

# The Alcohol, Drug Addiction and Mental Health Services Board Serving Athens, Hocking and Vinton Counties

COMMUNITY PLAN FOR SFY 2021-22



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

## **Enter Board Name: ATHENS-HOCKING-VINTON**

### **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)]. If the Board's service and support needs were determined by the Board Recovery Oriented System of Care (ROSC) assessment, how will these identified service and support needs be addressed by the Board?

The 317 Board took a multifactored approach in assessing community needs to establish priorities. Internal review with the local governing board was a crucial piece in this process. Qualitative data was gathered from a survey distributed to community members, community partners, service agency employees, and stakeholders via email, and a link to the survey was promoted on The Board's home web page. Quantitative data was elicited via more in-dept questionnaires submitted to stakeholders and community partner leadership, along with telephone interviews and virtual meetings. Less targeted approaches were made through the gathering and review of data collected throughout the year that included: outcome measurements reported by community partners, calls for assistance from community members or their friends and family members, funding initiatives implemented at the state or federal level to address a need or gap in care, and miscellaneous coordination of care efforts dictated by urgent needs.

Through these assessments, the Board was able to identify system of care strengths, along with areas for improvement to guide its focus areas for future planning. It was with little surprise that survey respondents, community service partners, and leaders in this economically depressed area identified many service types that would be strengthened by additional investments. Highest ranking needs included: affordable and safe housing, homelessness, uninsured/underinsured, services for transitional ages (18-21), residential treatment, stigma busting/public education, and minority/cultural competence concerns.

Needs that were either existent and became more urgent, or arose, from the unprecedented global pandemic of COVID-19 included: multiple means for quick, consistent and effective communication; the necessity of technology availability and connectivity; the ability to re-work all services from prevention to treatment and recovery support strategies; and flexible, creative ways to distribute resources quickly to support agencies and community members. The 317 Board leveraged technology to continue operations and designed internal processes to vet and prioritize urgent needs identified during times of crisis. Addressing COVID 19 needs swiftly became an unplanned local priority that will carry forward into the fiscal year.

2. Considering the Board's understanding of local needs and the strengths and challenges of the local system, please identify the Board's unique local priorities. Please be specific about the chosen strategies for adults, children, youth, and families and populations with health equity and diversity needs in your community. OhioMHAS is still interested in any RecoveryOhio priorities Board areas may be addressing. Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in ORC 340.03(A)(11) and 340.033.Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).

See Pages 5-6

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.

The AHV 317 Board serves three rural, Appalachian counties in southeastern Ohio. The area is abundant in natural beauty and rich Appalachian cultural heritage. People who live in these rural counties value their long-standing ties to land, communities and families. Athens County is home to Ohio University and Hocking College, both are vital assets for economic and workforce development.

This rural, Appalachian setting (total population 106,676; U.S. Census 2019 estimate) also features physical isolation and high poverty rates. Public transportation is limited to the county seats of Logan and Athens with additional bus routes connecting through limited stops within the county. There is no hospital in Vinton County and large areas are without cell phone or internet access. Law enforcement officers travel as many as 30 miles to respond to domestic violence and other crisis calls. Limited employment, transportation and housing opportunities often impact service and treatment outcomes.

Athens County is classified as "economically distressed" by the Appalachian Regional Commission (ARC) Vinton County is considered "at-risk" and Hocking County is listed as "transitional". The ARC defines "distressed" counties as ranking "in the worst 10 percent of the nation's counties."

The recent COVID-19 pandemic has caused additional financial hardships on an already poverty-stricken area. The closure of Ohio University's main campus during spring semester rippled into the community with the loss of 423 living wage jobs. Athens County is also home to many small, locally owned business who have struggled not only to survive, but also assist the community in meeting food insecurity needs after the statewide mandatory shutdown. This resilient reaction to help neighbors during hardship is a core characteristic of the Appalachian culture that exists in this region.

While our local system has worked to destigmatize addiction and educate the public about Substance Use Disorder as a whole, the need for opioid specific treatment therapies still exists. All three counties consistently have a higher prescribed dose dispensed per patient, and higher daily average for morphine equivalent dose (MED) of opioid pain relievers dispensed per prescription, than the state average as reported by OARRS. In addition to the higher than average opioid prescribing rate, availability of illicit opioids continues to be a problem. Participants in the OSAM focus groups report that heroin is "highly available, easy to get." Fentanyl availability has also increased during the last two years and is often mixed with crack and marijuana. Participants also report Methamphetamine (Meth) as "highly available, easy to get," although the quality is not consistent. Meth is often found mixed with heroin and other drugs, so buyers never actually know what is in the product they are purchasing. Treatment providers also noted that Meth is at the top of the drug list due to the ability to locally manufacture at home and the length of the effects on the body. Our local crisis team still reports a large amount of meth-induced psychosis in their screening evaluations. This prompted a review and change in the pre-screening process to include data fields to capture Meth use information. This information will be collected in FY21 to make more data-driven decisions for crisis services.

In collaboration with our provider network, the Board was awarded State Opioid Response federal funding to continue an Opioid Treatment Program, rapid access programs in all counties, peer supporter outreach services and recovery housing. The Overdose Response Teams in Athens and Hocking Counties include law enforcement, emergency responders, health departments and behavioral health agencies who make friendly visits to persons treated for an overdose. The purpose is to discuss the person's well-being and to encourage treatment options. The Athens County team received 110 referrals, contacted 50 of those, engaged 28 in services and distributed 12 Narcan kits. The Hocking County team had 108 contacts with 70 individuals; 42 were referred to treatment and 42 Narcan kits were distributed.

### Local Priorities:

Given the hardships that so many of our residents are faced with during these unprecedented times, the Board will continue to focus on needs arising from the COVID 19 pandemic, as well as priorities established from the needs assessment process which include: fiscally prudent financial oversight for mental health and addiction services, services for persons in crisis, services for school-age children, system of care metrics, capital improvements, and to support and strengthen office operations during leadership transitions.

Ongoing trainings and collaborations with crisis workers, law enforcement agencies, and correctional reentry teams are being evaluated and revamped as needed to meet community demands. The goal of these partnerships is to streamline continuity of care, provide better service delivery, and help each individual reenter their homes and communities in a well-supported manner.

A high priority will be placed on evaluating ways to improve service delivery for individuals in crisis. The focus on crisis services will include:

- transitioning the crisis system towards a more integrated approach for evaluating mental health and substance use crises
- utilizing peer staff to staff to augment clinical services for clients who have substance use disorders (SUD)
- leveraging use of psychiatric providers via telemedicine within hospital emergency departments to improve service delivery
- implementing data-driven efforts to identify areas of need to improve service delivery
- researching, with the idea of implementing, mobile crisis teams and 23-hour crisis outpatient options to divert from hospital emergency departments
- fostering a system of care that utilizes the Trauma Informed Care (TIC) philosophy to enhance local crisis systems

Trauma-Informed Care (TIC) within schools will remain a local priority during the upcoming fiscal years. The Board will continue collaborating with local agencies and schools on prevention efforts that guide our educational systems towards becoming more trauma-informed. Through partnerships with local providers, schools are learning to take a TIC approach to support their staff and students to reduce triggers and provide a healthier environment to support learning.

Fiscal Year 2021 will bring a transition in leadership to the Board. Executive Director Earl Cecil will be retiring at the end of the first quarter. The system of care has benefited from Mr. Cecil's knowledge, leadership and thoughtful guidance for the last 31 years. He has been an asset to the entire behavioral health community within Athens, Hocking and Vinton Counties and will be missed. We anticipate a smooth transition in local leadership as Diane Pfaff becomes the new Executive Director during the second quarter of FY21.

The communities served by the Board have long benefited from a rich array of services made available by local funding through successful levy campaigns. The Board will run a levy campaign during 2021. As we strive to be good stewards of the public dollars, we are continually looking for effective ways to show our successes to the community and will work to enhance our current collection of performance metrics.

Regarding Capital Projects, the Board has a strong history of leveraging public and private partnerships to assist agencies with obtaining Ohio MHAS capital funding. Most recently our agencies used capital funding to obtain buildings to house two Youth Resiliency Centers in Athens County and expand Hopewell Health Center's primary care clinic in Vinton County to include behavioral health within the same building. Agencies within our System of Care have submitted their short and long-term capital planning needs to the board, these include minor facility repairs and upgrades, HVAC needs and additional housing to meet the needs of domestic violence victims.

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

There have been no disputes within Athens, Hocking and Vinton Counties. We attribute this to on-going collaborative Board leadership in FCFC planning and problem-solving. The AHV Board invests into pooled funding for SED children in each county. The Board is an active partner with each Family and Children First Council.

# 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.

A continuity of care agreement exists between the 317 Board, Appalachian Behavioral Healthcare (ABH - the state psychiatric hospital in Athens) and Hopewell Health Centers (HHC – the region's lead agency for mental health services) that outlines care coordination terms to meet the needs of clients as they are admitted to and discharged from the state hospital. ABH and HHC exchange psychiatric records and pertinent information to ensure continuity of care as patients move from the community to the hospital and from the hospital to the community. Case managers and treatment teams from Hopewell Health Centers participate in the treatment and discharge planning of individuals on their case load and routinely consult with ABH hospital staff. Monthly case review meetings are established and require representation from all three parties – the Board, ABH, and HHC - to monitor service delivery. This comprehensive agreement directs terms, services, coordination of treatment, funds, state hospital utilization management, and is reviewed every two years.

	Athens-Hocking-Vinton Board Local System Priorities					
Priorities	Rationale	Goals	Strategies	Measurement		
Recruit and promote local financial support for addiction services mental health services, and recovery supports from private and local sources (ORC 340.03(A) (7)	<ul> <li>Statutory duty</li> <li>Levy Renewal on Ballot in 2021</li> <li>Needs assessment and other community indicators demonstrate the need</li> </ul>	Athens, Hocking and Vinton county residents have access to quality prevention, treatment and recovery supports	<ul> <li>Conduct a successful levy campaign in 2021</li> <li>Pursue funding opportunities to expand and improve the system of care as opportunities present</li> <li>Continue funding collaboration with Osteopathic Heritage Foundation of Nelsonville</li> <li>Pursue state and federal funding resources to address COVID-19 needs</li> <li>Make fiscally sound decisions for dispersing funds</li> </ul>	Measurement indicator: Levy passage Baseline data: Passed in all 3 counties in 2017 Target: Passage in the Taxing District with goal of majority vote in each county as well		
Office operations	• Retirement of Executive Director in September 2020	The 317 Board delivers quality administration of the behavioral health system of care	<ul> <li>Fill staff vacancy</li> <li>Support existing staff to grow and develop new competencies in Board operations</li> <li>Review office operations to enhance business practices</li> <li>Annual Board of Directors training</li> </ul>	Measurement indicator: Updated Table of Organization, updated job position descriptions, ED & Staff evaluations Baseline data: N/A Target: Completed by December 2021		
Services for school- age children	<ul> <li>Agency and School identified priority</li> <li>State of Ohio priority</li> <li>OHFN/317 Board priority</li> <li>Need assessment data</li> </ul>	Behavioral health and schools have a close working relationship to address the behavioral health needs of children	<ul> <li>Continue School/BH Learning Communities</li> <li>Support Handle with Care</li> <li>OHFN-317 Board investment</li> </ul>	Measurement indicator: # of school districts engaged Baseline data: 7 of 9 Target: 100%		

Priorities	Rationale	Goals	Strategies	Measurement
Services for persons in crisis	<ul> <li>Ohio MHAS priority</li> <li>Hopewell Health Centers agency priority</li> <li>Crisis system data</li> </ul>	Crisis services are trauma- informed, data-driven and responsive to mental health and substance use crises	<ul> <li>Assess local crisis system &amp; possible systems change</li> <li>Implement CIT grant to increase data from local law enforcement</li> <li>Develop new data points to collect and monitor</li> <li>Assess and understand fiscal needs/constraints</li> <li>Pilot implementation</li> </ul>	Measurement indicator: TBD fall 2020 Baseline data: Target:
System of Care Metrics	<ul> <li>Board of Directors and staff priority</li> <li>New state system—Ohio Behavioral Health Information System—launching October 2020</li> </ul>	The system of care utilizes key performance metrics to measure performance and promote quality improvement	<ul> <li>Review current Board outcomes</li> <li>Align with (new) state and Federal systems</li> <li>Agency input</li> <li>Review literature</li> <li>Board member guidance</li> </ul>	Measurement indicator: Metrics Defined Baseline data: N/A New Target: Ready for implementation 7/1/2022
Capital Investments	<ul> <li>Agency priorities</li> <li>Needs assessment data</li> </ul>	System of care facilities and infrastructure are safe, well- maintained and high quality	<ul> <li>Funding partnership with Osteopathic Heritage Foundation of Nelsonville</li> <li>Ohio MHAS capital funding</li> <li>Public-private partnerships</li> </ul>	Measurement indicator: # of projects funded; # people benefitting annually Baseline data: SFY 19-20: 3 projects with projected benefit to 1,043 people (OH MHAS Capital: HHC Vinton; Sojourner and ISBH Youth Resiliency Centers) Target: 5 new projects benefitting 200 people

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 <u>that will be needed to implement funded priorities</u>. (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 Athens-Hocking-Vinton Board system of care is built upon collaboration and community partnerships. The Board is strengthened by the support of the local voters who have approved renewal of local levies that are critical to the system of care.

The Board has formal contracts with local organizations who provide the prevention, treatment and recovery supports in the three counties. The primary formalized partnerships include:

- Five organizations that are licensed to provide clinical community behavioral health services—Edna Brooks Foundation (My Sister's Place), Health Recovery Services, Hopewell Health Centers, Integrated Services for Behavioral Health, and TASC of Southeast Ohio.
- Six recovery houses—John W. Clem, Briggs House, Our House, Serenity Grove, Mike's Bridge House and Ground Works.
- Seven peer and family programs—The Gathering Place, Athens Photographic Project, ISBH's Home Away from Home, New Beginnings and The Hive, NAMI Athens and Sojourners Youth Center
- Two senior centers—Scenic Hills Senior Center and Vinton County Senior Citizens

The Board has had a long-standing collaboration with the Osteopathic Heritage Foundation of Nelsonville on a funding partnership that greatly enhances the ability to meet plan priorities.

The Board works closely with criminal justice partners to address the needs of persons who are involved in that system. The work is done through both formalized funding contracts and informal project collaboration. These partnerships include: Southeast Ohio Regional Jail, municipal, juvenile and common pleas courts in each county, county prosecutor offices and local law enforcement agencies. Projects include drug courts in all three counties, opiate overdose outreach teams in Athens and Hocking counties, Vinton County sheriff liaison, Athens County Re-Entry Task Force, and CIT training.

There are formal partnerships with county Family and Children First Councils and collaborations with the nine school districts and with County Children Services to address the needs of children and families.

The Board has formal contracts with each county Metropolitan Housing Authority to address housing needs for persons with serious and persistent mental illness and persons with long-term disabilities who are homeless.

Crisis services, provided by Hopewell Health Centers, are coordinated with Ohio Health O'Bleness and Hocking Valley Community Hospital for those who are in crisis the emergency department. Hocking County Sheriff Department has grant funding to support two deputies who are stationed at Hocking Valley Community Hospital. The Board works with Probate courts around involuntary commitments and guardianships. NAMI Athens is filling a gap by providing some limited guardianship services. The partnership with Appalachian Behavioral Healthcare, detailed in an earlier section, is invaluable to this Board.

Persons with lived experience, family and community members contribute by serving on governing boards and participating in local projects. These include: Suicide Prevention Coalition, Bridge Builders coalition in Trimble Township, opiate or other prevention task forces in all three counties, NAMI family support groups and peer centers.

There is a close working relationship with each county health department to address the opiate epidemic through Narcan distribution and other health planning initiatives. The 317 Board also participates with each county Health Department's Community Health Improvement Plan.

Ohio University brings opportunities to partner with both academic researchers and student interns to enhance and expand resources. The 317 Board of Directors includes current professors and alumni of Ohio University.

The Board works closely with the seven other Boards who utilize Appalachian Behavioral Healthcare through a partnership called AppCare. State funding invested into regional withdrawal management centers has been beneficial to this Board even though they are located in other Board areas. A Forensic Monitor staff position is shared amongst four of the AppCare boards.

The Board benefits from the leadership and funding provided by the Ohio Department of Mental Health and Addiction Services and from technical assistance and support from the Ohio Association of County Behavioral Health Authorities. In addition, many other state governmental and advocacy organizations provide training and supports that benefit the local system of care.

### Inpatient Hospital Management and Transition Planning

- 7. Describe what partnerships <u>will be needed</u> between the Board and the State Hospital(s), Private Hospital(s) and/or outpatient providers for the identification of needed services and supports.
  - a. How will the Board coordinate the transition from the hospital to the community? (i.e.; discharge planning)
  - b. Who will be responsible for this?
  - c. Discuss any planned changes in current utilization that is expected or foreseen.

The 317 Board has a long-standing positive collaboration with Appalachian Behavioral Healthcare (ABH), the state psychiatric hospital located in Athens. Hopewell Health Centers (HHC) is the Board-designated provider of crisis response, pre-screening and discharge planning. There is a Continuity of Care agreement among the partners. Hocking Valley Community Hospital in Logan offers the one private psychiatric inpatient unit, "The Summit", in the board area. The ten-bed unit specializes in geriatric psychiatric care for persons with Medicare insurance coverage.

In 2018, the 317 Board was an integral partner in the establishment of the Adam-Amanda Mental Health Rehabilitation Center, a project driven forward by NAMI Ohio who was able to bring multiple funding partners together to develop the project in collaboration with the Board and Hopewell Health Centers. This is the state's only clinic specifically designed as a step-down unit to house individuals being released from inpatient care but not quite ready to return to their home environment. The 16-bed mental health facility serves individuals over 21 counties in southeast Ohio. Individuals referred to Adam-Amanda are assigned a private room, attend individual and group therapy, and are provided wraparound services such as community psychiatric support, peer support, housing, and employment support to help in their transition back into the community. Adam-Amanda served 192 individuals in SFY 2019. Of those, 100% were referred to community supports, 88% exited the center directly to safe housing, 95% remain engaged in outpatient treatment with Hopewell Health Centers (the provider who operates the facility).

The environment for inpatient psychiatric hospitalization has changed substantially in the past two years, putting new pressures on the local system of care:

In FY20, Hopewell Health Centers (HHC) provided 2849 pre-screens – an average of 237 per month. While prescreens were down 4% from last fiscal year (2967), 23% of patients met criteria for inpatient hospitalization (671/2849) – an increase of 7% over FY19 where only 16% were hospitalized (493/2967).

- Shift to Private Hospitals: Of those who met criteria for hospitalization, 24% (120) were admitted to state hospitals. This number is up 5% from FY19 (19%) but still a substantial decline from prior years (FY16=67%; FY13=75). Most patients are sent to hospitals in Columbus, however some are sent as far-away as Dayton and Cincinnati, creating complications for family support, transportation and discharge planning. Care coordination with private hospitals is difficult despite the Board's funding for a dedicated discharge planner—stays are short and discharge coordination is spotty. This work could be improved if there was greater collaboration with Managed Care Organizations (MCOs) who hold the data and funding related payment for these services.
- **Methamphetamines:** In FY20, the Director of Crisis Services at Hopewell Health Services reported an increase of pre-screens where individuals tested positive for methamphetamines or had psychotic symptoms as a residual of methamphetamine use. This prompted a review and change in the screening process to include data fields to capture Meth use information. This information will be collected in FY21 to make more data-driven decisions for crisis services. FY19 brought the implementation of peers into the emergency department (ED) for SUD treatment needs. The peer program appears promising but currently underutilized. Increased access to withdrawal management and residential treatment is still needed.
- Access Issues to State Psychiatric Hospitals: There are more instances of long wait times in emergency rooms for those people with no insurance, exhausted insurance benefits or people who need a longer hospital stay than what is typical in private hospitals. In FY 2020, Hopewell Health Centers worked with Ohio Health O'Bleness Hospital to improve the process of managing clients who stay in the emergency department (ED) longer than 24 hours. The result was the implementation of telehealth to have psychiatric providers screen clients within the ED and initiate treatment.
- **Care Coordination:** The AHV Board's contract with HHC for a Hospital Liaison/Discharge Planner position and a Jail Services Liaison are critical for discharge planning and continuity of care. In addition, the following are key supports that support timely and safe discharges:
  - HHC's, sixteen-bed, Adam-Amanda Rehabilitation Center (December 2018) provides a safe stepdown location post-inpatient hospitalization.
  - HHC's, ten-bed, Connett Road Type 2 Residential Care Facility (March 2020) fills a gap in the local continuum of care to assist individuals with very long inpatient hospital stays a means to transition to community life.
  - The need for a guardian can be a barrier to hospital discharge. The Board has contracted with NAMI Athens to provide some limited guardianship services. As predicted, the slots were quickly filled, and the Board is strategizing with NAMI on ways to find additional resources for this service.
  - The Access Success funds provided by Ohio MHAS is an effective resource that helps to facilitate safe and timely discharge plans. The Board is appreciative and hopes this funding will continue.

As of August 2020, the Board has ten forensic patients in state hospitals. The Board collaborates with three other Boards to employ a forensic monitor to coordinate care for seven clients who are in the community on a conditional release plan. The HHC Jail Liaison position helps to coordinate mental health care in the jail reducing admissions to ABH to those who need that level of care. Referrals to restoration for competency are within historic norms. The Board does not experience a high volume of misdemeanor competency restorations as is the case in other board areas.

### **Continuum of Care Service Inventory**

8. Complete the attached spreadsheet: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

See Appendix A - Continuum of Care Service Inventory AHV SFY 21-22

### Alignment with Federal and State Priorities

9. The following pages of this template contains a table that provides the specific federal and state priorities for: Mental Health Block Grant (MH-BG), Substance Abuse Prevention and Treatment Block Grant (SAPT-BG), SAMHSA and OhioMHAS treatment and prevention priorities. Please complete the requested information <u>only</u> 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).

See Pages 11-17

	Priorities for ATHENS-HOCKING-VINTON						
	Substance Abuse & Mental Health Block Grant Priorities						
Priorities	Goals	Strategies "*" indicates the strategy for measurement where there are multiple strategies	Measurement	Reason for not selecting			
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Provide SUD treatment and recovery services for IV drug users	*Continue to provide funding to Health Recovery Services (HRS) and Hopewell Health Centers (HHC) and for treatment services; Continue to provide funding to recovery houses Continue to provide funding for Overdose Outreach Teams in Hocking and Athens counties	Measurement indicator: Number of IV drug users receiving SUD treatment <u>Baseline data:</u> NEW <u>Target:</u> Collect baseline in FY 2021 and set target for FY 2022	<ul> <li>No assessed local need</li> <li>Lack of funds</li> <li>Workforce shortage</li> <li>Other (describe):</li> </ul>			
<b>SAPT-BG:</b> <u>Mandatory for boards</u> : Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)	Provide SUD treatment for women who are pregnant and who have a substance use disorder	*Continue to provide funding to HRS and HHC for treatment services Continue to provide funding for Ground Works recovery residence	Measurement indicator: Number of pregnant moms served; number of babies born to those mothers who are above the Low Birth Weight threshold <u>Baseline data:</u> NEW <u>Target:</u> Collect baseline in FY 2021 and set target for FY 2022	<ul> <li>No assessed local need</li> <li>Lack of funds</li> <li>Workforce shortage</li> <li>Other (describe):</li> </ul>			
SAPT-BG: <u>Mandatory for boards</u> : 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)	Coordinate care with Child Protective Services (CPS) to address behavioral health needs of families with substance use disorders	*Board and BH treatment agencies participate in quarterly START meetings to coordinate care Continue to provide funding for SUD treatment at HRS and HHC and for treatment services for those who are not eligible for the START program Continue funding for Vinton Sheriff Deputy to serve families involved with CPS	Measurement indicator: Number of START Advisory Council meetings where Board and agencies are present Baseline data: NEW <u>Target:</u> Board and agency attendance at 75% of meetings	<ul> <li>No assessed local need</li> <li>Lack of funds</li> <li>Workforce shortage</li> <li>Other (describe):</li> </ul>			

OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)C and treadMH-BG: Mandatory (forProv		HRS, HHC and Integrated Services for Behavioral Health (ISBH)	Measurement indicator: Baseline data: Target:	<ul> <li>No assessed local need</li> <li>Lack of funds</li> <li>Workforce shortage</li> </ul>
diseases (e.g., AIDS.HIV, Hepatitis C, etc.)MH-BG: Mandatory (forProv			Target:	
C, etc.) MH-BG: Mandatory (for Prov	ovide supports to families with		C	
MH-BG: Mandatory (for Pro-	ovide supports to families with			_x_ Other (describe):
	ovide supports to families with			Health Departments track
OhioMHAS): Children with Serious	ovide supports to rainines with	*Contract with HHC to develop planned respite in	Measurement indicator: Number of families	No assessed local need
Cincient Sol. Cincient with Serious Cilli	ildren with serious emotional	each county.	benefiting from planned respite	Lack of funds
Emotional Disturbances (SED) dist	sturbances care in the community		Baseline data: 0	Workforce shortage
to re	reduce out of home placement	Continue to provide funding to County Family and	Target: 15	Other (describe):
	_	Children First Council's pooled funding.		
		Continue to provide funding to HHC for		
		outpatient treatment and services		
		Continue to fund Athens Photographic Project		
		(APP) summer youth program and ISBH's Hive		
		program in Nelsonville		
	ovide behavioral health services to	*Continue to provide funding to HHC for crisis	Measurement indicator: Number of persons who	No assessed local need
	rsons who have an inpatient	and stabilization services and for a Discharge	are hospitalized and number who make their after-	Lack of funds
	1 00	Planner	care appointment.	Workforce shortage
post	st-hospitalization care		Baseline data: 449 are hospitalized; 416 are	Other (describe):
		Continue to provide funding to HHC for	scheduled with HHC for aftercare and 332 make	
		outpatient treatment and services	this appointment = $80\%$ (FY 20)	
Adu	lults with Serious Mental Illness		<u>Target:</u> 80%	
		Continue to provide funding for recovery supports		
		(see Recovery Supports Priority)		
		Continue to more its nerves and even disastin		
		Continue to provide payee and guardianship		
MH-Treatment: Homeless persons Prov	ovide safe, quality, affordable	supports *Continue to provide funding to 5 recovery houses	Measurement indicator: Number of persons	No assessed local need
	using to person with mental illness	continue to provide funding to 5 fectivery houses	engaged in recovery housing and number who	Lack of funds
<b>^</b>		Continue to provide funding for Blue Line and	continue or have a planned discharge to stable	Workforce shortage
housing		Union Street PSH; Connett Road group home;	housing	Other (describe):
nousing		Housing Assistance Program (HAP), housing	Baseline data: 99 engaged in recovery housing	
		start-up loans and grants and PSH Housing	and 47 continue or have positive exit—47% (FY	
		Liaison	$\frac{1}{20}$	
			<u>Target:</u> 60%	
			<u></u>	

MH-Treatment: Older Adults	Provide community supports to older persons that enable them to live in the community	Vinton county senior citizen programs	citizens served and the number who continue to live in the community <u>Baseline data:</u> 196 served and 179 continue to live in the community or have another successful exit= 91% (data is three-year average) <u>Target:</u> 90% of those served continue to live in	<ul> <li>No assessed local need</li> <li>Lack of funds</li> <li>Workforce shortage</li> <li>Other (describe)</li> </ul>
			the community or have another successful exit	

MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Provide behavioral health treatment to persons involved with the criminal justice system	*Continue to provide funding to HHC for the Hocking County Drug Court program; Continue to provide funding SAMI Court program in Athens County, Vivitrol Program in Athens county, screening and SUD supports in SEORJ Continue to process state funding for Vinton and Hocking County Drug Courts	<u>Measurement indicator:</u> Number of persons served in HHC/Hocking Drug Court who successfully exit the program or continue to be engaged in the program <u>Baseline data:</u> 47 served; 16 successfully complete the program and 26 remain engaged in the program = 89% (FY 20 data) <u>Target:</u> 90% remain engaged or successfully exit the program at year end	<ul> <li>No assessed local need</li> <li>Lack of funds</li> <li>Workforce shortage</li> <li>Other (describe</li> </ul>
Integration of behavioral health and primary care services			<u>Measurement indicator:</u> <u>Baseline data</u> : <u>Target:</u>	<ul> <li>No assessed local need</li> <li>Lack of funds</li> <li>Workforce shortage</li> <li>x_ Other (describe):</li> <li>Medicaid Managed Care</li> <li>Focus</li> </ul>
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Provide recovery supports to persons with mental illness or substance use disorders	Continue funding for a range of recovery supports in all three counties (Athens Photographic Project, The Gathering Place, Home Away from Home, New Beginnings, Supported Employment, Family- to-Family, Rural Action, housing)	<u>Measurement indicator:</u> Number of persons who benefit from these programs <u>Baseline data</u> : 661 people (FY 19) <u>Target:</u> 660 people	<ul> <li>No assessed local need</li> <li>Lack of funds</li> <li>Workforce shortage</li> <li>Other (describe):</li> </ul>
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Support community training to promote health equity	Partner with community agencies to promote educational events that promote health equity	Measurement indicator: Number of system of care staff who attend a training <u>Baseline data:</u> NEW <u>Target:</u> Collect baseline in FY 2021 and set target for FY 2022	<ul> <li>No assessed local need</li> <li>Lack of funds</li> <li>Workforce shortage</li> <li>Other (describe):</li> </ul>

Prevention and/or decrease of opiate	Prevent opiate overdoses and/or	*Continue funding to support Hocking and	Measurement indicator: Number of contacts,	No assessed local need
overdoses and/or deaths	deaths	Athens overdose outreach programs	number referred to treatment and number of	Lack of funds
			Narcan kits distributed	Workforce shortage
		Local Harm Reduction program	Baseline data: 120 contacts; 70 referred to	Other (describe
			treatment or services—58%; 54 Narcan kits	
		Increase Narcan availability through DAWN	distributed (FY 19)	
		distribution sites	<u>Target:</u> 100 contacts and 60% referred to	
			treatment and 60 Narcan kits distributed	
		*Collaborate with the Healing Communities		
		research project in Athens County to increase	Measurement indicator: Reduce number of opiate	
		education on MAT, increase Narcan distribution,	overdose deaths	
		decrease stigma around addiction and MAT	Baseline data: 5 (CY 2017)	
		services, develop local Overdose Fatality Review	<u>Target:</u> 3 - 40% reduction	
		Boards		
Promote Trauma Informed Care	Increase adoption of trauma-	*Continue investments and partnerships with	<u>Measurement indicator:</u> # schools that implement	No assessed local need
approach	informed care in local schools	HHC and local school districts to implement	HWC; number of district employees trained and	Lack of funds
	through continued collaboration	Handle with Care (HWC) in all school districts in	number of HWC reports received by districts	Workforce shortage
	between schools and provider	the Board area	Baseline data: 7 districts implement; 756 staff	Other (describe
	agencies		trained; 23 reports received	
		Continue to partner with Southeast Ohio Trauma	Target: 9 districts implement; 100 additional staff	
		Informed Care Network and serve as fiscal agent	trained and 100 notices received	
		for state funding if needed		

<b>Prevention:</b> Ensure prevention services are available across the lifespan	Respond to local needs for prevention services across the lifespan	*Annual targeted prevention funding Crisis text line promotion Community outreach through virtual platforms (HRS Presents)	<u>Measurement indicator</u> : Number of participants <u>Baseline data:</u> 374 (FY 20) <u>Target:</u> 500	<ul> <li>No assessed local need</li> <li>Lack of funds</li> <li>Workforce shortage</li> <li>Other (describe):</li> </ul>
Prevention: Increase access to evidence-based prevention	Increase capacity to provide evidence-based prevention programming	Continued support of local coalitions*Increase the number of Certified PreventionSpecialists in the AHV System of CareSupport participation in local and state prevention training to build capacityTargeted prevention fundingPartnership with regional ESC prevention learning collaborative	<u>Measurement indicator:</u> Number of Registered Applicants and Prevention Specialists Certified <u>Baseline data:</u> 9 registered applicants and 7 certified prevention professionals (both levels) <u>Target:</u> Set once baseline data is obtained	<ul> <li>No assessed local need</li> <li>Lack of funds</li> <li>Workforce shortage</li> <li>Other (describe):</li> </ul>
<b>Recovery Ohio and Prevention:</b> Suicide prevention	Zero suicides in Athens, Hocking and Vinton Counties	*Zero Suicide Initiative Crisis Text Line promotion Local Crisis Line promotion Targeted prevention grants Support group and activities for survivors	<u>Measurement indicator:</u> Number of Zero Suicide referrals and number who attend appointment after referral <u>Baseline data:</u> 643 referrals and 349 attend appointment—54% (FY 20) <u>Target:</u> TBD once Zero Suicide Strategic Plan is completed	<ul> <li>No assessed local need</li> <li>Lack of funds</li> <li>Workforce shortage</li> <li>Other (describe):</li> </ul>
<b>Prevention:</b> Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Implement problem gambling prevention and screening	Continue to process state funding that is awarded to HRS to implement screening activities	<u>Measurement indicator:</u> Number of persons screened and number of persons who receive treatment <u>Baseline data:</u> 516 screened and 4 received treatment <u>Target:</u> 400 screened and 4 receive treatment	<ul> <li>No assessed local need</li> <li>Lack of funds</li> <li>Workforce shortage</li> <li>Other (describe):</li> </ul>

Facility and Needs	Anticipated Start Date (1-2 Years; 3-5 Years; 5-10 Years)	Cost Estimate
<ul><li>Serenity Grove:</li><li>1. Architectural plans to expand facility</li><li>2. Implement plan to expand capacity from 5 to 8 beds</li></ul>	<ol> <li>1. 1-2 years</li> <li>2. 3-5 years</li> </ol>	1. \$7500 2. \$150,000
Mike's Bridge House: 1. New HVAC The Gathering Place: 2. Roof, windows, insulation	1. FY 2021 2. Within 2 years	1. \$10,500 2. \$30,000-\$40,000
My Sister's Place: 1. Sprinkler System for shelter 2. House with 3 units to house DV victims	1. 1-2 years 2. 1-2 years	1. \$26,000 2. \$250,000
Hopewell Health Centers: 1. Child Focused Clinic in The Plains 2. 23-hour facility 3. ACF Group Home	1.         Spring 2022           2.         2-5 years           3.         2-5 years	<ol> <li>&gt;\$4 million</li> <li>Unknown</li> <li>Unknown</li> </ol>
John W. Clem: 1. Replace 4 showers 2. Update all plumbing 3. Add bedrooms & meeting space	1. FY 2021 2. 3-5 years 3. 5-10 years	1. \$4000 2. \$15,000 3. \$200,000
Athens Photographic Project: 1. Facility expansion	1. 1-2 years	1. \$75,000

## Athens-Hocking-Vinton 317 Board Capital Plan: SFY 21-22

Facility and Needs	Anticipated Start Date	Cost Estimate
	(1-2 Years; 3-5 Years; 5-10 Years)	
Sojourners Care Network	1. 1-2 years	1. \$39,000
1. Crisis housing upgrades: HVAC, fencing, security, windows	2. 1-2 years	2. \$120,000
2. Outreach and Program vehicle replacements	3. 1-2 years	3. \$350,000
3. Longer-term young adult transitional housing for high risk youth	4. 3-5 years	
4. Youth crisis residential center	5. 5-10 years	
5. Permanent Supportive Housing units for young adults	6. 5-10 years	
6. Recovery housing for youth		
Integrated Services for Behavioral Health	1. 1-2 years	1. \$200,000-\$250,000 + renovations
1. Hocking Peer House-Purchase/renovations	2. 1-2 years	2. \$42,000
2. Groundworks (Market St.) -privacy fence, playground, sprinkler	3. 3-5 years	3. \$30,000
3. Connett Road Group Home: outdoor wellness space	4. 3-5 years	4. \$50,000
4. Mary Hill: replace exterior waterline	5. 3-5 years	5. \$500,000
5. Supportive Housing: Logan	6. 5-10 years	6. \$150,000
6. The Hive: roofing, mural, purchase bldg. next door		
Board Identified Priorities	1. 1-2 years	1. \$15,000-\$20,000 each
1. Sprinkler systems 3 recovery houses	2. 1-5 years	2. unknown
2. Board owned properties:		
• Board office (new roof, paint exterior trim, repair basement		
flood damage, replace side porch, replace first floor		
flooring)		
• Serenity Village renovations and add laundry room		
Hocking house renovations		

### **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 medicationassisted treatment available within the borders of the board's service district;
- Ambulatory detoxification and medication-assisted treatment can be made available through a contract with one or more providers located not more than thirty (30) miles from your board's service area.

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

### **B.** Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	Identifier Number	ALLOCATION

### **C. Request for Generic Services**

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

B. AGENCY	Identifier Number	SERVICE	ALLOCATION

SIGNATURE PAGE

## Community Plan for the Provision of Mental Health and Addiction Services SFY 2021-2022

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Mental Health and Addiction Services (OhioMHAS) department a community mental health and addiction services plan for its service area. The plan is prepared in accordance with guidelines established by OhioMHAS in consultation with Board representatives. A Community Plan approved in whole or in part by OhioMHAS is a necessary component in establishing Board eligibility to receive State and Federal funds and is in effect until OhioMHAS approves a subsequent Community Plan.

The undersigned are duly authorized representatives of the ADAMHS/ADAS/CMHS Board.

Athens-Hocking-Vinton 317 Board ADAMHS Board Name (Please print or type)

ADAMHS Board Executive Director

ADAMHS Board Chair

Date 9/30/20

[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.)].

BOARD: ATHENS-HOCKING-VINTON

#### SFY 2021-2022 CONTINUUM OF CARE: CROSSWALK FROM ESSENTIAL SERVICE CATEGORIES TO INDIVIDUAL SERVICES \*ATHENS-HOCKING-VINTON

‡ ORC 340.033 Required Opiate Services					
SSENTIAL SERVICE CATEGORIES	IREAIMENT FOCUS	SERVICE LOCATION	MEDICAID & NON-MEDICAID PAYABLE SERVICES	SERVICE CHOICE INDICATED BY A PROVIDER NAME & ADDRESS IN THIS COLUMN	BOARD CONTRACT (Y/N)
Ambulatory Detox	Opiate Treatment	Must be in Board	[Choose At Least 1 of 2 Service]		
		area Unless Waived	SUD Withdrawal Management with Extended On Site Monitoring, RN and LPN Services (ASAM LOC 2 WM)	Health Recovery Services (HRS), 224 Columbus Rd, Athens OH 45701 (or look alike)	Yes
		per ORC 5119.221	SUD Withdrawal Management with Extended On Site Monitoring, 23 hour observation per diem (ASAM LOC 2 WM)		
Sub-Acute Detox	Opiate Treatment	May be in another	[Choose At Least 1 of 1 Service]		
		Board area	SUD Clinically Managed Residential Withdrawl Management (ASAM Level 3.2-WM)	The Woods at Parkside, Franklin County (subcontract through HRS)	No
Non-Intensive Outpatient Service	Opiate Treatment	Must be in	Essential Service Category fulfilled by a Provider within the Board area that has the ability to provide any of the above Ou	Itpatient	
		Board area	services (within the constraints specified in the Provider Requirements & Reimbursement Manual for each of the		
			individual services) the following treatment levels:		
			[Choose At Least 1 of 2 Service]		
			Adult (age 18 years and older) up to 9 contact hours/week	Health Recovery Services (HRS), 224 Columbus Rd, Athens OH 45701	Yes
			Adolescent (age 13 through 17) up to 6 contact hours/week	Health Recovery Services (HRS), 224 Columbus Rd, Athens OH 45701	Yes
Intensive Outpatient Service]	Opiate Treatment	Must be in	Essential Service Category fulfilled by a Provider within the Board area that has the ability to provide any of the above Ou	Itpatient	
		Board area	services (within the constraints specified in the Provider Requirements & Reimbursement Manual for each of the		
			individual services) the following treatment levels:		
			[Choose At Least 1 of 4 Service]		
			SUD IOP		
			Adult (age 18 years and older) 9 or more contact hours/week with a minimum of contact 3 days/week	Health Recovery Services (HRS), 224 Columbus Rd, Athens OH 45701	Yes
			Adolescent (age 13 through 17) 6 or more contact hours/week with a minimum of contact 3 days?week	Health Recovery Services (HRS), 224 Columbus Rd, Athens OH 45701	Yes
			and/or		
			SUD Partial Hospitalization:		
			Adult (age 18 years and older) 20 or more contact hours/week with a minimum of contact 3 days/week	Health Recovery Services (HRS), 224 Columbus Rd, Athens OH 45701	Yes
			Adolescent (age 13 through 17) 20 or more contact hours/week with a minimum of contact 3 days/week	Health Recovery Services (HRS), 224 Columbus Rd, Athens OH 45701	Yes
Medication assisted treatment (MAT)	Opiate Treatment	Must be in Board	IChoose At Least 1 of 3 Service)		
		area Unless	Buprenorphine, Buprenorphine/Naloxone administration	Health Recovery Services (HRS), 224 Columbus Rd, Athens OH 45701	Yes
		Waived per ORC	Injection, natirexone (Vivitrol)	Health Recovery Services (HRS), 224 Columbus Rd, Athens OH 45701	Yes
		5119.221	Methadone administration	Health Recovery Services (HRS), 224 Columbus Rd, Athens OH 45701	No
Peer Mentoring	Opiate Treatment	Must be in	[Choose At Least 1 of 2 Service]		
+ · · · · · · · · · · · · · · · · · · ·	opiato modamoni	Board area		Health Recovery Services (HRS), 224 Columbus Rd, Athens OH 45701	Yes
		Dourd area	MH Peer Recovery Support (Peer Certification required) [Specialized Recovery Services (SRS 1915(i)) Only] BH Peer Recovery Support (No Peer Certification required) [Non-Medicaid Payable Service]		
Residential Treatment	Opiate Treatment	May be in another	[Choose At Least 1 of 6 Service]		
	Oplate meatment	Board area	Level 4 Recovery Housing		
		Doard area	SUD Clinically Managed Low-Intensity Residential Treatment-Halfway House (ASAM LOC 3.1)		
			SUD Clinically Managed Population-Specific High Intensity Residential Treatment (ASAM LOC 3.3)		
			SUD Medically Monitored Intensive IP Treatment [Adults] & Medically Monitored High-Intensity IP Services [Adolescent] (	ASA Hoalth Recovery Services 0008 & 10050 Reseatt Rd. Athens OH 45701	Yes
			SUD Clinically Managed High Intensity Residential Treatment (ASAM LOC 3.5-WM)	ASA health Recovery Services, 3500 & 10050 bassett Rd, Athens Off 45701	163
			SUD Medically Managed High Intersity Residential Treatment (ROAW EOC 3.5-WW)		
Recovery Housing	Opioto Trootmont	Must be in	[Choose At Least 1 of 4 Service]		
Covery Housing	Opiate Treatment	Must be in Board area	Level 1 Recovery Housing		
		Dualu aled	Level 2 Recovery Housing	John W. Clem Recovery House, 8044 Dairy Lane, Athens OH 45701	Yes
			Level 3 Recovery Housing (IOP Required)		
			Level 3 Recovery Housing (IOP Not Required)		
12 Step Approaches	Opioto Trootmant	Must be in	[Choose At Least 1 of 1 Service]		
12 otep Apploacties	Opiate Treatment		Existance of 12 Step Programs in Board Area	Yes	
	1	Board area	Existence of 12 Step Frogram's In Board Area	162	

#### BOARD: ATHENS-HOCKING-VINTON

#### ORC 340.032 Mid-Bienniel Review (MBR) [Sub.S.B. No. 319, December 2016]

ESSENTIAL SERVICE CATEGORIES	TREATMENT FOCUS	SERVICE LOCATION	MEDICAID & NON-MEDICAID PAYABLE SERVICES	SERVICE CHOICE INDICATED BY A PROVIDER NAME & ADDRESS IN THIS COLUMN	BOARD CONTRACT (Y/N)
Prevention & Wellness	MH & AOD Treatment	May be in another	[Choose At Least 1 of 6 Services]		
Management	Including Opiates	Board area	SUD Alternatives		
			SUD Community Based Process		
			SUD Education	Health Recovery Services, 224 Columbus Rd, Athens OH 45701	Yes
			SUD Environmental		
			SUD Information Dissemination		
			SUD Problem Identification and Referral		
			[Choose At Least 1 of 6 Services]		

	1	ı	harran - e		
			MH Alternatives		
			MH Community Based Process		
			MH Education		
			MH Environmental		
			MH Information Dissemination		
			MH Problem Identification and Referral	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
Locate & Inform Persons	MH & AOD Treatment	May be in another	[Choose At Least 1 of 1 Service]		
leeding Services	Including Opiates	Board area	BH Referral and Information	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
Recovery Supports, including helping		•			•
ersons in AOD and/or MH services					
ecessary to:					
+meet basic human needs;	MH & AOD Treatment	May be in another	[Choose At Least 2 of 2 Service]		
+care coordination;	Including Opiates	Board area	SUD Case Management	Health Recovery Services, 224 Columbus Rd, Athens OH 45701	Yes
+obtain assistance with social,	including opiates	Doard area	MH Community Psychiatric Supportive Treatment (CPST)	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
personal & living skills;			in reoninding resentation supportive realment (or st)	Hopeweir Health Centers, 90 Hospital Drive, Athens OH 45701	163
obtain multiple paths to					
recovery, e.g., 12 step					
approaches, parent					
advocacy connection, etc.;					
+ obtain support, assistance,					
consultation & education					
for families, friends &					
persons receiving AOD					
& MH services & supports;					
<ul> <li>participate in peer supports;</li> </ul>	MH & AOD Treatment	May be in another	[Choose At Least 1 of 3 Services]		
	Including Opiates	Board area	MH Peer Recovery Support (Peer Certification required) [Specialized Recovery Services (SRS 1915(i)) Only]		
			BH Peer Recovery Support (No Peer Certification required) [Non-Medicaid Payable Service]	The Gathering Place, 7 North Congress Street, Athens OH 45701	Yes
			MH-Consumer Operated Service		
+ obtain employmet, vocation &	MH & AOD Treatment	May be in another	[Choose At Least 1 of 2 Services]		
educational opporitunities;	Including Opiates	Board area	BH Individualized Placement and Support-Supported Employment (IPS-SE) [Specialized Recovery Services (SRS 1915(i)) O	nly]	
	0 1		BH Employment/Vocational [Non-Medicaid Payable Service]	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
+ obtain housing & support from	MH & AOD Treatment	May be in another	[Choose At Least 1 of 3 Services]		
a wide range of options;		Board area	SUD Housing - Residential Care		
			SUD Housing - Permanent		
			SUD Time Limited/Temporary	John W. Clem House, 8044 Dairy Lane, Athens OH 45701	Yes
			[Choose At Least 1 of 3 Services]		100
			MH Housing - Residential Care	Hopewell Health Centers, 7976 Dairy Lane, Athens OH 45701	Yes
			MH Housing - Permanent	Collaboration: AHV Housing Authorities & Hopewell Health Centers - Scattered Sites	Yes
			MH Time Limited/Temporary	Conaboration. Arry Housing Automices & hopeweir Health Centers - Ceattered Cites	103
		Mary has be available a			
ssessment Services	MH & Non-Opiate AOD	May be in another	[Choose At Least 1 of 1 Services]	Heneuvell Health Centers 00 Heantiel Drive, Athene 011 45704	Noo.
	Treatment	Board area	BH Psychiatric Diagnostic Evaluation (w/o or w medical)	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
			[Choose At Least 1 of 6 Services]		
			BH Screening, Brief Intervention, Referral to Treatment (SBIRT)	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
			SUD Assessment	Health Recovery Services, 224 Columbus Rd, Athens OH 45701	Yes
			Psychological Testing	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
			Developmental Testing		
			Neurobehavioral Status Exam		
			Neuropsychological Testing		
esidential Services	MH & Non-Opiate	May be in another	[Choose At Least 1 of 3 Services]		
	AOD Treatment	Board area	SUD Clinically Managed Low-Intensity Residential Treatment-Halfway House (ASAM LOC 3.1)		
			SUD Clinically Managed Population-Specific High Intensity Residential Treatment (ASAM LOC 3.3)		
			SUD Medically Monitored Intensive IP Treatment [Adults] & Medically Monitored High-Intensity IP Services [Adolescent] (ASA	Health Recovery Services, 224 Columbus Rd, Athens OH 45701	Yes
			[Choose At Least 1 of 1 Services]		•
			MH Housing - Residential Treatment Room & Board: Type 1 Licensed Facility	Hopewell Health Centers, 7976 Dairy Lane, Athens OH 45701	Yes
utpatient services, including:					
	MLL & Non Onista	Mov bo in anoth	[Change At Least 2 of 8 Services]		
+Non-Intensive;		May be in another	[Choose At Least 2 of 8 Services]	Langual Lighth Cantors 00 Liggstal Drive Athene 011 45704	Vac
	AOD Treatment	Board area	BH Psychotherapy	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
	1		BH Family Psychotherapy	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
			BH Multiple-Family Group Psychotherapy. BH Group Psychotherapy	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701 Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes

		1	BH Counseling & Therapy, individual	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
			SUD Group Counseling	Health Recovery Services, 224 Columbus Rd, Athens OH 45701	Yes
			MH Therapeutic Behavioral Services (TBS)	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
			MH Psychosocial Rehabilitation (PSR)	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
+Intensive Outpatient Services	MH & Non-Opiate	May be in another	[Choose At Least 2 of 2 Services]		
	AOD Treatment	Board area	BH Evaluation & Management (E/M)	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
			SUD Intensive Outpatient Program (IOP) and SUD Partial Hospitalization (PH) group counseling	Health Recovery Services, 224 Columbus Rd, Athens OH 45701	Yes
			[Choose At Least 1 of 13 Services]		
			BH Electrocardiogram, with at least 12 leads		
			SUD RN Services	Health Recovery Services, 224 Columbus Rd, Athens OH 45701	Yes
			SUD LPN Services	Health Recovery Services, 224 Columbus Rd, Athens OH 45701	Yes
			MH LPN Nursing Services	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
			MH RN Nursing Services	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
			Urine Drug Screening	Health Recovery Services, 224 Columbus Rd, Athens OH 45701	Yes
			Medication Administered by Medical Personnel (J-Codes)	Health Recovery Services, 224 Columbus Rd, Athens OH 45701	Yes
			Laboratory Services	Health Recovery Services, 224 Columbus Rd, Athens OH 45701	Yes
			Vaccine Administration Code		
			Vaccine CPT		
			MH Day Treatment	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
			MH Assertive Community Treatment (ACT)	Hopewell Health Centers, 7976 Dairy Lane, Athens OH 45701	Yes
			MH Intensive Home-based Therapy (IBHT)		
+Withdrawl Management;	Non-Opiate	May be in another	[Choose At Least 1 of 5 Services]		
	AOD Treatment	Board area	SUD Withdrawal Management with Extended On Site Monitoring, RN and LPN Services (ASAM LOC 2 WM)	Health Recovery Services, 224 Columbus Rd, Athens OH 45701	Yes
			SUD Withdrawal Management with Extended On Site Monitoring, 23 hour observation per diem (ASAM LOC 2 WM)		
			SUD Clinically Managed Residential Withdrawl Management (ASAM Level 3.2-WM)		
			SUD Clinically Managed High Intensity Residential Treatment (ASAM LOC 3.5-WM)		
			SUD Medically Monitored Inpatient Withdrawal Management (ASAM LOC 3.7-WM)		
+Emergency & Crisis.	MH & AOD Treatment	May be in another	[Choose At Least 1 of 1 Services]		
	Including Opiates	Board area	BH Psychotherapy For Crisis	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
			[Choose At Least 1 of 4 Services]		
			BH Counseling & Therapy, individual	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
			MH Therapeutic Behavioral Services (TBS) (determined by rendering provider, not nursing)	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
			MH Psychosocial Rehabilitation (PSR) (determined by rendering provider, not nursing)	Hopewell Health Centers, 90 Hospital Drive, Athens OH 45701	Yes
			BH Hotline		
npatient Care	MH & AOD Treatment	May be in another	[Choose At Least 2 of 2 Services]		
	Including Opiates	Board area	SUD Acute Hospital Detoxification	The Woods at Parkside, Franklin County OH (subcontract through HRS)	No
			MH Private Inpatient psychiatric	Hocking Valley Community Hospital, 601 State Route 664 N. Logan OH 43138	No