

Priorities for Clermont County Mental Health and Recovery Board

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p>SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)</p>	<ol style="list-style-type: none"> 1. Increase awareness and access to SUD services. 2. Increase access to Recovery Support services (vocational services). 3. Increase access to detox services. 4. Increase access to MAT. 5. Increase access to recovery housing. 6. Increase access to residential services. 	<ol style="list-style-type: none"> 1a. Utilization of Clermont County Hotline to increase access to treatment. 1b. Utilization of QRT to identify and connect individuals to treatment. 1c. Quick access to intake provided through same day enrollment and assessment. 2. Increase access to vocational programming through marketing of available programming to CRC clients, CRC staff and community partners. 3a. Coordinate with Mercy Clermont to provide detox services and connection to outpatient treatment at CRC after completion of detox at Mercy. 3b. Provide funding to CRC to continue ambulatory detox services. 4. Collaborate with CRC to determine cost effective means to increase access to MAT. 5. Collaborate with CRC to assure that men's and women's recovery housing is at full occupancy. 5. Provide additional funding for access to residential services. 	<ol style="list-style-type: none"> 1a. Number of calls received for SUD services by hotline. 1b. Number of individuals referred to treatment by QRT. 1c. Length of time between referral and access to treatment. 2. Number of individuals employed. 3a. Number of people receiving detox services at Mercy Clermont. 3b. Increase in number of individuals receiving ambulatory detox as compared to FY19. 4. MAT access increased to 500 by end of FY20. 5. Number of people residing in men's recovery house and women's recovery house. 6. Number of individuals receiving residential treatment. Number of individuals successfully completing treatment. 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)</p>	<ol style="list-style-type: none"> 1. Continue providing immediate access to Women's Outreach Services. 2. Continue providing quick access to treatment services. 	<ol style="list-style-type: none"> 1. Quick access to intake provided through same day enrollment and assessment. 	<ol style="list-style-type: none"> 1. Length of time between referral and access to treatment. 2. Reported drug free days and clean drug screens. 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

<p>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 for children at risk of parental neglect/abuse due to SUDs)</p>	<ol style="list-style-type: none"> 1. Continue collaboration with CPS, CRC and Juvenile Court's Family Recovery Court to provide access to treatment for parents with substance use disorders. 2. Continued shared funding by Board and CPS for SUD treatment services for parents. 	<ol style="list-style-type: none"> 1. Quick access to assessment and treatment through presence of SUD provider at Juvenile Court. 2. Continued collaboration and review of cases with CPS. 3. Continued use of recovery coaches at Family Recovery Court. 4. Continued use of app for ongoing recovery support for Family Recovery Court participants. 	<ol style="list-style-type: none"> 1. Decrease in drug use as reported by clean drug screens. 2. Successful completion of Family Recovery Court and treatment. 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>	<ol style="list-style-type: none"> 1. Coordinate access to treatment for communicable diseases. 	<ol style="list-style-type: none"> 1. Collaborate with Clermont County Public Health and CRC to assure clients with communicable diseases have quick access to treatment. 	<ol style="list-style-type: none"> 1. Increase in number of CRC clients receiving care for communicable diseases. 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<ol style="list-style-type: none"> 1. Increase services provided in school-based mental health program. 2. Increase access to substance use prevention programming in the schools. 3. Increase screening and treatment for trauma. 	<ol style="list-style-type: none"> 1. Collaborate with CFI to increase delivery of Medicaid billable CPST services to meet the identified needs of youth. 2. Collaborate with school districts, CFI, and Drug Free Coalition to plan for delivery of LifeSkills Training in county schools. 3. Collaborate with CFI to assure that staff have received training in trauma informed care and are screening and treating trauma. 	<ol style="list-style-type: none"> 1. Increase in Medicaid billing in school-based mental health program in order to serve more youth. 2. Increased implementation of LifeSkills Training with at least two more school districts. 3. Trauma informed screening and treatment implemented at CFI. 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<ol style="list-style-type: none"> 1. Increase access to CPST services. 2. Increase access to psychiatric services. 	<ol style="list-style-type: none"> 1. Expand access to services through the Criminal Justice Mental Health Linkage project by hiring an additional Care Manager to provide re-entry services. 2. Collaborate with GCB to assure the success of the newly 	<ol style="list-style-type: none"> 1. Increase in clients receiving appropriate level of services based on identified level of care. 2. Decrease in hospitalizations. 3. Decreased time between referral and engagement in services. 4. Percent of clients seen by psychiatry within 10 working 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

		<p>developed ACT team funded through SAMHSA.</p> <p>3. Collaborate with GCB to monitor capacity of psychiatric services.</p>	<p>days of discharge from the hospital.</p> <p>5. Decrease in number of persons with SPMI in jail.</p>	
<p>MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing</p>	<p>1. Increased access to housing and services for homeless individuals with a mental illness.</p> <p>2. Increased access to housing and services for homeless individuals with a substance use disorder.</p>	<p>1. Continue collaboration with Clermont County Metropolitan Housing.</p> <p>2. Continue support of GCB's grant applications to the state for housing assistance.</p> <p>3. Continue funding for Clermont County PATH program.</p> <p>4. Continue funding for QRT program.</p> <p>5. Continue involvement with Clermont County's Affordable Housing Coalition.</p> <p>6. Continue collaboration with Saul's Homeless Shelter.</p> <p>7. Continue collaboration with Clermont County's Safety Net Alliance.</p>	<p>1. Number of individuals referred to services through PATH.</p> <p>2. Number of PATH individuals obtaining housing.</p> <p>3. Number of individuals referred to services through QRT.</p> <p>4. Number of QRT individuals obtaining housing.</p> <p>5. Number of individuals able to obtain Metropolitan Housing certification for housing.</p> <p>6. Increase in the availability of safe and affordable low-income housing.</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
<p>MH-Treatment: Older Adults</p>	<p>Due to limited funding, this is not a priority for the CCMHRB.</p>			<p><input type="checkbox"/> No assessed local need</p> <p><input checked="" type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe)</p>
<p>Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant</p>				
<p>Priorities</p>	<p>Goals</p>	<p>Strategies</p>	<p>Measurement</p>	<p>Reason for not selecting</p>
<p>MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment</p>	<p>1. Identify individuals with SPMI and/or SUD involved in the criminal justice system.</p> <p>2. Connect individuals with SPMI and SUD involved in the</p>	<p>1. Continue CIT program.</p> <p>2. Continue funding for Linkage project.</p> <p>3. Expand Linkage program by adding additional position to focus on community.</p>	<p>1. Number of individuals with SPMI booked on non-criminal related behavior.</p> <p>2. Number of individuals with SPMI diverted to treatment.</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe)</p>

	criminal justice system to treatment.	integration/outreach and connection to treatment.	<ol style="list-style-type: none"> 3. Number of individuals with SPMI connected to treatment after release from jail. 4. Number of individuals with SUD connected to treatment after release from jail. 	
Integration of behavioral health and primary care services	<ol style="list-style-type: none"> 1. Early identification of medical needs of SPMI and SUD clients. 2. Early identification of behavioral health needs of primary care clients in FQHC and local Emergency Room. 	<ol style="list-style-type: none"> 1. Support GCB's primary care clinic for SPMI clients. 2. Coordinate with Clermont County Public Health for access to treatment for SUD clients with communicable diseases. 3. Coordination of care for individuals in FQHC and Emergency Room that are identified through SBIRT as needing referral to behavioral health services. 	<ol style="list-style-type: none"> 1. Number of clients with improved physical health. 2. Number of CRC clients receiving assistance through Public Health. 3. Number of individuals identified as needing behavioral health care through the SBIRT that are referred to treatment. 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	<ol style="list-style-type: none"> 1. Access to peer support services for individuals with a substance use disorder. 2. Access to peer support services for individuals with SPMI. 3. Access to vocational services for individuals with SUD. 4. Access to vocational services for individuals with SPMI. 	<ol style="list-style-type: none"> 1. Fund Recovery Coaching positions at CRC and HCC. 2. Fund Peer Specialist positions at HCC. 3. Fund Consumer Operated Services at HCC. 4. Fund Supported Employment services for SUD clients. 5. Fund Supported Employment services for SPMI clients. 	<ol style="list-style-type: none"> 1. Number of SUD clients served by Recovery Coaches at CRC and HCC. 2. Number of SPMI clients served by Peer Specialist positions at HCC. 3. Number of SUD clients obtaining and maintaining employment for 90 days. 4. Number of SPMI clients obtaining and maintaining employment for 90 days. 	<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)	<ol style="list-style-type: none"> 1. Identify any underserved minority population in our county. 	<ol style="list-style-type: none"> 1. Promote access to services for minority groups. 	<ol style="list-style-type: none"> 1. Number of underserved minority population receiving services. 	<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	<ol style="list-style-type: none"> Continued implementation of OTF prevention plan. Continued funding of Project DAWN and community access to Narcan. Increase in use of permanent drug drop boxes in Clermont County. Continuation of QRT outreach throughout the County. 	<ol style="list-style-type: none"> 1a. Support of OTF Action Plan. 1b. Support of Drug Free Coalition Logic Models. 2. Track the number of unintentional drug overdose deaths and compare to previous years. 3. Fund Project Dawn program. 4. Promotion of Drug Drop off sites. 	<ol style="list-style-type: none"> 1a. Completion of identified OTF prevention goals. 1b. Implementation of Drug Free Coalition logic models. 2a. Decrease in number of unintentional drug overdose deaths. 2b. Number of community residents receiving Narcan kits. 3. Increase in number of permanent drug drop boxes in Clermont County as compared to previous years. 4. Number of individuals referred to QRT that are maintained in treatment. 	<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	<ol style="list-style-type: none"> Continued focus on integration of trauma informed care into the system of care. 	<ol style="list-style-type: none"> Support contract agencies by providing funding as needed for trauma informed care training or materials. 	<ol style="list-style-type: none"> TIC principles are clearly followed at all contract agencies. 	<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	<ol style="list-style-type: none"> Provide education to the community regarding mental health disorders and available treatment services. Provide education to the community regarding SUD disorders and available treatment services. 	<ol style="list-style-type: none"> Provide Mental Health First Aid trainings for Adult and Youth at least quarterly. Provide QPR gatekeeper training at least quarterly. Fund School Based Mental Health Services. Promote Crisis Hotline and Mobile Crisis Services for mental health and SUD. Promote mental health month and recovery month. Promote suicide prevention week. 	<ol style="list-style-type: none"> Number of MHFA trainings held in the community. Number of QPR trainings held in the community. Number of students accessing School Based Mental Health services. Number of calls to Crisis Hotline and number of Mobile Crisis runs and referrals. Number of prevention services provided in the community. 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		7. Continue support of drug prevention services in the community and schools.		
Prevention: Increase access to evidence-based prevention	<ol style="list-style-type: none"> 1. Implement LifeSkills Training in all school districts in Clermont County. 2. Continue providing LifeSkills Training at four school districts. 	<ol style="list-style-type: none"> 1. Work with local school districts to implement LifeSkills Training in curriculum. 2. Collaborate with local school districts utilizing LifeSkills Training to continue the curriculum. 	<ol style="list-style-type: none"> 1. Number of schools utilizing LifeSkills Training. 2. Number of students receiving LifeSkills Training. 3. Increase in perceived harm in drug use from pre to post test. 	<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	<ol style="list-style-type: none"> 1. Increase awareness of Clermont County Crisis Hotline. 2. Increase awareness of signs and symptoms for suicide. 3. Implementation of standardized screening, assessment and management of suicidal behavior across the contract agencies. 4. Continue coordination with FCFC for funding of school suicide prevention programs. 	<ol style="list-style-type: none"> 1. Continue marketing of Crisis Hotline. 2. Fund Signs of Suicide (SOS) programming in the schools. 3. Support QPR gatekeeper training in the community. 4. Continue marketing campaign for Suicide Awareness Week. 5. Support the prevention work of the Clermont County Suicide Prevention Coalition. 6. Promote the Survivors of Suicide Support group. 7. Training of staff at contract agencies in agreed upon screening, assessment and management tools. 	<ol style="list-style-type: none"> 1. Number of Signs of Suicide (SOS) programs held in schools. 2. Number of community education events related to suicide prevention. 3. Increase in use of Crisis Hotline. 4. Number of members of Survivors of Suicide Support group. 5. Contract agencies have implemented use of screening, assessment and management tools into their policy and procedures. 6. Decrease in suicide rate as compared to previous years. 	<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	<ol style="list-style-type: none"> 1. Early identification of problem gambling behavior. 2. Education of Clermont county residents on signs of problem gambling and tips for healthy gambling. 	<ol style="list-style-type: none"> 1. Integrate problem gambling screening in all contract agencies assessment instruments. 2. Provide community with information regarding signs of problem gambling and tips for healthy gambling at all community events. 	<ol style="list-style-type: none"> 1. Increase in awareness of problem gambling as measured by survey. 2. Increase in number of individuals seeking treatment for problem gambling. 	<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
Increased access to MAT	Increase access to MAT by 10%.	<ol style="list-style-type: none"> 1. Provide funding to increase access to MAT. 2. Development of procedure for managing cost of MAT. 	Increase in number of CRC clients accessing MAT,
Increased access to services for SMPI individuals in jail	Decrease recidivism of Linkage clients.	<ol style="list-style-type: none"> 1. Fund Linkage positions. 2. Increase tight outreach services for Linkage individuals being released from jail. 	Recidivism rate for Linkage clients.
Increased access to psychiatric care	<ol style="list-style-type: none"> 1. Decrease the wait time between referral to services and first appointment. 2. Prioritize access to individuals released from the hospital. 	<ol style="list-style-type: none"> 1. Track the time between referral to services and first appointment for new clients. 2. Track the time between hospital discharge and first psychiatric appointment. 	<ol style="list-style-type: none"> 1. Decrease wait time between referral to services and first appointment for new clients. 2. Number of clients who access psychiatric services within 10 working days of hospital discharge.
Increased utilization of Mobile Crisis to decrease hospitalizations			
Access to crisis stabilization services			
Development of outpatient restoration services			
Development of treatment programming for stimulant use disorders			
Development of County-wide prevention plan			