Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Community Plan Guidelines SFY 2021 and 2022

Enter Board Name: __Jefferson County Prevention and Recovery Board

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)].

    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?

    Our organization strives to have trustees that accurately represent our community, in terms of race, income, and employment, as well as involvement in MH or SUD services for self or family. These trustees are active community members overall and participate on other boards, in community government, or in social/fraternal groups. The trustees consistently engage each other and Board staff on pertinent issues and concerns in our small community, and also provide any instant feedback from their interaction with other citizens. It's almost like Twitter or Instagram but with a real and virtual platform! Likewise, 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. Additionally staff has daily contact with provider agencies for instantaneous answers on clinical, fiscal, and programmatic matters. Our Board is a participant in the HEALing Communities Grant adding another layer of how the community is assessed.

    As mentioned in the past Plan, the Recovery Oriented System of Care (ROSC) surveys for various stakeholders was used. 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.

    A community assessment on SUD trends was funded and implemented by United Prevention Partnership (UPP) which is a prevention advocacy coalition. This revealed a permissive attitude toward marijuana use and binge drinking. While 50% of students assessed admitted that illicit drug use causes" imminent or overall harm" to the user, 12% said there is "little to no harm" for

a user. We need to prioritize to our youth that any use of illicit drugs is harmful!

The Board also examines provider satisfaction surveys to look for any gaps or missed opportunities. These surveys also offer customers' candid remarks about services, staff, facilities, etc. that are considered when planning.

Economic and unemployment data are always factored into this assessment. Our area having lost its industrial base over the last few decades consistently has higher unemployment and higher poverty rates compared to the Ohio average and similar surrounding counties. (Data obtained from ODJS website.) While the unemployment rate was around 5% prior to the pandemic shutdown, it now hovers near 15%. The average poverty rate for Ohio is 14.9%; Jefferson County is 17.6 percent. Moreover, nearly 1 in 4 children in our county live in poverty.

Latest data for Jefferson County indicated a Bureau of Economic Analysis (BEA) 2017 per capita personal income of $36,847. This is below the state average of $46,710, and even further below the national average. Since the peak of economic development in Jefferson County, the population has declined as manufacturing jobs left the area. The population decline is not only an indication of job losses, but also a general migration pattern within the United States as the population has left the Midwest and Mid-Atlantic regions.

Other reports show that Jefferson County has an older population with more than average physical health problems, higher rates of tobacco use, and lower rates of high-school graduation compared to Ohio averages.

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).

   Please see the following.

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.

   NOTE: Additional environmental factors listed above as part of needs assessment.

BH Redesign and carve-in mostly impacted providers by mandating more credentialed staff in order to get any reasonable amount of reimbursement. As you know there is a workforce shortage statewide so credentialed staff are at a premium. We are negatively impacted in crisis response; there are not enough credentialed staff to meet the demand causing existing staff to work up 60 hours/week or with less than 8 hours between shifts. Our crisis provider is at tenuous position now. Moreover, we have a Crisis Stabilization Unit CSU) scheduled to come online by Sept 2020, but with no people to staff it.

Transportation is a barrier in our mostly rural, mountainous, Appalachian county. This is compounded by ongoing higher than average unemployment and poverty levels. People cannot afford to maintain or operate existing vehicles and as recent survey by our transportation consortium shows that nearly 40% of rural households don't even own a car. Public transportation with a limited schedule such as busses are limited to the few more populated towns in the county. Car or ride sharing does not exist here.

Housing stock in our community continues to decay and decrease. A recent study by the City of Steubenville shows that 47% of people rent their home as opposed to owning, and it seems overall economics as well as limited and underemployment are factors associated with that. No new housing tracts are currently in development. The local housing authority reported that up to 15% of their units are offline at any time. This is due to inadequate management and frequent transient tenants.

Despite the issues of ours and most Appalachian areas, the Appalachian culture's strengths of unity, kindness, connection, and compassions are the strengths. Our communities are tight-knit and not outwardly trusting of stranger, but conversely most neighbors each other, and many first responders were raised in the area and consequently know many of the people they serve.

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

   This is not an issue in Jefferson County.

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.

   We work closely with RPH staff before discharge. Monthly update calls as well as ad-hoc emails are used to plan for post-discharge service needs. Our system has generally had a robust array of services from housing and vocational case management, guardianship, and payeeship services that are often needed when returning to the community.

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
SEE MATRIX BELOW			Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*
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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 Jefferson County Health Dept will be a much needed partner. Past administration was not a good partner, but the current, new administration seems very open to collaboration. In fact, we are in discussion with health to develop a mapping system to monitor hotspots for overdoses in the county. Further work includes their assistance in creating a *Quick Response Team (QRT)* as they are working more closely with other county EMA and law enforcement. Board staff participates in fatality review committees and devoted several hours of the associate director's time in a recent update of their Community Health Improvement Plan (CHIP). Health will be crucial to continued naloxone distribution and education, to general education and referral of their customers who would benefit from MH or SUD services, to meeting physical health needs of our indigent customers, and to the overall well-being of Jefferson County citizens.

   In early 2017 the county health dept along with our office were approached by the neighboring WV County Health Department of Brooke and Hancock Counties to establish a syringe service/harm reduction initiative. SUD contract provider, Family Recovery Center, staffs and coordinates the location in Jefferson County. In fact, Jefferson County receives the most customers and exchanges the most needles compared to the WV counties. The syringe services program remains vibrant and continues to grow. Provided statistics over the last two years show that 7-10% of participants eventually consider and enter into treatment. Narcan (Project DAWN) and condom distribution is also a part of this program.

   Pam Petrilla, JCRPB Executive Director, is a member of the FCFC Advisory Board in Jefferson County. Our office has worked with FCFC since its inception, and at times has given funding. The Associate Director participates on the ENGAGE Committee of FCFC; this group provides high intensity wrap-around services and supports to keep families intact. For FY20, JPCRB was invited by the Union County Board to be a partner in the Strong Families Safe Communities Grant to help fund a service coordinator position. Due to the success and demand for wrap-around services, another FTE for a service coordinator will be established.

   Other Board Staff are members of various advisory or planning groups, such as: DJFS Advisory Board, PAX implementation with the ESC, Mobility Management with a local COG, and the UPP Prevention Coalition. Board Staff are encouraged and given flexibility to participate in any community organization that would benefit from the assistance. Moreover, these are additional channels to educate and promote prevention and treatment resources that are available.

   Trinity Health System is the one hospital and outpatient primary care system in the county. Many persons in crisis go through the ED at the hospital. Trinity also operates an inpatient MH unit as well as a Level IV SUD detox unit. Over the years we have worked with Trinity and the quality of the relationship waxes and wanes dependent on the management of Trinity and upon their priorities.

Currently, Trinity is in the midst of a major $70M building campaign, and their openness to collaboration for improving crisis care or overall BH care is secondary. There has been an ongoing attempt over the past 2 years to embed a case manager from contract MH provider into Trinity's ED, but Trinity delays or prevents the steps needed to develop this. Additionally, the inpatient MH unit has capacity for more beds, but the hospital's (limited) workforce prevents this.

Inpatient Hospital Management and Transition Planning

7. Describe what partnerships <u>will be needed</u> 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)

        JCPRB is a part of the Appalachian Behavioral Health Collaborative. As you know this hospital consistently runs at 95% occupancy and above; and it's difficult to get someone into this much needed resource. The Associate Director works with ABH staff and local contract providers when transition coordination is needed. There are monthly phone calls with all pertinent people and ad-hoc emails or phone calls when needed to facilitate a person's transfer into the community. These mechanisms and partnerships have been in place for decades.

        Admissions for our Board for 2019 were nearly 40% less than 2018 due to the high occupancy – mostly forensic patients. Coordinating these very few transitions to the community is not a problem.

    b. Who will be responsible for this?

        See above.

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

See above. The high utilization of forensically involved patient is becoming untenable and has essentially repurposed the original mission of the state hospitals -people with acute MH symptomatology cannot access needed beds and treatment.

Not only has ABH become a limited as resource for all Boards, our local inpatient beds are scarce. As mentioned above, the Trinity unit does not operate at full capacity because of workforce limitations, other beds in the Ohio Valley (Bellaire, OH and Wheeling, WV) have closed within the past 6 months.

Utilization of ABH for our Board and the rest of AppCare will continue to trend downward, but only because the supply cannot meet the demand. ABH and other RPHs consistently being at full capacity is a disservice to the community and to the citizens of Ohio.

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 Jefferson County Prevention and Recovery Board				
Substance Abuse & Mental Health Block Grant Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Immediate referral to detox and/or MAT treatment	Clients moved to first position on waiting list (if a wait list exists) Expansion of MAT providers	Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*	__ 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)	Immediate referral to managed withdrawal, detox, or/or MAT treatment Harm reduction Abstinence Drug Free Babies	Assessment and referral done same day. Referral to perinatal care, transportation, child-care, other social services, family planning, motivational incentives, and addiction medicine. Referral to local hospital if neo-natal care. Appropriate LOC Engage in Long term Tx Engage in recovery community MOMS program for future	Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*	__ 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)	Immediate assessment and necessary referrals, e.g. MAT, med-som, managed withdrawal Coordinate services with CSB	Immediate assignment to treatment team and services Appropriate LOC When appropriate, CSB to collaborate	Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Continue the needle exchange/syringe service program in Jefferson County that includes at least two clinics/month Harm Reduction Engagement/referral to Tx.	Continued collaboration with Jefferson County Health Dept and the Brooke and Hancock Health Depts of WV for this program. Allocate Board funding if needed WV Depts successful in obtaining grants	Measurement indicator: Number of clinics offered in a month Baseline data: Needle exchange clinics beginning in full for FY19 Target: Jefferson Co hosts minimum 2 needle exchanges per month	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Quick access MH and SUD assessment and treatment. Keeping families intact Increase PAX trained school personnel in county Safe and stable living environment	Providers established all school districts in Jefferson Co All school districts and Head Starts will have PAX trained personnel *HelpMeGrow* workers trained Additional collaborations with Head Start and daycare facilities. Families referred to housing CPST worker/program, if needed	Measurement indicator: Number of school employees being PAX trained Baseline data: FY18 Zero PAX training FY19 378 Teachers trained on GBG FY20 126 PAX Tools trained support staff 47 additional teachers trained on GBG Target: At least 250 school personnel in Jefferson County will be PAX trained by Dec 31, 2019. Additionally, every district in the county has PAX trained employees *Copy and paste above for multiple indicators.*	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Maintain and improve access to treatment services, esp. med-som, CPST, and other needed supports.	Ongoing evaluation by Board and Providers to ensure immediate access for intake – this includes location, hours of operation, personnel available Most clients assessed or seen that day or within 24 hours.	Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		Board and providers collaborating to attract additional workforce – salaries increased, paid internships now offered, ongoing recruitment from local universities		
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Immediate assessment and linkage to housing CPST worker/program Improve stability of client and move toward recovery	Client moved to top of waiting list for PSH Board-owned housing facilities more accepting of persons not yet at baseline functioning Ongoing CPST and other services for client	Measurement indicator: Assessed at intake for housing needs Baseline data: Housing that is safe and affordable is a criterion required at all intakes Target: Every person assessed by a contract agency will ascertain clients' housing needs	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Older Adults	Access to a provider will be scheduled within 24 hrs. of initial contact Assessments available at NCFs or person's home Coordination of physical health care by MH provider	Provider has openings for walk-ins and plans to schedule intake appts within 24 hrs. of initial contact Provider will assess client for physical health needs and refer	Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*	__ 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	At least 40% of participants in Addiction Treatment Program (ATP) in common pleas court will complete successfully	Allow any treatment provider to be an ATP partner Jefferson Co Common Pleas Court #2 employs a coordinator to help participants navigate things	Measurement indicator: Number of persons participating in program in FYs 19 and 20 and successful completions as of 7/1/20 Baseline data: 15 participants	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

			Target: 8 participants successful - 40% goal met	
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	Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*	__ 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)	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, discuss, and refer any interested clients Provider to support the worker with training, stipends, etc. to maintain this service	Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*	__ 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)	At least 90% of minority customers taking client satisfaction survey will show similar level of satisfaction with services as non-minorities	Anyone identifying as a minority will be assessed for any additional needs or preferences when working with provider	Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	Distribution of Project DAWN kits to the Jefferson County Health Dept, providers, and other community partners Look to expand kit distribution sites Continue SSP collaboration with WV County Health Depts	Available central pharmacy dollars and other funding used to purchase kits Advise health dept. of other grants and resources to obtain kits JCPRB and providers will look at all resources to obtain kits and seek out additional partners Support the SSP with expertise and technical assistance when needed	Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

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	Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*	__ 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	Only EBP curriculums offered 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 community partners for prevention services UPP, the prevention coalition, (host of the Recovery HUB) to obtain a DFC grant	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 health dept, local hospital, and other physical health providers DFC grant application submitted	Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Prevention: Increase access to evidence-based prevention	JCPRB and providers to monitor and obtain any new EBPs when appropriate Seek other appropriate outlets for EBP offerings See application for DFC above	JPCRB to facilitate and assist provider personnel in training and purchase of any materials Provider and Board staff to consider all community events relative to offering prevention messaging DFC grant	Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Recovery Ohio and Prevention: Suicide prevention	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 NAMI to offer MHFA at least twice to the community and or schools in Jefferson Co Distribute *Crisis Text Line* and suicide prevention materials at all appropriate settings	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 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 Promotion of resources and treatment to school children during delivery of other prevention services	Measurement indicator: Every provision of prevention information or education will include suicide-prevention information and resources Baseline data: Prior to FY19 this information was not always present Target: FY 20 all prevention activities or encounters will include suicide-prevention information	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	All contract providers to assess for gambling addiction Offer resources and educate, when possible, physical health providers on problem gambling	Every intake will require that clinicians assess for problem gambling Meet with local free clinic to offer awareness, education, and resources for identification and treatment	Measurement indicator: Baseline data: Target: *Copy and paste above for multiple indicators.*	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

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.

Jefferson County Prevention and Recovery Board__
ADAMHS Board Name

_____ _____
Pamela M. Petrilla, ADAMHS Board Executive Director Date

_____ _____
Joseph Colabela, 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.)].

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/**