Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Community Plan Guidelines SFY 2019 and 2020

The Muskingum Area Mental Health & Recovery Services Board

NOTE: OhioMHAS is particularly interested in areas identified as priorities for RecoveryOhio, including: (1) access and capacity changes for mental health and addiction services for both adults and children/youth; (2) health equity concerns for racial and ethnic minorities and people living in Appalachia or rural Ohio; (3) distinctive challenges for multisystem youth, families involved in child welfare, and for criminal justice-involved Ohioans; (4) prevention and/or decrease of opiate overdoses and/or deaths; and/or (5) suicide prevention.

Environmental Context of the Plan/Current Status

1. Describe the economic, social, and demographic factors in the board area that influence service delivery. Note: With regard to current environmental context, boards may describe the impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.

The Muskingum Area Mental Health & Recovery Services Board serves a six-county area-Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties. The counties are home to a population of 228,819 residents, according to the 2010 census report, with the predominate language being English. The six-county service area covers approximately 3,000 square miles and has been designated as a part of the Appalachian region by the federal government. Appalachian counties historically are more distressed economically. Historically, poverty rates across the region impact community members' ability to maintain overall wellness, get the healthcare they need, and have safe and adequate housing, food and clothing. The poverty rates impact crime, neglect and abuse, education and stress levels. Due to the rural geography of the area, the Appalachian culture, and the high poverty rates, health disparities exist across the six-county region. Five of the six counties served have above state averages of children in poverty (ranging from 12.9% to 21.5% with the state average being 14.9%). All six counties have unemployment rates above the state (3.5%) and national (3.4%) averages ranging from 3.7% to 5.4% (May 2019). The median income for the six counties this board serves is $43,325. Individually, the breakdown is as follows-Coshocton $43,251, Guernsey $42,744, Morgan $40,276, Muskingum $43,325, Noble $42,171, and Perry $46, 477. The Appalachian Regional Commission has deemed five of the six counties as "At Risk", meaning they are at risk of becoming economically distressed. They rank between the worst 10 percent and 25 percent of the nation's counties. Based on the Ohio Department of Education school report cards for the class of 2017, this board's region has a slightly higher graduation rate than the State of Ohio, with all but one of the 19 districts in the Board Catchment area exceeding the state average of 84.2 %. The graduation rates in the last 4 years have ranged from 84% to 96.7% in the service area.

Due to high poverty and rural geography, transportation continues to be a barrier for many seeking services within the area and public transportation remains limited even in the largest county. The catchment area population is 72 persons per square mile compared to Ohio's 284.2 persons per

square mile. Average commuting time for work is 30 minutes, or more. These factors limit access to treatment services and has been an ongoing area of concern for treatment providers.

The area has also been designated nationally as a health professional shortage area with contract providers reporting significant difficulty in hiring credentialed individuals. Cultural norms in the Appalachian area influence the perception of services offered and often act as a barrier to seeking services, along with reported transportation issues and a lack of qualified providers. Appalachian culture tends to be family centric with the emphasis on self-management and a distrust of outsiders, especially professionals. Stigma associated with mental health and addiction services continues to limit conversations around those topics, making them taboo and creating a lack of support from family and community for those interested in seeking help.

The Muskingum Area Board has placed a significant interest in expanding Intensive Home-based Treatment services in the six-county area to offset the impact poverty and transportation has for individuals needing treatment.

Behavioral Health Redesign and Managed Care carve-in have placed financial constraints on our system of care. Providers report loss of revenue due to the reduction in rates for nursing services, group counseling, crisis services and psychiatric and/or prescribing services. With this reduction in revenue, providers are struggling to maintain valuable service lines which ultimately impacts client care, access to services, forces lay-offs and has increased the administrative burden to agencies that have to hire additional billing and administrative staff to assist in processing claims and working denials. Several providers are approaching the 365 - day ceiling window in which to have a claim paid; risking the loss of significant revenue if they are unable to address concerns with MCO's within that 1 -year window.

Assessing Needs and Identifying Gaps

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gaps in services and disparities, if any.

   Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and people living with or recovering from mental illness and addiction in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention in SFY 2019. [ORC 340.03 (A)(1)(a)]. Describe the board's plan for on-going needs assessment in SFY 2020 if they differ from this current fiscal year.

   a. **The Board utilizes a variety of methods and sources of information to determine its current behavioral health needs. These can be categorized as quantitative, qualitative, and sometimes gathered anecdotally through conversations with key stakeholders within the system (e.g. Judges, probation officers, school personnel, emergency department physicians, etc.)**

Recovery-Oriented System of Care (ROSC)-2018

Three-hundred sixty-nine (369) persons, representing clients, family members, service providers, Children services, Criminal Justice, Health, Education, Social Services, Elected Officials, Board members, and Board staff completed the ROSC electronic survey. Overall, the Boards scores were above the state average, with the greatest strength being reported in Focus on Clients & Families.

Informally, the MHRSB staff, board members, and contract agencies are an ongoing source of information regarding behavioral health needs in the six-county area. The Board's QI structure is designed to promote and enhance partnering relative to needs assessment, performance monitoring, and management of network services. As a result of the broad reach of the Family & Children First Councils (FCFC) and their use of a structured but flexible service mechanisms, these entities are often the first to identify issues pertaining to access and gaps/disparities in service availability and delivery. This information reaches the MHRB quickly through regular meetings and phone/email contact. Contract agencies also provide information regarding gaps in services for various populations in the area.

The board also participates in various Community Needs Assessments throughout the six-county area in partnership with County and City Health Departments in the region and Community Hospitals in Coshocton, Guernsey and Muskingum counties. Behavioral Health needs ranked in the top 6 priorities for each assessment completed.

b. Describe how the board collaborated with local health departments and their 2019 State Health Improvement Process. In your response, please include, if applicable, the following: 1) collaborative efforts specific to assessing needs and gaps and setting priorities. 2) barriers or challenges the board believes will have to be overcome moving forward that will result in complimentary public health and behavioral health plans, 3) advantages, if any, realized to date with collaborative planning efforts, 4) next steps your board plans on undertaking to further alignment of public health and behavioral health community planning.

The Board is engaged in assessment and planning on an ongoing basis with each of our local Health Departments. Assessment and planning happen with numerous community partners to align priorities and develop action plans that will improve overall health outcomes and quality of life for our residents. This collaboration reduces duplication, leverages resources and improves coordination and access for residents that utilize services from multiple agencies.

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

The Board actively participates in each county's Family and Children First Council, Creative Options, Child Fatality Review and Utilization Review meetings for children's residential care. There have been no recent disputes. We regularly participate in the development of shared

funding plans for youth that meet criteria for residential placement. This has long been a primary area of need as many of our children are placed in facilities hours away from their homes and support systems.

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

The MHRS board has contracted with Allwell Behavioral Health Services to provide a designated liaison to work with persons being released from Appalachian Behavioral Healthcare (ABH). While the agency works hard to coordinate care for these persons, discharge planning has become more difficult due to the reduction in available group homes in our service area. We regularly utilize the Adam-Amanda House, two community group homes and two State Operated group homes within the region. Within the last year our service area has lost 4, 16-bed group homes. Housing for SPMI individuals being released tend to be a need of high priority. Muskingum Behavioral Health is working closely with Fairfield homes to secure funding for a 40-bed permanent supportive housing complex. The timeframe for completion is unknown currently.
The increasing forensic population has changed the utilization of State beds drastically over the last 18 months to 2 years for the civil population. Making it more difficult to address acute needs of individuals meeting the criteria for hospitalization in the service area.

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

While the MHRSB's overall scores were favorable. Prospects for improvement are always considered.

1) **<u>Focusing on Clients and Families:</u> The assessment revealed respondents agree the MHRSB promotes people first language and that the representation in its membership is strong and we do well at matching persons screened with the most appropriate level of service. Our ability to address service barriers and cross-system partnerships can continue to improve, in addition to our ability to provide additional services in a person's natural environment.**
2) **<u>Ensuring Timely Access to Care:</u> The assessment revealed provider's efforts to engage persons early and with the use of evidence-based screenings in integrated settings is representative of quality work. Improvement efforts can happen around access to services and supports during evening and weekends.**
3) **<u>Promoting Health, Safe, and Drug-Free Communities:</u> Early intervention, prevention and treatment services are available in every community and assist in building supportive connections within an individual's community. Opportunities to decrease stigma, advocacy and celebrations to formally recognize the achievements of people in recovery could increase.**
4) **<u>Prioritizing Accountable & Outcome Driven Financing:</u> Strengths identified are our efforts to enhance and promote prevention, intervention, treatment and recovery support services. Engaging family members and clients receiving services in an ongoing evaluation of care should be a consideration for improvement.**

5) **<u>Locally Managing Systems of Care:</u> MHRSB and contract providers provide a variety of opportunities for people to share their stories and re-write their own narratives through recovery. Providers agencies are employing peers to support and/or develop new programs and services. Strengthening partnerships with local businesses for individuals in recovery will help to increase gainful employment and reduce stigma.**

f. Needs and gaps in facilities, services and supports given the Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

g. Needs and gaps associated with priorities of the Executive Budget for 2020-2021 including crisis services, criminal justice-involved populations, families involved with child welfare, and prevention/early intervention across the lifespan.

The Board has expanded their work with the criminal justice system along with re-entry efforts of available funding opportunities. Housing for those released with felony offenses have always been a point of need in each community we serve. Additional resources to support these efforts would further our work through the Stepping Up Initiative and Sequential Intercept Mapping as we continue to improve collaborative efforts.

3. Complete Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. (Table 1 is an Excel spreadsheet accompanying this document. Instructions are found on page 10 of the Guidelines).

Priorities

4. Considering the board's understanding of local needs, the strengths and challenges of the local system, what has the board set as its priorities for service delivery including treatment and prevention? Please be specific about strategies for adults; children, youth, and families; and populations with health equity and diversity needs in your community.

   Below is a table that provides federal and state priorities. Please complete the requested information <u>only</u> for those federal and state priorities that are the same as the board's priorities and add the board's unique priorities in the section provided. For those federal and state priorities that are not selected by the board, please check one of the reasons provided or briefly describe the applicable reason in the last column.

   Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in the board's response to question 2.d. in the "Assessment of Need and Identification of Gaps and Disparities" section of the Community Plan [ORC 340.03(A)(11) and 340.033].

   Priorities undertaken in SFY 2019 that the board is continuing into 2020 as well as new priority areas identified for SFY 2020 may be included.

Priorities for (enter name of Board)				
Substance Abuse & Mental Health Block Grant Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	To decrease the incidence and prevalence of intravenous/injection drug use (IDU).	Increase involvement of provider agencies in Drug Take Back Days Maintain and Expand Local Naloxone availability in each community.	100% of contracted providers will actively participate in event(s). 100% of all emergency first responding organizations will be trained and issued Naloxone.	__ 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)	Ensure proper prenatal care and substance use treatment for women and keep the family unit together post-delivery.	Monitor and strengthen the mechanisms to identify, engage, refer, and treat women who are pregnant and have a substance use disorder. Engage additional County & City Health Departments in highlighting the issues that are specific to pregnant women with substance use disorders in their perspective county(s).	Ongoing data collection and monitoring of the number of cases that are referred to outpatient, residential, withdrawal management and sober living. Coordinate quarterly meeting to share data regarding outcomes.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Reduce the number of out of home placements	Work with Juvenile Court(s) and County Children Service Agencies	Number of Youth and families that utilize Intensive Home-based Services Number of Youth and Families that utilize Family Wellness Program Number of Youth and Families that utilize Child/Parent Interactive Therapy	__ 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.)	Ensure individuals with communicable diseases have access to mental health and substance use services. Identify is other services are needed.	Monitor the increased number of Hepatitis C Cases in the community. Work with the Health Department to determine additional	Ongoing data collection and monitoring of the number of cases.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		services/education that may be necessary.		
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Increase Intensive Home-Based Treatment Develop Crisis Stabilization services for youth in crisis Mitigate unnecessary ED visits and hospital admissions Ongoing data collection and monitoring of the number of cases.	Work with Juvenile Court (s), Children Service agencies and FCFC councils Partner with Nationwide Children's Hospital, Ohio University and Genesis	Number of youths in treatment by service Number of youth hospitalized and/or in out of home placement	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Ensure individuals with severe and persistent mental illness have access to a full continuum of care.	Maintain investment in treatment and recovery support services	Number of individuals receiving service; inpatient utilization.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Ensure individuals in need of housing have access.	Develop housing unit specific transitional age youth Continue to participate in the local Housing Consortium to monitor and develop the Continuum of Care.	Continuum of Care Number of apartments developed for transitional aged youth	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Older Adults	Ensure access to services	Maintain current services to seniors	Number of clients served	__ 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	Ensure individuals involved with the criminal justice system have access to services Expand collaboration with local criminal justice systems and community partners	Expand Sequential Intercept Mapping into additional two counties Increase the number of individuals referred through Community Linkage local jails, prisons, etc.	Development of completed action plan Number of clients served	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

	Expand services specific to youth that are criminal justice involved Increase use evidenced-based strategies	Establish a behavioral health court for youth Expand MAT services and treatment to those in	Develop a baseline for individuals needing CJ services in service area	
Integration of behavioral health and primary care services	Ensure collaboration with area hospitals, primary care physicians, health departments and Federally Qualified Health Centers to ensure service access for individuals with cooccurring needs.	Support ongoing efforts of contract providers to expand co-location efforts within primary care organizations. Support ongoing efforts of contract providers to fully integrate physical health within their behavioral health organizations	Number of referrals within the primary health system Develop a baseline for individuals receiving integrated services.	__ 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)	Ensure that all contract agencies that provide peer support services are licensed by the State of Ohio	Encourage and assist agencies not certified through the process	Number of agencies providing peer support services	__ 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)	Increase workforce competency around health equity and disparities within the six-county service area	Work collaboratively with Ohio University and/or nationally recognized trainers to present on cultural competencies and the reduction of population disparities	Number of participations in attendance	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	Expand the number of evidence-based prevention programs utilized by contract agencies	Work collaboratively with contract providers to identify and research EBP's that can address specific gaps in service	Number of trainings and participants	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Promote Trauma Informed Care approach	Increase collaborative efforts to encourage the utilization of Trauma Informed practices within our service area Provide trainings and funding to support trauma informed care and best practice treatment approaches	Participate in regional meetings to continue to advance trauma-informed approaches Provide ongoing TIC trainings to contract providers as identified	Track business of workgroups from SETICC. Number of trainings and participants from contract agencies and community partners.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Develop an overarching prevention campaign with consistent messaging throughout the six-county area	Identify a workgroup of prevention providers to research and create and implementation plan	Staff will compile a monthly report of all activities toward the development of an implementation plan	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Increase access to evidence-based prevention	Invest in programs which are most likely to improve the opportunity for successful outcomes.	Ensure that programs funded are evidence based.	Specific programs funded; numbers served; outcome achieved.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Suicide prevention	Develop a comprehensive plan for prevention, intervention and postvention regarding suicide	Work with contract providers and local coalitions to collectively merge efforts to develop a unified response	Staff attendance at coalition meetings Participation in program identified as priorities.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations				_X_ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Establishment of Residential Treatment Facility for Adolescent females	Increase access of residential services to this population	Work collaboratively with State and Local resources to develop a plan and identify funding opportunities	Finalized implementation plan and secured funding
Workforce Development and retention	Increase the number of credential providers within six-county service area	Assist in recruiting efforts to secure qualified workforce	Number of additional credentialed and/ or licensed staff employed by contract agencies

Collaboration

5. Describe the board's accomplishments achieved through collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public during the past two years. (Note: Highlight collaborative undertakings that support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)

- **►MATERNAL HEALTH CASE MANAGERS: The MHRS Board continues to fund two Maternal Health Case Managers at the Muskingum and Guernsey County Health Departments. The case managers help addicted pregnant women access resources — such as medication-assisted treatment, transportation, prenatal programs, housing, parenting classes, etc. They also may make referrals to residential care after delivery.**

- **CLEARVIEW WITHDRAWAL MANAGEMENT CENTER: In March, Perry Behavioral Health Choices (PBHC) officially opened the ClearView Withdrawal Management Center. ClearView is an 8-bed 'step-down' ambulatory withdrawal management unit for those struggling with addiction. PBHC hopes that all participants leave the program with a 'clear view' of what they will need to continue their recovery and get back to a better quality of life.**

- **►PAX GOOD BEHAVIOR SCHOOL PREVENTION PROGRAM: The MHRS Board researched, funded, and organized implementation of the PAX Good Behavior Prevention Program in 16 of the 19 school districts in the service area. The evidence-based PAX initiative is a classroom-based program that gives teachers the skills to create nurturing environments in their classrooms, teaching self-regulation throughout their daily instruction. Recently, school administrators from Coshocton, Crooksville, and Cambridge reported to the MHRS Board of Directors that with the use of the PAX Program they are seeing improved peace and harmony among students, improved learning environments, and significant reductions in discipline referrals. The PAX Institute has followed kids who began the program at young ages into their middle- and high-school years, and studies have shown reductions in mental illness, addiction, and suicide rates.**

- **►QUICK RESPONSE TEAMS: All six of the MHRS Board's service area counties have established Quick Response Teams (QRTs) — the intent of which is to provide engagement, outreach, and intervention for residents that experience an opioid overdose requiring life-saving actions using Naloxone. QRT members assist individuals in accessing addiction treatment and support services. Each QRT is made up of a law enforcement officer, a treatment professional, and an advocate. Data collected during the first nine months of QRT operations show that 44% of those who participated in QRT visits agreed to schedule an addiction treatment appointment.**

- **►EXPANSION OF MUSKINGUM BEHAVIORAL HEALTH: The MHRS Board assisted Muskingum Behavioral Health with the purchase/renovation of a building on West Main Street in Zanesville that doubled their office square footage. The move was needed due to the significant increase in clients seeking treatment for their addictions and a corresponding increase in clinical staff to meet their needs. The MHRS Board funded the down-payment for the property, helped to fund the purchase of office equipment, and approved an advance to the organization to help them with the transition to managed care billings. The facility opened in September.**

- **►CISM OUTREACH FOR FIRST RESPONDERS: Members of the Muskingum County Suicide Prevention Coalition joined individuals from the MHRS Board, Genesis Hospital, and the Coroner's Office to begin development of a Critical Incident Stress Management (CISM) Team, whose area of focus will be on first responders—particularly as it relates to suicide loss.**

- **►UNDERSTANDING ADDICTION – SQUIRREL LOGIC: Dr. Brad Lander from The Ohio State University was the keynote speaker for the 2018 Regional Community Education Event at Secrest Auditorium (with 600-700 people in attendance). Dr. Lander explained what happens in the brain during addiction and stressed that this understanding helps us move from blame and frustration to compassion and hope. Dr. Lander also separately met with members of the Muskingum County Medical Academy and the Zanesville Fire Department.**

- **Sequential Intercept Mapping-Guernsey County**
  A Sequential intercept Mapping exercise was held in Guernsey County in May 2019. Participants developed a preliminary action plan to address priorities that included: 1) Collaboration between agencies (including after hours); 2) Jail medication policies and practices; 3) Housing; 4) Local detoxification services; and 5) Criminal Justice transfers to civil commitment options.

- **Home-based services for Children/Families-Guernsey County**
  The MHRS Board met with reps from Allwell Behavioral Health Services and Guernsey County Children Services Board to introduce a new program being offered in the county that will help to stabilize crises, reduce the risk of harm, and keep families together.

- **Intensive Family Home-Based Case Management-Noble County**
  The MHRSB worked with Allwell Behavioral Health Services and the Noble County Board of DD to share funding to hire a designated Case Manager to provide in-home, community -based and crisis-centered case management services to youths and their families identified by the Noble County Creative Options Cluster. The case manager will work with youths and families to foster improved coping, problem-solving and communication skills-as well as coordinate services, advocate for families and provide education.

Inpatient Hospital Management

6. Describe the interaction between the local system's utilization of the State Hospital(s), Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that is expected or foreseen.

The Board has one private in-patient psychiatric unit in the catchment area. Access and capacity for beds locally continue to be a challenge, many times, due to the acute needs of the patients despite having both and adult and adolescent unit. Access for adolescents presents as an urgently needed resource for this community. Board staff and key treatment providers in the community meet regularly to discuss issues of mutual concern and look for ways to improve access, collaboration and post-hospital care. We are currently in discussion with Nationwide Children's, Allwell Behavioral Health, Ohio University and Genesis on the development of a children's crisis unit for our area.

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

Funds disbursed by or through OhioMHAS may not be used to fund inpatient hospital rehabilitation services. Under circumstances where rehabilitation services cannot be adequately or cost-efficiently produced, either to the population at large such as rural settings, or to specific populations, such as those with special needs, a board may request a waiver from this policy for the use of state funds.

To request a waiver, please complete this form providing a brief explanation of services to be provided and a justification. **Medicaid-eligible recipients receiving services from hospital-based programs are exempted from this waiver as this wavier is intended for service expenditure of state general revenue and federal block funds.**

A. HOSPITAL	Identifier Number	ALLOCATION

B. Request for Generic Services

Generic services such as hotlines, urgent crisis response, referral and information that are not part of a funded alcohol and other drug program may not be funded with OhioMHAS funds without a waiver from the department. Each ADAMHS/ADAS board requesting this waiver must complete this form and provide a brief explanation of the services to be provided.

B. AGENCY	Identifier Number	SERVICE	ALLOCATION

SIGNATURE PAGE

Community Plan for the Provision of Mental Health and Addiction Services SFY 2019-2020

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.

_____

ADAMHS, ADAS or CMH Board Name (Please print or type)

_____ _____

ADAMHS, ADAS or CMH Board Executive Director Date

_____ _____

ADAMHS, ADAS or CMH Board Chair Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].

Attached is the SFY 19-20 Community Plan Essential Services Inventory**. Each Board's completed SFY 2018 form will be sent in separate email should the board want to use it to update information.**

The Essential Services Inventory form included with this Community Plan requires the listing of services for which the board may not contract. This element is necessary due to current Ohio Revised Code to detail the behavioral health (BH) continuum of care in each board area.

Some additional Continuum of Care (CoC) information resources have been provided below to assist in this process, but board knowledge is vitally important given the limitations of these included CoC resources. For example, the attached resources may not address BH services provided by Children Service Boards and other key providers within the local behavioral healthcare system.

Instructions for the Essential Services Inventory

The goal is to provide a complete listing of all BH providers in the board area. However, at a minimum, at least one entity must be identified for each essential service category identified in Column A of the form.

In addition to the identification of the Essential Service Category, the spreadsheet identifies the treatment focus (Column B) and Service Location (Column C) of the service as required in Ohio Revised Code. The fourth column (Column D) provides a list of the Medicaid and Non-Medicaid services associated with each of the Essential Service Categories.

In Column E, please identify the Names and Addresses of providers who deliver the Column D Medicaid/Non-Medicaid payable services associated with each Essential Service Category and in Column F indicate by "Y" or "N" whether the Board has a contract with this agency to provide the services.

Additional Sources of CoC Information

1. **Emerald Jenny Treatment Locator** **https://www.emeraldjennyfoundation.org/**
2. **SAMHSA Treatment Locator** **https://www.findtreatment.samhsa.gov/**