



# State Fiscal Year 2015 Summary Hot Spot Collaborative Projects

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In State Fiscal Year (SFY) 2013, the Ohio Department of Mental Health (ODMH) -- which became the Ohio Department of Mental Health and Addiction Services (OhioMHAS) in July 2013 -- adopted a new paradigm for the investment of additional non-Medicaid community resources in its General Revenue Fund subsidy line item. Rather than employing a traditional formula-based approach wherein each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board area receives a portion of additional state mental health resources, OhioMHAS invested \$10.6 million in additional subsidy resources in collaborative projects that transcend board areas and address "hot spot" concerns. These issues may vary from region to region in the state.

"Hot spots" may be defined as meeting one or more of the following criteria:

1. Specialized services for difficult to-serve-populations – high utilizers of service who do not achieve desired clinical outcomes;
2. Services for those with the greatest unmet needs – may be defined as highest cost clients; most clinically impaired clients; or a sub-set of clients who need services and a gap in the continuum of care exists;
3. Services that divert people from more restrictive and typically higher-cost settings (e.g., hospitals, jails/prisons, out-of-home placement for children, nursing facilities, etc.); and
4. Incentives to engage clients who are difficult to engage in behavioral health services and likely are costly to other systems.

## Hot Spot Projects by Region

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## Executive Summary

Hot Spots allowed for planning on a multi-board basis to leverage a larger pool of funding to meet the overall needs of an area in a coordinated way. Funds were allocated to the “catchment” areas for the regional psychiatric hospitals. Boards worked together with local stakeholders to choose projects, assign logistics and plan to move forward. This approach was continued in SFY 2015 and included alcohol and other drug (AoD) strategies using \$2.5 million from the 507 line. In an effort to demonstrate the scope and impact of Hot Spot funding upon Ohio residents, this report will present both statewide and regional treatment figures.

Within its first six months, the 2015 Hot Spot funding helped to serve approximately 5,330 Ohio residents in need of treatment for mental health and addictions issues.<sup>1</sup> By the end of SFY 2015, that number had increased by 127.5 percent, to 12,128. The state’s workforce development programs helped to create an additional 36 positions throughout the field, including additional physicians, nurses, crisis therapists, and case managers. Funds were also used to update medical equipment, including blood pressure chairs, computers and Naloxone® kits. In addition, 229 people were trained on vital mental health (MH) and AoD topics, including treatment, integrated services, recovery supports and hospital diversion. One program successfully trained 170 individuals on evidence-based practice. The trainings helped to increase public awareness of the needs of this population.

Through Hot Spot funding, juvenile and adult crisis care programs were developed and advanced in several regions. The services reached dually diagnosed individuals and other underserved populations. The interventions helped to reduce future crisis events and costly hospitalizations among their clientele. Hot Spot projects reported diverting 106 individuals from potentially costly hospitalizations.

Hot Spot funding also helped to expand the continuum of care throughout the state. Several regions included programs which addressed opiates. The state’s medication assisted treatment (MAT) initiative was expanded to include previously underserved areas or populations. Hot Spot collaboration efforts helped establish Deaths Avoided with Naloxone (DAWN) within 21 county and city health departments within Ohio. New wraparound and health care navigation programs helped over 4,000 individuals with AoD addiction, severe mental illness (SMI) and severe and persistent mental illness (SPMI) and/or dually diagnosed clients to access to all services available to them, thereby maintaining them within the system of care. A residential treatment program within Cuyahoga County reported serving 384 youth in SFY 2015. Finally, recovery support programs also expanded because of Hot Spot funds. Recovery coaching and peer support were focuses of several training programs throughout the state.

The expansion of housing programs was proposed within several regions of the state. Specialized housing projects funded by Hot Spot helped to expand services to individuals with SMI and SPMI. Specialized housing facilities provide services at the lowest possible level of care, thereby reducing hospitalizations and maintaining client community tenure. Subsidized housing efforts assisted over 2,000 individuals across the state. Programs funded through Hot Spot also reached several specific populations, including expectant mothers, and increased the use of home health care services. As a result of these efforts, counties have addressed quality of life among individuals with SMI and SPMI.

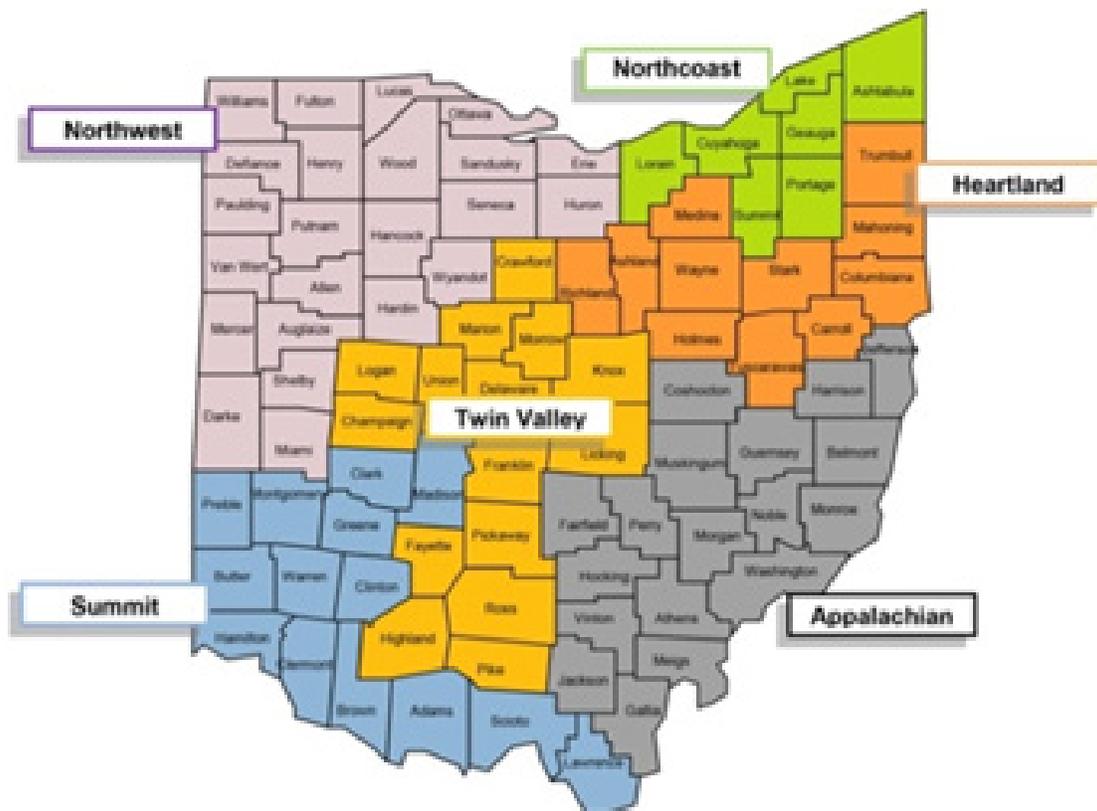
The wide variety of Hot Spot projects at both the state and regional level reflects that while the general goals regarding addiction and mental health may be the same, any intervention must address the specific needs of a particular community. Some highlights of the statewide results are listed below.

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<sup>1</sup> Due to the application and funding processes, several projects did not begin until later quarters, thereby yielding fewer clients than originally expected

Area	Types of Hot Spot Projects Indicators	SFY2015 Total
Collaboration	Number of organizations and individuals collaborating or sharing resources	400
Collaboration	Number of new projects/events created	47
Collaboration	Number of new policy changes	52
Counseling Services	Number of people receiving counseling	2,681
Crisis Services	Number of people served by crisis intervention programs	756
Crisis Services	Number of people diverted from hospitalization through crisis intervention	106
Employment	Number of people participating in employment programming	287
Financial Services	Number of people served by guardianship services	107
Housing	Number of people served in subsidized housing	2,199
Treatment	Total accessing MAT	429
Treatment	Number of people served in residential treatment or detoxification	1457
Wellness	Number of people served through wraparound programs	2,265
Wellness	Number of people served through health care navigation programs	1,841
Workforce Development	Number of positions funded through grant	36
Workforce Development	Number of trainings	82
Workforce Development	Number of people trained	229
Workforce Development	Number of new certifications received	5

Figure 1. Ohio Counties by Hot Spot Region



## Northeast/North Coast Region

Through their Hot Spot projects, the region's counties aimed to reduce the number of higher cost placements, contribute to client stability in the community and reduce costs across social service and behavioral health (BH) systems. Additionally, since the supports and services proposed in this project were not consistently available across all counties, execution of separate projects fill identified service gaps within each community. Lake, Geauga and Ashtabula Counties had several high risk clients who often move between counties and experience varying levels of need. These clients generally have unstable housing, are difficult to engage in services, are costly to other systems and are frequently seen by BH agencies in emergency departments in a crisis situation. They are less likely to have Medicaid and often require immediate intervention to a restrictive, high cost setting. Those individuals who have Medicaid may not have sufficient financial resources to meet their basic needs or have inadequate social supports to assist them in navigating systems and problem solve for long term results.

### Ashtabula County: Transitional Housing Assistance and Recovery Support

The program provides temporary housing assistance to individuals with a SPMI or SMI who are in need of housing stabilization for no more than eight months. These individuals are referred to the Ashtabula County Mental Health and Recovery Services (MHRS) Board by a mental health provider who will assist them in accessing the program. Each referral must include a sustainability plan which outlines how the person will be able to maintain their housing after this short term assistance is no longer available. All referrals for transitional housing assistance are referred to Catholic Charities housing services. Catholic Charities is a housing and urban development (HUD) certified entity and certified by OhioMHAS for "Other Mental Health" Services. Collectively, the members of the region reported the following output data regarding supportive housing:

- Number served = 35
- Number of discharges = 18
- Number women referred through court system, avoided prison time through referral to program = 15
- Number women referred through court system, avoided jail time through referral to program = 18
- Percentage of clients achieving treatment plan objectives = 48%
- Percentage of clients completing 90 days in supportive housing and completing treatment = 48%
- Completed 90 days, met all performance targets, abstinence 6 months post treatment = 80%
- Number of women who are opioid dependent = 26
- Number of women who have children = 39
- Number of women who care for child while in treatment = 31

Recovery Supports includes services such as transportation, payee services, assistance accessing entitlements, financial literacy training and budgeting. These services may also include other tangible items which individuals with SMI or SPMI need in order to maintain compliance with treatment and independence in the least restrictive setting. The Ashtabula MHRS Board is working with Geauga County and Opportunities for Ohioans with Disabilities (OOD) to continue the Recovery to Work program for an additional contract period. The Geauga Board is in discussions with OOD in regards to this goal. The renewal project expanded into a collaboration between Geauga, Ashtabula and Portage Counties, use of a Portage County provider for the employment services and local behavioral health providers for the behavioral health services.

## **Forensic and Special Services Team (FACT)**

The FACT project works with adults with SPMI needing intensive services who frequently are admitted to the hospital or to jail. The team provides outreach and access wraparound funds and increase the stability for these clients.

The FACT project has reported the following output data:

- Number of new peer specialists certified and employed = 3
- Number of full-time employees hired as a result of this grant = 9
- Number of clients maintaining stable housing = 112
- Number of clients who returned to jail = 9
- Number of clients utilizing wraparound funds = 46
- Number and length of hospitalizations:  $n = 26$  hospitalizations, for 585 days
- Number of clients reporting decreased symptoms = 107

## **Geauga County: Crisis Bed Expansion**

The crisis bed project in Geauga County has been completed and all beds are available for crisis and transitional housing needs. The new housing facility now allows up to 5 individuals to be served in a crisis bed and up to 6 individuals to utilize transitional beds. Crisis beds are defined as having 24-hour supervision and a stay of no more than fourteen days. Transitional beds also have supervision available, and stays can last up to 24 months. Staffing patterns have increased, to accommodate the new clientele and flexible staffing hours address the constant shift from crisis to transitional consumers that takes place almost daily. While the facility and new apartment building meet a major gap in services, a new driveway that connects both to the adjoining street and increases access to the living center was proposed.

The Lake/Geauga/Ashtabula Board area has reported the following output data for their projects:

- Maintaining the Triage Specialist
  - Number of people in the MH and related workforce trained in triage assessment and housing information = 3
- Continuing to maintain and update the housing and behavioral health database and the Compass Line.

In addition, the following output data were reported by the region's Crisis Intervention programs:

- Number of consumers served = 3091
- Percentage of patients seen in less than 60 minutes = 92.5%
- Percentage of patients in crisis assessed by the crisis intervention team = 100%
- Percentage of patients referred to outpatient provider = 45%
- All AOD patients were given an educational pamphlet describing outpatient treatment options within Lake County
- Number of patients referred to Ambulatory Detox Center = 225
- Number of patients referred to the Community Crisis Team = 390

## **Housing Improvement**

Lake, Geauga and Ashtabula Counties have high risk clients who often move between counties and experience varying levels of need depending on their stage of recovery and the current stressors in their lives. These clients generally have unstable housing, are difficult to engage in services, are costly to other systems and are frequently seen by BH agencies in emergency departments in a crisis situation. They are more likely

to be uninsured and often require immediate intervention to a restrictive, high cost setting. Those who do have Medicaid often do not have sufficient financial resources to meet their basic needs or have inadequate social supports to assist them in navigating systems and problem solving for long term results. Utilization of the tools presented in this project have been found to reduce the number of higher cost placements, contribute to client stability in the community and reduce costs across social service and BH systems. Additionally, since the supports and services proposed in this project are not consistently available across all three counties, execution of this project helped to fill community identified service gaps. The housing improvement program has hired a prevention, education and coordination specialist.

## **Juvenile Crisis**

Cuyahoga County identified a need for mental health and behavioral crisis services specific to the unique needs of children and adolescents. Adult systems were not equipped to address these issues, since they were designed specifically to aid adults with SPMI as opposed to youth with behavioral disorders. In addition, resources allocated to the thorough assessment of developmental disabilities were extremely limited, making navigation to beneficial services a challenge, as the resources do not exist within the Developmental Disabilities system. As a result, these youth were not provided with services that could help them thrive in the community as adults. Cuyahoga County identified serious juvenile offenders with co-occurring disorders, often compounded by significant trauma, through the BH/Juvenile Justice Project. Treatment and support were provided in order to maintain clients within the community, thereby reducing the number of Cuyahoga County commitments of youth to the Ohio Department of Youth Services. Nevertheless, ensuring lowered long term recidivism and positive behavioral health outcomes remains a challenge. Crisis situations often arise which are difficult for families to handle. The lack of access to short-term-crisis stabilization beds has led to lengthy, costly stays in residential treatment facilities in the mental health and AoD system. Such environments are not always the appropriate response to the risk level exhibited by the child. Continuing efforts to fill this service gap is critical to keeping the youth in the community, engaged with family and the educational resources and vocational opportunities that reduce recidivism.

The Cuyahoga Juvenile Crisis project has reported the following output data:

- Number of Developmentally Disabled Youth Served = 12
- Number of MH/AOD or dually diagnosed individuals served = 12
- Clients stabilized within community, reduced number of hospitalizations by clients = 24
- Reduced additional crisis events, use of crisis services by clients = 24
- Improved clinical status as indicated by Ohio Youth scores = 24

## **Outpatient Expansion Project: Lorain County Alcohol and Drug Abuse (LCADA)**

The Alcohol and Drug Addiction Services (ADAS) Board of Lorain County's Hot Spot Collaborative Project for SFY 2015 addressed services for those with the greatest unmet need through a gap in the continuum of care. The target populations were primarily Adults over the age 18 and adult Males for Residential treatment services. LCADA collaborated with the Outhwaite Recovery Center for Alcoholics (ORCA house) on this project.

The LCADA/ORCA Treatment Expansion project has reported the following output data:

- Contracts established with providers = 2 (LCADA, ORCA)
- MOU established between LCADA and Timothy House
- Number of people receiving services (Outpatient) = 28
- Number of people successfully referred to lower level of care = 3
- Number of people receiving services (Residential) = 10
- Number of people successfully referred to lower level of care = 3

## **Residential Treatment**

At the start of SFY 2015, waiting times for detoxification services reportedly ranged from two (2) to six (6) weeks, with an average wait time of five (5) weeks. Lack of access to detox services places individuals in jeopardy of continued illicit drug use and increases the likelihood of legal, family, employment and health consequences. Long term residential care may be effective for those with heroin addiction. Long-term care yields the highest completion and sobriety rates, and subsequently improves the potential for follow up at a stepped down level of outpatient care. Where necessary, an integrated treatment approach also allows co-occurring mental health and physical health issues to be addressed among the dually diagnosed. The program utilized Hot Spot funds to increase access and shorten wait lists for regional detox programs.

The North Coast Residential Treatment program has reported the following outputs:

- Number of youth served (Cuyahoga) = 384
- Number of youth who received residential treatment services (Cuyahoga) = 384
- Number of ER visits (Cuyahoga) = 272
- Number referred to lower level of care (Cuyahoga) = 272
- Reduced potential overdose deaths (Cuyahoga) = 136

## **Northwest Region**

The region's target populations included adults with SMI or SPMI, high utilizers of services, and individuals who are difficult to engage in MH/BH but are of high costs to other systems due to higher levels of care. The regional proposal included continuum of care/hospital diversion and juvenile crisis projects to restore, enhance and/or add essential services to Boards' benefit packages. The region's primary goal was to increase access to treatment for members of high priority populations, specifically SPMI adults and children. The Northwest region's collaborative projects involved several of the region's counties. The proposed regional outputs also included decreases in suicide-related deaths, inpatient admissions, jail admissions, emergency room visits, nursing home placements and use of other scarce residential facilities. The exploration and addition of new projects expanded recovery services and supports such as Screening, Brief Intervention, and Referral to Treatment (SBIRT), Medication Assisted Treatment (MAT), Ambulatory Detox and Recovery housing.

### **Six (6) County Region: Juvenile Crisis**

This project expanded the capacity of juvenile crisis and respite beds for nine (9) of the 12 Boards by purchasing unused bed days at Rescue Services Inc. in Toledo. Services purchased included Crisis Services (up to 4 days), Transition Services (up to 7 days), and Extended Stay Services (up to 30 days) for youth under 17 years-of-age with serious emotional disorders (SED). Eight (8) regional Boards have contracts with Rescue, Inc.

Mental health crisis housing bed expansions continue to increase residential resources available in the collaborative for juveniles in crisis. Lucas, Erie, Ottawa, Mercer, Van Wert, and Paulding Counties reported outputs for the project. The counties reported the following output data for the Juvenile Crisis project:

- All:
  - o 235 served
  - o 61 court-involved cases
- Lucas County:
  - o 188 youths served
  - o 796 juvenile crisis bed days utilized

- Erie and Ottawa Counties:
  - o 139 guardianships provided
  - o 29 juvenile crisis bed days utilized
- Mercer, Van Wert, and Paulding Counties:
  - o 3 youths served
  - o 39 bed days utilized

## **AOD Continuum of Care Expansion**

The region's Continuum of Care project was designed to jointly provide resources to clients in an attempt to maintain client participation in recovery. The region-wide program involves 12 counties, with the primary goal of increasing the outreach of treatment programs within the region. The Continuum of Care project has reported the following output data:

- Number of Clients served and maintained = 1,205
- Number of new projects = 19
- Client retention rate at 90 days = 60.1%
- Percent of clients who complete treatment goals and remain clean for 30 days prior to discharge = 46.1%
- Number of people trained = 113

## **Mental Health Continuum of Care/Hospital Diversion**

The counties within the region have reported the following outputs regarding the Mental Health Continuum of Care project:

- Number of youth served through trauma screening projects = 86
- Number of trainings to increase mental health awareness = 79
- Number of persons with SPMI served through adult projects = 3,300
- Number of persons with SPMI provided with guardianship or payee services = 119
- Number of persons with SPMI served through private psychiatric or specialized housing programs = 133
- Number of days within a state psychiatric hospital: Reduced by 88 days

## **Central Region**

Target populations included individuals with SPMI, the homeless, individuals in detention, persons in private inpatient and detoxification programs, transitional youth and patients in crisis or at a higher level of care. While the regional Boards had proposed and developed programs throughout the spectrum of care, the primary focuses were residential treatment, MAT and subsidized housing. Several counties within the region planned to address the opiate addiction issue. Separate but similar MAT programs within Licking/Knox, Delaware/Morrow and Franklin counties provided Suboxone® and Vivitrol®, along with supportive services including job education and family therapy.

## **Consultation and Training**

The boards in the Heartland Collaborative provided assistance in developing both a Health Information Exchange and a Replacement Adjudication System to reform the Multi-Agency Community Services information System (MACSIS). The boards in the Collaborative also identified some joint training needs where

resources could be shared across multiple boards such as mental health first aid, recovery coaching and peer support, as well as other trainings that will target the Hot Spot populations.

The Consultation and Training project reported the following outputs:

- Number of organizations collaborating or sharing resources as a result of the grant = 18
- Number of people trained in evidence-based practices = 170

### **Delaware/Morrow: Supervised/Specialized Housing**

Delaware and Morrow Counties proposed a new seven (7) unit supervised housing project to be completed during SFY 2015. The new housing complex will feature seven individual efficiency units for persons with SPMI. A resident manager will be on site 24/7. A portion of these funds was used to place persons with SPMI requiring intensive supervision in a specialized adult care living facility rather than in a nursing home or residential facility. The project addressed the following needs: a) to increase community supervised housing for persons with SMI by seven beds, and b) to provide individual supervision, supports and assistance to tenants so that they can successfully live in a stable community setting. The Board purchased beds in an adult care facility until the new 7-bed-supported housing project is completed. Expected completion of the OhioMHAS supported capital housing project is March 1, 2016 .

- Number of decreased hospitalizations = 8

### **Franklin and Union Counties: CompDrug/MAT**

These funds were used to fund a Suboxone® Assisted Outpatient Treatment Program, to provide services so that 80% of participants will show improvement in the following indicators: no new criminal activity, drug-free status measured by urinalysis, vocational/educational levels, family functioning, personal appearance and attitude towards treatment.

The CompDrug program has reported the following quarterly (i.e., Q1, Q2, etc.) output data:

- For Q1 and Q2, the Comp Drug program reported that 80% showed improvement regarding no new criminal activity and drug-free urinalysis results.
- By Q4, this rate had improved to 94%.

### **Licking/Knox Counties: MAT program**

In conjunction with AoD Case Management services and as part of the broad Opiate Intervention Strategies, MAT treatment services are provided to Licking and Knox county residents. The MAT Program initially aimed to provide MAT and related supportive services to 55 persons (40 in Licking and 15 in Knox County). Goals of the program included reaching a higher rate of treatment completion, connecting clients with employment employed while in treatment, and reducing the number of clients with additional legal charges while in treatment.

The Licking/Knox MAT program has reported the following data:

- Number of residents receiving MAT = 186
- Number of clients who completed treatment successfully = 35
- Number of clients with no additional charges while in treatment = 6
- Number of clients who found sustainable employment while in treatment = 34

In addition to maintaining an effective MAT program, Licking and Knox County continue to expand the number of private bed days available to Licking-Knox adult residents and reduce the use of state hospital

bed days where appropriate. These services are coordinated with MHR's Emergency Services in both Counties using referrals and resources from Knox Community Hospital and Licking Memorial Health Systems.

A similar MAT program has been established within Union County. The program reported the following output data:

- Number served = 15
- Number of clients test negative for drugs = 13
- Number of persons served by peer support = 331
- Number of 15-minute units provided by peer support per person per month = 13.64

### **Logan/Champaign Crisis Care**

The counties of Logan and Champaign have made efforts to increase access to crisis care within their region. Specifically, they have focused their resources upon the needs of women in crisis due to domestic violence. Their project goals include purchasing bed days at a local shelter and adding a new crisis therapist within the area.

Logan and Champaign Counties have reported the following outputs:

- Crisis therapist added to local provider staff
- Number of clients housed = 2 adults, 2 children
- Logan/Champaign Residential Treatment

In addition to expanding their crisis care system, the Logan and Champaign County board has increased available residential treatment through Hot Spot funding. The Logan/Champaign residential treatment center reported the following output data:

- Number of persons served = 40
- Number of residential placements = 19
- Number of referrals to MAT outside of county region = 28
- Number of referrals to detoxification = 8
- Number of successful transitions to MAT after detox = 0
- Number of clients continuing local treatment upon completing residential = 4

### **Morrow County: Opiates - Medication Assisted Treatment (MAT) Pilot Project**

These funds were used to treat persons addicted to opiates under a pilot project in partnership with the Morrow County Drug Court. Additional physician and nurse time, ambulatory detox, intensive outpatient therapy and medications including Vivitrol® are provided to persons involved in the specialized court docket. The Delaware/Morrow County drug court reported providing Vivitrol® to individuals as part of an intensive MAT program. The program reported the following outputs:

- Provide intensive MAT to court-involved individuals within Delaware and Morrow counties  $n = 7$
- The CompDrug (Suboxone) program reported serving 90 clients during SFY 2015.

### **Paint Valley: Floyd Simantel Residential Treatment**

Floyd Simantel is a residential treatment center based in Chillicothe designed specifically for persons with a SPMI. This center provides services that divert people from more restrictive and typically higher-cost settings. The center serves persons with SPMI at risk for hospitalization or coming out of an inpatient setting in an effort to reduce hospitalization and to offer a least-restrictive setting. The project provides five (5) beds

with highly trained staff in evidence based treatment practices. The Paint Valley Residential program has reported a reduction of overdose deaths in the past year.

Floyd Simantel Residential Treatment Center has reported the following outputs:

- Eight boards collaborating efforts and resources
- Developed five additional residential treatment beds
- Number of referrals = 23
- Number served = 13
- Number of bed days purchased = 552
- Number of overdose deaths reduced = 8

### **Paint Valley: Scioto Paint Valley Mental Health Crisis Stabilization**

Scioto Paint Valley Mental Health Center (SPVMHC) provides additional crisis staff persons to local jails and homeless shelters to assess and make recommendations for the least restrictive levels of care for persons at risk for an inpatient hospital stay. The project serves persons with SPMI at risk for hospitalization in a local jail or homeless shelter setting. The program helped to reduce hospitalization and offer a less restrictive setting, providing continuity of care for members of a difficult to serve population. The Scioto Paint Valley Mental Health Crisis Stabilization project has reported a total of 83 bed days so far this year, with a maximum of two beds available.

### **Youth Crisis Stabilization: Nationwide Children's Hospital**

These funds are being used to target the service gap experienced within youth crisis services across the region, as well as to divert individuals from more restrictive and typically higher cost settings. These specialized short-term beds serve youth experiencing a behavioral health crisis in an integrated setting with the goal of averting inpatient hospitalization and/or out of home placement. The unit provides short-term crisis stabilization as an alternative to inpatient hospital admissions for 20 youth. In addition, staff members provide clients with effective linkage and continuity from the crisis stabilization unit to the community provider.

The Nationwide Children's Hospital project has reported the following output data:

- Number of youth referred from the collaborative boards who were provided crisis services at Nationwide Children's Hospital = 286
- Percent of patients who receive effective linkage and care continuity from the crisis stabilization unit to the community providers = 100%

## **Heartland Region**

Regional target populations included individuals with AoD disorders, high utilizers of the system, children and adults with SPMI, individuals with co-occurring disorders, children with SED and transitional youth and young adults. With the exception of the project developed to replace MACSIS client tracking system, most projects are a continuation of Hot Spot from SFY 2014.

### **Consultation and Training**

The boards in the Heartland Collaborative provided needed assistance in developing both a Health Information Exchange and a Replacement Adjudication System to replace MACSIS. The boards in the Collaborative have some joint training needs where resources could be shared across multiple boards such as mental

health first aid, recovery coaching and peer support, as well as other trainings that will target the Hot Spot populations.

- Number of organizations collaborating or sharing resources as a result of the grant = 18
- Number of people trained in evidence-based practices = 170

## **Core Treatment**

The Core treatment program was a continuation of the SFY14 Hot Spot grant. Several counties within the region participated, including Mahoning, Medina, Richland, Trumbull, Tuscarawas, Carroll, Portage, Stark and Ashland. Each county worked toward providing services for underserved populations or to fill “gaps” in the service portfolio. Services included alcohol/drug services, mental health services, and adjunct services such as guardianship and sober living services. The intent of this project was to expand the capacity of services in each county, intervene with high utilizers of the systems, or to provide services that will divert people from being involved with higher levels of care at state hospitals, jail or prisons. Case managers tracked housing, service utilization and medication compliance. Services for both children and adults were included in this project, depending upon the specific need of that county/community.

While each county may provide a variation of the Core Treatment program, several reported similar measures. A summary of project data from within the region is listed below. Please note: When applicable, figures are aggregated to the regional level.

- Number of people trained = 2
- Number of people assessed = 373
- Number of people served = 2,934
- Number of people receiving detox treatment = 125
- Number of people receiving pharmacological management services = 85
- Number of people served in housing = 479
- Number of people receiving intensive outpatient treatment = 13
- Number of people receiving individual or group counseling = 559
- Number of people receiving guardianship services = 80
- Percent of pharmacological management clients who maintained medication compliance = 72%
- Number of people who maintain housing or community tenure = 485
- Number of clients with SPMI at risk of homelessness (Tuscarawas/Carroll) = 57
- Number of organizations collaborating, coordinating, or sharing resources: Between 38 (Q2) and 60 (Qs 1 & 4)
- Number of team meetings to address needs related to housing, pharmacological management and non-traditional supports = 25
- Number of people hired = 8
- Number of new interns working = 23
- Number of treatment expansions = 2
- Number of policy changes = 7

## **Health Care Navigation**

The project involved several counties from the region, including Ashland, Columbiana, Mahoning, Richland, Stark, Tuscarawas, Carroll, Trumbull, Wayne and Holmes. The purpose was to address unmet consumer needs that may or may not be behavioral in nature and divert many individuals from the behavioral health system by

addressing these needs outside of the system. In addition, the project aimed to smooth and assist the transition into the behavioral health system if appropriate. Target populations varied by county, and included transitional age youth and young adults (Ashland), SPMI with co-occurring disorders (Columbiana), SPMI adults hospitalized at Heartland Behavioral Healthcare (Mahoning/Trumbull) Youth and families involved with Family and Children's First Council (Richland), children with SED, adults with SPMI (Stark) adults with SPMI (Tuscarawas/Carroll).

- The counties participating in the Health Care Navigation program reported the following output data:
- Number of organizations collaborating or sharing resources: Q1 = 55, Q2 = 26, Q3 = 26, Q4 = 30
- Number of consumers with which the navigator is involved = 258
- Number of full-time employees maintained as a result of the grant = 1
- Weekly contact with 100% of participating clients (Tuscarawas County, n = 39)
- Offered all clients the opportunity to engage the family in treatment
- Number of clients offered family treatment and supportive service planning = 83
- Number of people receiving coordinated care from pediatricians and pediatric psychiatrists (Stark) = 94
- Number of children and families served at Children's Network (Stark) = 95
- Number of people served at the Access Center (Stark) = 328
- Percent of Discharges not re-admitted to the regional hospital (Mahoning/Trumbull Avg.) = 91.7%
- Percent of discharges who follow through with first outpatient apt. (Mahoning/Trumbull Avg.) = 80.6%

## **Recovery Support Services**

There is a need for consumer operated services, recovery support services and peer support in six of the Heartland Collaborative board areas. Recognizing this need, the counties of Mahoning, Trumbull, Stark, Richland, Wayne and Holmes agreed to participate in the project. Recovery support services for this region included consumer operated services, expansion of recovery coaching and support (Mahoning ADAS and Stark), peer recovery and recovery support services (Wayne/Holmes). Richland County utilized these funds to expand peer support for adults on the Autism Spectrum, medication assisted treatment and addiction wraparound. The purpose of recovery support services was to improve the quality of life for consumers, support the recovery process and to support client centered services.

The Recovery Support program reported the following output data:

- Number of people receiving recovery coaching = 117
- Number of people participating in peer support = 3
- Number of people participating in MAT = 15
- Number of people participating in detox = 8
- Number of people receiving recovery support services = 1,065
- Number of Recovery Coaches who received state certification = 5
- Number of Recovery Coaches who receive material to support their work = 7
- Number of Recovery Coaches who received additional training = 4
- Number of organizations collaborating or sharing resources = 5
- Number of positions funded = 1

## **Transitions to Independence**

The goal of this project was to expand the use of the Transitions to Independence System (TIPS), and ensure that the education, supported employment and job training services for transitional youth and young adults are TIPS informed. Transitional age youth are aged 14-25, with SED and/or SPMI.

The TIPS project has reported the following output data:

- Number of people served within Columbiana, Trumbull, Wayne and Holmes Counties: 930
- Number of people receiving job development services: 30
- Number of clients maintaining safe and stable housing = 55
- Number of people receiving recovery support services: 408
- Number of clients enrolled in education or employed in a competitive setting (Columbiana): 27
- Number of youth served by case managers (Portage) = 240
- Number of youth who received wraparound services (Portage) = 99
- Number of transitional age youth involved in supported employment = 110
- Total number of TIPS service hours (Wayne/Holmes) = 115.6
- Number of organizations collaborating or sharing resources = 17
- Number of Case Managers trained in TIPS model = 3

## Southeast Region

The region's target populations included adults with SMI or SPMI, individuals in need of AoD treatment, those who are dually diagnosed, high utilizers of services, individuals in need of crisis intervention, and individuals who are difficult to engage in behavioral health services but are of high costs to other systems due to higher levels of care. The majority of the region's programs focused upon the needs of clients in crisis.

### **Athens, Hocking, Vinton (AHV): Hospitalization Utilization Management Program**

The AHV Board utilized Collaborative Hotspot funding to address the "hotspot" of SMI adults who are discharged from inpatient psychiatric hospitalization or have lengthy history or high risk of hospitalizations. The counties have entitled this program Hospitalization Utilization Management Program (HUMP); it includes several types of support, including a hospital liaison, subsidies for persons determined to need Alliance for Children and Families (ACF) housing, guardianship services, wraparound funding to address unique circumstances of clients, and an evening/weekend community psychiatric supportive treatment (CPST) program to address the growing presentation of persons with AoD and SMI issues who are presenting in crisis.

The HUMP program has reported the following outputs:

- Number of AoD/SMI Crisis clients served = 44
- Number of AoD/SMI Crisis client units of service (hours) provided = 104.9
- Number of people who follow through with first scheduled appointment = 108
- Number of people re-admitted to hospital within 30 days of admission = 17
- Number of people still engaged with home health care at 6 months post-discharge = 165
- Number of crisis contacts maintained with community safety plan = 42
- Number assisted with ACF subsidy and/or guardianship plan = 13
- Number receiving ACF subsidy and/or guardianship with increased community stability = 14
- Number of persons hospitalized at ABH who were assisted with discharge planning = 307
- Number transferred to residential support subsidy = 2
- Number assisted with wraparound services = 160
- Number of new projects initiated = 3

## **AHV: Prenatal Care**

The AHV prenatal care program began in January of 2015. The Board targeted outreach to local health departments. Clinical staff aimed to link women in need with community resources and aftercare resources, thereby promoting positive clinical outcomes. Substance abuse education and treatment are provided as key elements of the program.

The AHV prenatal care program reported the following outputs for SFY 2015:

- Number of women served who abstained from illicit drug use since joining = 128
- Number of women who did not use illicit drugs during pregnancy = 111
- Number of community presentations given regarding prenatal care = 19

## **Belmont/Harrison/Monroe: Trinity Hospital**

The three-county area utilizes Collaborative Hot Spot funding to decrease hospital utilization by decreasing both the number of admissions to and length of stay of individuals at state inpatient facilities. The following services were used to address this effort: a) Crisis stabilization beds at Trinity Hospital are used to divert hospital admissions and reduce length of stay at state inpatient facilities; and, b) Housing for eligible individuals to reduce length of stay at state inpatient facilities.

The Trinity Hospital program has reported the following outputs:

- Number of crisis beds purchased = 211
- Number of clients served through inpatient = 7
- Number of residential bed days = 880
- Number of persons served through residential services = 13

The HUMP was also implemented by the Belmont, Harrison and Monroe Counties. The program has reported the following outcomes:

- Number of Clients served in crisis = 7
- Number of crisis bed days purchased = 211
- Number of clients served in Residential = 13
- Number of residential bed days purchased = 880

## **Fairfield County: Next Day Crisis Stabilization**

Fairfield County ADAMH Board continued the SFY 2013 Next Day Crisis Stabilization programs that were instituted with the goal of decreasing state-hospital bed usage. In SFY 2014, 86 clients were seen in Crisis After Care and there were no hospitalizations from this group.

This project addressed the need in the community for emergency and crisis services to individuals who are not being served and who have presented in crisis. Its design bypasses wait times, allowing individuals to receive a diagnostic assessment and begin treatment with a 24-hour time period. These services are to be offered both at agencies which provide outpatient mental health care and, at the agency that provides alcohol and drug outpatient treatment. This cooperative effort increases the overall capacity for the county providers to address the needs of individuals in crisis. Criteria for this program include: a) Fairfield County resident 18 years of age and over b) lack of third party payment availability c) assessed mental illness and/or AoD symptomatology that could result in hospitalization if left untreated and d) willingness to engage in treatment.

The Next Day Crisis project has reported the following outputs:

- Immediate clinical service for clients at risk for hospitalization ( $n = 1$ )
- Number of clients who will not be admitted to psychiatric hospital upon completion of care = 1
- Clients being discharged from behavioral health facility will be provided with funds sufficient for initial safe affordable housing = 3

### **Fairfield County: Increased Psychiatric Access (New Horizons)**

Nurses are able to serve as physician extenders while still operating within their scopes of practice. New Horizons has expanded registered nurse capacity in SFY 2015, and will do so in SFY 2016 in order to pilot a doctor-nurse care team model. Nurses participate in the initial portion of psychiatry sessions; the doctors participate in the second part of the sessions. This process allowed for increased numbers of clients to be scheduled per hour and per day, thereby improving access to psychiatric care for both existing and new clients. Timely, responsive nurse and prescriber access contributes directly to clients' successful community tenure and can prevent psychiatric hospital admissions and re-admissions. Medical assistants who are part of the New Horizons psychiatry team can actively engage clients by telephone and rapidly schedule exiting clients with urgent needs, thereby diverting emergency room visits and potentially psychiatric hospitalizations.

The program has reported the following outputs:

- Increase in number of appointments scheduled: 876
- Number of clients seen: 1084
- Number of clients seen, crisis contingencies: 60

### **Fairfield County: Sober Housing for Men**

The purpose of this program is to provide sober housing for men in Fairfield County. The program provided options for single men who are in need of this type of programming, but are not veterans. Lutheran Social Services (LSS) does operate a sober house for veterans. The need for this program is evidenced by the number of men who have been hospitalized at Appalachian Behavioral Healthcare (ABH) this year who are homeless and have both a mental health and substance abuse diagnosis. LSS is a provider of housing services to a wide range of persons and is responsible for the operation of the East Side Homeless Shelter, The Arthur Keifer Home for Veterans with Substance Abuse issues, Fairhaven Place (a transitional housing program), and for managing two houses owned by the ADAMH Board. The ADAMH Board also funds a Housing Specialist position with LSS who addresses the special housing needs of individuals with SMI, substance abuse, and dual diagnosis. Also in contract between LSS and ADAMH for this fiscal year is the renting of six individual apartment units for individuals who are being released from ABH and are in need of a transitional housing program for stabilization before being placed in permanent housing.

Men needing the sober housing were placed in one (1) of two (2) apartment units located at Fairhaven place- two (2) clients in each room unit. (Note: a total of 4 clients can be served at one time.) Included in each apartment is a bedroom with 2 beds, a kitchen, living area, bathroom, and the utensils needed to cook, clean, etc. Persons entering the program were referred by the staff at LSS, ABH, New Horizons, Mid-Ohio Psychological Services, and the Recovery Center. Primary project goals included the prevention or reduction of inpatient care days; increased participation in AoD and mental health recovery programming; increased participation in 12-step programming; and CPST services expansion.

The Sober Housing program has reported the following output data:

- Number of clients who met treatment goals = 4
- Number of referrals to peer support = 4

- Number of clients sustaining housing = 4
- Number of clients obtaining employment = 4

### **Fairfield County: Trauma-Informed Crisis**

This program aimed to provide direct services to adult women and children who are experiencing crisis related to trauma, including but not limited to domestic violence, sexual assault and abuse, stalking, and emotional abuse. These women and children are referred by law enforcement, the Harcum House, medical professionals, and through self-referral. They are also referred by social service organizations such as Job and Family Services- Children's Protective Services. It was anticipated that the staff at the Crisis Intervention Program at the Fairfield Medical Center/New Horizons would be educated about this program and make referrals.

The individuals providing these trauma-informed care services are employed and supervised at the Lighthouse, but see clients both from the Lighthouse and from the Harcum House. This design included screening, assessment, and counseling services to include a maximum of six sessions. If the individual is experiencing symptoms beyond the three-week, short term counseling offered through this program, he or she is provided services and absorbed into the ongoing caseload at the Lighthouse, Harcum House, or if appropriate referred to one of the other ADAMH Network of Care agencies, such as New Horizons Mental Health or the Recovery Center. The program allows clients who experienced recent trauma to be seen immediately and offered appropriate intervention, thereby decreasing need for ongoing or longer term counseling services. The counselors are trained in Parent Child Interactive Therapy, an evidenced-based practice designed to address behaviors related to the experienced trauma.

The Trauma-Informed Crisis Intervention Program has reported the following outputs:

- Number of patients with increased GAF scores = 11
- Number of trainings provided to staff = 48
- Number of staff members trained = 24
- Number of clients who followed through with first appointment = 67
- Number of clients who completed treatment = 37
- Number of clients referred to care agencies = 13

### **Fairfield County: Payeeships**

Individuals who are experiencing SMI or who are dually diagnosed, often have difficulty managing their limited incomes. This is evidenced in part by the large number of requests to the payee at the Fairfield Mental Health Consumer Group who, while working part-time, manages funds for 35 persons. It is also evidenced by requests to the Consumer and Family Advocate for these services. Requests to increase these services have come from local CPST providers, local landlords, family members, and other service providers, as well as from workers at the Social Security office.

211/Information and Referral is a logical placement for this type of service. They already provided a great deal of assistance to this same population in the way of referral to food pantries, free clothing, free lunches, etc. They have a Housing Specialist on staff, responsible for helping homeless individuals identify ways to address their homelessness. This agency is also responsible for the implantation of the Crisis Talk-Line.

Upon recognizing the need, the Payee Program Specialist program began with an agency request on June 8th, 2015. Within the second half of SFY 2015, the Payeeship program reported the following outputs:

- Number of people referred to the program = 5
- Number of people receiving additional funding through the program = 4

- Number of clients sustained = 1
- Number of billable hours with clients = 65

### **Gallia/Jackson/Meigs**

Woodland Center utilized Hot Spot funding to support the operation of the 13-bed Crisis Stabilization Unit (CSU). The CSU serves as the cornerstone of the crisis services that are available to the community, improving the continuity of care by providing diversion from in-patient psychiatric hospitalization, step-down for discharge from inpatient facilities, transition back to living in the community, and respite for SMI and SPMI clients and their families. It is the only CSU in Gallia, Jackson, and Meigs counties.

The Gallia/Jackson/Meigs Crisis Unit project reported the following outputs:

- Number of AoD clients served = 152
- Number of mental health clients served = 247
- Avg. Number of Clients served per month = 30.75
- Number of clients diverted from inpatient care = 7
- Number of step-downs from in-patient = 24
- Regional Recovery Oriented Systems of Care trainings
  - o Number of trainings = 2
  - o Number of participants = 123

### **Jefferson County Crisis Stabilization**

The Jefferson County Crisis Stabilization project provides 309 crisis-stabilization bed days for consumers who may have mental health, AoD or SMI issues. The average length of stay for consumers was reportedly 7 days. Individuals may enter the program as a step down from the hospital or directly from the community. The project offers consumers an additional level of service after discharge and prior to returning to the community. It is also a diversion from state hospital admission. During SFY 2015, the program served a total of 31 clients, providing 256 mental health and addictions bed days to clients in need of treatment.

### **Muskingum Area Central Pharmacy**

This allocation of Hot Spot funds was used to continue medical interventions and psychotropic medication management to low-income eligible SPMI adults who have no insurance coverage for prescription medications, to prevent possible in-patient psychiatric admissions. This project served 50 clients by close of SFY 2015 through the use of medical equipment, including medical chairs and blood pressure cuffs.

### **Muskingum Area Person-Centered Wraparound**

The wraparound program began accepting clients from other agencies within the Behavioral Healthcare Professionals group and providing services to reduce the high-utilization of resources within the community. The wraparound program included the service of therapeutic monitoring. The purpose of this service was to monitor and deescalate behavior when other options are not available or are inappropriate. As part of this service, an individual therapeutic monitor is assigned to the client to monitor the client until they are stable enough to return to their residence, or are recommended for evaluation for admission to Crisis or referral to the hospital. The board area also provided safe temporary shelter at Linden Place to single, homeless SPMI adults who had been discharged from psychiatric hospitalization or Six County's Crisis Stabilization Center, and had no independent community housing. For these consumers, being able to live at Linden Place may have reduced their length of in-patient stay. Linden Place is also used to shelter SPMI adults who unexpectedly lose their independent community housing. In addition, guardianship procure-

ment is available to individuals whose functioning has become impaired to the point they can no longer manage their own affairs. The program also included an activity group for members to reduce down time during weekends.

The Muskingum Area Person-Centered Wraparound project reported the following outputs:

- Number of persons served = 378
- Number of hours/units delivered = 1929.4
- Number of persons who were able to stay in the community with a safety plan = 368
- Aggregate reduction in hospital admissions = 96%
- Prevent 30 days or less readmissions = 96.3%
- Prevent loss of housing among clients = 94%
- Number of persons served through temporary housing = 4
- Number of guardianships provided = 14

Therapeutic Monitoring

- Number of clients served = 40
- Number of hours/units delivered = 534
- Number of persons who were able to stay in the community with a safety plan = 40
- Aggregate reduction in hospital admissions = 100%

## **Muskingum Area AoD Residential/Treatment/Recovery Supports**

The purpose of this project is to assist with the increase in volume of requests for residential treatment and AoD Recovery Supports.

The Muskingum Area AoD Residential Treatment and Recovery Supports project reported the following outputs:

- Number persons served via Residential Treatment: 4
- Number of Residential Care bed days: 180
- Residential Care: 100% follow-up post-discharge
- Number of persons served via Treatment/Recovery Supports: 79
- Number of treatment units provided by Treatment/Recovery Supports: 722.9

The Muskingum Area Crisis and Detox program encouraged individuals in recovery to utilize community resources, in an effort to maximize the amount of time spent living within the community setting. The program has reported the following outputs for SFY2015:

- Number of clients served = 47
- Number of groups = 49
- Number of clients who require a higher level of care = 10

## **Washington County Crisis Services**

Washington County used SFY 2015 Hot Spot funds to divert patients from the state hospital system by providing same or next day access to a doctor or nurse practitioner in a local setting, rather than sending the citizen to ABH. Clients are referred by crisis screeners who feel the individual can stay local if they can see a doctor/nurse practitioner immediately for a prescription or change of medication. The crisis screeners can also offer the patient next day outpatient care, which is often enough to relax the patient and make them

more comfortable with their current situation. In the past 6 months, Washington County's Emergency Triage program has reported diverting 24 patients from inpatient care at ABH.

## **Project DAWN**

The Project DAWN program consisted of a collaboration between 8 ADAMHS Boards, 21 county and city health departments, 4 law enforcement agencies, and two EMS departments to educate the public on the dangers of opiate abuse, distribute Naloxone® kits, and reduce the number of unintentional drug deaths within the region.

Project DAWN has reported the following outputs for SFY2015:

- Number of people trained to administer Naloxone® = 458
- Number of Naloxone® kits distributed to public = 222
- Number of Naloxone® prescriptions refilled = 49
- Number of SBIRT billings = 25
- Number of Individuals referred to treatment = 30
- Number of Naloxone® kits used by law enforcement = 157

## **Southwest Region**

The region's target populations included young adults, individuals in crisis, individuals with SMI or SPMI, adults within the justice system, those in need of housing and/or additional services, struggling with opiate addiction, and individuals in need of residential AoD treatment.

### **Adams/Lawrence/Scioto: Crisis/Detox Center**

The center is operated by The Counseling Center and currently has 10 beds. The center offers ambulatory detox and MH crisis services to residents of Adams, Lawrence and Scioto Counties. The center may accept clients from other counties provided there are beds open. From January 15-June 30, 2014, 232 clients were treated at the center, with 1,122 bed days purchased and an average length of stay of 5 days. In SFY 2015, the center exceeded the expected target client volume, serving a total of 140 clients. The addition of the center correlated with a decrease in bed days at the state Hospitals.

### **Alma's Place:**

The project serves male and female transition age youth ages 18 to 24 from Montgomery and Butler Counties who require supportive housing and targeted services due to their mental illness. The majority of youth referred to program have SED or SPMI diagnoses, including but not limited to: schizophrenia; schizo-affective disorder; bipolar disorder; depression; Asperger's; and various anxiety disorders as well as co-occurring substance use disorders.

The Alma's Place project was designed to meet the unique housing and service needs of Montgomery and Butler County transition-age youth who are living with mental illness and who are homeless or at risk of becoming homeless. It opened with 10 beds in October 2012 and has since expanded to include two additional "step-down" rooms with private bathrooms and living areas for youth who demonstrate greater independence and aftercare services for youth leave Alma's Place. Employment support services have significantly increased since its opening, and have continued to strengthen due to Hot Spot funding.

Alma's Place, which serves residents of Butler and Montgomery Counties, has reported the following outputs:

- 76 youth between the ages of 18 and 24 were served by Alma's Place
- Number of current residents = 12
- Number of residents who exited to stable housing = 10
- 93% of individuals admitted during the reporting period remained within Alma's Place or were successfully transitioned to a comparable care source.
- 80.25% of residents without a diploma have enrolled in or attended school while at Alma's Place.
- 83% of residents participated in employment training
- 83% of residents demonstrated progress toward their goals
- 65% of residents obtained some form of paid employment
- All residents were connected to community mainstream sources for which they were eligible

### **Brown, Clermont, Warren/Clinton: Crisis Stabilization and MAT**

This project addressed an underserved population, recognizing the need for continuation of transitional care funding for clients transitioning from adult residential care to community living in order to purchase needed essentials. The counties developed a six-bed crisis stabilization/respite facility utilized by all three board areas. The facility filled a service gap in the three board areas, and helped to develop and enhance crisis services within the respective board areas. The AoD initiative also expanded the system of care and addressed service gaps in the three board areas by a) increasing access to MAT options; b) developing access to Recovery Housing; c) increasing opiate prevention activities; and d) implementing a Project DAWN program. The Brown, Clermont, and Warren/Clinton projects have reported the following output data:

- Number of people served in crisis unit = 7
- Number of Clients accessing MAT by medication type: Suboxone® = 60
- Number of Clients accessing MAT by medication type: Vivitrol® = 67
- Number of Naloxone® kits distributed = 75
- Health care navigation: Number of people receiving intensive case coordination services = 103
- Number of people receiving MedSom = 103
- Number of people served by Recovery Housing = 47
- Percent of Recovery Housing patients linked to additional services = 87.5%
- Percent of Recovery Housing clients maintaining housing or transferred to a safe, appropriate facility = 74%
- Percent of Recovery Housing clients who demonstrate abstinence = 92%
- Percent of Recovery Housing clients who secure employment = 31.5%

### **Butler County: Evidence Based Practice Integrated Service Interventions for Justice-Involved Clients**

The project efforts were focused upon criminal justice involved adults returning to Butler County from prison after felony convictions. When needed, clients were referred to Forensic and Mental Health Services, Inc. (FMHS), the identified community linkage partner with OhioMHAS. Further, this program was a collaboration between the Butler County Mental Health Board (Fiscal Agent) and the Butler County Alcohol, Drug and Addiction Services Board (ADAS). The ADAS Board worked to support FMHS staff through training in the assessment of substance use and risk of relapse.

The project leaders reported upon the following indicators:

- Number of persons receiving CPST = 18
- Number of persons receiving housing and wraparound services = 13
- Number of people in mental health or related field trained = 8

### **Butler County: Residential ADA**

The residential treatment program proposed by Butler County aimed to address the need for additional residential treatment by paying for such services for non-Medicaid patient room and board component of residential treatment for Medicaid clients. (Medicaid pays for the clinical treatment component of residential treatment but not for the room and board component of such treatment). Services financed by these funds are to be provided by Sojourner Recovery Services.

The Butler County ADA program has reported the following:

- Number of clients receiving residential AoD services = 17
- Number of units of room and board paid for = 377

### **Clark/Greene/Madison Counties: Housing Assistance**

Stakeholders, partner agencies, and community members have identified accessible, stable housing for individuals with behavioral health problems as unmet needs throughout Clark, Greene and Madison Counties. Housing subsidies provide critical assistance to low income individuals with SPMI. Some of these individuals have become involved with the criminal justice system which increases barriers to accessing subsidies and adequate housing. Unsafe, unreliable housing interferes with treatment engagement and continuity of care. In other words, safe and secure housing are essential for sustainable recovery. Such assistance bridges gaps until a more permanent source of subsidy or income can be garnered (i.e. Section 8 voucher). Other supportive services will be available for persons with SPMI utilizing this assistance in an effort to create permanent supportive housing opportunities.

The Housing Assistance program has reported the following output data:

- Number of criminal justice and SPMI clients receiving housing assistance = 22
- Types of housing assistance: 19 rental subsidies and 48 loans.

**Logan County Housing:** A similar housing assistance program specific to those in recovery for AoD issues exists within Logan County, and reports treating two (2) adults and two (2) children.

### **Clark/Greene/Madison: Strategic Prevention Framework**

Each of the three counties began using the Strategic Prevention Framework to develop a logic model to identify risk and protective factors for long-term recovery. The items below represent strategies emerging from the logic model. Input from the collaborative group, survey results, and the information from the Strategic Prevention Framework revealed a significant drop in "clean time" during the 18 months immediately following acute, structured treatment. The program included the following: a) maintaining a trained peer support specialist b) developing a recovery center c) staff development and training regarding decreased level of care, d) designing and distributing positive slogans and materials to community in support of recovery and e) providing incentives for those who continue treatment.

Clark/Greene/Madison Counties reported the following output data regarding the SPF project:

- Number of recovery centers developed = 2
- SPF Logic model developed

- Number of events planned within community during Recovery Month = 2
- Peer support specialist maintained through state grant (output discontinued)

## **Crisis Stabilization Unit**

The Southwest Ohio Regional Crisis Stabilization Unit (CSU) provides a safe, therapeutic residential program for adults, age 18 and older, with a SPMI that are experiencing an acute psychiatric crisis. CSU serves adults from all Board areas in the Collaborative with an initial commitment from Hamilton, Warren/Clinton and Clermont Counties to utilize services. Within the first two quarters of this fiscal year, the Southwest CSU has served 165 people with SPMI. As an outcome measure, 21 of the clients served and released from the unit were not re-admitted to a hospital within 30 days of discharge from the unit.

## **Hamilton County Drug Court Expanded Services**

Hot Spot funds were used to add sub-acute detoxification services to Hamilton County Drug Court's continuum of care. Hamilton County Mental Health Recovery Services Board (HCMHRSB) used the hot spot funds to provide these additional services for Hamilton County and out-of-county Drug Court participants who need detoxification, residential or long-term residential treatment. Adding these needed services, the project aimed to reduce the number of days which clients would otherwise spend in jail or hospitals as the result of their untreated drug or alcohol dependency. This project also increased capacity to existing providers and addressed an underserved target population.

The Hamilton County Drug Court expansion project has reported the following outputs:

- Number of clients served in residential treatment = 45
- Completion rate for women's Alcohol and Drug Addiction Partnership for Treatment (ADAPT) program = 88%
- Absent without leave (AWOL) rate for women's ADAPT program = 3 cases

## **Montgomery County: Recovery Housing**

The project serves male and females ages 18 and up, from Montgomery County, who require supportive housing and targeted services due to their addiction. Adults referred to recovery housing are actively working a recovery program and are in need of a supportive housing situation where they can continue to work with outpatient certified treatment providers while also using the 12 step community for recovery supports. Recovery Housing is designed to meet the unique housing and service needs of Montgomery County. The recovery homes will be located throughout Montgomery County and owned by 501(C)(3) corporations. The program is new to the Montgomery County ADAMHS Board, and is not yet prepared to accept residents.

Some similar projects are in development within Brown and Clinton Counties. The Brown county recovery house will serve men, and offer six residential beds. The agency will serve residents of Brown, Warren, Clinton, and Clermont Counties. The housing project's remodeling is complete, and the Board members are in the process of hiring new staff to manage the facility. The agencies will open when staffing is complete and will serve residents of Brown, Warren and Clinton Counties.

## **Opiate Task Force**

The Butler County Coalition for Healthy, Safe, and Drug-Free Communities established a prescription drug abuse task force in 2009 and with the support of Hot-Spots funding expanded this task force to become an Opiate Task Force (OTF) in SFY 2014. Through the OTF, the County Coalition sought to prevent opiate related overdose deaths, prevent the spread of contagious diseases related to intravenous opiate drug use, support law enforcement efforts to reduce supply, support individuals and families personally impacted by

addiction. Funds were also directed toward methods of prevention and community engagement including information dissemination, skills development, general support and advocacy. Effective, evidence-based strategies were identified and implemented for areas including prevention, treatment, family support, protection from adverse health effects related to intravenous drug use, and advocacy for needed improvements in legislation, policies, and practices.

The OTF has reported the following outputs:

- Seven permanent drop boxes installed throughout county and listed on county solid waste recycling at [www.rxdrugbox.org](http://www.rxdrugbox.org)
- Pieces of educational literature distributed: 1
- Number of new organizations and individuals collaborating, coordinating or sharing resources as a result of the grant: 33
- Two Butler County locations established for the provision of health services for opiate addicts
- 57 organizations collaborating, coordinating or sharing resources
- Five community change projects developed

### **Preble County: Intensive Home-Based Treatment**

This program worked to expand the intensive home treatment for youth in Montgomery County to youth involved with Preble County Children Services. The program aimed to decrease residential treatment needs and create a smoother transition back to families which do not require multiple placements.

The intensive home-based treatment program reported the following outputs for SFY2015:

- One person hired, trained in home therapy to provide services
- 23 people receiving home-based therapy

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