Substance Abuse/Mental Health Block Grants Plan for 2018 - 2019

Step 1: Assess the strengths and needs of the service system.

(1) Overview of Ohio’s Mental Health and Addiction System

Ohio’s Substance Abuse and Mental Health Block Grants Plan serves as an application for two federal Block Grants awarded to states by the Substance Abuse and Mental Health Services Administration (SAMHSA) for federal fiscal years (FFY) 2018 and 2019. This statewide Block Grant Plan uses a system of care framework to describe Ohio’s mental health and addiction services within Ohio’s complex human service and health care systems. It also provides information about the diversity among Ohio’s 50 Board areas which each have a local system of care. Additionally, the Plan describes the variety of Ohio’s providers. The Plan provides a data-driven needs assessment, prioritizes goals with implementation strategies and monitors progress with annual performance indicators. This Plan also addresses specific SAMHSA questions about states’ mental health and substance abuse service system in the last section.

Overview of Ohio’s Community Behavioral Health System

Ohio has a county-operated, state supervised behavioral health system in a “home rule” state in which local behavioral health tax levies provide additional resources for recovery supports in most communities. Ohio’s Block Grant Plan is integrated with Community Plans developed by Ohio’s county behavioral health authorities (Alcohol Drug Abuse and Mental Health Services (ADAMH) Boards). These Boards plan, evaluate and fund mental health and addiction services in 50 county and multi-county “Board” areas serving 88 counties. The Boards contract with a wide range of providers for prevention, treatment and recovery support, and are prohibited by state law from providing treatment services with some exceptions. With the expansion of Medicaid in Ohio, community behavioral health treatment providers receive a substantial portion of their revenue from the Ohio Department of Medicaid (ODM), and are licensed or certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS). Some “Medicaid only” providers do not contract with the county boards, and many of the larger providers have expanded into multiple counties across the state. Mental health and addiction services provided in primary care clinics, community hospital emergency rooms and federally qualified health care centers are part of the behavioral health services available to Ohioans, but are not addressed in this plan, because they are not licensed, certified or operated by OhioMHAS. As a result, Ohio has a very complex behavioral health care system that will continue to evolve in response to changes in federal and state policies.
Number of Ohioans Receiving Services

More than 530,000 of Ohio’s 11,600,000 citizens received mental health and SUD services through Ohio’s publicly funded system. More than 7,000 persons with SUD incarcerated in Ohio’s prisons received SUD treatment services during the past year in the prison-based programs operated by OhioMHAS in collaboration with the Ohio Department of Rehabilitation and Corrections (ODRC). (ODRC continues to provide mental health treatment within state prisons.) Just prior to release, persons with SUD and/or persons with serious mental illness receive community linkage services from OhioMHAS staff to facilitate access to treatment services and recovery supports upon their release. OhioMHAS community linkage services are supported by a partnership between Ohio Department of Medicaid and ODRC’s pre-lease program which ensured individuals could apply for Medicaid and enroll with a Managed Care plan before being released from prison. Also, persons in county jails or involved with courts are also receiving mental health and SUD treatment funded through OhioMHAS and Boards.

More than 7,700 adults received inpatient mental health treatment in six state-run regional psychiatric hospitals including some with co-occurring SUD. About 38,000 citizens with Medicaid funding received services in Ohio’s private psychiatric hospitals or psychiatric units of community hospitals which includes persons receiving community behavioral health services. Boards also fund some residential treatment and psychiatric hospitalization for persons who are indigent. These numbers do not include the thousands of Ohioans who benefit from prevention programs and services.

Transformation of Ohio’s Health Care System

Ohio’s Health Care Transformation Initiative

Transformation of Ohio’s health care system, a major initiative of Governor Kasich, will continue in Ohio into SFY 2018 – 2019. Governor Kasich utilized the Affordable Care Act option to expanded Medicaid eligibility to more Ohioans; persons with SUD and mental illness benefited from this expansion. The eligibility expansion addresses Ohio’s opiate epidemic by increasing access to SUD treatment services and recovery supports. Ohio’s mental health and SUD service system transformation builds on a series of gubernatorial health care reforms. In order to understand what is planned for SFY 2018 – 2019, it is important to understand recent changes which are described in the next few paragraphs.

Governor’s Office of Health Transformation in partnership with cabinet level staff coordinated three overall healthcare reform initiatives beginning in January 2011 that led and coordinated the work across state agencies, county governments and private health care and insurance partners.

- Modernize Medicaid
- Streamline health and human services
- Pay for value
As a part of the Office of Health Transformation’s initiatives, the Ohio Departments of Alcohol and Drug Addiction Services and Mental Health were consolidated and became the Ohio Department of Mental Health and Addiction Services, (OhioMHAS), a single cabinet level agency. OhioMHAS has integrated SUD and mental health ideology in all of its work, and will continue to build on this integration during SFY 2018 – 2019, while also continuing to be mindful that differences still exist between the conditions and the populations.

- OhioMHAS offices are integrated, so that the scope of work includes both SUD and mental health services.
- OhioMHAS’ prevention office remains primarily focused on substance use prevention, but includes early childhood and school-based programs that focus on prevention of both mental illness and SUD.
- Early intervention programs such as SBIRT (Screening Brief Intervention, Referral and Treatment) of substance use disorders has been integrated into primary care, hospital emergency departments and mental health treatment programs in some communities.
- Treatment has become more integrated as OhioMHAS developed a single set of licensure and certification rules for both SUD and mental health providers. Additionally, behavioral health billing codes are being aligned with primary care, and to be similar for both treatment of mental illness and SUD, if applicable.
- Recovery supports are being integrated wherever possible for individuals with either SUD and/or mental health needs although providers and ADAMH Boards have the option of developing or maintaining specialized recovery supports for specific populations (e.g. persons with SUD).
  - The housing office integrated housing definitions, and is using capital funds for SUD programs which were formerly available only for mental health programs. Many of the housing programs continue to provide services for either persons with SUD or persons with mental illness.
  - Ohio’s peer recovery support certification program uses an integrated mental health and substance abuse curriculum as many peers identify as having co-occurring mental health and SUD disorders and are dually certified. Recovery community organizations and consumer operated services often continue to operate separately, but collaborated well at the peer recovery support conference.
  - Ohio has an integrated Planning Council that advises OhioMHAS on the SAMHSA Block Grant, as well as the 21st Century Cures Act implementation of the Opioid State Targeted Response (STR) grant. Elected officers include persons with both kinds of recovery experiences and their family members. The chair person is an executive director of a new recovery community organization, and has a background of providing peer recovery support to persons in jail with SUD. The leadership also includes long time advocates for mental health services who have been active with NAMI and other mental health advocacy organizations.
• Treatment of SUD within Ohio’s prisons became OhioMHAS’ responsibility under the state fiscal year (SFY) 2016 – 2017 biennial budget. Ohio will monitor the impact of SUD treatment on recidivism.
• OhioMHAS’ community linkage to treatment and recovery resources for persons with serious mental illness being released from prison has been expanded to persons with SUD only. [Link]

Ohio Mental Health and Addiction Service Standards Consolidated
OhioMHAS replaced two sets of service standard rules with a single set of service standards for mental health and SUD treatment. For General Services, which includes assessment, behavioral health counseling and psychopharmacological management, the same rule applies to both mental health and SUD treatment. For other services, such as buprenorphine and methadone administration, and Assertive Community Treatment, the service is specific to mental health and substance abuse. The rule changes remove some barriers to integrated care. The changes in these standards impact all behavioral health providers licensed and/or certified by OhioMHAS. OhioMHAS standards are applicable to all payor sources. Additionally, as Medicaid is the major source of payment for “medically necessary” clinical services, an additional set of Ohio Department of Medicaid applies to all services eligible for Medicaid funding. These rules are described in the Behavioral Health Medicaid Benefit Redesign is Ready for SFY 2018 – 2019 starting on page 6.

State Licensure and Certification of Providers
OhioMHAS licenses or certifies individual provider organizations with deeming used for organizations with national accreditation (e.g. JCAHO, CARF, and COA). Most of Ohio’s larger providers are nationally accredited. OhioMHAS’ six state hospitals are certified by The Joint Commission on Accreditation of Healthcare Organizations (TJC), and received The Joint Commission’s Gold Seal of Approval. Ohio has a wide variety of providers ranging from small niche providers with less than 10 employees to major comprehensive community behavioral health providers with fully integrated primary care, some of which have expanded to multiple county ADAMH Board areas. Providers include community behavioral health providers, family service agencies, nationally recognized children’s hospitals, recovery community organizations/consumer operated services and a rural community hospital which is also serves as the local community mental health provider. Most larger behavioral health providers have been licensed and/or certified for both mental health and SUD services for many years, however, some became dually credentialed after the state agency consolidation. To provide a more complete description of Ohio’s behavioral health system, this document includes a description of service providers for each population. OhioMHAS also operates a consumer-staffed toll-free information and referral line to assist citizens in finding help through Ohio’s complex provider system. For a complete list of community behavioral health providers, see: “Where to Get Help” on OhioMHAS’ home page [Link]. Following this paragraph is a summary of mental health and SUD services which are licensed or certified or operated by OhioMHAS.
## Licensed or Certified Ohio Mental Health and Addiction Services (OhioMHAS)
### June, 2017

<table>
<thead>
<tr>
<th>Services Operated by OhioMHAS</th>
<th>Addiction Services Only</th>
<th>Mental Health Services Only</th>
<th>Both Addiction &amp; Mental Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention providers</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Driver Intervention Programs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Health Providers – Outpatient Services</td>
<td>171</td>
<td>244</td>
<td>188</td>
</tr>
<tr>
<td>Consumer Operated and Peer Support Providers</td>
<td></td>
<td></td>
<td>86*</td>
</tr>
<tr>
<td>Adult Care Facilities - Family Home</td>
<td></td>
<td></td>
<td>655</td>
</tr>
<tr>
<td>Adult Care Facilities – Group Home</td>
<td></td>
<td></td>
<td>251</td>
</tr>
<tr>
<td>Adult Foster Homes</td>
<td></td>
<td></td>
<td>36</td>
</tr>
<tr>
<td>Mental Health Residential</td>
<td></td>
<td></td>
<td>146</td>
</tr>
<tr>
<td>SUD Residential</td>
<td></td>
<td></td>
<td>154</td>
</tr>
<tr>
<td>Private psychiatric hospital units</td>
<td></td>
<td></td>
<td>87</td>
</tr>
</tbody>
</table>

### Services Operated by OhioMHAS

<table>
<thead>
<tr>
<th>Services Operated by OhioMHAS</th>
<th>Addiction Services Only</th>
<th>Mental Health Services Only</th>
<th>Both Addiction &amp; Mental Health Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>State (regionals) psychiatric hospitals</td>
<td></td>
<td></td>
<td>6**</td>
</tr>
<tr>
<td>Therapeutic community programs in state prisons</td>
<td></td>
<td></td>
<td>6**</td>
</tr>
<tr>
<td>State prisons with substance use programs</td>
<td></td>
<td></td>
<td>27</td>
</tr>
</tbody>
</table>

* Consumer operated and peer support providers provide services to persons with co-occurring substance use disorder, as well as mental illness. Some of Ohio’s consumer operated services provide services to persons with SUD only.
**State-operated regional psychiatric hospitals provide SUD services to persons with co-occurring MI/SUD.

### Continuum of Care

Ohio’s SFY 2016-2017 Biennium Budget Bill required ADAMH Boards to ensure the availability of a continuum of care that includes essential elements for all individuals seeking behavioral health treatment and specific service elements for individuals seeking treatment for opiate or co-occurring drug addiction. The legislation specifies which services must be available within the Boards service area while others can be regional. County boards must demonstrate that all the essential elements of the required continuum are available or shall have funds withheld. In addition, the legislation stipulates the establishment of a waiting list policy and procedures for services and supports for opioid and co-occurring drug addiction. In response to the legislation, OhioMHAS and its stakeholders have undertaken the following steps to prepare for these requirements that are effective July 1, 2017.

1. Identify and assure adequate delivery for required array of services and supports for the continuum.
2. Identify receipts and expenditures available and establish an allocation methodology to support the service array
3. Establish a waiting list policy and procedures for services and supports for opioid and co-occurring drug addiction.
### Continuum of Care Required Services

**Ohio Revised Code**

#### Opioid Use Disorder (OUD) Treatment

<table>
<thead>
<tr>
<th>Services must be available in Board area</th>
<th>Service must be available to board residents within 30 miles of the board area to receive a limited time waiver</th>
<th>Services may be provided in another Board Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Intensive Outpatient Services</td>
<td>Ambulatory Detoxification</td>
<td>Sub-Acute Detoxification</td>
</tr>
<tr>
<td>Intensive Outpatient Service</td>
<td>Medication Assisted Treatment (MAT)</td>
<td>Residential</td>
</tr>
<tr>
<td>Peer Mentoring</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recovery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency &amp; Crisis Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Step Approaches</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Prevention Services (SUD and Mental Health)

- Prevention and Wellness Management
- Locate & Inform Persons Needing Services

#### Non-opioid SUD and Mental Health Treatment

<table>
<thead>
<tr>
<th>Assessment Services</th>
<th>Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Intensive Outpatient Services</td>
<td>Inpatient</td>
</tr>
<tr>
<td>Intensive Outpatient Services</td>
<td></td>
</tr>
<tr>
<td>Withdrawal Management</td>
<td></td>
</tr>
<tr>
<td>Emergency &amp; Crisis Services</td>
<td></td>
</tr>
</tbody>
</table>

#### Recovery Supports (Mental Health and SUD including Opioid Use Disorder (OUD))

- Recovery Supports, including helping persons in SUD and/or mental health services necessary to: meet basic human needs; care coordination; obtain assistance with social, personal & living skills; obtain multiple paths to recovery, e.g., 12 step approaches, parent advocacy connection, etc.; obtain support, assistance, consultation & education for families, friends & persons receiving SUD & mental health services & supports.
- Participate in peer supports;
- Obtain employment, vocational & educational opportunities
- Obtain housing and support from a wide range of options

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**Behavioral Health Medicaid Benefit Redesign is Ready for SFY 2018 - 2019**

In addition to the legislature defining a continuum of care, the Kasich administration made transformation of Ohio’s health care systems a priority, and included behavioral health redesign in initiatives led by the Governor’s Office of Health Transformation. Major initiatives included (1) modernize Medicaid (2) streamline health and human services and (3) pay for value. These
initiatives will continue into SFY 2018 – 2019, and may be impacted by decisions made by Congress on health care.

Ohio’s behavioral health system is being redesigned as a part of Ohio’s health transformation through the implementation steps in this table. Plans to implement legislative rules for a new Medicaid benefit package for Mental Health and SUD services planned to become effective July 1, 2017 were placed in a “to be refiled status” after the Ohio Council of Behavioral Health & Family Services Providers advocated a delay and to allow for the completion of Ohio’s biennial budget process.

<table>
<thead>
<tr>
<th>Ohio Medicaid Behavioral Health Redesign Initiative</th>
<th>Implementation Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elevation:</strong> Financing of Medicaid behavioral health services moved from county administrators to the state</td>
<td>July 1, 2012</td>
</tr>
<tr>
<td><strong>Expansion:</strong> Ohio implemented Medicaid Expansion to extend Medicaid coverage to more low income Ohioans, including 500,000 residents with behavioral health needs.</td>
<td>January 1, 2014</td>
</tr>
<tr>
<td><strong>Modernization:</strong> Ohio Department of Medicaid and OhioMHAS are charged with modernizing the behavioral health benefit package to align with national standards and expand services to those most in need.</td>
<td>January 1, 2018</td>
</tr>
<tr>
<td><strong>Integration:</strong> Post benefit modernization, the Medicaid benefit will fully be integrated into Medicaid managed care.</td>
<td>July 1, 2018</td>
</tr>
</tbody>
</table>

**Services Revised to Support Integrated Health and Behavioral Health Medicaid Redesign**
OhioMHAS replaced two sets of behavioral health service standard rules with a single set for mental health and SUD treatment after consolidating its state substance abuse and mental health agencies. Where feasible, a single service rule is used for both SUD and mental health treatment with the diagnosis and the scope of practice (of the licensed clinician or non-licensed staff) determining what services may be billed. In some cases, services are also grouped into a single rule. For example, General Services, which includes assessment, behavioral health counseling and psychopharmacological management, the same rule applies to both mental health and SUD treatment. General Services will be billed as either SUD or mental health services depending on the diagnosis being addressed. Additionally, clinicians are required to practice within their scope of practice. For other services, such as Buprenorphine and Methadone Administration, Residential and inpatient substance use disorder services, and Assertive Community Treatment, the service is specific to substance abuse or mental health. OhioMHAS rules apply to all payors. Additional Ohio Department of Medicaid rules define the Medicaid Benefit package, which are the rules for mental health and SUD treatment providers certified and licensed by OhioMHAS.
Medicaid Benefit Changes: Behavioral Health Redesign and Managed Care

Substance Use Disorder Medicaid Benefit Package
In 2017 Ohio’s Medicaid Substance Use Disorder Benefit consisted of a single benefit package regardless of a person’s level of care. Services included were ambulatory detoxification, assessment, case management, crisis intervention, group counseling, individual counseling, intensive outpatient counseling, laboratory urinalysis, medical/somatic and methadone administration.

Ohio’s Substance Use Disorder Benefit was redesigned to align with the American Society of Addiction Medicine (ASAM) Criteria for the outpatient and residential levels of care. With redesign, outpatient and residential SUD treatment are distinguished from each other and services are clearly identified by level of care. Additionally, Peer Recovery Support was added as a service. See the following table for a description of the Medicaid benefits for SUD effective January 1, 2018.  http://bh.medicaid.ohio.gov/training

<table>
<thead>
<tr>
<th>Outpatient</th>
<th>Intensive Outpatient</th>
<th>Partial Hospitalization</th>
<th>Residential</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescent: Less than 6 hrs/wk</td>
<td>Adolescent: 6 to 15 hrs/wk</td>
<td>Adolescent: 10 or more hrs/wk</td>
<td>Per Diems supporting all six residential levels of care including:</td>
</tr>
<tr>
<td>Adults: Less than 9 hrs/wk</td>
<td>Adults: 10 to 19 hrs/wk</td>
<td>Adults: 20 or more hrs/wk</td>
<td>clinically managed through medically monitored</td>
</tr>
<tr>
<td>• Assessment</td>
<td>• Assessment</td>
<td>• Assessment</td>
<td>two residential levels of care for withdrawal management</td>
</tr>
<tr>
<td>• Psychiatric Diagnostic Evaluation</td>
<td>• Psychiatric Diagnostic Evaluation</td>
<td>• Psychiatric Diagnostic Evaluation</td>
<td>Medications</td>
</tr>
<tr>
<td>• Counseling and Therapy</td>
<td>• Counseling and Therapy</td>
<td>• Counseling and Therapy</td>
<td>Buprenorphine and Methadone Administration</td>
</tr>
<tr>
<td>• Psychotherapy – Individual, Group, Family, and Crisis</td>
<td>• Psychotherapy – Individual, Group, Family, and Crisis</td>
<td>• Psychotherapy – Individual, Group, Family, and Crisis</td>
<td>Urine Drug Screening</td>
</tr>
<tr>
<td>• Group and Individual (Non-Licensed)</td>
<td>• Group and Individual (Non-Licensed)</td>
<td>• Group and Individual (Non-Licensed)</td>
<td>Peer Recovery Support</td>
</tr>
<tr>
<td>• Medical</td>
<td>• Medical</td>
<td>• Medical</td>
<td>Case Management</td>
</tr>
<tr>
<td>• Medications</td>
<td>• Medications</td>
<td>• Medications</td>
<td></td>
</tr>
<tr>
<td>• Buprenorphine and Methadone Administration</td>
<td>• Buprenorphine and Methadone Administration</td>
<td>• Buprenorphine and Methadone Administration</td>
<td></td>
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<tr>
<td>• Urine Drug Screening</td>
<td>• Urine Drug Screening</td>
<td>• Urine Drug Screening</td>
<td></td>
</tr>
<tr>
<td>• Peer Recovery Support</td>
<td>• Peer Recovery Support</td>
<td>• Peer Recovery Support</td>
<td></td>
</tr>
<tr>
<td>• Case Management</td>
<td>• Case Management</td>
<td>• Case Management</td>
<td></td>
</tr>
<tr>
<td>• Level 1 Withdrawal Management (billed as a combination of medical services)</td>
<td>• Level 2 Withdrawal Management (billed as a combination of medical services)</td>
<td>• Additional coding for longer duration group counseling/psychotherapy</td>
<td>Level 2 Withdrawal Management (billed as a combination of medical services)</td>
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</tbody>
</table>

Mental Health Medicaid Benefit Package
In 2017 Ohio’s Medicaid, Mental Health Benefit package included the following services: psychiatric diagnostic evaluation with medical, mental health assessment, pharmacological management, partial hospitalization, crisis intervention, CPST (case management and supportive
treatment), mental health counseling, respite for children and their families (effective January 2017) and office administered medications.

Effective January 1, 2018, Ohio’s Medicaid Mental Health Benefit package will consist of:

- Psychotherapy – individual, group, family and crisis
- Psychiatric Diagnostic Evaluation with and without medical - assessing treatment needs & developing a plan for care
- Medical – medical practitioner service provided
- Assertive Community Treatment (ACT) – evidenced-based, comprehensive team based care for adults with SPMI (seriously and persistently mentally ill)
- Intensive Home Based Treatment (IHBT) – evidence-based, time-limited team based service helping youth with serious emotional disturbances (SED) remain in their homes and the community
- Group Day Treatment
- Crisis Services
- CPST (Community Psychiatric Supportive Treatment – Care Coordination
- Screening, Brief Intervention and Referral to Treatment (SBIRT) for Substance Use Disorders (SUD)
- Therapeutic Behavioral Service (TBS) – provided by paraprofessionals with Master’s, Bachelor’s or 3 years’ experience
- Psychosocial Rehabilitation (PSR) – provided by paraprofessionals with less than Bachelors or less than 3 years’ experience.
- Respite for Children and their families – providing short term relief to caregivers
- Office Administered Psychotropic (medications)
- Psychological Testing
- Note: Peer Recovery Support is available for individuals with serious mental illness (SMI) who are enrolled in Assertive Community Treatment, and in the Ohio Specialized Recovery Services (1915(i), and is considered a component of that service.

Specialized Recovery Services
Ohio has a 1915(i)-state plan program for Adults with Severe and Persistent Mental Illness and whose income is above the Medicaid need standard and up to 300 percent of the Federal Benefit Poverty Rate which is $26,388 per year. This program was implemented as a component of Ohio modernizing to a single Medicaid eligibility system. To be eligible, the person must meet Ohio’s diagnostic criteria for a severe and persistent mental illness, need help with activities such as medical appointments, social interactions and living skills, not be living in a nursing facility, hospital or similar setting, and have been determined disabled by the Social Security Administration. In addition to all existing mental health services, the new services of Recovery Management, Individual Placement and Support – Supported Employment (IPS-SE) and Peer Recovery Support Services are available to individuals determined eligible via the 1915(i)-state plan program.
**MyCare Ohio – Ohio’s Dual Eligible Demonstration (Medicare & Medicaid)**

MyCare Ohio is a system of managed care plans selected to coordinate the physical, behavioral and long-term care services for individuals over the age of 18 who are dually eligible for both Medicaid and Medicare. Persons receiving community behavioral health services funded by Medicaid in 29 counties receive services through this plan managed for members by the respective MyCare Ohio plan. All available Medicaid services are included, and disability determination continues to be provided by Ohio Department of Job and Family Services. Health care is coordinated through MyOhio.

**Institution for Mental Diseases (IMD) Waiver**

As of July 1, 2017, Ohio’s Medicaid program has implemented the institution for mental diseases (IMD) requirements under the Medicaid managed care regulations (42 CFR 438.6) which allows the State (Ohio) to make a monthly capitation payment to a managed care plan (MCP) for a member age 21 through 64 who is receiving inpatient treatment in an IMD. While this Federal permission is narrowly focused on the MCP capitation payment, Ohio has taken it as an opportunity to 1) increase access to intensive mental health treatment, 2) provide services closer to home by utilizing private sector inpatient psychiatric care capacity rather than the six RPHs, 3) provide community alternatives for services when appropriate, 4) target reducing readmissions for inpatient psychiatric care, 5) expand the private sector network for inpatient psychiatric care and 6) provide for continuity and coordination of care.

**OhioMHAS Legislative Budget**

OhioMHAS’ legislative budget outlines major priorities for the department, as well as many of the major initiatives that widely impact SUD and mental health populations. A major priority for Ohio is addressing the opioid crisis through the 21st Century CURES Opioid State Targeted Response (STR) Grant funded by SAMHSA. Additionally, addressing health disparities, improving access to trauma-informed care, and promoting a recovery oriented system of care are addressed in this section. Other important initiatives such as the First Episode Psychosis and Suicide Prevention are discussed in population specific sections. These populations are prevention, children’s mental health treatment, adult mental health treatment, substance abuse treatment and behavioral health services to persons involved with the criminal justice system.

**State Legislative Budget Priorities**

OhioMHAS has identified and funded some key priorities through the state budget enacted by the legislature. State funds support the following priorities in the SFY 2018 – 2019 operating budget. These priorities include:

- State Psychiatric Hospitals
- Prevention and Wellness
- Community treatment and recovery supports
- Criminal Justice partnership
- Supporting vulnerable families
- Workforce development

OhioMHAS used an “all funds” approach that included General Revenue Funds, state rotaries and federal funds in budgeting. The Ohio legislature approved the funds below:

<table>
<thead>
<tr>
<th>OhioMHAS Appropriations</th>
<th>General Revenue Funds</th>
<th>All Funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2017</td>
<td>$396,852,090 (estimate)</td>
<td></td>
</tr>
<tr>
<td>FY 2018</td>
<td>$407,566,061 (appropriation)</td>
<td>$702,732,759</td>
</tr>
<tr>
<td>FY 2019</td>
<td>$416,213,325 (appropriation)</td>
<td>$706,524,023</td>
</tr>
</tbody>
</table>

Medicaid expenditures are appropriated in the Department of Medicaid, and are not included.

**Appropriation Highlights**

- Maintain core programs
- Targets additional investments
  - Strong Families/Safe Communities and Criminal Justice Innovation Grants – an additional $1 million/year
  - New Workforce Development programs - $6 million per year
- Authorizes use of 21st Century Cures Act funding to combat opioid epidemic

**State Psychiatric Hospitals**

- Maintains existing capacity at six state hospitals
- Continues to work with broader hospital community network
- Continues community transition assistance through Access to Success

**Changes to Community Recovery Support Funding**

- Access to Life Saving Measures: Increases funds to enhance access to Naloxone for first responders to $750,000 per year; funding flows through county health departments
- Allocates an additional $75,000 per year per ADAMH Board, and requires OhioMHAS to use a statutory formula to award any additional funding to Boards.
- Residential State Supplement (RSS): Adds $1 million in each year for annual investment of $16 million, and gives OhioMHAS additional rule making authority for RSS.
- Recovery Housing; allocates $20 million for the expansion of recovery housing as defined in ORC 340.01; funds must be spent on capital investment
- Stabilization Centers; requires Boards to collaboratively establish in each of the six-state psychiatric hospital catchment areas: Substance Abuse Stabilization Centers ($6 million/year appropriated) and Mental Health Crisis Centers ($1.5 million/year)
Prevention and Wellness
- State funding of $2.6 million/year for substance abuse and mental health prevention
- Evidenced based prevention in schools $500,000/year
- Evidence base prevention activities $1.5 million
- Suicide prevention $500,000

Criminal Justice Programs
- Partnership with Department of Corrections; OhioMHAS staff will continue to provide treatment within the state prison system.
- Continues resources for recovery supports and treatment for released inmates
- Continues funding for Care Source (managed care company) for offenders who received SUD treatment within the prisons system. Upon release, these offenders with SUD, will receive enhanced community based services and recovery supports, which provide increased access to housing, vocational and peer supports. The goal is to reduce recidivism through treatment.
- Local Criminal Justice Partnerships
  - Continued Investments:
    - Specialized court docket support at $5 million/year; supports courts that connect non-violent offenders with community supports required to stay in the community rather than serve a sentence in jail or prison.
    - Medication assisted treatment (MAT) drug court programs at $8 million/year
    - Linkage to behavioral health services at prison release (SUD & MH) $4 million/year
  - New investments
    - Pilot program to support Mental Health Courts: $500,000/year in Franklin and Warren Counties
    - Psychotropic drug reimbursement program

Support for Children and Families
- Strong Families/Safe Communities - $4 million/year
- Early Childhood Mental Health - $5 million/year

Workforce Development
- Behavioral health workforce training – one-time funding for behavioral health providers that may be used for training/supervision for licensure, loan repayment program or tuition
- Resident Trainee funding
- Workforce development to support 21st Century Cures grant
- 21st Century Cures workforce initiatives (see details in Step 1, SUD Treatment section)

Outreach – required by legislation
- Creates the All Roads Lead to Home public relations program which must include:
• A media campaign
• Development of a website
• 24-hour consumer hotline

• Creates Opioid Addiction Treatment website and mobile application in partnership with Development Services Agency and Ohio State University

**Opioid Crisis**

**State Targeted Response (STR) to the Opioid Crisis**
Ohio ranks second nationally in opioid overdose deaths, surpassed only by the state of California. Unintentional drug overdose continued to be the leading cause of injury-related death in Ohio. In 2015, drug overdoses caused the deaths of 3,050 Ohio residents, which is the highest number on record. Opioids (heroin, fentanyl and prescription) remained the driving factor behind unintentional drug overdoses in Ohio. The sharp increase in overdose deaths coupled with National Survey on Drug Use and Health (NSDUH) prevalence data on individuals needing but not receiving treatment led to the identification of priority target areas to focus project efforts. The targeted strategies outlined in Ohio’s Opioid STR which proposal will impact over 8 million Ohioans, which represents 75 percent of the state population, and encompasses 53 percent of counties and board areas. The goals and activities of this work, as well as other work in response to the opioid crisis is included in the Substance Use Disorder section.

**Major Initiatives Impacting All Populations**

**Addressing Health Disparities**
Ohio has a plan to address health disparities through a *Cultural and Linguistic Competency Plan, Intro Action: 2020 Strategic Vision OhioMHAS Commitment*. OhioMHAS partnered with external stakeholders to develop a plan to use cultural and linguistic competence strategies to change “one size fits all” approaches in behavioral health care delivery to strategies that offer high-quality, person-centered care. The department has dedicated itself to providing appropriate, accessible services to Ohioans, who encompass a broad range of human differences such as ability and disability, age, educational level, ethnicity, gender, geographic origin, race, religion, sexual orientation, socio-economic status and values. OhioMHAS recognizes that its vision must entail supporting, endorsing and encouraging community system partners – including county and local entities – to identify, initiate and implement cultural and linguistic competence services for all recipients of care. OhioMHAS acknowledges that there is significant evidence of health inequities and disparities disproportionately impacting outcomes experienced by minorities when compared to those experienced by the general population. To address inequities, the *OhioMHAS Cultural and Linguistic Competency Plan* provides state and local systems with the strategies necessary to achieve the following:

- Enhance workforce competency of race, ethnic and cultural groups in Ohio by increasing awareness of cultural and linguistic needs, treatment barriers and service gaps;
• Improve organizational procedures by adopting and promoting policies that enhance communication and community engagement; and
• Improve outcomes by assessing organizational activities and community services.

For goals and activities of this plan, please see the Environmental Factors and Plan section, Health Disparities.

Trauma-Informed Care
Ohio’s statewide trauma informed care initiative will expand its trauma-informed care awareness and trauma-responsive services to Ohio’s law enforcement agencies. OhioMHAS will assist in the development of a trauma-informed approach curriculum for law enforcement. The Ohio Peace Officer Training Academy, a division of the Ohio Attorney General's Office, has developed a six-hour curriculum entitled Trauma-Informed Policing required of all sworn and commissioned law enforcement officers (30,000+). The course introduces trauma and trauma-informed approaches in policing, describes how prevalence of trauma histories among Ohioans and explains how trauma may impact law enforcement in their jobs and personal lives.

Ohio will continue to use a train-the-trainer model to train providers in trauma-informed approaches which provided 268 trainings to 10,500 providers. Content included understanding trauma, trauma-informed approaches, guidance and implementation, healing and recovery. Additionally, OhioMHAS is also piloting trauma-informed care for residential providers in partnership with Ohio Department of Developmental Disabilities. To support these training efforts, Ohio has developed nine Ohio Voices Videos which feature persons with lived experiences who share their trauma histories and the strategies they employed to support resiliency. The videos focus on the impact of trauma on recovery housing residents, children and older adults, law enforcement staff, young children and their caregivers, and persons in recovery.

In the coming year, Ohio will:
• Continue to offer Trauma-Informed Approaches: Key Assumptions and Principles training; improve connection with ADAMH Boards with goal of Boards sustaining this trauma-informed training and approaches in their communities
• Implement trauma-informed care principles into crisis response teams and vicarious trauma in first responders
• Roll out of Trauma-Informed Approaches: Responding to Older Adults in partial support of case manager’s new trauma informed care standards
• Provide technical assistance to agencies and organizations which desire to become Recovery Oriented System of Care

Ohio Association of County Behavioral Health Authorities (OACBHA, an association of ADAMH Boards) continues to implement its five-year plan, Recovery is Beautiful: A Blue Print for Ohio’s Community Mental Health and Addiction System. This five year-plan as goals and action steps to move Ohio’s fifty local mental health and addiction systems toward a Recovery-
Oriented System of Care. A ROSC emphasizes a community-based system of care that includes prevention and wellness, crisis and treatment services, and recovery supports to help individuals with a mental illness and/or addiction achieve recovery. A fundamental value of ROSC is the involvement of people in recovery, their families and their communities to continually improve access to and quality of services. Through the ROSC initiative, local Boards have assessed their community’s system of care, and participated in recovery focus groups and trainings to strengthen the recovery orientation of local systems of care. Boards are making changes in their communities that facilitate partnership of persons in recovery with the organizations that plan, provide and fund services.

This initiative also supports Ohio’s *Recovery IS Beautiful* movement, which is working to provide individuals and families with hope and encouragement while changing the conversation in regards to mental illness and addiction. “We want people to know and understand that:

1. *Mental illness and addiction are chronic illnesses.*
2. *Both mental illness and addiction can be successfully treated:* Treatment Works and People Recover. 
3. *Recovery is to be celebrated.* Individuals in recovery become active and contributing members of their communities.

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**Ohio’s Mental Health and Addiction Services System**

**Strengths**

- Ohio redesigned its Medicaid benefits for substance use disorder and mental health to align with national standards, and expanded services to those most in need.
- OhioMHAS has strong partnerships with the criminal justice system to operate SUD treatment programs in prisons, and a program in which persons with mental illness and/or SUD being released from prison are linked with treatment and recovery supports.
- OhioMHAS provides $8 million in funding for MAT in drug court programs, and provides $5 million in funding for staff of specialized docket court programs that provide community interventions for non-violent offenders with mental illness or SUD as an alternative to jail or prison sentences.

**Needs:**

- Ohio ranks second nationally in opioid overdose deaths, surpassed only by the state of California. Unintentional drug overdose continued to be the leading cause of injury-related death in Ohio, and resulted in 3,050 deaths in 2015. Ohio will be implementing targeted strategies to address the opioid crisis.
- Ohio has health disparities among population groups; these are being addressed through a Cultural and Linguistic Competency Plan, Into Action: 2020 Strategic Vision OhioMHAS Commitment.
Persons with SUD and mental illness continue to have housing needs that are not always met. Ohio’s legislature appropriated $20 million for the expansion of recovery housing in capital investment. It also appropriated $16 million for residential state supplement for persons disabled by serious and persistent mental illness, as well as SUD, developmental disabilities or physical disabilities.

(2) Behavioral Health Promotion, Prevention and Early Intervention Services and Supports

Introduction
OhioMHAS supports a continuum of care using a public health model which includes health promotion, prevention, early intervention, treatment and recovery supports. Behavioral health promotion includes supporting wellness, early intervention and prevention of mental health and substance use disorders. Prevention and early intervention is addressed across the lifespan with a focus on children and their families to intervene as early in life as possible. The Governor promotes Start Talking to encourage parents and youth to talk about substance use to reduce use. As Ohio transforms its health care system, behavioral health promotion is essential to keep costs down, to improve the quality of care and to increase satisfaction with care. Behavioral health promotion has an important role in preventing or delaying the onset of acute and chronic disorders. Promoting healthy environments, norms and behaviors is an important component of health reform.

Targeted Population

Primary prevention is directed towards Ohio’s entire population of about 11.6 million persons in 2016. Ohio is a very diverse state which includes Appalachian counties, major cities (Cleveland, Cincinnati and Columbus), suburban counties, smaller cities, and rural northern communities typical of the upper Midwest. While Ohio’s population is 83.2% white, 12.5% black or African American, 0.3% American Indian, 3.4% Latino, and 1.9% Asian, Ohio’s individual counties have very different population mixes. Each of these local communities has an ADAMH Board which is responsible for funding, planning and evaluating services for their local communities.
OhioMHAS, ADAMH Boards and providers face challenges in addressing the prevention needs of new, emerging and under-represented populations in culturally competent ways. Ohio has significant African American, Somali, Latino, Asian, Appalachian and Amish population groups. These new immigrant and refugee populations from Asia and North Africa are increasing the number of languages and dialects spoken, stretching current capacity and dramatically boosting the demand for English as a Second Language services. In addition, the demographics of persons served by Ohio’s behavioral health system do not necessarily reflect those of persons in need of services, but rather persons who are comfortable accessing services. Most professional conference and training events try to incorporate cultural competency components into all elements of planning and implementation. As Ohio’s increasingly diverse population grows, the ongoing need for behavioral health prevention, treatment and recovery providers to be adequately trained remains a priority.

OhioMHAS recognizes the need to be more inclusive in engaging Ohio’s culturally diverse populations in prevention planning, coalition participation, and access to services. OhioMHAS is working to better engage Ohio’s diverse populations in prevention planning and in coalition work. The goal is to ensure that all components of the Ohio prevention system are providing culturally appropriate prevention services and optimizing inclusion of these disparate populations in the system. In communities with large minority populations and high poverty rates, minority youth have increased vulnerability. It is imperative that communities understand the risk to youth and how to address the issues to decrease the risk. The Urban Minority Alcoholism, Drug Abuse and Outreach Programs (UMADAOPs) are subject matter experts in cultural competence, and are a resource to their communities. As a part of the SPF Ohio has also have developed a Cultural Competency Plan which is in the process of being implemented.

Additionally, the Multiethnic Advocates for Cultural Competence, Inc. (MACC) unveiled a State of Ohio Cultural Competence definition that was developed in 2010 by various state departments including OhioMHAS.

“In Ohio, 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.”

This definition begins to lay a foundation for building cultural competence, and the implementation of a Cultural Competency Plan and its recommendations to enhance cultural competency within the prevention system will result in increased prevention workforce capacity in cultural competence and increased participation of under-represented and underserved populations within the prevention system (including community coalitions).
Ohio’s Prevention Providers
Ohio has a wide range of prevention providers. As Ohio is a home rule state in which fifty ADAMH Boards plan, evaluate and fund local services with state oversight, Ohio has fifty different behavioral health systems. Each ADAMH Board plans services which meet the needs of the local population, and builds on the institutions, organizations and personal relationships that shape local systems of care. Many Boards use a portion of their local tax levy to support prevention efforts which are tailored to the needs of the population in their communities which can lead to a more culturally sensitive system of care.

OhioMHAS has found that community coalitions are the single most effective means of promoting alcohol, tobacco and other drug prevention among professionals. Ohio has over 100 Drug Free Community Coalitions and more than 80 Suicide Prevention Coalitions. Additionally, OhioMHAS has partnered with ADAMH Boards and other provider systems including schools and health care systems to imbed prevention interventions into other systems such as schools, faith-based organizations, work places and health care systems. As Ohio’s behavioral health system is so large and diverse, it is not possible to describe each individual prevention provider. However, OhioMHAS can describe some examples of providers to provide a picture of the state’s prevention providers. Some examples of Ohio’s prevention providers are:

Urban Minority Programs
- Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP) – UMADAOP provide prevention and treatment to African American and Hispanic communities in urban areas.
  Example: The Cleveland Hispanic UMADAOP serves the Hispanic community with culturally sensitive prevention services and treatment services. Prevention programs include programs for teens at risk for addiction or of dropping out of school, driving while under the influence programs for adults and HIV prevention programs.

Women’s Prevention Programs
- Urban Ounce of Prevention- The New Beginnings Project goal focuses on prevention and the following health-related issues: 1) adult female alcohol/ drug use and abuse during pregnancy; 2) infant mortality and low-birth weight; 3) cultivating healthy parent-child relationships; and 4) domestic violence

Drug Free Community Coalition
- Drug Free Community Coalition- Talawanda School District-Coalition for a Healthy Community-Oxford area. The Coalition for a Healthy Community is designed to provide support for the planning and implementation of environmental based strategies to address substance use. Our objective for this year is to focus on the perception of risk and harm
associated with substance use, specifically prescription drugs and marijuana. In addition, we will focus on capacity building and member training.

**Opiate Advocacy – Community Prevention**

- Prevention Action Alliance- Grief, Advocacy & Prevention seeks to build grassroots coalitions through the Ohio GAP Network that will be linked with the Statewide Prevention Coalition Association (SPCA). This initiative will empower and train family engagement groups, link them to coalitions in their communities, and create a statewide advisory group. Through networking, training and mentoring, a strong emphasis will be placed on grief management, and building on it to offer grief peer coaching. Additionally, members will be trained in advocacy principles to take their zeal, and use it to effectively advocate and promote environmental change, as well as learn to use other evidence-based prevention strategies.

**Prevention in Partnership with Schools and Communities**

- Deaf Students - Family Services Association - Educating No Drugs uses culture-specific curricula and activities to create awareness and prevent alcohol and other drug use among K-12 Deaf, Hard-of-Hearing and Kids of Deaf Adults youth. Utilizing classroom instruction, campaigns, public service announcements, camping, leadership training and student-led events, 1600 students receive information, resources and activities to increase knowledge, build protective factors and strengthen drug-free peer culture.

**Build Prevention Capacity**

**Prevention and Mental Health Wellness Guidance**

Prevention and wellness focuses on reducing the likelihood of or delaying the onset of behavioral health problems (i.e. substance abuse, mental illness, suicide and problem gambling). Prevention services are a planned sequence of culturally appropriate, evidence-driven strategies intended to facilitate attitude and behavior change for individuals and communities. Ohio supports a public health approach to prevention and mental health wellness to address healthcare and early intervention efforts for all Ohioans.

Following the Public Health model, strategies implemented are based on the assessment of needs, resources and readiness conducted as part of the community planning process to ensure that funded strategies will address community risk and protective factors that either complicate or mitigate mental illness, addiction and other risk behaviors. These community and statewide prevention and wellness efforts benefit all Ohioans.

Behavioral health problems are complex and therefore cannot be adequately addressed without involving multiple systems that impact risk and protective factors. Risk factors are
neurobiological factors, stressful events or psychosocial factors that increase an adolescent’s vulnerability to poor outcomes. Protective factors help safeguard youth from poor outcomes. This framework suggests that outcomes grow out of the complex web of interactions of various domains including: genetic/individual, family, peers, school, community and society to prevent or ameliorate severe outcomes.

Ohio has updated its Prevention Guidance based on a model for how the federal Center for Substance Abuse and Prevention’s (CSAP) six prevention strategies are to be implemented for the greatest impact in Ohio communities. The following graphic provides a visual representation of how the six CSAP strategies contribute to individual and community-level change. This new model provides a foundation for how substance abuse and mental illness prevention intersect. The focus on intended level of change and a further definition of strategies allows for the work of multiple systems to be integrated into one conceptual model.

**Prevention education and environmental strategies** are the main prevention strategies which have the strength to influence attitude, behavior and meet outcomes on their own. The other four strategies support the implementation of these two main strategies. All six strategies are needed as part of a comprehensive prevention and wellness approach. **Information dissemination** creates awareness and builds knowledge which provides a foundation for community-based process to engage and mobilize communities into action. Although prevention education interventions can be implemented without information dissemination and community-based process, these interventions often lack the benefits resulting from broad-based community support and opportunities for expansion and quality improvement.
Community-based process activities are essential to effectively implement an environmental strategy. The problem identification and referral strategy is implemented as an adjunct when an individual enrolled in a direct service is identified as being able to benefit from services which exceed the scope of prevention. Alternative activities are implemented as a celebration of individual or community success. Alternative activities must be activities that will also contribute to addressing risk/protective factors and/or intervening variables identified in initial program development.

Increase Community Capacity
OhioMHAS has a historic process for community and statewide assessment and planning for prevention guided by state and federal law and regulation. State law requires that ADAMH Boards conduct community needs assessments for behavioral health services which are included in a Community Plan submitted to the state. Additionally, Ohio’s state substance abuse authority has implemented an assessment as a part of the Ohio Strategic Planning Framework with a series of grants from SAMHSA. In addition to current efforts, the Ohio Strategic Prevention Framework (SPF) Strategic Prevention Enhancement (SPE) Evaluation Team conducted a variety of assessments and inventories to inform the work of the SPE Consortium specifically around data collection. Ohio Community Plans, Ohio Family Health Study, and National Outcome Measures (NOMS) all inform Ohio’s prevention planning efforts. This assessment process for all services is in Step 2 of this document.

Increase Community Capacity through Workforce Development (WFD) Plan
OhioMHAS has a goal to create a competent and diverse behavioral health prevention workforce through a structured two-year plan. The objectives for the plan are:

- Define and promote a common language for prevention across systems.
- Continue to educate field on behavioral health, prevention/promotion and population-based strategies.
- Integrate behavioral health in and with Public Health.

The WFD Plan will also include the updating and revision of the E-Based Academy to include the integration of behavioral health in the selection of educational sessions. OhioMHAS will also continue to maintain a connection with the Ohio Chemical Dependency Professionals Board (OCDPB) and ensure all training sessions follow the identified credentials and domains. It is the expectation that there will be a Substance Abuse Specialist Skills Training in each region annually and one statewide opportunity along with opportunities for test/prep study groups for the International Credentialing & Reciprocity Consortium (IC&RC) exam.

Ohio possesses both individual and agency certifications for Prevention. Agency certification is provided by OhioMHAS and has minimum requirements and criteria that agencies must demonstrate to be a prevention certified agency. The agency must show policies and procedures
that meet the requirements, as well as show evidence of culturally appropriate interventions and qualified personnel that are implementing the interventions. Agencies are certified for three-year time periods after which they can participate in a renewal process. (The complete rules document can be found at http://mha.ohio.gov/Portals/0/assets/Regulation/Rules/12082016/OAC-5122-29-20-Prevention-service.pdf.)

Prior to SFY 2013 there were three certification options for an individual to choose: Registered Applicant (RA), Ohio Certified Prevention Specialist I (OCPSI) and Ohio Certified Prevention Specialist II (OCPSII). The purpose of an RA was to enable an individual to begin the process of prevention certification while working in the field. Staff can practice at the RA level for an indefinite amount of time under supervision of an OCPS I or II.

The OCDPB realized that there were many individuals “parked” in the RA level, and they were not advancing forward to the OCPS I or II. It was decided that the creation of an Ohio Certified Prevention Specialist Assistant (OCPSA) would help individuals who may not have the required educational hours or work experience to move forward and provide an opportunity for them to complete their credential. The committee developed educational criteria and scope for the OCPSA and put a two-year limit on the RA level. This addition of the OCPSA will increase the capacity of the prevention field in Ohio significantly.

Note: The OCDPB changed the credentials to RA, OCPSA, OCPS and OCPC (Ohio Certified Prevention Consultant) in 2017.

Alignment of Prevention Service System with other Systems

Ohio’s Strategic Prevention Framework Partnerships for Success (SPF PFS)
Ohio has been awarded $8.13 million for the Strategic Prevention Framework Partnerships for Success Grant for 2014 – 2019 from SAMHSA/CSAP (Center for Substance Abuse Prevention). This grant builds on Ohio’s 2009 five-year, Strategic Prevention Framework State Incentive Grant (SPF-SIG) totaling more than $10 million, and a 2011 Strategic Prevention Enhancement (SPE) Grant for $600,000. The SPF-PFS initiative will continue to enhance and strengthen the capacity of the state and local communities to build a sustainable, culturally competent infrastructure focusing on delaying the onset of alcohol and other drug use and reducing substance-related problems. To continue to develop capacity at the community level, Ohio is using training, technical assistance and coaching to provide intensive, ongoing support. These strategies lay a solid foundation for the soon to be funded sub-recipient communities, to work collaboratively with other community entities to address community prevention and needs. The PfS Advisory Committee will oversee the work and will collaborate with the SEOW and representatives of state agencies, foundations, universities, prevention providers and other community members.
Interagency Prevention Partnership
As a part of the SPF grants work, Ohio developed an Interagency Prevention Partnership (IPP) to oversee the grant processes, make policy recommendations, provide input into the development of plans, and to help guide the state substance abuse prevention system. Strengthening working partnerships has allowed the IPP members to explore the opportunities to: a) embed substance abuse prevention within their infrastructure at both the state and community levels; b) share resources and cross train staff; and c) explore cost saving opportunities as Ohio transforms its healthcare delivery system. These efforts increase the mental health and substance abuse prevention system capacity and support for effective prevention services.

The IPP partners include the Ohio Departments of Health, Mental Health and Addiction Services, Education and Youth Services, along with representatives from the Ohio National Guard, the University of Cincinnati, Ohio University, Ohio Children’s Trust Fund and the Ohio Suicide Prevention Foundation. Community level stakeholders include the Urban Minority Alcoholism and Drug Abuse Outreach Program (UMADAOP) Federation and the Licking County Juvenile Justice Association. These community stakeholders have strengthened decision making related to community level collaboration. Having multiple disciplines at the table has allowed the creation of comprehensive plans aimed at closing state priority gaps related to capacity building and system enhancement tasks.

The IPP members developed a five-year strategic plan with four main goals and more than 20 actionable objectives. The group continues to discuss how to utilize available and planned resources, key personnel, and stakeholders to address concrete action steps and milestones for completion to meet the goals of the strategic plan. The expertise from all members of the IPP has enabled the plan to include goals, objectives and strategies for integrating a community-based, state supported holistic approach to mental health and substance abuse prevention.

Ohio’s Strategic Prevention Framework for Prescription Drugs (SPF-Rx)
Ohio was awarded the Strategic Prevention Framework for Prescription Drugs grant (SPF-Rx) through the Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Prevention (SAMHSA CSAP). This project is a 5-year initiative for a total of $1,858,080. Ohio’s SPF-Rx Initiative seeks to raise awareness about the dangers of prescription drug misuse, work with the pharmaceutical and medical communities on the risks of overprescribing, and increase the utilization of the Ohio’s Automated Rx Reporting System (OARRS). It will enhance infrastructure and prescription drug prevention throughout Ohio, especially in rural and Appalachian communities.

Ohio’s SPF Rx is aligned with the Ohio’s SPF-PFS grant and focuses on rural and Appalachian communities in Ohio which are in high need and/or have lower capacity to combat the prescription drug misuse issue. The decision to select Appalachian and rural communities as the
target population for this grant grew out of several years of need, resource and readiness assessment work conducted at the state and local levels. The first year of the grant is being spent on the development of a 5-year plan, working collaboratively with the Ohio SPF-Rx Workgroup.

**Drug Free Community Coalitions and the Statewide Prevention Coalition Association**
Ohio has found that community coalitions are the single most effective means of promoting grassroots alcohol, tobacco and other drug prevention across disciplines at the local level. Drug Free Community Coalition funding helps communities to address local alcohol and other drug abuse needs and mobilize and promote healthy youth development and healthy communities. Coalitions assist county alcohol and drug boards in determining prevention needs and in developing strategic prevention plans. The Department currently funds 18 coalitions in 16 counties. The Department also supports the Statewide Prevention Coalition Association (SPCA) and the Ohio Center for Coalition Excellence (OCCE) in working with coalitions in over 100 communities. Both SPCA and OCCE provide training, technical assistance and support to communities in their efforts to impact community norms; access and availability of alcohol, tobacco and other drugs; media messages; and policy enforcement issues on the local level.

The Department also supports over 80 Suicide Prevention Coalitions through a grant to the Ohio Suicide Prevention Foundation. Ohio has a rich history of coalition development. Ohio’s community coalitions serve geographically and culturally diverse populations; however, there are gaps in that service. Some counties and board areas have very few, if any, community coalitions, while others have many. A few of the 29 federally funded Drug Free Community Coalitions have also received funding for the Sober Truth on Preventing Underage Drinking campaign. The Statewide Prevention Coalition Association is unique in that it is the only statewide association for prevention organizations in Ohio. The statewide perspective enhances and broadens the local and regional perspectives that the members have. The focus of these groups is to help local communities increase capacity, increase use of environmental prevention strategies, and foster healthy communities.

**The Ohio Center for Coalition Excellence** was conceptualized to assist communities to mobilize substance abuse prevention efforts. Ohio Center for Coalition Excellence (OCCE) assists community groups to build their local collaborative capacity, to plan, implement, evaluate and sustain prevention strategies within communities. The goal continues to be to increase capacity, change community environments and build healthy communities. The OCCE works with the Underage Enforcement Training Center, Community Anti-Drug Coalitions of America and national and state experts to provide trainings that assist coalitions in strengthening coalition development and increasing impact within communities.
School Based Prevention

Strong Families, Safe Communities
Governor Kasich and the State of Ohio are committed to improving care coordination and providing support for families with children in crisis who present a risk to themselves, their families, or others because of mental illness or a developmental disability. Many children who are at risk are not engaged in treatment programs and may not be known to the community until a crisis unfolds. Care coordination and targeted crisis intervention services can quickly stabilize a child’s health. Support for these families in need will reduce risk of harm and help the family remain together. During spring 2013, the Ohio Departments of Developmental Disabilities (DODD) and OhioMHAS sought collaborative community proposals to establish treatment models of care that focus on crisis stabilization for children with intensive needs. This initiative has engaged local systems to identify community-driven solutions that highlight collaboration across agencies to develop the best possible outcomes for children and families.

In July, 2013, DODD and OhioMHAS announced awards of nearly $3 million out of a $5 million grant to seven community partnerships to implement the Strong Families, Safe Communities project and to provide care coordination and crisis intervention services for youth at risk of harming themselves or others due to a mental illness or developmental disability. In addition to the grant awards, the project will train mental health and developmental disabilities services professionals in crisis intervention.

Good Behavior Game
Ohio supports the Good Behavior Game (GBG) because it has shown both proximal and distal outcomes regarding student behavior, mental illness and substance abuse. The research suggests that durable results lasting well into young adulthood can be achieved with only one year of exposure to the GBG in first grade. GBG has been broadly embraced by teachers in Ohio due to more and more children coming to school with problem behaviors and difficulty with self-regulation. Self-regulation of attention is a meta-skill that predicts standardized achievement test scores and school success. GBG used during normal instruction gives teachers a tool to cultivate this essential skill. Ohio communities are using GBG both with and without coaching. The training, coaching, and materials cover all sorts of strategies to make the game more effective; how to increase PAX (good behavior) when not playing the game; and what to do with children who are not responsive or have special needs. The fundamental units of behavioral influence that underlie effective prevention and treatment, or “kernels,” introduced to participants have been used with a wide range of ethnic groups and diverse populations. The brain science behind the success of kernels is universally applicable. Ohio is utilizing the STR grant funding to bring PAX GBG to scale across the state.
Infuse Prevention Capacity into Other Systems

Positive Parenting and Screening
Ohio’s public service system must seek out ways and means to encourage positive parenting skills and referrals to behavioral health services when identified through screenings. Some models have been used successfully to influence positive parenting outcomes. The **Positive Parenting Program or Triple P** is an evidence-based public health approach for improving parenting practices and child welfare outcomes within a population. It can be implemented in healthcare, child welfare, schools, behavioral health, child care, libraries, military and others.

The principles of Triple P are:
- Ensuring a safe, engaging environment
- Creating a positive learning environment
- Using assertive discipline
- Having realistic expectations
- Taking care of yourself as a parent

Another successful model program supported by the Office of Prevention and Wellness is called **Building “Piece” of Mind and Purposeful Parenting**, and it is being championed in Ohio by the Ohio Academy of Pediatrics. This program provides simple handouts and tools to promote early childhood development from birth to age three, and offers additional tools to help young children grow with self-confidence, health and happiness. The six parts of Purposeful Parenting are being protective, personal, progressive, positive, playful, and purposeful so that parents and caregivers can decrease toxic stress. Decreasing toxic stress releases an in-born drive to grow, to learn, to contribute, and to connect with others. Purposeful Parenting helps children to be all that they can be. To learn more, please visit, [http://www.ohioaap.org/building-piece-of-mind/](http://www.ohioaap.org/building-piece-of-mind/).

OhioMHAS is working in partnership with Wright State University (WSU) in the development of Behavioral Prescriptions. WSU has extracted the active ingredients of many effective behavioral health programs and provided training on these "evidence-based" kernels to "non-usual care providers." This has allowed WSU to expand the breadth of universal prevention outside school-based practices and into the community to include: juvenile courts, parents, foster parents, piano teachers, babysitters, basketball coaches, etc. Fruth, Mayer, Finnegan (2014) have demonstrated that “non-usual are providers match the effectiveness of teachers and behavioral health professionals.

**Suicide Prevention**
Approximately 1,400 Ohioans die by suicide each year. Males account for about 80 percent of Ohio’s suicides, and firearms are used in more than 55 percent of completed suicides. Roughly 90 percent of people who complete suicide experience a mental health and/or substance use
disorder that is untreated or under-treated at the time of death. It is estimated that more than 70 percent of youth who attempt or complete suicide have alcohol or illicit drugs in their systems; suicide is the number 2 cause of death for youth ages 19 to 24.

Substance abuse, addiction and depression are key risk factors in suicide deaths and attempts. To prevent suicides, OhioMHAS funds the Ohio Suicide Prevention Foundation (OSPF) to promote suicide prevention as a public health issue and advance evidence-based awareness, interventions and strategies that will support all Ohio-based suicide prevention efforts to save the lives of hundreds of Ohioans. The audience for the primary prevention efforts of the Foundation is essentially the entire population of the state, while specific at-risk audiences, such as substance abusing populations, may be the target of specific preventative programs. More than 5,000 people benefit from these efforts each year.

Suicide Prevention Community coalitions are committed to reducing stigma, which helps increase people’s ability to seek help and ultimately prevent the loss of life from suicide. These coalitions provide training and education on suicide risk factors, warning signs (especially when combined with substance use/abuse), depression, and prevention strategies. Community collaboratives apply for mini-grants to develop and execute combined suicide/substance abuse/depression prevention strategies in their communities. The strategies developed are culturally relevant to the intended audiences and inclusive of local resources.

Additionally, suicide prevention is a public health priority and has support from both the Governor and the Legislature. The OhioMHAS Medical Director’s Office and the Office of Prevention and Wellness are working collaboratively on the statewide suicide prevention initiatives. These initiatives complement and enhance the work of the Foundation and other entities addressing this issue. Additionally, OhioMHAS will collaborate with suicide coalitions to identify effective interventions and assist with replication across the state and enhance web-based resources for public awareness.

OhioMHAS will also work toward the development of an advisory group to guide these efforts. This group will assist to leverage other potential funding sources and help to monitor data to assess efficacy and effectiveness of interventions.

**Bureau of Workers’ Compensation Drug-Free Safety Program and Safety Congress**
The Drug-Free Safety Program (DFSP) offers a premium discount through the Ohio Bureau of Workers’ Compensation (BWC) to eligible employers for implementing a loss-prevention strategy addressing workplace use and misuse of alcohol and other drugs, especially illegal drugs. In partnership with BWC, OhioMHAS assists in the yearly planning of the Ohio Safety Congress & Expo. The Congress is the largest regional safety and health conference in the nation, bringing in more than 6,000 attendees annually. In addition to the 225 exhibitors
showcasing their latest safety innovations, products and services, there are 170 educational sessions offered on a variety of the hottest topics in the industry. Sessions are led by experts in their respective fields and all sessions offer continuing education credits.

Increase Workforce Capacity
Workforce development is a challenge for the prevention field in Ohio. Recruitment is a significant problem for the substance abuse prevention profession because of a lack of standardized education pathways. Retention is also a concern because of the rate of turnover for substance abuse prevention professionals, due to inequalities in salary and workloads. Young professionals come into the field and gain experience for a few years and move on to better paying positions. This coupled with the aging workforce in substance abuse prevention provides unique circumstances when looking at workforce development issues long-term. While Ohio is fortunate to have a relatively strong infrastructure supporting the prevention, several factors affect advancement of this system. These include periodic state budget reductions in the amount of per capita allocations going to county boards to support prevention services and a reduction in the amount of competitive funding awarded by OhioMHAS.

To address these issues and modernize Ohio’s prevention system, the state embraced the findings and recommendations in the 2009 Institute of Medicine (IOM) report on “Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities.” The first step to implementing the IOM report recommendations is building awareness through major conferences and meetings. Seven sponsoring organizations held six different events to build awareness in Ohio between September 2012 and May 2014. Sponsoring organizations include Alcohol and Drug Abuse Prevention and Association of Ohio (ADAPAO), Prevention Action Alliance, Ohio Prevention and Wellness Roundtable, Ohio Association of County Behavioral Health Authorities, OhioMHAS, Ohio Prevention Education Conference, and Ohio Early Childhood Conference. Ohio continued to build on these efforts, and hold additional conferences and summits in 2016 and 2017, OPEC conference, Early Childhood Mental Health Conference, Ohio Adult Allies Summit, are just a few. Additionally, the Prevention Action Alliance will continue to provide training, technical assistance and support to communities in their efforts to impact community norms; access and availability of alcohol, tobacco and other drugs; media messages; and policy enforcement issues at the local level.

Empower Pregnant Women to Make Healthy Choices

Pregnant Women and Mothers of Dependent Children
The Department supports programs to address the prevention needs of women with a focus on pregnant women, and women with children and their families. Quarterly meetings bring the programs together to help close the gap between the number of women in need of prevention services and the availability of services designed to address the complex needs of women.
Additional activities are planned for SFY 2016 - 2017 to create statewide interest in the learning community.

**Fetal Alcohol Spectrum Disorders (FASD) Initiative**

Each year, as many as 40,000 babies are born in the United States with an FASD, costing the nation about $4 billion, and yet, prenatal exposure to alcohol is the leading cause of preventable birth defects in the country. In conjunction with the state’s FASD efforts, a public education campaign was developed titled, **Not a Single Drop**. An Ohio website [https://notasingledrop.mh.state.oh.us/](https://notasingledrop.mh.state.oh.us/) redirects visitors to a website packed with information and resources for parent and community education on FASD issues. Radio and television Public Service Announcements (PSAs) are included with the campaign. Since the Department integration, the Not a Single Drop site needs to be updated.

Since 2004, OhioMHAS has served as the key coordinating agency for Ohio’s FASD Statewide Committee, a partnership that also includes eight other state agencies, three universities, providers and parents. The Statewide FASD Steering Committee has worked to develop an integrated system for addressing the prevention and identification of fetal alcohol spectrum disorders (FASD).

A project implemented an Alcohol Screening Brief Intervention (ASBI) process in Ohio WIC (Women Infants and Children) in Montgomery County. This initiative allows for the screening of all WIC pregnant women for alcohol use, provision of brief interventions to all who screen positive, follows those receiving brief interventions during pregnancy and refers them to treatment services. The goal is to educate pregnant women about the dangers of drinking alcohol while pregnant and in turn, positively influence their decisions about reducing or completely ceasing drinking.

**Maternal Depression**

Perinatal Depression encompasses a wide range of mood disorders that can affect a woman during pregnancy and after the birth of her child. It includes prenatal depression, the “baby blues,” postpartum depression, and postpartum psychosis. Ohio is 49th in the nation for infant mortality. Although African American babies are dying at double the rate of Caucasian counterparts, Caucasian babies are equally at risk. Of the many risk factors that impact a baby’s failure to thrive, maternal depression and stress are significant factors. If the condition is interfering with the woman’s ability to do what she needs to do for herself or her child, it can result in serious consequences. Screening is an easy, quick and affordable method of identifying women who may be struggling with depression. Successful efforts to prevent and treat maternal depression require an awareness of how common the disorder is, accurate identification of symptoms, and initiation of treatment as quickly as possible. Since depression occurs across all age, race, ethnic and economic groups, every new mother should be screened and educated about perinatal depression.
Support Families with Children and Youth

Start Talking!
Far too many Ohio families know the heartache of having a loved one deal with the nightmare of drug abuse. When that someone is a child or young adult, the emotional pain can be unbearable. But here is where it gets better: kids are up to 50 percent less likely to use drugs when their parents or other trusted adults talk with them about drug use and abuse. Understanding that this is not an easy discussion to begin, Governor John Kasich and First Lady Karen W. Kasich launched the Start Talking! statewide youth drug prevention initiative to help parents and other adults communicate better with kids. Based on research and what experts say are the best methods to engage kids, Start Talking! offers four ways for parents and other youth leaders to approach children and young adults:

- **Know!** focuses on the parents of middle school students and provides tips and tools offered by the Drug-Free Action Alliance.
- **Parents360Rx** is a national program from the Partnership for Drug-Free Kids that is designed to educate adults about the dangers found in their own medicine cabinets.
- **5 Minutes for Life** engages student athletes and other young leaders as ambassadors.

The Start Talking Initiative aims to give students the courage to resist drugs and push back on peer pressure. Learn more about this initiative in its entirety at [www.StartTalking.ohio.gov](http://www.StartTalking.ohio.gov).

Parent Engagement Study
OhioMHAS seeks to support the empirical validation of a promising new practice to help families better manage their children’s challenging behavior. The role of parents is vital in shaping children’s growth, development and future achievements. However, families are often not sufficiently engaged by health care delivery systems around their children’s wellness. This program evaluation effort seeks to improve family engagement and effectiveness in managing their children’s problem behaviors by equipping them with a novel behavioral change method that can reduce preschool adjustment difficulties, preschool expulsion, emotional and social maladjustment, and subsequent potential problems in learning and behavioral concerns. The goal of this program evaluation effort is to determine that once trained in the FLIP-IT® model, the extent to which parents are able to affect decreases in negative behaviors and increases in positive behaviors in their children. The goal is to provide empirical support of the FLIP-IT® model as a promising best practice for use by families to improve the emotional and behavioral functioning of their children.
Increase Access to Youth and Family Prevention Services

The Department funds prevention services primarily through allocations to ADAMH Boards and funding of statewide initiatives. The ADAMH Boards contract with prevention providers to support the development and implementation of a comprehensive array of primary prevention intervention programs to meet the needs of their local communities. The Ohio Prevention Guidance document provides the guidelines for the delivery of this service array.

Strategies implemented are based on the assessment of needs, resources and readiness conducted as part of the community planning process. These guidelines ensure that funded prevention interventions will address community risk and protective factors that either complicate or mitigate substance use and other risk behaviors.

In addition to board prevention allocations, OhioMHAS has a variety of initiatives which form the foundation of the state-level prevention infrastructure and support prevention across the lifespan. Summaries of these initiatives are provided in this section.

Youth Initiatives

Ohio Youth-Led Prevention Network (OYLPN)

Promoting meaningful youth involvement in community prevention efforts is a sound investment in wellness for Ohio. Ohio has a proud history as the birthplace of two of the country’s longest-standing and most-widespread youth-led prevention programs: Teen Institute and Youth to Youth. These programs led to the development of the OYLPN. Youth-Led Prevention is based on the prevention theories of Social Emotional Learning, Resiliency, Youth Empowerment and Developmental Assets. These theories, in addition to evidence-based prevention strategies, provide a strong foundation toward supporting Youth-Led Prevention.

The OYLPN consists of youth-led prevention providers and youth throughout the state who are committed to the cornerstones of youth-led prevention, which are peer prevention, positive youth development, and community service. The OYLPN of a Youth Council (YC) that is the driving force behind the prevention initiatives and efforts established by the network to enhance youth-led prevention. Funds provided to Boards foster partnerships that empower youth to participate in community-based processes promoting the health and safety of individuals and communities. Funds are provided to the Prevention Action Alliance to conduct statewide initiatives and coordinate the network of local Youth-Led Prevention groups.

Through a strategic planning process the YC developed a statewide social norming campaign called We Are the Drug-Free MAJORITY! This campaign launched with a rally at the Ohio Statehouse in May, 2012, with more than 600 youth participating and has continued with over
1200 attending in 2015. This rally is a celebration to recognize the spark of the drug-free youth movement and to maximize the power of positive peer influence. This celebration is spread throughout the state with satellite events at various locations.

The YC also wants to encourage, inspire, and promote a healthy lifestyle choice for all teens as the various youth-led groups take the message back to their home communities. Over the years, the majority of teens who are drug-free have become a silent majority, allowing the minority to set the “norm.” Building awareness that most youth do not use substances communicates healthy expectations about alcohol and other drug-related behaviors.

The OYLPN has developed a Theory of Change for youth led programming in Ohio. Through the development of this theory of change, it became apparent that OYLPN impacted more than just substance abuse, but also impacted mental health promotion and wellness strategies; youth-led prevention takes a behavioral health approach to building resiliency and increasing protective factors in the youth and young adults of Ohio.

The OYLPN continues to build capacity for youth empowerment in local communities and regions through the development of regional youth councils and the implementation of the Holden Model youth empowerment framework across the state. This has been done through the establishment of Adult Allies across the state and intensive training around the SPF process.

**Decreasing Youth Access to Tobacco – Synar Compliance**

**Synar**  
Section 1926 of the U.S. Public Health Services Act, referred to as the Synar Amendment, requires states to decrease youth access to tobacco. All states are required to have a law making the sale of tobacco products to minors illegal; conduct random, unannounced inspections of tobacco retail outlets in a scientific manner to check the compliance with state law; and report each year on the enforcement of state law activities conducted the previous year, enforcement plans for the coming year, and the extent of success in reducing the availability of tobacco products to minors. The law also requires states to meet established compliance rates (currently 80 percent rate of non-sales to youth) or be subject to up to a 40 percent reduction of Substance Abuse Treatment and Prevention (SAPT) Block Grant dollars for prevention and treatment services. In 2015, Ohio’s compliance rate was 73.8 percent which put the state out of Synar compliance.

As an alternative to the 40 percent SAPT Block Grant reduction, the state of Ohio elected to accept the federally offered alternative penalty. This alternative penalty requires the state of Ohio over the next two federal fiscal years to spend approximately $3.97 million in new state funds on youth tobacco access enforcement and educational programs/activities. The Ohio
Department of Health (ODH), Ohio Department of Public Safety (ODPS) and OhioMHAS have worked together to implement these programs and activities.

**Compliance Checks**
OhioMHAS works with the Ohio Department of Public Safety’s Investigative Unit (OIU) to conduct enforcement activity for the state’s Synar program.

**Merchant Education**
Merchant education is provided by the OIU. The **A.S.K. (Alcohol Server Knowledge)** program, formerly known as **H.E.L.P. (Hire Education for Liquor Permitted Premises)**, provides merchants who sell alcohol with education about Ohio’s alcohol and tobacco laws and skill building in checking identification and refusing sale.

Merchants may also choose to receive training through other sources such as the **“We Card”** program. Educational material for employees is available via download from the OIU homepage or by request from the OIU. The pamphlet entitled “Clearing the Air on Ohio’s Tobacco Laws” is available in English, Spanish and Somali and was created for distribution through collaboration between OhioMHAS, OIU and the ODH. Merchant education materials are also in the process of being updated and refreshed as a part of our sanction activities.

Community Education: The OIU **“Sober Truth”** program provides information about Ohio’s tobacco and alcohol laws throughout the state.

**Programs Targeting At-Risk Populations**

**Urban Minority Alcoholism and Drug Abuse Outreach Programs**
The primary purpose of the Urban Minority Alcoholism and Drug Abuse Outreach Programs (UMADAOPs) is to provide culturally appropriate prevention services to African-American and Hispanic/Latino American communities in Ohio. These programs were created by the Ohio legislature in the 1980s, and are supported by state and federal funds. All programming activities are structured to provide a foundation to build healthy communities, positive youth development, violence and substance free lifestyles. UMADAOP provides programming with the belief that substance abuse is best prevented and treated when the cultural dynamics of a group are addressed and included in the process of prevention, treatment, recovery support. The UMADAOPs are located in Akron, Cincinnati, Cleveland, Cleveland Hispanic, Columbus, Dayton, Lima, Lorain, Mansfield, Toledo, and Youngstown. Since their inception, they have been a vital force in meeting the substance abuse education, prevention, treatment and recovery support needs of African and Hispanic/Latino Americans throughout the state of Ohio. The programs will remain central to OhioMHAS’ cultural competency goals.
The UMADAOP’s embarked on an exciting endeavor in 2016 and engaged in programming for Children of Incarcerated Parents. The UMADAOP’s and other partners were trained by Dr. Ted Strader in the Creating Lasting Family Connections program (3 versions) and are currently implementing the program in several of our Department of Rehabilitation and Corrections (ODRC) correctional facilities. This program has enhanced OhioMHAS and ODRC relationships and is helping with the transition of incarcerated individuals from the correctional facility to the community and family. This programming is being implemented in both the male and female correctional facilities.

**Ohio National Guard**

The Department has a long history of working with the Ohio National Guard (ONG). ONG embeds counter-drug personnel with the Bureau of Prevention to support strong collaborative efforts. The current focus of this work is to build capacity and sustainability in community coalitions, increase the capacity of the workforce and to lead the Department’s efforts in developing criteria and a process for designating coalitions as “Ohio Coalitions of Excellence.”

The Kaizen Event is designed to assist community-based coalitions in understanding how well they are adhering to the principles of the Strategic Prevention Framework through a series of questions, facilitated by a National Guardsman. With the Kaizen Event comes the opportunity for coaching and mentoring to help improve overall processes that will lead to coalition excellence.

To further the partnership with the ONG, OhioMHAS has reached out to the Ohio 4-H Operation Military Kids (OMK) project to help support resiliency in military families and children. OMK is a national initiative involving 49 states and the District of Columbia with high levels of National Guard and Reserve deployment. OMK is a partnership of Army Child & Youth Services, the USDA, national and Ohio 4-H educators. Programs are designed for military children to help them find positive ways to cope with the stress of parents’ deployment. These efforts align with the Ohio Youth Led Prevention Network initiative; plans are to facilitate the development of youth-led prevention groups specifically for OMK youth.

This is not the entire picture of military families, however, because it does not account for all the branches of the service. By mapping the location of Army and Air National Guard and Army Reserves service members, the Department can use this data to target low capacity areas for youth-led network group expansion.

The ONG has also been participating in the Suicide Prevention Initiatives and is taking the lead on organizing a Mental Health First Aid training for military personnel and law enforcement partners.
Focus on High Need Issues

Marijuana Initiative
With marijuana legalization occurring across the country, Ohio plans to continue to target prevention initiatives on youth at risk for use or abuse of the drug; marijuana is the most frequently abused drug among Ohio’s adolescents. Within Ohio, the marijuana consumption rates among young adults between the ages of 18 and 25 remained above that of other ages groups. Marijuana use has been on the rise in this age group since 2007-2008, and current marijuana use is more prevalent than with young adolescents or adults. Between state fiscal years 2008 and 2011, almost 21,000 adolescents (73 percent of all adolescents receiving publicly funded treatment services) reported marijuana as a primary, secondary, tertiary or quaternary drug of choice. Over half of all admissions to publicly funded treatment were associated with marijuana, and the percentage of adolescents reporting this substance as a drug of choice rose from 70 percent in 2008 to 77 percent in 2011. Research shows that the initiation of marijuana use at young ages, especially in pre-adolescence, has been linked to more intense and problematic levels of use of marijuana in adolescents and in adulthood; this also includes physical health problems. There is a need in Ohio for increased prevention efforts among youth and young adults addressing marijuana use as well as medical marijuana.

Opiate Epidemic Related Projects

Family Engagement Groups
Ohio has a public health crisis due to the fast growth in availability of opiate-based prescription painkiller medications and the abuse of these drugs for nonmedical purposes. A dramatic increase in prescribing over the past decade has brought these dangerous medications into the homes of Ohioans, averaging 67 pills for every man, woman, and child in the state. As a result, addiction to prescription pain medications and their chemical lookalike, heroin, is on the rise, and drug overdoses are also at an all-time high, averaging four deaths a day in Ohio.

These overdoses have devastated Ohio families. Many family members personally impacted by the consequences of substance abuse have found a collective voice to issue a public outcry and gain solace from grief in their community. The Family Engagement initiative supports individuals and families affected by addiction through building the capacity of local family engagement groups to bridge the GAP for their families and communities.

The Department, Prevention Action Alliance, the Ohio Attorney General’s Office, the Ohio Association of County Behavioral Health Authorities and the Ohio Department of Health teamed up to bring together experts in all areas of Bridging the Gap (moving from grief to taking action for prevention) regarding prescription opiate abuse for a night of celebration followed by a day of education in Fall 2012. The two-day event began with an evening tribute concert by singer/songwriter Edwina Hayes, where people from all over Ohio gathered to honor loved ones lost to prescription drug abuse, remember those currently struggling with addiction, and celebrate
the great strides being made in Ohio communities to combat the issue. The Bridging the Gap conference took place the following day to equip Family Engagement groups with effective strategies for bridging the gap between grief and taking action for prevention, as well as bridging the gap between the prevention field and those affected by substance abuse.

Prevention Action Alliance will continue to build capacity of family engagement groups that are part of the GAP Network and to formalize training in the three focus areas to further assist family members in mobilizing their communities for change.

**Opiate Task Forces**
The creation of community Opiate Task Forces was seen as one of several strategies to better educate communities, young people, parents, other caring adults and healthcare practitioners about the dangers of opiate abuse and addiction. The Opiate Task Forces:

- Are designed to bring people and resources together from all sectors of the community impacted by the opiate issue and provide a structure for community response to the opiate epidemic.
- Engage communities to develop and pursue a unified goal, coordinate strategies, and pool resources.
- Work with ADAMH Boards to hold local events such as town hall meetings, community summits, prevention days, and lead or participate in drug take-back days.

**Drug Take Back Days and Drop-off Boxes**
OhioMHAS has partnered with the Drug Enforcement Agency, Ohio Department of Health, Office of the Attorney General, Prevention Action Alliance and dozens of community groups and law enforcement organizations to hold prescription drug take back days throughout Ohio and to purchase hundreds of permanent drug drop-off boxes. These efforts are concrete solutions to getting prescription drugs out of home medicine cabinets where youth and adults can find them and potentially abuse them. All drug drop-off events include education about the importance of using only those medications that have been prescribed for you by a physician and not sharing prescriptions with anyone else.

OhioMHAS is partnering with the Ohio Board of Pharmacy and utilizing STR grant funds to conduct a statewide take back to gather 160,000 pounds of prescription medical waste not covered by the US EPA Resource Conservation and Recovery Act (RCRA) regulations.

**Town Hall Meetings**
Dozens of town hall meetings have been held throughout the state for discussion of the opiate epidemic and to share valuable tips on how to protect families and the community from opiate addiction and the dangers of overdose. The Town Halls were coordinated and led by Opiate
Task Forces, ADAMH Boards, OhioMHAS, and Ohio Citizen Advocates for Addiction Recovery.

**Underage Drinking Initiatives**

**“Parents Who Host, Lose The Most: Don’t be a party to teenage drinking”**

Another initiative through Drug-Free Action Alliance that supports the commitment to the reduction of childhood/underage drinking is the public awareness campaign, “Parents Who Host, Lose the Most: Don’t be a Party to Teenage Drinking.” This program was launched in the spring of 2000.

The campaign objectives are to educate parents about the health and safety risks of serving alcohol at teen house parties and to increase awareness of and compliance with the Ohio Underage Drinking Laws. The campaign is an environmental strategy to change parents’ perceptions that drinking alcohol is a “rite of passage.” The campaign takes place on a local and statewide level and runs April through early June during prom and graduation season. Since the campaign began, it has been requested for replication in 50 states, Puerto Rico, the Virgin Islands, Guam and Canada. To facilitate local support for the campaign, public awareness kits are disseminated throughout Ohio to local communities. The kits contain a poster, fact sheet, fact card, parent tips, sample press materials, and other information. The intent of the kits is to provide communities with tools that are factual, reproducible, and free.

**Ohio College Initiative**

OhioMHAS supports the Ohio College Initiative to Reduce High Risk Drinking which began in 1996, and brings together more than 52 college and universities. OhioMHAS provides funding to Prevention Action Alliance, who partners with The Ohio State University Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery (HECAOD) to implement this initiative. The Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery (HECAOD) is the premier alcohol and drug misuse prevention and recovery resource for colleges and universities across the nation. HECAOD is a joint collaboration between The Ohio State University’s College of Social Work, College of Pharmacy, Office of Student Life, Generation Rx Initiative and Collegiate Recovery Community. From its beginning, the focus of the Ohio College Initiative has been on forming campus and community coalitions that work to change the alcohol-related culture surrounding college students. To achieve cultural change, campuses initiate a coordinated effort to alter the physical, social, economic and legal environment (including that dimension governed by informal rules in the form of customs, traditions and norms) to influence the decisions that students make about alcohol use.

**Higher Education Network**

Nine Institutes of Higher Education receive funding to implement prevention and early intervention programs to college students under the age of 21, with special emphasis on
addressing underage access and increasing awareness of the problem of high risk drinking. Higher Education funds also provide an opportunity for universities to form coalitions that work to change the alcohol-related culture surrounding college students and benefit the campus and surrounding community residents. Training and technical assistance is also provided to colleges and universities to address issues of high risk drinking that focus on utilizing environmental strategies.

**BUZZKILL**
Prevention Action Alliance has developed a program to help colleges educate their students on the responsibilities of social hosting. Based on the nationally-recognized, evidence-based program, Parents Who Host, Lose the Most: Don’t be a party to teenage drinking, **BUZZKILL: Serve Under 21 and the Party’s Over** is an eye-catching social host campaign that gives colleges the tools to let students understand the consequences when hosting parties with alcohol that underage people attend. A universal prevention program kit is available to provide information to assist communities with implementation planning, ready-to-use reproducible materials, print-ready artwork and materials that can be customized.

**Gambling in Prevention**

**Ohio for Responsible Gambling**
With four new casinos and seven upgraded racetracks that now have video lottery terminals (electronic slot machines) in Ohio, four state agencies have joined together to form an initiative to combat problem gambling. The Ohio Lottery Commission (OLC), Ohio State Racing Commission (OSRC), Ohio Casino Control Commission (OCCC) and OhioMHAS have formed an initiative known as Ohio for Responsible Gambling (ORG). As the lead agency, responsible for prevention and treatment of problem gambling, OhioMHAS serves as the behavioral health resource partner for the new organization. The Ohio for Responsible Gambling collaborative is building on existing programs and growing service capacity for Ohio families who may be affected by problem gambling now and in the future. ORG works to provide information and resources to individuals in need of services through the Ohio Problem Gambling Helpline (1-800-589-9966) and ORG website, [www.org.ohio.gov](http://www.org.ohio.gov).

**Prevention Services**
A number of actions occurred in SFY 2014 and 2015 and have continued into SFY 2016 and SFY 2017 to ensure that the Ohio behavioral health service system and its partners have the appropriate tools to address prevention of problem gambling in the context of public health.

**Prevention Regional Workforce Development**
For SFY 2015, OhioMHAS awarded capacity-building grants for problem gambling services in the amount of $1.2 million. These funds currently support development and implementation of evidence-based and promising practice models for prevention and treatment of gambling disorder
and encourage service systems that prioritize data collection toward achievement of effective outcomes. The funded boards and agencies have taken varied approaches to bringing best practices to people in their communities.

**Prevention of Problem Gambling**

With grant dollars, approximately 120 prevention professionals from across the state were trained as trainers in the prevention model *Stacked Deck*, a curriculum for problem gambling prevention for young people ages 13-17. *Risky Business*, a prevention program developed for the ADAMHS Board of Montgomery County by Wright State University — for youth with criminal justice involvement — is also being piloted at several venues throughout the state and is being evaluated as a future evidence-based practice.

**Risky Business**

Juvenile justice-involved youth ages 13-17 - 423 participants in Montgomery, Franklin, Cuyahoga, and Mahoning counties; 19 additional youth received the control intervention.

- Risky Business participants showed a large significant improvement in all six curriculum lessons, pre-test to post-test; control group participants showed no improvement on post-test instrument.
- 96.6% of participants reported they liked the program.
- In an anonymous survey, 85.7% said they would recommend the program to friends.

**E-based Gambling/Financial Wellness Program:** The curriculum was developed in SFY 2015. Arrangements were made for piloting the program in SFY 2016 at Central State University, The Ohio State University, Bowling Green State University, University of Mount Union, and Youngstown State University.

**Smart Bet:** Prevention Action Alliance is refining *Smart Bet*, a prevention curriculum for 18-25-year-old adults, and creating an online delivery system that will first be utilized at five college/university campuses to study its effectiveness.

**Ohio Problem Gambling Resource and Training Center**

OhioMHAS has taken steps to develop the Ohio Problem Gambling Resource and Training Center. The Resource Center promotes the recognition of problem/disordered gambling behavior, as well as identified characteristics of low-risk gambling, to this state. The learning module created by the Institute offers the opportunity for training and education services, which can be developed into classes and informational program materials on how to respond to and prevent gambling problems. The Ohio Problem Gambling Resource and Training Center has been moved to PAA web domain, and will continually be updated with resources for the healthcare professional.
Ohio Problem Gambling March Conference
Annually, the OhioMHAS has facilitated a Problem Gambling conference during national Problem Gambling Awareness Week in March. This event has been focused on problem gambling workforce development, bringing the most current evidence-based practices and national experts in the field to Ohio. Since 2002, this Problem Gambling Conference, funded in part by the Ohio Lottery Commission (OLC), has been Ohio’s only statewide opportunity to learn the latest in prevention, intervention and treatment for individuals with problem gambling. Opportunities for networking among professionals have always been an important part of this event. The conference became a stand-alone 1.5 days’ event that is hosted by the Ohio for Responsible Gambling (ORG) partners. Cost sharing among the ORG partners has allowed for more in-depth workforce capacity expansion sessions with national and internationally known keynote speakers.

Infusing Problem Gambling Prevention within Community Organizations
The Bureau of Problem Gambling Services within the Office of Prevention and Wellness recognizes the need to infuse education and resources through related programming and community partners. According to the ADAMH Board’s Problem Gambling Plans, the Boards also see the overwhelming need to apply prevention strategies to problem gambling including information dissemination, education, community based process and environmental strategies. Population-based and environmental prevention strategies are essential to community success in prevention of problem gambling. It is expected that the strategies mentioned above will be particularly effective approaches for problem gambling because of the similarities between gambling and alcohol abuse. Both are illegal for youth; both may cause adverse consequences when frequency and duration increases for adults.

OhioMHAS and its partners take every opportunity to bring education and resources to partners. Activities include current and planned outreach to physicians and other healthcare providers, veterans’ services, senior centers, drug-free community coalitions, Job and Family Services offices, clergy/religious groups, and others. Communities across the state are building problem gambling prevention components into existing evidence-based programs for prevention of risky behaviors. An example of this is the Life Skills curriculum.

Statewide and Community Problem Gambling Campaigns
The Ohio for Responsible Gambling partners are committed to ensuring that Ohioans have a constant, consistent message that gambling can be great entertainment, but too much gambling can cause problems for an individual or a family. To ensure that an effective, targeted message of safe and responsible gambling is disseminated, the Ohio Lottery Commission will fund a statewide campaign for SFY 2014-15 on behalf of ORG.
An inter-disciplinary group made up of representatives from ORG and the state’s ADAMH Boards and agencies, came together in December, 2012, to make recommendations for the campaign. This group then reviewed the proposed campaign in August 2013 to ensure adherence to evidence-based public health prevention and education practices. *I Lost a Bet* launched in early 2014, targeted toward a prime demographic for awareness of problem gambling – the young adult male. Ohioans reached with prevention messages in SFY 2014 totaled 2.04 million.

Launching in August 2015 is a new public health-focused Problem Gambling Awareness Campaign called “Be the 95%: If you gamble, be the 95% of people who gamble responsibly.” This campaign is also being sponsored and funded by the ORG partners. It is targeted to reach influencers of potential problem gamblers.

The behavioral health system of care across the state is primed to take a responsible gambling message into the local communities. In ADAMH board areas where the young adult male has been determined by a needs assessment to be a target demographic, the community organizations will pick-up the new campaign and maximize it with local resources.

**Treatment of Problem Gambling**
The new Gambling Endorsement for Chemical Dependency Counselors was passed and took effect in March 2015. As of Aug. 1st, 10 CDCs have earned the Endorsement and seven have applications in process. After years of committed work by the behavioral health field, state leaders and the Ohio General Assembly, HB 483 enacted a provision that authorized the OCDPB to create and offer a Gambling Disorder Endorsement for professionals qualified to treat gambling disorder. The Endorsement became effective in March 2015 and is available for individuals who hold an active LCDC II, LCDC III, LICDC or LICDC-CS license.

In SFY 2014, 26,000 Ohioans were screened for gambling disorder and 924 received treatment for a gambling disorder diagnosis. In SFY 2014, 9,727 people called the Ohio Problem Gambling Helpline for assistance.

**Problem Gambling Regional Training**
The foundational Stage 1 and 2 training sessions for treatment of gambling disorder were offered regionally, along with new seminars to provide hands-on experiential training in treatment, care planning, and continuing care planning. This focus has been requested in the evaluations of gambling treatment trainings over the past year.

**Competitive Grant Funding**
Through competitive grant funding, seeded development of four new promising practices in Problem Gambling Treatment, including the Rupcich Model. This pilot study was design to
discover the effectiveness of a new group-based facilitated, 12-week treatment curriculum on a sample of Ohio disordered gamblers and whether the curriculum positively influenced self-esteem, gambling cravings, and ultimately reduced gambling behavior among participants.

(3) Children and Youth with Serious Emotional Disturbances (SED)
Community Behavioral Health Services

System of Care for Children and Youth with Serious Emotional Disorders (SED)
Ohio’s behavioral health system has a public health approach that builds upon established collaboration of state agencies and county ADAMH Boards. At the state level, the OhioMHAS Prevention and Wellness Office; Bureau of Children and Families provides leadership for treatment services for children and youth with serious emotional disturbances, as well as for mental health and substance abuse promotion and prevention. Statewide interagency coordination among health agencies is led by Ohio Office of Health Transformation. This office coordinates the activities of the health and human services agencies. Ohio’s child serving cabinet-level agencies include: Aging (disability network), OhioMHAS, Developmental Disabilities, Education, Health, Job and Family Services (employment, child welfare, social services/Title XX), Rehabilitation and Corrections (adult justice), and Youth Services (juvenile justice). At the community level, county and multi-county ADAMH Boards plan, evaluate and fund local mental health and addiction services for children and youth with state oversight from OhioMHAS. Boards contract with providers, which provide mental health and/or addiction services, and coordinate services from other systems for individuals. Most Boards develop collaborative relationships with schools and universities, developmental disabilities providers, juvenile justice, child welfare, health departments and county commissioners. Additionally, Boards collaborate with these local child-serving organizations through local Ohio Family and Children First (OFCF).

Family and Children First
Ohio Family and Children First coordinates a single county-level System of Care (SOC) which serves children and youth with SED who receive services through multiple county governmental organizations. County Family and Children First partners include the local government organizations that address mental health and addiction, developmental disabilities, juvenile justice, child welfare, and education. The purpose of the county Family and Children First Councils are to streamline and coordinate existing government services for families seeking services for their children. Each Family and Children First Council is mandated to perform four core functions: Engaging and Empowering Families, Coordinating Systems and Services, Building Community Capacity, all with an eye towards Shared Accountability among their local system partners. Each Family and Children First Council works collaboratively towards a vision that every child and family can thrive and succeed within healthy communities.
<table>
<thead>
<tr>
<th>Services</th>
<th>Provided by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care coordination for children who need services from multiple service systems</td>
<td>County-level Family and Children First organizations coordinate services for many children with multi-system needs. Additionally, staff employed by community behavioral health providers coordinate care for children with less complex needs who may also be accessing services (crisis intervention, case management, general services, etc.) from multiple organizations</td>
</tr>
<tr>
<td>Community behavioral health services and SAMHSA required elements of care</td>
<td>Local treatment providers provide the services. ADAMH Boards coordinate care at system level for their counties, and determine the non-Medicaid supports are available locally in addition, behavioral health Medicaid service array is available statewide.</td>
</tr>
<tr>
<td>Social services &amp; employment services</td>
<td>County Job &amp; Family Services provide employment, child welfare and social services/Title XX. Additionally, the Ohio Opportunities for persons with Disabilities provides some additional vocational and employment services.</td>
</tr>
<tr>
<td>Education</td>
<td>Schools with oversight from the Ohio Department of Education</td>
</tr>
<tr>
<td>Disabilities in education act (IDEA)</td>
<td>Local schools with technical assistance from Ohio Dept. of Education</td>
</tr>
<tr>
<td>Developmental Disabilities</td>
<td>Ohio Department of Developmental Disabilities oversees County-level developmental disability boards which may have local tax levies to provide additional services; developmental disabilities providers; local developmental providers offer services and supports to individuals with developmental disabilities and their families</td>
</tr>
<tr>
<td>Juvenile justice</td>
<td>Department of Youth Services, County Juvenile Courts, OhioMHAS community linkage social workers provide linkage to community behavioral health services for offenders being released from Department of Youth Services facilities. Ohio’s RECLAIM, Targeted RECLAIM and Behavioral Health Juvenile Justice initiatives provide additional community supports for justice involved youth.</td>
</tr>
<tr>
<td>Medical &amp; dental</td>
<td>Dental and Medical services are covered for eligible children and youths</td>
</tr>
<tr>
<td>Housing/foster care</td>
<td>Ohio Dept. of Job &amp; Family Services; County Job &amp; Family Services; Child welfare agencies; county juvenile court system all may be involved in providing these services. Ohio’s new Bridges program extends foster care services for youth to the age of 21.</td>
</tr>
<tr>
<td>Behavioral health crisis services</td>
<td>State law requires Boards to assure local availability of crisis services from community behavioral health services; the new BH Medicaid array of services includes funding for crisis services.</td>
</tr>
<tr>
<td>Behavioral health crisis Provider Training</td>
<td>Providers and boards contractors</td>
</tr>
<tr>
<td>Case management</td>
<td>Providers certified by OhioMHAS to provide CPST (Community Psychiatric Supported Treatment)</td>
</tr>
<tr>
<td>Community mental health provider training</td>
<td>Providers, Boards, OhioMHAS, licensure boards, Coordinating Centers of Excellence, trade associations – all offer training.</td>
</tr>
<tr>
<td>Partial hospitalization</td>
<td>Partial hospitalization is provided by many larger children’s behavioral health providers.</td>
</tr>
<tr>
<td>Residential Treatment</td>
<td>Job and Family Services funds residential services which frequently includes partial hospitalization services funded by Medicaid and/or ADAMH Boards</td>
</tr>
<tr>
<td>Psychiatric hospitalization</td>
<td>Provided by community, university and children’s hospitals, and funded by Medicaid, other insurance and Boards. Ohio does not have public inpatient psychiatric services for persons under age 18.</td>
</tr>
</tbody>
</table>
ENGAGE (System of Care) – Engaging the New Generation to Achieve Their Goals through Empowerment (ENGAGE)

In July 2013, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) received a four-year System of Care Expansion Grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA). This grant, called ENGAGE (Engaging the New Generation to Achieve their Goals through Empowerment), follows a SAMHSA System of Care Expansion Planning Grant awarded to the State of Ohio in September 2011, the purpose of which was to develop a cross-system four-year strategic plan focused on expanding the System of Care framework for the target population. ENGAGE’s target population is:

Youth and young adults in transition (YYAT), ages 14 through 21 years, with serious emotional disturbance, who may have co-occurring disorders; and who are: a) at risk for involvement, currently involved, or previously involved with the child welfare or juvenile justice systems; or b) who may be at imminent risk of homelessness.

The purpose of ENGAGE is to reduce expenditures and improve outcomes related to physical and behavioral health, education, employment, and living stability for high risk youth and young adults through statewide System of Care expansion of the evidence-supported, research-based High Fidelity Wraparound practice.

At the end of SFY 2017 (June 2017), the ENGAGE grant has been implemented in 42 counties and enrolled approximately 155 youth into the High Fidelity Wraparound program. Over 350 counties child-serving public employees have been trained in High-Fidelity Wraparound.

Ohio’s Children’s Mental Health Service Providers

Ohio has a wide-range of providers that offer children’s mental health services that are certified by OhioMHAS to provide outpatient services. Providers may have contracts to provide services with one or more ADAMH Boards, or be “Medicaid-only” providers. Some of these providers are also licensed by OhioMHAS to provide residential care, and some are also licensed to provide foster care by Ohio Department of Job and Family Services. Each Ohio community children’s system of care is organized differently.

Many providers have evolved over the years to fill a community need, so children’s systems of care overlap counties and vary widely among Ohio’s Board areas. The service systems also vary widely in how integrated they are with primary health care, child welfare, juvenile justice and developmental disabilities. While many of these children’s providers developed from community behavioral health care centers, some evolved from children’s hospitals, community hospitals, family service providers, child guidance centers, orphanages and foster care providers to meet the needs of local communities. Most provide SUD treatment services, as well as mental health treatment. Some examples of Ohio’s diverse children’s providers include:
Community Behavioral Health Centers

- **Woodland Centers, Inc.** serves persons of all ages in a rural, Appalachian community. Services include out-patient mental health and SUD treatment services and school based services. [http://www.woodlandcenters.org/childrens_programs.htm](http://www.woodlandcenters.org/childrens_programs.htm)

- **Child Adolescent Behavioral Health** in Canton provides trauma-informed care, and has Trauma Focused Day Treatment. This agency became one of first five nationally accredited Transitional Age Service Department to provide services to older adolescents and young adults; it also employs young adult peer supporters. It provides Early Childhood Prevention, Consultation and Treatment for children 0 – 6, and as well as an ADHD Program. [http://www.childandadolescent.org](http://www.childandadolescent.org)

Child Guidance Center

- **Child Guidance and Family Solutions** in Akron which provides mental health services, as well as Integrated Co-occurring Treatment (ICT) for co-occurring mental health, and SUD for children and youth. [http://cgfs.org/about/index.php?id=12](http://cgfs.org/about/index.php?id=12)

Family Service Agencies

- **Jewish Family Service Association** of Cleveland evolved to provide mental health, intellectual and developmental disability, domestic violence, emergency shelter, older adult, home care and college financial aid services to children and adults of all faiths. Lutheran and Catholic Service Agencies provide similar services in many communities. [http://www.jfsa-cleveland.org/](http://www.jfsa-cleveland.org/)

Former Orphanage Evolved into Children’s Behavioral Health Provider

- **St. Joseph’s Orphanage** in Cincinnati evolved into providing behavioral health care for children and residential care for children including those with physical and/or developmental disabilities in urban area. Services include crisis stabilization unit, day treatment, outpatient services, education, medication management, therapeutic foster care, CFPT (case management) and Transition to Independence (TIP). [http://stjosephorphanage.org/](http://stjosephorphanage.org/)

Foster Care Provider with Mental Health Services

- **SAFY (Specialized Alternatives for Families)** is a foster care provider in many Ohio communities that expanded into mental health care in multiple states including Alabama, Indiana, Nevada and Oklahoma. [http://www.safy.org/](http://www.safy.org/)

Rural Community Behavioral Health Centers located within Regional Medical Center

- **Firelands Regional Medical Center - Outpatient and Recovery Services** provides a full range of community behavioral health services to persons of all ages in seven rural counties in multiple Board Areas. Firelands is a hospital and regional health care provider for rural counties in northern Ohio. [http://www.firelands.com/services/behavioral-health.aspx](http://www.firelands.com/services/behavioral-health.aspx)
Children’s Hospitals

- **Nationwide Children’s Hospital** provides community behavioral health services at multiple sites in the greater Columbus area, and inpatient psychiatric services for children and youth living in central Ohio. As a major pediatric hospital and medical center, it provides a wide range of primary and specialized care for children with cancer and other serious diseases. Nationwide Children’s Hospital in Columbus is also one of the largest pediatric research centers in the United States with major grants from National Institute for Health. [http://www.nationwidechildrens.org/behavioral-health](http://www.nationwidechildrens.org/behavioral-health)

As these examples suggest, Ohio has 50 Board areas with diverse children’s providers. Each community’s system of care has evolved very differently, and has very different levels of integration with primary health care, juvenile justice, developmental disabilities, substance use disorders, schools, and child welfare.

Continuum of Behavioral Health Care for Children with SED

Ohio is beginning a process to redesign its behavioral health continuum of care for persons of all ages. Currently a continuum of care is provided for children with Serious Emotional Disorders (SED) or at-risk for SED is provided in a System of Care framework. Services include mental health and trauma assessment, crisis intervention, behavioral health counseling and therapy service, pharmacological management services, Community Psychiatric Supportive Treatment (CPST), or Partial Hospitalization. Residential services and foster care is available, and funded through County Job & Family Services. Intensive Home Based Treatment (team-based, time limited) home intervention is available in some areas and is now a Medicaid covered treatment. Despite the number of services, Planning Council consumers and family members describe gaps in services for children who need Intensive Home Based Services, High Fidelity Wrap Around, respite care, hospitalization, treatment foster care and/or other intensive services. The department uses the demonstration grants to address the identified gaps.

Community Mental Health Services - Eligible for Ohio Medicaid Reimbursement

Please see the description of Ohio’s Behavioral Health Medicaid benefit services earlier in this document. Ohio does not offer state-operated inpatient psychiatric services for persons under 18. The ADAMH Board is responsible to ensure that inpatient services are available for children and youth under age 18. The board offers financial support as needed to the extent that resources are available.

**Recovery support services** which are not eligible for Medicaid reimbursement are:

- Therapeutic or Treatment Foster Care
- Residential Treatment Facility (RTF)
- Respite care- some respite provided under Medicaid
- Foster care
- Family/Youth peer support
- Information and referral
• Transportation services

Evidence-based and promising treatment services in Ohio include:

• Multi-systemic Therapy
• Intensive Home Based therapy- will be covered under Medicaid redesign
• Integrated Co-occurring Treatment (MH/SA for youth)
• Functional Family Therapy
• High Fidelity Wraparound
• Transition to Independence Process
• First Episode Psychosis (FIRST)
• Incredible Years

Most recovery supports, and some components of evidence-based practices are not eligible for Medicaid funding in Ohio. Block Grant, local tax levies, state General Revenue funds, are used to fund these services which are essential.

Initiatives to Improve Children’s Treatment

OhioMHAS has statewide initiatives to improve services for children, youth, and transitional age youth/young adults, as well as many local initiatives to improve care led by Boards and providers. OhioMHAS’ initiatives are funded by SAMHSA Block Grants and program specific grants, private non-profit organizations and the state legislature. In addition to funding specific initiatives, OhioMHAS uses Mental Health Block Grant to fund the Center for Innovative Practices (CIP) of Case Western Reserve University. CIP offers technical assistance and training to providers to implement specific evidence based and promising practices including Multisystemic Therapy (MST), Intensive Home Based Therapy, and Integrated Co-occurring Treatment and High Fidelity Wraparound (Funded by ENGAGE) For prevention and early intervention initiatives, please see the previous section of this document. Ohio’ statewide initiatives which address treatment for children include:

Promoting Evidence-Based Care

Through direct staff consultation and with the guidance and training resources of the Bureau of Children and Families works with clinicians, agencies, and boards to disseminate therapeutic best practices. These practices are guided by theory, research and practice in the preventive areas of family support, early childhood intervention, and children’s mental health treatment. These practices promote and enhance resiliency, improve outcomes/functioning level, and the behavioral health and wellbeing of children, parents, and families. Intensive home and community based treatment practices including but not limited to Multisystemic Therapy,
Trauma-Informed Care, High Fidelity Wraparound, PAX Good Behavior Game, CBT, Incredible Years and Early Childhood Mental Health consultation are emphasized.

**Early Childhood Initiatives**

**Maternal Depression**

Perinatal Depression encompasses a wide range of mood disorders that can affect a woman during pregnancy and after the birth of her child. It includes prenatal depression, the “baby blues,” postpartum depression, and postpartum psychosis. Of the many risk factors that impact a baby’s failure to thrive, maternal depression and stress are significant factors. Please see the Prevention and Wellness section for a more complete description of this work.

**Devereux Multi-Tiered Evaluation of the Effectiveness of the FLIP IT Parent Training Model**

In response to the Ohio Department of Mental Health & Addiction Services’ request for an evaluation, Miami University’s Center for School-Based Mental Health Programs (CSBMHP) conducted an empirical evaluation of the FLIP IT parent training program to determine its effectiveness. A total of 321 parents/caregivers (representing a total of 430 children) provided quantitative survey data and qualitative focus group/interview data about the effectiveness of the FLIP IT training model in decreasing negative social, emotional, and behavioral outcomes and increasing positive social, emotional, and behavioral outcomes among participants’ children. Data were collected at baseline (before receiving the FLIP IT training) and at three post-training follow-up time points (immediately following training, 3 months later, and 6+ months later).

**Overall Results.**

Based on the results of this evaluation, the FLIP IT parent training model appears to be an effective parenting method for decreasing children’s behavior problems, anxiety, depression, withdrawal, somatic complaints, delinquent behavior, aggressive behavior, and developmental problems; and increasing children’s abilities to use independent thought and action to meet his/her needs (initiative), to express emotions and manage behaviors in healthy ways (self-regulation), and to promote and maintain mutual, positive connections with other children and adults (attachment/relationships). In addition, the FLIP IT steps appear to be an effective parenting method for decreasing inconsistent or permissive parenting strategies, harsh or punitive parenting strategies, parent/caregiver distress levels, dysfunctional interactions within the parent-child relationship, and parental beliefs that their children are difficult to manage.

In focus groups and interviews, parents/caregivers described being overwhelmingly satisfied with their overall FLIP IT experience, the FLIP IT training session, and the FLIP IT steps/parenting skills that they learned. They described learning new parenting skills that fit with their own personal parenting style and that they are using (either often or sometimes). Although
they identified some challenges with implementing the skills, when asked if they and their families experienced positive outcomes, an overwhelming 100% of comments described positive outcomes. There was also a strong desire from parents/caregivers for follow-up (such as coaching or booster sessions) to further enhance and hone their skills that they have learned.

**Dads Matter Program Evaluation Promising Practice:**
**A Two-Generation Peer Approach to Improved Parenting**

OhioMHAS provided funds to pilot and conduct an evaluation of the DADS MATTER curriculum offered at three different locations. Workshop trainers hired to provide this curriculum offered peer support and tools to help fathers become more engaged parents. Early childhood research emphasizes the importance of the parental role as a child’s primary educator. Enrolling children in quality preschools and parent involvement have been shown to be key factors supporting kindergarten readiness. The DADS MATTER curriculum supported these outcomes by teaching fathers how to become more involved in early literacy effects that are predictive of children’s school success. This curriculum aimed to increase father involvement in at-risk families through workshops that educate fathers on being present and contributing to their child’s life by reading, library involvement, playing cards or educational games, engaging in their child’s formal education, and knowing what programs their children are watching on TV or through other electronic media sources. This evaluation summarizes the results of the DADS MATTER curriculum by comparing self-reported datasets before the program started and after the program concluded. The DADS MATTER evaluation has two primary purposes:

- To explore the effectiveness of DADS MATTER on participant’s behaviors towards their children
- To establish outcomes and impacts for DADS MATTER.

Results suggest that the DADS MATTER program produced motivational improvements for fathers becoming more involved with their children’s lives. Specifically, improvements were found for listening to the child read, reading to the child, going to the library to retrieve more books, interacting with the school teacher about the child, and playing games (board games and card games) with the child. The findings support the use of this program to enhance parental involvement in their children’s lives and provides continued evidence of its effectiveness.

**Childhood Trauma and Toxic Stress Demonstration Projects**

OhioMHAS Funds Child Sexual Abuse Early Intervention/Prevention Collaboration Demonstration Project implementation has begun! The project is helping to prevent and reduce trauma in children ages 3-8 who are victims of sexual assault/abuse. Five Projects across the
state have completed the Stewards of Children training which is an evidence-based Child Sexual Abuse Prevention training. The program raises awareness of the prevalence and consequences of child sexual abuse by educating adults about the steps they can take to prevent, recognize and respond to appropriately to child sexual abuse. Hopewell staff has implemented Parent Child Interaction Therapy (PCIT) and are training adults on Child-Adult Relationship Enhancement (CARE), a trauma-informed, field initiated training developed by the Trauma Treatment Training Center for general usage by non-clinical adults who interact with children with a history of trauma. Early Childhood Therapists have provided evidence-based Child Sexual Abuse Prevention trainings with a reinforcement activity, for children enrolled in Head Start program through Body Safety Trainings. Adults have been trained using the Stewards of Children Curriculum equipping them to recognize and respond appropriately to Child Sexual Abuse thereby supporting the reduction of trauma in children caused by sexual abuse. The Projects also partners with local CPS’ to provide rapid response intervention and treatment to identified victims of substantiated child sexual abuse birth to age 8. The Department seeks to expand these successful projects statewide on the coming years.

Whole Child Matters Early Childhood Program

Following the success of Ohio’s role in the Early Learning Challenge Grant - Race to the Top, the efforts OhioMHAS in early childhood mental health rose to national prominence as leader in addressing early childhood social and emotional wellness and reducing preschool expulsion rates. To continue achievements toward a sustainable future for Ohio’s families with young children, Ohio’s Governor Kasich’s Office of Early Learning supported critical programs previous funded by the Early Learning Challenge Grant, including a proposed expansion of the Early Childhood Mental Health (ECMH) workforce his FY 16-17 biennial budget. OhioMHAS was awarded $2.5million dollars in each of the biennium in support of his expansion of publicly funded preschool slots to four-year-old to support and better retain high need children at risk of behavioral destabilization. Based upon the strong response buy the providers to this planned early childhood workforce expansion, the Governor’s Office has supported increasing this allocation to $9.1M to assure that all aspects of the program can be implemented to fidelity. The early childhood mental health counselors utilize the evidenced based Georgetown Model (New Ohio/Georgetown Model) to support Early Learning Centers, Head Start and Licensed Child Care Providers with techniques and assessment to improve classroom management, utilizes positive behavior support and positively manage challenging behaviors to support children’s success in their early learning environments. The expanded funding will also support a statewide centralized intake component in which parents, preschool and kindergarten teachers can call for an in person ECMH consultation within 48-72 hours.

The expanded funding will support up to 70 ECMH consultants providing consultation and support to 70 counties across Ohio with an emphasis on social foundations of wellness which
serves to support the prevention of episodes of preschool expulsion. New science regarding early brain development, early childhood prevention and early intervention programs and educational technology gained through from the Early Learning Challenge Grant is fully implemented in this expanded new program. 1 2 3 4 (Note: ECMH does not receive Block Grant funds)

Healthy Students & Safe Communities

**Strong Families, Safe Communities**
Governor Kasich and the State of Ohio are committed to improving care coordination and providing support for families with children in crisis who present a risk to themselves, their families, or others because of mental illness or a developmental disability. Many children who are at risk are not engaged in treatment programs and may not be known to the community until a crisis unfolds. Care coordination and targeted crisis intervention services can quickly stabilize a child’s health. Support for these families in need will reduce risk of harm and help the family remain together. During spring 2013, the Ohio Departments of Developmental Disabilities (DODD) and OhioMHAS sought collaborative community proposals to establish treatment models of care that focus on crisis stabilization for children with intensive needs. This initiative has engaged local systems to identify community-driven solutions that highlight collaboration across agencies to develop the best possible outcomes for children and families.

In 2013, DODD and OhioMHAS announced awards of nearly $3 million to seven community partnerships to implement the Strong Families, Safe Communities project and to provide care coordination and crisis intervention services for youth at risk of harming themselves or others due to a mental illness or developmental disability. In addition to the grant awards, the project provided training for mental health and developmental disabilities services professionals in crisis intervention. The Governor’s recommended budget for SFY 2018-2019 intends to continue this work with $4 million in state funding. A new competitive Request for Proposals will select new (and returning) collaborative projects across the state.

During FY 2016-2017 the Strong Families, Safe Communities grants were awarded to 14 projects – 7 new and 7 continuing - with cross-system collaborations occurring in 42 counties. Funded projects included a wide range of services and the establishment of a keyword partnership with the National Crisis Text Line organization. Services include early identification of at-risk youth, crisis response, intensive service coordination, crisis and planned respite, therapeutic mentoring, wrap-around services, family support and education, and individual/family treatment using trauma-informed approaches. Additionally, most projects

1 https://youtu.be/0_FabszsihA
2 https://youtu.be/wi-VA8uuWsE
3 https://youtu.be/-yyaCVUsFQI
included training components intended to support professional development, organizational shifts and system transformation. Training topics included Trauma Informed Care, Strengthening Families, Virginia Student Threat Assessment Guidelines, Integrated Family and Systems Treatment, Youth Mental Health First Aid, Critical Incident Stress Management and safety planning.

**Safe Schools/Healthy Students**

The goal of Ohio’s SS/HS project is to improve access and availability of evidence-based prevention and mental and behavioral health services with school-based and community-wide strategies that prevent violence and promote the healthy development of children and youth. The project is a partnership between OhioMHAS, Ohio Department of Education, other state departments and three local education agencies in rural counties including Greene County Educational Service Center, Northwest Ohio Educational Service Center in Williams County and Harrison Hills City Schools in Harrison County. The partnership has provided community-based models, comprehensive integrated plans which provide effective behavioral health services and prevent youth violence. The focus has been to promote healthy social/emotional development and to build safe and healthy family, school and community environments using the findings of the 2009 Institute of Medicine Report (IOM).

Through collaboration of schools, communities and the state, communities are better able to achieve population level outcomes through the implementation of evidence based programs related to the health and wellbeing of residents. The Ohio SS/HS project provides a forum where local SS/HS partners can review state-of-the-art information, express views on critical policy questions and build an infrastructure to address their community’s needs. The project is making progress towards meeting the projects goals and objectives including training SS/HS local communities to build assessment capacity and use data to implement evidenced-based and promising practices. These practices include Early Childhood Social and Emotional Learning and Development; Trauma Informed Care; Youth and Family engagement; Positive Behavioral Interventions and Supports (PBIS) framework; PAX Teacher Training. The project developed a collective impact plan, as well as a public value proposition that connects behavioral health, substance use and violence prevention with academic attendance and disciplinary outcomes. Ohio SS/HS successes can be highlighted as follow:

1) The PAX Good Behavior Game program, an evidenced base practice continues to promote early childhood social and emotional learning.

2) The project fully met its objective to increase the number of students who receive these services, and community referrals increased.

3) The LEAs increased the use of data in making decisions.

4) Participating schools completed the OHYES! student needs assessment which will provide data to schools, local health and human service agencies.
5) Ohio SS/HS developed an infrastructure and capacity for grantee schools and communities to plan and implemented school safety plans and violence-prevention evidenced-based practices.

6) The number of people trained on practices that prevent violence in the schools has increased.

7) The State revised its Behavioral Health Disparities and Impact Statement and Strategies to include its activities and progress in meeting its benchmarks.

8) Local SS/HS communities continue to analyze behavioral health disparities within their schools using benchmarks in consultation with Ohio’s Disparities and Cultural Competency (DACC) Advisory Committee.

**Mental Health First Aid in Schools**

Ohio Department of Education has a Mental Health First Aid capacity building initiative that is funded by a SAMHSA/CMHS grant from 2014 – 2019. Through the "Making Ohio AWARE: Building Statewide Mental Health First Aid Capacity" initiative, Ohio will develop a modern, enhanced infrastructure to raise awareness of mental health needs among school-aged youth and increase statewide and local capacity to develop, implement, and sustain the delivery of integrated, comprehensive, evidence-based mental health and behavioral health services for youth and families. The efforts will occur through collaborative partnerships between the Ohio Department of Education, three partnering Local Education Agencies (Cuyahoga County, Warren County, and Wood County Educational Service Centers), State Management Team, the Center for School-Based Mental Health Programs, the Ohio Mental Health Network for School Success, and other state departments. The project will promote a comprehensive and coordinated system for promoting wellness, safety and resilience built upon foundations of Positive Behavior Interventions and Supports, Safe Schools, and other support programs. Cross-sector assets and resources will be leveraged to build and support an effective interconnected systems workforce by increasing the number of individuals trained to deliver Youth Mental Health First Aid (YMHFA; 3 SEA trainers and 9 LEA trainers), the number of first responders trained in YMHFA (750 trained yearly and 3,750 trained throughout the project), and youth access to mental health services (for at-risk students identified within the 30 districts). The initiative will use data to inform decision making, emphasizing state-wide capacity building for evidence-based innovations. Across the project objectives, a key aspect in the success will be engaging youth, families, and schools as agents of community change. It is anticipated that achievement of project goals will enhance system capacity and strengthen partnerships by providing documented effective community-based models for other communities wishing to adopt comprehensive, integrated mental health promotion.

**Suicide Prevention**

See Prevention and Early Intervention for a description of Ohio’s Suicide Prevention initiative which addresses persons of all ages.
Initiatives to Benefit Youth and Young Adults Receiving Services

First Episode Psychosis

The First Episode Psychosis (FEP) initiative offers evidence-based treatment to youth and young adults ages 15 – 35 who have experienced their initial episode of psychosis. The treatment approach is team based and includes: specific medication protocols, family education and support, supported employment/education, case management/recovery coach, Cognitive Behavioral Therapy for Psychosis (CBT-P), and may include Peer Support along with other specialized interventions. The teams are person centered, and focus on the goals of the individual client as related to education, work and quality of life. Treatment interventions begin within 18 months of the initial onset of psychosis. OhioMHAS’ initiative funds seven programs using the Coordinated Specialty Care model that serve seventeen counties throughout Ohio with a goal of expanding availability to all regions of the state. See the Environmental Factors section of this application for a detailed description of Ohio’s FEP programs.

YouthMOVE Ohio

A major service gap in Ohio is youth involvement in the mental health system of care in a way that empowers youth to be able to advocate for themselves and for system change. OhioMHAS is committed to bridging this gap by collaborating with National Alliance on Mental Illness (NAMI) Ohio, which serves as the administrative agent for YouthMOVE Ohio. This program expands, enhances and ultimately sustains the growing voice of youth with lived experience in behavioral health, child welfare, and juvenile justice systems through the development of a YouthMOVE statewide infrastructure which will consist of a network of local YouthMOVE chapters in counties throughout Ohio. By providing recommendations from the youth voice, this program aims to meet young people’s needs and ultimately help transition successfully into adulthood with productive, meaningful lives.

YouthMOVE Ohio with support from OhioMHAS will continue to identify agencies/organization to host local YouthMOVE chapters who will receive training and technical assistance on the establishment of a successful chapter. YouthMOVE will continue the youth state leadership council with representation from five regions in the state to provide direction for YouthMOVE Ohio.

NAMI-Ohio

NAMI-Ohio collaborates with YouthMOVE, and has a business agreement with the Ohio Federation for Families of Children with Mental Illness which has a SAMHSA grant to network families of children with serious emotional disturbances. Parent/family education groups are available in many communities throughout Ohio through local NAMI chapters which receive technical assistance and training through NAMI-Ohio. NAMI educational groups include Basics, “a signature educational program for parents and other caregivers of children and adolescents living with mental illness. The NAMI Basics course is taught by trained teachers who are the
parents or other caregivers of individuals who developed the symptoms of mental illness prior to the age of 13.” [http://www.namiohio.org/mental_health_support/basics](http://www.namiohio.org/mental_health_support/basics). Additionally, a similar Family-to-Family is available which focuses on schizophrenia, bipolar disorder and major depression. Additionally, NAMI Family Support groups are available in many communities.

**Ohio Adolescent Health Partnership (OAHP)**

OhioMHAS is a key partner in the OAHP. The OAHP is a diverse group of agencies, organizations and individuals with expertise in adolescent health and wellness, with the common goal of supporting optimal health and development for all adolescents. By encouraging cooperation, communication and collaboration among the programs, institutions, communities and individuals dedicated to adolescent well-being, the OAHP will be uniquely positioned to provide leadership for local and statewide efforts to make progress in priority areas of adolescent health. OAHP has defined the target age range as 10-24 years.

Behavioral health is a key adolescent health issue area that combines the subjects of mental health and SUD under the umbrella of behavioral health due to their interconnectivity. An adolescent’s ability to cope with stressors, be resilient, and practice sound judgment is imperative to supporting good mental health. The development of these skills and attributes can be affected by brain development as well as pre-existing mental health problems and SUD.

Goals identified by the OAHP with leadership from OhioMHAS are:

1. Rates of SUD and abuse of alcohol and other drugs will decrease among adolescents; 
2. Behavioral and physical health services for adolescents will be more fully integrated to improve access and quality of care.

Adolescence is a unique developmental time in the lifespan of every individual. It is a time characterized by distinct and dramatic developmental, physical, social, emotional and intellectual changes. The physical and emotional changes that take place in adolescence are second only to the extensive changes that take place in infancy. Many lifestyle behaviors that contribute to or reduce risk for disease and disability in adulthood are developed in adolescence.

**Integrating Behavioral Health into Other Systems**

**Trauma-Informed Care**

OhioMHAS continues to support a statewide effort on use of trauma-informed care (TIC) approaches in collaboration with the Department of Developmental Disabilities (DODD). The target audience for this initiative includes individuals in the mental health, addiction and/or development disabilities systems, and the staff that are responsible for their treatment and support. This work is described in the Overview section as a major initiative for multiple populations, as well as the Environmental Factors, (13) Trauma.
Pediatric Psychiatry Network (PPN)
This network addresses the shortage of child psychiatrists by having psychiatrists at Ohio’s medical schools provide “curbside clinical psychiatric consultation” to pediatricians, family practice physicians, physician’s assistants, advance practice nurses and other prescribing level providers who manage behavioral health conditions in children and youth within their local communities. Benefits include reduced wait times, earlier treatment which reduces morbidity and mortality, improved communication among the child’s providers and reduced isolation of rural providers. PPN is a partnership between OhioMHAS and Academic Psychiatry Programs and affiliated Children’s Hospitals. Cincinnati Children’s Hospital houses and staffs the centralized call center. Nationwide Children’s, Akron Children’s, University of Toledo, Cincinnati Children’s Hospital and Wright State University donate their time to take these calls and/or provide clinical expertise to PPN.) Additionally, Ohio Chapter of the American Academy of Pediatrics and the Ohio Family Practice Association market the program to their members. Ohio Department of Health also promotes the use of PPN and partnership in developmental and behavioral health public health efforts throughout the state which includes NAMI.

Behavioral Health Juvenile Justice Projects
The Behavioral Health Juvenile Justice (BHJJ) initiative, a shared effort of the Ohio Department of Mental Health and Addiction Services (OhioMHAS) and the Ohio Department of Youth Services (DYS), was created to enhance local options for providing services to juvenile offenders with serious behavioral healthcare needs. Pilot projects that started in a few Ohio counties in early 2000 have grown into a statewide initiative with strong support from state and local stakeholders.

The projects are designed to transform child-serving systems by enhancing their assessment, evaluation and treatment of multi-need, multi-system youth and their families. In addition, they provide the Juvenile Court judges an alternative to incarceration, which has been a key to their success. The community projects have shown significant positive impact on youth admissions to DYS facilities and positive outcomes reported at the time of program completion.

The projects serve youth ages 10-18 with a current DSM diagnosis and substantial impairment in behavioral, cognitive and/or affective domains. Most of the youth enter their local program with co-occurring SUD, a history of violence and/or criminal behavior, history of exposure to trauma and/or domestic violence and history of involvement in multiple systems.

The BHJJ projects are required to provide evidence based interventions (e.g. Multi-systemic Therapy, Hi- Fidelity Wraparound) and to engage the youth and their family/support systems in the treatment process. Many of the treatment services are provided in the youth’s home and are intensive interventions. Providers are required to address the cultural and ethnic population that
their county has historically admitted to Department of Youth Services (juvenile justice system). Although each program is different and based on local needs and resources, each program offers assessment, evaluation, and coordination of appropriate services and supports for the youth and their family.

The Begun Center for Violence Prevention Research and Education, Mandel School of Applied Social Sciences at Case Western Reserve University has been engaged to evaluate the BHJJ initiative. The staff works very closely with each county to ensure that their project data is collected and is shared in a way that is useful to that community and the state departments.

**Summary**
Ohio has local, overlapping systems of care serving children (and their families) with serious emotional disturbance, some of whom have co-occurring SUD. Each local system of care has multiple providers; some of these providers also provide primary health care, addiction treatment services, or foster care for the child welfare system. Mental Health Block Grant funds a portion of these services, and programs to improve services. Programs funded under these grant projects are building statewide comprehensive, integrated data-driven strategic plans that will prevent and mitigate the seriousness of behavioral health problems for infants, children, youths and families.

<table>
<thead>
<tr>
<th>Strengths</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provider network is strong, diverse and integrated into community systems of health and social services for children and youth in most Ohio communities</td>
</tr>
<tr>
<td>• High treated rate of prevalence – top 5 state for treated prevalence of children in Mental Health of America study</td>
</tr>
<tr>
<td>• Implementation of evidence based and promising practices in many Board areas including multi-systemic therapy (MST), Intensive Home Based Treatment, Integrated Co-occurring Treatment (ICT), Functional Family Therapy (FFT), Wraparound System of Care, and Transition to Independence Program (TIP)</td>
</tr>
<tr>
<td>• Organized mental health youth consumer organizations partner with youth-led drug free coalitions</td>
</tr>
<tr>
<td>• Statewide transitional age youth/young adult system of care under development</td>
</tr>
<tr>
<td>• Family and youth engagement</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Specialized services for children with intensive service needs are not sufficiently available. While the Medicaid benefit is being modernized to provide Intensive Home Based Treatment, other intensive services such as high fidelity wraparound is not eligible for Medicaid reimbursement and are not available in all communities.</td>
</tr>
</tbody>
</table>
• Shortages of child psychiatrists; OhioMHAS is supporting the Pediatric Psychiatry Network to facilitate consultation for pediatricians and family practitioners who are prescribing psychiatric medication.

• Major differences in funding among local systems of care; these include some systems of care in rural and Appalachian areas without some of the specialized services needed by children with high levels of need. OhioMHAS is addressing these differences through the Continuum of Care work described in the first section. Ohio has prioritized rural and Appalachian counties in the State Youth Treatment Planning Effort for youth with SUD and with CURES Act funding.

(4) Mental Health Services for Adults with Serious Mental Illness

System of Care

System of Care for Adults with Serious Mental Illness (SMI)
Ohio’s behavioral health system for adults is similar to the children’s behavioral health system. It also operates on a public health approach that builds upon established collaboration of state agencies and county ADAMH Boards which plan, coordinate and fund services in 50 local Board areas. Additionally, regional medical centers, university hospitals, nursing facilities and other health care providers are also a part of this system of care. At the state level, the OhioMHAS Medical Director’s Office and the Office of Treatment and Recovery provides leadership for treatment services and recovery supports for adults and older adults with serious mental illnesses. Statewide interagency coordination among health agencies is led by Ohio Office of Health Transformation which coordinates the activities of the health and human services agencies. The Ohio Department of Medicaid is also a leader, as it funds many of the services regulated by other state health and human service agencies.

Providers and communities also shape service delivery systems in Ohio. Ohio has a diverse network of providers in which providers have evolved to meet community needs. Most communities have multiple providers for less intensive services, which provides choice to persons seeking recovery.
<table>
<thead>
<tr>
<th>Adult SMI Services</th>
<th>Provided by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental health treatment, and treatment for co-occurring SUD</td>
<td>Community behavioral/mental health care centers with integrated care centers in some parts of the state. Also, includes some Medicaid-only providers, regional medical centers, federally qualified health care centers (FQHC).</td>
</tr>
<tr>
<td>Case management</td>
<td>Community behavioral/SUD with some integrated care centers</td>
</tr>
<tr>
<td>Behavioral health crisis services</td>
<td>State law requires Boards to assure local availability of crisis services from community behavioral health services; training of workers is the responsibility of the providers and boards.</td>
</tr>
<tr>
<td>Peer support</td>
<td>Provided by approximately operated services, as well as by some community mental health service providers</td>
</tr>
<tr>
<td>Employment Services</td>
<td>Some community behavioral health services provide Supported Employment which have four OhioMHAS staff to provide regional technical support. Also, provided by Job and Family Services, and Ohio Opportunities for Disabilities</td>
</tr>
<tr>
<td>Social Services</td>
<td>Ohio Department of Job and Family Services provides child welfare and social services/Title XX.</td>
</tr>
<tr>
<td>Developmental Disabilities</td>
<td>Provided by developmental disability (DD) providers with funding by county DD Boards which may collaborate with ADAMH Boards</td>
</tr>
<tr>
<td>Criminal Justice</td>
<td>OhioMHAS provides community linkage to treatment &amp; recovery resources to persons with SMI leaving prison; Ohio Dept. of Rehabilitation and Corrections provides mental health services within prisons. Most communities have specialized docket s which divert offenders into treatment.</td>
</tr>
<tr>
<td>Medical &amp; dental</td>
<td>Usually provided by referral; medical services provided by some integrated health care centers and Federally Qualified Health Care Centers (FQHC)</td>
</tr>
<tr>
<td>Housing</td>
<td>OhioMHAS licenses serviced enriched housing, group homes and foster homes, crisis care and transitional housing. Availability varies by community.</td>
</tr>
<tr>
<td>Psychiatric hospitalization</td>
<td>Provided by community and university hospitals licensed by OhioMHAS, and 6 regional (“state”) psychiatric hospitals operated by OhioMHAS</td>
</tr>
<tr>
<td>Recovery Requires a Community (also known as “Home Choice”)</td>
<td>Provides additional funding and care coordination for persons with disabilities (including mental illness) and older adults who want to move from a nursing facility to home and community-based settings</td>
</tr>
</tbody>
</table>

**Ohio Adult and Older Adult System of Care Providers**

<table>
<thead>
<tr>
<th>Older Adult Services</th>
<th>Providers of Older Adult Specific Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare/Medicaid Managed Care</td>
<td>Demonstration program in 29 counties for managed care benefits for dual eligible for Medicare/Medicaid</td>
</tr>
<tr>
<td>Twelve Area Agencies on Aging</td>
<td>Respond to the needs of older adults as advocates, planners and funders. Services include in-home care, long term care consultation, PASSPORT (in-home care for persons meeting nursing facility levels of care), residential services and services coordination. See also programs for adults.</td>
</tr>
<tr>
<td>Older Adult Behavioral Health</td>
<td>Older adult specific programs available in some communities</td>
</tr>
</tbody>
</table>

**Services for Homeless**

<table>
<thead>
<tr>
<th>Services for Homeless</th>
<th>Providers in Addition to SMI Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outreach services</td>
<td>Community mental health centers and housing service providers funded by (SAMHSA funded) PATH program provide outreach services to homeless persons with SMI and co-occurring substance-use disorders funded by SAMHSA grant.</td>
</tr>
<tr>
<td>Housing</td>
<td>Ohio Department of Development, Metropolitan Housing Authorities, community shelter board</td>
</tr>
</tbody>
</table>

**Community Mental Health and Behavioral Health Service Providers**

Ohio has a diverse provider network of organizations. OhioMHAS certifies 188 community providers for mental health services and 244 providers for both mental health and SUD services. A few organizations provide integrated primary care, dental and pharmacy services; most coordinate care with primary care providers. Some consumer housing providers and consumer
operated services are certified for a single service. Providers also include a regional community hospital in a rural area has expanded into community mental health care, as well as a behavioral health care center has become a FQHC and opened a pharmacy. In another community, a family service provider has expanded to provide services to persons with serious mental illness, developmental disabilities and older adults. A representative group of providers is provided to illustrate the diversity of providers certified by OhioMHAS to provide adult community mental health services.

Community Behavioral Health – Appalachian/Rural
Rural SMI in Multi-County Area
• **Scioto Paint Valley Mental Health Center** is a group of six treatment centers that offer mental health and addiction services to residents of all ages in five rural counties, three of which are in Appalachia. (Ross, Fayette, Highland, Pike and Pickaway Counties). In Pickaway County, it is the only provider certified by OhioMHAS for mental health services, while the other four counties each have two or more providers. Services offered include a full continuum of mental health and substance abuse services.
  http://www.spvmhc.org/

Regional Medical Center – Community Behavioral Health – Rural
SMI Provider in Rural Area with SAMHSA Supported Employment Grant
• **Firelands Regional Medical Center** operates community behavioral health services in a seven-county area in northeastern Ohio, and provides a full continuum of care of mental health and substance abuse services; services are offered to Spanish-speakers and deaf and hard-of-hearing persons. Firelands provides Supported Employment, as one of the two sites funded by a SAMHSA Supported Employment Grant to OhioMHAS.

Behavioral Health – Suburban with Rural Expansion - First Episode Psychosis
• **Coleman Professional Services**, 5982 Rhodes Road, Kent, OH 44240 is certified by OhioMHAS to provide mental health and SUD services in eight counties across northern Ohio, as well as providing services to developmentally disabled persons and older adults with dementia and physical limitations. In addition to these services, Coleman has diversified into providing employment, social services, rental management, adult day, consultation, data solutions, Bean the Baker, and pregnancy support services. Coleman provides First Episode Psychosis Services, Youth Transitional Services and a Jail Diversion Program for people with mental illness http://www.colemanservices.org/

Integrated Healthcare – Federally Qualified Health Care - Urban & Appalachian
Specialty SMI Services: Homeless, Older Adults, HIV+, Dual Diagnosis (SUD or DD)
SUD Services Includes Medication Assisted Treatment
• **Southeast Healthcare Services** began as a community mental health center in Columbus that expanded into SUD treatment, medication assisted treatment, employment services and became a Federally Qualified Health Care Center with a pharmacy. Southeast has specialized programs for **older adults**, **sex offenders**, perpetrators of domestic violence, and persons with serious mental illness who are HIV+. It also has an art gallery which displays the work of persons with serious mental illness with the goal of decreasing stigma.  [http://www.southeastinc.com](http://www.southeastinc.com)

**Family Service Agency/Community Mental Health**

**Specialty Programs:** **SMI, Older Adults, Developmental Disabilities, Domestic Violence**

• **Jewish Family Service Association (JFSA) of Cleveland** provides community-based comprehensive services for persons of all ages with intellectual disabilities and mental illness regardless of religious affiliation. Services include housing, clinical services, recreational services and family support services. JFSA also provides specialized services for older adults to maintain independent living, as well as services for teens and families experiencing domestic violence. JFSA also operates a medical clinic to provide integrated health care to the persons it serves.  [http://www.jfsa-cleveland.org/](http://www.jfsa-cleveland.org/)

**Consumer Operated Service (COS) – Mental Health – Urban**

**Specialty:** **Peer Services for SMI**

• **Thomas M. Wernert Center**, Toledo, Ohio, certified by the Ohio Department of Mental Health to provide Consumer/Peer Operated Service (and no clinical services) to persons with SMI who may also have co-occurring SUD. Most of the Board and staff are mental health consumers who determine what is offered. Activities and services include Wellness Recovery Action Plan (WRAP), Depression, Bipolar Support Association (DBSA), Diabetes Support, anger management, yoga, Get Fit Club and a variety of peer support, educational and social activities.  [http://wernertcenter.org/](http://wernertcenter.org/)

**Housing Provider – Behavioral Health – Urban & Rural – PATH Homeless program**

• **Neighborhood Properties Inc. (NPI)** provides housing services and adult care to persons with mental illness and SUD in greater Toledo with the goal of ending homelessness. It owns 565 apartments in 62 locations in northwest Ohio and expanded into administering an Adult Care Facility Program which serves more than 100 consumers. Programs include permanent supportive housing, homeless outreach (SAMHSA funded PATH program), homeless families, a fresh start for single mothers, young adults, and young adults with criminal justice involvement, homeless veterans, chronically homeless and Road to Recovery for persons with Substance Use Disorders. NPI also operates a service-rich environment program for difficult-to-place persons from rural counties in northwest Ohio which provides staff 24/7.  [http://www.neighborhoodproperties.org/](http://www.neighborhoodproperties.org/)
**Crisis Stabilization/Pre-Screening - Urban**

- **Netcare Access** provides 24-hour emergency services for mental health and SUD, as well as crisis intervention, and assessment for adults, older adults and children. This agency has been designated as the primary intake for SMI in Franklin County and specializes in assessments, crisis services, crisis stabilization, court ordered evaluations, and pre-screening for involuntary hospitalization. Additionally, a crisis stabilization unit provides an alternative to psychiatric hospitalization; persons may stay up to seven days. This provider refers to community behavioral health providers for ongoing care for persons with SMI and/or SUD [www.netcareaccess.org](http://www.netcareaccess.org)

**Community Hospitals**
OhioMHAS licenses community hospitals with private psychiatric units which provide inpatient psychiatric services to adults. In SFY 2015, about 32,000 persons funded by Medicaid or public funds were admitted to one of Ohio’s 87 community hospitals, as compared to 6,000 persons in state hospitals. Many Boards have contracts to fund psychiatric hospitalization for indigent persons, as well as contracts with crisis stabilization units (for up to seven days). Ohio’s psychiatric inpatient providers include community hospitals with psychiatric units, free standing psychiatric hospitals and university affiliated psychiatric units. Most Boards reserve OhioMHAS psychiatric hospitals for the difficult-to-know-how-to-treat patients and those on forensic status.

**OhioMHAS Operated Regional (state) Psychiatric Hospital (RPH) Care**
OhioMHAS operates regional psychiatric hospitals (RPHs) in six locations across the state. Sixty-nine percent of the current patients are receiving court-directed services, and 31% are on voluntary status. Additionally, they provide short-term, intensive mental health and addiction treatment to inpatients, and provide some outpatient care through community support network teams. These hospitals provide evidence-based treatment including trauma-formed care. These hospitals are accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and work with county Boards and community providers.

**OhioMHAS Operated Services to Reduce Institutionalization**

**Facilitate State Hospital Discharge: *Access Success***
Access Success funds are one-time, short-term OhioMHAS funding that support a patient at discharge from a state-run psychiatric hospital. They are used to meet the needs of the individual for housing, food, clothing, furnishings and other basic items, allowing for a smooth transition back into his or her community. Funds can also be used to obtain therapeutic services or devices which help the patient maintain stability. The goal of the program is to help the patient address needs between the time of discharge and their eligibility for other benefits.
**Reduce Institutionalization: Pre-Admission Screening and Resident Review (PASRR)**

PASRR is a federal mandate that requires all states screen applicant seeking admission into, or to remain in a Medicaid-certified nursing facility (NF) for indications of serious mental illness (SMI), and or intellectual disabilities/related conditions (ID/RC). The federal intent is to prevent any inappropriate institutionalization. Implementation of the PASRR-SMI program allows OhioMHAS to advocate that individuals diagnosed with SMI (with or without co-occurring SUD) are provided the choice to access needed services in the most inclusive, least restrictive environment in accordance with the Olmstead decision issued by the US Supreme court in 1999. The state assesses and issues determinations on PASRR-SMI applications seven-days a week in response to an increase in demand. During 2016 OhioMHAS issued 11,296 decisions, completed 6,220 assessments with an average turnaround time of 1.4 business days.

**Facilitate Move from Institution to Community: Recovery Requires a Community**

Recovery Requires a Community provides flexible funding and care coordination to assist persons who are choosing to move from institutions into the community. It addresses gaps in funding for persons leaving nursing homes, prisons and other institutions and supports Ohio’s implementation of the Olmstead court decision. Community behavioral health services provide longer term services with funding for recovery supports from ADAMH Boards. At the state level, this is a financial partnership between the Ohio Department of Medicaid and OhioMHAS which is part of the Money Follows the Person work.

**Forensic Monitoring Facilitates Community Living for Persons on Conditional Release**

Forensic monitoring assists people who have a severe mental illness and who have been granted conditional release by the court to live successfully in the community and work toward recovery through the provision of behavioral health and risk management services. Forensic Monitors assist SMI patients’ discharge to the community from hospitals and support their ongoing treatment in the community. The Forensic Monitors ensure that treatment is being provided in accordance with the conditional release plan. They coordinate with service providers, housing providers, the courts, and hospitals if necessary. They ensure that risk assessments are being conducted and that risk management strategies are being implemented to enhance patient and community safety.
Recovery support services are the non-clinical services such as housing, employment, peer support and transportation that are essential to the recovery of many individuals from a serious mental illness. The ADAMH Boards fund recovery supports with local tax levies, as well as state and federal funds from OhioMHAS. ADAMH Boards also promote partnerships with schools, employers, human services, health care providers, courts, law enforcement and other organizations which provide services and supports for persons recovering from SMI and SUD, collaboratives for recovery supports. OhioMHAS awards federal PATH funds to Boards with the highest homeless populations, and funds housing and some employment services.

**Peer Recovery Support**

Peer Recovery Support (PRS) inspires hope of recovery by sharing lived experiences that foster interpersonal connections between peers. PRS also empathizes with the pain of isolations with other while providing positive person driven support. Peers assist in exploring options and overcoming barriers which may be preventing individuals from moving forward in their recovery.

Peer Run Organizations (PRO) are agencies that promote and implement peer recovery. They are primarily staffed by persons with lived experiences, and provide social support services to individuals of all stages of the recovery process. There are venues in which persons with lived experience with mental illness and addictions can visit, be a part of and participate on levels in which they are comfortable. PRO are typically “not for profit” and provides advocacy and an array of wellness and recovery based services.

**Peer Support Services:**
- Reduce symptoms and hospitalizations
- Increase social support and participation in the community
- Decrease lengths of hospital stays and costs of services
- Improve well-being, self-esteem, and social functioning
- Encourage more thorough and longer-lasting recoveries

**Peer Recovery Services include:**
- Housing
- Employment
- Peer Support
- Peer Mentoring/Coaching
- Crisis Intervention
Employment
The Ohio Department of Mental Health and Addiction Services (OhioMHAS) understands that work contributes greatly to an individual’s recovery. Individuals who express a desire to work must have access to quality services and supports to help them obtain and maintain gainful, meaningful employment. Work incentives/benefits planning and career development are an essential part of those supports. OhioMHAS strives to support individuals, providers, and employers in improving the employment outlook for people living with mental illness and substance use disorders.

As part of this effort, OhioMHAS is focused on expanding employment supports to all our behavioral health partners (providers of mental health and substance use treatment) interested in offering employment services in general, and Individual Placement and Support - Supported Employment (IPS - SE) specifically. IPS - SE is an evidence-based practice designed to assist individuals with mental illness or co-occurring mental illness and substance use disorders obtain, maintain, and advance in competitive, integrated employment. Currently, OhioMHAS has 23 qualified IPS providers offering IPS – SE services and supports.

In early 2017, OhioMHAS established an internal employment team. Located in the four quadrants of our state, employment team members will provide training, technical assistance, support, education, and modeling to our behavioral health partners delivering employment services. In addition, the employment team will conduct fidelity reviews for those organizations offering IPS services.

OhioMHAS is committed to ensuring that individuals entering the workforce for the first time or reentering after an interruption, understand the availability of work incentives and how benefits and entitlements will be impacted by employment. To this end, OhioMHAS is aiding with capacity building in work incentives/benefits planning in our state. OhioMHAS has and will continue to fund training to increase the number of work incentive practitioners within behavioral health organizations. Access to quality services will help alleviate and address fears and myths individuals (and practitioners) have regarding employment. OhioMHAS aims to promote employment as an outcome and expectation of service delivery within our behavioral health system.
Housing & Homelessness Policy, Program and Resources
Philosophy Statement

Access to safe, quality, affordable housing and the supports necessary to maintain that housing constitute one of the most basic and powerful social determinants of health and wellness. OhioMHAS believes that housing and housing supports is a cornerstone to recovery for individuals with mental illness and/or SUD, and is dedicated to enhancing supportive community living options for individuals in recovery. Ensuring that housing honors client choice is essential in improving housing outcomes, preventing and reducing homelessness, and reducing institutional recidivism from settings such as jails, prisons, nursing homes, and psychiatric hospitals. Individuals have the right to have safe, decent and affordable housing that facilitates and fosters recovery.

Ohio’s behavioral health system has four broad categories of housing and residential services which have several types under each which address the needs of persons with serious mental illness, substance use disorders and co-occurring mental illness. These categories are from Permanent Housing, Residential Care, Time-Limited/ Temporary and Residential Treatment, and may be found on the next page.

To ensure that local behavioral health systems have a full range of housing options and housing supports, OhioMHAS provides funding through federal grants, general revenue funds, state bond dollars and partnerships with other state agencies that address a full continuum of housing options as well as programs to prevent and end homelessness.

Currently, OhioMHAS funds several programs addressing homelessness. It also funds statewide and national housing organizations to provide technical assistance to Ohio providers on building, developing, operating and providing quality housing environments. Ohio has a Housing and Homelessness Collaborative in which all state agencies that work with individuals who need housing and homeless services are developing a state plan to end homelessness. Ohio also has a Projects for Transitions (PATH) homeless outreach program to connect individuals to mental health service in 12 counties and will be expanding to 13 counties in FY 18. OhioMHAS also provides capital funds to build and improve existing housing for persons with serious mental illness and/or in recovery from addiction. These funds are utilized to match Federal Home Loan Bank, Tax Credit and Home funds. Additional housing is funded by ADAMH Boards in most communities throughout Ohio.
### Categories and Definitions Crosswalk

**July 2014**

<table>
<thead>
<tr>
<th>Categories</th>
<th>Definition</th>
<th>Types of Housing</th>
<th>Examples</th>
</tr>
</thead>
</table>
| Permanent Housing  | A housing setting that is voluntary and length of stay is resident-driven, not determined by a program. Housing may be scattered site apartments or single-family homes or a larger housing complex that is in the community of the individual's choice. Services and supports may be available to residents. Supports can be on-site or off-site depending on individual need and specific setting. Participation in supports and services may be voluntary or have some expectation of participation which is agreed to in the lease agreement addendum. | • Permanent supportive housing  
• Community residence  
• Recovery residence  
• Private apartments  
• Home ownership | • HAP  
• Housing as housing  
• Supportive housing  
• Person with Section 8 — private landlord  
• Level 1, 2, 3  
• Sober house |
| Time-Limited/Temporary | A short-term setting that can include room, board and/or personal care. A non-permanent setting that provides support needed for residents to return to previous housing setting; to move into a more permanent housing setting or a break from current housing. Most often treatment and/or services are part of facility rules. NOT intended as a permanent housing environment. Program rules include length of stay. This setting is not subject to tenant landlord law. | • Respite  
• Foster  
• Crisis  
• Temporary  
• Transitional | • Crisis bed  
• Crisis intervention  
• YMCA/YWCA  
• Boarding home  
• Respite care  
• Foster care  
• Step-down unit |
| Residential Care   | A residential setting that includes room, board and personal care. Depending on resident's level of functioning and care needs, may have staffing 24 hours a day/seven days a week and assistance with activities of daily living. A congregate setting is usually included with this living environment. Services are delivered as defined in license. A resident agreement that includes participation in services may be applicable. May or may not be a long term more permanent housing depending on level of care needed for the individual. Residential care is owned and operated by a private owner or provider agency. This type of housing is licensed and is not subject to tenant landlord law. | • Adult care facility (ACF)/adult group home  
• Residential care facilities (Health)  
• Licensed DODD facility  
• child residential care/group homes | • ACF  
• Supervised group living  
• MH Type II, III  
• Assisted living |
| Residential Treatment | A licensed facility staffed 24 hours a day/seven days a week that provides room, board, personal care and clinical services on-site as part of the treatment stay. Entrance into the facility is determined by clinical/medical need. Facility is owned and operated by a certified provider agency for the clinical/medical services provided on-site and may be affiliated with or within an inpatient continuum. This type of housing is licensed and is not subject to tenant landlord law. Reasons for this placement level of care are more clinically driven than environmental. | • Residential treatment  
• Non-medical community residential treatment (Level II-A)  
• Medical community residential (Level II-B) | • Level 4 recovery residence  
• Half-way house (Medical community residential)  
• MH Type I |
Services for SAMHSA’s Priority Populations

First Episode Psychosis
Ohio is implementing the Coordinated Specialty Care (CRC) model of treating first episode psychosis using the 10% Mental Health Block Grant set aside to make awards to providers using a competitive Request for Proposal process. Services are available in 17 counties including the three largest urban counties, as well as some rural counties. As required by SAMHSA, this work is more fully described in the Environmental Factors and Plan section.

Homeless
Projects for Assistance in Transition from Homelessness (PATH) is a federally funded program that provides financial assistances through a formula grant to States to help end homelessness among those living with mental illness and co-occurring substance use disorders; PATH is provided in 12 counties and will be expanded to 13 in SFY 2018. PATH is a homeless outreach program that seeks to locate consumers who have a mental illness, not connected with community mental health services, living on the streets, in vehicles and other places that are not designed for human habitation and to link them to supportive services and housing. Individual PATH providers can choose to offer one, two or many services. Services may include outreach, staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals who are homeless require services. It may also include assistance with identifying and securing appropriate housing. PATH services were expanded and enhanced with a three-year Cooperative Agreement to Benefit Homeless Individuals (CABHI) from SAMHSA, and a 2015 CABHI enhancement grant which will end in 2018.

Older Adults
OhioMHAS partners with other state agencies in older adult activities, especially the Ohio Department of Aging which provides leadership for services for this age group. OhioMHAS partnered with Ohio Department of Aging to provide a webinar to the Ohio Council for Home Care and Hospice entitled Older Adult and Mental Health Primer. This membership association supports older adults living in their communities as well as long-term care facilities.

Additionally, OhioMHAS has a long-standing partnership with The Elder Abuse Commission. The Elder Abuse Commission heads up the Aging subcommittee on the Stepping Up initiative which is a jail diversion initiative for older adults. This initiative is in the planning stages of development.

Older adults also benefit from MyCare in which a managed care company coordinates the behavioral health benefit for older adult services in a pilot program in 29 counties that includes most of the urban counties.
**Rural**
Ohio has some rural Appalachian counties, and some mid-western rural counties which have different cultures that impact service needs. The ADAMH Boards address the needs of rural Ohioans by planning, funding and evaluating services to respond to the needs, culture and preference of each community. Additionally, local county-based tax levies provide much of the funding for recovery supports, which results in differences in availability and organization of services among communities. Some rural counties with poorer residents have not passed county tax levies to fund recovery supports such as housing, employment and peer support, and are especially short on resources. Accessibility to clinical services is more uniform, since Ohioans can use their Medicaid or other insurance across county lines. In response to concerns about differences among community resources, the state legislature allocated $75,000 new funding for each county for ADAMH Boards; this shifted funds to rural areas. Additionally, the legislature enacted a continuum of care that requires specific clinical and recovery resources be available in each Board area. Ohio’s 2017 legislature also required Boards to collaboratively establish Substance Abuse Stabilization and Mental Health Crisis Centers in each of the six state hospital catchment areas. This builds on OhioMHAS’ strategy of funding Board collaboratives to fund regional service to residents of multiple Board areas. Additionally, some of the larger providers have opened offices in rural counties which has increased access and choice for persons in recovery and their families.

**Military and Veteran Cultural Competency**
OhioMHAS collaborates with the Ohio Department of Job and Family Services Veteran Managers to reduce barriers to employment by offering education, linkage and referral resources to veterans through their field offices in state; funding is provided by Access to Recovery (ATR), a SAMHSA discretionary grant. In addition, OhioMHAS, the Ohio Department of Veteran Services, the Ohio National Guard received technical assistance from SAMHSA to conduct a mapping project to identify state partners and veteran resources throughout the State of Ohio. This project included peer stories of system navigation through utilizing the community behavioral system, VA, ATR and other partners.

The Ohio Veteran and Military Suicide Prevention and Behavioral Health Collaborative facilitated a statewide initiative to enhance regional coordination of capabilities and outreach among federal, state, and community partners to assist veterans, service members, and their families in preventing suicide through improved access to culturally competent behavioral health services. The work included (1) assess current regional and community collaborations (2) form regional veteran and military suicide prevention collaboratives, and implement a statewide coordinated outreach campaign. In addition to OhioMHAS, partners included NAMI Ohio, Ohio Suicide Prevention Foundation, professional associations and licensing Boards, Managed Care Association, Hospital Association, Drug Free Action Alliance, state agencies, universities,
federal component military organizations, and veteran organizations. Ohio will build on this work.

Program Initiatives to Improve Services

Major initiatives to improve adult mental health services include Medicaid Health Home Implementation, Hot Spot Collaborative Projects, and Coordinating Centers of Excellence. Additionally, the Department has additional new initiatives described under Ohio selected priority populations for recovery supports, housing and forensic services.

Mental Health First Aid
Mental Health First Aid is a public education program that helps the public identify, understand, and respond to signs of mental illnesses and substance use disorders. Mental Health First Aid USA is managed, operated, and disseminated by three national authorities — the National Council for Community Behavioral Healthcare, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health. Mental Health First Aid is offered in the form of an interactive 8-hour course that presents an overview of mental illness and substance use disorders. This course introduces participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and reviews common treatments.

Trauma Informed Care
This is described earlier in this document as a major department initiative.

Suicide Prevention
OhioMHAS has partnered with the Suicide Prevention Resources Center to provide intensive training directed toward clinicians working with individuals at risk. Between April 2016 and February 2017, this partnership provided Zero Suicide Academies (a nationally recognized model) in six areas of the state to train more than 300 counselors. Ohio plans to continue these efforts.

Multi-ethnic Advocates for Cultural Competence and Related Activities
OhioMHAS funds MACC to provide cultural competence and diversity training to behavioral health providers. MACC’s purpose is to enhance the quality of care in Ohio’s behavioral health system and to incorporate cultural competence into systems and organizations that provide care to Ohio’s most vulnerable and at-risk populations. MACC supports networking among diversity advocates, conducts needs assessments on under-served populations (e.g. military families), and provides training to behavioral health care staff to increase their cultural competence in providing mental health services. Additionally, MACC hosts an annual conference.

Coordinating Centers of Excellence
OhioMHAS continues to support Coordinating Centers of Excellence (CCOEs) as a means of promoting evidence-based practices and emerging best practices that address critical needs of
adults affected by serious mental illness. CCOEs provide training, consultation, fidelity assessment and evaluation services to provider organizations implementing evidence-based and promising practices. CCOEs are composed of a unique mix of partners which include Ohio universities, consumer or advocacy groups, local mental health boards, private research entities and provider trade associations. Their primary audience is agency-based mental health practitioners, but they also work with consumers, family members, other health practitioners, and key constituents from other local systems, such as education and criminal justice. Each CCOE promotes a specific evidence-based or emerging best practice by providing services such as education, training, consultation, and fidelity and outcomes evaluation. Ohio supports CCOEs that provide technical assistance and training to implement evidence-based treatment practices for adults for

- Assertive Community Treatment
- Center for Innovative Practices (children’s and youth mental illness and SUD)
- Criminal Justice (Sequential Intercept Model)
- Mental Illness/Developmental Disabilities
- Substance Abuse and Mental Illness
- Supported Employment

<table>
<thead>
<tr>
<th>Ohio’s Services and Supports for Adults with Serious Mental Illness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strengths</strong></td>
</tr>
<tr>
<td>- Diverse, well developed provider network providing services to adults with serious mental illness and co-occurring disorders.</td>
</tr>
<tr>
<td>- Strong investment in range of housing options for persons recovering from mental illness</td>
</tr>
<tr>
<td>- Enhancing recovery supports with SAMHSA grants to improve supported employment and address chronic homelessness and homelessness among veterans.</td>
</tr>
<tr>
<td><strong>Needs</strong></td>
</tr>
<tr>
<td>- Availability of transportation and housing for persons with serious and persistent mental illness (SPMI/SMI) is limited, especially in some areas of the state. OhioMHAS continues to invest state mental health operating and capital funds in housing, encourages Boards to collaborate to provide these services, and partners with Ohio Department of Development to enhance these services.</td>
</tr>
<tr>
<td>- First Episode Psychosis and Supported Employment are available in some areas; expansion of these recovery supports has the potential to increase employment, and reduce the number of persons who rely on Medicaid and disability income from the Social Security Administration.</td>
</tr>
<tr>
<td>- Ohio lacks specialized older adult behavioral health services in many communities; Ohio’s state agencies are addressing them through a pilot program to address persons with dual Medicare and Medicaid eligibility, as well as partnering with other state agencies to address elder abuse and screening for substance misuse.</td>
</tr>
</tbody>
</table>
System of Care for Adults and Youth with Substance Use Disorders
Ohio’s behavioral health system for adults with SUD includes health, medical and recovery support services provided by other systems of care, as well as courts and law enforcement. It also operates on a public health model that builds on established collaboration of state agencies and ADAMH Boards. At the state level, OhioMHAS Medical Director, and the Office of Treatment and Recovery Services provide leadership for treatment services and recovery supports for adults, youth and families impacted by SUD. State agencies collaborating on SUD treatment include Job and Family Services (child welfare, employment, and social services), Ohio Department of Rehabilitation and Corrections, Ohio Supreme Court Ohio Department of Health, Education, Medicaid and regional medical centers. State agency work on health system reform is led by the Governor’s Office of Health Transformation. The Health Department takes leadership in smoking cessation initiatives and in data collection. At the local level ADAMH Boards collaborate with courts with specialty dockets for persons with SUD and/or co-occurring SUD and mental illness, as well as county jails. These local and state collaborations provide a system of care for persons with SUD in Ohio.

System of Care for Persons with Intravenous Drug Use and/or Opiate Addiction
Ohio has treatment programs to treat opioid addiction, intravenous drug use and addiction to multiple illicit drugs; this population uses the same system of care as services for all persons with SUD. A major difference is that medication assisted treatment is more likely to be needed than for other treatment groups. Unfortunately, medication assisted treatment is not sufficiently available to meet community needs. Ohio is working to expand its opioid treatment and prevention programs through the Ohio Opioid State Response Project funded by the 21st Century CURES Act which benefitted from coordinated planning by OhioMHAS leadership, as well as state and community partners.

System of Care for Pregnant Women and Women with Dependent Children
ADAMH Boards, as well as providers, prioritize pregnant women and women with dependent children who seek treatment for SUD treatment services. All 50 of the ADAMH Boards prioritized this population in their Community Plans. These Community Plans also include an assurance that ADAMH Boards will work with child welfare programs to address the needs of the parents and children who are impacted by SUD. Certified treatment providers receiving funds are required through SAPT Block Grant Assurances to provide and/or refer pregnant clients to prenatal care as well as offer childcare. Alcohol and other drug treatment services to women of childbearing age, pregnant women, women with dependent children, mature women, and young women continue to be provided as an SAPT Block Grant priority population.
Additionally, OhioMHAS has a designated staff member who may be contacted to insure access to pregnant women who have difficulty accessing needed services in their home community. When needed, she will link pregnant women and women with dependent children to services outside of their ADAMH Board area. Many communities have women’s gender specific treatment programs, and some urban communities have gender specific providers that specialize in treating women. In addition to treatment programs, women with dependent children need services for their children which are typically provided by county job and family services, and other social service agencies.

<table>
<thead>
<tr>
<th>System of Care Providers for Adults and Youth with Substance Use Disorders (SUD)</th>
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<tbody>
<tr>
<td>Services and Community Supports</td>
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<tr>
<td>--------------------------------</td>
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<tr>
<td>SUD and outpatient, detoxification and residential services (medical &amp; non-medical)</td>
</tr>
<tr>
<td>Health care</td>
</tr>
<tr>
<td>Behavioral health crisis services</td>
</tr>
<tr>
<td>Substance abuse outreach, prevention and treatment to urban minorities “UMADAOP”</td>
</tr>
<tr>
<td>Drug/behavioral health courts; treatment programs in jails and state prisons; community treatment linkage for offenders</td>
</tr>
<tr>
<td>Recovery housing</td>
</tr>
<tr>
<td>Time limited housing</td>
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<tr>
<td>Peer support/recovery coaching</td>
</tr>
<tr>
<td>Employment Services</td>
</tr>
<tr>
<td>Care coordination for adults who need services from multiple service systems</td>
</tr>
<tr>
<td>Twelve Step Meetings</td>
</tr>
<tr>
<td>Other recovery support groups</td>
</tr>
<tr>
<td>Faith-based programs</td>
</tr>
<tr>
<td>Medical &amp; dental care</td>
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</tbody>
</table>
Information and referral, and warm lines

211 Lines – provide information to community services for more than 90% of Ohio’s population; OhioMHAS maintains consumer-staffed Toll Free Bridge line. Many ADAMH Boards fund this service in their communities which provides information about services and client rights.

<table>
<thead>
<tr>
<th>Services for Intravenous Drug Users</th>
<th>Additional Providers for Intravenous Drug Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication Assisted Treatment</td>
<td>Treatment facilities and physicians who meet DEA/legal requirements</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services for Women with Children</th>
<th>Additional Providers for Women with Dependent Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender specific treatment</td>
<td>Women’s specific treatment providers or programs who provide specialized tracks for women</td>
</tr>
<tr>
<td>Community programs for children</td>
<td>Head Start, Help Me Grow</td>
</tr>
<tr>
<td>Food assistance (SNAP), Ohio Works First, foster care, child care</td>
<td>County Job and Family Services</td>
</tr>
<tr>
<td>Housing and shelter</td>
<td>Women’s recovery housing; battered women’s shelters</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Communicable diseases</th>
<th>Additional Providers for Persons with Communicable Diseases</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB, HIV, Hepatitis C</td>
<td>Treatment by county Departments of Health and behavioral health providers, with some targeted programs for persons who are HIV+</td>
</tr>
</tbody>
</table>

**Programs to Engage Persons with Substance Use Disorders**

Ohio has programs to engage persons in SUD treatment. Local communities engage persons through specialized dockets for substance use disorders and veteran's courts. Some local jails have clinical treatment and peer recovery support staff. Urban Minority Alcohol and Drug Addiction Programs in eight Ohio communities provide specialized outreach to engage African Americans Hispanics and other urban minority populations. Many SUD and SUD/MH providers have hotlines and crisis services that engage persons seeking recovery in treatment. Others find their way into treatment via the recovery community’s twelve step programs or through recovery community organizations.

**Screening, Brief Intervention, and Referral to Treatment (SBIRT)**

OhioMHAS is in the final years of implementing a five-year, $10 million cooperative agreement from SAMHSA for a statewide Screening, Brief Intervention and Referral for Treatment (SBIRT) initiative. The federally-funded program is designed to reduce morbidity and mortality of alcohol and drug use through early intervention methodologies that rely on the integration of medical and behavioral health approaches. The goal of Ohio SBIRT is to reduce the morbidity and mortality caused by alcohol and illicit or prescription drug use through an integration of SBIRT approaches into medical and behavioral health approaches.

The Ohio SBIRT Project assists healthcare, behavioral health and other organizations to implement alcohol, other drug and depression screening, brief intervention and referral to treatment. Project staff provide trainings to communities, conferences and individual organizations on screening tools and procedures, motivational interviewing skills and brief intervention models to ensure successful implementation. Health care providers across Ohio receive funding through the Ohio SBIRT Project to implement the model. Settings include emergency departments, health departments, primary care and federally qualified health centers,
as well as inpatient hospital settings and urgent cares. Just over 55,500 Ohio patients have been screened in our funded sites, while many more are screened by partners who receive training and technical assistance without funding. The Ohio SBIRT Project will continue partnering with healthcare organizations to sustain the model and expand to new sites in the coming year. Approximately 25,000 patients are expected to be served this year in primary care and other healthcare settings.

Services for Block Grant Priority Populations
Treatment and Recovery Support

Ohio SUD continuum of care and Medicaid-benefit are described in the first part of this section. In addition, recovery supports include housing, employment, education, transportation, child care, spiritual support, and peer support are considered essential services by many persons in recovery. These are described in the Adult Mental Health section, as many of them are for both populations. Ohio’s recovery community supports also include Twelve Step groups, as well as individuals, faith-based organizations and other non-profit organizations which offer peer support, spiritual support, employment and sober housing to individuals in recovery and/or seeking recovery. Many important recovery supports including Twelve Step programs are provided outside of the public behavioral health system. Ohio defines as, “A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”

Ohio has a wide variety of SUD treatment providers, community behavioral health providers, integrated health services, regional medical centers and hospitals. OhioMHAS certifies 188 providers for both SUD and mental health services, and 171 providers for SUD only services. Community SUD and behavioral health (MH/SUD) providers have different kinds of programs and services to address the needs of their populations and communities. Many of these providers include same site access to additional health and/or social services. Most providers offer recovery supports consistent with a recovery oriented system of care, or refer consumers to non-medical recovery supports (e.g. recovery housing, employment, peer support, Twelve Step groups). Many also offer programs targeted to specific populations (e.g. Hispanic, youth, and women with young children.) As it is not feasible to describe each of Ohio’s 50 ADAMH Board areas overlapping systems of care, a description of a variety of providers is provided in the next few pages. The intent is to provide examples of wide variety of providers to better describe Ohio’s provider network.

Behavioral Health Providers in Major Metropolitan Areas

- Talbert House has five service lines which include adult behavioral health, community care, courts and corrections, housing and youth behavioral health services in the greater Cincinnati area. Medication Assisted Treatment (MAT) with Suboxone and Vivatrol is available as part of a comprehensive treatment program for opioid users. Its primary
service area is Hamilton, Brown, Butler Clermont, Clinton, and Warren counties in greater Cincinnati area. Additionally, Talbert House also serves additional counties including Adams, Champaign, Clark, Darke, Fayette, Greene, Highland, Miami, Montgomery and Preble. Services in 25 programs include a full continuum of care of SUD and mental health services as well as many specialized services including School Based Services, Court Treatment, Employment Services, and Teen Parenting. Talbert is accredited by 8 different organizations including CARF, and the three state agencies of Rehabilitation and Corrections, Job and Family Services and Rehabilitation and Corrections. 

http://www.talberthouse.org/home/

- **Maryhaven** “provides integrated behavioral healthcare services with a specialization in addiction recovery care, to help men, women and adolescents restore their lives from addictive and mental illness.” Services are provided in the greater Columbus area with offices in Franklin, Delaware, Union, Marion and Crawford counties. Maryhaven has a full continuum of care including residential services for adolescents and adults with SUD. Services include an outpatient opioid treatment program that includes methadone, Suboxone and Vivatrol, as well as medical, counseling and case management services. Maryhaven has gender specific services for women, including a program specifically for African American women. It also has programs for dual (MH/SUD) treatment, court related services, gambling intervention, homeless services, mental health services.

https://www.maryhaven.com/

**Behavioral Health Providers Outside Major Metropolitan Areas**

- **Coleman Professional Services** in Allen, Auglaize, Hardin, Portage and Stark Counties in northeastern and northwestern Ohio; Addiction services include SBIRT, diagnostic assessment, individual and group counseling, case management, dual diagnosis and medication assisted treatment in ambulatory detoxification. Coleman also provides a full range of mental health services including Supported Employment and First Episode of Psychosis Services. http://www.colemanservices.org/

- **Lake Geauga Recovery Centers** (Mentor and Chadron); provides the full continuum of SUD treatment including medication assisted treatment and residential treatment for men and women; it also provides mental health services. A program for women with children includes a range of services including pre-natal care, counseling, group therapy, dual-diagnosis services, parenting skills, workforce participation, integration into 12-step groups, transportation and on-site childcare. http://www.lgrc.us/

- **Recovery Council**, a CARF accredited agency, provides SUD treatment services at offices in rural Pike and Ross counties. Services include in-patient care to women, out-patient care to men and women, transitional living programming for women, assistance with drug
and alcohol addiction, other substance abuse treatment, mental health services, individual and group counseling, intensive outpatient programs, domestic violence counseling for men and women, life skill coaching, outreach services, educational groups, co-dependency counseling, parenting classes, anger management classes, drug testing, adolescent counseling, substance abuse assessment, substance abuse education, transportation services, and case management. [http://therecoverycouncil.org/](http://therecoverycouncil.org/)

**Integrated Health Services**

- **Columbus Area Integrated Health Services** in Columbus include residential SUD treatment for men who may have criminal justice issues which use Afrocentric principles, as well as outpatient and intensive outpatient services. Suboxone (medication assisted treatment) is also available for those who qualify. Columbus Area also offers pharmacy services and integrated (primary) care, mental health services, and re-entry programs for persons who are released from prisons. [http://www.columbus-area.com/](http://www.columbus-area.com/)

- **Firelands Regional Medical Center** provides outpatient SUD treatment services to adults, youth and families in a seven mostly rural county area in northeastern Ohio (Erie, Ottawa, Sandusky, Seneca, Huron, Lorain and Wyandot Counties). Firelands is also providing SBIRT (Substance Abuse, Brief Intervention and Referral to Treatment) in the inpatient hospital and two outpatient physician offices. Firelands includes a community hospital, community mental health services and is also the recipient of a SAMHSA Supported Employment Grant. [http://www.firelands.com/services/behavioral-health.aspx](http://www.firelands.com/services/behavioral-health.aspx)

**Faith-Based Family Service Organization**

- **Catholic Charities, Diocese of Cleveland**, provides SUD and mental health treatment services in eight counties with the programs varying greatly by county, as well as mental health and other social and spiritual services. In most counties, one or two services are offered, usually non-intensive outpatient services for youth. In Cuyahoga County programs include adult outpatient, intensive outpatient and residential, gender specific programs for adults, Hispanic programs that are bilingual and gender specific, youth (ages 16 – 19) residential program, intensive outpatient for youth through age 21. Catholic Charities provides a wide range of services including mental health, foster care, domestic violence/child neglect, employment and training services, youth services and older adult services. [http://ccdocle.org/services](http://ccdocle.org/services)

**Recovery Community Organization**

- **The Sandusky Artisans Recovery Community Center** has specialized in integrating the arts with recovery from substance abuse, depression and eating disorders since 1996. The Artisans is a peer driven, peer supported, grass roots non-profit Community Center. Thousands battling substance use issues - alcohol, drugs, overeating, depression and such
- have found guidance and support in the East Market Street Building in downtown Sandusky.” The center provides free addiction services, offers 12-step meetings overseen by peers, and art based recovery programs. Meetings include a full range of twelve step meetings (AA, NA), NAMI Connections, as well as yoga and some family support. Most activities are scheduled in the evening.

**SUD Treatment Providers for Women only**

- **First Step Home** in the Cincinnati area serves women in recovery and their children. This agency provides individual and group SUD counseling, access to medical services, mental health assessments, life skills training, financial counseling, on-site child care, twelve step meetings and connections to job readiness programs. First Step Home also offers a comprehensive child and family development program for children ages 0 – 12 who are living with their mothers at the facility. The children receive daily support and therapy from one of the staff. Transitional housing is also available for families after the mothers complete the residential program. First Step Home received a MOMS grant which includes implementation of medication assisted treatment for opioid dependence for pregnant women. [http://www.firststephome.org/](http://www.firststephome.org/)

**Substance Abuse Prevention and Treatment Providers for Urban Minority Populations**

(Urban Minority Alcoholism and Drug Abuse Drug Outreach Programs (UMADAOP) programs funded in eight urban communities by the Ohio Legislature since the 1980s.)

UMADAOP of Cincinnati, Inc. provides programs that cover a broad range of services. These services include but are not limited to Medication Assisted Treatment for Adult and Youth, Professional Intervention Services, Adult Substance Abuse Treatment, Peer Support Services (Recovery Coach), Adult & Youth Prevention & Education Services, Alternative Activities, Alternative Education Placement Services, Community Awareness Outreach Services, Professional Prevention Education Series, Violence Prevention Education Services, and Youth Substance Abuse Treatment, School Based Prevention, Education & Treatment Services.

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**Recovery Support Services**

Please see the consolidated “mental health and substance abuse” description of recovery support services in the previous section on Adult Mental Health Services.
Services for SAMHSA’s Priority Populations

Medication Assisted Treatment for Opioid Use Disorders and Intravenous Drug Users

Ohio has promoted Medication Assisted Treatment (MAT) Programs which use buprenorphine, methadone or naltrexone to treat opiate dependence, in combination with counseling and recovery support services. Persons with opiate-dependence are more likely to recover if they receive medication assisted treatment than without it. Data indicates that all MAT improve abstinence rate when provided along with relapse prevention counseling.

Table 1. MAT Effectiveness*

<table>
<thead>
<tr>
<th>Medication</th>
<th>With MAT (% Opioid Free)</th>
<th>Without MAT (% Opioid Free)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naltrexone ER</td>
<td>36%</td>
<td>23%</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>20 – 50%</td>
<td>6%</td>
</tr>
<tr>
<td>Methadone</td>
<td>60%</td>
<td>30%</td>
</tr>
</tbody>
</table>

*Comparative conclusions cannot be drawn due to lack of head-to-head comparative studies. All medication assisted treatment was provided along with relapse counseling.

Ohio has 26 SAMHSA licensed methadone programs as of June 2016, with multiple sites in Ohio’s three most populated counties. Seven of these programs fall outside of regulatory authority of OhioMHAS because they are either federally operated through Veteran’s Administration services (3 programs) or only provide buprenorphine (4 programs). OhioMHAS is working to expand the availability of all forms of medication assisted therapy. Ohio Senate Bill 319 allows the significant expansion of opioid treatment programs (OTP) by permitting for-profit organizations to enter the market and removing the two-year service requirement. OhioMHAS has been working closely with nearly 20 vendors who have expressed interest in opening over 60 OTPs over the next two years. The increase in OTPs will dramatically change the access to high quality therapeutic programs with MAT for persons with opioid use disorders.

To prepare for the OTP expansion, OhioMHAS has worked with federal and state partners to update and re-write the Ohio Administrative Code (OAC) concerning OTPs. Representatives from SAMHSA, two Ohio-based offices of the Drug Enforcement Administration (DEA), the State of Ohio Medical Board, the State of Ohio Pharmacy Board, and representatives from four OTPs met several times in December and January to review the current OAC and to propose changes. The resulting documents were shared with the entire OTP community for further refinement, including with the OTPs wishing to enter the Ohio market. The new rules passed legislative review and became effective June 1, 2017.

OhioMHAS has convened a group of state and federal enforcement bodies which include the State of Ohio Medical Board, State of Ohio Pharmacy Board, and the DEA to discuss a protocol
for approving/denying physicians to have the emergency 275 DATA 2000 patient limit waiver. Several physicians have already been approved in the areas hit hardest by Ohio’s opioid epidemic. Future planning is also in the works with these organizations to standardize the process when enforcement actions are imminent against OhioMHAS certified providers and non-certified Office-based Opioid Treatment services.

OhioMHAS is poised to make dramatic changes to the behavioral healthcare environment with the 21st Century CURES money. The MAT workforce development strategy involves partnering with the Ohio Hospital Association (OHA), Medicaid managed care plans (MCPs), medical professional training schools, and community planning organizations to promote in-person and live training events. OhioMHAS staff hired through grant funding will interface with these organizations to strategize about physician recruitment and develop promotional materials in communities with the highest overdose rates. Physicians involved in emergency care, primary care and obstetric care will be identified for training efforts to implement the MAT training plan. Emphasis will be placed on physician practices that want to promote MAT as an option for care in emergency settings, for interim treatment while the client is waitlisted for an OBOT or OTP, and for care coordination purposes in obstetric practices. OhioMHAS staff will seek to retain these physicians as buprenorphine prescribers through providing three ECHOS, the first of which will mentor new physician prescribers, the second of which will serve as a hub for ongoing continuing education and case review, and the third of which will mentor new PA and NP prescribers.

**Services for Pregnant Women and Mothers**
The Ohio Women’s Network (OWN) is a group of service providers, funded in part by OhioMHAS, provides leadership in the provision of women’s gender specific and gender competent alcohol, tobacco and other drug rehabilitation programming for women; whose mission it is to strengthen collaboration and coordination among the various programs providing services to women and children; to develop and disseminate “best practices” among such programs; to improve identification and referral of substance abusing women by human services agencies; to assure women’s access to clinically appropriate prevention and treatment and to increase awareness of women’s SUD treatment and effective treatment technologies. OWN is affiliated with OhioMHAS.

OhioMHAS is required by the Family Reunification and Stabilization (FRS) legislation to develop a statewide plan to prioritize SUD services for families involved in the child welfare system in collaboration with the Ohio Department of Job and Family Services. FRS is Ohio's response to the federal Adoption and Safe Families Act. The bill exceeded the federal standards by specifying that child abuse or neglect associated with parental SUD could be grounds for termination of custodial rights. FRS also emphasized the need to provide timely and appropriate treatment necessary to facilitate family reunification. Additionally, FRS included tasks such as improving accessibility and timeliness of alcohol and other drug services for the FRS
populations. Realizing that SUD recovery is vital to family reunification and preservation, ODJFS and OhioMHAS have been working together to meet the multiple needs of children and families. In fact, Ohio Department of Alcohol and Drug Addiction Services (prior to becoming OhioMHAS) were nationally recognized by the Child Welfare League of America for progressively working to address the challenges of SUD among clients in the child welfare system.

**Services for Persons with Tuberculosis**

OhioMHAS addresses its public health mandate to address TB among person with SUD by requiring that all local funding and auditing Board’s require written Assurances that agencies receiving SAPT Block Grant funds for operating a program of SUD treatment (A) will, directly or through arrangements with other public or nonprofit private entities, routinely make available tuberculosis services to each individual receiving treatment for such abuse; and (B) in the case of an individual in need of such treatment who is denied admission to a program on the basis of lack of the capacity of the program to admit the individual, will refer the individual to another provider of tuberculosis services [Sec. 1924(a)(1)].

All certified addiction providers are required to have policies and procedures in place for referring or providing counseling and/or client education on exposure to, and the transmission of, tuberculosis, Hepatitis type B and C, and HIV disease for each client admitted. Methadone maintenance programs are required to conduct TB screening and OhioMHAS checks client files on-site annually to verify this activity is being conducted. If the TB test shows a positive result, OhioMHAS verifies that a referral was made for medical treatment. OhioMHAS also requires “counseling on preventing exposure to tuberculosis, hepatitis type B and C, and the transmission of human immunodeficiency virus (HIV) disease.” Documentation indicating compliance for this requirement is also reviewed in the client chart. To facilitate compliance, OhioMHAS provides training and technical assistance to providers on client record documentation needed to comply with the rule, as well as for referrals or counseling for TB testing.

**Persons with SUD Involved with the Criminal Justice System**

See Step 1, (6) Behavioral Health Services for Persons Involved with Criminal Justice System.

**Program Initiatives to Improve Services**

**Governor’s Cabinet Opioid Action Team**

In January 2011, Governor John R. Kasich announced that his administration would battle the opiate epidemic on all fronts. The Department was tasked with leading and coordinating cross-systems efforts to deal with increased addiction and overdose episodes caused by opiates. As part of this effort, the Governor’s Cabinet Opiate Action Team (GCOAT) was established to address the ongoing opiate epidemic, with the goals of decreasing the misuse and abuse of opiates. Many initiatives have been launched under the umbrella of these workgroups and
numerous positive accomplishments have occurred due to this inter-disciplinary work. Over the past year, GCOAT has focused on key initiatives ranging from formalizing a standard of care policy for prescribing opioids for non-terminal, non-cancer chronic pain to increasing access and availability of naloxone. While Ohio has seen major improvements in the fight against opiates, there is still much work to be done.

The Governor’s Cabinet Action Team (GCOAT) will continue to develop and review proposed legislation to combat the opioid epidemic during SFY 2018-2019. Policy initiatives include reviewing the current structure for the monitoring of private for-profit businesses that operate as treatment centers for SUD and the determination of whether the state needs to have a greater role in accrediting their practice. Additionally, the GCOAT will be reviewing Ohio Senate Bill 4 and House Bill 62 to provide input on record sealing limits. Over the past six years, GCOAT

The GCOAT has issued a challenge to all state cabinets to review current assets to increase greater awareness about the opioid epidemic. The goal is for each cabinet to develop a strategy based upon the population they serve that will address opioid awareness, prevention, treatment and/or recovery management. In addition, the Deputy Director of GCOAT will work with the Department of Administrative Services will assess the existing state website resources related to addiction and coordinate improvement and cohesion.

GCOAT will work through both the Office of Faith Based Initiatives and Drug Free Action Alliance, to increase partnership with faith communities on topics including stigma reduction, prevention, access to treatment, and recovery supports and identify specific deliverables and measures.

Lastly, the GCOAT will work with communication teams from each GCOAT member agency to develop educational videos that will focus on fentanyl safety precautions for first responders and laypersons when responding to an unintentional overdose, how to identify and address vicarious trauma from helping professionals affected by the opioid epidemic and how to obtain substance use disorder treatment for opioids if you are pregnant and addicted.

Ohio’s Opioid State Response (STR) Project funded by 21st Century Cures Act

The projects goals focus on enhancing a community system of care to emphasize service integration between physical health care, emergency health care, behavioral health care, criminal justice, and child welfare. Strategies and activities undertaken for this effort build upon Ohio’s on-going efforts to address the opioid epidemic which include SABG funded services. Services and activities are designed to reduce overdose deaths and enhance the ability of individuals with opioid use disorder to receive treatment using evidence-based approaches.

A three-pronged approach is adopted to operationalize the identified strategies and activities. This includes 1) department-directed strategies and activities focusing on counties of the state with highest opioid overdose deaths and treatment need, 2) department-directed strategies and
activities to be deployed statewide, and 3) Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Boards identified projects consistent with the goals and objectives of the Ohio Opioid STR Project.

Ohio’s Opioid STR Project emphasizes evidence-based practices throughout the needed continuum of services and interventions: PAX Good Behavior Game and Botvin Lifeskills for primary prevention, Screening, Brief Intervention and Referral to Treatment (SBIRT) for early intervention, and Medication-Assisted Treatment (MAT) for opioid use disorder, using the ECHO model and other training methodologies to expand treatment capacity. Additional evidence-based practices include Sobriety, Treatment and Recovery Teams (START) for child welfare and Trauma Informed Care to address the vicarious trauma experienced by professionals in multiple systems and families who are facing the consequences of Ohio’s opioid epidemic.

Workforce training funded by the STR project using the ECHO model is expected to increase the number of physicians, advance nurse practitioners, and physicians’ assistants who prescribe MAT for opioid use. The ECHO model mentors primary care physicians to provide specialty care such as MAT. This model is used to increase accessibility to treatment in rural and underserved areas.

**Ohio’s Services and Supports for Adults with Substance Use Disorders**

**Strengths**

- Large, diverse provider network that benefited from Medicaid expansion.
- Recovery housing expanded by use of capital dollars not available before consolidation of state mental health and substance use agencies.
- Medical director, a psychiatrist with a specialty in addiction, is promoting medication assisted treatment which increases credibility with the medical community.
- Culturally-specific and gender–specific programs available in urban communities.

**Needs**

- Availability of medication assisted treatment does not meet demand; Ohio is using 21st Century CURES grant using an ECHO model to expand the number of prescribers in Ohio.
- Residential services and detoxification has limited availability; implementation of continuum of care legislation described in the first section will address this.
- Recovery supports vary widely depending on local community tax levies and what is provided by recovery community. Resources are being expanded through SAMHSA discretionary grants, state and local tax levy funding.
Ohio Department of Mental Health and Addiction Services provides funding for SUD and mental health treatment and recovery supports for adults and juveniles with who are under the supervision of courts, are incarcerated in county jails/detention facilities and state correctional facilities, and those in need of reentry services. Federal and state funding for these programs flows through county ADAMH Boards to local behavioral health service providers. Additionally, most ADAMH Boards include them as a priority population in their Community Plans, and many Boards fund some of these services with local tax levies. ADAMH Boards work with courts and law enforcement staff to plan, fund and evaluate treatment and recovery support services for this population. Recovery supports such as housing, transportation, education, employment and peer support are also provided by other local organizations which may or may not be affiliated with the ADAMH Boards. Rather, they may be affiliated with other government entities, faith-based organizations and/or self-help groups (e.g. Alcoholics Anonymous).

**Criminal Justice Population Addressed by OhioMHAS** – Ohio Department of Rehabilitation and Corrections (ODRC) currently has approximately 50,000 offenders with 4,000 (8%) participating in alcohol and other drug programming offered in Ohio’s prisons, and approximately 10% (4,800) being considered SPMI\(^1\) (ODRC). Additionally, many additional offenders with SUD and/or SPMI are incarcerated in local jails, or are on the dockets of municipal and juvenile courts. Most persons with SPMI involved with the criminal justice system have co-occurring substance use disorders. Addressing addiction to alcohol and other drugs upon release is critical to both populations, as well as to provide a range of recovery supports known as “Recovery Oriented System of Care” within the addiction world, and “Community Support System” within the mental health world.
<table>
<thead>
<tr>
<th>Environment</th>
<th>Services and Supports</th>
<th>Provided by:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community: Drug Courts</td>
<td>Clinical services, medication assisted treatment, drug and alcohol testing, recovery supports and court supervision. Each participant is managed using a team approach.</td>
<td>Partnership among local courts, local addiction treatment providers, and County Job &amp; Family Services (child welfare) with state support from the Supreme Court of Ohio, and OhioMHAS</td>
</tr>
<tr>
<td>Community Courts: Treatment Alternatives to Street Crime (TASC)</td>
<td>TASC provides assessments, case management, drug and alcohol testing and SUD treatment. TASC bridges two distinct systems: courts and SUD treatment.</td>
<td>Partnerships among common pleas, municipal and juvenile court judges, SUD treatment providers and TASC programs</td>
</tr>
<tr>
<td>Juvenile Justice Courts to enhance local options for providing behavioral health services</td>
<td>Evidence-based behavioral health interventions including Multisystemic Therapy, Hi-Fidelity Wraparound</td>
<td>Local treatment programs which provide juvenile court judges with an alternative to incarceration</td>
</tr>
</tbody>
</table>

**Programs for Offenders with SUD or SMI In Prison**

<table>
<thead>
<tr>
<th>Prisons operated by ODRC</th>
<th>Treatment of Substance Use Disorders</th>
<th>Treatment staff for SUD are employed by OhioMHAS effective 7/1/15</th>
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</thead>
<tbody>
<tr>
<td>Prisons operated by ODRC</td>
<td>Treatment of SPMI (severe and persistent mental illness)</td>
<td>Clinical staff treating mental illness within the prisons are employed by ODRC.</td>
</tr>
<tr>
<td>Prisons operated by ODRC</td>
<td>Cognitive behavioral therapy, life skill classes, client led groups and community meetings</td>
<td>Therapeutic Communities: Six funded by OhioMHAS provide a structured day for offenders who are being released from prison</td>
</tr>
<tr>
<td>Prisons operated by ODRC and youth facilities operated by Department of Youth Services (juvenile justice)</td>
<td>For offenders nearing release, community linkage workers make referrals and appointments to community behavioral health providers for treatment of SMI, SUD or co-occurring disorders; assists with Medicaid and Social Security Applications</td>
<td>Community Linkage Workers employed by OhioMHAS</td>
</tr>
</tbody>
</table>

**Community Programs**

| Community | Treatment for SMI and/or SUD for persons involved with courts and offenders released from prison or jail | Community mental health and addiction providers funded by |
Community Treatment

Drug Courts
Drug courts are a partnership among local courts, County Job & Family Services (child welfare), local addiction treatment providers, the Supreme Court of Ohio, and OhioMHAS. The local courts operate the drug courts and provide supervision for adult and juvenile offenders; the County Job & Family Services provides protective custody and supervision for parents with SUD with dependent children. The local addiction treatment providers provide clinical services and participation on the drug court teams, and the Supreme Court provides certification to allow judges to operate the courts. The goals of these partnerships are to increase abstinence, decrease recidivism, reduce commitments to adult and juvenile corrections facilities, increase protective supervision decisions by the child protection system, decrease protective custody decisions and increase family reunification.

In SFY 2016, OhioMHAS funded drug courts served 1,655 adult offenders and 203 juvenile offenders and parents involved with the child protection system. Ohio’s drug courts save the state money through reduced recidivism, reduced commitments to the adult and juvenile prisons, and reduced permanent placements of minor children into the foster care system.
Treatment Alternatives to Street Crime (TASC) for Substance Abusers
TASC was created to address an 800% increase in correctional spending over the past two decades, coupled with the opiate epidemic. TASC’s mission is to build a bridge between the criminal justice and treatment systems which have differing philosophies and objectives. The model targets nonviolent alcohol and drug dependent felons and misdemeanants and has enhanced existing correctional supervision programs. TASC identifies chemically dependent offenders, provides assessments and makes referrals for the most appropriate drug treatment. Other key functions include counseling, case management services and drug testing. TASC case managers work closely with judges, probation officers, jail administrators and treatment providers to provide effective and comprehensive programming. Community partners include County Common Pleas Courts, municipal and juvenile courts. These partners refer offenders to TASC and work collaboratively with the programs. The courts’ probation departments provide community control supervision to the TASC participants. The goals are to increase abstinence, decrease recidivism, reduce commitments to adult and juvenile correction facilities and increase completion of treatment. In SFY 2016, TASC programs served 7,480 adult and juvenile offenders. TASC programs save the state money through reduced recidivism and reduced commitments to the adult and juvenile prisons.

Addiction Treatment Program
The Addiction Treatment Program (ATP) was legislatively established in the SFY 2016-2017 budget and $11 million was appropriated. The ATP is an expansion of the Addiction Treatment Pilot Program (ATPP), which was implemented in SFY 2014-2015. The program offers funding for treatment services including medication assisted treatment (MAT) as well as recovery supports for eligible clients that are enrolled in selected specialty-docket drug and family dependency courts. Participants receive treatment from a community addiction services provider certified by OhioMHAS. The original pilot program, ATPP, served a total of 366 participants between October 2013 and June 2015 in Allen, Crawford, Franklin, Hardin, Hocking, Mercer and Morrow counties and included an evaluation completed by Case Western Reserve University. In SFY 2016, the ATP expanded to serve 26 courts in the following 13 counties: Allen, Clinton, Cuyahoga, Franklin, Gallia, Hardin, Hocking, Jackson, Marion, Mercer, Montgomery, Summit, and Warren. In SFY 2017, the ATP expanded again to an additional ten courts in the following nine counties: Butler, Clermont, Hamilton, Lake, Lorain, Lucas, Mahoning, Stark, and Trumbull. The ATP has served total of 1,001 participants from January 2016 through March 2017. The program also includes an evaluation component, which is being completed by the Treatment Research Institute (TRI) and will incorporate ATP data through SFY 2017.

Behavioral Health Juvenile Justice Projects
Please see the last two pages of the Treatment – Children with SED section for a description.
SUD Treatment Programs within Prisons

OhioMHAS operated programs within Ohio’s 27 prisons provide SUD treatment, as well as linkage to community services for offenders being released. Major goals are to reduce recidivism and treat SUD. In SFY 2017 about 6,200 inmates received formal SUD treatment in Ohio’s 27 prisons; some offenders received services in multiple programs. Preliminary SFY 2017 numbers for offenders receiving specific services are:

- Therapeutic Community = 1306
- Treatment Readiness Program = 3248
- Intensive Program Prison = 104
- Brief Intervention Program = 1437
- Treatment Transfer Program = 1099

The program uses the Texas Christian University Drug Screen to identify individuals with a history of drug use or dependency. This instrument is used to determine the Recovery Services level of care, and who is eligible for each of the treatment options. The Recovery Services Level of Care designates the level of need for Alcohol and Other Drug (AOD) Services: R0 = None; R1 = Minimal Need; R2 = Moderate Need; R3 = Considerable Need. A variety of programs is provided.

Alcohol and Other Drug (AOD) Treatment Readiness Program
The AOD Treatment Readiness Program is a 48-hour program delivered daily for a minimum of 12 hours a week. A minimum of ten of the hours must be cognitive behavioral treatment specific. The remaining hours shall consist of Recovery Oriented Supplemental Services. Those institutions designated as control prisons or those institutions with control units may provide restricted treatment hours after consultation with the Bureau of Behavioral Health Services Chief or designee. This program incorporates the stages of change model to focus on participant motivation and readiness that will enhance treatment engagement and retention. This program is offered to Recovery Services Level 2 and 3 inmates.

Brief Intervention Program - Breaking The Cycle
This is a six-week program, 24- hours cognitive behavioral program that uses evidence-based strategies to assist inmates as they work to make positive changes in their criminogenic thoughts and behaviors and patterns of substance use.

Continuing Care Services
Continuing care services are on-going peer support such as Alcoholics Anonymous, Narcotics Anonymous, Big Book Studies, etc.
Family Program
A family program is designed to provide Recovery Services education, program information, improvement of communication skills, and facilitates involvement of both program participants and family members in community reentry. ***This program is available only at London Correctional Institution.

Recovery Services Intensive Outpatient Programs
The Recovery Services Intensive Outpatient Program is a 144-hour program, consisting of the Treatment Readiness Program and Intensive Outpatient Program phases, that provides treatment services delivered daily for a minimum of 12 hours a week. A minimum of ten of the hours must be cognitive behavioral treatment specific. The remaining hours will consist of Recovery-Oriented Supplemental Services. Those institutions designated as control prisons or those institutions with control units may provide restricted treatment hours after consultation with the Bureau of Behavioral Health Services Chief or designee. This program is offered to Recovery Level 2 and 3 inmates.

Outpatient Services
Treatment services are provided less than eight hours per week in regularly scheduled sessions for program participants who reside in general population.

Recovery Oriented Supplemental Services
Those recovery support services that are complementary and supportive of formal Recovery Services treatment activities.

Recovery Maintenance Program
Recovery services are provided following the successful completion of the Recovery Services Intensive Outpatient Program. Services include two 1-hour, or one 2-hour professionally facilitated group meetings per week for a total of 8 weeks (16 sessions). The Recovery Maintenance Program requires an updated treatment plan upon completion of the treatment program and attendance verification. This program is offered to Recovery Level 2 and 3 inmates.

Self-Help/Fellowship/Alcoholic Anonymous (AA)/Narcotics Anonymous (NA) Meetings
An independent support/fellowship group organized by and for drug abusers and alcoholics to help members achieve and maintain abstinence and/or cope with the effects of drugs and alcohol.

Therapeutic Community (TC)
A treatment modality that uses an inmate hierarchy in which treatment stages are used to reflect personal and program growth. This program teaches offenders how to provide peer to peer treatment group sessions and to develop and enhance life skills. The community has a very
structured day that includes clinicians led groups, Cognitive Behavioral Therapy (CBT) classes, client led groups and community meetings. Every member also has a job and role in the therapeutic community. The community members give each other feedback throughout the treatment about one another’s behaviors. In this microcosm, the clients can learn and practice pro-social behaviors and responses.

**Treatment Transfer Program**
The treatment transfer program is a four-week treatment program that is a component of the Treatment Transfer initiative specified in HB64. This four-week treatment program entails providing the Treatment Readiness Program phase of the Intensive Outpatient Program to those eligible inmates identified for this initiative.

**Community Linkages (Continuity of Behavioral Health Treatment at Release)**
The Community Linkage program links offenders being released from state prisons or juvenile justice youth facilities with SPMI (subgroup of SMI), SED, or with significant SUD treatment needs with community behavioral health appointments or other supports prior to the offender’s release. Ohio Department of Rehabilitation and Corrections (ODRC) and Ohio Department of Youth Services (ODYS) provide behavioral health treatment for adult and youthful offenders while they are incarcerated; SUD treatment in ODRC prisons is provided by OhioMHAS staff effective July 1, 2015. Both ODRC and ODYS work with Community Linkage staff at each institution across the state to assist with continuity of care for offenders. They provide qualifying offenders with appointments and referrals to supports that promote successful re-integration into the community after discharge, such as housing and health care services. Local ADAMH Boards assist with continuity of care for adult and youthful offenders by contracting with local providers to provide post-release appointments in all 88 counties. Community linkage staff are employed by OhioMHAS and supervised by an independently licensed social worker.

The purpose of the program is to link offenders with SPMI and/or SUD on Ohio Department of Rehabilitation and Correction’s (state prisons) health caseload with community mental health appointments and other supports prior to the offender’s release date; the goal is to facilitate successful reintegration into the community for offenders. The offenders served are being released from Ohio Department of Rehabilitation and Corrections with SPMI and/or considerable alcohol and drug issues. This program has been working with offenders at ODRC with SMI/SPMI (including many with co-occurring SUD) for over 20 years. In 2013, the program expanded to providing linkage services to youthful offenders on the mental health caseload at Ohio Department of Youth Services (juvenile justice) in 2013. In 2014, this program was expanded to include linkage services for offenders with considerable SUD treatment needs. The program serves approximately 3,000 offenders each year.

The Community Linkage Program facilitates continuity of behavioral health care for persons leaving the prison system by assisting in policy development, sharing of information, identifying and addressing needs, monitoring outcomes, and providing problem-solving assistance. The program promotes reduced recidivism rates for persons with behavioral health challenges, and facilitates recovery. Additionally, the Community Linkage program assists eligible offenders in applying for Social Security benefits and Medicaid to improve access to health care including behavioral health treatment. The goals of the Community Linkage Program include:

- Continuity of mental health care for offenders leaving an ODRC prison who are identified with SPMI or SUD or leaving an ODYS facility with SPMI.
- Reduce recidivism of persons with behavioral health needs who are involved in the criminal justice system
- Increase access to health care by assisting with Medicaid application prior to release
- Reduced de-compensation rates of released offenders to increase chances at recovery and successful reintegration
- Reduced relapse rate for persons with SUD
- Facilitate problem solving between the corrections and behavioral health system and offenders related to accessing community behavioral health services
- Enhance public safety by arranging post-release behavioral health services, recovery supports and benefits

**Community Behavioral Health Services for Released Offenders**

**Community Behavioral Health Services**
Community providers of SUD and SMI treatment serve offenders. In urban areas, specialized programs for offenders returning to the community are common, and briefly mentioned in some of the descriptions of providers in the previous two sections. Most ADAMH Boards prioritize this population in their community plans and their funding decisions. Additionally, ADAMH Boards, courts and jails collaborate in many communities to address local needs.

**Criminal Justice/Behavioral Health Grants**
OhioMHAS awarded a total of $3,000,000 in 23 grants from the Mental Health Block Grant state general revenue funds to ADAMH Boards in SFY 2015 to address needs of offenders involved in the local criminal justice system SPMI (a subgroup of SMI) who may also have co-occurring substance abuse and mental illness (SAMI). Each ADAMH Board identified specific needs in their community for their grants, so the specific needs addressed varied. The purpose of the grant was to assist offenders with various needs as they work to become productive members of society. It also allows the providers to help offenders with special requests that may fall outside of their regular resources. The indicators of success are that offenders maintain stay out of jail and prison, work and live independently.
Circle for Recovery (Post-Release SUD Treatment – Urban Minority Programs)
The Circle for Recovery is an OhioMHAS funded program for adult offenders being released from Ohio Department of Rehabilitation and Corrections with a history of SUD who are referred by SUD treatment staff within the prisons; the program also accepts self-referrals. Services provided include employment/vocational training; GED/education; health education including AIDS/HIV/STD education, relationship building, peer support, violence prevention, and crisis intervention services. This program is offered by UMADAOPs (Urban Minority Alcohol, Drug Addiction Outreach Programs) which have been providing prevention services to African Americans, Hispanics and other minorities in Ohio’s cities since established by legislation in the 1980s. More recently these programs have been certified to provide SUD treatment services. The goals of the UMADAOP’s include reduce recidivism of offenders, increase employment and GED completion, reunite offenders with families, and increase the number of offenders receiving services. The Urban Minority Alcohol and Drug Addiction Outreach Programs (UMADAOP’s) Program facilitates continuity of behavioral health care for persons leaving the prison system by assisting in policy development, sharing of information, identifying and addressing needs, monitoring outcomes, and providing problem-solving assistance. The success of this program is a partnership among ADAMH Boards, Ohio Department of Rehabilitation and Corrections, and behavioral health providers.

Access to Recovery
ATR is a federal initiative that provides vouchers to clients for the purchase of treatment and recovery support services for persons with SUD leaving prisons; Ohio’s federal funding ends in SFY 2018. The grant focused on men and women with an SUD diagnosis who were re-entering their community following incarceration or other criminal justice system involvement and veterans. Recovery support Services offered included Drug Free Supportive Transitional Housing, GED Training, Substance Abuse Education, Relapse Prevention, Employment Skills Training, Transportation, Domestic Violence Education, HIV/AIDS Education, Peer Mentoring, Parenting Classes, Spiritual Support, Daily Living Skills, Family Engagement, Recovery Coaching, Anger Management, Self Help and Support Groups (Not including 12 step). Recovery Support Services offered for adolescents include: Employment Skills Training, Daily Living Skills, Anger Management Parenting Classes, Peer Mentoring Support Groups and Spiritual Support.
Behavioral Health Services for Persons Involved with Criminal Justice System

Strengths

- OhioMHAS’ Community Linkage program links offenders released from Ohio prisons and youth facilities with SUD and/or mental illness with treatment and recovery services in the community; it also assists with Medicaid and Social Security applications.
- Ohio has many courts with specialty dockets for individuals with SUD and SMI including some veterans’ court.
- OhioMHAS is partnering with Department of Rehabilitation and Corrections; treatment of SUD within Ohio’s prisons is being supervised by OhioMHAS Medical Director effective July 1, 2015. SUD treatment staff was increased about 50%, and the number of offenders receiving SUD treatment was increased.
- Mini grants will be made available for post-release treatment for offenders with SUD and/or SPMI.

Needs

- While funding for SUD treatment within the prisons is being increased, this funding is not sufficient to provide treatment for all offenders with SUD.
- Limited coordination of employment services and job training for SMI offenders being released from prison.
- Lack of coordination between county ADAMH Boards regarding residency issues for SMI and SUD offenders being released from prison.