

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

Enter Board Name: Preble County Mental Health & 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)].

The PCMHRB has adopted a continuous Quality Improvement Plan (QIP) to consistently assess the needs of the community and areas for improvement both within the Board and throughout the Preble County system of care. Vital components of the plan include: Qualitative and quantitative data sets; consumer and family participation; key informant surveys; information sharing among collaborative partners. Information obtained throughout the year as specified in the QIP is shared at least quarterly with the PCMHRB Behavioral Health Committee for review and systemic change within our system of care as indicated. This committee is also responsible for evaluating information obtained through the various resources and identifying the PCMHRB priorities for each fiscal year. Individuals with lived experience both those utilizing our system and family members of those utilizing our system are on this committee.

As part of our QIP, quarterly, the PCMHRB Executive Director meets with Agency staff to assess current utilization of services and identify any gaps that may exist. Data reviewed includes agency unit review by service type to date, source of funds review by service type to date, quarterly behavioral health data, outcomes data (as applicable), client and referral source satisfaction results, grievances/complaints filed, major unusual incidents filed, peer review data and wait time management lists.

In addition, the PCMHRB collaborates with the Preble County General Health District to conduct an Adult and Youth Health Survey that is conducted by Wright State University Center for Urban and Public Affairs. The adult survey is a random sample phone survey (which included some cell phones) of Preble County residents weighted according to age, race and gender distribution of the county.

Signs of Suicide Programming is conducted in local classrooms. Four of the five community school districts participated for the 19/20 school year. One school district opted out due to a death by suicide of one of their students. Programming includes a depression and suicide

lethality screening as well as information regarding the signs and symptoms of depression provided to middle and high school youth. These screenings are used to help develop programs and supportive services.

Finally, the PCMHRB staff participates on many collaboratives where key stakeholder information is obtained. The Board Executive Director currently serves as the Coordinator of the Family & Children First Council, is an active member of the Chamber of Commerce, serves on the Child Fatality Review Board, the local housing Continuum of Care collaborative, Homeless Services Advisory Board, Domestic Violence Advisory Board and local Corrections Board. Many of these organizations collect needs assessments data which is shared with the PCMHRB for planning purposes.

Information obtained through local health assessment surveys shows that few adults surveyed admit to having a mental health or substance use disorder. In addition, the majority of respondents were able to identify an appropriate person or agency to notify in the event that help was needed. Few adults also report that their children had any mental health or addiction issues, however many felt that addiction was a significant issue in our community for other families. Results from youth surveys showed a significant number of children reporting signs of depression, suicidal thoughts, alcohol and marijuana use. Clearly there is a major disconnect between what adults believe their children are experiencing and what they actually are. Anti-stigma campaigns have been released in the region including Preble County. Continued focus on education and promotion of services

The Preble County Family & Children First Council evaluates and updates their Shared Plan annually. Various organizations as well as family members of those receiving services provided input to update that plan. The current plan states one shared priority of youth drug and alcohol use with strategies focused on parent education and school-based prevention activities.

- 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?

A few years ago, the PCMHRB engaged the community for a ROSC assessment and to update the PCMHRB's strategic plan. Both assessments asked organizations and individuals from the community to fill out a survey or attend a meeting where surveys were completed as a group. According to these various assessments, action steps included implementation of State mandated programming, including recovery housing and residential treatment, expanding our current continuum of care, expanding services with a focus on veterans and seniors, and expanding peer support programming. The increase in drug overdoses has placed the community on high alert for increasing SUD services in Preble County as well as prevention efforts. All areas of identified service and support needs that were met. PCMHRB will be conducting a new ROSC assessment in CY21 to identify any new gaps in the continuum of care. With that data, a new five-year strategic plan will be developed.

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.

Census data places Preble County’s current population at approximately 41,886. Preble County citizens are racially homogenous with reportedly 97.5% of the population as Caucasian. There are, however, sizable populations of German Baptist and Appalachian descent. The county values can be characterized as “conservative” and “independent”. A strong work ethic and a determination to “take care of our own” permeate county economic pursuits and politics.

Housing issues and inadequate transportation options continue to be barriers to stability for many of the families we serve. Based upon the U.S. Census, 13% of the Preble County population is in poverty. Families struggle to make their rent/mortgage payments and find themselves with no way to stabilize their housing situation due to housing shortages and no access to deposit and first month’s rent. With the onset of COVID-19, the stressors have increased with housing shortages and job loss.

With the decrease in local resources the demand for mental health and substance abuse treatment agencies, food banks, children’s services and other social service agencies has increased. Many families are suffering without a basic safety-net to keep them stable. In addition, individuals who have never used our services in the past are now in need of care due to the stress and despair stemming from the inability to provide for themselves and their families.

The impact of Medicaid redesign as well as mandated addiction services had a significant impact upon service delivery in Preble County. The Preble County Mental Health & Recovery Board (PCMHRB) continues to expand services utilizing Federal and State grants and levy dollars. Medicaid expansion has been very helpful in redirecting dollars from indigent clients to recovery housing, residential treatment, detox and peer support. Providers voice concern that they need some of those dollars to help with the impact of COVID-19 on their businesses. In addition, those who have insurance with mental health benefits no longer qualify for Board subsidy (except for crisis services) despite a small number of private practitioners (including no Psychiatrist) who currently practice in the county and accept insurance. This has forced many families to seek care outside of our county.

Another significant impact on our community has been an inability to attract Psychiatrists, Advanced Nurse Practitioners, or Licensed Independent Social Workers. This has resulted in long waitlists for our Medicare consumers needing care as their insurance will only allow for terminally licensed providers. There are also waitlists for those needing Psychiatric services.

In an effort to continue a safety-net of vital services for the community, the PCMHRB continues to maintain a small number of staff, contracts with other Boards for overlapping administrative functions and is the Coordinator for the Preble County Family & Children First Council to reduce overhead. PCMHRB has also applied for grants to increase professional development trainings including Trauma Informed Care with zero dollars paid for by the PCMHRB. This has allowed the PCMHRB to push additional dollars into direct services.

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

The Preble County Family & Children First Council did not receive any requests for dispute resolution during the 2019 fiscal year.

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.

With Medicaid expansion, there has been a decreased need for sending consumers to the state hospital. Preble County crisis services send all pink slips to the Preble County Emergency Department. Only the county jail utilizes beds at Summit Behavioral unless someone needs long term hospitalization. No changes are expected or foreseen. With an upcoming training for the Southwest Region's judges, we have hopes to see less forensic patients sent to Summit for competency evaluations that can be accomplished in an outpatient setting.

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

Priorities	Goals	Strategies	Measurement
Provide peer support services and other supports to individuals with a mental illness and/or substance use disorder.	Renovate and open a recovery center that will provide peer support, health and wellness classes, AA and NA group, support groups, trainings, employment support, transportation and various activities.	Utilize the SOR grant to provide funding to open a recovery center. Contract with local provider for services.	Measurement indicator: number of individuals utilizing services. Baseline data: n/a Target: 75 unduplicated in year one <i>Copy and paste above for multiple indicators.</i>
Increase housing supply including 24/7 supportive housing development.	Utilizing the RAB collaborative, purchase property and renovate for a shared housing development for individuals with chronic mental illness in order to provide housing stability. Purchase men's recovery house.	RAB group is working with state and local funding sources to secure property. Work with local real estate agents to find property.	Measurement indicator: n/a Baseline data: n/a Target: to secure property <i>Copy and paste above for multiple indicators.</i>
Recovery Oriented Systems of Care (ROSC)	Update ROSC assessment and strategic plan.	Initiate a local ROSC assessment in order to identify gaps in continuum of care. Initiate better data collection for a deeper dive into the needs of the community.	Measurement indicator: ROSC assessment data Baseline data: n/a Target: n/a <i>Copy and paste above for multiple indicators.</i>
Supportive Services in MH & SUD Housing	Increase engagement of individuals in varied treatment options in order to achieve and sustain recovery.	Increase case management services that will outreach to housing community, educate, link to resources and provide regular check-ups.	Number of housing consumers utilizing case mgmt. services.
Residential Treatment Options for Addicted Individuals	Decrease number of overdoses and/or death associated with opiate and other drug use.	Collaborate with other counties, our providers and residential treatment facilities to implement residential treatment services for county residents.	Number of consumers completing treatment.

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 PCMHRB, in collaboration with various individuals, companies, providers and organizations, has increased service provision in various areas. In collaboration with the Preble County Sheriff’s Department and Recovery & Wellness Centers of Midwest Ohio, jail services are being offered for both individuals with mental illness and /or addictions. In collaboration with Recovery & Wellness Centers of Midwest Ohio, Dr. Scott Vosler, Preble County JFS, and probation, Preble County has a Vivitrol Program that is growing and helping individuals stay in recovery. In collaboration with many local organizations and individuals, the Substance Abuse Prevention Partnership has held sober living events, town meetings and local school events for all five school districts. In collaboration with the Family & Children First Council, a local grant to provide parent classes and professional development trainings was received with positive outcomes. This grant also funds the Success Program which provides case management in every school district. The Success Program is also by a collaboration with Preble County Juvenile Court, National Trail Local Schools, Butler County ESC and PCJFS. In collaboration with PCJFS and PCFCFC, a full-time wraparound coordinator has been added to our services. Other collaborations have been developed and are making good progress to support Preble County citizens (i.e. Homeless Services Committee, Hoarding Task Force, Wraparound Collaborations for adults, Human Trafficking Task Force). There is a five-board collaboration called the Regional Affiliate Boards which meet regularly, share funding for various services and projects, share information and supports when needed.

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)

Transition from hospital to community is coordinated with the hospitals and two local providers, Samaritan Behavioral Health and Recovery & Wellness Centers of Midwest Ohio. Both providers have funding to support this transition.

- b. Who will be responsible for this?

The two above providers and the PCMHRB coordinate these efforts for a smooth transition back to the community.

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

We don’t have any planned changes in utilization at this time.

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 Preble County Mental Health & 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)	Maintain a core level of services	Intravenous and injection users will be offered an assessment appointment within 7 days of request for services.	Assessment appointments were offered within 7 days of request for services.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory for boards: Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)	Maintain a core level of services for board priority populations	Women who are pregnant and have a substance use disorder will be offered an assessment appointment with 7 days of request for services.	Assessment appointments were offered within 7 days of request for services.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory for boards: Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Maintain a core level of services for board priority populations	Parents with a substance abuse disorder with dependent children will be offered an assessment appointment within 7 days of request for services.	Assessment appointments were offered within 7 days of request for services.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Maintain a core level of services for board priority populations	Individuals with tuberculosis and other communicable diseases will be offered an assessment appointment within 7 days of request for services.	Assessment appointments were offered within 7 days of request for services.	<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)	Maintain a core level of services for board priority populations.	Children with serious emotional disturbances who fall within board benefit plan will be offered an assessment appointment within 10 days of request for services.	Assessment appointments were offered within 10 days of request for services.	<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)	Maintain a core level of services for board priority populations.	Adults with serious mental illness who fall within board benefit plan will be offered an assessment appointment with 10 days of request for services.	Assessment appointments were offered within 10 days of request for services.	<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	Maintain a core level of services for board priority populations.	The Board continues to offer Shelter Plus care vouchers obtained through HUD for permanent supportive housing.	34 consumers received SPC vouchers in FY16.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		Housing is also provided through MHRB owned apartments. The Board also works jointly with other community organizations like CAP, and the HIT Foundation to provide housing.		
MH-Treatment: Older Adults	Maintain a core level of services for board priority populations.	Older adults & veterans who fall within board benefit will be offered an assessment appointment within 10 days of request for services.	Assessment appointments were offered within 7 days of request for services.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant

Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Maintain a core level of services for priority board populations.	Board has provided funding through local provider in collaboration with Preble County Sheriff to provide both mental health and addiction services in the county jail.	Assessment appointments were offered within 7 days of request for services.	<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	Maintain a core level of services for priority board populations.	Adult SMI consumers with co-occurring significant physical health disorder will be offered in-home crisis prevention services from the staff nurse.	Assessment appointments were offered within 7 days of request for services.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Offer multiple levels of recovery housing, provide supports for employment and transportation, and open a recovery center that will provide peer support.	Continue to access CTP funds as well as recovery house funding to offer housing and employment supports. Use SOR funds to open recovery center that will provide peer support, classes, groups, trainings and activities to aid in individuals long term recovery.	CTP and Recovery Housing reports as well as SOR data collection. Number of individuals accessing these services and continued recovery with no interactions with law enforcement.	<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)	Local organizations providing services and supports with policies and procedures that promote health equity.	Provide training to local organizations that focus on promoting health equity and reducing disparities across populations.	Number of attendees of trainings.	<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	Reduce opiate overdoses and/or deaths.	Increased use of Vivitrol Increased efforts on education using Heroin Town Halls Continued prevention education in local schools	Reduced number of opiate overdoses and/or deaths.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Promote Trauma Informed Care approach	Increase education and implementation of Trauma Informed Care (TIC) approach.	Increase local opportunities for TIC professional development training.	Reported implementation of TIC approaches in local organizations.	<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	Maintain a core level of services for priority board populations.	In school mental health therapy, in school substance abuse prevention, Substance Abuse Prevention Partnership activities, Parent Project, WhyTry trainings.	Outcome data from annual	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Increase access to evidence-based prevention	Maintain a core level of services for priority board populations.	In school, SUD, evidence-based prevention activities,	Number of schools where prevention program is implemented. Number of town hall meetings held.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery Ohio and Prevention: Suicide prevention	Stable or drop in suicide attempts and completions across our populations	Target populations include: youth (in school), older adults & veterans. Tactics include: SOS training provided to all students, junior high – high school, this includes surveying, education and prevention. -Annual suicide prevention walk which brings light to the topic, honors those we have lost and raises money to fund the SOS training.	County suicides have dropped over past 5 years of incorporating prevention programming, surveying, education & community outreach.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Maintain a core level of services for priority board populations.	Our local providers use screening tools	Number of individuals screened for treatment services.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> 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 waiver 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

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/>