

Ohio Department of Mental Health and Addiction Services (OhioMHAS)
Community Plan Guidelines SFY 2021 and 2022
Due by Friday, June 19, 2020

Enter Board Name: Clermont County Mental Health and Recovery Board

The following template will help organize the required information needed to complete the SFY 2021-2022 Community Plan. This template has been organized and streamlined to assist in the creation of a forward-looking Community Plan with a focus on identifying community priorities. These community priorities should be identified via a needs assessment process and tracked to determine success in addressing the stated priorities.

Evaluating and Highlighting the Need for Services and Supports

- 1. Describe the community needs assessment process that led to the identification of the local priorities the Board will address. 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 evaluating needs, evaluating strengths and challenges and setting priorities for treatment and prevention for SFY 2021-2022. [ORC 340.03 (A)(1)(a)].**

The Clermont County Mental Health and Recovery Board (CCMHRB) values the use of needs assessments to identify the needs of our County, and continues to utilize needs assessments, mostly informal, to guide planning for service delivery. The CCMHRB utilizes informal needs assessments due to the decision to target funding for service delivery. The CCMHRB struggles to meet the treatment needs of residents and is unable to justify funding a formal needs assessment to determine if more needs are not being met. Despite the limited ability to do a formal needs assessment, identifying and understanding the behavioral health needs of our residents is a strength of the CCMHRB. Board staff are dedicated to understanding the needs of our residents and are highly engaged in the community. Board staff are consistently involved in various community events and committees and collaborate well with our contract providers, our consumer-operated services, and local grass roots peer groups, as well as key community partners.

The CCMHRB routinely collaborates with the following key community partners to determine the needs of our community: NAMI, the court system, schools, law enforcement, fire/EMS, faith based organizations, Family and Children First Council, Parent Advocates, the Department of Job and Family Services, Children's Protective Services (CPS), the Opiate Task Force (OTF), the Coalition for a Drug Free Clermont County, the Clermont County Suicide Prevention Coalition, the Public

Health Department, the Chamber of Commerce, United Way, Senior Services and the local hospital. Involvement with the community provides guidance to the CCMHRB with regard to the provision of service delivery for Clermont County, and allows the CCMHRB to set funding priorities based on the identified needs of our residents. The priority needs of Clermont County residents remain the same as those identified in the SFY2019-2020 Community Plan:

- Increased access to Medication Assisted Treatment (MAT) for opioid addiction;
- Increased access to psychiatric services for severely emotionally disturbed (SED) children/youth;
- Increased access to psychiatric services for individuals with severe and persistent mental illness (SPMI);
- Increased access to psychiatric services for individuals with a mental health disorder who do not meet the CCMHRB's definition of SPMI (i.e., "the general population");
- Increased access to crisis services through development of a crisis stabilization unit/ "triage center" for children/youth and adults;
- Increased access to hospital level of care for children/youth and adults;
- Increased access to school based mental health services;
- Increased suicide prevention services targeted at high risk groups;
- Development of programming for families and youth impacted by the opioid crisis; and
- Implementation of an evidence-based treatment program for stimulant use disorders

Unfortunately, the local identified needs and priorities do not always match up with the requirements of OMHAS, particularly with the focus on funding a full continuum of care for substance use disorders.

Several means of assessment have been used to gain information related to the behavioral health needs of Clermont County as well as the strengths and the challenges, in order to develop County-wide priorities. These assessments include discussions with residents at town hall meetings, interviews with key informants, meetings with grass roots peer groups, surveys, analysis of treatment data, and discussions with contract treatment providers. The CCMHRB also partners closely with the Clermont County Public Health Department and participates in the development of the Clermont County Community Health Improvement Plan. The last two Health Improvement

Plans for Clermont County have included both mental health and substance use as priority needs. In FY15 and FY16, the CCMHRB was also actively involved in the development of the Clermont County Chamber of Commerce's County-wide Strategic Planning called "Agenda for the Future". The plan involved a nine-month period of conducting focus groups and interviews with residents, community leaders and business leaders to determine the strengths and needs of the County, as well as goals for the future. Based on collected input, mental health and drug addiction were chosen as two of the key areas under the goal of health and well-being that the residents believe the County needs to address. While the "Agenda for the Future" happened several years ago, the areas addressed are still relevant. The Chamber now has a group "Connect Clermont" that operates under its foundation to provide grant funding to projects that meet the needs identified in the County.

The Clermont County Opiate Task Force (OTF) has been highly involved in the planning for services for individuals with an opioid use disorder. Substance Use Disorder (SUD) providers in the County, including agencies not funded by the CCMHRB, have presented their services to the OTF and the OTF has been given the opportunity to discuss strengths, needs and gaps in the treatment and prevention services for individuals with a opioid use disorder. Through the CCMHRB's involvement in the OMHAS Collective Impact Model of Change grant, Board staff were given an opportunity to rework the strategic plan for the OTF, which involved further in-depth analysis and discussion of the needs, gaps and strengths of our county's behavioral health system of care with key community partners and informants. The OTF reviews its strategic plan yearly, and develops new goals and objectives based on the identified needs of Clermont residents. The OTF members are also surveyed regarding County needs at least yearly. In the past year, the OTF has expanded its focus to that of addiction, rather than just opioids, and has developed a subcommittee to begin development of a strategic plan to address stimulant misuse in Clermont County.

The CCMHRB works closely with first responders in our county as well as the criminal justice system. Ongoing collaboration with the criminal justice system allows for analysis of the needs of our county residents. First responders particularly have a good view of the behavioral health needs of our county since they are often the gate keeper for identifying individuals needing behavioral health treatment. Through various projects with law enforcement, fire/EMS and the

court system, the CCMHRB meets with these key partners regularly to discuss the needs of our county.

The Board, as the back bone organization for the Clermont County Suicide Prevention Coalition, received a “Strengthening and Sustaining Ohio’s Suicide Prevention Coalition” grant from the Ohio Suicide Prevention Foundation in FY20 to enhance the work of the Clermont County Suicide Prevention Coalition and align its strategic plan with Ohio’s Suicide Prevention Plan and the Centers for Disease Control and Prevention’s (CDC) seven strategies for preventing suicide. Through the grant, the Coalition conducted a Community Readiness Assessment which included interviewing key community partners to better understand our local conditions. The information obtained from the interviews will be used to develop a comprehensive strategic plan that is data driven using community-level data.

Involvement of individuals with a behavioral health disorder in the planning for services in our County is vital. Individuals with lived experiences are included in discussions on a regular basis. Recovery Coaches and Peer Coaches are actively involved in community events and provide the Board with information on trends in the community.

The CCMHRB has a very strong working relationship with its contract providers and meets with the providers on a regular basis to discuss treatment trends. The providers have a good sense of the behavioral health needs of our County and provide valuable information to the Board. Staff from all the contract agencies attend the Board’s committee meetings and monthly meeting to report on their services and alert the Board about any challenges or issues.

The means for collecting information on the behavioral health needs of Clermont County will continue as is through FY2022.

2. **Considering the Board’s understanding of local needs and the strengths and challenges of the local system, please identify the Board’s unique priorities in the area provided on Page 2. Please be specific about the chosen strategies for adults, children, youth, and families and populations with health equity and diversity needs in your community. OhioMHAS is still interested in any RecoveryOhio priorities Board areas my be addressing.**

Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in ORC 340.03(A)(11) and 340.033.

Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).

3. Describe all environmental factors that influenced the identification of the chosen priorities within the Board area. Factors could include: economic, social, and demographic factors, transportation, unemployment, uninsured/underinsured population, poverty rates, housing availability, incarceration rates, etc. Note: Regarding current environmental factors, Boards may describe the continuing impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.

Demographic: Clermont County is located in southwest Ohio and is ranked 14th in the state for total population, with an estimated population of 206,428 (US Census 2019 estimate). The County is 452.10 square miles, with approximately 436.5 persons per square mile and is comprised of 14 townships. The size of our townships range in population from the largest of 47,968 to the smallest of 2,970. Since 2000, the County has grown 12.07%, which is higher than the state average growth rate of 1.83%. In 2019, the growth rate was .63%. Clermont County is the western most Appalachian county in Ohio and borders Brown County, Clinton County, Hamilton County and Warren County.

The County residents are primarily Caucasian and Appalachian. A majority of our residents identify themselves as Appalachian. Since the last community plan, the minority population has risen .2% and is currently at 4.9%. According to the 2019 US Census estimates, 95.11% of Clermont County residents are Caucasian; 2.1% are Hispanic/Latino; 1.7% are African American; and 1.4% are Asian. The 2018 US Census estimates also state that the median age is 39.8 and that 90.2% of our residents have a high school diploma or higher. Approximately 28% of Clermont residents have a bachelor's degree or higher.

There are 77,181 households in Clermont County (US Census estimate 2018), with a median house value of \$164,200, which is lower than the national median house value of \$217,600. The owner occupancy housing rate is 74%, which is higher than the national rate of 63.9%. There are very few safe and affordable apartments in Clermont County, and even fewer Metropolitan Housing certificates. The lack of affordable housing in Clermont County often results in homelessness.

Even when residents can obtain a Section 8 certificate, many of the landlords in the County will not take the Section 8 certificate. Since housing is so limited the landlords can rent the apartment for a higher rate. There is also no public transportation system, beyond “dial-a-ride” service that provides door to door public transit similar to a taxicab. Passengers must call within a designated time to schedule transportation. The average commute time to work is 28 minutes.

As the county grows, more of the population is centered in the suburban areas of the County, which are “bedroom communities” to Cincinnati. According to 2017 statistics, 77% of the Clermont County population is considered “suburban” and 23% is considered “rural” (Clermont Chamber of Commerce, 2018). There are extreme differences between the rural and suburban parts of our County. The northern part of the Clermont consists of the more suburban areas and houses the one city in our County. The majority of the residents of the suburban parts of our county, particularly those that are in the far Northern part of the County, often do not classify themselves as Appalachian, while the residents of more rural areas proudly identify themselves as Appalachian. The Northern part of the County tends to have the newer homes/subdivisions and attracts the new residents to the County. The Northern part of the County also has the higher per capita income, and aligns itself more to Hamilton County than Clermont County.

Those living in the Southern, more rural part of our County, tend to be individuals who have been born and raised in Clermont County. The Southern part of the County has a higher concentration of the “working poor”. Due to these differences, the needs of the suburban and rural residents vary greatly. According to Interact for Health’s “Health of Appalachians in Greater Cincinnati” (2012), Appalachian adults are less likely than non-Appalachian adults to report being in “excellent” or “very good” health. Appalachian adults also report a slightly higher rate of depression than do non-Appalachian adults. Rural counties also have less access to health care. This is particularly true in Clermont County where public transportation is not easily accessible. Further, Appalachian adults also report a higher use of over the counter or prescription painkillers taken when not needed “just to feel good”. Our contract behavioral health treatment providers see similar trends in their clients.

Economic: The economy in Clermont County is stable, and has shown a slow, steady recovery from the economic crisis of the late 2000’s. Over the past few years, there have been new businesses that have opened, and several large companies have located their headquarters in

Clermont County. Clermont County employs approximately 100,000 people with the largest industries being service and/or health care related, manufacturing, and retail trade. Twenty three percent of Clermont residents work in a “blue collar” position (Clermont County Chamber of Commerce, 2018).

According to the United States Bureau of Labor Statistics, the unemployment rate in Clermont County has remained steady at approximately 4% since 2016 and is lower than the Ohio rate. A report from April 2019 from the Bureau of Labor Statistics places Clermont County at 66th of 88 Counties in terms of unemployment. Unfortunately, since COVID-19, the unemployment rate in Clermont has skyrocketed. The rate has been as high as 13.9 % in April 2020. The impact of increased unemployment will most definitely have an impact on the behavioral health needs of our residents.

The Clermont County unemployment rate does not take into account the number of individuals who are not in the labor workforce, such as those with a disability or those not seeking employment. According to the US Census estimated 2018 data, 10.2% of Clermont County residents under the age of 65 have a reported disability. This percentage decreased by 2% from the last year reporting. Further, despite being employed, over a fourth of our residents (25.7%) are considered working poor with income less than 200% of the poverty rate. This is lower than the state rate of 32.7% (Ohio Poverty Report, 2019).

The income of a region provides a good barometer of its economic health. Over the last decade, income fluctuations in Ohio have been highly correlated with employment growth or decline. The 2018 estimated median household income for a family of four is \$64,822, which has increased by over 24% since 2000 and is higher than the median United States income of \$60,336 (US Census Bureau, 2018). Interestingly, the HUD fair market rent standards show that the median family of four income for the Cincinnati, Northern Kentucky and Southern Indiana Metropolitan area is \$81,300, with a low income for a family of four being \$65,050. The median household income growth rate in Clermont County is higher than the Ohio average rate of 20% and is lower than the national average rate of 28% (USA.com).

However, utilizing median income does not provide a true representation of our County. Clermont County figures show that 9.8% of residents are in poverty, which is lower than the state poverty rate of 14.9 % (The Ohio Poverty Report, 2019). As discussed above, Clermont County has a large

diversity in its population, particularly with regard to economic status. A small percentage of residents who live in the northwest portion of the County have a median income between \$101,000 and \$163,000, while a larger percentage of people in the southeast corner through the middle of the County have an income between \$28,800 and \$53,200 (US Census Bureau, 2018). According to Clermont County Public Health Department's Health Assessment, 35.8% of Clermont County youth receive free or reduced lunches, with the Southern part of the County having as many as 66% of youth receiving free or reduced lunches. The per capita income provides a more realistic view of the economy in Clermont County. According to the United States Census Bureau, the estimated 2018 per capita income for Clermont County is \$32,900, which is a decrease from the 2017 estimate.

Social: Clermont County struggles with many social determinants of health including substance use disorders, access to care, suicides, physical health concerns, and mental health concerns. Clermont County's health and social determinants of health rankings has improved since the last community plan when Clermont County was ranked 54th for health behaviors and 34th for social determinants of health. Currently, Clermont County ranks 30th overall in the state for social determinants of health, and 41st in Ohio for health behaviors (County Health Rankings, 2020). The increase in healthy ranking is due to small decreases in social determinants of health such as: excessive drinking (Clermont 19%, Ohio 20%, a 5% decrease for Clermont County), and injury deaths such as unintentional drug overdose death (Clermont, 40, Ohio 34.1, a 10% decrease for Clermont County). There was also an increase in access to mental health providers (Clermont 990:1, Ohio 410:1, a 15% increase for Clermont County); and social connectedness and involvement (Clermont 7.1, Ohio, 11.2, a 4% increase for Clermont County). However, the ranking for obesity increased during this time frame (Clermont 37%, Ohio 32%, a 12% increase for Clermont County), and access to primary care physicians decreased (Clermont 1,520:1, Ohio 1310:1, a 2% decrease for Clermont County). As a result of Medicaid Expansion, the rate of uninsured individuals in Clermont County has dropped significantly from 25.2% in 2012 to 5.9% in 2018, but rose to 7% in 2019. We know anecdotally that the number of residents without health insurance has risen during the pandemic. Of those residents with insurance in Clermont County, 13% are on Medicaid and 12% are on Medicare. During FY20, the CCMHRB provided subsidy for services for 9% of adults with a severe and persistent mental illness; 18% of children with a severe emotional disturbance; and 21% of individuals with substance use disorder.

Clermont County has been hard hit by the opioid epidemic but has begun to see a decrease in unintentional drug overdose deaths. Between 2009-2014, Clermont County was number four (4) in the nation for unintentional overdose deaths due to heroin per 100,000 (CDC, Wonderboard 2015). While the number of overdoses and overdose deaths in Clermont County are underestimated, since between 10% to 25% of Clermont residents overdose in Hamilton County (Hamilton County Public Health Department, 2019), the County is seeing a decrease in unintentional drug overdose deaths. Since 2016, the unintentional drug overdose deaths within Clermont County have slowly decreased (2015-2016 11% decrease; 2016-2017 8% decrease; 2017-2018 10% decrease; 2018-2019 20% decrease). In 2019, Clermont saw the most substantial decline in unintentional drug overdose deaths, from 68 in 2018 to 54 in 2019. The highest number of overdose deaths occurred in 2015, with 93 deaths. From 2015 to 2019, there has been a 42% decrease. The rate of prescribed opioid dosages has also decreased by 33% between 2013 and 2018, yet Clermont's rate of prescribed opioids is still higher than the state (Clermont 212; Ohio 135). According to the Clermont County Sheriff's Drug Unit, the amount of heroin "on the streets" has decreased while fentanyl has increased, as has methamphetamine and stimulants. The number of overdose deaths has decreased, since more Clermont residents have access to Naloxone through the County's Project Dawn and the majority of law enforcement are carrying Naloxone.

While opioid related deaths have decreased, there are still non-fatal overdoses occurring throughout Clermont County. Regarding non-fatal overdoses, the County was ranked 16th in the state in 2019 for the number of Naloxone administrations (387 doses; Ohio EMS, 2019). This ranking is based on number of administrations, not by population. For the first three quarters in 2020, Clermont is ranked 17th in the state for number of Naloxone administrations (315; Ohio EMS, 2020). The number of administrations is underreported since not all the EMS departments in Clermont County report the use of Naloxone, and the figures do not include the Naloxone utilized by law enforcement. There continue to be several hotspots in Clermont County where overdoses are continuing. One of the largest townships, Union Township, with I-275 running through it, saw an increase in overdoses in July and August of 2020, with over 40 overdoses occurring during the month of July. Felicity, a small village in the southern part of the County, also reported an increase in overdoses during the summer months of 2020.

In the past three (3) years, the County also increased access to substance use disorder treatment, particularly Medication Assisted Treatment (MAT), with an additional (3) substance use disorder treatment centers opening. While the Board does not contract with these for-profit providers, they do provide additional access to care for those with insurance, especially for Medication Assisted Treatment (MAT). Having the three other providers in the County helps with access to MAT, but also has resulted in a decrease in Medicaid clients at our contract provider, and an increase in those without a third party payer, thereby increasing the cost to the CCMHRB.

As the opioid crisis continues to lessen, the CCMHRB is dealing with the traumatic impact on residents of our County. Many of our families, and particularly our children, have experienced the loss of a loved one. In 2018 alone, 63 Clermont County youth lost a parent to an unintentional drug overdose death (Clermont County Public Health, 2019). The presence of trauma is evident in the increased need for mental health services for our youth. The number of youth requesting or identifying as needing assistance through our school-based mental health programming has tripled in several areas of our County.

In 2019, 3,642 youth were served in the school-based mental health program, with 76% of those presenting with new mental health concerns. The presenting problems were related to anxiety, anger management, depression, family stress, suicide/self-injury, and trauma. School-based services provide easy access and early identification of problems and can prevent further symptom development and need for more intensive services. Of the 3,642 youth served, 448 (12%) needed a higher level of care and were referred for care management and/or therapy services. Other data shows that one fifth or 20.6% of Clermont County youth have two (2) or more adverse childhood experiences (Data Resources Center for Child and Adolescent Health, 2015), and more recent data from the CCMHRB's contract children's mental health provider shows that 54% of youth showed at least one adverse childhood experience. The impact of lost loved ones is also evident in the number of grandparents raising their grandchildren, since parents are either deceased or in prison. While the rate of children in custody of CPS has decreased, the rate of kinship care has increased. During the height of the opioid epidemic in Clermont County, opioid misuse by a parent(s)/care giver was the reason for 80% of the children in custody of CPS. In 2019, the number of children in custody of CPS as a result of opioids dropped to 10%.

In 2019, Clermont County saw a substantial increase in stimulant misuse, particularly methamphetamine. The methamphetamine is most often laced or “contaminated” by fentanyl. The type of methamphetamine available is purer and more potent than in the past. As a result, individuals are experiencing more intense levels of paranoia which can result in violence. The potency also results in the drug staying in the blood system for many days. During 2019, Clermont had eight (8) homicides, and six (6) were related to methamphetamine misuse. Clermont County typically averages one (1) homicide a year. The CCMHRB’s substance use disorder treatment provider has seen an increase in treatment admissions for stimulant misuse in the last year (14%), and the local hospital also reports an increase in the rate of admissions to the ED and the behavioral health unit due to methamphetamine misuse. Individuals who are brought into the ED under the influence of methamphetamine most often have to be admitted to the behavioral health unit. Those stays are often long since it is taking several days for the individual to clear. Clermont County CPS has also reported a substantial increase in the number of children in custody due to stimulant use disorders. In 2019, over 30% of the cases were related to methamphetamine. Individuals using stimulants are often not in a place where outreach can occur to attempt to engage them in treatment. Many individuals with a stimulant use disorder do not believe they have an addiction, and therefore do not voluntarily enroll in treatment. The CCMHRB’s contract substance use disorder treatment provider reports that in 2019, 21% of clients identified stimulants as their primary drug of choice, while 34% identified opioids as their primary drug of choice.

The Drug Free Communities (DFC) report provides comparison between Pride Survey data related to substance use and perception of harm for middle school and high school youth. The most recent survey compares data from 2015 to 2019. The most recent Drug Free Communities (DFC) survey for Clermont County from February 2020 shows that there has been a small decrease in use of alcohol, tobacco, and non-prescribed prescriptions in middle and high school aged youth. Unfortunately, there was also a decrease in perception of parental disapproval of substance use for middle school youth and high school youth: 2.8% decrease in alcohol for both middle and high school youth; 1.8% decrease for middle school youth and 2.6% decrease for high school youth for marijuana; and 1.6% decrease for middle school youth and .6% decrease for high school youth for non-prescribed prescription drugs. The number one issue with youth in Clermont County is vaping. According to data from the Coalition for a Drug Free Clermont County, 2019 Pride Survey

data shows an increase in vaping and use of marijuana in Clermont County youth. The decrease in perception of harm of substance use in Clermont County is concerning, since marijuana, alcohol and vaping are often gateway drugs that can lead to use of other drugs.

Clermont County also has many mental health needs. Unfortunately, the suicide rate for Clermont County has risen since the last community plan, as has the rate for the state of Ohio. Since 2018, there has been a 24% increase in the suicide rate for Clermont. The last report showing County rankings for suicide deaths reports data from 2008-2017 and indicates that Clermont's rank dropped from 16th in the state to 21st, with 310 deaths between 2008-2017 (Ohio Alliance for Innovation in Population Health, 2019). This figure does not take into account the increase in deaths in 2018. The suicide rate for Clermont County is 15.7 per 100,000, which is higher than Ohio's rate of 11.8. Due to prevention efforts aimed at youth after a substantial increase in suicides in youth under the age of 20 (400% increase) in 2017, the number of youth suicides has decreased. Unfortunately, the County is seeing an increase in deaths of men in the age range of 35-59. Of the 37 suicides in 2019, 59% were males in the age range of 35-59. According to a newly released report "Suicide in Ohio: Facts, Figures and the Future" from the Mental Health and Addiction Coalition, Ohio Alliance for Innovation in Population Health, and the Ohio Suicide Prevention, Clermont County has the second highest rate of suicide in Southwest Ohio.

Access to psychiatric services is severely limited in Southwest Ohio, particularly child psychiatry. In Clermont County, there are only two private psychiatrists who serve adults. Both have wait lists of up to 8 weeks. There are no private child psychiatrists in Clermont County. Psychiatric services have been provided to children via telehealth for a number of years. The CCMHRB does not fund psychiatrist services for adults without a serious and persistent mental illness ("the general population"). The CCMHRB continues to receive calls from our residents looking for psychiatry options. Utilizing the primary care doctor for less serious mental health concerns is the only option in Clermont County.

The ability to utilize telehealth has been beneficial for Clermont County. Not only has it decreased the barriers associated with the lack of public transportation, it has opened the ability to utilize psychiatrists and other prescribers who do not necessarily have to be onsite at the provider agency. There are a few barriers related to telehealth. The most significant for Clermont County

has been lack of good wi-fi access. Individuals living in the Southern part of the County do not have good access to wi-fi, and some do not have the technology or equipment to participate in telehealth. The CCMHRB recently applied for funding from a local Foundation to obtain tablets and increased access to the internet for clients in our system who lack the needed equipment.

COVID-19 has impacted the mental health of Clermont County residents. Our community partners in the health care field are reporting that they are seeing an increase in the self-report of depression and anxiety in their patients. The CCMHRB's contract mental health providers are reporting a steady stream of referrals and intakes. Both the children and the adult contract mental health providers report clients are experiencing increased symptoms of anxiety and depression. Further, in the last quarter of FY20, the number of suicidal callers to the Clermont County Crisis Hotline have doubled. The Mobile Crisis Team was able to successfully safety plan with half of the callers, but a larger percentage than usual required hospitalization. As of yet, the County has not seen an increase in suicide deaths as a result of COVID-19, but is anticipating a spike. Additionally, the CCMHRB's contract substance use disorder treatment provider is reporting an increase in admissions for treatment. As mentioned earlier, parts of the County are also seeing an increase in drug overdoses.

4. **Describe any child service needs resulting from finalized dispute resolution with county Family and Children First Council(s) [340.03(A)(1)(c)].**

The Clermont County Family and Children First (FCF) Council continues as a strong alliance of child-serving agencies in the County. Clermont County supports the continuation of FCF, with the Board and other partner agencies contributing funding annually which is pooled to maintain operations and services, i.e. wraparound. The Board funds the Parent Support Partners who work with Wraparound families. The service needs of children in our County continue to increase. In terms of mental health needs, our children's contract mental health provider continues to see an increase in children with SED who are very ill and in need of intensive services. These ill children are also younger than in the past; our contract agency created a day treatment program for 3-5-year-old youth to try to address this issue, and recently added a kindergarten level to day treatment. More youth with multiple needs are entering the Juvenile Justice system and many have been placed in residential treatment facilities, which are all out of County. The FCF Council monitors placement needs and current placements to determine alternatives to meet the child

's/family's needs while trying to keep the child in the home or minimize the length of time in residential placement.

The Board Executive Director serves on the Multi-System Youth (MSY) Review Team, which reviews cases that may be eligible for FCF pooled funds and/or state MSY funds. This review process has provided information to the Team and FCF Council on needs in the community regarding services and supports.

The opioid epidemic in Clermont County has impacted families and Children's Protective Services is still seeing a high number of children being placed in custody as a result of a parent's addiction, as well as many children in kinship care. These children have almost always suffered trauma and are in need of behavioral health services.

The FCF Director visits all youth in residential placement and works with the involved agencies to develop plans for the child's return to the community. She also visits new facilities identified as ones with which the County many want to contract, and periodically visits those under contract to determine their compliance with their contract requirements and their work with the Clermont County child(ren) placed there.

Our SAMHSA System of Care grant ended in 2016, but all treatment/support services were sustained including wraparound. FCF Council, which was the governance board for the grant project, continues to discuss all the relevant issues around services for children and families at its monthly meetings. The CCMHRB Executive Director continues in her role as Co-chair, a role she has held since 2003, and both the County Administrator and at least one of the County Commissioners attend the meetings.

An addition to our system of care has been the MRSS program, funded by the OMHAS ENGAGE SAMHSA grant. The Board, FCF and our children's mental health provider have all been very involved in the development and implementation of the program. Clermont initially implemented the program to serve families referred from Juvenile Court. The Board continued that program with crisis flex funds from OMHAS, as the focus of the grant moved to the MRSS model being used in the other counties, which is referral directly from families, with some from law enforcement,

schools, and other entities. We have expanded the MRSS program for FY2021 with the COVID-19 Emergency grant funds from OMHAS, as we anticipate increased need due to the impact of the pandemic on children and families. MRSS is a part of our Mobile Crisis/Crisis Hotline program. While the hotline has always operated 24/7, Mobile Crisis did not. That changed at the end of August, with funding from a SAMHSA Certified Community Behavioral Health Center (CCBHC) grant obtained by our adult mental health agency, Greater Cincinnati Behavioral Health Services (GCB). The Board will be monitoring the volume of calls during the expanded hours to determine whether there is sufficient use to justify sustaining the services 24/7 once the grant ends in two year.

FCF Council has presented opportunities to discuss needs of children and families due to the impact of COVID-19 and to share resources and ideas, to avoid duplication and to assure families have access to needed services and supports.

5. Describe how the future outpatient service needs of persons currently receiving inpatient treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)] are identified.

A critical issue impacting Clermont County as well as the other counties in the Southwest Collaborative is the lack of access to Summit Behavioral Healthcare, our SRPH. Summit is almost completely a forensic hospital, and it is very difficult getting a civil client admitted. In Clermont, we have only had a couple admissions to Summit in the past several years, although we did have a few clients who were admitted to hospitals in the northern part of the state, which addressed their need for that level of services but created other problems of coordination and access for their families. The Clermont Board Executive Director has been the Chair of the OMHAS/OACBHA Hospital Committee for many years, so is very involved in this issue and in finding solutions to this ongoing problem. She is also now the Lead for the Southwest Collaborative, and is trying to activate the group to work more closely together on this and other issues, which has not been the norm for Southwest.

The CCMHRB collaborates with the contract adult mental health provider to determine the needs of our clients and prioritizes the needs of clients who are being released from hospitalization. The

identified needs include safe and affordable housing, intensive care management, quick access to psychiatric services, transportation, recovery support services, and access to a full continuum of crisis services. Clermont continues to struggle with lack of public transportation, lack of affordable and safe housing, lack of adequate access to psychiatric services, and lack of a full spectrum of crisis services. Fortunately, the accessibility to intensive care management services has increased in Clermont County. Due to a SAMHSA grant, there is an Assertive Community Treatment (ACT) team at the Board's contract adult mental health provider. The availability of intensive services has been very beneficial to individuals as they integrate back into the community from hospitalization and has also been successful at decreasing the number of readmissions to the hospital. Unfortunately, the caseload sizes of the adult care managers continue to be higher than is clinically appropriate (40 clients to 1 care manager), which can result in decreased access to services. The caseload sizes remain high due to limited availability of funding to hire more care managers.

As mentioned earlier, psychiatric services are limited. Our contract adult mental health provider continues to struggle with having timely available psychiatric time for individuals who are discharged from the hospital. The CCMHRB places priority on individuals released from the hospital, but a shortage of psychiatrists in the Southwest Ohio area has resulted in difficulty with quick access to psychiatric services. While clients can be quickly scheduled and seen for psychiatric services after discharge from the hospital, it is often not as soon as is clinically indicated. Weekly contact with the psychiatrist is often optimal after hospital discharge but is often difficult to schedule with the shortage of psychiatric time. The partial hospitalization and outpatient program attached to our local hospital's behavioral health unit has assisted in connecting people to services more quickly post-hospitalization. However, psychiatric services are not an ongoing service at the partial hospitalization program.

As already noted, the CCMHRB's contracted adult mental health provider SAMHSA grant to establish a CCBHC allowed the County's mobile crisis team (MCT) to extend its hours of operation to 24/7 at the end of August 2020. The MCT is collaborating more closely with the CCMHRB's contract adult mental health provider to assure continuity of care. Access to 24/7 crisis services will hopefully result in more stabilization in the community, when appropriate, to avoid re-hospitalizations and law enforcement involvement. It is also hoped that the more comprehensive

services to be provided to a number of clients through the establishment of the CCBHC will also be impactful for the clients and will reduce crisis episodes and need for hospitalization.

There continues to be a gap in housing options for individuals who are post-hospitalization. Crisis stabilization or step-down options are severely limited in Clermont County. The lack of a crisis stabilization/step-down unit has resulted in individuals needing to be hospitalized for a longer amount of time to assure they are stable enough to return to the community. When the hospital does not agree to collaborate with longer term hospitalization, clients being discharged are often not stabilized and are re-hospitalized. The CCMHRB continues to utilize our adult care facilities as a crisis stabilization/step-down option, but this is less than an optimal solution. Adult care facility staff do not have the training necessary to address intensive needs of clients recently released from the hospital.

The Southwest Collaborative utilized funding to provide access to crisis stabilization services in Butler County starting in FY19. Unfortunately, Clermont has only used the services a few times since transportation to the crisis stabilization unit has been a barrier that has been difficult to overcome. Depending on the location in our County, the facility is approximately 35 to 60 miles away from Clermont County.

Similarly, access to crisis services is needed via a triage/drop off crisis center as an alternative to first responders taking people in a mental health crisis to the hospital. Since the hospital often does not admit, law enforcement often utilizes the jail as a place to assure that an adult with a severe and persistent mental illness is safe. Having a facility to drop-off individuals in crisis to be evaluated by mental health professionals would decrease the criminalization and unnecessary hospitalization of individuals with a mental illness. This facility should be connected with the crisis stabilization unit. Development of a crisis stabilization/triage unit is a priority need of the CCMHRB. Plans were underway to begin a planning group for crisis stabilization with a summit in March, but COVID-19 postponed those plans indefinitely.

Affordable housing in Clermont County is also lacking. There are very limited Section 8 certificates available, and there is often a wait list for the certificates. In addition, there are very

limited low-cost apartment buildings in Clermont County. Affordable housing options tend to be available in the more rural areas of the county, which has very limited access to transportation. If an individual has a history of evictions and/or criminal charges, it is often very difficult to find a safe, affordable housing option for the individual.

As the number of individuals with forensic status increases in Clermont County, the need for a full time Forensic Monitor increases. The CCMHRB would like to develop a more intensive forensic monitoring service that involves the Forensic Monitor participating in all court appearances and meeting with the client on a more regular basis, in order to provide more intensive monitoring and review of risk behaviors. Currently, the Forensic Monitor collaborates with care managers for monitoring the client. The CCMHRB does fund a “forensic CPST team” at the contract adult mental health provider that consists of adult clients involved in the court system, whether on forensic monitoring or probation/parole, and intensive services are provided to these clients. The Forensic Monitor is the supervisor for this team.

In FY20, the Board collaborated with the Clermont County Probate Court to start an Assisted Outpatient Treatment (AOT). The AOT program currently has four (4) active clients, all of which are individuals who have been released from the hospital. These individuals have had multiple hospitalizations in the past, and to date, it appears that involvement with AOT has decreased hospitalization. The CCMHRB plans to coordinate with the state regional psychiatric hospital to release high risk individuals on AOT.

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"> Continue to provide funding to increase access to MAT Development of procedure to manage cost of MAT medications 	<p>Measurement indicator: Increase in number of CRC clients accessing MAT Baseline data: 500 Target: 550</p> <p><i>Copy and paste above for multiple indicators.</i></p>
Increased access to services for SMPI individuals who are in the County jail	Decrease recidivism of Linkage clients by 30%	<ol style="list-style-type: none"> Continue funding Linkage positions Increase in-reach services for newly identified Linkage clients Increase outreach services for newly identified Linkage clients Provide intensive wrap around services for individuals with high rate of recidivism 	<p>Measurement indicator: Decrease in number of active GCB clients with two or more jail bookings who are arrested again within a one-year period Baseline data: 112 jail bookings for a year period Target: 79 jail bookings or 'hits' for a year period</p> <p><i>Copy and paste above for multiple indicators.</i></p>
Increased access to services for individuals at risk for suicide	Decrease the rate of suicides in Clermont County by 30%	<ol style="list-style-type: none"> Complete the County suicide prevention strategic plan Increase the community's awareness of the Suicide Prevention Coalition Develop an awareness campaign for targeted high-risk age groups Implement an awareness campaign for targeted high-risk age groups Develop strategy to assure access to treatment for middle aged men 	<p>Measurement indicator: The rate of suicide in identified high risk age groups will decrease by 30% Baseline data: 37 Target: 26</p> <p><i>Copy and paste above for multiple indicators.</i></p>
Decrease the harm associated with stimulant misuse in Clermont County	Increase access to treatment for individuals with a stimulant use disorder by 20%	<ol style="list-style-type: none"> Develop and implement a Countywide plan to address stimulant misuse in Clermont County Collaborate with Clermont CPS to provide outreach to mother's who have given birth to 	<p>Measurement indicator: Increase in number of individuals accessing treatment Baseline data: 294 Target: 353</p>

		child/children who has tested positive for stimulants 3. Implement best practices procedures for treatment of stimulant use disorders	<i>Copy and paste above for multiple indicators.</i>
			Measurement indicator: Baseline data: Target: <i>Copy and paste above for multiple indicators.</i>

Collaboration

6. Describe the Board's collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public for SFY 2021-2022 that will be needed to implement the funded priorities including any priorities that are aligned with federal and state priorities. (Note: Highlight collaborations needed to 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?)

An ongoing strength of the CCMHRB is collaboration with other systems in our County. The Board has long depended on collaboration with other systems to assess, plan and deliver services based on the needs of our residents. Collaboration with key community partners, such as the Department of Job and Family Services, CPS, Public Health, the County Federally Qualified Health Care provider (FQHC), Municipal and Common Pleas Courts and Probation Departments, County jail, law enforcement, fire/EMS, local school districts, County government, local grass roots organizations and our local hospital, has allowed the Board to share the cost of providing treatment and increase access to needed services. Without the strong collaboration and pooling of resources, many of the community projects the CCMHRB supports could not be implemented and/or sustained. Additionally, strong partnership with NAMI, and the County's Consumer-Operated Services provides the CCMHRB with information on the needs of the County's residents with a behavioral health disorder.

The CCMHRB routinely involves these community partners to implement needed programming and projects to meet the behavioral health needs of our residents. As a result of ongoing partnerships and collaborations, the CCMHRB has the relationships necessary to work on its priorities.

The CCMHRB has successfully engaged our community in the opioid crisis through the OTF. Membership in the OTF has remained steady, and community members continue to be engaged in the OTF. The Task Force has increased the CCMHRB's ability to work collaboratively with the community, which in turn has increased our name recognition and reputation in the community. The OTF has provided a community forum where the CCMHRB can receive feedback on the needs of the community.

The priorities related to identifying and connecting individuals with behavioral health needs (SPMI, SED, IUD, OUD and SUD in general) to services through various points of contact can be accomplished through collaboration with the local hospital, first responders (police and fire/EMS), the County's FQHC, jail, homeless shelter, courts, and school districts. The County's Quick Response Team (QRT), which consists of police, EMS, and Recovery Coaches, provides outreach to individuals who have survived an overdose and/or have received drug related charges. This outreach provides an opportunity to connect individuals to needed behavioral health treatment. The QRT is coordinating with CPS and Head Start to assist with the needs of the children who are encountered during the outreach. Recovery Coaches also provide outreach to the local hospital emergency room to individuals who have survived an overdose or have been hospitalized for drug related medical concerns. Law enforcement is often the gate keeper to identifying and connecting individuals with an SMPI to needed treatment. The County's CIT program has trained over 80% of sworn police officers, and officers are diverting individuals as appropriate using the County Crisis Hotline and/or Mobile Crisis. The recent strengthened partnership between the MCT and the CCMHRB's contract adult mental health provider will assure information sharing to increase continuity of care. If an individual with a SMPI is jailed, the jail Linkage program provides screenings for possible SMPI and SUD and then refers the individual to treatment. Assessments and care management contacts are made while the inmate is still in jail to increase the chances of engagement. To increase the community's knowledge regarding availability of behavioral health treatment, particularly SUD treatment, stronger collaborations are needed with faith-based organizations, businesses, grass roots and civil organizations, and primary care providers. There are also two townships in the County that do not fully participate in CIT or QRT. The CCMHRB, through its work with the Opiate Task Force, continues to strengthen these partnerships.

To reach youth in need of behavioral health services, the County's school-based mental health program provides prevention services and care management in the schools. Referrals are provided to counseling if the individual needs more long-term intensive treatment.

The goals related to suicide prevention can also be accomplished through collaboration with the partners mentioned above. The Clermont County Suicide Prevention Coalition has all those partners represented as members, plus Clermont Senior Services. The CCMHRB, its contract providers and the Coalition have been successful in decreasing the number of youth suicides in

Clermont County by providing Signs of Suicide (SOS) and other programming in the schools; providing funding for support of peer support programming at area high schools; supporting Mental Health First Aid and Question, Persuade and Refer (QPR) trainings in the schools, libraries, and community; and continually marketing the County Crisis Hotline throughout the community. The CCMHRB has partnered with FCF to fund suicide prevention services in the schools to all the districts in the County through joint funding decisions. To assure a full implementation of the County's suicide prevention strategic plan and target the current high-risk groups (middle aged men and older adults), additional partnerships are needed with faith-based organizations, businesses, and primary care physicians. The Coalition is currently working to develop a marketing program for the high-risk groups and hopes to develop partnerships in the community to reach these high-risk groups.

The priorities related to identifying and connecting pregnant woman with behavioral health needs to services can be accomplished through collaboration with the FQHC, and the local hospital. Additional partnerships are needed with local OB/GYNs and the maternity unit most often used by Clermont residents to improve connection to treatment for this at-risk group. This area is difficult, as the only hospital in the County does not have a birthing unit.

The priorities related to identifying and connecting individuals with a substance use disorder and a dependent child(ren) can currently be accomplished through collaboration with CPS, schools, Family Dependency Court, and the FQHC. The QRT coordinates with CPS with regard to referrals to treatment. Additional partnerships need to be developed with faith based organizations, pediatricians, businesses, and primary care physicians.

The priorities related to connecting individuals with a communicable disease to needed treatment is accomplished through collaboration with Clermont County Public Health. Clermont County Public Health oversees the County Syringe Exchange and provides information to participants regarding communicable diseases and testing. The CCMHRB is trying to expand this program through Southwest Collaborative SOR funding. The CCMHRB's contract substance use disorder treatment provider also screens individuals for the possibility of communicable diseases and refers to the Public Health Department.

The priorities related to homeless individuals are accomplished through continued collaboration with the Safety Net Alliance, Affordable Housing Coalition, Saul's Homeless Shelter, and Metropolitan Housing to assure access to affordable housing. Homeless individuals with a suspected SPMI are connected to services through the County's PATH program. Homeless individuals with an SUD are connected to services and housing resources through the Recovery Coaches. The CCMHRB is currently working with a private national housing development agency to build supportive housing in Clermont County for individuals with behavioral health needs.

The priorities related to criminal justice involved individuals with a behavioral health concern are accomplished through continued partnership with the County Courts and Probation, law enforcement, public defender's office, and the jail. The CCMHRB has several projects that partner with criminal justice. The Linkage project provides screenings, assessments, and connection to outpatient treatment for inmates in the County jail. The project has identified over 350 new individuals with an SPMI since the project began 3 years ago. Collaboration with Clermont County Probate Court has resulted in the development of an Assisted Outpatient Treatment (AOT) program that has provided structure for several individuals who had repeat hospitalizations.

The priorities related to overdose prevention are accomplished through collaboration with public health, law enforcement, fire/EMS, and the hospital through the CCMHRB's support of various projects including: the DEA Drug Drop Off, funding for Permanent Drug Drop Boxes at local law enforcement departments, Project Dawn, and funding for Naloxone for first responders. Continued education on overdose prevention is distributed throughout the County by the CCMHRB's partners. Additional partnerships are needed to reach a broader audience of County residents. These partnerships include those already mentioned: faith-based organizations, businesses, and primary care physicians.

The CCMHRB collaborates with the County's FQHC to assure integration of behavioral health and physical health. The CCMHRB also supports the contract adult mental health provider's fully integrated health clinic.

The priorities related to prevention services are accomplished through collaboration with the schools. LifeSkills Training is offered in four (4) of the County's school districts; school-based

mental health services are available in all 10 of the County school districts; and gambling prevention training using evidence based curriculum is also provided throughout the school year throughout the County.

Inpatient Hospital Management and Transition Planning

7. Describe what partnerships will be needed between the Board and the State Hospital(s), Private Hospital(s) and/or outpatient providers for the identification of needed services and supports.

The CCMHRB and its contract adult mental health provider meet monthly to review clients in the hospital. The CCMHRB and its contract adult mental health provider, together with the other Boards in the catchment area, meet with the regional state hospital quarterly for quality assurance. During FY20, for the first time in over 15 years, the CCMHRB had the highest number of residents in the regional state hospital. Approximately 98% of those admissions were forensic.

Continued partnership with the regional state hospital is needed to assure access for individuals needing civil admission. There is a wait list for admission, and it is almost impossible to gain access for a civil client. Our region's state hospital has become 95% forensic, with the hospital stating that forensic admissions are the priority. The CCMHRB has worked with Summit Behavioral Health (SBH) in several incidents to divert civil clients to another state hospital. This process has not been easy but has resulted in clients receiving the treatment that was desperately needed. However, having to divert clients to other regional state hospitals is difficult for discharge planning.

In the past two years, access is also now extremely limited for forensic cases. There have been several instances where SPMI adults in the jail who were highly symptomatic, some even refusing medications, had to wait almost a month to get access to SBH. Many of the clients sent to SBH from Clermont County are for Restoration to Competency (RTC) for a misdemeanor charge. Individuals are sent to SBH as the only option for RTC since outpatient restoration is not available in Clermont County. The Board is willing to move in this direction, but we do not believe the judges would be supportive of this service. The Southwest Collaborative is working with OMHAS and OACBHA to provide training to judges to impact the number of RTCs being sent to Summit.

In terms of needed partnerships, the CCMHRB would like to improve communications with the County Court system in order to be involved in the decision making regarding forensic referrals to the regional state hospital. Over the past several years, Municipal Court has increased its use of RTC for misdemeanor charges. The CCMHRB appreciates that the Judges are recognizing mental health issues and acknowledging the need for treatment when individuals are in front of the court. However, the number of RTCs being sent to the regional state hospital has resulted in lack of access for individuals in need of civil commitment. Additionally, many of the Judges are also ruling that individuals who have been found competent should stay at the regional state hospital to maintain competency until the hearing. The CCMHRB is currently working with OMHAS to hold a training for Judges on this topic. The CCMHRB hopes that after the training, communication can occur with the Courts, so that a discussion can occur related to possible alternatives to use of the regional state hospital. Clermont County does not have a community restoration program and would like to partner with the Courts to begin planning for this resource.

Coordination with the Forensic Review Board at the regional state hospital would be helpful so the community can be involved in the decision making. Clermont has several forensic clients at the state hospital who have been hospitalized for numerous years since the Forensic Review Board believes the risk is too high to place the individuals on conditional release. The CCMHRB and its contract adult mental health provider believe that the risk can be managed in the community. However, our attempts to suggest a discharge plan have not been accepted. The ability to discuss options with the Forensic Review Board might be helpful in freeing up bed capacity at the state hospital.

Clermont County has one local private hospital with a behavioral health unit. Despite conversations on the matter, the CCMHRB has not been able to negotiate re-contracting with Mercy Hospital Clermont. Hospitalization of more ill clients at Mercy has been difficult, particularly those clients who have a history of violence or criminal charges. Our mobile crisis staff report difficulties with access for individuals that the team brings in on a "Statement of Belief". Local police departments have also expressed this concern. Jailed individuals needing behavioral health hospitalization are most often not admitted and returned to the jail. The Board continues to try to coordinate with the hospital to improve access, but this has resulted in little success.

a. How will the Board coordinate the transition from the hospital to the community? (i.e.; discharge planning)

The CCMHRB assures that the contract adult mental health provider has a representative who is a consistent contact for the hospital. During the monthly meetings, the hospital staff discuss client progress and possible discharge dates with the CCMHRB and its contract adult mental health provider. The contract adult mental health provider coordinates with the unit treatment team to develop a treatment plan for discharge, which includes stable housing, and appointments for psychiatric services and care management services. The care manager is expected to pick up the client on the day of release to assure a successful transition into the community. If a step down from the hospital is needed, the CCMHRB and contract adult mental health provider work together to assure access. The CCMHRB provides subsidy to assist with utilizing a group home for step down.

b. Who will be responsible for this?

The CCMHRB oversees pre-screening/admissions and discharges from the regional state hospital and coordinates with the contract adult mental health provider to provide the necessary services.

Discuss any planned changes in current utilization that is expected or foreseen.

The CCMHRB believes that the number of forensic clients will continue to increase. The CCMHRB is also concerned that if mental health concerns increase as a result of COVID-19, the public hospitals may not have capacity to handle the surge.

Continuum of Care Service Inventory

8. Complete the attached spreadsheet: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. Instructions are found on Page 10 of the Guidelines.

Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

Alignment with Federal and State Priorities

9. The following pages of this template contains a table that provides the specific federal and state priorities for: Mental Health Block Grant (MH-BG), Substance Abuse Prevention and Treatment Block Grant (SAPT-BG), SAMHSA and OhioMHAS treatment and prevention priorities. Please complete the

requested information only for those federal and state priorities that are the same as the Board's priorities. 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.

Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).

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 7. Increase access to Naloxone 	<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 1d. Utilization of 'warm hand off' from local hospital 2. Increase access to vocational programming through marketing of available programming to Clermont Recovery Center (CRC) clients, CRC staff and community partners 3a. Continue coordination with Mercy Clermont to provide withdrawal management 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. Continue collaboration with CRC to determine cost effective means to increase access to MAT 5a. Collaborate with CRC to assure that men's and women's recovery housing is at full occupancy 5b. Continue collaboration with local community partners to increase number of recovery houses in the County 	<p>Measurement indicator: Overdoses in Clermont County Baseline data: 2019 Naloxone data: 387 administrations Target: Decrease by 30%</p> <p><i>Copy and paste above for multiple indicators.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		<p>6. Provide additional funding for access to residential services.</p> <p>7a. Provide outreach in high overdose areas for distribution of Naloxone kits</p> <p>7b. Continue support and funding of Clermont Project Dawn</p> <p>7c. Market availability of Naloxone throughout the County</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 3. Continue high risk woman’s treatment track at Clermont Recovery Center 	<ol style="list-style-type: none"> 1. Quick access to intake provided through same day enrollment and assessment 2. Coordination with Clermont CPS to provide outreach 3. Marketing of women’s treatment track at Clermont Recovery Center 	<p>Measurement indicator: Length of time between referral and access to treatment.</p> <p>Baseline data: same day</p> <p>Target: same day</p> <p><i>Copy and paste above for multiple indicators.</i></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>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 Dependency Court to provide access to treatment for parents with substance use disorders 	<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. Provide outreach to at risk woman identified by CPS 4. Continue woman’s treatment track at Clermont Recovery Center 	<p>Measurement indicator: Increase in number of parents completing treatment</p> <p>Baseline data: 224</p> <p>Target: Increase by 15%</p> <p><i>Copy and paste above for multiple indicators.</i></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>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 	<p>Measurement indicator: Increase in number of CRC clients receiving care for communicable diseases.</p> <p>Baseline data: 15</p> <p>Target: Increase by 20%</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>

		2. Provide educational materials to the community	<i>Copy and paste above for multiple indicators.</i>	
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	<ol style="list-style-type: none"> 1. Increase services provided in school-based mental health program 2. Increase access to substance use disorder prevention programming in the schools. 3. Increase screening and treatment for trauma 	<ol style="list-style-type: none"> 1a. Collaborate with Child Focus, Inc. (CFI) to increase delivery of Medicaid billable CPST services to meet the identified needs of youth 1b. Collaborate with CFI to decrease the wait list for school-based mental health services 1c. Collaborate with the local school districts to address COVID-19 related mental health concerns 2. Collaborate with school districts, CFI, and Drug Free Coalition to continue and expand 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 4. Work with the Opiate Task Force's ACES subcommittee to develop educational materials for families and children impacted by the opioid epidemic 	<p>Measurement indicator: umber of youth served in the school-based mental health program</p> <p>Baseline data: 3,642</p> <p>Target: Increase by 10%</p> <p><i>Copy and paste above for multiple indicators.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	<ol style="list-style-type: none"> 1. Increase access to CPST services 2. Assure that clients are receiving the appropriate level of care 3. Increase access to psychiatric services 	<ol style="list-style-type: none"> 1. Continue to monitor the caseload sizes 2. Continue to monitor the number of individuals who are assigned to the appropriate level of care 3. Continue to collaborate with Greater Cincinnati Behavioral 	<p>Measurement indicator: Number of individuals receiving face to face care management</p> <p>Baseline data: 87%</p> <p>Target: 88%</p> <p><i>Copy and paste above for multiple indicators.</i></p>	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		(GCB) to monitor capacity of psychiatric services		
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	<ol style="list-style-type: none"> 1. Increased access to housing and services for homeless individuals with a mental illness 2. Increased access to housing and services for homeless individuals with a substance use disorder 	<ol style="list-style-type: none"> 1. Continue collaboration with Clermont County Metropolitan Housing 2. Continue support of GCB's grant applications to the state for housing assistance 3. Continue funding for Clermont County PATH program 4. Continue funding for QRT program 5. Continue involvement with Clermont County's Affordable Housing Coalition 6. Continue collaboration with Saul's Homeless Shelter 7. Continue collaboration with Clermont County's Safety Net Alliance 	<p>Measurement indicator: Number of homeless individuals with a behavioral health disorder that have obtained needed housing. Baseline data: 117 individuals Target: Increase by 20%</p> <p><i>Copy and paste above for multiple indicators.</i></p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
MH-Treatment: Older Adults	<ol style="list-style-type: none"> 1. Decrease the number of suicides in adults over the age of seventy 	<ol style="list-style-type: none"> 1. Develop awareness campaign 2. Implement awareness campaign 3. Collaborate with Clermont Senior Services to identify older adults at risk 4. Collaborate with local FQHC to identify older adults at risk 	<p>Measurement indicator: Decrease the number of suicides of adults over the age of 70 by 20% Baseline data: 2019: 5 Target: 20% decrease</p> <p><i>Copy and paste above for multiple indicators.</i></p>	<p>___ No assessed local need _X_ Lack of funds ___ Workforce shortage ___ Other (describe)</p>

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	<ol style="list-style-type: none"> 1. Identify individuals with SPMI and/or SUD involved in the criminal justice system 2. Connect individuals with SPMI and SUD involved in the criminal justice system to treatment 3. Expand use of Assisted Outpatient Treatment in Clermont County 	<ol style="list-style-type: none"> 1. Continue CIT program 2. Continue funding for Linkage project 3. Continue attempts to identify funding to expand Linkage project to address SUD 4. Continue support of Community Linkage and CTP programming 5. Increase number of individuals utilizing Assisted Outpatient Treatment 	<p>Measurement indicator: Decrease the number of active SPMI clients that are jailed in Clermont County Baseline data: 271 Target: Decrease by 25%</p> <p><i>Copy and paste above for multiple indicators.</i></p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)</p>
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 	<p>Measurement indicator: Number of active SPMI and SUD clients with improved physical health Baseline data: 28% of active SPMI clients Target: Increase to 35% of active SPMI clients</p> <p><i>Copy and paste above for multiple indicators.</i></p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
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 	<ol style="list-style-type: none"> 1. Fund Recovery Coaching positions at CRC 2. Fund Consumer Operated Services at HCC 3. Fund Supported Employment services for SUD clients 4. Fund Supported Employment services for SPMI clients 	<p>Measurement indicator: Increase in number of clients that maintain employment of at least 90 days Baseline data: SUD: 68%; SPMI: 63% Target: Increase by 15%</p> <p><i>Copy and paste above for multiple indicators.</i></p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>

	4. Access to vocational services for individuals with SPMI			
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	1. Identify any underserved minority population in our county	1. Promote access to services for minority groups	<p>Measurement indicator: Increase in number of minority population receiving services</p> <p>Baseline data: Mental Health: 5.76% SUD: 1.81%</p> <p>Target: Increase access to SUD treatment for minority populations by 10%</p> <p><i>Copy and paste above for multiple indicators.</i></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>
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 Distribute Naloxone in high overdose areas in the County 	<ol style="list-style-type: none"> 1a. Support of OTF Action Plan. 1b. Support of Drug Free Coalition Logic Models Market Project Dawn program Promotion of Drug Drop off sites Implementation of plan to distribute Naloxone in high risk areas in the County 	<p>Measurement indicator: Number of overdoses in the County as compared to the previous year</p> <p>Baseline data: 2019: 54</p> <p>Target: Decrease by 15%</p> <p><i>Copy and paste above for multiple indicators.</i></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>
Promote Trauma Informed Care approach	1. 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 Continue the Opiate Task Force's ACES subcommittee to address the trauma associated with the opioid epidemic 	<p>Measurement indicator: Number of families and/or youth served by projects of the ACES subcommittee</p> <p>Baseline data: 50</p> <p>Target: 150</p> <p><i>Copy and paste above for multiple indicators.</i></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>

OhioMHAS 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"> 1. Provide education to the community regarding mental health disorders and available treatment services 2. Provide education to the community regarding SUD disorders and available treatment services 	<ol style="list-style-type: none"> 1. Provide Mental Health First Aid trainings for Adult and Youth 2. Provide QPR gatekeeper training 3. Fund School Based Mental Health Services 4. Promote Crisis Hotline and Mobile Crisis Services for mental health and SUD 5. Promote mental health month and recovery month 6. Promote suicide prevention month 7. Continue support of drug prevention services in the community and schools 	<p>Measurement indicator: Provide education to community regarding Mental Health and Substance Use Disorders at least quarterly Baseline data: 6 a year Target: 12 a year</p> <p><i>Copy and paste above for multiple indicators.</i></p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
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 	<p>Measurement indicator: Increase in number of school districts utilizing LifeSkills Training Baseline data: 1,411 Target: Increase by 20%</p> <p><i>Copy and paste above for multiple indicators.</i></p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery Ohio and Prevention: Suicide prevention	<ol style="list-style-type: none"> 1. Increase awareness of Clermont County Crisis Hotline. 	<ol style="list-style-type: none"> 1. Continue marketing of Crisis Hotline 	<p>Measurement indicator: Decrease the number of suicides in Clermont County</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds

	<ol style="list-style-type: none"> 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. Full implementation of Clermont County Suicide Prevention Coalition's strategic plan 	<ol style="list-style-type: none"> 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 	<p>by 15%</p> <p>Baseline data: 2019: 37</p> <p>Target: 30</p> <p><i>Copy and paste above for multiple indicators.</i></p>	<p>___ Workforce shortage</p> <p>___ Other (describe):</p>
<p>Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations</p>	<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 	<p>Measurement indicator: The number of individuals identified as needing gambling treatment who enter treatment</p> <p>Baseline data: 5 identified, and 4 finished treatment</p> <p>Target: Increase by 10%</p> <p><i>Copy and paste above for multiple indicators.</i></p>	<p>___ No assessed local need</p> <p>___ Lack of funds</p> <p>___ Workforce shortage</p> <p>___ Other (describe):</p>

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Ambulatory Detoxification or Medication-Assisted Treatment

ORC 340.033 allows for a process to request a time-limited waiver under section 5119.221 for the Revised Code for ambulatory detoxification and medication-assisted treatment. As stated in ORC 5119.221, the director may provide a time-limited waiver if both of the following apply:

- The board seeking the waiver has made reasonable efforts to make ambulatory detoxification and medication-assisted treatment available within the borders of the board’s service district;
- Ambulatory detoxification and medication-assisted treatment can be made available through a contract with one or more providers located not more than thirty (30) miles from your board’s service area.

To complete your waiver request for review, please include below, a brief overview of your board’s “reasonable efforts” to provide ambulatory detoxification or medication-assisted treatment and attach a copy of the contract(s) with the identified provider(s) that has agreed to provide this service to your area. This information will be forwarded to the director as part of the waiver review and approval process.

B. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	Identifier Number	ALLOCATION

C. 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

Community Plan for the Provision of
Mental Health and Addiction Services
SFY 2021-2022

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

The undersigned are duly authorized representatives of the ADAMH Board.

ADAMH Board Name (Please print or type)

ADAMH Board Executive Director Date

ADAMH Board Chair Date

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

Instructions for “SFY 2021 -2022 Community Plan Essential Services Inventory”

Attached is the SFY 2021-2022 Community Plan Essential Services Inventory. **The Board’s completed SFY 2019-2020 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. SAMHSA Treatment Locator <https://www.findtreatment.gov/>