

**Ohio Department of Mental Health and Addiction Services (OhioMHAS)
Community Plan Guidelines SFY 2021 and 2022**

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

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 Recovery Oriented Systems of Care (ROSC) assessment is being utilized to address the areas of need. The areas with opportunities for improvement were: 1) Partnerships lacking with local businesses for individuals in recovery to reduce stigma and gain employment 2) Need to have more peer run programs, opportunities to celebrate recovery and recovery supports 3) Need to develop a broader array of substance use and addiction services in the county.

In addition to this survey the Board's Executive Director holds monthly meeting with providers, community members, county agencies and leadership to discuss client needs, and the needs of the community. She also meets with clients receiving services on a quarterly basis and meets with NAMI Brown County leadership monthly and participants quarterly. The County HUB discusses and provides information about service needs and supports as well as the Coalition for a Drug Free Brown County which the Executive Director helps lead. A strong relationship with the Brown County Drug and Major Crimes Task Force has been developed and information is shared weekly.

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

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

- 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? We will look at the gaps in service and work toward filling those gaps. We have strengthened our community partnerships and will continue to work with other entities to help develop solutions to gaps in services. The addition of peer support specialists

has increased our relationship with individuals in recovery and working toward recovery in the community and affords that lens to planning services and supports.

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.

According to the United States Census Bureau (www.census.gov) the Brown County population from July 2018 is 43,602 and in July 2019 was 43,432 showing a small decrease of .39%. Brown County residents are moving closer to cities for employment.

The average unemployment rate for 2020 through August is 9.4% with the highest at 15.7% in April. The average rate is equal to the state average. The Brown County Department of Job and Family Services reports that approximately 26,000 residents receive Medicaid and/or food stamps. Therefore, approximately 59% of Brown County residents receive government assistance. Eighty five children are in custody or kinship placement. The most common industries in Brown County by number of employees are manufacturing, healthcare and social assistance, and retail trade (<http://datausa.io/profile/geo/brown-county-oh/#economy>). The largest employers in the county are school districts.

Brown County continues to be designated as a health professional shortage area. Medicaid Redesign has created more competition with employers seeking higher credentialing which results in staff frequently changing agencies. Finding psychiatrists continues to be an issue and many of our clients are being seen by nurse practitioners. The pandemic has resulted in individuals being more willing to use tele-psychiatry which is a benefit that assists with the transportation issues and has helped reduce no show rates.

As a Board without a levy our priorities are decided by greatest need within our fiscal restraints. We focus on the populations that we receive the most requests for and that are identified by the community and agencies as needing the most help. Covid-19 related unemployment has added

stress to our residents which has contributed to low income as well as mental health and addiction concerns. The allowance for tele-health services has positively impacted our county and helped reduce transportation issues with getting to services. We have poor broadband service in several areas of our county which has created issues with virtual services for both behavioral health and education.

4. Describe any child service needs resulting from finalized dispute resolution with county Family and Children First Council(s) [340.03(A)(1)(c)].

Through our Child and Family Team (cluster) the county continues to see an increased need for residential services for adolescents. We typically pool funding between the Board of Developmental Disabilities (if the child qualifies), DJFS, and the Board. In the past few years, the extreme needs of the children we are serving and the complexities of their diagnoses and home lives have required several lengthy residential stays. The Board has children/adolescents as a priority population but is struggling to fund the required number of residential placements we are experiencing. Despite funding issues locating residential facilities willing to accept our clients is extremely difficult. Facilities are often several hours away from the child's home which makes visitation with family an extreme hardship. Child Focus has started a Day Treatment Program in the Ripley Union Lewis Huntington School District. Having a more intensive program available for children in our county will be a huge asset.

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 Executive Director meets with staff at SBH to discuss current clients and their progress. During these meetings discharge planning is discussed, and outpatient and housing needs are identified. Linkage to appropriate treatment providers is coordinated between the Board and SBH. Most of our clients at SBH are forensic so we also work with our jail to identify plans for care for the client returning to jail. Clients are assessed by one of our treatment providers, Talbert House staff (health officers) prior to admission at SBH and therefore are able to determine if they are currently receiving services as well as begin making arrangements for services needed upon discharge.

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

Priorities	Goals	Strategies	Measurement
Children and Families	Provide more intensive services to children	Increase PCIT availability Day treatment availability Linkage services in juvenile court Prevention in schools	Number of children receiving PCIT services

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?)

The Board's ED meets quarterly with individuals participating in NAMI and in SUD groups, monthly with NAMI leaders, provider agency managers, Family and Child Team, Family and Children First Council and the Coalition for a Drug Free Brown County members which are comprised of family members, business leaders, government leaders, police, schools, libraries and concerned citizens. Provider contracts, FCFC guidelines and Family and Child Team guidance outline formal arrangements of accessing services and information sharing between the parties involved.

The municipal court system contracts with one of our provider agencies to provide assessments and linkage to services for court involved individuals. The procedures for this process are outlined in the contract. All three court systems know how to contact the Board Executive Director for consultation and linkage to services which is informal but works well.

The Board contracts with the Brown County Educational Services Center for a few programs and communication is ongoing to ensure children and families are receiving the services they need. Some of these arrangements are outlined in the service agreements while others are informal.

The Health Department is a key collaborative partner with the Board. We work together on Prevention Point (needle exchange program) and the Quick Response Team as well as on community outreach efforts including Naloxone distribution. The Health Department also provides us with data on overdoses, overdose deaths and suicides within the county. We have both formal and informal arrangements.

We have a few SUD providers in the county with whom we do not have formal contracts. We do however work well with most in collaborative fashion to ensure clients are receiving appropriate services and supports.

The Brown County Drug and Major Crimes Task Force works with us contractually on our Quick Response Team and collaboratively with identifying drug trends and helping find appropriate placement/services for individuals they encounter.

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 E.D. will continue conducting utilization reviews with the state hospital and help establish linkages to services and supports upon discharge.

- b. Who will be responsible for this?

The Board E.D.

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

Our state hospital utilization has increased dramatically during the pandemic. Most hospitalizations continue to be forensic however they are increasingly difficult. We cannot predict whether this will continue or not as many of the clients have not previously received treatment services.

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 Brown County Board of MHAS

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p>SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)</p>	<ol style="list-style-type: none"> 1) Increase access to peer specialists 2) Increase access to detox services 3) Increase access to MAT 4) Increase access to residential treatment 	<ol style="list-style-type: none"> 1) Increase number of peer specialists providing services 2) Increase funding for detox and residential treatment 3) Continue working with courts to ensure MAT is a viable option for offenders 	<p>Number of IV drug users who cease IV drug use</p> <p>Number of IV drug users who engage in MAT</p> <p>Number of IV drug users who receive services from peer specialists</p> <p>Number of clients who utilize detox and residential treatment. Past FY</p> <p>We currently have 2 peer specialists in our system.</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>SAPT-BG: Mandatory for boards: Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)</p>	<p>Identify, screen and link pregnant women with substance use disorders to appropriate level of care treatment programs</p>	<p>Work with OB/GYN's and doctor's offices to make linkage to treatment</p> <p>Provide quick access to treatment</p>	<p>Number of pregnant drug users identified and linked to services</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>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)</p>	<p>Continue collaboration with Brown County DJFS Child Protective Services to identify and link to treatment parents whose substance abuse disorders put their children at risk of parental abuse or neglect</p> <p>Coordinate with DJFS START program to make treatment linkage etc...</p> <p>Work with juvenile court to identify families in need of services and make</p>	<p>Collaborate with START program to help ensure families in need of intensive services are receiving them</p> <p>Provide community based adolescent drug treatment /prevention. Expand services to refer families at an earlier stage when there is a suspected problem.</p> <p>Work with County ESC for linkages resulting from Handle with Care program</p>	<p>Number of referrals received, and cases open via referral from Brown County DJFS Child Protective Services Reduction in placements by children's services, referrals to criminal justice system</p> <p>Number of reunifications with children after treatment</p> <p>Increase in number of clean drug screens</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>

	linkage to SUD and MH services as needed			
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Screen and link individuals with tuberculosis and other communicable diseases to public health providers in conjunction with their SUD treatment	Work with County Health Department to ensure individuals diagnosed with TB etc...are linked to treatment services Screenings are available for individuals participating in Prevention Point (needle exchange) and treatment referrals are given	Number of new cases of HIV, AIDS, HEP C.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Collaborate with schools, families, provider agencies to identify children with SED and ensure appropriate services are available Increase evidence-based programs offered in schools	Provide play therapy, parent child interactive therapy (PCIT), cognitive behavioral therapy (teens); individual, group, and family therapy; CPST; Pharmacological Management, Linkage to Day Treatment program if appropriate LOC Collaborate with schools to ensure EBP's are available and training, support occurs	Number of SED children and their families that are served; reduction in out-of-home placements Implementation of Life Skills training and/or PAX GBS in at least one more district (Life Skills currently in 2 districts- PAX GBG in 1 district)	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Provide comprehensive services for adults with SMI Increase number participating in life skills groups	Provide CPST; Pharmacological Management; individual, group, and family counseling; housing; vocational services; social recreational; linkage to primary healthcare services, housing	Number of SMI adults served; reduction in hospitalizations (number and duration) Number of SMI adults in Group home placement	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Enable individuals with a mental illness or addiction to be able to live in a safe supported environment within our community	Partnership with Adams Brown Community Action Program (ABCAP) allows us to offer many housing opportunities for Brown County clients. Collaborate with ABCAP, Commissioners, Local churches, etc...to plan for homeless needs and increase available housing	Number of individuals who live in ABCAP housing instead of being institutionalized or placed in group homes Housing plan creation Number of homeless individuals/families the coalition	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		Collaboration with Coalition for a Drug Free Brown County to fund brief hotel stays for homeless population	provides funding. In FY20 funding was provided for 5 families	
MH-Treatment: Older Adults	Due to lack of funding this is not a Board priority Suicide campaigns and universal prevention programming will be targeted to this population. We are also investigating the possibility of My Hello Line as an outreach to the older adult population.			<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Providing linkage and support system to those consumers residing and/or released into the community Increase peer specialist support and number of peer specialists	<ol style="list-style-type: none"> 1) Continue MAT treatment linkage program with Municipal Judge 2) Continue jail’s access to Community provider to evaluate inmates for suicide risk. 3) Continue work with courts to offer treatment options 4) Peer specialists linking with inmates close to release with treatment and recovery supports Once pandemic ends increase SUD and MH services provided in the jail including groups	Number of inmates linked to treatment Number of court referrals to treatment Number of clients on MAT treatment linked via jail or court	<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	Currently not a priority due to lack of workforce			<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input checked="" 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)	Ensuring consumers in recovery have the needed supports and services to remain in recovery	<ol style="list-style-type: none"> 1) Continued use of peer specialists with our adult community provider and their providing transportation to recovery supports 2) Continued vocational services partnering with Ohio Means Jobs. 3) Work with Recovery BWC program 4) Continue financial support for Recovery Housing for county residents 5) Continued support and growth of NAMI Brown County 	<ol style="list-style-type: none"> 1) Number of clients receiving peer support services (64 in FY20) 2) Number of clients living at Recovery House (FY20 average 5) 3) Number of new employers willing to employ recovering individuals 4) Number of NAMI members and trainings conducted (1 training, 10 members) 	<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)	Acceptance and understanding of the needs of all individuals and how their cultural differences contribute to service delivery	Provide annual trainings for all therapists on understanding cultural differences	Number of minority clients receiving services at the agency	<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	<p>Increased use of prevention and harm reduction programs in the county</p> <ol style="list-style-type: none"> a) Project DAWN b) Prevention Point c) QRT d) Drug Take Back Days 	<ol style="list-style-type: none"> 1) Continuation of Project DAWN and Narcan funding for police and EMS 2) Increase usage of Prevention Point (needle exchange) 3) Reopen second location for Prevention Point after pandemic 4) Utilize QRT for any drug related arrests, as well as to canvas high drug usage areas and collaborating with faith 	<ol style="list-style-type: none"> 1) Number of individuals trained and receiving Narcan kits 2) Increase number of individuals exchanging needles (75 unique exchangers and 3448 needles exchanged in FFY20) 3) Increase QRT successful visits 4) Decreased number of drug overdoses 5) Increased number of treatment initiations after QRT or Prevention Point visits 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

		communities and community organizations 5) Education on the importance of proper drug storage and disposal		
Promote Trauma Informed Care approach	Use of a Trauma Informed Care approach by community partners Continuation of "Handle with Care" in all Brown County school districts Trauma informed EBP's in schools (PAX GBG)	1) Continue providing Trauma Informed Care training to community partners 2) Training in Trauma informed care with new school staff/police 3) Implementation and/or continuation of PAX GBG in schools	1) Number of Handle with Care students served-50 in School year 19-20 2) Anecdotal information regarding Handle with Care 3) Outcome data from Handle with Care program 4) Number of students receiving PAX in schools and PAX outcome data	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Provide education to the community regarding mental health, suicide and SUD	1) Hold at least two Mental Health First Aid trainings a year 2) Hold at least one QPR training for the public a year 3) Continue signs of suicide screenings in schools At least one additional school will participate in SOS	1) Number trained in MHFA 2) Number trained in QPR 3) Number of students receiving SOS Number of districts offering SOS-2 districts in FY20	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<p>Prevention: Increase access to evidence-based prevention</p>	<p>Increase use of EBP in schools</p> <p>Increase participation in Kinship programs</p>	<ol style="list-style-type: none"> 1) Increase schools implementing PAX GBG 2) Increase schools implementing Botvin Life Skills 3) Work with school districts to find programming that meets the needs of the district 4) Continuation of Juvenile Court diversion programs & added referral and assessment program 5) Continuation of Brown County Youth United (youth led) program 	<ol style="list-style-type: none"> 1) Number of schools implementing PAX GBG-FY20-1 2) Number of schools implementing Botvin Life Skills FY20-2 3) Number of districts beginning new programming 4) Number of participants in Juvenile program and outcomes <p>Programs, policy changes implemented by Brown County Youth United</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>Recovery Ohio and Prevention: Suicide prevention</p>	<ol style="list-style-type: none"> 1) Increase use of SOS in schools 2) Increase school staff trained in QPR and MHFA 3) QPR training to public 4) MHFA training to public 	<ol style="list-style-type: none"> 1) Increase schools offering SOS 2) Increase school staff training in QPR and MHFA 3) Offer QPR training to the public <p>Offer MHFA trainings to the public</p>	<ol style="list-style-type: none"> 1) Number of districts offering SOS-2 in FY20 2) Number of school staff trained in QPR and MHFA 3) Number of individuals trained in QPR 4) Number of individuals trained in MHFA 	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
<p>Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations</p>	<p>Continue gambling screenings upon intake</p>	<p>Continue SOGS assessment upon intake with provider agencies</p>	<p>Number of individuals screened- Number showing gambling issues 0 in FY20</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>

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

A. HOSPITAL	Identifier Number	ALLOCATION
Beckett Springs	1538404371	\$110,000

We utilize Beckett Springs to provide crisis stabilization for mental health clients and detox/residential services for individuals with SUD. SOR funds are utilized for the SUD population if they meet the OUD criteria. Clients must be referred by our provider agencies and/or our court program to receive Board funding.

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
Brown County Juvenile Court	N/A	Referral and ID	\$15000

Juvenile Court will be working with Georgetown schools to refer families and children to appropriate treatment services to catch those who often fall through the cracks.

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/>