

Ohio Department of Mental Health and Addiction Services (OhioMHAS)
Community Plan Guidelines SFY 2019 and 2020

Enter Board Name: Butler County Mental Health & Addiction Recovery Services Board

NOTE: OhioMHAS is particularly interested in areas identified as priorities for RecoveryOhio, including: (1) access and capacity changes for mental health and addiction services for both adults and children/youth; (2) health equity concerns for racial and ethnic minorities and people living in Appalachia or rural Ohio; (3) distinctive challenges for multisystem youth, families involved in child welfare, and for criminal justice-involved Ohioans; (4) prevention and/or decrease of opiate overdoses and/or deaths; and/or (5) suicide prevention.

Environmental Context of the Plan/Current Status

- 1. Describe the economic, social, and demographic factors in the board area that influence service delivery. Note: With regard to current environmental context, boards may describe the impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.**

The United States Census Bureau generated the following information. The most current estimate for the population of Butler County, Ohio is 376,353. Persons under the age of 5 compose 6.2% of the population. Persons under 18 compose 24.3% of the population. Persons aged 18 to 64 compose 62.5% of the population. Persons 65 or older compose 13.2% of the population. The following addresses the race and origins of the populace in Butler County. Whites represent 86.5% of the population. Blacks represent 8.1% of the population, American Indians and Alaska Natives represent .3% of the population. Asians represent 2.8% of the population. Native Hawaiian and Other Pacific Islanders represent .1% of the population. Hispanics represent 4.5% of the population. White alone not Hispanic represent 82.7% of the population. There are approximately 24,477 Veterans in Butler County. Foreign-born persons represent 5.1% of the population. There are approximately 149,270 housing units in Butler County. The owner-occupied housing unit rate is 69.9%. The median value of owner-occupied housing units is \$156,300.00. The median gross rent is \$815.00. There are approximately 134,934 households in Butler County. The average persons per household is 2.67. The percentage of residents with a high school diploma is 89.6%. The average percentage of persons with a Bachelor's is Degree or higher is 28.1%. The average percentage of persons with a disability, under the age of 65, is 8.1%.

From this Board's perspective, here is a list of observations regarding Behavioral Health Redesign including Medicaid Managed Care carve-ins:

1. Poor customer services with our local agencies by Managed Care Organizations (MCO's).
2. Minimal contact with Boards by MCO's.
3. Problems with rates for crisis services.
4. Problems with pre-authorization for ADAS residential care between local agencies and MCO's.
5. No outcome metrics developed by MCO's.
6. Confusion regarding paybacks of MCO funded advances to local agencies.

7. Inconsistent definition of protocols, procedures, and billing practices between various MCO's and local agencies.

Overall, Butler County has seen many more residents being able to receive treatment services under Medicaid Expansion and Behavioral Health Re-Design. However, providers are finding challenges in the timeliness of their payments for Medicaid services and as a result are relying more heavily on their Board funded services to support their cash assets than before. More specifically, the Board has been facilitating a monthly BH Redesign/Managed Care Carve In (BHR/MCCI) meeting for the last two years and most providers up this point indicate they have been losing money due to BHR/MCCI especially when considering unpaid claim, potential post payment reviews/audits, more billing staff required, greater need for expert consultations, and new Electronic Health Records (EHRs).

Assessing Needs and Identifying Gaps

2. **Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gaps in services and disparities, if any.**
 - a. **Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and people living with or recovering from mental illness and addiction in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention in SFY 2019. [ORC 340.03 (A)(1)(a)]. Describe the board's plan for on-going needs assessment in SFY 2020 if they differ from this current fiscal year.**

The Butler County Mental Health and Addiction Recovery Services Board engaged the services of Brown Consulting, Ltd. to conduct a successful planning process culminating in a Three (3) Year Strategic Plan. The planning process includes an assessment component that results in the identification of initiatives, priorities, goals and objectives to guide the completion of its 2019 - 2021 Strategic Plan. A wide variety of planning documents, reports and planning resource materials were reviewed as part of the assessment prior to the development of this strategic plan, including, but not limited to, the Substance Abuse and Mental Health Services Administration (SAMHSA) FY 2019– FY 2023 Strategic Plan, Recovery Ohio Advisory Council Initial Report Recommendations- March 2019, the Ohio Association of County Behavioral Health Authorities (OACBHA) SFY Biennial Budget Request / Issues and Recommendations for Community Mental Health and Addiction Services Report (2019), the Butler County Community Health Assessment (2017) and Community Health Improvement Plan (2017 –2019), Butler County's Response to the Opiate Epidemic: A Call to Action Executive Summary (revised and updated June 2018) and Healthy People 20/20. These planning resource documents were reviewed and utilized by the Executive Director of the Board and Brown Consulting, Ltd. as an integral component of the BCMHARSB strategic planning development / process to identify behavioral health trends and were utilized to develop some strategic planning objectives, but were not directly recorded by the local SWOT and Gap analyses.

An interview / research method approach was employed by Brown Consulting, Ltd. and Board staff to complete the Butler County Mental Health and Addiction Recovery Services Board three (3) year Strategic Plan assessment. In order to achieve the primary goal and objectives defined for the Strategic Plan, the following approach was utilized by Brown Consulting, Ltd.

PHASE I — PROJECT PLANNING

- Collaborate with Board Executive Director to ensure the addition recovery concerns / needs of the BCMHARSB are embodied in the update Strategic Plan. Develop project schedule, identify stakeholder participants and confirm deliverables.

PHASE II - ASSESSMENT

- Complete industry scan to include a review of local and state mental health and addiction recovery planning documents meaningful to this project (i.e. political environment, state budget, healthcare reform).
- Complete review of current mental health and addiction utilization trends / patterns of service providers.
- Review BCMHARSB Service Delivery System resources / service capabilities and performances.
- Conduct interviews and facilitate focus groups with mainly mental health and addiction recovery stakeholders to gain subjective view and perception of services capabilities future needs within Butler County:
 - Butler County Mental Health and Addiction Recovery Services Board
 - Health / Helping Professionals
 - Criminal Justice
 - Local Government
 - Service Providers
 - Consumer and Family Members
 - Local School System
 - Community Stakeholders
- Complete the review of progress toward goals and objectives in the current BCMHARSB Strategic Plan.
- Conclude with analysis. Articulate analysis to result in the identification of new or ongoing initiatives, priorities and resource requirements to guide the development of the service delivery system and update the Strategic Plan.

PHASE III — STRATEGIC PLAN REVISION

- Using the results of analysis, collaborate with Board leadership to revise / update Strategic Plan to identify:
 - Priorities (population / services, etc.)
 - Strategic Initiatives
 - Goals and Objectives
 - Critical Success Indicators
 - Budget / Resources
 - Performance Measures

- b. Describe how the board collaborated with local health departments and their 2019 State Health Improvement Process. In your response, please include, if applicable, the following: 1) collaborative efforts specific to assessing needs and gaps and setting priorities. 2) barriers or challenges the board believes will have to be overcome moving forward that will result in complimentary public health and behavioral health plans, 3) advantages, if any, realized to**

date with collaborative planning efforts, 4) next steps your board plans on undertaking to further alignment of public health and behavioral health community planning.

The Butler County Mental Health and Addiction Recovery Services Board (BCMARS) is a partner with the Butler County General Health District, City of Hamilton Health Department, and City of Middletown Health Department on Butler County's collaborative Community Health Improvement Plan (CHIP). BCMARS participated in the assessment, planning, and implementation process for the CHIP. Board staff are active members of the CHIP Behavioral Health Workgroup. The Butler County CHIP has 2 priority areas focused on mental health and addiction needs in the community. Board staff were involved in identifying the goals and objectives focused on meeting those needs. The following goals and objectives are included in the Butler County CHIP:

Goal #1: Mental Health: Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

Objective #1: By 2019, increase the number of Public School Based Health Centers that include behavioral health services from 7 to 10.

Objective #2: By 2019, decrease suicides by 10% by developing and implementing a Butler County Suicide Prevention Plan.

Objective #3: By 2019, maintain and monitor the number of No Wrong Door participating agencies.

Goal #2: Substance Abuse: Reduce substance abuse to protect the health, safety, and quality of life of all citizens of Butler County.

Objective #1: By 2019, increase the number of schools implementing evidence based prevention programs, practices, and policies by 2.

Objective #2: By 2019, Monitor and sustain the current number of county residents served by early childhood home based programs and services.

Objective #3: By 2019, increase the distribution of naloxone in the county by 15%.

Objective #4: By 2019, implement a countywide Overdose Alerting System.

Objective #5: By 2019, three trainings on trauma will be provided for health professionals and trauma survivors.

Continued collaboration and partnership with the local health departments and the Butler County Mental Health and Addiction Recovery Services is dependent on an ongoing willingness to collaborate and communicate across different departments and traditional "silos." Additionally, having more flexible funding opportunities to implement partnered initiatives and projects is dependent on the continued success of these collaborative efforts.

Collaborations efforts have led to successfully coordination, planning and implementation of a Bloodborne Infection Prevention (syringe exchange) location in Fairfield, OH. This increased access to these services for Butler County residents with this site being the 2nd available location in Butler County, opening July 2019. Additionally, staff have worked together to increase access to naloxone through community partners and ODH grant funding. This resulted in an additional 426 naloxone kits being distributed in Butler County during SFY 2019. These efforts have also helped support additional grant funding to support community projects including a 3 county (Butler, Clermont, Brown) Regional Syringe Exchange Collaborative funded through State Opiate Response Funds in 2019. This collaboration has resulted in a combined effort to expand access to syringe exchange in the region, create a regional model operating with increased hours and locations, and lowering costs of syringe exchange services within the region.

The Butler County Mental Health and Addiction Recovery Services Board and the Butler County General Health District are working together on the implementation of the behavioral health priorities area on the Community Health Improvement Plan as well as collaborating efforts on upcoming initiatives and projects including: increase in access to Bloodborne Infection Prevention Programs (syringe exchange), creation and implementation of a Butler County Overdose Fatality Review Committee (The Butler County Health Commissioner and the Associate Executive Director of Addiction Services are attending the National Forum on Overdose Fatality Review together in August 2019), Implementing an Overdose Surveillance Alert program, ongoing efforts to maintain access to naloxone throughout Butler County, and integrating SBIRT protocols into additional medical settings (ex. Emergency departments). Additionally, BCMHARS has been coordinating efforts with the Butler County Health District on grant opportunities made available through the Ohio Department of Health, working in partnership to achieve goals and objectives.

c. Child service needs resulting from finalized dispute resolution with Family and Children First Council [340.03(A)(1)(c)].

In Butler County, Ohio, families involved in Community Wraparound are informed in writing of the availability of dispute resolution and making a complaint at the initial meeting with the assigned Wraparound Facilitator. There were no grievances filed in the last fiscal year. It should be noted that since the inception of Community Wraparound (2005): less than five grievances have been filed.

d. Outpatient service needs of persons currently receiving treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)].

The Butler County Mental Health & Addiction Recovery Services Board (BCMARS) in conjunction with a contract agency, Community Behavioral Health (CBH) continue to maintain a close working relationship with Summit Behavioral Health (SBH). Staff from CBH including this Board's CCOD, Forensic Monitor, and clinical staff from the Connections Program are often on site at SBH through the work week. There, they attend clinical staffing and discharge planning meetings. The Butler County Probate Court continues its practice of conducting civil commitment hearings onsite at SBH. All clients discharged from SBH are referred for outpatient services via the Connections Program, with Connections Program staff meeting with clients at SBH prior to discharge. The current challenges and gaps in services currently experienced are in the realm of

housing options for these clients. The few clients that remain at SBH are so clinically impaired, that our system cannot provide the level of care needed for housing them in the community. The clients that convert from forensic cases to civil cases provide similar housing issues. Though this Board is fortunate to have a wide array of housing, including a “step down unit” and several RCF and ACF beds, our housing system has trouble locating housing options for clients who have long criminal histories and histories of being non-compliant with all of our existing mental health providers. These histories often negate current housing sites in our county. The need to develop housing sites for this population remains a challenge in order to avoid clients returning to inpatient units and/or jail settings.

e. Service and support needs determined by Board Recovery Oriented System of Care (ROSC) assessments.

The Ohio Association of Behavioral Health Authorities shared these results from the ROSC survey to this Board. The Strengths include the following. Using people –first, recovery –oriented, and non-coercive language. Partnerships to coordinate medical and behavioral health screening, assessment, and treatment planning. Drawing on the best available science and local evidence to inform a continuum of prevention strategies. Targeting financial resources toward a full spectrum of services and evaluating contracts based on behavioral health-relevant indicators. Engaging people in recovery to construct their own narratives, understand their rights, and in managing systems. The Opportunities include the following. Providing services that address barriers, are located in natural environments, and are trauma –informed. Drawing on peer supports, collaborating with childcare centers, and ensuring family access to the most helpful services. Enhancing communities that promote sober lifestyles, celebrate recovery, and decrease stigma. Monitoring missed appointments and involving persons in recovery and their family members in evaluation. Engaging local businesses, managed care, and peer-run leisure partners.

f. Needs and gaps in facilities, services and supports given the Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

Per the Butler County Mental Health & Addiction Recovery Services Board’s Strategic Plan 2019-2020, the following needs and gaps in facilities, services, and supports were identified per the Continuum of Care definitions. Focus group and interview participants identified a wide range of perceived gaps related to this Board’s service delivery system. On review, several trends related to the service delivery system gaps identified by stakeholders included: Transportation, Housing (Adequate general capacity, transitional and halfway housing), Public education/marketing regarding behavioral health issues/resources, Workforce development/retention, and Reduction of local inpatient behavioral health beds. These five areas were gained from a summary of responses obtained in stakeholder interviews.

g. Needs and gaps associated with priorities of the Executive Budget for 2020-2021 including crisis services, criminal justice-involved populations, and families involved with child welfare, and prevention/early intervention across the lifespan.

The Butler County Mental Health and Addiction Recovery Services Board (BCMARS) is committed to addressing the behavioral health needs and service gaps within the Butler County community. To support these needs and gaps, the following priorities are being closely monitored and assessed in order to ensure appropriate funding supports can be pursued: Crisis Stabilization Services for Vulnerable Butler County residents with particular focus on homeless residents; Increase access to Specialty Court Dockets, particularly

for those charge with misdemeanor offenses; Continued and increased behavioral health services supporting inmates within the Butler County Jail; Increased access to safe and affordable housing options for families; Increased implementation of Universal Prevention models, including PAX Good Behavioral Game through county school districts; Decrease in occurrences related to human trafficking and an increase in supports for survivors of human trafficking in Butler County; and Additional investments in supporting a full spectrum and continuum of prevention services available to all Butler County youth.

3. **Complete Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. (Table 1 is an Excel spreadsheet accompanying this document. Instructions are found on page 10 of the Guidelines).**

Priorities

4. **Considering the board’s understanding of local needs, the strengths and challenges of the local system, what has the board set as its priorities for service delivery including treatment and prevention? Please be specific about strategies for adults; children, youth, and families; and populations with health equity and diversity needs in your community.**

Below is a table that provides federal and state priorities. Please complete the requested information only for those federal and state priorities that are the same as the board’s priorities and add the board’s unique priorities in the section provided. For those federal and state priorities that are not selected by the board, please check one of the reasons provided or briefly describe the applicable reason in the last column.

Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in the board’s response to question 2.d. in the “Assessment of Need and Identification of Gaps and Disparities” section of the Community Plan [ORC 340.03(A)(11) and 340.033].

Priorities undertaken in SFY 2019 that the board is continuing into 2020 as well as new priority areas identified for SFY 2020 may be included.

Priorities for (Butler County Mental Health & Addiction Recovery Services Board)

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Ensure a comprehensive continuum of services that can be accessed in a timely manner, are evidence-based and utilize continuous quality improvement.	-Increase access to harm reduction/education for IVDU (i.e. syringe exchange programs) -Continue to prioritize IVDU for admission to treatment services, screening all potential admissions for IVDU	-As part of the Strategic Plan 2019-2021, the Board will monitor progress and outcomes of all goals developed within this plan, which include needs assessments done throughout the system of care. -Progress towards meeting the assessed needs will be monitored. -Resources, as available, will be directed to meet the specific needs. -Results of the allocation of resources will be monitored and re-assessed.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Ensure federal mandates are met regarding access to treatment for pregnant women and provision of interim services.	-Continue to offer residential services where children may reside with the addicted mother in services. -Continue to offer access to MAT services for pregnant women in the community, residential treatment, and while in custody of the Butler County Jail.	-As part of the Strategic Plan 2019-2021, the Board will monitor progress and outcomes of all goals developed within this plan, which include needs assessments done throughout the system of care. -Progress towards meeting the assessed needs will be monitored. -Resources, as available, will be directed to meet the specific needs. -Results of the allocation of resources will be monitored and re-assessed.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority)	Ensure a comprehensive continuum of services that can be accessed in a timely manner, are evidence-based and utilize continuous quality improvement.	-Continue to support Children’s Services & Juvenile Court to provide appropriate services to addicted parents with goal of keeping families together	-Track access to treatment services through collaboration with START Program and Family Treatment Drug Court	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

for children at risk of parental neglect/abuse due to SUDs)		<ul style="list-style-type: none"> -Continue to provide access to residential treatment services for addicted mothers where childcare is offered -Increase access to support services such as transportation and childcare 	<ul style="list-style-type: none"> -As part of the Strategic Plan 2016-2018, the Board will monitor progress and outcomes of all goals developed within this plan, which include needs assessments done throughout the system of care. -Progress towards meeting the assessed needs will be monitored. -Resources, as available, will be directed to meet the specific needs. -Results of the allocation of resources will be monitored and re-assessed. 	
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Clients who enter addiction services will be screened to detect risk for tuberculosis and other communicable diseases. Testing for tuberculosis and other communicable diseases will be made available to residents of Butler County.	<ul style="list-style-type: none"> -Continue to provide screening and referral services for further medical testing when needed. -Continue to partner with local health authorities and agencies to offer screening and testing free of charge at various time and locations within Butler County. 	<ul style="list-style-type: none"> -Track testing being completed through contracted harm reduction sites -Collect data from provider regarding tuberculosis screenings of clients within residential treatment setting 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Ensure a comprehensive continuum of services that can be accessed in a timely manner, are evidence-based and utilize continuous quality improvement for children with SED.	<ul style="list-style-type: none"> -Support use of evidence based, best practices -Continue to collaborate with local systems to support a seamless system of care for this population -Provide financial support to contract agencies to provide integrated services -Continue to support local FCFC in its efforts to develop and implement services and supports that are youth and family driven 	<ul style="list-style-type: none"> -Youth and Family Satisfaction Surveys -Number of Children requiring out of home placement -Track initiatives of FCFC through participation on the Administrative Council 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Maintain current level of treatment providers serving the SMI population.	<ul style="list-style-type: none"> -Monthly meetings with SMI provider agencies to review client needs. -Review programming and train /recruit provider staff as necessary. 	<ul style="list-style-type: none"> -Reduce client admissions to inpatient units. -Review clients that are civilly committed to the local Probate Court. 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Maintain current levels of supportive housing and assess additional needs and supports for persons with mental illness and/or addiction.	-Regularly meet with agency and housing providers to review housing funding streams, housing availability, and alternative housing sites. -Assess need for crisis stabilization/drop off center for homeless persons with mental illness and/or addiction.	-Track if clients mentally ill, AOD, or both. -Track funding sources -Track diagnoses -Track lengths of stays and related issues with continuity of care. -Gather information regarding crisis stabilization/drop off center viability and review for evidence based practices and funding availability	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Older Adults	Maintain current ongoing program for Older Adults (Impact) in conjunction with local Council on Aging.	- Improve funding sources and case coordination with the Southwestern Ohio Council on Aging. -Develop new sources for client referrals. -Train new staff as needed to this model.	-Outcomes measured as per the program designers at the University of Washington (PEARLS), Seattle Washington. This program has inbuilt outcome measures.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant

Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Continue to provide MH/SUD treatment services to Butler County jails, prisons, courts and assisted outpatient treatment programs.	-Continue provision of MH/SUD services at the Butler County Jail. -Continue provision of MH/SUD services at the Butler County Juvenile Detention Center. -Continue MH/SUD services at various Butler County Treatment Courts. -Continue assisted outpatient treatment services. -Increase access to Specialty Treatment Dockets at misdemeanor levels	-Client clinical outcomes -Client’s entering treatment -Client dispositions -Client diagnoses -Client recidivism rates -Costs for services -Clients served by specialty dockets	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Integration of behavioral health and primary care services	Promote the integration of behavioral health screening, referral, and treatment services within primary care and acute care settings.	- Support the Health Now Home Services operated by Butler Behavioral Health Services Inc. This program operated with Medicaid funding only.	-Review client usage of the Health Now program -Review diagnoses of both mental and physical health within Health Now program	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		<ul style="list-style-type: none"> -Home services designed to improve the physical and behavioral health of children, adolescents, and adults. -Supplement the behavioral health and medical services each client receives. -Promote care coordination among providers. -Continue to support the SBIRT services within emergency department settings. 	<ul style="list-style-type: none"> -Review client improvement of health management skills within Health Now program -Track number of patients receiving SBIRT services -Track number of patients connected to treatment services through SBIRT 	
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Ensure appropriate access to recovery support services for individuals with mental illness and/or substance use disorders.	<ul style="list-style-type: none"> -Continue Board funded operation of “step-down” unit. -Continue funding local ACF/RCF operators -Continue funding SUD housing services, while exploring options for increasing recovery housing access -Continue funding employment-training services. -Continue supporting peer support services. -Continue to monitor access to transportation services through Medicaid transportation provider UTS. 	<ul style="list-style-type: none"> -Measure client use and expenses of services -Review needs for housing sites and beds for the MH/SUD system. -Measure client activity within employment training services and related dispositions, including tracking OOD specific services -Measure client demographics and diagnoses of users for all services. -Review usage and activities of peer support workers. 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Promote health equity and reduce disparities with the Hispanic population of Butler County per this Board’s Strategic Plan 2019-2021.	<ul style="list-style-type: none"> -Increase culturally and linguistic compliant BH services. -Provide related trainings for above. -Provide advocacy for these services in the Butler County community. -Increase number of Spanish-speaking providers and increase the quality of available interpreters. -Identify Spanish-speaking services offered in local hospitals. 	<ul style="list-style-type: none"> -Measure/monitor provided trainings -Seek out best practice methods for linguistic trainings for adoption. -Measure efforts for community advocacy with his population including the Board’s Multilingual Diversity Group 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Prevention and/or decrease of opiate overdoses and/or deaths	Continue coordinated efforts to reduce the number of opiate related overdoses and the number of overdose related deaths in Butler County.	-Continue to support overdose outreach partnerships with local fire, police, and EMS through Quick Response Teams -Continue to partner with local health departments to maintain high level of access to naloxone across Butler County -Collaborate with Butler County General Health District and Coroner's Office to implement an Overdose Fatality Review Committee	-Track number of overdose deaths through coroner data -Track number of naloxone kits distributed through outreach efforts in partnership with local health departments	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Promote Trauma Informed Care approach	Increase Trauma Informed practices through multiple systems of care.	-Continue to support access to trauma informed trainings -Continue to collaborate with other systems of care to implement trauma informed practices	-Related Satisfaction Surveys -Number of Trauma Informed Practice trainings within Butler County -Track funding supports for trauma informed practice implementation made available within Butler County	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Increase availability and access to Universal Prevention strategies for individuals throughout lifespan, including early childhood to school age youth to adults.	-Promote use of PAX GBG within elementary school settings through prevention provider Envision Partnerships -Maintain access to early childhood prevention programs through collaboration with Butler County ESC and contract provider Catholic Charities of Southwestern Ohio's Incredible Years program -Promote community prevention campaigns utilizing promotion prevention strategies to target adults in the community	-Track number of schools utilizing PAX GBG -Collect demographic data from contract prevention providers -Collaborate with partners on Community Health Improvement Plan, which aligns with the Board's goals to collect data -Evaluate community prevention campaigns by tracking analytics on social media and website	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		-Promote community prevention campaigns utilizing promotion prevention strategies to target adults in the community	-Evaluate community prevention campaigns by tracking analytics on social media and website	
Prevention: Increase access to evidence-based prevention	Collaborate with FCFC and contract prevention partners to assess access and any gap areas for evidence-based prevention within Butler County	-Board staff participate on FCFC Advisory and Executive Committees -Board staff participate on local prevention coalitions -Board staff will review access and gaps areas of prevention within Butler County	-Track and review outcomes of the Student Drug Use Survey Results -As part of the Strategic Plan 2019-2021, the Board will monitor progress and outcomes of all goals developed within this plan, which include needs assessments done throughout the system of care. -Progress towards meeting the assessed needs will be monitored. -Resources, as available, will be directed to meet the specific needs. -Results of the allocation of resources will be monitored and re-assessed.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Suicide prevention	Provide appropriate suicide prevention trainings to the at large population of Butler County.	-Board staff and other providers to provide Mental Health First Aid trainings. -Contract with Envision Partnerships to provide QRP trainings.	-Measure the number of trainings provided. -Measure the number of attendees for these trainings. -Measure the locations where the trainings provided.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Treatment providers will complete SOGS screenings for clients at assessment.	-Continue the use of SOGS screenings amongst providers.	-Track via annual reporting of number of individuals screened, positive results, and referrals for gambling treatment.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

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

Priorities	Goals	Strategies	Measurement
Leadership	To enhance our identity as a collaborative center and a resource for excellence in the planning and delivery of behavioral health care services in Butler	-Ensure a dynamic and knowledgeable BCMHARS Board of Directors -Open, maintain, and strengthen partnerships with all levels of local, state, and federal organizations	- As part of the Strategic Plan 2019-2021, the Board will monitor progress and outcomes of all goals developed within this plan, which include needs

	County while meeting identified community addiction and mental health needs.	-Act as a resource for supporting and retaining a dynamic workforce in the Butler County behavioral health system of care	assessments done throughout the system of care. -Progress towards meeting the assessed needs will be monitored.
Finance	Maintain financial viability of the BCMHARSB and the service delivery system through efficient and accountable financial management.	-Address Prospective budget changes	-Resources, as available, will be directed to meet the specific needs.
Quality Improvement & Outcomes	Ensure a quality improvement (QI) philosophy that employs data-informed decision making and valid and reliable outcomes.	-Evaluate the BCMHARSB Quality Improvement Plan -Identify and align with projected Managed Care Organization's priorities -Develop and promote system of care outcomes measurement/management system -Ensure the Culture of Quality re-certification	-Results of the allocation of resources will be monitored and re-assessed.
Treatment and Recovery Supports	Fund and maintain a high quality, cost effective addictions and mental health services delivery system that supports treatment and recovery.	-Advocate for and continue to support Recovery-Oriented Systems of Care -Prioritize timely access to services -Assume leadership role in efforts to increase/improve system of care pharmacological management capacity and access -Identify and encourage evidence-based models for treatment program services system-wide -Complete a full analysis/review of the Crisis Intervention System -Complete a full analysis/review of the Butler County residential treatment capacity and effectiveness -Complete a review/inventory of housing capacity, utilization and effectiveness in meeting projected need -Consider increasing addiction services capacity system-wide -Evaluate Butler County addictions and mental health consumer transportation capabilities, gaps and needs -Evaluate employment and vocational services programming	
Prevention and Promotion	Ensure a knowledgeable general public, elected officials, and other stakeholders about addictions	- Ensure the development, implementation, and expansion of prevention services through an updated	

	and mental health services through advocacy and public education activities.	“Prevention Philosophy” and “Community Prevention Plan.”	Same
Information Technology	Research and adopt current information technologies to improve and enhance collaboration and communication to best serve the BCMHARSB, communities, consumers, and clients.	-Ensure state-of-art information technology capability exists at the BCMHARSB	Same
Culturalism	To provide effective equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, behavioral health literacy and other communication needs.	-Ensure development and implementation of Culturally and Linguistically Appropriate Services (CLAS)	Same
Communication	Ensure effective and efficient communications in all aspects of BCMHARSB activity.	-Ensure the development and implementation of effective communication strategies both internally and externally at the BCMHARSB -Establish a plan for engagement with the Faith Community	Same

Collaboration

5. Describe the board's accomplishments achieved through collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public during the past two years. (Note: Highlight collaborative undertakings that support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)

The Butler County Mental Health & Addiction Recovery Services Board is involved in many collaborative efforts with other systems during the past two years. The Board is involved with various Butler County Government offices. The Board collaborates with the Butler County Jobs and Family Services office coordinating services with a Medicaid Intake worker to help our contract agencies "remove roadblocks" for clients seeking to establish their Medicaid. The Board also has close ties with Butler County Children's Services working with our local Family and Children First Council. The Board collaborates with the Southwestern Ohio Counsel on Ageing in funding our mental health program for senior adults, UPLIFT/PEARLS. Since this is now a "combined" Board, this Board is now collaborating in various ADAS community groups. These include the Middletown Opiate Task Force, Interact for Health, The Butler County Opiate Task Force, the Butler County Coalition for a Safe and Drug Free Community, and the various contract agencies providing Prevention Services. This Board continues to collaborate with the Butler County Jail, the Butler County Juvenile Court, Community Caring Collaborative (C3), Butler County Commissioners, and the Butler County Department of Developmental Services in operating ADAS and MH programming as well as seeking means and sites to provide new programming. The Board is active with the Butler County ESC in the provision of services in county school systems. The Board takes active roles in various city, county, and state coalitions in seeking ways to provide services jointly and effectively. Finally, the Board provides space in its office for the Butler County chapter of NAMI. The Board takes an active role in several NAMI programs and events. All of these collaborations are undertakings that support a full continuum of care, both formally and informally. Information is jointly provided enabling sharing and facilitating goals to meet the continuum of care.

Inpatient Hospital Management

6. Describe the interaction between the local system's utilization of the State Hospital(s), Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that is expected or foreseen.

Currently, the Butler County Mental Health & Addiction Services Board (BCMARS) receives regular reports from Summit Behavioral Healthcare (SBH) regarding available civil and forensic beds. However, with the patient ratio at SBH being forensic cases (95%) to civil cases (5%) indicates that obtaining a civil bed at SBH is nearly impossible. The only new civilly committed cases coming to this Board from SBH are those that converted from forensic to civil cases by the various courts sending these cases to the Butler County Probate Court. Even with the lack of civil beds at SBH, our CCOD, Probate Monitor, and staffs from various agencies continue to work with staff at SBH doing discharge planning and case conferences. In order to assist our local hospitals in offsetting the lack of access to civil beds at SBH, the BCMARS Board has developed contracts with local hospitals that help offset the cost of indigent inpatient psychiatric services. We have an existing contract

at Beckett Springs Hospital, and will have another contract in place with Atrium Hospital in September 2019. Our CCOD, Probate Monitor, and agency staffs work closely with these two hospitals on case planning and disposition. Current data regarding the state hospital system presented by OhioMHAS at our Board Association meetings indicate no changes in access to civil beds in the state hospital system in the near future.

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	Identifier Number	ALLOCATION

B. Request for Generic Services

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

B. AGENCY	Identifier Number	SERVICE	ALLOCATION

SIGNATURE PAGE

Community Plan for the Provision of
Mental Health and Addiction Services
SFY 2019-2020

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

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

ADAMHS, ADAS or CMH Board Name (Please print or type)

ADAMHS, ADAS or CMH Board Executive Director

Date

ADAMHS, ADAS or CMH Board Chair

Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].

Instructions for Table 1, "SFY 2019 -20 Community Plan Essential Services Inventory"

Attached is the SFY 19-20 Community Plan Essential Services Inventory. **Each Board's completed SFY 2019 form will be sent in separate email should the board want to use it to update information.**

The Essential Services Inventory form included with this Community Plan requires the listing of services for which the board may not contract. This element is necessary due to current Ohio Revised Code to detail the behavioral health (BH) continuum of care in each board area.

Some additional Continuum of Care (CoC) information resources have been provided below to assist in this process, but board knowledge is vitally important given the limitations of these included CoC resources. For example, the attached resources may not address BH services provided by Children Service Boards and other key providers within the local behavioral healthcare system.

Instructions for the Essential Services Inventory

The goal is to provide a complete listing of all BH providers in the board area. However, at a minimum, at least one entity must be identified for each essential service category identified in Column A of the form.

In addition to the identification of the Essential Service Category, the spreadsheet identifies the treatment focus (Column B) and Service Location (Column C) of the service as required in Ohio Revised Code. The fourth column (Column D) provides a list of the Medicaid and Non-Medicaid services associated with each of the Essential Service Categories.

In Column E, please identify the Names and Addresses of providers who deliver the Column D Medicaid/Non-Medicaid payable services associated with each Essential Service Category and in Column F indicate by "Y" or "N" whether the Board has a contract with this agency to provide the services.

Additional Sources of CoC Information

1. Emerald Jenny Treatment Locator <https://www.emeraldjennyfoundation.org/>
2. SAMHSA Treatment Locator <https://www.findtreatment.samhsa.gov/>