

Ohio Mental Health and Addiction Services (OhioMHAS)  
Community Plan Guidelines SFY 2014

Clermont County Mental Health and Recovery Board

Environmental Context of the Plan/Current Status

1. Describe the economic, social, and demographic factors in the Board area that will influence service delivery.

(NOTE: There will be an opportunity to discuss the possible effects of Medicaid expansion upon your local system in question #12.)

**Economic:** During the past fiscal year, the economy in Clermont County has improved. The unemployment rate has dropped, and new businesses have opened in Clermont County. However, the tax base has not reached the pre-economic crisis period. Many residents are continuing to recover from the economic crisis. As such, residents are reluctant to support any tax levies, and many continue to fail. The decreased tax base in our county has resulted in a substantial decrease in our levy funds. In FY13, the levy funding was \$350,000 less than in previous years (\$2.36 million vs. \$2 million). As state funding decreases, the Clermont County Mental Health and Recovery Board (CCMHRB) has to rely more heavily on levy dollars to fund needed services. The CCMHRB desperately needs an increase in levy funding, but the state's property tax rollback change in the SFY 14-15 state budget will impact the CCMHRB's ability to pass a replacement levy. Funding continues to decrease in all systems, resulting in access to services becoming even more restrictive. The CCMHRB continues to rely heavily on partnerships with other community entities to pool funding in order to improve access to services for our residents. Partnerships with the Department of Job and Family Services (DFJS), the court system, law enforcement, schools, physical health and private practitioners have been helpful in increasing access to behavioral health services. While these partnerships do not always involve pooled funding, the partnerships have resulted in creative ways to meet the needs of our County.

**Demographic:** Clermont County is a large County with a population of 199,085 (US Census 2012 estimate). The County is 452.10 square miles with approximately 436.5 persons per square mile. Clermont County is the western most Appalachian county in Ohio. While the County is mostly rural, there are pockets of the County that are suburban or "bedroom communities" to Cincinnati. The County had been one of the fastest growing counties for several decades, but during FY13, the County only experienced .69% growth. County residents are primarily Caucasian and Appalachian; a majority of our residents identify themselves as Appalachian. Our minority population has risen to 3.9% in the past two years, with the majority of growth in the Hispanic population. According to United Way statistics (2012), 20% of our residents have less than a high school education and live in poverty. A large majority of our residents are considered to be the "working poor". These residents tend to be under-employed; 25.6 % were uninsured during 2012 (Clermont County Chamber of Commerce). The per capita income has gone up since last year to \$28,207, but this figure is misleading. There are extreme differences between the rural and suburban parts of our County, and the majority of our County residents reside in the more rural parts of the County.

The needs of the suburban and rural residents vary greatly. The residents of the suburban parts of our county often do not classify themselves as Appalachian, while the residents of more rural areas proudly identify themselves as Appalachian. According to the Health Foundation of Greater Cincinnati's "Health of Appalachians in Greater Cincinnati" (2012), Appalachian adults are less likely than non-Appalachian adults to report being in "excellent" or "very good" health. Appalachian adults also report a slightly higher rate of

depression than do non-Appalachian adults. Rural counties also have less access to health care and report a higher use of over-the-counter or prescription painkillers taken when not needed “just to feel good”. Our contract behavioral health treatment providers are seeing similar trends in their clients.

**Social:** Clermont County continues to struggle with many issues including opiate abuse, poor health, and lack of access to services. The most pressing issue for the CCMHRB is the increase in heroin use in our County, with heroin use reaching epidemic levels. In FY13, Clermont County was identified as a “hot spot” for opiate overdoses, particularly heroin. Clermont County saw an increase in heroin in late 2011 after the “pill mill bill” shut down a majority of the heavy opiate prescribers. Heroin took the place of prescription pain pills as the drug of choice in 2012, and became the leading cause for unintentional drug deaths in Clermont County.

The rate per 100,000 of opiate related unintentional drug overdoses in Clermont County is higher than the state average (Clermont 20; State of Ohio 13). Clermont County’s percentage of drug overdoses rose 2,350% from 2000 to 2010, while the state as a whole rose 440% (Cincinnati Enquirer, 2013). According to the Enquirer, the rate of deaths per 100,000 was far greater in Clermont County than the more populous Cuyahoga County. Clermont averaged about a death a week from opiates last year; based on the most recent total of reported overdose deaths for 2013, it is likely that in 2013 we will exceed the high of 52 last year. No township in the County is immune to the overdose deaths. Through September 2013, we have had 45 confirmed drug related unintentional deaths; according to the County Coroner, 24 more unintentional deaths are still pending final ruling of cause of death. It is expected that these cases will be ruled as unintentional drug overdoses. Currently, Clermont County is number 11 in the state for the actual number of opiate related unintentional drug related deaths. Since 2012, our Fire/EMS Departments are reporting a substantial increase in use of Narcan, as well as utilizing Narcan on the same individuals after multiple ODs. Data from the Coroner’s Office shows that males more frequently overdose than females, 63% compared to 36% over a six year period from 2007-2012. Clermont County also has higher drug poisoning hospitalization rate (44 Clermont; 22 Ohio) and drug poisoning emergency room visits rate (75 Clermont; 64 Ohio) than the state as a whole.

Family members continue to call the CCMHRB and its contract AOD provider, Clermont Recovery Center, seeking treatment for their family members. The need for services far outweighs the availability. A survey completed by the Health District of Clermont County found those at high risk for heroin overdoses were: lower income males, aged 25-54, and living in a rural setting with depression or some type of physical illness. The age range of those at risk for overdosing has increased from young males 18-25 years of age over the past two years. Additionally, overdoses of women aged 45-54 have increased since 2012.

#### Assessment of Need and Identification of Gaps and Disparities

- 2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gap issues and disparities, if any. (NOTE: ORC 340.03 requires service needs review of: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils; and, (2) outpatient service needs of persons currently receiving treatment in state Regional Psychiatric Hospitals).**

The CCMHRB continues to utilize need assessments, mostly informal, to guide the provision of services in our County. With limited funding, the CCMHRB is struggling to meet the treatment needs of our residents, and is unable to justify funding a formal needs assessment to determine if more needs are not being met. Through discussions with key community partners and our contract treatment providers, public speaking events, Town Hall

meetings, community surveys, and analysis of treatment data, the CCMHRB has a good grasp on the behavioral health needs of our residents, as well as utilizing data collected by other entities.

**AOD Services:**

Due to substantial heroin abuse in our county, the Board's AOD prevention and treatment priorities have been focused on this population. A recent needs assessment survey conducted by the Board with stakeholders and the general public in preparation for the newly formed Opiate Task Force found that heroin is impacting many aspects in our County. Discussions with key informants, including law enforcement, Judges, probation officers, County Commissioners, Fire/EMS, faith based leaders, schools, hospitals, businesses, Children's Protective Services (CPS), Health District, and the Coroner has led to a broad understanding of the impact of heroin abuse. According to analysis of available data, opiates accounted for an increase in arrests (48%), treatment admissions (43%), and CPS removals (83% due to opiates) in 2013. The Court system cannot keep up; the dockets are overloaded and the jail is overcrowded. Businesses are losing money due to theft and difficulty finding drug-free employees. EMS is worried about theft of Narcan from their vehicles, and our park services are finding used needles in our public parks. There is not enough access to addiction treatment and there is no detox, residential or inpatient treatment program in Clermont County.

Surveys were also completed by the members of the newly formed Opiate Task Force in July 2013. Fifty percent of the key informants felt that heroin was the drug abused most in Clermont County. Sixty percent also felt that overprescribing of opiates was the biggest drug related issue facing Clermont County (as compared to other issues such as drug trafficking, availability of drugs, overdoses). Ninety percent of those surveyed indicated that more treatment options were needed for opiate addiction, and 20% said that longer treatment options were needed to treat opiate addiction.

The CCMHRB obtained a SPF SIG grant in 2010 to address prevention of prescription drug abuse among youth 18-25 years of age. Through the SPF SIG process the Board, together with the Coalition for a Drug Free Clermont County, has conducted several community surveys related to Opiate drug abuse among our residents in order to develop a strategic prevention plan. Surveying began in 2012 and results of the survey showed that 14.5% of 18-25 year olds had used prescription drugs in the last 30 days, and that 80% of residents of our County believed that heroin abuse was of greatest concern. As surveying continued through calendar year 2012 and 2013, the results began to show an increase in the number of individuals concerned about heroin use vs. prescription drug abuse.

The CCMHRB, together with UC Clermont College, Coalition for a Drug Free Clermont County, and the Clermont County Sheriff's Office, held an Opiate Summit in April 2013 to bring together community members to gain knowledge and build inter-disciplinary partnerships to address the many challenges resulting from opiate abuse. Over 300 people attended the event. Surveys were given to Summit participants in order to determine the community's reaction to the opiate epidemic and determine their thoughts related to prevention and treatment needs. A majority of respondents stated that a Narcan program was needed. However, the County's criminal justice and EMS system are not yet in agreement with starting such a program. The Health District of Clermont County, in Collaboration with the CCMHRB, recently submitted a grant to the Department of Health to provide prevention services to address opiate related unintentional deaths. The grant would provide the opportunity to analyze the feasibility of starting a Narcan program and allow the County partners to thoughtfully plan for such a program. (NOTE: The Health District was notified on December 18<sup>th</sup> that they were awarded the grant. This collaboration will help focus the heroin problem in our county as a public health issue and will bring additional resources and support to the prevention efforts. The grant will allow for a full-time person to be hired by the

Health District to coordinate the activities, and the Board is involved in the hiring process.) Another need that was highlighted from the Opiate Summit surveys was access to residential treatment and detoxification services. Clermont County does not have a publicly funded residential facility in the County, and there are no detox facilities. Suggestions also included increasing the amount of prevention activities aimed at keeping youth drug free.

With its quick interstate access (I-275), drug trafficking is a substantial problem in Clermont County, which in turn leads to a high rate of heroin addiction (treatment statistics from ODADAS 2012). ODADAS data shows Clermont County as having one of the highest incidences of heroin in the state. Admissions for treatment to our contract AOD agency, Clermont Recovery Center (CRC), for opiate addictions in Clermont County have increased by 400% in the last five years. In FY13, heroin treatment admissions were 29% and other opiates were 14%, for a total of 43% of admissions relating to opiate dependency. Through the beginning of FY14, the admissions for heroin have increased. Treatment admissions for opiates was 47% of all treatment admissions, with 76% of those individuals reporting heroin as their primary drug of choice and 11% reporting “other opiates”. Our contract AOD agency, Clermont Recovery Center, is unable to meet the demand for services for all the individuals seeking treatment, particularly Medication Assisted Treatment. CRC is in the process of getting DEA approval to expand their Suboxone program in order to serve more than the 100 individuals per doctor.

While heroin has taken the lead as the drug of choice in Clermont County, our prescription drug abuse rate continues to be the third highest in the state as reported by the Cincinnati Enquirer (2013). Clermont County has 78.1 doses of opiates prescribed for every person in the County, as compared to 67 doses per person statewide. As mentioned earlier, key informants in Clermont County believe that overprescribing of prescription drugs has led to the problems we are encountering, including the increase in heroin use. While the number of individuals seeking treatment for prescription drug abuse has decreased to about 14% of admissions, CRC still provides MAT and other services for this population. The CCMHRB, together with the Coalition for a Drug Free Coalition, continues to focus on prescription drug abuse with prevention efforts that include education (“Monitor, Secure and Dispose” Campaign; “Don’t Get Me Started” Campaign); participation in DEA Drug Drop Off events; and assisting local law enforcement with obtaining permanent Drug Drop Boxes to place in their stations. The SFG SIG strategic plan will be implemented in FY14, and will focus on education around prescription drug prevention targeted at 18-25 year olds.

Unfortunately, not all individuals are able to be linked to treatment. After an overdose, unless large amounts of drugs are present at the scene, individuals are not arrested but instead ticketed and do not appear in Court; and most refuse transfer to the hospital emergency room for treatment. The Clermont County Opiate Task Force is working with the community to develop a plan to intervene in these instances and provide outreach to link these individuals to treatment. At present, the majority of clients seeking treatment for opiate addiction at Clermont Recovery Center are court ordered. Only a small percentage of individuals self-refer to treatment, so connection with the Court has been the main referral source. The CCMHRB hopes that funding will be available to provide treatment to individuals who have not yet been identified through court involvement.

**Mental Health Treatment:**

Access issues continue to remain the same as described in the SFY13 Community Plan. The need for adult mental health services far exceeds the availability. Publicly funded adult mental health services, with the exception of crisis services, continue to only be available to residents who are diagnosed with a severe and persistent mental illness (SPMI). The CCMHRB has not been able to fund counseling services for the “general population” for almost

10 years. Access to psychiatry was extremely limited in FY13, with both the adult (Life Point Solutions/LPS) and children's (Child Focus, Inc./CFI) contract mental health agencies struggling with inadequate psychiatric services, as the cost to obtain and maintain psychiatrist positions has become cost prohibitive. Psychiatry services at both agencies had a waiting list for much of FY13. To complicate matters, there are only a few private Psychiatrists in the County, and even fewer that accept Medicaid. The Federally Qualified Health Center (FQHC) in our County used to provide Psychiatry services on a sliding scale, but was unable to maintain the staffing. As such, access to affordable psychiatric services, particularly for the "general population," is almost non-existent in Clermont County. Tele-medicine has been implemented in our County, and has helped somewhat with the access issue. Utilizing advance practice nurses has also assisted with increasing access. But again, psychiatry services in the publicly funded system are only available to those with the most severe and persistent mental illnesses.

Many issues have resulted in difficulty with providing intensive CPST services at the contract adult mental health agency. Staff turnover at LPS has been significant in recent years, impacting access to CPST services. Both the adult and children's mental health contract agencies are struggling with attracting and maintaining qualified mental health professionals due to non-competitive salaries; LPS had extreme difficulties during FY13, as over half the case managers (called Recovery Coordinators in our system) left the agency in FY13, and finding qualified staff to fill the open CPST positions took many months. Intensive CPST services (such as Assertive Community Treatment) for adults with a severe and mental illness are desperately needed in our County. While LPS delivers intensive CPST services, they are not able to sustain the level of intensity often needed by some individuals due to the large number of clients they are serving and the lack of needed training for the relatively new staff. After discussions with the Clermont County Municipal Court Probation Department, and review of the needs of probationers with a severe and persistent mental illness, the Board determined that intensive CPST services would be offered to the Court by another adult mental health agency in Hamilton County that specializes in intensive support services, paid for by the Board. Intensive CPST services for individuals with a mental illness and a sex offense is also needed.

Through the Southwest Collaborative "Hot Spot Funding", Clermont County and two other Board areas (Brown and Warren/Clinton Counties) were able to hire regional intensive CPST positions to provide services to clients who reside in out-of-county adult residential care facilities. Through discussion of need areas, the three Boards determined that clients in care facilities in outer counties were not able to access intensive services that would focus on increased skill development and possibly result in a move to community based living. The project allowed for a higher quality of care and more efficient delivery of CPST services since workers did not have to travel as far to meet with the clients. As a result of the intensive services provided, several Clermont clients were able to leave the adult care facility and obtain independent living during FY13.

Also through the Southwest Collaborative "Hot Spot Funding" in FY13, the three Board areas were able to access respite placements at a facility in Warren County and a facility in Brown County. The availability of respite placements for the three Board areas allowed the Boards to assess the actual need for a permanent facility. Utilization of the respite placements during FY13 has shown a need for a permanent respite facility that would fill the current gap between community services and hospital level of care. During FY13, Clermont County was able to place 15 clients in respite for stabilization, avoiding hospitalization and re-hospitalizations in several instances. The availability of respite also decreased the need for longer term stays at an adult care facility.

Assessment for the need for crisis services is ongoing. The CCMHRB believes that access to crisis services is vital to our system of care. As such, the Board has continued funding the mobile crisis team that was originally implemented through a Department of Justice grant that ended in February 2013. The mobile crisis team is a

partner with the Clermont County Crisis Intervention Team (CIT). The need for mobile crisis services is analyzed through referrals received and also through satisfaction surveys completed by clients receiving the service. The mobile crisis team has been operational since 2011 and continues to increase the number of contacts with clients; the Mobile Crisis Team made 179 referrals for service in calendar year 2013 for individuals who needed ongoing treatment. These referrals for service often involve individuals who have not been engaged with our mental health system, or have not followed up with referral to services. In FY13, after discussion with family leaders involved in our FAST TRAC System of Care regarding their difficulties with crisis situations and police responses to the crisis, mobile crisis was expanded to these families.

Increased partnerships with law enforcement have provided us with information related to the needs of our County residents who are not currently in our system of care. These partnerships have shown the need for expansion of our crisis services. Through our CIT training, the connection with law enforcement has increased access to crisis services for individuals, with our crisis hotline utilization increasing by 57% in FY13 (1,152 calls in FY12 and 2,001 calls in FY13). Through October 2013, the crisis hotline has received 843 calls, which is a 69% increase from the same time period in FY13. The CIT team has helped fill a gap for individuals who do not follow up or engage in treatment. With the availability of mobile crisis, these individuals can be connected with mobile crisis staff serving as a “bridge” and providing supportive services until the individual has engaged with ongoing treatment. In FY14, the mobile crisis team will be expanding its referral base beyond law enforcement and FAST TRAC families, as additional staff have been hired.

During FY13, the CCMHRB saw an increase in the number of individuals who were court ordered to Summit Behavioral Healthcare (SBH) for competency restoration. The CCMHRB has been working closely with the Courts to identify individuals who are in need of mental health treatment, but in some instances, the Courts are over-utilizing SBH since Clermont County does not have outpatient competency restoration services. During FY14, the CCMHRB will assess the ability to provide community-based restoration services, but it is anticipated that these services will be cost prohibitive. As the forensic cases continue to increase, the CCMHRB is also recognizing the need to have a clinician that interfaces with the Court. If a mental health professional can intervene with a forensic case earlier, appropriate treatment options can be explored. Presently, due to a lack of funding, Board staff is filling this role.

Our local community behavioral health unit is currently undergoing renovation. As a result, the number of beds has decreased by over 50%. The decrease in beds has resulted in difficulty getting individuals admitted to the local hospital, and often individuals that could be stabilized in the local hospital have to be transferred to SBH. There have been a few incidents where clients that were sent to the local emergency room on a Statement of Belief were not held, and were then involved in criminal incidents in the community. To further complicate matters, one of the two adolescent behavioral health units in our area closed at the end of FY13. This has created a huge access issue, with adolescents having to wait in our local emergency room while a psychiatric bed is located at either Children’s Hospital in Cincinnati or Kettering Hospital in Dayton. Both units are often full, and adolescents have been waiting for hours for transfer. The Board and CFI have been working with Children’s Hospital to improve the hospitalization process.

In November 2012, the Board, together with the Clermont County Suicide Prevention Coalition, hosted the second “Youth Suicide Prevention Summit”. All ten of the County high schools sent students to participate in the event. Students provided information on their ideas for youth-focused suicide prevention. The students also provided thoughts on the reasons why youth attempt suicide, as well as on protective factors. These ideas have guided the Board and the Coalition in prevention planning and development of a framework to guide our suicide prevention

messaging for youth. Results from the Summit showed that many youth felt suicidal at some point, but thankfully a large majority said they would seek help. The number of youth who stated they would seek help for suicidal thoughts was higher than the number that reported seeking help during the first Youth Summit. A Town Hall meeting to discuss the Summit results was held in February 2013 at the local college and was well attended by professionals and community members concerned about suicide in the County.

The Board believes that the Youth Suicide Prevention Summits have resulted in a decrease in youth suicides in our county. Indeed, in the last two years we have seen a decrease in individuals under the age of 21 completing suicide. Prior to 2010, the County was averaging about 5 youth suicides a year. Unfortunately, while youth suicides have decreased, suicidal ideation and self harming behavior, particularly cutting, has increased among youth in our County. Two local junior high schools reached out to the Board for assistance in addressing these behaviors last year. The Board, in partnership with the Family and Children First Council, provided funding to implement "Signs of Suicide" in these schools. The number of youth identified at risk for suicide was overwhelming. Furthermore, the number of adult suicides increased to 30 in calendar year 2013. There was an increase in older males completing suicide; the Suicide Prevention Coalition will be addressing this increase during FY14 through targeted efforts.

The SAMHSA System of Care grant (FAST TRAC) has provided the Board with the increased ability to formally evaluate many of the children's mental health programs. FAST TRAC contracts with a local university for the required national evaluation as well as a local evaluation to determine the effectiveness of the FAST TRAC programs in meeting the needs of youth/families. Evaluations involve data collection, interviews with youth and families, and interviews with key community members. Evaluations have been completed on our School-based Mental Health services, Transition Into Independence (TIP) program and Wraparound Program. The evaluators are providing two publications on each evaluation – one for those in the system and for potential funding sources who want the details on the outcomes obtained and one for the general public to increase awareness.

Our SAMHSA evaluators organized a focus group of parents involved in FAST TRAC to determine their understanding of the system, what they liked and did not like about the system and services, and what services they believed were missing or inadequate vs. easily accessible. Since many parents who were not involved in FAST TRAC learned about the focus group, the Board used this opportunity to organize a focus group on Board-funded services for the same date and time. Both focus groups, which each involved about 15 parents, were taped and a transcript of all the responses to the questions were provided to the Board, along with an analysis of major concerns and needs. The parents involved in Board-funded services wanted access to the SAMHSA grant services for their children (if not in that program, they didn't meet criteria) because of the positives about FAST TRAC they had heard; they also wanted more access to psychiatrists, and surprisingly, wanted to be linked to other parents, since they knew about the Parent Support Partners through FAST TRAC and wanted to be able to talk with other parents about their children and the system. All of the information gathered from the focus group was reported to the Board of Directors and reviewed by staff for further consideration in setting priorities for the future.

**Housing.** The CCMHRB and its contract agencies continue to struggle with finding safe and affordable housing, In FY13, housing options became even more limited when a large apartment complex that provided subsidized support became overrun by gang activity and drug trafficking. Further, subsidized housing certificates are very limited in Clermont County, with a waiting list of about two years. LPS has been very creative in utilizing funding to assist individuals in maintaining an apartment, but housing funding is very limited. Further, the options that are available to the clients in our system are often not in safe areas. Individuals with a criminal record or a history of substance abuse have a difficult time finding safe and affordable housing. It is almost impossible to find housing

for individuals with a sex offense, which has resulted in a number of SPMI individuals being homeless. During FY13, the Board started an Advisory committee to address the issue of homeless SPMI individuals who had a history of a sex offense. A housing mini-grant obtained from ODMH in FY 12-13 was used to house mentally ill, homeless sex offenders in the county, which was a successful venture, with the clients involved maintaining their housing and obtaining employment.

**Court Diversion Programming and Re-entry services:**

In FY2013, the CCMHRB partnered with the Clermont County Criminal Justice Council (CJCC) to apply for a “Sequential Intercept Mapping” grant from the Ohio Criminal Justice Coordinating Center of Excellence. The grant was awarded to CCMHRB and the mapping was held in November 2013. The goal of the Mapping project was to transform fragmented systems, assess local gaps and opportunities, and identify where to begin intervention. Forty people from various systems, including criminal justice, behavioral health, health, and other community partners participated in the project. The group focused on five intercepts for change or areas where behavioral health could intervene in the criminal justice system. The plan that identifies strengths and gaps of our system of care will be available in January 2014 and will be used to plan for services in FY14. The CJCC, chaired by the Municipal Court Administrative Judge, has agreed to take responsibility for implementing the plan. The group identified five areas that they would work on to improve collaboration between the behavioral health and criminal justice systems. These areas included: 1) timeliness of assessment and access to treatment; 2) improved access to the local behavioral health unit; 3) availability of public transportation; 4) defining definitions across systems; and 5) access to housing options. Subcommittees were developed to work on a plan of action for each of these five areas, and all are currently organizing, collecting information and setting meeting times.

Comment [I1]:  
Comment [I2R1]:

**System Disparities**

Children with a severe emotional disorder are able to access publicly funded behavioral health services more readily than adults since a large number of children have Medicaid or private insurance. Further, the Board has a SAMHSA system of care grant that provides wraparound and other specialized services for children with intensive and multiple system needs.

As reported last year, FAST TRAC has provided a more in-depth continuum of care for children/youth and their families, while adults are restricted to the more basic services available. While the grant provides more opportunities for children/families, the grant funds are diminishing and the Board has to provide additional match amount in the remaining years of the grant. The SAMHSA grant is currently in the fifth year of six year funding. The SAMHSA Sustainability Workgroup has a sustainability plan in place, but there continue to be major concerns about the system’s ability to maintain all the grant services at the current level. The number of children with Autism involved in the SAMHSA FAST TRAC system continues to grow. These children/families are experiencing significant needs for services that they cannot access, especially through the DD system, and since they have some level of mental health issues, look to the mental health system for help.

Due to limited funding, publicly funded services for adults are limited to those with the most severe needs: adults with severe and persistent mental illness and those with a substance dependency disorder. Our system of care has been forced to focus only on those individuals who are the sickest. Unfortunately, this leaves a large gap in services available to those who do not meet our local definitions for service eligibility. In several cases, individuals who were experiencing a less serious mental illness or a less serious substance use disorder were hospitalized or involved in the court system before they became eligible for services in our system.

## Strengths and Challenges in Addressing Needs of the Local System of Care

*In addressing questions 3, 4, and 5, consider service delivery, planning efforts, and business operations when discussing your local system. Please address client access to services and workforce development. (see definitions of "service delivery," "planning efforts" and "business operations" in Appendix 2).*

**3. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment? (See definition "local system strengths" in Appendix 2).**

- Collaboration with other systems continues to be a major strength of the CCMHRB. The Board has long depended on collaboration with other systems to assess, plan and deliver services based on the needs of our residents. Collaboration with key community partners, such as DJFS, Children's Protective Services (CPS), Courts and our local hospital has allowed the Board to share the cost of providing treatment and increase access to needed services. Further discussion on these collaborative partnerships will be discussed under Question 8.
- The Board has been successful in obtaining grant funding to address the identified needs of Clermont County. In the past few years, the Board has received several grants including: SAMHSA funding for implementation of a children's system of care; Department of Justice funding to implement a Crisis Intervention Team (CIT) model, including first responder trainings and a mobile crisis unit; and local Foundation funding for expansion of our Supported Employment program and an Integrated Dual Diagnosis Treatment program. The SAMHSA grant is in its fifth year and will end in September 2015. Collaboration with community partners will assist with continuation of the project. The other remaining programs have been sustained after grant funding ended. The CCMHRB will continue to pursue grant funding to assist in meeting the needs of our County residents, although local foundation resources are now more focused on other areas.
- The continued growth of services provided to families and children through our SAMHSA System of Care project, FAST TRAC, is another success of the CCMHRB. The SAMHSA grant funding has allowed expansions of our early childhood, school-based, and intensive home-based services, added Respite and the Transition to Independence program (TIP) for youth, which was an underserved population, and also provides Wraparound and peer support to parents through Parent Support Partners. In addition, the SAMHSA sustainability work group has been very active in addressing the concerns regarding sustainability of the programming after grant funding ends. The community partners have recognized the value of FAST TRAC and the collaboration between the community partners will assist with continued funding after the grant ends. The strength of our local Family and Children First Council (FCFC) and staff (with the Board as the Administrative Agent) has been the foundation of our system of care and its success. Participation in FCFC is excellent and FCFC really does function as a sounding board and decision-making vehicle for all child-serving agencies and issues.
- Recognizing the need for support for County residents who have lost a loved one to opiate abuse, the Coalition for a Drug Free Clermont County was able to support the start of a chapter of SOLACE (Surviving Our Losses And Continuing Everyday) in our County this summer. The Chapter continues to grow, and recently had a successful rally which increased community awareness on the topic of opiate abuse and garnered media attention. SOLACE will provide much needed support to families, and will fill a gap in our

system of care. SOLACE will also assist with education and advocacy in the community.

- The Parent Advisory Group for the FAST TRAC grant has provided the Board with many ideas as to areas where treatment needs exist. One such need was previously discussed, and involved mobile crisis access to youth. Another area is PTSD services for parents. Several of the mothers involved in the FAST TRAC Parent Advisory Group began discussing with one another their past situations, often as children, and the impact those experiences were having on dealing with their own children's issues. The Board Executive Director was approached about addressing these needs, and she requested that the parents put together a proposal. The parents produced a well written and thought out explanation of their issues and the services they thought might help them. After several meetings to better understand the issues, a PTSD group was established that meets weekly and is funded solely through the fees from the parents on a sliding fee scale (and volunteer time from therapists). The group has been well attended and a second group is being planned.

**a. Identify those areas, if any, in which you would be willing to provide assistance to other boards and/or to state departments.**

The CCMHRB has been successful at obtaining federal grant funding, implementing programming related to the grants while maximizing existing resources, and sustaining those programs after the end of grant funding. The CCMHRB would be willing to provide assistance to other Board areas and/or the state department regarding applying for grants and successfully implementing and sustaining those programs. Our approach has been to have the Board as grantee, with the Board then planning for sustainability in its Financial Projection starting as soon as the program is implemented.

**4. What are the challenges within your local system in addressing the findings of the needs assessment? (See definition of "local system challenges" in Appendix 2).**

The challenges remain the same as discussed in the community plans for the past several years. The CCMHRB does not have the funding available to address all the identified behavioral health needs of our residents. While we continue to collaborate with our partners and seek alternative funding, the number of residents who are not able to access publicly funded behavioral health services continues to increase. Calls for services, particularly psychiatry, continue to occur, as do calls from people desperately seeking inpatient services for individuals addicted to heroin.

For many years, the Board based its fiscal decisions on the Financial Projection that was updated whenever new information related to revenues or expenses occurred. The Board used to project five years ahead, but that changed to only a two year financial projection about three years ago. The Board also used to maintain a reserve of 15% of the total budget, which was reduced to 15% of contracted clinical services, primarily for cash flow; funding beyond that amount was considered "free reserves". In order to maintain as many services as possible during the past several years with federal and state funding reductions, the Board approved reducing the required reserves (to an even \$1 million) and spending down the free reserves. The free reserves will be depleted before the end of FY14, and the Board will then be in the position that allocations for services are based only on revenues received. The Board will be able to maintain services in FY14, but substantial cuts to services may have to occur in FY15. (NOTE: The impact of Medicaid Expansion and the ACA Implementation is not fully known at this point, which could significantly lower the number of people seeking services who have no means of payment and thus positively impact available funds.)

**a. What are the current and/or potential impacts to the system as a result of those challenges?**

The impact of the current challenges is further restriction on who is eligible for publicly funded services and decreased access to services. Prevention services for adults are nonexistent, with the exception of volunteer activities completed by the Clermont County Suicide Prevention Coalition and the Coalition for a Drug Free Clermont County (both of which receive the majority of their funding from the Board). As a result of the restriction on access to services, individuals are often more ill when they present for services, have become involved in the criminal justice system or have overdosed before they can access treatment. Decreased access to services has increased the number of hospitalizations and the number of individuals with a mental illness that are becoming involved in the court system.

The lack of funding is particularly frustrating when we continue to see the needs of our residents increase. As mentioned earlier, with the increase in need for MAT, funding will have to be shifted from other sources, which will most likely impact our adult mental health provider.

**b. Identify those areas, if any, in which you would like to receive assistance from other boards and/or state departments.**

As mentioned previously, in FY13 the CCMHRB had an increase in the number of individuals who were classified as forensic. It is believed that the reason for the increase in individuals with a forensic status is twofold. First, ongoing education of the criminal justice system regarding our system of care has increased awareness of the needs of individuals with a behavioral health disorder. Second, restricted access to services has created a cycle where individuals must be more severely ill before they are eligible for treatment. With the increase in forensic cases, and the Board's responsibility for treatment planning for these individuals, the CCMHRB continues to encounter obstacles in which the legal system does not understand the need for our involvement, and often does not allow us the opportunity for input. The CCMHRB had two very complicated cases that were ruled forensic and sent to SBH without collaboration with the Board. These individuals could have been placed in a more appropriate and less restrictive setting instead of being "warehoused" at the state hospital. One of these individuals is still at SBH, over a year later, since alternative placement is now not readily available.

The CCMHRB has been working with the entity that is responsible for completing competency evaluations in our Board area in order to improve collaboration in the hopes of becoming more involved in the decision making regarding appropriateness of placement at SBH. The CCMHRB has also been working with the Department's Forensic staff and would appreciate continued assistance with working through the obstacles, and providing direction to the court system on the importance of including the Boards in the decision making process with individuals identified as forensic.

**5. Describe the Board's vision to establish a culturally competent system of care in the Board area and how the Board is working to achieve that vision (see definitions of "cultural competence" and "culturally competent system of care" in Appendix 2).**

Through FAST TRAC, the Board hired a half time Cultural and Linguistic Competency (CLC) Coordinator four years ago. The Coordinator is responsible for assuring that the system's cultural and linguistic competency plan is developed, implemented and maintained across our entire system of care. Our contract agencies and partner agencies continue to be involved in activities to promote cultural competency, and the CLC plan is approved by

SAMHSA each year.

As mentioned, our County has a small ethnic population, with the largest group of minority being Hispanic (1.9%). The large majority of our County residents identify themselves as Appalachian. As such, the CLC competency plan addresses Hispanic needs, as well as Appalachian needs and LGBTQ. Most information about services and basic mental health and alcohol/drug materials has been translated into Spanish and are available for anyone to utilize. We have provided educational “trainings” on basic mental health in Spanish. We utilize the services of a “Cultural Broker” for the Hispanic community to help acquaint people with our system and services, particularly those for children/families. All of the Board’s contract agencies’ mission and values statements stress respect for the individual and the cultural background. All contract agencies’ access the cultural beliefs of their clients and provide services based on these beliefs.

Beginning in FY13, the CLC Coordinator has provided cultural competency training based on the “OUCH” model to Board and FAST TRAC staff, CPS staff, CRC staff, CFI staff and community members. The Coordinator will continue to promote the training to other entities throughout FY14. The CLC Coordinator also organized a training related to the treatment needs of individuals who have identified themselves as LGBTQ.

FAST TRAC trainings are usually free (or a very low cost) and are open to all agencies and individuals in the county. We have had excellent attendance at the trainings, a number of which have been focused on CLC issues.

#### Priorities

- 6. Considering the Board’s understanding of local needs, the strengths and challenges of your local system, what has the Board set as its priorities for service delivery including treatment and prevention and for populations? Below is a table that provides federal and state priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board’s priorities, and add the Board’s unique priorities in the space provided. For those federal priorities that are mandatory for the OhioMHAS and not selected by the Board, please check one of the reasons provided (e.g., no assessed local need, lack of funds to meet need, lack of necessary professional staff) or briefly describe the applicable reason.***

**Priorities for Clermont County Mental Health and Recovery Board**

**Substance Abuse & Mental Health Block Grant Priorities  
\*Priorities Consistent OHIOMAS Strategic Plan**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	<ol style="list-style-type: none"> <li>Increase access to MAT.</li> <li>Increase access to residential treatment and/or supervised detox services.</li> <li>Utilization of County Hotline to increase access to treatment.</li> </ol>	<ol style="list-style-type: none"> <li>Work with SW collaborative to expand access to Vivitrol.</li> <li>Increase access to Suboxone.</li> <li>Increase County Hotline ability to receive calls regarding substance disorders.</li> <li>Increase access to supervised detox services through SW collaborative project.</li> </ol>	<ol style="list-style-type: none"> <li>Number of individuals receiving MAT.</li> <li>Number of individuals utilizing County Hotline.</li> <li>Number of individuals able to access residential treatment and/or supervised detox if needed.</li> </ol>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG:</b> Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	<ol style="list-style-type: none"> <li>Continue promoting immediate access to treatment.</li> <li>Continue outreach support services.</li> </ol>	<ol style="list-style-type: none"> <li>Quick access to intake provided through availability of daily open registration.</li> <li>Availability of outreach women’s support services.</li> </ol>	<ol style="list-style-type: none"> <li>Length of time between referral and access to treatment.</li> <li>Reported drug free days and clean drug screens.</li> </ol>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG:</b> Mandatory: Parents with substance abuse disorders 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)	<ol style="list-style-type: none"> <li>Continue collaboration with CPS, Juvenile Court to provide access to treatment for parents with substance abuse disorders.</li> <li><b>NOTE:</b> Juvenile Court will implement a Family Drug Court in February, 2014; Board and AOD agency, along with CPS, is directly involved in the process.</li> </ol>	<ol style="list-style-type: none"> <li>Quick access to assessment and treatment through presence of AOD provider at Juvenile Court one day a week.</li> <li>Continued collaboration and review of cases with CPS.</li> </ol>	<ol style="list-style-type: none"> <li>Decrease in drug use as reported by clean drug screens.</li> </ol>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases	<ol style="list-style-type: none"> <li>Continue access to treatment and nursing services.</li> </ol>	<ol style="list-style-type: none"> <li>Identify individuals with TB and other communicable diseases early in the assessment process.</li> <li>Link individuals with TB and other communicable diseases to physical care and collaborate with the primary care provider.</li> </ol>	<ol style="list-style-type: none"> <li>Increased follow through with physical care recommendations.</li> <li>Decrease in drug use as reported by clean drug screens.</li> </ol>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<b>MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</b>	<ol style="list-style-type: none"> <li>Increase treatment services provided in school-based mental health program.</li> <li>Increase access to substance abuse prevention and treatment services.</li> </ol>	<ol style="list-style-type: none"> <li>Work with Child Focus, Inc. to increase delivery of Medicaid billable CPST services to meet the identified needs of youth.</li> <li>Re-configure AOD prevention specialist school based position to be accessible to all school districts based on referrals.</li> </ol>	<ol style="list-style-type: none"> <li>Increase in Medicaid billable services.</li> <li>Increase referrals to AOD school-based prevention services.</li> </ol>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</b>	<ol style="list-style-type: none"> <li>Increase intensive CPST for adults with SMI.</li> <li>Improve access to pharm management services.</li> <li>Decrease time between referral and treatment.</li> </ol>	<ol style="list-style-type: none"> <li>Utilize Level of Care Framework to individualize CPST treatment.</li> <li>Integrate new model of pharm management scheduling.</li> <li>Implement same day registration at LPS.</li> </ol>	<ol style="list-style-type: none"> <li>Number of individuals identified as intensive that are provided with intensive CPST services.</li> <li>Increase engagement of clients with intensive needs in CPST services.</li> <li>Decrease 'no show rate' for pharm management services.</li> <li>Decrease time between referral and first appointment date.</li> </ol>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH&amp;SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*</b>	<p>Increase access to medical services for MAT clients.</p>	<ol style="list-style-type: none"> <li>Continue funding of Nurse Position at MAT program at CRC.</li> <li>Continue collaboration with FQHC.</li> </ol>	<ol style="list-style-type: none"> <li>Increase engagement of AOD clients with primary care providers.</li> </ol>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): LPS was unsuccessful at continuing their integrated care model due to the C withdrawing from the project stating that they were losing money. Attempts to re-establish relationships have not been successful.
<b>MH&amp;SAPT-BG: Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders</b>	<p>Increase access to peer support services.</p> <p>Increase access to Vocational supports.</p> <p>Explore options for sober housing</p>	<ol style="list-style-type: none"> <li>Increase membership of Hope Center to other community groups.</li> <li>Decrease wait time for supported employment services.</li> <li>Increase access to safe and affordable housing.</li> </ol>	<ol style="list-style-type: none"> <li>Number of different groups offered for the community.</li> <li>Number of individuals served by supported employment program.</li> <li>Development of plan for sober housing.</li> </ol>	<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 Consistent OHIO MAS Strategic Plan**

<b>Treatment:</b> Veterans	1. Development of PTSD support group at Hope Center.	1. Continue collaboration with Clermont County VA, including VA representative on CCMHRB's Board of Directors.	1. Implementation of PTSD support group. 2. Number of members attending support group.	__ No assessed local need __ X_Lack of funds __ Workforce shortage __ Other (describe):
<b>Treatment:</b> Individuals with disabilities	1. Continue access of needed services for individuals with disabilities.	1. Collaborate with community partners to assure access to services. 2. Continue FAST TRAC collaboration with Clermont Board of Developmental Disabilities to assure access to services for individuals with a co-occurring disorder of mental health and developmental disabilities.		__ No assessed local need __ Lack of funds __ Workforce shortage __ X_ Other (describe): individuals with disabilities are served within our system if they have behavioral health needs.
<b>Treatment:</b> Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	1. Increase access to MAT. 2. Increase access to residential treatment and/or supervised detox services. 3. Utilization of County Hotline to increase access to treatment.	1. Work with SW collaborative to expand access to Vivitrol. 2. Increase access to Suboxone. 3. Increase County Hotline ability to receive calls regarding substance disorders. 4. Increase access to supervised detox services through SW collaborative project.	1. Number of individuals receiving MAT. 2. Number of individuals utilizing County Hotline. 3. Number of individuals able to access residential treatment and/or supervised detox if needed.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
<b>Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	1. Identify additional resources in the community. 2. Continue collaboration with Clermont County Metropolitan Housing.	1. Continue involvement in Affordable Housing Coalition. 2. Continue housing support services at LPS. 3. Continue collaboration with Saul's Homeless shelter.	1. Increase in number of housing options for homeless individuals.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

<b>Treatment:</b> Underserved racial and ethnic minorities and LGBTQ populations	1. Identify any underserved minority population.	1. Continue CLC Coordinator position. 2. Increase knowledge that system is open/sensitive to needs of LGBTQ populations.	1. Increase access to services to underserved populations.	<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Priorities</b>	<b>Goals</b>	<b>Strategies</b>	<b>Measurement</b>	<b>Reason for not selecting</b>
<b>Treatment:</b> Youth/young adults in transition/adolescents and young adults	1. Provide mental health CPST services tailored to meet the needs of young adults. 2. Provide AOD treatment services tailored to meet the needs of young adults.	1. Continue funding of TIP programming. 2. Expand use of TIP from just CPS/Juvenile Court youth to all transitional age youth. 3. Continue use of 7 Challenges model in AOD adolescence treatment.	1. Fidelity Review of TIP program. 2. Local evaluation of FAST TRAC including TIP.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Early childhood mental health (ages 0 through 6)*	1. Continue access to needed services. 2. Support CFI in RTTT activities. 3. Continue support to Head Start programs (operated by CFI). 4. Work in collaboration with FCF Early Childhood Committee to plan for and implement needed services.	1. Continue funding of FAST TRAC programming for early childhood mental health services.	1. Local evaluation of FAST TRAC including Early Childhood Mental Health services. 2. Input from Early Childhood Committee of FCF.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Prevention:</b> Adopt a public health approach (SPF) into all levels of the prevention infrastructure	1. Implement SPF SIG strategic plan. 2. Implement with Health District Grant program for Prescription Drug Abuse Prevention.	1. Continue collaboration with Clermont County Health District. 2. Continue SPF SIG Workgroup focused on prescription drug abuse.	1. Successful implementation of SPF SIG and Health Department 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):
<b>Prevention:</b> Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*	1. Provide prevention services to address identified needs in Clermont County. 2. School based mental health services available in all schools in all districts in the County.	1. Continue support of Clermont County Suicide Prevention Coalition. 2. Continue support of Coalition for a Drug Free Clermont County.	1. Increase community prevention activities. 2. Local FAST TRAC evaluation of school-based services.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		<ul style="list-style-type: none"> <li>3. Continue work with School Districts to expand school based mental health services.</li> <li>4. Continue Opiate Task Force and increase membership.</li> </ul>		
<b>Prevention:</b> Empower pregnant women and women of child-bearing age to engage in healthy life choices	N/A			<ul style="list-style-type: none"> <li><input type="checkbox"/> No assessed local need</li> <li><input checked="" type="checkbox"/> Lack of funds</li> <li><input type="checkbox"/> Workforce shortage</li> <li><input type="checkbox"/> Other (describe):</li> </ul>
<b>Prevention:</b> Promote wellness in Ohio's workforce	<ul style="list-style-type: none"> <li>1. Provide education to employers regarding mental wellness.</li> </ul>	<ul style="list-style-type: none"> <li>1. Presentations through Clermont Chamber of Commerce.</li> <li>2. Executive Director's continuation as Workforce Investment Board member and WIA Youth Council member.</li> </ul>	<ul style="list-style-type: none"> <li>1. Number of presentations requested and presented.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No assessed local need</li> <li><input type="checkbox"/> Lack of funds</li> <li><input type="checkbox"/> Workforce shortage</li> <li><input type="checkbox"/> Other (describe):</li> </ul>
<b>Prevention:</b> Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*	<ul style="list-style-type: none"> <li>1. Increase community awareness of problem gambling.</li> <li>2. Increase ability to recognize problem gambling in our system of care.</li> </ul>	<ul style="list-style-type: none"> <li>1. Implement media campaign.</li> <li>2. Implement problem gambling plan across system of care.</li> <li>3. Implement problem gambling assessment across system of care.</li> </ul>	<ul style="list-style-type: none"> <li>1. Successful implementation of gambling screening in various locations (# of screens) and prevention efforts.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No assessed local need</li> <li><input type="checkbox"/> Lack of funds</li> <li><input type="checkbox"/> Workforce shortage</li> <li><input type="checkbox"/> Other (describe):</li> </ul>

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

Priorities	Goals	Strategies	Measurement
<ul style="list-style-type: none"> <li>1. Increase access to services for individuals with an opiate dependency disorder.</li> </ul>	<ul style="list-style-type: none"> <li>1. Increase access to MAT.</li> <li>2. Increase access to residential treatment and/or supervised detox services.</li> <li>3. Utilization of County Hotline to increase access to treatment.</li> </ul>	<ul style="list-style-type: none"> <li>1. Expand access to Medication Assisted Treatment at CRC.</li> </ul>	<ul style="list-style-type: none"> <li>1. Number of individuals with opiate addiction who participate in MAT.</li> </ul>

2. Access to services for youth with behavioral health issues.	<ol style="list-style-type: none"> <li>1. Expand funding options from community partners to continue SAMHSA system of care (FAST TRAC).</li> <li>2. Increase school based mental health treatment options.</li> </ol>	3. Continuation of SAMHAS system of care (FAST TRAC) Sustainability Workgroup.	1. Continuation of programs as federal funds decline.
3. Access to vocational and day treatment services for individuals with an Opiate addiction who are released from jail.	1. Increase access to treatment.	<ol style="list-style-type: none"> <li>1. Collaborate with Court system to identify additional funding.</li> <li>2. Continuation of RSC Horizons project.</li> </ol>	<ol style="list-style-type: none"> <li>1. Number of clients involved in project.</li> <li>2. Number of clients who obtain employment.</li> </ol>
4. Availability of full range of crisis services.	1. Quick access to crisis services for all County residents.	<ol style="list-style-type: none"> <li>1. Continue funding of mobile crisis unit.</li> <li>2. Continue funding of Clermont County Crisis Hotline.</li> <li>3. Continuation of availability of crisis appointments at adult and children's mental health contract agencies.</li> </ol>	<ol style="list-style-type: none"> <li>1. Number of calls to crisis hotline.</li> <li>2. Increased access to crisis appointments at agencies.</li> </ol>

**Priorities (continued)**

7. What priority areas would your system have chosen had there not been resource limitations, and why? If you provide multiple priority areas, please prioritize.

Priority if resources were available	Why this priority would be chosen
(1) ACT team	Intensive CPST services have proven to be effective in increasing engagement in services and decreasing hospitalizations.
(2) Residential treatment	As heroin addiction increases in our County, the need for supervised residential services in our County that collaborates with our outpatient services is increasing and this option needs to be available.
(3) Respite care/Crisis stabilization Unit	The County has a gap between community services and hospital level of care. As our community behavioral health unit continues to decrease their number of beds, the need for a "step down" and "step up" facility is even greater. The Board has been utilizing one of our Adult Care Facilities for Respite, but the staff are not mental health professionals and are not able to provide intensive services that would be offered at a respite facility.
(4) Detoxification services	In order to be successful at MAT, and particularly Vivitrol, it is essential that individuals have a supervised detox to assure they do not have a relapse. Currently, there are no detox facilities in the County, and individuals have to utilize hospital based detox, which is short term and out of county.

(5) Mental Health Services for general population.	As mentioned, adults without a severe and persistent mental illness that meet our local definition of “SMD” are eligible for services in our system. Yet, many individuals with a less severe disorder still need access to services. There is a gap in services
(6)	
(7)	

**Collaboration**

8. Describe the Board’s accomplishments achieved through collaborative efforts with other systems, consumers and/or the general public during the past two years.

As mentioned in Question #3, the Board considers collaboration as a strength utilized to address the behavioral health needs of our residents. Many successful projects have been implemented as a result of collaboration with our community partners. The Board highly values collaboration with other systems, consumers and the general public. The Board has been successful at sharing the cost of providing treatment and increasing the access to services for our residents.

Our SAMHSA system of care, FAST TRAC, continued to be successful over the past fiscal year. The SAMHSA grant has solidified the collaborative working relationships between the Board, CPS, DJFS, Juvenile Court, the schools, the DD Board, and other child-serving entities. All partners have committed to the system of care project and are working together in the Sustainability Workgroup to determine funding to continue the project after grant funding ends. We have received several evaluation reports that have shown the impact of our system of care; specifically the successful clinical impact of wraparound, our TIP treatment team, and our school-based mental health services. The SAMHSA grant has also provided multiple training opportunities that are open to the community, including CLC related training on LGBTQ.

The RSC VRP II Recovery To Work project (Horizons) has been noted as one of the top projects in the state. Clermont has been successful in implementing this project, despite numerous obstacles, as result of our strong partnerships. The program has been very successful and is highly regarded by the local Court system. The program was recognized by the National Association of Counties (NACo) at their annual conference in July and was an important part of the success of Municipal Court Probation’s efforts which were acknowledged this past fall with the 2013 Clifford Skeen Award for Excellence in Community Corrections Programming. The Steering Team also presented on our program at the OACBHA Opiate Summit in 2012. The strong Supported Employment services for

individuals with a mental health disorder in Clermont County, which were expanded through previous grant funding, allowed for a smooth transition to offering Supported Employment services to individuals with a drug addiction, primarily heroin, who were re-entering the community from jail/prison. We believe the Horizons project has been so successful because of the strong relationships between the Board, mental health/vocational and alcohol/drug agencies, and the Courts. Recently, the boards were informed that RSA might issue a “cease and desist” order for the VRP programs. Through discussions with our County Court system, the judges have been working in partnership with the Board to determine a means to maintain programming should the federal funds be terminated; the judges were even willing to help fund the program through court funds and/or requesting funding from the County Commissioners because they want the program to continue and keep providing a viable alternative for addicts that produces good outcomes.

Ongoing collaboration with our court system has resulted in several other successful projects that have met the needs of our residents. Collaboration with Juvenile Court has provided opportunity in FY 2013 for onsite AOD assessments and quick access to treatment for parents involved with Juvenile Court regarding custody issues (not CPS involved) who have drug issues; the cost of this program is shared by Juvenile Court and the Board. CRC’s Integrated Dual Diagnosis Treatment (IDDT) team was continued after grant funding ended in June 2013. The Courts continue to participate in the treatment planning for IDDT clients, and clients are achieving successful treatment outcomes as a result of the intensive services and collaboration between the treatment provider and the probation departments. The recent Intercept Sequential Mapping project will most likely strengthen the relationships regarding criminal justice involved clients access to mental health treatment as we work together to address the gaps in services. The ongoing collaborations with Children’s Protective Services continue to strengthen through Family and Children First and our shared goal to reduce out-of-county placements. CPS and the Board share costs of treatment for parents who lost custody due to drug issues, which has fostered more coordination between the AOD agency and CPS case workers to better assist parents motivated to work their case plan and reunite with their children.

The Crisis Intervention Team (CIT) continues to be successful in bridging the gaps for individuals with a mental health crisis. During, FY13, members of the CIT Steering Committee, together with two CIT officers from the Clermont County Sheriff’s Office, were able to attend advanced de-escalation training at The University of Memphis. The group was trained by the originators of the CIT model in “Train the Trainer” De-escalation skills for law enforcement officers. The two Sergeants from the Sheriff’s Office will begin participating in the CIT training during FY14. During FY13, two more CIT trainings were conducted, and Clermont now has 56% of our full time sworn law enforcement officers trained, or a total of 156 officers, from all but one of the many local departments.

This is a major accomplishment to have so many officers trained in just 2 ½ years, considering the strong resistance to CIT for many years by local police departments. As mentioned earlier, utilization of the mobile crisis unit continues to increase, and as officers become more familiar with community resources, appropriate referrals to treatment and hospitalization have increased.

The collaboration that has occurred with the Southwest Ohio “Hot Spot” Collaborative funding has resulted in increased access to services for adults with a mental illness who reside in out-of-county adult residential placements. As mentioned earlier, the collaborative project has been successful in moving 15 clients into more independent living during FY13. As a result of the ongoing collaboration with Brown, Clermont and Warren/Clinton Counties during FY13, the Collaborative plans to expand medication assisted treatment options in our three Board areas in FY14.

Our consumer operated agency, Hope Community Center (formerly Phoenix Place), has struggled for several years to increase membership. In FY13, the Hope Center was reorganized and the Clermont County NAMI Executive Director also assumed leadership of the Hope Center. As a result of the collaboration between NAMI and Hope Center, membership has increased and peer led groups have expanded. The agency is gearing up for the provision of peer support services when peer support becomes a Medicaid eligible service. A number of consumers have completed the training to be peer support staff and are eagerly awaiting the opportunity to be paid staff providing a service to other consumers.

## Inpatient Hospital Management

**9. Describe the interaction between the local system’s utilization of the State Hospital, Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that you expect/foresee**

The beginning of FY14 saw major changes in the utilization of private hospitals. For the first time in over 20 years, the CCMHRB did not contract with the local behavioral health unit for payment of inpatient services for indigent or “Board” clients. The hospital corporation was requesting a substantial increase in the per diem, to which the Board would not agree. Unfortunately, this has resulted in a decrease in collaboration between the Board and the local hospital. Further, the unit is currently undergoing reconstruction and access is severely limited. The number of beds on the unit has decreased from 31 to 13. As a result, it has been very difficult to get individuals hospitalized on the local unit. This has resulted in some increase in usage of the state hospital. The CCMHRB is working with the hospital and LPS to come up with an alternative for individuals who need hospitalization. The CCMHRB is also

working with other behavioral health units in the Greater Cincinnati area to assure admissions.

Additionally, our state hospital has long been used for adults who required longer term hospitalizations, and local hospitals were utilized for stabilization. In FY13, SBH concentrated on becoming a more acute hospital with shorter length of stays. The decreased length of stay at the state hospital, and the lack of access to the local behavioral health unit, has increased the need for a Respite/Crisis Stabilization unit.

Another major change in utilization of inpatient care in FY13 involved the closing of one of the two available adolescent behavioral health units in Cincinnati. This has created a huge access issue, since the remaining hospital is often full. CFI is working with that local adolescent behavioral health unit to try to decrease wait time for admission, as the Board does have a contract with the hospital.

During FY13, the Board became fiscally responsible for forensic admissions to the state hospital. As mentioned earlier, while the Board has tried to be proactive in working with the state hospital and the Courts, these new responsibilities are not clearly articulated anywhere as to the increased role of the Board, and often the Courts and agencies do not include us in the decision making. Clermont saw an increase in the number of forensic clients during FY13, and continues to work with the Court system to determine an alternative to placement at SBH, if clinically indicated.

#### Innovative Initiatives (Optional)

**10. Many boards have implemented innovative programs to meet local needs. Please describe strategies, policy, or programs implemented during the past two years that *increase efficiency and effectiveness that you believe could benefit other Ohio communities in one or more of the following areas?***

**a. Service delivery:**

- The “Hot Spot” collaborative project, which includes Brown, Clermont and Warren/Clinton Board areas, shared Care Coordinators/CPSTs to assist SPMI adults living in out-of-county adult residential care facilities gain access to treatment. Each Board area had a Care Coordinator position that was assigned clients in or close to their county for service delivery. The project has decreased the amount of travel time for the Board areas, and increased service delivery to clients.
- The CCMHRB partnered with LPS several years ago to implement a Level of Care model for

determining a client's clinical need and intensity of services. The structure has assisted with identifying when clients need more or less services, and will assist the Board in determining funding for intensive services.

- Numerous other innovative projects have been implemented over the years, including: DBT; school-based mental health services in all nine districts; a crisis response team consisting of volunteers who can respond to various community crises; the RSC Horizon project; a mobile crisis unit referral process that allows individuals not in imminent danger, but in need of services, to be referred for follow up and assessment; implementation of Seven Challenges in adolescent AOD program; re-configuration of TASC to be part of the Board's system of care; Wraparound services; and the TIP model.
- The partnership of NAMI and peer support services (through a shared director) seems to be working well. It has allowed the agencies to work more collaboratively to promote and plan to implement peer support services.

**b. Planning efforts:** The Board has been involved in several planning efforts during FY13. These efforts will be ongoing for FY14 and include: the SPF SIG strategic planning; CIT; planning for a second countywide Opiate Summit and development of the Opiate Task Force; the Sustainability work group for FAST TRAC; the RSC Horizon project steering committee; and the "Hot Spot" Collaborative focus on increasing MAT. During FY14, the Board is also focusing on increasing AOD prevention services through collaboration with the Clermont County Health Department and developing community wide strategies to address our County's Opiate epidemic. We are currently in the process of planning for implementation of a Family Drug Court to be operated by the Juvenile Court Judge, who previously was a Municipal Court judge who implemented and ran the OVI Court. The new Drug Court is slated to begin in February 2014.

**c. Business operations:** The Clermont Board has made significant changes in its business operations in the past year. One of the Board's 6 staff retired in May 2013 and the position was eliminated. The 2 remaining fiscal staff has streamlined fiscal tracking and are utilizing the County's MUNIS system for more fiscal tasks. In addition, Clermont will be the first Board to split from MACSIS and will be using the GOSH system for processing claims beginning January 1, 2014. All related tasks, such as enrollment, will also be done in house, which allowed the Board to terminate its contract with the Montgomery County ADAMHS Board, which had served as its MACSIS administrator for a number of years. These changes will save the Board about \$120,000 in administrative costs annually. In addition, the GOSH system will eventually allow more

flexibility in billing, such as multiple rates for the same service and the ability to bill everything through GOSH, not just traditional billable services. The process of preparing for the conversion to GOSH has also provided Board staff with greater insight into how services are being billed, including differences between agencies, and has led to the development of new policies concerning what services and which populations the Board will and will not allow for payment. We will be sharing lessons learned through our implementation process with the other boards who will be using GOSH, as well as work with our contract agencies to determine the GOSH enhancements we will want to develop that will be beneficial to tracking information and expanding the utility of GOSH.

- d. **Process and/or quality improvement:** The various assessment tools mentioned in Question Two have led to many improvements in our system of care. In FY14, the Board will be focusing on the Intercept Sequential Mapping plan developed to address gaps for individuals in the criminal justice system.

***Please provide any relevant information about your innovations that might be useful, such as: how long it has been in place; any outcomes or results achieved; partnerships that are involved or support it; costs; and expertise utilized for planning, implementation, or evaluation.*** The information about the Hot Spot project has been documented in our quarterly FY 2013 reports. The Level of Care project cost little except for the time of Board and agency staff time to develop; we are anxious to be able to fully implement it with the assistance of GOSH billing support by using varied rates per level, hopefully by FY 2015.

11. *Please share a story (or stories) that illustrate the vital/essential elements you have reported on in one or more of the previous sections.*

**SUCCESS STORIES From the Recovery to Work/Horizon Project**

Tony was referred to the Horizon Project in November of 2011. At that time he was in treatment with the Clermont Recovery Center dealing with Opiate Dependence, Cocaine Dependence, Cannabis Dependence, Sedative Dependence and Alcohol Abuse. Substance abuse treatment was a requirement of his probation due to his charges of theft and two OVI's. Tony had expressed interest in pursuing employment with support while he was in treatment. Through the collaboration of services with the Clermont Recovery Center, Clermont County Horizon Recovery To Work and Clermont County Court System Tony received substance abuse services, as well as vocational services.

The Horizon Project authorized intensive drug treatment services from the Clermont Recovery Center. Tony successfully completed the Intensive Outpatient Program (IOP), Step Down Care, and Individualized therapy. He graduated from the substance abuse program on 8/29/12. Tony also was authorized to receive vocational services from the LifePoint Solutions WIN Program. The LifePoint Solutions WIN program assisted Tony in learning how to market his abilities, how to communicate his legal charges in an effective manner to employers, developed his interviewing skills, job placement, job coaching and job retention that have been specifically designed for the AoD population.

Tony secured a position working 32 plus hours per week at a restaurant in August of 2012. He successfully maintained employment for 90 days with the support of job coaching and job retention. Since his employment, he has become a father and he has expressed how it feels good to be able to provide for his child and wife. Tony shared that working has been beneficial to him not only financially, but it has helped him in maintaining his sobriety.

Tony indicated that working with the aforementioned agencies has helped him to manage his daily living skills and maintain sobriety. He shared that because of the services he received, he feels he is now equipped to manage his life better. He acknowledged that he feels confident that if he should have issues arise again in his substance abuse or vocational area he would without a doubt seek out these services that were so helpful to him. Tony's goal is to maintain his sobriety and work toward increasing his hours to 40 per week.

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When 33 year old Alan started in the Horizon Project in November of 2011, he was dealing with Opioid Dependence, Alcohol Dependence Sustained Full Remission, Cannabis Dependence Sustained Full Remission, Post Traumatic Stress

Disorder and Bipolar II Disorder. Alan had charges through the legal system that included: 2 Disorderly Conducts, 2 DUI's, Felonious Assault, and Illegal Discharge of a Firearm. Alan indicated at the time of his referral that he felt he needed assistance with obtaining and maintaining employment with support.

A team of professionals in the Clermont County Horizon Recovery to Work project surrounded Alan with coordinated services. Those professionals included staff of the Clermont Recovery Center, the Clermont County Municipal Court, and LifePoint Solutions, with overall support from the Clermont County Mental Health and Recovery Board.

The RTW Horizon staff authorized intensive drug treatment services from the Clermont Recovery Center. Alan successfully completed the CRC Intensive Outpatient Program and Stepdown Care. He continues to be on probation with the court system. He also successfully completed the vocational support provided by LifePoint Solutions WIN program that was authorized by the Horizon Project. The vocational services provided included Intake, Employability Skills Training (specifically designed for this population), Placement and Job Retention.

Alan has been working 40 hours/week at a factory since April 2012. He received job retention services. He successfully completed 90 days on the job and was closed successfully rehabilitated. Alan reports that he likes his job very much and has been promoted. Alan indicated that working has helped him to maintain his sobriety and feel better all around with himself. Although Alan has the history of substance abuse and mental health, he has learned to better manage his sobriety and symptoms through the wraparound services that were provided. He is maintaining sobriety, his mental health is now stable and he is now educated and equipped to utilize services when needed. Alan's goal is to continue working at his current employment, obtain his BA, and continue to work during that process.

(Consumers names were changed due to confidentiality.)

#### Open Forum (Optional)

12. ***Please share other relevant information that may not have been addressed in the earlier sections. Report any other emerging topics or issues, including the effects of Medicaid Expansion, which you believe are important for your local system to share with the Departments or other relevant Ohio Communities.***

The Board is optimistic that Medicaid Expansion and the implementation of the Affordable Care Act, increasing the number of people who have health insurance, will have a significant impact on service delivery in our County. The FY 2011 claims data provided by the Department to be used in planning for Medicaid Expansion indicated that about \$3 million in services were provided to individuals that would now be eligible for Medicaid under the

Expansion. Even at half that amount, which was suggested as a planning number, the Board would have available funds for services currently not now provided and/or for other populations. Most of the newly Medicaid eligible clients will be in the alcohol/drug system. Based on estimates from our contract agencies, we do not expect much change in children/youth being served, and the majority of SPMI adults already have some coverage; some will now be eligible for Medicaid under the Expansion and many of those on Spend down will be able to convert to Medicaid under the Expansion without a spend down. However, we have a large population of clients who have both Medicaid and Medicare who will not be impacted. The Board has provided funds to our agencies to hire additional staff to help in determining eligibility for existing and new clients to maximize the number who are not dependent on Board funds for their services. The Board will spend the second half of FY 2014 in planning for a revamped service delivery system that hopefully will include funds allocated for expansion of needed services, the implementation of new services, and expansion of services to underserved populations, such as general population adults with mental health issues.

## Appendix 1: Alcohol & Other Drugs Waivers

### A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

Complete this form providing a brief explanation of services to be provided and a justification for this requested waiver. **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	ODADAS UPID #	ALLOCATION

### B. Request for Generic Services

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

B.AGENCY	ODADAS UPID #	SERVICE	ALLOCATION
Clermont Recovery Center			

## Appendix 2: Definitions

**Business Operations:** Shared Resources, QI Business Plan, Financial Challenges, Pooled funding, Efficiencies, Strategic Planning, Contracts, Personnel Policies, etc.

**Cultural Competence:** (Ohio's State Inter-Departmental Definition) Cultural competence is a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services.

**Culturally Competent System of Care:** The degree to which cultural competence is implemented as evidenced by the answers to these questions:

- Is leadership committed to the cultural competence effort?
- Are policies and procedures in place to support cultural competence within the system, including policies and procedures to collect, maintain and review caseload cultural demographics for comparison to the entire community?
- Are the recommended services responsive to each adult, child and family's culture?
- Is the client and family's cultural background taken into account in determining when, how, and where services will be offered?
- Is staff reflective of the community's racial and ethnic diversity?
- Is staff training regularly offered on the theory and practice of cultural competence?
- Are clients and families involved in developing the system's cultural competence efforts?
- Does Behavioral Health staff interact with adults, children and families in culturally and linguistically competent ways?
- Is staff culturally sensitive to the place and type of services made available to the adult, child and family?
- Does the system of care reach out to the diverse racial, ethnic, and cultural groups in the community?

**Local System Strengths:** Resources, knowledge and experience that is readily available to a local system of care.

**Local System Challenges:** Resources, knowledge and experience that is not readily available to a local system of care.

**Planning Efforts:** Collaborations, Grant opportunities, Leveraging Funds, Data Collection (e.g., Key Performance Indicators, Outcomes), Trainings

**Service Delivery:** Criminal Justice, School Based or Outreach, Crisis Services, Employment, Inpatient/Residential Services, Housing, Faith Communities, etc.