

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

Enter Board Name: Fairfield County ADAMH

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)].

It is important to note that in terms of services planning, there are important differences between The City of Lancaster, the City of Pickerington, and the balance of Fairfield that need to be taken into consideration. For example, access to transportation, average household income, levels of poverty, employment opportunities, and racial diversity. Historically, many Fairfield County residents seeking public behavioral health services have lived in the Lancaster area. However, over the past two years, the ADAMH Board has supported expansion of services to meet demands in the northern part of the county (Pickerington/Violet Township area) via its primary community mental health services agency.

In the process of developing a levy campaign for new levy funding, Fairfield County ADAMH Board contracted with Jackie Romer-Sensky in November of 2017. The purpose of this way to have an objective facilitator who could run focus groups with community members, stakeholders, consumers, and their families. The goal was to obtain specific feedback about what strengths exists in the ADAMH Network of Care, and what gaps need to be filled. The work that came out of the focus groups helped staff to see that the community has distinct priorities and saw a need for increasing Crisis Services -including those for youth, increasing easy access to substance abuse treatment services, and increasing prevention services. This feedback has been consistent with discussions with law enforcement, schools, job and family services, the housing coalition, and the group that is working on developing increased trauma -informed care.

In 2017 the Board contracted with Mental Health America funding a position for a Behavioral Health Navigator, to assist consumers and families in obtaining services and to reduce the: "falling through gaps" phenomenon that can occur. In meeting with key stakeholders at the end of the first year of this project. The following suggestions were made regarding how to improve the system:

- Education for family members around levels of care, treatment resources, funding resources, respecting family level of engagement, guardianships (more needed).

- Education for agencies/providers on cultural sensitivity and or/application of recovery principles.
- Discussion of strategies to bring more licensed providers/psychiatrists to the area.
- Publication of a more detailed directory of mental health and substance abuse services in Fairfield County, including private for-profit providers (online and hard copies).

The recommendations further suggested that the Board might want to consider:

- Lesbian Gay Bisexual Transgender Questioning services (specifically trans affirming services)
- Increased Housing-mental health and sober living
- Affordable AOD testing
- Increased Crisis Programming

In 2017 the Board contracted with Sally Luken, Inc. to do a comprehensive needs assessment for the housing needs of the persons ADAMH System of Care serves. This is a summary of her findings:

TABLE 1: ADAMH BOARD CONSUMERS IN NEED OF HOUSING

Estimated Annual Fairfield ADAMH Populations Needing Specialized Housing	
Populations	Total Number
Individual homeless	
Chronic per HUD definition	12
Homeless - SPMI	47
Homeless - SUD	26
Homeless - dually diagnosed	20
Transition Age Youth	15
Individuals - low income/not homeless	
Low income SPMI	184
Low income SUD (opiate)	25
Low income dually diagnosed	3
Pregnant women, opiate addicted	25
Families, homeless	
Chronic per HUD definition	0
Nonchronic & assumed non ADAMH families	0
Low Income (Domestic Violence only)	34
Families, low income/not homeless	
Low income SPMI*	0
Low income SUD (opiate)**	123
Low income, dually diagnosed	88
Total Population to Consider for Housing Assistance	602

In July of 2019 the Board contracted again with Jackie Romer-Sensky to help them to develop a strategic plan and to prioritize funding. This included reviewing again, the promises that were offered during the levy campaign.

In the fall of 2019, the Board met and at a retreat, worked with Jackie Romer-Sensky to explore various models for determining how allocations are made, including a modified Ethics of Scarcity model. All of this occurred prior to anyone having an inkling that COVID-19 would be making an appearance into the picture. COVID-19 changed most of the prior planning. It required that the Board discuss and review the importance of assisting providers in developing and implementing telehealth. Some providers had technology and the wherewithal to easily use it. Others, less sophisticated, needed assistance from the board. The Board's priorities at that time because insuring that persons could access services they needed without interruption, and that this care was being delivered with the safety of both consumers and clients assured.

In early Spring of 2020, the K-12 Prevention funding was released with the understanding that each school district would have to submit a needs assessment to the board and to OHMHAS. In the discussion with school officials around this process, there were some takeaways from this process as well about what schools see as the priority for prevention programming. The county schools determined via meetings with the Educational Service Center and the Prevention Coordinator of the ADAMH Board, and all of the county school superintendents that they want to focus on PAX Good Behavior programming and continue training teachers, school personnel, and parents utilizing this model. The city school districts each have separate and differing needs. Lancaster City Schools and Pickerington School District are still in process of completing their needs assessments and this information will be available to ADAMH to consider in prevention planning. Prevention has been consistently identified by stakeholders throughout the community as being a priority, and the Board members agree.

In SFY 2020, the staff and board began to identify programming into five categories, Capacity Development/Innovation, Crisis, Prevention, Treatment, and Recovery Supports. Each participated in a scoring process of rating most important to least important and placing percentage amounts of where funding is best placed, in everyone's opinion. Then the Board at a retreat used this as the start and basis for discussions around what the priorities should be for SFY 2022 and forward, using the "new" levy funds. In the next section of the plan, we have divided our priorities, goals, strategies, and measurements into those three main categories. We recognize that some of the programs we plan, fund, and monitor, fit into multiple categories, at times, however, we have categorized them based upon their primary function.

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.

While there are no Residential Treatment Services in Fairfield County currently, the board can pay for this when individuals are in need and have no or poor insurance coverage. We have also had the goal of building and having implemented a Crisis Stabilization/Substance Abuse Withdrawal program. Due to COVID 19 and other factors, these plans have been delayed. The Board still intends to work with Ohio Guidestone and New Horizons Mental Health to accomplish this.

See Attachment 1 below for local priorities

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.

Fairfield County has a total area of roughly 505 square miles and is positioned between Columbus and Ohio's rural Appalachian region. Although not officially part of the state or federally defined Appalachian region, certain areas of Fairfield County bear a distinctly Appalachian feel in both physical geography and demographics. Within Fairfield County are the communities of Lancaster (the county seat) and Pickerington. Approximately 89.1% of Fairfield County residents are White (non-Hispanic). African American (7.3%), Hispanic or Latino (2.1%), Two or More Races (2.0%) follow. Fairfield County has a slightly higher percentage of high school graduates age 25 and older than the State of Ohio (91.6% vs. 88.4 %). As of May 2016, the unemployment rate in Fairfield County and Ohio was 3.8%

The percentage of persons in poverty in Fairfield County (2010 – 2014) was 9.6%, somewhat better than the 11.8% rate in 2009. It is important to note that in terms of services planning, there are important differences. The Opioid Epidemic impacted Fairfield County as it has the country. There were 117 individuals taken to Fairfield Medical Center for overdoses and there were 28 Opioid related deaths in 2019. Prescription Opioids Dispensed Per Capita in 2019 for Ohio were 36.0 and for Fairfield County this figure was 40.82. While the Board has focused a great deal of work in Prevention, Treatment, and Recovery Supports, there is still clearly much to be addressed. The latest "street substance" becoming widely used as an injection is the combination of Methamphetamines and Fentanyl. We have already seen an increase of accidental Opioid overdose deaths this year. There have been 29 so far this year, as of August 2020, compared to the 28 for the entire year of 2019.

COVID-19 impacted the services in our behavioral health system significantly. Some providers were equipped and ready to offer telehealth services. Others needed ADAMH support and funding in order to become able to implement it and ensure that consumers received the services they had come to depend upon. The ADAMH Board worked with providers to ensure that the face to face service delivery was able to occur safely, with correct PPE, and adequate cleaning supplies, etc. Several providers had to layoff Prevention staff. With a workforce that is already challenged due to location of the county, lower pay scales, fewer benefits, this may or may not be something that can quickly be in recovery. It is expected that one of the priorities for the ADAMH Board in the next couple of years will be to assist in the rebuilding and building of a more robust body of behavioral health professionals to include Certified Prevention Specialists, Licensed and Independently Licensed Counselors, Social Workers, Chemical Dependency Professionals- at all levels of certification, and Certified Peer Support Workers.

The Fairfield County School Districts tend to be the more rural schools. Some of them will be struggling to develop a reasonable plan for students and their educations. Lancaster City and Pickerington City Schools will also have separate plans and experiences., All these decisions around COVID-19 will impact our system. It will impact how School Prevention services will be delivered, and in some cases, they will not be delivered at all for 2020. It will impact the behavioral health services that have been offered in the schools themselves, including the Early Childhood Consultation services. There is the additional concern that teachers and other educators will be experiencing additional stress and strain which may result in the need for behavioral health service delivery to be directed specifically toward that population of adults.

COVID-19 impacted the Fairfield County Jail services in that the Crisis Mental Health services were greatly reduced. The Suicide Risk Assessments were reduced from an average of 40 inmates per month to an average of 22 inmates. The SOR grant substance abuse assessments simply did not occur in the jail between March through the second week of June, when the clinician could see inmates again. The Peer Support workers were also not allowed to see inmates in the jail. Both the clinician and the peer support workers spent their time working with inmates who had been released from the jail and were established in services.

The anticipated “surge” of crisis and new persons seeking mental health and substance abuse services has not yet occurred. It is not predictable, and it is difficult to plan for. We also know that some providers were already struggling with the changes from Behavioral Health Redesign. COVID 19 has placed additional fiscal losses and strains on some of the smaller providers. We can anticipate that not all the current 12 providers with whom the Board has contracts will continue to be in business in the next few years. One of the priorities for the Board is to continue to encourage economies of scale when possible, and to search for available loans and grants for non-profits that have become available during COVID-19.

Attachment 1 Board Local System Priorities Fairfield County ADAMH

Priorities	Goals	Strategies	Measurement
Reduction of Opiate Related Overdoes and Opiate Use Disorder in Fairfield County	Combat the opioid crisis through the expansion of prevention, treatment, and recovery support services.	<ul style="list-style-type: none"> • Build a crisis stabilization/withdrawal management unit for Fairfield County to open by 2022. <ol style="list-style-type: none"> 1. Land chosen to build on needs purchased from county. Needs surveyed to ensure that there are no problems with our proposed building plans. 2. Once surveys are done, if all seems workable, purchase land. 3. regroup with the 2 agencies to review the architects plans to be sure they are workable. 4. work with the state to obtain capital grant when these are available again. 5. Once capital grant is obtained, begin work on building facility with project management company. 	<p>Measurement indicator: Crisis Stabilization Unit will be open by 2022</p> <p>Baseline data: Land is being purchased from the county, survey is being completed, providers have been identified</p> <p>Target: 2022.</p>
		<ul style="list-style-type: none"> • Balance the prevention programming across age groups and throughout the county 	<p>Measurement indicator: K-12 Prevention programming in the schools will be implemented</p> <p>Baseline data: Schools are completing the plans to be approved by ADAMH and OHMAS</p> <p>Target: 2021</p> <p>Measurement indicator: The number of Community Based</p>

			<p>Prevention programming will be increased</p> <p>Baseline data: Currently ADAMH funds several programs which are presented in the Community- Big Brothers Big Sisters- Mentoring, Teens with Tots, and Parenting Education (which is not actually prevention but falls under community education)</p> <p>Target: Increase by 1 program</p>
		<ul style="list-style-type: none"> • Maintain treatment and increase the number of evidence- based therapeutic practices. 	<p>Measurement indicator: Increased programming</p> <p>Baseline data: Currently ADAMH has levy funding OHMAS funding, and other grant funding invested in Both Substance Use Disorder Treatment and Mental Health Treatment</p> <p>Target: Identify and fund at least 2 more evidence- based practices to</p>

			<p>be offered in the ADAMH Network of Care</p>
		<ul style="list-style-type: none"> • Maintain recovery supports and develop innovative recovery programming. 	<p>Measurement indicator: Number and Types of Recovery Support Programs Baseline data: Currently ADAMH funds Supported Employment, Recovery Housing, Sober Living, The Fairfield Mental Health Consumer Group-Center of Hope, and additional Housing Assistance through the Substance use disorder providers The ADAMH Board traditionally has held a Recovery Conference each year, and we will re-instate this once it is COVID safe. Target: Complete RFP process for innovative ideas and put out by Spring 2021</p>

<p>Adults with Serious Mental Illness and Youth with Serious Emotional Disturbances</p>	<p>Continue to identify and treat those persons most in need of mental health services at all levels of care.</p>	<ul style="list-style-type: none"> • Improve access to services utilizing programming and public relations. • Balance treatment and stabilization services across the lifespan and throughout the county. • Develop and disseminate high quality communication tools for funded programming. • Support the development of additional programming capacity and service provision that address all age groups to ensure an entire continuum of care. 	<p>Measurement indicator: Public Relations Plan, Service Plan, Number of Programs and Providers Baseline data: Current programming Target: Develop PR Plan by October 2020 for SFY 2021 Develop RFI process for treatment programs put it out by October 2020 for the funding in SFY 2021</p>
<p>Monitoring of ADAMH Network of Care and the providers.</p>	<p>Improve Data Collection, Analysis, Dissemination, and Program and Policy</p>	<ul style="list-style-type: none"> • Develop and engage in a robust process to seeking and monitor needs in the community. • Develop a data dashboard from multiple sources that will inform board members, staff, and the community. • Collaborate with other community agencies and stakeholders to monitor comorbidities associated with opioid misuse including co-occurring substance disorders. 	<p>Measurement Indicator: a least one through needs assessment every 2 years A dashboard will be developed Baseline data: Fairfield County Opiate Task Force Dashboard- Target:2022</p>

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

None.

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.

Fairfield County ADAMH Board Clinical Care Coordinator and staff of the primary Behavioral Health agency meet monthly for a utilization review with the Regional Psychiatric Hospital, Appalachian Behavioral Healthcare. The utilization review covers current and recent patients to assure that they have followed up and are receiving services post-hospitalization. This also keeps strong communication for aftercare planning between the providers.

Collaboration

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

The Board has many partnerships throughout the county. This starts with the county commissioners and extends throughout. Here is a list of programs and partners with whom there is a current Memorandum of Understanding:

- ADAMH, through its contract provider OhioGuidestone, will coordinate the RISE Program in the Lancaster City Schools, coordinating with the Fairfield County Commission, Fairfield County Child Protective Services, Fairfield County Juvenile Court, Fairfield County Prosecutor's Office, and the Lancaster City Schools.
- Assisted Treatment Program- MOU with Fairfield County Municipal, Family, and Common Pleas Drug Courts, and with New Horizons, OhioGuidestone, The Recovery Center, and Lancaster Recovery Services.
- MOU with Fairfield County Educational Service Center and the county schools for Pax Good Behavioral Game.
- MOU's with Fairfield County Municipal, Family/Juvenile Common Pleas Courts for Specialty Docket Subsidy Project Funds.
- MOU with Ohio Association of County Behavioral Health Authorities Foundation for Vista Worker.
- MOU with Project F.O.R.T. (Fairfield Overdose Response Team) for the purchase, training, and distribution of Naloxone kits.
- MOU with Crawford, Knox, Licking, and Marion Counties for Youth Mobile Crisis Grant and additional MOU with Developmental Disabilities, New Horizons Mental Health, Juvenile Court, Lancaster-Fairfield Community Action- Early Childhood Program.
- MOU with Family Adult and Children First Council, Fairfield County Juvenile Court, , Fairfield County Developmental Disabilities, and the Fairfield County Commissioners. This is for the pooled funds in the Multisystem Youth Program and Intensive Home-Based Services.

- MOU with the membership of the Fairfield County Opiate Task Force, Ohio University, and PIRE for the HRSHA/R-CORP Implementation Grant.
- MOU with Fairfield County Municipal Court, New Horizons, The Recovery Center, OhioGuidestone, and Lancaster Recovery Services for the Indigent Drivers Alcohol Treatment Funds

Here is a list of Coalitions either led by or attended by ADAMH staff.

- **Fairfield County Suicide Coalition** is led by ADAMH and meets regularly to address the prevention of suicide. Membership includes but is not limited to: Fairfield County Job and Family Services, Lancaster-Fairfield Community Action, United Way, Ohio University-Lancaster, Mental Health America of Ohio, Pickerington Local School District, FAIRHOPE-Hospice, 211/Information and Referral, The Recovery Center, OhioGuidestone, Lancaster City School District, Fairfield County Coroner's Office, Fairfield County District Library, Fairfield County Sheriff's Office, Big Brothers Big Sisters of Fairfield County, and community members.
- **Fairfield County Opiate Task Force**- led by ADAMH and includes member representatives from BH/SUD providers, Kroger Pharmacy, Commissioner, Tour De Cause, Fairfield County Library, Pickerington Schools, Fairfield County Educational Service Center, Family Support, Consumer Support.
- **Communities of Practice for Rural Communities Opioid Response Program**-partners with Ashtabula, Sandusky, Seneca, and Washington Counties. Led by Ohio University- Voinovich School of Leadership and Public Affairs, and the Pacific Institute for Research and Evaluation (PIRE)
- **Crisis Intervention Training**- ADAMH led with planning committee members from Lancaster Police Department, Fairfield County Sheriff's Department, Pickerington Police Department, Developmental Disabilities. The weeklong training is organized and paid for by ADAMH and includes the local providers in implementation.
- **Fairfield County Housing Coalition** active membership among Lancaster Fairfield Community Action, Lutheran Social Services, Metropolitan Housing Authority, Veteran's Affairs, Utility Commission representative, West Side Shelter, City of Lancaster Fair Housing Authority, and others.
- **Building a Trauma Informed System** Committee with Lancaster Fairfield Community Action-Early Childhood and Head Start, Juvenile Court, BH and SUD providers, Lancaster City Schools, Fairfield County Schools, Developmental Disabilities.
- **Southeast Trauma Informed Care Collaborative**
- **Developmental Disabilities Responses Team**

- **Safe Kids/Safe Communities** -Partnerships with FACFC, Lancaster Police Department, Health Department, local child physicians, and others.
- **Older Adult Network**- all providers who work with older adults.
- **Parenting Cooperative** -a subcommittee of the Family Adult and Children First Council
- **Executive Committee of the Family Adult and Children First Council**- ADAMH Executive Director serves
- **Intersystem**- led by ADAMH this is a meeting for partners involved in delivery of emergency or crisis services in the county. The meetings are held at Fairfield Medical Center and include partnership from the hospital, Crisis Intervention, and providers.
- **Project F.O.R.T. The Overdose Response Team** is headed by the Major Crimes Unit and partners with community paramedics, peer support, recovery housing, ADAMH and other partners. The Director serves on the Fairfield County Opiate Tasks Force and ADAMH; using grant funding, ensures that FORT is able to purchase Naloxone for distribution to persons throughout the county.

Inpatient Hospital Management and Transition Planning

Fairfield County ADAMH Board staff will continue to meet with Athens Behavioral Healthcare monthly for utilization review. We will also be meeting monthly with Mount Carmel Behavioral Health to review re-admits and assure that patients have been successfully linked to outpatient services. The Clinical Care Coordinator will be responsible to coordinate with New Horizons Mental Health and the hospitals. New Horizons Mental Health is the provider designated responsible for working with the hospitals on discharge and aftercare planning. We anticipate that we might face an increased financial demand in the area of private hospitalization costs for SFY 2021 and in SFY 2022. The ADAMH Board is spending more for non-insured patients, as the public hospitals are usually full and unavailable for crisis mental health patients that are not forensically placed.

Continuum of Care Service Inventory

7. 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)].

Attachment 2- Inventory for Fairfield County ADAMH

Alignment with Federal and State Priorities

8. 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 Fairfield County ADAMH

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p>SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)</p>	<p>1.Continue to ensure the statutorily required continuum of care is in place and Expand the use of Evidenced Based Practices.</p> <p>2. Increase in Methamphetamine use along with Opioid use to be addressed by enhancing knowledge and skills of providers.</p> <p>3. Continue to lead the work of the Fairfield County Opiate Task Force</p>	<p>1. Expand the use of Evidence Based Treatment Programs by developing incentives for providers.</p> <p>2.Ensure that providers are being trained in the treatment of Methamphetamine Use Disorder as well as opioids.</p> <p>3. Continue to lead the Opioid Task force, including continuing to participate in the Communities of Practice for Rural Communities Opioid Response Program (see website https://www.communitiesofpractice-rcorp.com/ourconsortium) The Overall goal is to reduce the number of overdose deaths in Fairfield County</p>	<p>1. Measurement indicator: A funding application/RFP and contracting process which rates Evidence Based Practices at a higher priority. Baseline data: Currently the ADAMH Board funds 3 Evidence Based treatment programs. Target: 2 more Evidence Based Programs in the System of Care Network</p> <p>2. Measurement indicator: Offer low cost or free training to system providers in treatment of Methamphetamine Use Disorder. Baseline data: currently no system wide training Target: at least 25 clinicians in system trained Methamphetamine Use Disorder.</p> <p>3. Measurement Indicator:</p> <ul style="list-style-type: none"> • Meeting Minutes • Activities Throughout the Year • Number of Narcan kits distributed 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

		<p>4. Continue to work with Project F.O.R.T. (Fairfield Overdose Response Team) to ensure that Narcan is made available to individuals and families.</p>	<ul style="list-style-type: none"> • Number of Overdoses per year • Keeping Dashboard Current <p>Baseline Data: All the above Target:12 meetings 2 Activities in Community 100 Kits Distributed Opioid Dashboard kept current.</p> <p>4. Measurement indicator: The number of Narcan kits distributed per year.</p> <p>Baseline data: Number distributed in SFY 2020</p> <p>Target: 150 kits</p>	
<p>SAPT-BG: Mandatory for boards: Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)</p>	<p>1. Continue to ensure this population of women has easy access to health and behavioral health services, and to recovery supports such as housing,</p>	<p>1. Continue to work with the Perinatal Cluster-Recovery Center and with the Department of Health, Adult and Family First Council, and local physicians to ensure services are available. Continue to pay for available recovery housing with Lutheran Social Services</p>	<p>Measurement indicator: Meeting Minutes, Activities throughout the year, documentation of calls requesting help to Fairfield County ADAMH</p> <p>Baseline data: Current number of meetings attended, document requests for assistance for pregnant women being served.</p> <p>Target:100% of women who are pregnant with SUD who request of ADAMH assistance will be assisted. Tracked through the Log of calls/requests kept by Fairfield County ADAMH Clinical Care Coordinator.</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

<p>SAPT-BG: Mandatory for boards: Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)</p>	<p>1. Continue to ensure that CPS is given professional, knowledgeable behavioral health consultation when needed.</p> <p>2. Continue to contract with Family Adult and Children First Council to offer Evidence Based Parenting Classes.</p>	<p>1. To provide 24/7 mental health expertise (consultation, assessment, etc.) in crisis situations via the Board funded Crisis Intervention Service upon request of Fairfield County Child Protective Services to the Crisis Intervention Service.</p> <p>2. Continue to contract with Family Adult and Children First Council to offer Evidence Based Parenting Classes throughout the year. These include- Parent Project, Loving Solutions, First Five Years, and Active Parenting</p>	<p>1.Measurement indicator: Feedback from leadership and frontline workers will be solicited as to availability and helpfulness of 24/7 crisis.</p> <p>Baseline data: This will be the baseline data starting SFY 2021 through the Youth Mobile Stakeholder meetings.</p> <p>Target: This will be completed at the end of fiscal year SFY 2021</p> <p>2. Measurement Indicator: Each Parenting Class has measurements which be reported quarterly and reviewed by CQI Committee.</p> <p>Baseline Date: Quarterly reports supplied to ADAMH each year.</p> <p>Target: Offer a minimum of 1 Parent Project, Two Active Parenting, and 2 Loving Solutions Classes per year</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
<p>SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>	<p>1. Continue to ensure that all ADAMH providers do a thorough and complete health assessment with all new consumers.</p>	<p>Monitor the health assessments as a part of the Clinical Care Audits.</p>	<p>Measurement indicator: Annual Clinical Audits</p> <p>Baseline data: Prior Years Annual Reports</p> <p>Target:100% of individuals receiving service through ADAMH funding will be given the health assessment and all communicable diseases will result in reporting and in referral to appropriate healthcare providers.</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

<p>MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<p>1-Continue to Support the System of Care in Place (These are actually a Fairfield County ADAMH Board local Priority)</p>	<p>1. ADAMH pools funding with Juvenile Court, Developmental Disabilities, and Children’s Protective Services as well as the County Commissioners. This allows for a Multi System Youth approach in which children of all ages are brought to staffing along with the BH provider and recommendations are made, implemented when possible, and results are tracked.</p> <p>We have reduced the number of youths who were being sent out of county for Residential Care and length of time children spend in residential care significantly and want to continue to keep children in county whenever possible.</p> <p>2. ADAMH and Juvenile Court fund OhioGuidestone to provide the RISE program in the schools. This program identifies children/adolescents early on who may be having signs of emotional/behavioral disturbances. In identifying and assessing early on, the goal is to prevent involvement in the “system” most</p>	<p>1. Measurement indicator: Placement data from our Multisystem Youth Cluster Outcome Measure Length of time in residential placement Baseline data: Prior Years Quarterly Reports Target: 85% of children in residential placement will transition home in fewer than 7 months. 95% of youth released from residential placement will not require placement within one year of release.</p> <p>2. Measurement indicator: Data collected by OhioGuidestone provider on number of children referred who have intervention plans, number who are successfully closed Baseline data: New program, Will establish baseline and reasonable targets Target Implement program, successfully collect data on all youth referred, measure successful closures as a measure of diversion from juvenile justice involvement</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
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		<p>specifically the Juvenile Justice System. The Clinician is trained in Trauma Informed Care and can offer early intervention strategies.</p> <p>3. ADAMH and Family Adult and Children First work with the case coordinator for wrap around resources and New Horizons- the provider for Intensive Home-Based Services. We believe that these Evidence Based practices are partly responsible for the reduction of out of county residential treatment.</p>	<p>3. Measurement Indicator: data from Multi system youth cluster and New Horizons Intensive Home Based team. Baseline Data: current year Target:90% of youth in service coordination will not require residential placement. 90% of youth in service coordination will exit successfully (with 75-100% of identified needs met at time of exit). 90% of youth that complete Intensive Home-Based Therapy will be diverted from residential placement (when not completed as step-down from residential placement).</p>	
<p>MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<p>ADAMH will explore how to expand its Recovery Supports and identify new and innovative programming.</p>	<p>1.Continue to Expand our Recovery Oriented System of Care in Fairfield County including Evidenced based Practices</p> <p>2. Encourage the training of individuals in recovery and provide whatever assistance is needed to become Certified Peer Support Workers. Continue to encourage providers in hiring Peer Support workers.</p>	<p>1. Measurement indicators: quantity and quality of programs. Baseline data: Current Recovery programs increased and produce quality outcomes Target: All Recovery Support programs will implement meaningful outcome measures to demonstrate quality of programs</p> <p>2. Measurement indicators:</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

		<p>3. Continue funding the Supported Employment Program – (Evidence Based) at New Horizons Mental Health and explore whether this can be expanded.</p> <p>4. Continue to work with Fairfield Mental Health Group (FMHCG) on a sustainability plan which will include funding sources other than ADAMH.</p> <p>5. Continue to support local NAMI activities.</p>	<p>Number of Persons Serving as Certified Peer Support Workers in ADAMH Network of Care, Baseline data: will determine accurate count of certified Peer supporters at current network of care organizations Target: Will increase number of total peer support employees by 10%</p> <p>3. Measurement indicators The Supported Employment Program continuation Baseline data: current number served Target: increase capacity through additional funders by 25%</p> <p>4. Measurement indicators: The consumer operated service, Fairfield Mental Health Group (FMHCG), continues to operate and increase capacity. Baseline data: Current status of numbers served, and 0 other funders Target: A Sustainability plan for FMHCG that includes additional funding sources and an infrastructure to maintain and grow capacity</p> <p>5. Measurement indicators A Local active NAMI chapter Baseline data: Current level of activities and visibility</p>	
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			Target: Increase programs offered and awareness in community- 10% increase in support group or training offering and ADAMH publicize NAMI's activities	
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Continue to Support the Work of the Fairfield County Housing Coalition	1.Continue to fund the Housing Specialist position at Lutheran Social Services Emergency Shelter. Continue to fund the Psychiatric Aftercare Temporary Housing Project.	Measurement indicator: Number of persons with MH or SUD who are assisted in the shelter, Number who returned to live with family, Number who were placed in temporary housing, and number who were placed in permanent housing. Baseline data: Quarterly Reports from past three years Target: 50% will be placed in permanent housing	<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: Older Adults	Continue Senior Home-Based Counseling Services. Continue participation on the Older Adult Care Network.	1.Fund New Horizons Mental Health to provide home based services to seniors through referrals from Meals and Wheels and other Senior services. 2. The Older Adult Care Network meets monthly and ADAMH is a partner.	1.Measurement indicators: Amount of time between referral and first home visit, number of persons engaged in treatment, and client satisfaction surveys. Baseline data: Quarterly Reports from past three years Target: 40 individuals per year 2. Measurement indicators: Attend Older Adult Network meetings. Baseline data: ADAMH is a partner agency and attends meetings Target: attend and participate in 90% of monthly meetings, offer expertise as a speaker on behavioral health	<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
<p>MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment</p>	<p>Maintain involvement in engaging persons in criminal justice system with Mental health and addiction issues in the Behavioral health system</p>	<p>1.Continue to fund work with individuals coming out of Ohio Prisons to ensure that they are linked to services asap.</p> <p>2.Continue to Evaluate and Assess individuals in the Fairfield County Jail for Suicidal Indicators</p> <p>3.Continue to provide SUD assessments and peer support to individuals in the Fairfield County Jail.</p> <p>4.Continue to work with Municipal, Family, and Common Pleas Drug Courts and with Providers to manage Assisted Treatment Program Funding ensuring that eligible persons receive this assistance.</p> <p>5.Continue to work with Fairfield County Municipal Court and providers to utilizes Indigent Driver Treatment Funds.</p>	<p>1. Measurement indicator: Quarterly Reports Submitted to OHMAS, Community Linkage referrals Baseline data: Prior Years Reports Target:35 referred and linked</p> <p>2.Measurement indicator: Quarterly Report to ADAMH and to County Commissioners as part of this is funded through T-CAP grant Baseline data: Prior Year Data Target: availability of assessment for risk for 100% inmates flagged by jail and medical staff</p> <p>3. 4. 5. Measurement indicator: Quarterly Report provided to OHMAS for grants for SOR and specialty dockets Baseline data: Prior Year’s Data Target: 140 Persons</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)</p>
<p>Integration of behavioral health and primary care services</p>	<p>Successful completion of the goals in the Fairfield County Community Health Improvement Plan.</p>	<p>Both Depression and Substance Abuse were identified as priorities in the planning process with 27 partners involved.</p> <p>The ADAMH Board agreed to take the lead in working with partners on the development of a county wide Prevention Plan.</p>	<p>Measurement indicator: CHIP Baseline data: Opiate Task Force Dashboard and Health Department Statistics Target: County Wide Prevention Plan by December 31,2022</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): Difficulty getting partners to engage</p>

		<p>ADAMH will encourage the Fairfield County Health Clinic to further develop their capacity to provide additional Medication Assisted Treatment Services in the county.</p> <p>The ADAMH Clinical Care Coordinator will continue to work with health care partners in the Prenatal Depression Committee to identify specific strategies for addressing this issue.</p>		
<p>Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)</p>	<p>Increase Recovery Support Services</p>	<p>1. Continue to Expand our Recovery Oriented System of Care in Fairfield County including Evidenced based Practices</p> <p>2. Encourage the training of individuals in recovery and provide whatever assistance is needed to become Certified Peer Support Workers.</p> <p>Continue to encourage providers in hiring Peer Support workers.</p> <p>3. Continue funding the Supported Employment Program – (Evidence Based) at New Horizons Mental Health and explore whether this can be expanded.</p> <p>4. Continue to work with Fairfield Mental Health Group (FMHCG) on a sustainability plan which will include funding sources other than ADAMH.</p> <p>5. Continue to support local NAMI activities.</p>	<p>1. Measurement indicators: quantity and quality of programs.</p> <p>Baseline data: Current Recovery programs increased and produce quality outcomes</p> <p>Target: All Recovery Support programs will implement meaningful outcome measures to demonstrate quality of programs</p> <p>2. Measurement indicators: Number of Persons Serving as Certified Peer Support Workers in ADAMH Network of Care,</p> <p>Baseline data: will determine accurate count of certified Peer supporters at current network of care organizations</p> <p>Target: Will increase number of total peer support employees by 10%</p>	<p>___ No assessed local need</p> <p>___ Lack of funds</p> <p>___ Workforce shortage</p> <p>___ Other (describe):</p>

			<p>3. Measurement indicators The Supported Employment Program continuation Baseline data: current number served Target: increase capacity through additional funders by 25%</p> <p>4. Measurement indicators: The consumer operated service, Fairfield Mental Health Group (FMHCG), continues to operate and increase capacity. Baseline data: Current status of numbers served, and 0 other funders Target: A Sustainability plan for FMHCG that includes additional funding sources and an infrastructure to maintain and grow capacity</p> <p>5. Measurement indicators A Local active NAMI chapter Baseline data: Current level of activities and visibility Target: Increase programs offered and awareness in community- 10% increase in support group or training offering and ADAMH publicize NAMI's activities</p>	
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Ensure that all providers in the ADAMH Network of Care are culturally competent and able to serve individuals across populations	Provide annual training in some aspect of Cultural Competency Include this in the Clinical Care Audits	Measurement indicator: 1 training per fiscal year Baseline data: number of persons who attend Target: 50 persons	<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	Continue efforts through the Opioid Task Force, R-Corp and Project FORTE	<p>1. Continue to lead the Opioid Task force, including continuing to participate in the Communities of Practice for Rural Communities Opioid Response Program (see website https://www.communitiesofpractice-rcorp.com/ourconsortium)</p> <p>The Overall goal is to reduce the number of overdose deaths in Fairfield County</p> <p>2. Continue to work with Project F.O.R.T. (Fairfield Overdose Response Team) to ensure that Narcan is made available to individuals and families.</p>	<p>1.Measurement Indicator:</p> <ul style="list-style-type: none"> • Meeting Minutes • Activities Throughout the Year • Number of Narcan kits distributed • Number of Overdoses per year • Keeping Dashboard Current <p>Baseline Data: All the above Target:12 meetings 2 Activities in Community 100 Kits Distributed Opioid Dashboard kept current.</p> <p>2. Measurement indicator: The number of Narcan kits distributed per year.</p> <p>Baseline data: Number distributed in SFY 2020</p> <p>Target: 150 kits</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe)</p>
Promote Trauma Informed Care approach	Ensure that all providers in the ADAMH Network of Care are trained and efficient in a Trauma Informed approach to individuals.	Provide annual training in Trauma Informed Care Continue to participate and provide leadership in the Building a Trauma Informed Care Collaborative	<p>Measurement indicator: at Least one training annually, monthly minutes from meetings, activities participated in, including the local annual conference</p> <p>Baseline data: ADAMH has three staff trained in Trauma Informed Care, and we have offered past trainings to</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe)</p>

			providers. The Clinical Care Coordinator and the Prevention Coordinator are active in the local Collaborative. Target: At least 1 training per year	
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OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Complete RFI Process and Accept proposals for new prevention strategies and programs not currently being funded	1. Complete RFI in SFY 2021 and accept proposals. 2. Decide which new prevention programming board wishes to purchase in SFY 2022.	Measurement indicator: Complete by <u> </u> 10/2020 <u> </u> Baseline data: The Board currently funds 10 evidenced based prevention programs Target: Fund and implement at least two new evidenced based prevention programs	<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	All ADAMH Network of Care Prevention Providers are offering Evidence Based programs	1. Continue to fund the current School Prevention Programming which includes: "Too Good for Drugs" "Red Flags" "Safe Dates" "Project Alert" "Too Good for Violence" "Red Ribbon Campaign" "Alcohol, Drugs, and Tobacco" "Tobacco Education" "Signs of Suicide" "Brain Power" "Incredible Years"	Measurement indicator: As Measured on Pre-Test/Post Test Instrument: Students will demonstrate increased knowledge about effective conflict resolution; violence prevention; substance abuse prevention and develop skills maintain a healthy lifestyle Baseline data: Prior Years data Target: Maintain current programming.	<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	To reduce the incidence of suicide in Fairfield County by increasing	1. Develop and implement an awareness campaign to increase	1. Measurement indicator: Number of Facebook posts/week, Number of QPR	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds

	<p>awareness, improving access and supporting survivors</p>	<p>awareness of suicide including information dissemination and QPR Training.</p> <p>2. Continue providing LOSS Kits to survivors of suicide</p>	<p>trainings/Number of participants Baseline data: Target: Three postings per week on the Fairfield County</p> <p>2. Measurement Indicator: Number of kits mailed Baseline data: 9 kits per year Target: 100% of requested LOSS kits will be mailed</p>	<p>___ Workforce shortage ___ Other (describe):</p>
<p>Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations</p>	<p>Ensure that Problem Gambling in Fairfield County is identified and addressed.</p>	<p>1.Using community education, South Oak screenings, and providers who are trained to provide treatment we will develop and implement an annual Gambling Plan .</p>	<p>Measurement indicator: Gambling Plan Baseline data: Prior Plans Target Add at least two new providers to those who are doing Gambling Screenings:</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

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

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

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

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

B. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	Identifier Number	ALLOCATION

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.

Fairfield County Alcohol, Drug Addiction, and Mental Health (ADAMH) Board

ADAMHS Board Name (Please print or type)


ADAMHS Board Executive Director

Date

09-29-2020

Passed by ADAMH Board Resolution 09-29-2020-05 on September 29, 2020 (please see attached).
Board Chair unavailable to sign due to emergency.

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.)].

RESOLUTION 9-29-2020-05

A resolution to accept and approve the SFY 21-22 Community Plan for Fairfield County ADAMH.

WHEREAS, Per ORC 340.03 (A)(c), in accordance with guidelines issued by the director of the Ohio Department of Mental Health and Addiction Services (OhioMHAS) under division (F) of section 5119.22 of the Revised Code, the Boards of Alcohol, Drug Addiction and Mental Health Services (ADAMH) are to annually develop and submit to OhioMHAS a community addiction and mental health plan and

WHEREAS, state and federal mandates are reflected in this plan and

WHEREAS, local planning and priorities are documented in this plan, and

WHEREAS, Fairfield County ADAMH has completed this plan to be submitted to the Ohio Department of Mental health and Addiction Services

NOW THEREFORE, BE IT RESOLVED BY THE FAIRFIELD COUNTY ADAMH BOARD, COUNTY OF FAIRFIELD, STATE OF OHIO:

Section 1. The Fairfield County ADAMH Board approves the SFY 21-22 Community Plan

Prepared by: Marcy Fields

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/>