measurement indicator: # students served in Lifelines Baseline data: 2000 students Target: 2200 students	
Recovery Ohio and Prevention: Suicide prevention	Create a strategy to reduce number of suicides by increasing awareness and education on where and how to obtain help	Suicide Coalitions in all 3 counties Suicide Awareness Walks in all 3 counties Continue to expand Mental Health 1st Aid Media campaign for suicide prevention in all three counties Gatekeeper groups	Measurement indicator: Increasing # of schools who facilitate Gatekeeper groups Baseline data: 22 Gatekeeper groups Target: 24 Gatekeeper groups	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations			Measurement indicator: Baseline data: Target:	__ No assessed local need __ Lack of funds __ Workforce shortage _X_ Other (describe): lack of participation in treatment and support groups that have been offered

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Ambulatory Detoxification or Medication-Assisted Treatment

ORC 340.033 allows for a process to request a time-limited waiver under section 5119.221 for the Revised Code for ambulatory detoxification and medication-assisted treatment. As stated in ORC 5119.221, the director may provide a time-limited waiver if both of the following apply:

- The board seeking the waiver has made reasonable efforts to make ambulatory detoxification and medication-assisted treatment available within the borders of the board's service district;
- Ambulatory detoxification and medication-assisted treatment can be made available through a contract with one or more providers located not more than thirty (30) miles from your board's service area.

To complete your waiver request for review, please include below, a brief overview of your board's "reasonable efforts" to provide ambulatory detoxification or medication-assisted treatment and attach a copy of the contract(s) with the identified provider(s) that has agreed to provide this service to your area. This information will be forwarded to the director as part of the waiver review and approval process.

B. 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 wavier is intended for service expenditure of state general revenue and federal block funds.**

A. HOSPITAL	Identifier Number	ALLOCATION

C. 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 2021-2022

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

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

Mental Health + Recovery Svs. Board - Allen, Auglaize, Hardin
ADAMHS Board Name (Please print or type)

Tammie M Cahi 9/17/2020
ADAMHS Board Executive Director Date

Mary Carly 9/17/2020
ADAMHS 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 "SFY 2021 -2022 Community Plan Essential Services Inventory"

Attached is the SFY 2021-2022 Community Plan Essential Services Inventory. **Each Board's completed SFY 2019-2020 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. **SAMHSA Treatment Locator** https://www.findtreatment.gov/