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

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.)

The following data on poverty, unemployment, opioid related poisonings, heroin poisonings and high school graduation rate are from the State Epidemiological Work Group of the Ohio Department of Mental Health and Addiction Services (OH MHAS). This data source provides an opportunity to compare and contrast information against the State of Ohio average.

Federal Poverty Level – Hamilton County vs. State

Poverty has been associated with poor health outcomes including substance abuse and addiction. Poverty has also been shown to increase the negative impact of a chronic health problem upon one's mobility and activity levels. Hamilton County consistently has a higher poverty level compared to the rest of the state.

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Hamilton Co.	10.8	11.6	13.1	14.0	14.7	13.0	13.6	15.2	18.5	18.5
Ohio	10.2	10.7	11.7	13.0	13.2	13.1	13.3	15.1	15.8	16.3

Definition: Percent of population with incomes below the federal poverty threshold

Percent Unemployed – Hamilton County vs. State

Previous research has linked unemployment with increased prevalence of alcohol and substance abuse. Overall, poverty and unemployment have been conceptualized as both potential causal factors and consequences of substance abuse.

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Hamilton Co.	5.5	5.4	5.7	5.5	5	5	5.6	8.9	9.4	8.6	7
Ohio	5.7	6.2	6.1	5.9	5.4	5.6	6.6	10.2	11.1	8.6	7.2

Opioid Related Poisonings – Hamilton County vs. State

Unintentional drug overdose has accounted for the highest percentage of deaths in Ohio since 2007. Deaths directly attributable to prescription drug use include drug psychoses, drug dependence, nondependent abuse of drugs, and polyneuropathy due to drug use. Indicator only includes deaths; illicit drug-related morbidity is not reflected. Deaths in which drugs may have been a contributing factor, but not primary cause, are not included. Hamilton County shows a significantly higher incidence of opioid related poisonings.

	2003	2004	2005	2006	2007	2008	2009	2010	2011
Hamilton Co.	5.43	5.43	6.02	6.14	7.36	8.67	7.37	11.22	14.96
Ohio	2.59	3.75	4.27	4.81	5.5	6.37	6.78	8.49	10

Heroin Poisonings – Hamilton County vs. State

According to the National Drug Intelligence Center (2009), the amount of black tar heroin within Ohio has increased significantly in recent years. The Ohio Substance Abuse Monitoring (OSAM) Network reports that prescription drug misuse, which has seen a significant increase in Ohio, is a gateway substance to heroin. At the national level, heroin consumption among young adults was stable between 2008 and 2009. Again, compared to the rest of the state, Hamilton County has a significantly higher rate of heroin poisonings.

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Hamilton Co.	.94	1.42	1.06	1.53	.83	2.37	3.28	3.16	5.86	8.72
Ohio	.95	.76	1.14	1.14	1.02	1.27	2.02	2.45	2.93	3.69

High School Graduation rate – Hamilton County vs. State

Drapela (2006) reports that high school dropouts are more likely than those who complete school to use illicit drugs, be unemployed, and have a history of violence. In addition, the negative parental response to a child dropping out of high school may increase illicit drug use among females. Fisher, et al. (2010) found poverty to have a significant relationship with high school dropout rates.

	2009	2010
Hamilton Co.	79.1	81.4
Ohio	83	84.3

HCMHRSB Client Demographics

The following data for FY 2012 came from the OH MHAS Data-Mart System. The demographics describe clients treated in the Hamilton County Mental Health and Recovery Services Board (HCMHRSB) system.

Age Group		18 - 64 yr						65 + yr
	0 - 17 yr	18 - 24 yr	25 - 34 yr	35 - 44 yr	45 -54 yr	55 - 64 yr	
Hamilton ADA	665	980	1516	922	796	267	32
Hamilton MH	8015	1886	2952	2891	3991	2490	909

Race	White	African American	Unknown	Other
Hamilton ADA	2566	2341	128	47
Hamilton MH	9377	11933	253	481

Gender	Male	Female	Unknown
Hamilton ADA	3,158	1,856	68
Hamilton MH	10,841	11,199	4

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 Board determines system behavioral healthcare needs, gaps and disparities through many processes, both formal and informal including:

• System data collection/data monitoring.

• The Board has many forums that elicit community involvement and participation in an ongoing way. For example, the Board has representation on monthly county commissioner community committees. These forums allow the opportunity to elicit consistent and current feedback. In addition, there are opportunities in which specific community involvement and client and family participation are solicited, such as when planning specific programs or system changes.

• The Board keeps abreast of local, state, and national trends that have implications for treatment and recovery support needs and resources. Board staff meet regularly with community partners and stakeholders, such as Hamilton County Job and Family Services, Developmental Disabilities Services, juvenile justice, adult criminal justice, schools, families, clients, agency staff, and state-wide committees to elicit feedback and ongoing discussions of needs and resources.

• The Board's Trustees have annual retreats that result in review and update of mission, goals, values, prioritization of populations, and targeted areas of need. The Trustees have planning and finance committees,

as well as monthly meetings, to review needs, program planning efforts, and financial resources. The Board's executive management staff has annual retreats to identify goals for their units and meet weekly to share information related to utilization, outcomes, budget, and programs and to identify needs.

Additional methods are used to assess system needs with regard to specific populations served, access issues gap issues or disparities:

• All agencies receiving funding for specialized programs, such as adult mental health court, are required to submit annual reports on specific predetermined elements.

• The Board facilitates committees with agency staff, clients, and families (such as the Children's Oversight Committee, or the Law Enforcement, Criminal Justice, Mental Health Interface Committee) whose minutes and members provide information for needs assessments. The regular meetings scheduled for collaboration, planning and quality assurance provide qualitative data from front line practitioners and administrators. These insights become a regular source of information on the changing conditions in the arena of service provision for treatment and prevention.

• JOURNEY to Successful Living (JOURNEY), a $9 million six-year SAMHSA System of Care grant awarded to the Hamilton County Mental Health and Recovery Services Board, is in its fifth year of operation and consistently obtains feedback from agencies, community partners, and families and youth related to the needs, gaps and disparities in services for transitional age youth. In addition, the HCMHRSB contracts with the University of Cincinnati's Institute for Policy Research, in collection of data to meet the federal requirement. This data is used to assess needs, gaps and disparities related to JOURNEY's population of focus.

• Mental Health Access Point (MHAP), the front door for accessing mental health services in Hamilton County, and the Recovery Health Access Center, (RHAC) a central front door for individuals seeking help for substance use disorders, produce monthly reports that identify system and client needs.

• To date, there have not been finalized dispute resolutions with the Family and Children First Council that would identify service needs.

• Data related to length of stay and hospital days used at the state hospital is collected and reviewed monthly. The Board shares the Regional Psychiatric Hospital's (RPH) interest in planning for community based alternative services and utilizes the data to assess need. As defined in the Continuity of Care Agreement, the Board and RPH work collaboratively to address emergency services.

. The Strategic Prevention Framework (SPF) State Incentive Grant received in 2010 has provided ongoing feedback from the community of 18-25 year olds through monthly meetings, annual surveys and an increasingly large group of young adult representatives volunteering time and resources to the Hamilton County SPF Advisory Council.

. The Student Drug Use Survey is distributed to more than 26,000 students every two years in Hamilton County. Using this data the Board ascertains specific indicators of student tobacco, alcohol and illegal drug use. The survey also collects data on risk and protective factors. This survey of school aged children serves as a baseline against which to measure prevention efforts in the community.

- The HCMHRSB housing continuum includes crisis care, transitional housing, community residential treatment and permanent supportive housing. Data is provided monthly including referrals, placement, discharge and disposition.

- To better understand consumer issues, the Board uses focus groups on an as-needed basis.

The following access issues, gaps and disparities were identified as a result of the Board's processes used to assess system behavioral health needs:

Access Issues - Mental Health

• Scheduling prevention programs for youth in school based settings that do not interfere with their education. Specifically, parents and educators have expressed concern about utilizing classroom time for prevention services. Although the school has been identified as a primary location to deliver prevention services for youth, the pressure on teachers to prepare students for academic success becomes a competing value.

• Providing prevention services to different cultural groups including non-English speaking audiences (i.e., Spanish).

• Insufficient housing availability for individuals with significant legal/criminal histories, particularly sex offending.

• State imposed limits on adult community psychiatric supportive treatment (CPST) and pharmacological management present access issues for some clients with intensive needs, particularly those who are served by Assertive Community Treatment Teams or in crisis situations.

• Due to limited resources, there is limited capacity for in-home services to children and families.

• Due to limited resources, there is limited capacity for outpatient counseling for those clients who do not have a severe and persistent mental illness.

Due to limited resources, clients do not always have timely access to pharmacological services.

Gaps - Mental Health

• Increased requests to provide prevention services to older adult audiences; however, there are not sufficient resources allocated to accommodate the requests.

• Lack of housing options for transitional age youth, transgendered individuals and those with a history of sexual offense.

• Increase in opiate use among individuals with severe mental illness and limited resources to address this issue.

• Inmates released from prison are not able to access benefits the day of their release, limiting their ability to use resources.

• Children and adults who have dual diagnoses (developmental disabilities and serious emotional

disturbance) experience service gaps and there is a lack of workforce competency to meet their needs.

- Shortage of child psychiatrists/nurse practitioners to serve pharmacological needs of children.

- Shortage of psychosocial services for individuals who are in the early stages of recovery

- The community mental health licensed and case manager level workforce is leaving local agencies to work for managed care entities.

Disparities - Mental Health

- The system does not have adequate resources to meet the needs of individuals who are dually diagnosed with substance abuse and mental health disorders, particularly those with opiate use.

- The system is working on engaging transitional age youth but there is still a disparity in the number of individuals aged 18 to 22 compared to those served prior to 18 and those served after age 24.

- Due to Medicaid elevation, the system does not have a defined infrastructure to address the coordination needed for clients who have Medicaid and need non-Medicaid services.

Access Issues – AOD

- Timely access to treatment is a challenge for indigent clients. There are not enough resources to meet the need. Recovery Health Access Center has developed open access days for clients so that they are able to have an assessment in a timely manner, however, linking these clients with a treatment agency may take as long as 4 weeks.

- Detoxification is available, however only on a limited basis for indigent clients, thus creating delays in admissions. This also finds the waiting client to be no longer amenable to admission when detoxification is available.

- Timely access to medication assisted treatment (MAT), an admission priority for pregnant women, and IV drug users has left males seeking MAT with a longer wait for access to service.

Gaps – AOD

- Indigent and low income individuals suffering from substance use disorders often do not have the resources necessary to pay for medication assisted treatment.

- Specialized programs for pregnant women and women with children are available but have insufficient capacity therefore leaving a gap for this population seeking treatment.

- Drug court operates at full capacity. Many other incarcerated persons could benefit from Drug Court services.

- Homeless clients have difficulty obtaining housing due to an active substance use problem as well as

being homeless they are most appropriate for long term residential care, which is also at full capacity.

Disparities – AOD

- There is a lack of housing for clients who are prescribed medication assisted treatment. Many of the supported housing options in Hamilton County do not allow Suboxone, or Buprenorphine medications.

- Housing which is supportive of recovery for non-MAT clients is available but with less capacity than is needed.

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).*

The Board has multiple strengths that will assist in addressing the findings listed above, including organizational history and experience with efficiencies, excellent leadership, experience with outcomes, collaborative partnerships and shared funding, and best practices. The Board has existed in some form since 1967 and has a wide array of experience in planning, monitoring, managing, funding, and evaluating services that help individuals with mental illness and alcohol and drug addiction move toward recovery.

Strengths of local system –

- The Board has a strong executive management team, all of whom have years of experience and have a good relationship with partners and providers in the community. The Executive Management team supports an outcome driven system, with extensive support from the Board of Trustees.

- The Board has over ten years of experience with Ohio Consumer Outcomes measuring such indicators as quality of life and symptom distress and over three years of experience awarding incentives to agencies that demonstrate improvement related to outcomes.

- The Board has experience in managing and coordinating a comprehensive system of care which dates back to 1995 when a partnership of Board, child welfare, juvenile justice, and developmental disabilities

  representatives formed to provide care coordination to address the needs of children, youth, and families involved in multiple systems. This project included shared funding, an innovative project at the time.

- In 2009, the Board received a $9M SAMHSA system of care grant that promotes care coordination for

transitional age youth and their families.

- Another strength of the Board is the tax levy funding available in Hamilton County. Levy funds are used by the Hamilton County Mental Health and Recovery Services Board to purchase specific mental heal**th and** alcohol and other drug services from 37 community-based agencies. The Mental Health Levy passed in December, 2012 and will run through December 2017 providing an estimated $33.9M annually in funding. The Health and Hospital Indigent Care Levy and the Family Services and Treatment Levy both fund AOD providers and services. These levies are due for renewal in December 2014.

- The Family Treatment and Services Levy and the Health and Hospital Indigent Care Levy provide significant support to the AOD system. The Family Services and Treatment Levy runs from January, 2010 through December, 2014 for an annual estimated total to the Board of $1.5 million. The Health and Hospital Indigent Care Levy, running from January, 2012 through December, 2014, is estimated to provide the Board $2.4 million annually for services. This tax levy is dedicated to pay for treatment for the medically indigent in Hamilton County. The County Commissioners have been seeking a consolidation of these two levies that support similar services. This crucial juncture will be closely attended to by the Board to demonstrate the effectiveness of these funds as well as the harm to the community that would result from the consolidation and potential reduction in funding.

- The Board has a long history or employing individuals in recovery and funding peer services.

Service delivery

- The Hamilton County behavioral health system of care has strengths with best and evidence-based practices, including clinical programs, housing, peer support, employment and recovery programs.

- The Board contracts with 37 agencies that provide treatment, recovery, prevention and education services. In addition to traditional agencies, the Board funds three consumer-operated centers that offer peer support via a 24/7 Warmline, exercise and fitness equipment, and recovery education and self-help services. Furthermore, peer support is integrated into Assertive Community Treatment (ACT), Progress for Assistance in Transition from Homelessness (PATH), and day programs at contract agencies. Approximately 60 individuals in recovery are employed in the Hamilton County system, including aobut 25 certified peer specialists.

- Several agencies have moved to an open access intake and assessment system for clients so as to increase entry for services.

Planning

- HCMHRSB is involved in multiple planning projects with community partners, providers and stakeholders. These strong relationships contribute to the strength of the local system of care.

- SHARES- Collaborative planning with Franklin and Cuyahoga County Boards to develop and implement a data system to replace MACSIS.

- Keys to Health- Planning collaborative with local hospitals, MHAP, HealthBridge to plan for Health Home

implementation.

- Children's Oversight – HCMHRSB meets with SED child treatment providers to plan and problem solve for children services and system issues.

- Mindpeace- HCMHRSB collaborates with school based prevention providers and Mindpeace to plan and improve access to school based mental health services for all students (i.e. assist schools, agencies, students and their families in addressing students' behavioral health needs that may impact school success).

- Hamilton County Response to the Opiate Epidemic- Collaborative planning effort consisting of community stakeholders in Hamilton County to address heroin/opiate addiction in the County.

- Workforce Development- HCMHRSB annually provides trainings to local case managers and licensed staff on the following and other topics: Understanding Probate Court, Health Officer training, Housing Options in Hamilton County, navigating the Hamilton County jail system and Case Management orientation.

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

•Information system that includes clinical information, utilization management tools and claims processing and billing capabilities

•Crisis services

•Addressing needs of multi-system children and youth as well as transitional age youth

•How to establish partnerships and collaborations

•Integration of physical and behavioral health

•Community probate program

•Integration of recovery-oriented services, including effective utilization of peer providers

•Housing Continuum

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).*

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

MENTAL HEALTH:

•Inability to utilize prevention and early intervention services in school based settings may lead to clients not having access to services earlier in the development of mental health symptomology and could possibly result in the use of more costly Medicaid and non-Medicaid services.

•Inability to provide prevention and early intervention services due to language and cultural barriers may result in underserved populations such as Spanish speaking populations not accessing services earlier and therefore eventually utilizing more costly services.

•Lack of adequate housing for populations such as individuals with dual disorders, individuals with transgender issues and individuals with a history of sexual offense may result in increased homelessness and utilization of the criminal justice system.

•Limits on adult community psychiatric supportive treatment and pharmacological management may impact the following:

a.) the ability to implement and deliver new or existing evidence based models

b) the ability to be proactive in facilitating transitions between service providers

c) the ability to fully assist a client in a "hands-on" manner in crisis situations

d) the ability to access pharmacological management which could increase the decompensation cycle in clients and this may result in increased utilization of local psychiatric hospitals and the state hospital

•The limited capacity for in-home services to children and families, may delay the potential for family intervention and skill building which could result in increased out of home placements for children.

•The limited capacity for outpatient counseling for clients who do not have a severe and persistent mental illness could result in the use of more costly Medicaid and non-Medicaid services.

•Untimely access to pharmacological services for children and families due to the shortages in child psychiatry services may result in more rapid decompensation in children's functioning which could lead to more utilization of inpatient services, out of home placements, and other costly interventions.

AOD:

•   Gaps in access for low income populations, lack of resources for housing, medication and long term residential services, ultimately impacts the AOD client either using jail bed days, hospital days or death. This is a high cost for the community.

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

•   Sharing Crisis Services

- Accessing pharmacological services for children

- Access – Medication Assisted Treatment

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)*.

The Board's mission is to acknowledge individual needs and differences. The vision is that the system is culturally competent, and there are several activities the Board facilitates in working to achieve the vision. The Board sponsors free continuing education events on a monthly basis related to housing, probate and the criminal justice system, all of which consider cultural and linguistic differences.

Research has demonstrated that individuals with a mental illness often experience a culture of their own and have a different perspective regarding services and programming than do professionals. To assure that the client perspective is included in system oversight and planning, the Board continues to be committed to employing individuals in recovery. Both the Board's Client Rights Officer and Coordinator of Wellness Management are, or have been, recipients of mental health services.

While the Board cannot dictate hires for contract agencies, the Board does require that agencies be able to demonstrate the incorporation of standards of diversity management and cultural competence in all levels of planning and development of services and in resources management. Agencies are required to utilize written recruitment, selection and promotion policies that are consistent with Equal Employment Opportunity requirements and conform to the agency's Affirmative Action Plan.

One of the Board's largest contract agencies has bilingual staff available to Spanish speaking clients as well as ACT teams for the deaf, forensic, and transitional youth populations. The Board also funds a culturally responsive services program that focuses on outreach to the young African American male and a program that has a team of providers who specialize in the needs of the elderly population.

In Hamilton County, more than 50% of the agencies contracted to provide behavioral health services to Hamilton County residents utilize the International Family Resource Center program that provides translation and interpretation services in more than 95 languages and dialects.

One example of the Board's commitment to and demonstration of cultural competence is found in the Strategic Prevention Framework State Incentive Grant (SPF SIG) awarded by Ohio Department of Alcohol and Drug Addiction Services (ODADAS) in 2011. The Board and the Coalition for a Drug-Free Greater Cincinnati partnered to establish an SPF Advisory Council with membership representative of Hamilton County residents. Hamilton County has a diverse population ranging from inner city urban to rural; impoverished neighborhoods as well as affluent; older citizens and young professionals including pockets of ethnic, racial and religious communities. Developing a culturally and linguistically competent system of care means first of all that diversity is valued. Within the SPF Advisory council are representatives from local universities, law enforcement, social service agencies, government and most importantly, several young adults who are aged 18 to 25, the target population of the grant. The Advisory Council has attended trainings both by webinar and in person to build knowledge and appreciation for diversity. Members look for ways to include diversity within the group and demonstrate a commitment to building a culturally competent

prevention infrastructure in Hamilton County.

Another example of the Board's commitment to and demonstration of cultural competence is found in the implementation of the JOURNEY to Successful Living System of Care SAMHSA grant. The Board and JOURNEY have policies and practices that support non-discrimination on the basis of race, color, national origin and individuals with limited English proficiency in the delivery of health care services (Title VI Legal Manual, 1998). With JOURNEY, practices have been developed so the individualized service plan (ISP) is culturally and linguistically appropriate. Training of the child and family team to understand the culture of the youth and family is a priority. The team is taught to: 1) use the preferred language of the youth and family, even if this requires translators and interpreters; 2) use culture specific assessments, interventions, and treatment; 3) nurture the strengths and customs of the youth and family or young adult that are reflective of their culture and religious heritage; 4) recognize beliefs and behaviors that are normal to the youth's culture and not assume they are pathological; 5) ensure services written in the ISP are youth driven, family guided, community based and offer flexible service hours and appointments; 6) review at least quarterly services for cultural and linguistic relevance. Also, JOURNEY has a priority to involve youth, family, and community partners in the system of care and to be inclusive of all cultural groups, with particular emphasis on ensuring African American representation, knowing this population is overrepresented in our current system of care.

In addition, a cultural competence coordinator ensures that the ultimate goal is for JOURNEY to build an infrastructure where members feel respected and heard. Hamilton County is an urban community with a "small town feel" and word quickly spreads that JOURNEY is committed to an inclusive process that values diversity; this inevitably helps sustain these recruitment strategies. The coordinator works in collaboration with a cultural competence consultant, the cultural competence committee and other committees, workgroups, governance board, agencies and lead care coordinating agencies to develop and implement a cultural and linguistic competence plan. The goal of the plan is to make certain JOURNEY develops a strategic approach to increase cultural responsiveness of services and supports delivered to youth/young adults and their families, as well as facilitate an appreciation for diversity.

The management plan, staffing pattern, project organization and resources are designed with a sensitivity to issues of language, youth and young adults developmental and biological age, gender, sexual orientation, race, ethnicity and culture. Also, the cultural competence coordinator and committee keep abreast of community demographics to address any new disparities in access and utilization of services. Materials are written at a level that is understandable for youth and adults and materials are also available in the language(s) of the individuals served. For those individuals who cannot read or who have challenges with literacy, alternative picture formats and/or oral explanations are made available.

Mighty Vine Wellness Club and the Recovery Center of Hamilton County, both Board funded consumer-operated centers, offer several events/activities each year that are designed to celebrate diversity. For example, both centers have a drum circle that meets weekly and periodically performs at public events. The drum circle brings people together in a unique rhythmic experience that transcends language and cultural barriers. The Recovery Center has licensed Soul Collage facilitators who help members connect with and share their unique gifts, culture, and experiences via the process of creating Soul Collage cards. The Center also highlights various ethnic and cultural experiences through art exhibits, cooking classes, and Celebrate Creativity Day activities.

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 Hamilton County Mental Health and Recovery Services Board				
Substance Abuse & Mental Health Block Grant Priorities *Priorities Consistent OHIOMAS Strategic Plan				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	- Prioritize treatment access to those individuals who are intravenous/injection drug users (IDU).	HCMHRSB set as its priority to have a comprehensive continuum of care for persons with or at risk of having a substance use disorder. The service continuum includes prevention, treatment and recovery supports. -Fund assessment, case management, community Services, behavioral health counseling, crisis intervention, detoxification, Intensive outpatient services, laboratory urinalysis, Med Som, Methadone and other medication assisted therapies, sub-acute detox and residential treatment to address this special population.	- HCMHRSB continues to utilize two specific NOMs as indicators of service effectiveness: 1) abstinence; and 2) criminal justice involvement as measured by arrests.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	- Prioritize treatment admission for pregnant women who have a substance use disorder.	-Fund full continuum of services at CCHB MAT program, First Step Home, The Crossroads Center, Alcoholism Council, RHAC-screening, assessment and referral and Talbert House to address the needs of this special population.	- NOMS	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: 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)	- Prioritize treatment for parents with substance abuse disorders who have dependent children.	-Fund services for the FAIR program in collaboration with Hamilton County Job and Family Services to meet the needs of this population. -Fund HOPE project in collaboration with HC Job and Family Services, DD Services and Juvenile Court.	- FAIR process outcomes developed with HCJFS. - NOMS - HOPE process measures and Ohio Consumer Outcomes.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

**SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases	- Provide education and referrals for individuals suffering from or who are at risk of contracting a communicable disease.	Provide prevention services, consultation and education services target individuals with or at risk for HIV/AIDS, or tuberculosis and who are in treatment for substance abuse.	- NOMS	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	- Provide a qualitative, accessible, coordinated, seamless system of care for children with SED. •promote resiliency, recovery, and successful transitions for youth with SED. •Provide a comprehensive array of services utilizing best and evidenced based practices.	-Fund assessment services, counseling, community psychiatric support treatment, pharmacological management, Community psychiatric supportive services, Social and recreational services, respite care, partial hospitalization and in home behavioral management services for Non-Medicaid eligible youth as well as, crisis services, resiliency supports and wrap around services for youth. -Provide prevention and education as well as treatment services and supports dedicated to positive outcomes for youth and families. -Utilize a front door (Mental Health Access Point- MHAP) that assists children with SED in accessing treatment services. -Support use of evidence based practices. -Engage in collaborations that support a seamless system of care for children with SED -Develop a system of care that results in more coordination, effective supports and services for SED children and their families. -Improve access to school based mental health services for all students (i.e. assist schools, agencies, students and their families in addressing	- Ohio Consumer Outcomes - Client and Family satisfaction surveys	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

		students' behavioral health needs that may impact school success). -Develop and implement services and supports that are youth-driven & family-guided; culturally & linguistically competent; individualized and community-based - Increase workforce competence to address "youth culture"		
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	-Provide a comprehensive array of services utilizing best and evidenced based practices. -Develop, strengthen and maintain partnerships within the community -Improve care coordination and the delivery of services for the SMI population	-Fund assessment services, counseling, community psychiatric support treatment, pharmacological management, for Non-Medicaid eligible clients as well as crisis services, recovery supports, housing respite, payee services, individualized aid, social and recreational services, hotline services and vocational/rehabilitation services for SPMI clients. -Provide programming that provides mental health education and support to families and clients. -Use Case Management ACT teams to meet priority populations; Forensic ACT Team Criminal Justice (CJ) ACT Team Homeless ACT team IDDT ACT Team • SAMI Teams • Case Managers trained in Motivational Interviewing and Individual Dual Disorder Treatment (IDDT) -Forensic Treatment Case Management team- Provide treatment and monitor court compliance for individuals found Not Guilty by Reason of Insanity (NGRI)	- Ohio Consumer Outcomes - ACT Fidelity measures	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

or Incompetent to Stand Trial(ISTU-CJ)
-Fund Mental Health Courts- Municipal and Felony
Fund Mobile Crisis Team- responds to acute crises in the community 24/7, days a week.
-Train and support Peer Support Workers in provider agencies.
-Use MHAP to offer interim pharmacologic management and transitional case management services.
-Fund Homelink- housing information and referrals source for case managers.
-Fund Excel and other housing supports- maintain housing subsidies and property for adults with severe mental illness.
-Fund Benefit Specialist at MHAP to help individuals apply for Medicaid or enroll in the Affordable Care Act.
-Provide trainings for case managers on the Community Mental Health Housing System, Probate Court, Criminal Justice system and Summit Behavioral Healthcare to better meet the needs of the severely mentally ill client.

Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	- Develop a coordinated system of care and self- management for individuals with severe mental illness and chronic physical health issues	-Implement a Care Coordination Model from Institute for Healthcare Improvement, including use of Care Coordinator and Health Coach. This innovation in Hamilton County is called Keys to Health. -Work collaboratively with local hospitals to improve communication and care coordination for individuals with high risk needs.	- Ohio Consumer Outcomes - Decrease in ER visits - Cost Savings to community	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

		-Implement a system for ER alerts when identified individuals enter a local ER.		
MH&SAPT-BG: Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	-Reduce symptom distress -Improve quality of life -Facilitate greater empowerment -Encourage community integration	**Peer Services:** The HCMHRSB funds three consumer operated centers: The Recovery Center of Hamilton County (RCHC) serves approximately 600 individuals a year and offers a variety of recovery/self-help, employment, wellness, art, and community involvement classes/activities. The WARMLINE is a 24/7/365 peer support phone line that receives over 20,000 calls each year. The Mighty Vine Wellness Club provides a safe environment and exercise equipment for individuals in recovery to pursue physical wellness. In addition to the consumer operated centers, several HCMHRSB contract agencies employ peers as part of psychosocial, homeless outreach, transitional age youth, vocational, and ACT programs. Evidence-Based Practice recovery education and support services utilized	-Ohio Consumer Outcomes Symptom Distress, Quality of Life, and Making Decisions Empowerment scales.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

		throughout the HCMHRSB service system include: Wellness Management and Recovery (WMR), Wellness Recovery Action Plan (WRAP), and Wellness in Eight Dimensions. **Employment:** - vocational/rehabilitation/supported employment programs - GED, job readiness, and computer skills training (RCHC) **Housing:** - supported housing services - Permanent Supportive Housing - Independent Living		
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant *Priorities Consistent OHIOMAS Strategic Plan**				
Treatment: Veterans	- Although veterans are not an identified priority for HCMHRSB, significant resources are allocated to ensure their behavioral health needs are met.	-Hamilton County established a veterans court in 2012 and HCMHRSB funds support coordinating services for the court. -MHAP and RHAC staff are trained to explore connections to the local VA for clients who identify themselves as veterans with behavioral health needs. -To improve access and coordination of care for veterans PATH received a grant from Ohio MHAS to fund a Veteran PATH worker for three years. Established strong partnerships with the VA and other organizations (such as Prospect House) that work with the veterans and learned effective techniques in how to better engage veterans. Although funding ended, the	- Ohio Consumer Outcomes - NOMS	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

		PATH team continues to utilize these skills and community partnerships when working with veterans. Hamilton County Suicide Prevention Collaboration: -Prevent suicides, support survivors by providing information and resources, raising awareness, eliminating stigma, and increasing help seeking behavior for Hamilton County residents through the work of the Hamilton County Suicide Coalition		
Treatment: Individuals with disabilities	- Although individuals with disabilities are not an identified priority for HCMHRSB, significant resources are allocated to ensure their behavioral health needs are met.	-Procured OOD funding to support treatment, vocational and rehabilitation services for individuals with disabilities. -Collaborate with DD Services on several initiatives- HOPE/MCSA and Strong Families grant. -Provide easy access to community mental health services regardless of disability -CM team for individuals that are deaf -Providers have access to interpreters as needed -Handicap accessible subsidized apartments -Collaborative relationship with Department of Developmental Disabilities (DD) for youth and adults -Housing partnership with DD Mental Health/Developmentally Disabled Collaboration Strategy -Develop a broad base of understanding about co-occurring mental health/intellectual	-Ohio Consumer Outcomes NOMS -Federally-established deliverables -Client Satisfaction surveys	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

		disabilities and the importance of trauma informed services and supports (e.g. hosting conferences, conducting presentations and trainings). -Develop evidence-based/best practice interventions for individuals with co-occurring issues and histories of trauma (e.g. DBT, Sanctuary Model) -Develop organizational systems, policies, and practices that align with trauma-informed systems or care (e.g. involvement with Regional Trauma Institute and Strong Families, Safe Communities).		
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*****	- Prioritize opiate addicted clients for treatment and seek further support for MAT.	-Procured SAMHSA/DOJ grant for MAT in Drug Court. -Currently participate in the NIATx initiative to increase access to Buprenorphine in the state. -Fund a continuum of treatment and prevention services to meet the needs of this population. -Participate in a local planning initiative HC Response to the Opiate Epidemic with community stakeholders, providers, medical personnel,law enforcement personnel and other interested parties to address advocacy, treatment and prevention needs as well as decrease demand for opiates in Hamilton County. -Use AOD Hot Spot funding to target opiate addicted population with additional funding for detox services	- NOMS	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

Priorities	Goals	Strategies	Measurement	Reason for not selecting
Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	- Provide supportive housing for homeless substance use disordered and/or severely mentally ill clients at all levels of treatment.	- Fund MHAP to identify housing needs for clients who are SMI. -Fund EXCEL and other housing supports to provide housing for same population - Fund PATH team to provide outreach and in reach to identify, engage, and connect with homeless individuals who have severe mental illness to needed services. -Fund residential treatment for clients with behavioral health disorders.. -Collaborate with local Homeless Coalitions to address the needs of this population.	- Ohio Consumer Outcomes - NOMS	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

Treatment: Underserved racial and ethnic minorities and LGBTQ populations	-Provide a comprehensive array of services utilizing best and evidenced based practices.
	-Develop, strengthen and maintain partnerships within the community
	-Improve care coordination and the delivery of services for the underserved racial and ethnic minorities and LGBTQ populations
		- Fund Cincinnati UMADAOP, The Crossroads Center and Central Clinic to provide programs with culturally specific treatment and prevention services for minority populations.
		  African American males experiencing serious mental illness.
		  Refugee Resettlement Program
		- Procured SAMHSA grant to serve transitional-age youth and families.
			- Ohio Consumer Outcomes	__ No assessed local need
				__Lack of funds
				__ Workforce shortage
				__ Other (describe):

Priorities	Goals	Strategies	Measurement	Reason for not selecting
Treatment: Youth/young adults in transition/adolescents and young adults	-Services and supports are youth-driven & family-guided; culturally & linguistically competent; individualized and community-based -Services and supports are evidence-based -Strengthen system infrastructure -Increase workforce competence to address "youth culture"	- Procured SAMHSA grant to serve transitional-age youth and families. -Engage youth and families, specifically, and other system partners in assuring youth and family voice in system-building -Sustain existing evidence-based practices -Collaborate with system partners to develop and/or strengthen policies,	-Ohio Consumer outcomes -Data from National Evaluation supports achievement of NOMS -Policies and procedures are infused within provider network -Youth and Families satisfaction surveys	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

		procedures, and practices around transition-planning -Sustain on-going training for providers working with youth in transition. - Permanent Supportive Housing for Transitional Aged Youth		
Treatment: Early childhood mental health (ages 0 through 6)*	- Young Child Institute (YCI) -Strengthen children's attachment to their primary caregiver -Ensure children's social-emotional wellness so they can succeed in kindergarten.	Young Child Institute Strategies -Provide evidence based and best practice therapeutic interventions to young children and their caregivers in a homelike environment. These interventions and techniques include PCIT (Parent-Child Interaction Therapy), CBT (Cognitive-Behavioral Therapy), the use of DECA assessments, and EMDR (Eye Movement Desensitization Reprocessing). YCI staff are also being trained and certified as Trauma Specialists and will be able to provide SIT-CAP interventions. -Provide linkage to traditional treatment services (assessment and pharmacological medication) and non-traditional treatment services for the 0 to 5 population (e.g. Connection for Life which is a model that has occupational therapy, speech therapy and mental health services working together at the same time to resolve trauma, decrease self-regulation difficulties, and strengthen the relationship with the primary caregiver	- Young Child Institute Measurement: --Three primary outcome measurements utilizing DECA and other assessment tools - -Mental Health needs are identified -Child demonstrates progress in social emotional development -Securely attached to primary caregiver	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure	- Although adopting the strategic prevention framework into all levels of the local prevention infrastructure, HCMHRSB has allocated significant	HCMHRSB funds and actively participates on the Hamilton County SPF Advisory Board as well as uses the prevention QA meeting for data	- SPF evaluation measures	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

	resources in this area.	sharing and analysis. MHRSB funds and participates on the Gambling taskforce using the SPF process.		
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*****	- Provide prevention services across the lifespan.	-Fund an array of prevention services to include; information dissemination, education, community based process, alternatives, environmental and problem identification and referral services for persons at risk of developing a substance use disorder. -Fund mental health prevention services, consultation, referral and information, mental health education to address mental health needs in the community. -Provide a comprehensive array of services utilizing best and evidenced based practices. -Target school aged children with mental health prevention services. -Target special populations at risk for suicide. Target 18-25 year olds at risk of engaging in high risk drinking. COPE MH Prevention Strategies • Provide prevention, education, consultation, and crisis services to persons across the lifespan including the following target populations: a) Children with social, emotional, and/or behavior problems, SED children, children in SBH classes, children in in-school suspension or at risk (includes early childhood population).	- POPS, - Prevention NOMs - Process measurements developed in collaboration with prevention providers - Satisfaction surveys.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

		b) Severely mentally disabled adults c) Family members of SMD persons d) Families in crisis or at risk e) Persons experiencing or at risk of violence. f) Persons at risk of becoming suicidal or clinically depressed g) Persons who have suffered a severe loss or experienced a traumatic event within the past three years h) Elderly and their caregivers -Services are delivered by a variety of providers in diverse settings across Hamilton County (schools, libraries, community centers, etc.)		
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices	- Although pregnant women and women of child bearing age engaging in healthy life choices with prevention services is not a specific priority for HCMHRSB, significant resources are allocated to address the need in the community.	-Fund prevention strategies at CCHB targeting women at risk developing HIV/AIDS through the DIVA project. -Fund the Crossroads Center prevention services targeting pregnant and post- partum women in the Chaney Allen programs.	- POPS - NOMS	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Promote wellness in Ohio's workforce	- Identified areas/populations are not specifically defined as a priority of the Board, however, there are goals and strategies adopted by the Board which are supported by Board resources.	-Procured OOD funding to support treatment, vocational and rehabilitation services for individuals with disabilities. -Fund various programs providing employment/vocational services to adults with SMI to assist with self-sufficiency in finding, obtaining and keeping employment. -See Recovery Support Services	-Ohio Consumer Outcomes -Federally-established deliverables -Client Satisfaction surveys	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*	- Although Problem Gambling prevention and screening strategies are not a specific priority for HCMHRSB, significant resources are	-Using the strategic prevention framework (SPF), planning began with the formation of the Hamilton County Gambling Taskforce.	- NOMS - TBD	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

allocated to address the need in the community.	-For SFY 2014, $263,232 has been allocated to provider treatment and prevention agencies. -All treatment agencies have identified an evidenced based screening tool approved by Ohio MHAS.		

**Identified areas/populations are not specifically defined as a priority of the Board, however, there are goals and strategies adopted by the Board which are supported by Board resources. Identified areas/populations are measured through Ohio Consumer Outcomes, Ohio Youth Scales, NOMS and/or grant deliverables.

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement

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)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

(10)	
(11)	
(12)	
(13)	
(14)	
(15)	

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

The contract agencies of the Board are cooperative and collaborative with the Board and each other.

a. The Integrated behavioral and physical health care project: Hamilton County is fortunate to have a long history of effective integrated models in both the primary health and community mental health sectors.

b. Keys to Health Project –Is a care coordination project developed in collaboration with HCMHRSB, The Greater Cincinnati Health Council, HealthBridge, Central Clinic/Mental Health Access Point (MHAP), and three area hospitals: The Christ Hospital, University Medical Center and Tri-Health/Good Samaritan Hospital. The target populations are adults who have both severe mental health and chronic physical health conditions and who cycle in and out of the emergency rooms. The mission of this project is to manage a system of coordinated care and self-management that is of high quality, cost effective, responsive to individual needs, strengths, and differences. The overall goal is to divert hospitalizations, particularly at the state hospital and reduce costs while improving health and healthcare using a care coordination model at the front door of the community mental health system. Accomplishments of this project to date have recorded a decreased utilization of hospital bed days and a savings of $19,530,000 for the state.

c. Hot Spot Collaborative Projects – – In July 2012 (SFY 13) the Southwest Ohio Collaborative Regional Crisis Stabilization Unit (CSU) was developed in partnership with Hamilton, Warren/Clinton, and Clermont Counties. The CSU provides a safe, therapeutic residential program for adults age 18 and older, with a severe and persistent mental illness that are experiencing an acute psychiatric crisis. Services are directed to the overall wellness and recovery of the individual and include: 24 hour supervision; assessment, treatment planning and referral; medication evaluation, education and management; symptom and behavior management, counseling and effective discharge planning resulting in return to the person's own home or other living arrangements with community supports in place. Average length of stay is 7 to 14 days. The primary objective of CSU is to facilitate stability for adults with a severe and persistent mental illness while diverting them from a more restrictive and often higher cost setting, such as the state hospital. The project is supported by the Southwest Collaborative, the executive directors of provider agencies, NAMI, and the Hamilton County MHRS Board of Trustees. In FY 13 the project served 114 individuals with a cost savings of $486,898.

d. HCMHRSB will implement the AOD Hot Spot project serving clients in the Hamilton County Drug Court. HCMHRSB proposes to use the hot spot funds to provide additional services for Hamilton County and out-of-county Drug Court participants who need detoxification or longer term residential treatment.   Adding these needed services, the project will reduce the number of days clients would otherwise spend in jail or hospitals as the result of their untreated drug or alcohol dependency.

e. Strategic Prevention Framework State Incentive Grant (SPF SIG): In 2010, the Board partnered with the Coalition for a Drug-Free Greater Cincinnati to apply for a grant to build a culturally competent prevention infrastructure in Hamilton County targeting 18 to 25 year olds. Upon award of the grant, the Board and the Coalition have successfully built an Advisory group including representatives from many different

sectors of the community, including; universities, law enforcement, social service providers and young adults. The goal of the collaborative effort of these individuals is to plan and implement an environmental strategy that reduces high risk drinking for 18 to 25 year olds and reduces the misuse of prescription drugs for this same age group.

f.   Multi system children projects:

1)   Intersystem Service Collaboration Committee - This is a collaborative committee closely linked to Children and Family First Council, comprised of representatives from Job and Family Services, Developmental Disabilities Services, the HCMHRSB, Juvenile Court, Cincinnati Public Schools, Legal Aid, and the Hamilton County Educational Services Center that offers assistance to multi-system youth and families in need of more intensive service coordination. The committee provides a forum for youth, families, and agencies to problem solve system barriers and gaps through case consultation, planning and information sharing. As a result, there is strengthened care coordination for multi-system youth (ages 0 to 22) and their families.

2)   Multi-County System Agency - Partnership with Department of Job and Family Services, Developmental Disabilities Services, Juvenile Court, and the HCMHRS to coordinate care and manage services for children and families who have multiple needs. Accomplishments: The development of system of care that results in more coordinated, more effective supports and services for children and their families.

3)   Partnership with Job and Family Service - Family Access to Integrated Recovery (FAIR) was implemented in 2010 as a single integrated system of care with improved administrative efficiencies and clinical effectiveness. Previously, two existing programs served Job and Family Services (JFS) involved clients with behavioral health issues. One program served the mental health needs of JFS clients and the other program provided AOD services. The HCMHRSB and Hamilton County JFS planned the project while agencies including Central Clinic and Alcoholism Council helped complete the planning and implantation phase of the project. The goals of FAIR are to improve outcomes for JFS involved clients, reduce the number of administrative processes families' have to engage with to obtain services, and provide a financial savings.

4)   Journey - JOURNEY to Successful Living (JOURNEY) is a SAMHSA grant funded program designed to strengthen the system of care in Hamilton County for youth and young adults, ages 14 to 21, with serious emotional and behavioral challenges, and their families. JOURNEY's mission is to strengthen services and supports for youth and young adults with mental health challenges in their transition to adult services and self-sufficiency.

A "system of care" is defined as a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, that builds meaningful partnerships with families and youth, and that addresses their cultural and linguistic needs in order to help them to function better at home, in school, in the community, and throughout life. Services and supports are based in system of care philosophy, and adapted to the needs of Hamilton County's population of focus.

JOURNEY's System of Care Partners:

- Hamilton County Job and Family Services
- Hamilton County Developmental Disabilities Services
- Hamilton County Juvenile Court
- Cincinnati Public Schools

g.   School Partnerships:

1)   MindPeace - This is a partnership of mental health professionals and agencies that are committed to improving access to school based mental health services for all students. The partnership assists schools, agencies, students and their families in addressing students' behavioral health needs that may impact school success. Accomplishments include 48 out of 55 Cincinnati Public Schools have an identified mental health agency provider of school based mental health services for their students and families; refined data collection tool, and a mechanism for the reporting of treatment and prevention access numbers for Cincinnati Public School students and families.

2)   Growing Well - This is a collaborative of local child-serving agencies and health professionals who are interested in creating an integrated physical and behavioral health system that offers access to quality health and wellness services in Cincinnati Public Schools. Accomplishments include improved access to behavioral and physical health services that promote physical and mental wellness for optimal learning in Cincinnati Public Schools.

3)   Out of District Panel - This is a collaborative of representatives from Cincinnati Public Schools, Job and Family Services, the HCMHRSB, and a family advocate who are committed to ensuring all available resources have been explored to maintain a child in Cincinnati Public Schools before recommending placement outside of the district. As a result of this collaboration, there is an improved understanding of systems, identification of resources, and planning that addresses the behavioral health barriers to a student's educational success.

4)   Special Education Workgroup - This is a collaborative of Cincinnati Public School representatives and child serving agencies (legal, child welfare, and behavioral health) invested in problem solving system barriers and identifying resources for students with special needs in order to improve their overall well-being and academic outcomes. Accomplishments include development of strategies to address the behavioral health barriers to the educational success of students in foster care, ongoing training opportunities, and sharing of information from both systems.

h.   Criminal Justice Partnerships:

1)   FACT: Since 2003 the Board has had in place a forensic ACT team (FACT) which at any given time serves about 50 SMD high-risk clients recently released from Ohio's prisons. The tight collaboration among the Ohio Department of Rehabilitation and Correction staff, local parole personnel, Mental Health Access Point clinicians, Greater Cincinnati Behavioral Health Services (GCBHS) staff and a HCMHRSB representative results in very good outcomes for these clients. A combination of monthly meetings where staff from all the above entities are present to discuss not only specific challenging cases but also larger policy issues and local weekly intake meetings to review newly referred cases, greatly contributes to the

high level of communication required to coordinate care and promote recovery and success of client. Accomplishments include serving over 70 clients a year with minimal recidivism. GCBHS FACT team staff continue to focus on issues of quick access to benefit status information for inmates about to leave prison, access to prison medical records, and the problem of finding local housing for sex offenders.

2)   Post Booking and Jail Diversion Program: A collaborative partnership between the city prosecutor and mental health system that is a diversion program for adults with severe mental disabilities and misdemeanor charges. The length of this voluntary program, which targets clients already connected to CPST services and not eligible for the misdemeanor Mental Health Court, varies from two to six months. Clients are required to continue to work with their CPST staff and do not need to appear in court unless indicated. Accomplishments include over 90% of participants attend their arraignment, clients have stayed connected to mental health services, clients completing the program have gotten their charges dismissed, and anecdotal data from CPST staff and clients has been positive.

3)   Criminal Justice and Behavioral Health Linkage grant – In October 2013, Central Clinic/Court Clinic was awarded a Criminal Justice/Behavioral Health Linkage grant from OH MHAS as part of their "Community Innovations" initiative. Central Clinic's project, Alternative Interventions for Men (AIM) was funded for $137, 500. During this 12 month pilot, AIM will provide mental health and/or substance abuse services to 85-100 non-violent men who are involved in the county's adult criminal justice system while reducing the use of jail and criminal justice involvement and increasing abstinence of the participants.

4)   Misdemeanor and Felony Mental Health Courts: Collaborative partnership with the courts, probation, mental health, and AOD agencies, with the target population being adults who have a severe mental illness and have been charged with criminal activity. The program consists of an ACT team and is voluntary. Accomplishments include clients decreasing new charges, finding housing and at times being reunited with families.

5)   Hamilton County Drug Court - The Board funds multiple treatment agencies to serve clients of the Hamilton County Drug Court. The Drug Court is an effective collaborative effort between Municipal Court, the prosecutor's office, office of Public Defender, local treatment providers, and HCMHRSB. Accomplishments of the Drug Court include reduced recidivism and increased recovery for clients.

6)   Criminal Justice/Law Enforcement/Mental Health Interface: A Board committee that includes representatives from mental health, criminal justice, hospital, court, law enforcement, homeless coalition, and NAMI. Accomplishments include facilitating focus group of individuals who have a severe mental illness and have been connected to programs supported by the HCMHRSB in collaboration with criminal justice; collaborating with state CIT for focus groups and working toward fidelity.

7)   High Risk Committee: Committee that includes representatives from CPST agencies, pretrial, court clinic, state hospital, University Hospital, police and Mobile Crisis Team in which agencies present high risk cases to the group of experts to explore alternate treatment interventions, coordinate care, and increase collaboration. Accomplishments include better coordinated care for the clients.

8)   Cincinnati Police Department/Board Collaboration: This is a partnership with the Police Department to work collaboratively with high risk clients who have frequent arrests, but limited jail time.

Accomplishments include increased communication, ability to coordinate a plan of intervention, and increased understanding and education between the Police Department and mental health agencies. Several of these clients are no longer homeless or on the streets.

9) Juvenile Mental Health Court: Collaboration with Juvenile Court, probation, and Lighthouse Youth Services to facilitate a Mental Health Court for both diversion program and felony court that targets 80 youth per year using evidenced based Family Functional Therapy. Accomplishments: No youth who completed the program has ever been sent to the Department of Youth Services.

10) Crisis Intervention Team (CIT): The police welcome collaboration, communication, and training from the community mental health system. Initially, an eight hour course, Mental Health Response Team was developed and presented to the Cincinnati Police Department. In the last ten years this training has evolved into a 40-hour course that is offered to all of Hamilton County officers. The HCMHRSB, contract agencies, universities and peer centers assist with training of police, fire and EMT personnel. In 2008, the Board's contract agency, Mental Health America of Southwest Ohio (MHA), collaborated with the Coordinating Center of Excellence to add CIT to the current model of law enforcement training. Accomplishments include: MHA has completed for the Coordinating Center of Excellence a peer review to assess current training program for quality improvement and the ability to receive feedback from peers in order to further strengthen the law enforcement training program, as well as facilitated focus groups for them. The program has trained over 247 officers through a 40 hour curriculum since end of FY13.

i. Vocational/Rehabilitation Partnerships:

1) Pathways 26: For more than 7 years the HCMHRSB, HC Developmental Disabilities Services Board and local rehabilitation service providers have partnered and combined resources to provide individuals who have severe mental or developmental disabilities the ability to receive vocational and rehabilitation services.

2) Recovery to Work Project: This is a multi-systemic approach to preparing individuals with mental health and/or drug and alcohol addiction for employment. The Opportunities for Ohioans with Disabilities (OOD) continued to contract with Alcohol, Drug Addiction and Mental Health (ADAMH) Boards to provide vocational rehabilitation and treatment services to eligible clients. Accomplishments for the project include use of funding for treatment so that clients can take advantage of vocational services ultimately leading to lasting employment.

In 2013, operating as one contract the Pathways 26 and Recovery to Work projects served over 1,025 individuals. Of those individuals 73 were employed for more than 90 days.

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

Through years of collaborative effort, the HCMHRSB has developed working relationships with several local

inpatient acute hospitals and the state hospital to admit patients. In September 2011, in addition to three local hospitals that have worked with the HCMHRSB for over ten years providing acute care, Summit Behavioral Health (SBH) began doing direct admissions for those individuals who have been prescreened by MHAP staff and were accepted by the Probate Court for involuntary admissions. Limits imposed by OH MHAS, especially around pharmacological management and CPST, may impact clients' ability to access community based services and thus result in an increase in the use of inpatient hospitalizations.

In September 2013, OH MHAS adjusted the hospital catchment areas to better manage the increasing number of bed days used within the state hospitals and find the right balance for the most efficient bed management in the state hospital system. Two additional multi-county areas began to send referrals to SBH.

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

    b. Planning efforts

    c. Business operations

    d. Process and/or quality improvement

    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.

Advocacy (Optional)

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.

    A letter received by the Recovery Center of Hamilton County that highlights the value of peer and recovery supports.

    "I'm…..a former client at the Recovery Center. I wanted to let you know that the Recovery Center has done wonders for me. Thanks to my involvement there, I felt more ready and able to rejoin the community.

    As a result, I now have a full-time job at a downtown insurance company. I am off of disability for the first time in over ten years!!!! I feel so very good about myself.

    Thank you so much for making this huge leap possible. Without the Recovery Center, I wouldn't have this job today.

    In gratitude,

BF"	

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.

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 wavier is intended for service expenditure of state general revenue and federal block funds.**

A. HOSPITAL	ODADAS UPID #	ALLOCATION
N/A	N/A	N/A

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
N/A	N/A	N/A	N/A

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.