Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Community Plan Guidelines SFY 2019 and 2020

Enter Board Name: Hamilton County Mental Health and 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 following data on poverty, unemployment, overdose fatalities and high school graduation rates are charted to provide a comparison and contrast against the State of Ohio averages.

Poverty Level – Hamilton County vs. State

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

	2009	2010	2011	2012	2013	2014	2015	2016	2017
Hamilton County	15.2%	18.5%	18.5%	19.8%	18.7%	17.6%	16.6%	16.0%	16.2%
Ohio	15.2%	13.1%	16.4%	16.3%	16.0%	15.8%	14.8%	14.5%	13.9%

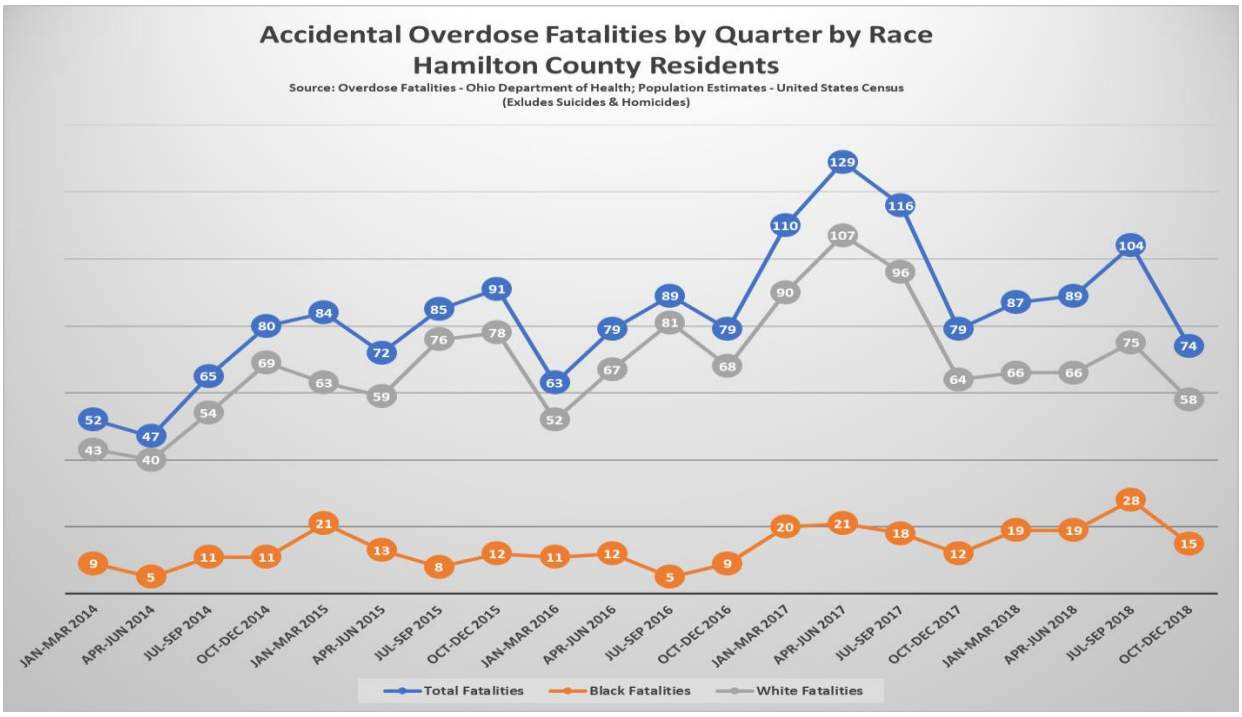
Unemployment Rate – Hamilton County vs. State

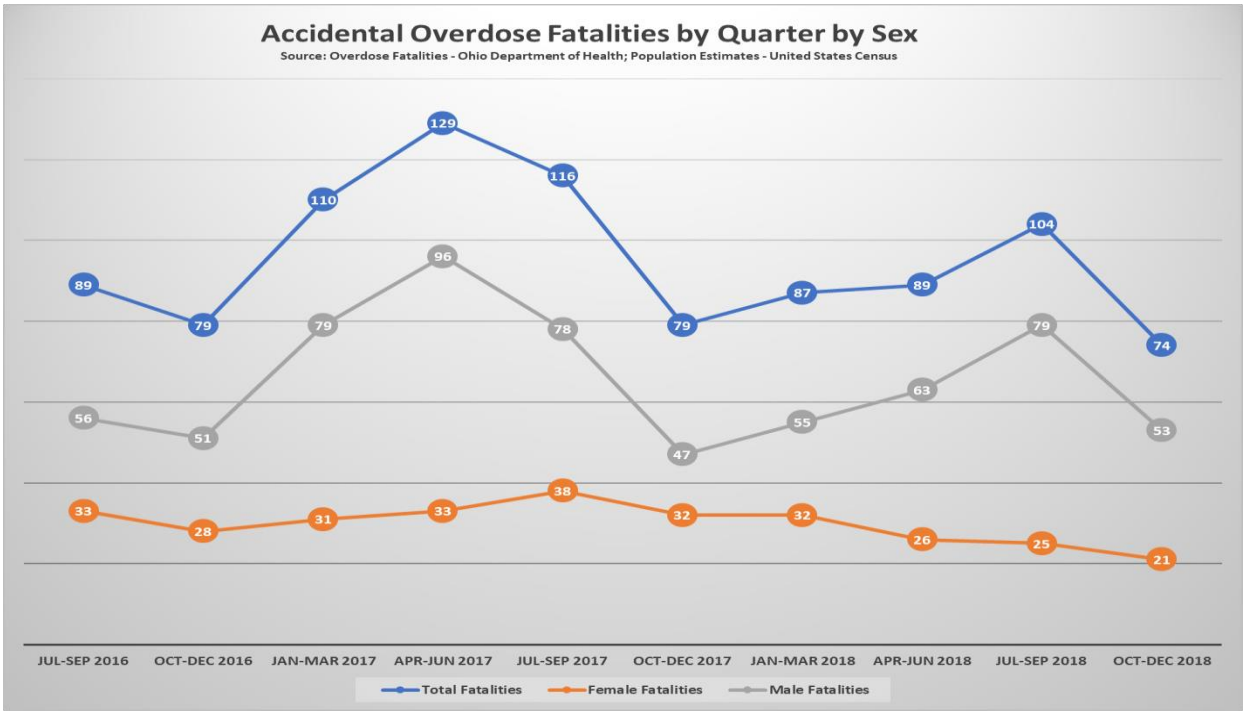
Previous research has linked unemployment with increased prevalence of alcohol and substance abuse. Overall, poverty and unemployment have been conceptualized as both potential causal factors and consequences of substance abuse. The following table provides the unemployment rates over the past ten years:

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
Hamilton County	5.0%	5.0%	5.6%	8.9%	9.4%	8.6%	5.5%	4.8%	5.1%	4.3%
Ohio	8.4%	10.3%	9.6%	8.1%	7.4%	6.6%	5.1%	4.9%	5.2%	4.5%

Overdose Fatalities

Hamilton County continues to experience a high incidence of death due to overdose. Approximately 90 percent of overdose deaths in Hamilton County involve opioids. HCMHRSB tracks overdose fatalities quarterly using Ohio Department of Health data acquired through mandated reporting by coroners. The following charts represent those quarterly findings for the past several years broken out by the demographic features of race and age:





High School Graduation Rates

Drapela (2006) reports that high school dropouts are more likely than those who complete school to use illicit drugs, be unemployed, and have a history of violence. In addition, the negative parental response to a child dropping out of high school may increase illicit drug use among females. Fisher, et al. (2010) found poverty to have a significant relationship with high school dropout rates. The following table provides graduation rates between 2009 and 2016:

	2009	2010	2011	2012	2013	2014	2015	2016
Hamilton County	79.1%	81.4%	76.3%	77.4%	81.2%	80.0%	81.4%	81.6%
Ohio	83%	84.3%	79.7%	81.3%	82.2%	82.3%	83%	83.5%

HCMHRSB Client Demographics

In calendar year 2018, the Hamilton County Mental Health and Recovery Services Board (HCMHRSB) served nearly 24,000 individuals in need of either mental health or alcohol or other drug addiction treatment services.

The following statistics reflect the percentage served for mental health, and for AOD, separately, by the demographic features of age, race, and gender (Data source – Ohio MHAS Datamart):

Age	0-17 yrs	18-24 yrs	25-34 yrs	35-44 yrs	45-54 yrs	55-64 yrs	65+ yrs
MH	11.9%	8.4%	15.3%	16.4%	20.9%	21.2%	6.0%
AOD	2.2%	11.6%	36.6%	23.4%	15.2%	9.2%	1.8%

Race	Black	White	Unknown	Other
MH	54.1%	32.2%	0.8%	12.9%
AOD	33.3%	39.9%	1.3%	25.5%

Gender	Female	Male	Unknown
MH	41.9%	50.7%	7.4%
AOD	32.1%	63.0%	5.0%

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

    - Development of the HCMHRSB Strategic Plan in 2017 to guide in setting new priorities, focusing resources, aligning system-wide goals and identifying intended results. The plan will also aide the HCMHRSB to assess and adjust its direction in response to local and state political developments, changing demographics and service needs, behavioral health care challenges at the local, state and national levels, economic conditions, and potential changes to national healthcare policies.
    - System data collection/data monitoring.
    - The Board has many forums that elicit community involvement and participation in an ongoing way. For example, the Board has representation on monthly county commissioner community committees. These forums allow the opportunity to elicit consistent and current feedback. In addition, there are opportunities in which specific community involvement and client and family participation are solicited, such as when planning specific programs or system changes.
    - Other ongoing community meetings include - Case manager Director's, MH Coalition, CIT Law Enforcement Training, Stepping Up and its sub-groups with community partners, ODYS Juvenile Behavioral Health Quarterly meetings, IPS Supported Employment Advisory Committee, Summit Hospital Community Collaborative, High Risk meeting, Forensic ACT, and Forensic Quarterly meetings. The Board coordinates trainings for the Case Management agencies and utilizes the evaluations for feedback on system challenges.
    - The Board keeps abreast of local, state, and national trends that have implications for treatment and recovery support needs and resources. Board staff meet regularly with community partners and stakeholders, such as Hamilton County Job and Family Services, Developmental Disabilities Services, juvenile justice, adult criminal justice, schools, families, clients, agency staff, and state-wide committees to elicit feedback and ongoing discussions of needs and resources.
    - The Board's Trustees have annual retreats that result in review and update of mission, goals, values, prioritization of populations, and targeted areas of need. The Trustees have planning and finance committees, as well as monthly meetings, to review needs, program planning efforts, and financial resources. The Board's executive management staff has annual retreats to identify goals for their units and meet weekly to share information related to utilization, outcomes, budget, and programs and to identify needs.

- Additional methods are used to assess system needs with regard to specific populations served, access issues, gap issues or disparities:
  - All agencies receiving funding for specialized programs and services, such as adult mental health court and Family Peer Support, are required to submit annual reports on specific predetermined elements.
  - The Board facilitates committees with agency staff, clients, and families (such as the Children's Oversight Committee, the Stepping Up Committee, Lighthouse Individualized Disposition Docket Advisory Committee, MHAP Vision Meeting and Excel to address housing needs of SPMI population) whose minutes and members provide information for needs assessments. The regular meetings scheduled for collaboration, planning and quality assurance provide qualitative data from front line practitioners and administrators. These insights become a regular source of information on the changing conditions in the arena of service provision for treatment and prevention.
  - The Hamilton County Mental Health and Recovery Services Board (HCMHRSB) has completed the (Sequential Intercept Mapping) SIM workshop process and received the comprehensive report from NEOMED. After evaluation and analysis of the outcomes of SIM the HCMHRSB identified a need in broad based community prevention in faith-based organizations (FBO). The proposed project and services would be planned, executed, and completed in the first four months of 2019. This proposal is for updating and revising a faith-based tool kit for prevention. This kit can be provided for faith-based organizations along with training and technical assistance. The revision of this kit would bring information, references, data, as well as current community resources up to date. We produced these revised tool kits and provided a conference introducing the kit and support services to FBO's in Hamilton County. The HCMHRSB had our community agency, PreventionFIRST, perform these tasks with board staff as a member of the project steering committee. This included staff time in revision research to help this tool kit address the current landscape of the opiate problem, printing the actual hard copy tool kit with power point aids, and staff time to train FBO's in the use of the instruments with technical assistance during implementation. An introductory conference was held for the faith-based community showcasing the new **Building Prevention with Faith Tool Kit**.

    PreventionFIRST! has been involved with the faith community since its' establishment 23 years ago. In 2000, PF! was a founding partner in the "Reviving the Human Spirit" (RTHS) initiative, a collaborative between four community partners designed to engage, mobilize and educate the faith community in substance use prevention. The collaborative has since folded, but an outcome from the initiative was the "Building Prevention with Faith" toolkit and training to sustain the work with those in the faith community committed to substance use prevention. The toolkit has been in print since 2013. It was promised to the RTHS communities as a place to find prevention resources all in one place after the collaborative ceased. The training was designed for members of a single congregation to organize and build a ministry that was intentional about preventing substance use. The training has been modified to accommodate multiple congregations at once. It has been provided regionally, state-wide and with a few national audiences. In 2017, the toolkit and training was rebranded and internet links updated. PreventionFIRST! has also determined that supplemental information is needed to expand and

utilize more current prevention resources and to address the current opioid epidemic. The first objective of this project was to complete revisions and print 200 copies of the toolkit.

- Continued enhancement of the *JOURNEY* to Successful Living (*JOURNEY*) system of care developed to address the needs of transitional age youth. The MHRSB and agency partners built a strong infrastructure that consistently obtains feedback from providers, community partners, *JOURNEY* Program and Clinical Committee, families and youth related to the needs, gaps and disparities in services for transitional age youth. The HCMHRSB will continue to collect data to assess needs, gaps and disparities related to *JOURNEY*'s population of focus.
- Mental Health Access Point (MHAP), the front door for accessing mental health services in Hamilton County, and the Recovery Health Access Center, (RHAC) a central front door for individuals seeking help for substance use disorders, produce monthly reports that identify system and client needs.
- Data related to length of stay and hospital days used at the state hospital is collected and reviewed monthly. The Board shares the Regional Psychiatric Hospital's (RPH) interest in planning for community based alternative services and utilizes the data to assess need. As defined in the Continuity of Care Agreement, the Board and RPH work collaboratively to address emergency services.
- The Student Drug Use Survey is distributed to more than 26,000 students every two years in Hamilton County. Using this data the Board ascertains specific indicators of student tobacco, alcohol and illegal drug use. The survey also collects data on risk and protective factors. This survey of school aged children serves as a baseline against which to measure prevention efforts in the community.
- The Board implemented in the spring of 2017 the Health Navigator Catch (Community Access and Child Health) grant with system partners (Juvenile Court, Juvenile Detention Center, Job and Family Services, and Children's Hospital) to improve youth involved in juvenile justice system access to physical and behavioral health services. During the pilot, data was reported monthly on referrals, engagement, barriers to engagement, connection to diagnostic evaluations and other services, and other trends/modifications to the grant.
- The HCMHRSB housing continuum includes crisis care, transitional housing, community residential treatment and permanent supportive housing. Data is provided monthly including referrals, placement, discharge and disposition.
- To better understand consumer issues, the Board uses focus groups on an as-needed basis.

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.

HCMHRSB is an active participant and leader in the Hamilton County Heroin Coalition (HCHC). The HCHC is focused on four key areas: treatment, harm reduction, prevention and

supply reduction. Working with providers, law enforcement, the County Commissioners' office, the local Health Department, community stakeholders and concerned citizens, HCMHRSB identified necessary services and resources to address opiate and heroin addiction in our community.

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

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

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

There is not enough capacity or resources in Hamilton County to address the needs of individuals being released from Summit Behavioral Health Hospital.

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

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)].

1. 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 consumers in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention [ORC 340.03 (A)(1)(a)].

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

- System data collection/data monitoring.
- The Board has many forums that elicit community involvement and participation in an ongoing way. For example, the Board has representation on monthly county commissioner community committees. These forums allow the opportunity to elicit consistent and current feedback. In addition, there are opportunities in which specific community involvement and client and family participation are solicited, such as when planning specific programs or system changes.
- The Board keeps abreast of local, state, and national trends that have implications for treatment and recovery support needs and resources. Board staff meet regularly with community partners and stakeholders, such as Hamilton County Job and Family Services, Developmental Disabilities Services, juvenile justice, adult criminal justice, schools, families, clients, agency staff, and state-wide committees to elicit feedback and ongoing discussions of needs and resources.
- The Board's Trustees have annual retreats that result in review and update of mission, goals, values, prioritization of populations, and targeted areas of need. The Trustees have planning and finance committees, as well as monthly meetings, to review needs, program planning efforts, and financial

resources. The Board's executive management staff has annual retreats to identify goals for their units and meet weekly to share information related to utilization, outcomes, budget, and programs and to identify needs.

- Additional methods are used to assess system needs with regard to specific populations served, access issues gap issues or disparities:
  - All agencies receiving funding for specialized programs and services, such as adult mental health court and Family Peer Support, are required to submit annual reports on specific predetermined elements.
  - The Board facilitates committees with agency staff, clients, and families (such as the Children's Oversight Committee, or the Law Enforcement, Criminal Justice, Mental Health Interface Committee) whose minutes and members provide information for needs assessments. The regular meetings scheduled for collaboration, planning and quality assurance provide qualitative data from front line practitioners and administrators. These insights become a regular source of information on the changing conditions in the arena of service provision for treatment and prevention.
  - *JOURNEY* to Successful Living (*JOURNEY*), is a collaboration between the MHRSB and agency partners in an effort to build a strong infrastructure that consistently obtains feedback from providers, community partners, and families and youth related to the needs, gaps and disparities in services for transitional age youth. The HCMHRSB will continue to collect data to assess needs, gaps and disparities related to *JOURNEY*'s population of focus.
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  - The Student Drug Use Survey is distributed to more than 26,000 students every two years in Hamilton County. Using this data the Board ascertains specific indicators of student tobacco, alcohol and illegal drug use. The survey also collects data on risk and protective factors. This survey of school aged children serves as a baseline against which to measure prevention efforts in the community.
  - The Board collaborated with system partners (Juvenile Court, Juvenile Detention Center, Job and Family Services, and Children's Hospital) around a planning CATCH grant for youth involved in the juvenile justice system who needed improved access and linkage to physical and behavioral health services. The study of access issues in the planning process helped to provide information about gaps and needs for this population.
  - The HCMHRSB housing continuum includes crisis care, transitional housing, community residential treatment and permanent supportive housing. Data is provided monthly including referrals, placement, discharge and disposition.
  - To better understand consumer issues, the Board uses focus groups on an as-needed basis.

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

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

The Recovery Oriented System of Care (ROSC) assessments are not utilized at this time to determine service and support needs.

e. 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)].

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

Access Issues - Mental Health

- Scheduling prevention programs for youth in school-based settings that do not interfere with their education. Specifically, parents and educators have expressed concern about utilizing classroom time for prevention services. Although the school has been identified as a primary location to deliver prevention services for youth, the pressure on teachers to prepare students for academic success becomes a competing value.
- A mechanism to help parents and youth with significant behavioral health issues and juvenile justice involvement has improved access to behavioral health services.
- Providing prevention services to different cultural groups including non-English speaking audiences (i.e., Spanish). Anecdotally, providers have described an increase in the number of individuals seeking translation services.
- Insufficient housing availability for individuals with significant legal/criminal histories, particularly sex offending.
- Due to limited resources, there is limited capacity for in-home services to children and families.
- Due to limited resources, there is limited capacity for outpatient counseling for those clients who do not have a severe and persistent mental illness.
- Due to limited resources, clients do not always have timely access to pharmacological services.

Gaps - Mental Health

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

- Lack of housing options for transitional age youth, transgendered individuals and those with a history of sexual offense or criminal history.
- Increase in opiate use among individuals with severe mental illness and limited resources to address this issue.
- Inmates released from prison are not able to access benefits the day of their release, limiting their ability to use resources.
- Children and adults who have dual diagnoses (developmental disabilities and serious emotional disturbance) experience service gaps and there is a lack of workforce competency to meet their needs.
- Shortage of child and adult psychiatrists/nurse practitioners to serve pharmacological needs of children.
- Shortage of psychosocial services for individuals who are in the early stages of recovery
- The community mental health licensed and case manager level workforce is leaving local agencies to work for managed care entities.
- There is a need for diverse/non-traditional community-based support services and improved linkage to natural supports in the community.
- There is a lack of respite services for multi-system high need youth (in home respite, therapeutic foster care, and weekend respite).
- Workforce development around providing services to high need multi system youth.

Disparities - Mental Health

- The system does not have adequate resources to meet the needs of individuals who are dually diagnosed with substance abuse and mental health disorders, particularly those with opiate use.
- The system is working on engaging transitional age youth but there is still a disparity in the number of individuals aged 18 to 22 compared to those served prior to 18 and those served after age 24.
- Due to Medicaid elevation, the system does not have a defined infrastructure to address the coordination needed for clients who have Medicaid and need non-Medicaid services.
- Inadequate resources for individual with high risk needs but do not meet criteria for psychiatric inpatient or state hospitalization.
- Lack of psychiatric beds with local hospitals
- Limited length of stays for SPMI individuals that require psychiatric hospitalization
- Lengthy wait list at Summit Behavioral Hospital due to high number of individuals that require restoration to competency
- No access to state hospital for civil patients
- Individuals with criminal cases dismissed and referred to probate and ordered for psychiatric hospitalization cannot find a psychiatric bed and are often released back to the streets
- Limited options for Law Enforcement- local hospitals have limited psychiatric beds and nowhere else to take them but to jail
- Barriers to quickly access social security benefits. SOAR program in Hamilton County is 6-8 months behind in initial applications

Access Issues – AOD

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

- Detoxification is available however, only on a limited basis for indigent clients, thus creating delays in admissions. This also finds the waiting client to be no longer amenable to admission when detoxification is available.
- Timely access to medication assisted treatment (MAT), an admission priority for pregnant women, and IV drug users has left males seeking MAT with a longer wait for access to service.
- The Talbert House, Engagement Center and its expansion was accomplished through SOR grant funds. This expanded access and along with peer support and housing has enhanced outcomes. The first year of program operation provided services for 645 out of 816 referrals. 85 did not meet admission criteria and there were 90 'no shows.'

  These 645 clients were 68% male 32% female, 92% Caucasian 7% African American and 1% Hispanic. The referrals were 32% self, 25% QRT, 20% hospitals, 15% sober housing, 7% SUD treatment providers, and 1% Cincinnati Health Dept. The self % is really a combination of self and a variety of agency/programs that told the client about the program and told them to call (the agency didn't make the referral). Fifty-two (52%) percent of clients leave successfully as defined by having all treatment plan services in place at discharge (this has changed as we have opened to more self-referrals). Forty-eight (48%) percent leave against medical advice. This is a combination of walk outs and clients that had services in place but not all services like housing and social support. We see about 50% of these clients being connected but just not to the level of care indicated by assessment.

  Challenges: The challenge has been staffing. We just got our Medical staff to the level we want after 1 year. It took one year to reach optimal level medical staffing. We have needed better linkages for homeless and indigent populations after treatment. Sober living facilities had not been accepting clients on MAT. Different hospital emergency departments stabilized patients at different levels prior to referral. Co-occurring mental health disorders and significant poly-substance abuse have been a concern. The Engagement Center is trying to not allow the program to become a crisis shelter for individuals only interested in housing for a night or 2. The variability of amount and severity of referrals as well as inconsistent admissions rates has been difficult. The program is trying not to turn people away.

  Successes: This program is filling a significant gap in our community. We've built a strong compassionate team. We've also built some strong relationships with other providers as these clients have been served by many in the community.

  Lessons learned: The needs of the population and the needs of increasing our level of care was paramount in the beginning of the operations. Being prepared to address methamphetamine and other drugs was an unforeseen dilemma. Not every client that comes to us wants to stay sober, they are looking to achieve other goals. There should be greater mental health dual diagnosis programming.

- The most recent development is expanded peer support services through a SOR grant. Three agencies have funds available to provide greater peer support services to clients in stabilization, treatment and housing.
- Talbert House Engagement Center is the front door to withdraw management medication assisted treatment for those coming from the emergency rooms, Safe Place Cincy, Quick Response Teams and other post overdose referral sources. One of the highest risk populations of overdose are those that

have experienced an overdose. Clients may enter treatment but not be fully engaged in treatment. It is at this moment one of the most valuable tools to have is a Peer Recovery Supporter (Coach).

- Greater Cincinnati Behavioral Health, Recovery Support position serves the Paths to Recovery, traditional outpatient services for individuals with co-occurring diagnoses, and individuals planning to discharge from the hospital after an overdose or other substance related physical health concerns. Although not exhaustive, the main goals for an additional Peer Recovery Supporter include: 1) Outreach to individuals within these programs to encourage hope for recovery, 2) Model recovery-oriented behaviors and personal responsibility, 3) Provide connection to community supports and services, and 4) Teach important life skills to assist each individual in managing their daily needs and navigating the often complex and confusing health care systems they interact with regularly.
- At the Center for Addictions Treatment, early in residential treatment the Peer Monitoring Supervisor conducts an introductory session with residential patients. She explains the basics of the Peer Mentor Program, including the goal of offering another level of support to the patient in early recovery. The patient can sign up for a mentor. The Supervisor matches the patient (now a mentee) with a mentor who has gone through CAT's training. She matches as close as possible based on gender, life experiences, substance use, or other relevant demographics. The proposed program expands the "official" length of time of the mentor/mentee relationship past residential treatment and into and through Continuing Care. It also expands the activities of the time spent to include mentoring during the Job Readiness program and support in finding employment.

Gaps – AOD

- Indigent and low-income individuals suffering from substance use disorders often do not have the resources necessary to pay for medication assisted treatment.
- Specialized programs for pregnant women and women with children are available but have insufficient capacity therefore leaving a gap for this population seeking treatment.
- Drug court operates at full capacity. Many other incarcerated persons could benefit from Drug Court services.
- Homeless clients have difficulty obtaining housing due to an active substance use problem as well as being homeless they are most appropriate for long term residential care, which is also at full capacity.
- SOR Housing Grants were granted to the board for two local agencies.
    - Talbert House seeks to expand access to housing for persons in recovery from opiate use disorder or having a documented history of opiate use disorder. This project will assist in the expansion of a range of sober living housing for individuals and families in recovery. Individuals and family heads of household who have begun some type of recovery program prior to their application are the targeted population for this housing. Housing options for men and women ranging from group homes settings with private bedrooms with shared common area, bathrooms, and kitchens to semi-private apartments and private apartments all staffed with resident managers and peer supporters to assist with social support networks and program compliance. These individuals and their families engage in structured programming, to include case management, life skill development and treatment services. Medication Assisted Treatment (MAT) and other evidence-based practices, access to clinical service providers will be hallmarks of the housing programs.

- First Step Home serves women from southwestern Ohio that are dealing with addiction and opiate use disorder with co-occurring mental health and trauma issues while living together with their children (pre-natal up to age 12). The average age of the pregnant clients is 31. All of the clients are vulnerable to their situations as they are socially isolated, poor, and overwhelmed. Currently, about 90% of the clients are dealing with opiate use disorder; the remaining 10% are coping with addiction to other substances.

Disparities – AOD

- There is a lack of housing for clients who are prescribed medication assisted treatment. Many of the supported housing options in Hamilton County do not allow Suboxone, or Buprenorphine medications.
- Housing which is supportive of recovery for non-MAT clients is available but with less capacity than is needed.

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

HCMHRSB was able to add two beds to St. Joseph Orphanage to improve access to short term crisis stabilization for multi-system youth. This brings a total of 4 beds funded for this high risk/need population. There remains a lack of step-down services and placement options for youth who don't require acute hospitalization but need additional supports/connections to services before returning home (some of these are child welfare involved 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 Hamilton County Mental Health and 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)	- Prioritize treatment access to those individuals who are intravenous/injection drug users (IDU).	-HCMHRSB set as its priority to have a comprehensive continuum of care for persons with or at risk of having a substance use disorder. The service continuum includes prevention, treatment and recovery supports. -Fund assessment, case management, community Services, behavioral health counseling, crisis intervention, detoxification, Intensive outpatient services, laboratory urinalysis, urine dip screen, Med Som, Methadone and other medication assisted therapies, sub-acute detox and residential treatment to address this special population. - HCMHRSB has expanded the Engagement Center and increased recovery housing for those on Medication Assisted Treatment as well as greater amounts of peer support. The Engagement Center has secured funding to expand from 16 to 20 beds. Individuals are referred from QRT teams and hospital ED's after an OD. The use of Peer support has been expanded to assist in client retention in treatment.	- HCMHRSB continues to utilize two specific NOMs as indicators of service effectiveness: 1) abstinence; and 2) criminal justice involvement as measured by arrests. -HCMHRSB requires use of the Brief Addiction Monitor to collect AOD Outcomes data.	__ No assessed local need __Lack of funds __ Workforce shortage __ Other (describe):

SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	- Prioritize treatment admission for pregnant women who have a substance use disorder.	-Fund full continuum of services at CCHB MAT program, First Step Home, Center for Addiction Treatment, The Crossroads Center, Addiction Services Council, RHAC-screening, assessment and referral and Talbert House to address the needs of this special population.	- NOMS - BAM II	__ No assessed local need __ Lack of funds __ Workforce shortage __ 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 for children at risk of parental neglect/abuse due to SUDs)	- Prioritize treatment for parents with substance abuse disorders who have dependent children.	-Fund services for the FAIR program in collaboration with Hamilton County Job and Family Services to meet the needs of this population. -Fund HOPE project in collaboration with HC Job and Family Services, DD Services and Juvenile Court.	- FAIR process outcomes developed with HCJFS. - NOMS - BAM II - HOPE process measures and Ohio Consumer Outcomes.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	- Provide education and referrals for individuals suffering from or who are at risk of contracting a communicable disease.	Provide prevention services, consultation and education services target individuals with or at risk for HIV/AIDS, or tuberculosis and who are in treatment for substance abuse.	- NOMS - BAM II	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	-Provide a qualitative, accessible, coordinated, seamless system of care for children SED. Promote resiliency, recovery, and successful transitions for youth with SED. -Provide a comprehensive array of services utilizing trauma informed, best and evidence-based practices.	-Fund assessment services, counseling, community psychiatric support treatment, pharmacological management, Community psychiatric supportive services, Social and recreational services, respite care, partial hospitalization, day treatment and in-home behavioral management services for Non-Medicaid eligible youth as well as, crisis services (e.g., 281-CARE, Mobile Crisis Team, crisis stabilization), resiliency supports and wrap around services for youth. -Provide prevention and education as well as treatment services and	-Ohio Consumer Outcomes -Client and Family satisfaction surveys	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		supports dedicated to positive outcomes for youth and families. -Utilize a front door (Mental Health Access Point- MHAP) that assists children with SED in accessing treatment services. -Support use of evidence-based and trauma informed practices. -Provide Family Peer Support Services -Engage in collaborations that support a seamless system of care for children with SED (FAIR, HOPE, JOURNEY, etc.) -Develop a system of care that results in more coordination, effective supports and services for SED children and their families. -Improve access to school based mental health services for all students (i.e. assist schools, agencies, students and their families in addressing students' behavioral health needs that may impact school success). -Develop and implement services and supports that are youth-driven & family-guided; culturally & linguistically competent; individualized and community-based - Increase workforce competence to address "youth culture"		
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	-Provide a comprehensive array of services utilizing best and evidenced based practices. -Develop, strengthen and maintain partnerships within the community	-Fund assessment services, counseling, community psychiatric supportive treatment, pharmacological management for Non-Medicaid eligible clients as well as crisis services, recovery supports,	- ACT Fidelity Measures - Ohio Outcome Measures	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

	-Improve care coordination and the delivery of services for the SMI population	housing respite, payee services, individualized aid, social and recreational services, hotline services and vocational/rehabilitation services for SPMI clients. -Provide programming that provides mental health education and support to families and clients. -Use Case Management ACT teams to meet priority populations; Forensic ACT Team Criminal Justice (CJ) ACT Team Homeless ACT team IDDT ACT Team • SAMI Teams • Case Managers trained in Motivational Interviewing and Individual Dual Disorder Treatment (IDDT) -Forensic Treatment Case Management team- Provide treatment and monitor court compliance for individuals found Not Guilty by Reason of Insanity (NGRI) or Incompetent to Stand Trial (ISTU-CJ) -Fund Mental Health Courts- Municipal and Felony Fund Mobile Crisis Team- responds to acute crises in the community 24/7, days a week. -Train and support Peer Support Workers in provider agencies. -Use MHAP to offer interim pharmacologic management and transitional case management services.		

		-Fund Homelink- housing information and referrals source for case managers. -Fund Excel and other housing supports- maintain housing subsidies and property for adults with severe mental illness. -Fund Benefit Specialist at MHAP to help individuals apply for Medicaid or enroll in the Affordable Care Act. -Provide trainings for case managers on the Community Mental Health Housing System, Probate Court, Criminal Justice system and Summit Behavioral Healthcare to better meet the needs of the severely mentally ill client. -Provide monthly CM Development sessions to provide support and education to CM. Topics include time management and documentation, housing resources, substance abuse, crisis intervention techniques etc.		
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	- Provide supportive housing for homeless substance use disordered and/or severely mentally ill clients at all levels of treatment.	- Fund MHAP to identify housing needs for clients who are SMI. -Fund EXCEL and other housing supports to provide housing for same population - Fund PATH team to provide outreach and in reach to identify, engage, and connect with homeless individuals who have severe mental illness to needed services. -Fund residential treatment for clients with behavioral health disorders.	- Ohio Consumer Outcomes - NOMS - BAM II -Federally-established Deliverables	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		-Collaborate with local Homeless Coalitions to address the needs of this population. -Participate in Coordinated Entry within the Homeless Continuum to advocate for the needs of both populations		
MH-Treatment: Older Adults	-Continued support of programs and services to meet the needs of older adults to ensure their behavioral health needs are met.	-Fund outpatient psychiatric supportive treatment, assessment, treatment planning, assistance and support in crisis situations, symptom monitoring and assistance in learning to self-mange symptoms, interventions aimed at developing coping skills of the consumer and increasing social support skills. -Geriatric Outreach Program combined with Community Psychiatric Support Program -Adult Outpatient Services also focus on a population of older adults age 55+.	-Ohio Consumer Outcomes	__ No assessed local need __ Lack of funds __ Workforce shortage __ 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	-Develop a coordinated system of care for individuals involved in various stages of the criminal justice system who have mental health or substance abuse issues	Provide a continuum of care services utilizing the SAMSHA Intercept model. -Work collaboratively with the jail MH Unit to streamline services and improve care coordination -Work collaboratively with the Sherriff's office and pretrial	-Ohio Consumer Outcomes -NOMS indicators of service effectiveness: 1) abstinence; and 2) criminal justice involvement as measured by arrests - BAM II	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

		- Fund services in the jail for clients with SUD via the Recovery Pod. -Lead the Stepping Up Committee as a means to reduce the numbers of SMI entering jail as well as address barriers and improve communication and coordination between criminal justice and mental health - Provide two Criminal Justice/Mental Health trainings to CM per year to educate them on how to effectively advocate for their client while in jail -Establish a Forensic Court Clinic that provides clinical expertise for the courts - Fund services for two Mental Health Courts for Municipal and Felony courts - Fund services for a Juvenile MHC in partnership with Juvenile Court -Fund the Change Court- a Specialized Docket for women with behavioral health needs who have been involved in prostitution/human trafficking. -Developed a CIT program for Hamilton County that trains all levels of Law Enforcement to prepare them with the necessary skills to interact with this population prior to arrest -Developed Drug Court with a comprehensive treatment program -Fund residential and outpatient services to the HC Drug Court	-Federally-established Deliverables -Reduced numbers of SMI in jail	

Integration of behavioral health and primary care services	-Develop a coordinated system of care and self- management for individuals with severe mental illness and chronic physical health issues -The Engagement Center is designed to provide a comprehensive assessment of a client's holistic needs and triage to the most appropriate treatment plan for each client. The client is assessed for SUD and primary care needs and then linked to ongoing services.	Implement a Care Coordination Model from Institute for Healthcare Improvement, including use of Care Coordinator and Health Coach. This innovation in Hamilton County is called Keys to Health. -Work collaboratively with local hospitals to improve communication and care coordination for individuals with high risk needs. -Implement a system for ER alerts when identified individuals enter a local ER.	- Ohio Consumer Outcomes - Decrease in ER visits - Cost Savings to community	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	-Reduce symptom distress -Improve quality of life -Facilitate greater empowerment -Encourage community integration -Improved access for individuals with SUD to participate in recovery support services	**AOD:** Continue to fund and expand Recovery Supports and Recovery Housing services for individuals with opiate SUDS. Two agencies have expanded Recovery housing and recovery supports using funds from the State Opiate Response Grant. The SOR grant also expanded peer support for three agencies. Peer support is being offered in traditional treatment, at the Engagement Center and at community based out patient treatment centers. Peer support should assist with patient transfers between levels of treatment, increased positive outcomes, longer treatment stays, and quicker involvement in a recovering community.	-Ohio Consumer Outcomes Symptom Distress, Quality of Life, and Making Decisions Empowerment scales. -Additional individuals will be connected to recovery services in Hamilton County	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		MH: The HCMHRSB funds three consumer operated centers: The Recovery Center of Hamilton County (RCHC) serves approximately 700 individuals a year and offers a variety of recovery/self-help, employment, wellness, art, and community involvement classes/activities. The WARMLINE is a 24/7/365 peer support phone line that receives over 25,000 calls each year. The Mighty Vine Wellness Club provides a safe environment and exercise equipment for individuals in recovery to pursue physical wellness, and a variety of holistic health classes/activities (e.g.meditation, Yoga, Tai Chi, etc.). In addition to the consumer operated centers, several HCMHRSB contract agencies employ peers as part of psychosocial, outreach, homeless outreach, transitional age youth, vocational, and ACT programs. Evidence-Based Practice recovery education and support services utilized throughout the HCMHRSB service system include: Wellness		

		Management and Recovery (WMR), and Wellness in Eight Dimensions. Approximately 70 peer support providers are employed within the HCMHRSB system. **Employment:** - vocational/rehabilitation/supported employment programs - GED, job readiness, and computer skills training (RCHC) **Housing:** - supported housing services - Permanent Supportive Housing - Independent Living - Recovery Housing		
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	-Improved access of youth and adults with diverse backgrounds to behavioral health and primary care services	-Updated resource information -Person to assist youth and families who need more assistance in navigating and making a connection to Behavioral health and primary care services. -Collaborate with Mindpeace to improve access to behavioral health services in schools for all youth including racial, ethnic and linguistic minorities -Engage providers that serve racial ethnic, and linguistic minorities -Fund Prevention activities that target racial, ethnic, linguistic minorities, and persons in the LGBT community.	-More youth and adults connected to behavioral health and primary care services	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		-Interface with other community organizations (faith based, civic, etc.) that assist the Board in understanding how best to reduce barriers across populations.		
Prevention and/or decrease of opiate overdoses and/or deaths	-Prevent and decrease overdose deaths in Hamilton County. - The Engagement Center is designed to manage withdrawal and proceed with an effective treatment plan specific to opiate dependency. Overall health stabilization and induction of medication assisted treatment are primary program goals of the Engagement Center. Rapid priority admission to treatment is a goal for the Engagement Center as well as the Quick Response Teams in the community.	-HCMHRSB participates on the local Heroin Coalition as well as funds prevention and treatment efforts aimed at decreasing use of opiates. -HCMHRSB supports the use of Narcan at agencies.	-Increased access to Narcan at different agency sites. -Increased use of MAT at agencies. -Demonstrated coordinated efforts at prevention messaging in the community.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Promote Trauma Informed Care approach	-To provide coordination and communication within our community in relation to local expertise, training opportunities, and resources	- Fund Providers participation in a Trauma Informed Care Learning Community co-sponsored by the National Behavioral Council - Participate in the Southwest Regional Trauma Informed Care Collaborative	-Outcome measures identified by the National Behavioral Council	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	- Provide prevention services across the lifespan.	-Fund an array of prevention services to include; information dissemination, education, community-based process, alternatives, environmental and problem identification and referral	- Prevention NOMs - Process measurements developed in collaboration with prevention providers	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		services for persons at risk of developing a substance use disorder. -Fund mental health prevention services, consultation, referral and information, mental health education and training to address mental health needs in the community. -Provide a comprehensive array of services utilizing best and evidenced based practices. -Provide early intervention, individual and program consultation services for children ages 0 to 5. -Target school aged children with mental health prevention services. -Target special populations at risk for suicide. Target 18-25 year old at risk of engaging in high risk drinking. COPE MH Prevention Strategies • Provide prevention, education, consultation, and crisis services to persons across the lifespan including the following target populations: a) Children with social, emotional, and/or behavior problems, SED children, children in SBH classes, children in in-school suspension or at risk (includes early childhood population). b) Severely mentally disabled adults c) Family members of SMD persons d) Families in crisis or at risk e) Persons experiencing or at risk of violence.	- Satisfaction surveys	

		f) Persons at risk of becoming suicidal or clinically depressed g) Persons who have suffered a severe loss or experienced a traumatic event within the past three years h) Elderly and their caregivers -Services are delivered by a variety of providers in diverse settings across Hamilton County (schools, libraries, community centers, etc.)		
Prevention: Increase access to evidence-based prevention	-Promote and support the delivery of evidence-based prevention services in our community	-Collaborate with organizations that are interested in bringing in evidence-based intervention strategies to Hamilton County -Collaborate with providers that are interested in providing evidence-based prevention programs in Hamilton County	-Satisfaction Surveys	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention: Suicide prevention	-Promote efforts that seek to increase help- seeking behavior -Promote evidence-based suicide prevention strategies	Collaborate with organizations that address suicide prevention services and resources (such as SERA, Child Fatality Review, Community Action Team and Hamilton County Suicide Prevention Coalition) -Promote suicide prevention resources such as 281-CARE hotline (community resource cards) and Mobile Crisis Team -Promote and or expand community resources such as the text line for youth and other special populations (e.g. college students) -Provide services that target persons at risk of becoming suicidal or clinically depressed (e.g. support groups)	-Satisfaction Surveys	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		-Provide Adult and Youth Mental Health First Aid Training -Collaborate with state around its effort to prevent suicides -Promote education around Columbia Suicide Severity Rating Scale and Safety Planning/Crisis Management		
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	- Although Problem Gambling prevention and screening strategies are not a specific priority for HCMHRSB, significant resources are allocated to address the need in the community.	- The Hamilton County Gambling Taskforce continues to meet and plan. -Funding has been allocated to provider treatment and prevention agencies. -All treatment agencies have identified an evidenced-based screening tool approved by Ohio MHAS.	- NOMS - BAM II	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

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

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

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

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

c. Hamilton County Heroin Coalition (HCHC)– HCMHRSB is an active participant and leader in the Hamilton County Heroin Coalition (HCHC). The HCHC is focused on four key areas: treatment, harm reduction, prevention and supply reduction. Working with providers, law enforcement, the County Commissioners' office, the local health department, and community stakeholders, HCMHRSB identified necessary services and resources to address opiate and heroin addiction in our community.

d. Mental Health First Aid – MHFA is an evidenced based training to teach participants how to help someone who is experiencing a mental health crisis. There is an adult and youth component. MHFA allows for early detection and intervention by teaching about the signs and symptoms of specific illnesses such as anxiety disorders, schizophrenia, mood disorders eating disorders and substance disorders. The program offers concrete tools and answers key questions like "what can I do" and "where can someone find help". The program has the potential to reduce stigma, improve mental health literacy and empower individuals. HCMHRSB has funded opportunities to train agency staff as trainers as well as present trainings to the local community. Mental Health America of NKY and SW Ohio, Greater Cincinnati Urban NAMI and *JOURNEY* provide training on both youth and adult modules.

e. The Addiction Treatment Program (ATP) was established in House Bill 64. Ohioans appropriated $11million in SFY 2016 and 2017 for treatment, medication, evaluation and oversight. Fifteen Ohio counties will participate in the project. The expectation is that treatment providers and Drug Courts

will be able to serve more people due to the ability to get clients enrolled in Medicaid or commercial insurance in a timely manner. Hamilton County is projecting to serve approximately 400 clients with these funds. Currently HCMHRSB is awaiting certification for the Hamilton County Drug Court before the project can begin.

f. Restoration to Competency (RTC)- In SFY 2016, HCMHRSB received a grant from Ohio MHAS to provide services targeting individuals who have been found incompetent to stand trial due to a behavioral health diagnosis. The goal of the project is to develop a community-based restoration to competency program for Hamilton County misdemeanor defendants thereby decreasing inpatient stays for patients at Summit Behavioral Health Hospital and increasing access to the hospital for Forensic and Civil patients. This project will provide services to low risk individuals who are found incompetent to stand trial, in the least restrictive setting, in the community. This is a collaborative project with Summit Behavioral Health (SBH) providing hospitalization as needed, Greater Cincinnati Behavioral Health Services, (GCBHS) will provide intensive case management services using their Criminal Justice ACT team; Court Clinic will provide evaluation and restoration educational sessions; Hamilton County Pre-Trial Services will coordinate communication between the partners and the court and HCMHRSB will facilitate collaboration and provide oversight of the project. Target number served 10-15 clients.

g. <u>Multi system children projects</u>:

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

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

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

4) JOURNEY - *JOURNEY* to Successful Living, a program with the Hamilton County Mental Health and Recovery Services board has collaborated with various systems and organizations, such as, Mental Health America, NAMI and provider agencies during its tenure as a system of care expansion. *JOURNEY* and Mental Health America has trained several churches, schools and community organizations in Youth Mental Health First Aid and National Children's Mental Health Awareness Day. Families are referred to NAMI for training and support. Providers and community organizations provide volunteers for two *JOURNEY* signature events, #*askmewhoiam* Conference on Youth Culture and Independence City. Collaborators include Cincinnati Works, Cincinnati Police Department Cadets, Cincinnati Recreation, Legal Aid, as well as the Child Welfare System, Developmental Disabilities, Juvenile Court and Cincinnati Public Schools.

Tools and Strategies have been shared and presented in various forums around the state and upon request for State Departments in an effort to share successful techniques to agencies interested in serving the transition age youth population.

h. School Partnerships:

HCMHRSB collaborates with organizations that address analysis of data, gaps, needs and suicide prevention services and resources (such as Cincinnati Children's Hospital Medical Center, Mindpeace, Hamilton County and City of Cincinnati Health Departments, SERA, and Child Fatality Review.

1) MindPeace - This is a partnership of mental health professionals and agencies that are committed to improving access to school based mental health services for all students. The partnership assists schools, agencies, students and their families in addressing students' behavioral health needs that may impact school success. Accomplishments include 55 out of 56 Cincinnati Public Schools have an identified mental health agency provider of school based mental health services for their students and families; refined data collection tool, strengthening of family engagement protocols, system level training on suicide risk screening and Safety/Crisis Management Planning, and a mechanism for the reporting of treatment and prevention access numbers for Cincinnati Public School students and families.

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

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

i. Criminal Justice Partnerships:

1) FACT: Since 2003 the Board has had in place a forensic ACT team (FACT) which at any given time serves about 50 SPMI high-risk clients recently released from Ohio's prisons. The tight collaboration among the Ohio Department of Rehabilitation and Correction staff, the Adult Parole

Authority, Mental Health Access Point clinicians, Greater Cincinnati Behavioral Health Services (GCBHS) staff and a HCMHRSB representative results in very good outcomes for these clients. A combination of monthly meetings where staff from all the above entities are present to discuss not only specific challenging cases but also larger policy issues and local weekly intake meetings to review newly referred cases, greatly contributes to the high level of communication required to coordinate care and promote recovery and success of client. Accomplishments include serving over 70 clients a year with minimal recidivism, increase in video conferences to improve engagement and transition planning and utilizing OHMHAS Re-entry dollars to provide support services. GCBHS FACT team continue to focus on securing income via application for benefits and/or employment through vocational services, identify safe and affordable housing, meet fidelity standards for ACT and work collaboratively with APA to identify risk factors and interventions.

2) Misdemeanor and Felony Mental Health Courts: Collaborative partnership with the courts, probation, mental health providers and AOD residential with the target population being adults who have a severe mental illness and have been charged with criminal activity. The program consists of an ACT team and is voluntary. Accomplishments include reduce in recidivism, assistance with application of benefits, connection to vocational specialist to improve employment opportunities, assistance with housing, and improvement in quality of life.

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

4) Stepping Up- Hamilton County recently joined Ohio Stepping Up and the Board continues to chair a committee that includes representatives from mental health, criminal justice, hospital, court, law enforcement, homeless coalition, and NAMI. Accomplishments include an increase in participation from system partners, improved collaboration and coordination within the jail system to improve connection to services.

5) High Risk Committee: Committee that includes representatives from CPST agencies, pretrial, court clinic, state hospital, University Hospital, police and Mobile Crisis Team in which alternative treatment interventions are explored, and steps made to improve coordination of care, collaboration in order to develop a comprehensive plan to better serve this high risk/high need population. . Accomplishments- 60% of the identified clients have successfully transitioned off of the High-Risk list due to sustained period of psychiatric stability and decrease in contact with Law Enforcement and/or hospitalizations.

6) Juvenile Mental Health Court: Collaboration with Juvenile Court, probation, and Lighthouse Youth Services to facilitate a Mental Health Court for both diversion program and felony court that targets up to 70 youth per year using evidenced based Family Functional Therapy. Accomplishments: Decrease in number of youths with adjudications within one year of completing the program, increase in Ohio Youth Scales in the areas of functioning and hopefulness and decrease in problem severity. The program has increased focus on education by adding an Educational Liaison to build partnerships between the school, treatment team and family.

7) Crisis Intervention Team (CIT): The police welcome collaboration, communication, and training from the community mental health system. This 40-hour training is coordinated by Mental Health America of Southwest Ohio and includes partnerships with mental health agencies and law

enforcement to provide up to date training curriculum to local law enforcement. This calendar year, Hamilton County will offer 5 CIT 40-hour trainings. To date, over 1025 Law Enforcement and First Responders have been trained since October 2009. CIT Coordinator also participates in the state quarterly meetings.

k. Vocational/Rehabilitation Partnerships:

1) Pathways 26: For more than 9 years the HCMHRSB, HC Developmental Disabilities Services Board and local rehabilitation service providers have partnered and combined resources to provide individuals who have severe mental or developmental disabilities the ability to receive vocational and rehabilitation services. For the past 8 years services have been expanded to address a multi-systemic approach in preparing individuals with mental health and/or drug and alcohol addiction for employment.

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.

HCMHRSB designated MHAP to manage cases involving involuntary commitment. In this capacity MHAP evaluates referrals for involuntary commitments and affidavits filed in order to assist the probate division of the court in determining where there is probable cause that a respondent is subject to involuntary hospitalization and what alternative treatment is available and appropriate. Other duties performed by MHAP staff involving collaboration and coordination with the state and local hospitals include:

Maintain an outpatient community probate (OCP) database on approximately 198 clients on probate status. Goal is to reduce total number on OCP to approximately 150 individuals.

- Review all referrals for request for OCP expeditiously and consult with provider agency as needed to determine appropriateness for OCP
- Coordinate a face to face meeting with client and Case manager within one week of discharge from psychiatric hospitalization to review purpose and expectations of OCP. A brochure will also be given to the individual for further guidance.

- Maintain an active database
- Complete monthly reports submitted to HCMHRSB
- Provide regular trainings to Provider Agencies
- Maintain frequent communication and collaboration with Probate Court and local hospitals

Psychiatrist

- Complete affidavits for clients who need involuntary hospitalization.
- Generate affidavits for inpatient treatment for clients already on Outpatient Probate who require emergency psychiatric care

Intensive level of care

- Obtain inpatient beds for client's subjected to civil commitment.
- Assist attorneys and Probate Court by obtaining, reviewing, and organizing clinical documentation for commitment hearings.
- Attend Probate hearings.
- Coordinate transfers to Summit Behavioral Healthcare from community hospitals.
- Attend state quarterly meetings.

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

A. HOSPITAL	Identifier Number	ALLOCATION
N/A	N/A	N/A

B. Request for Generic Services

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

B. AGENCY	Identifier Number	SERVICE	ALLOCATION
N/A	N/A	N/A	N/A

SIGNATURE PAGE UNDER SEPARATE COVER. PLEASE INSERT EXECUTED COPY.

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 2018 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/**