

**Ohio Department of Mental Health and Addiction Services (OhioMHAS)**  
**Community Plan Guidelines SFY 2021 and 2022**

**Enter Board Name: Hamilton County Mental Health and Recovery Services 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.*

<b>Evaluating and Highlighting the Need for Services and Supports</b>
---

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)].

HCMHRSB's needs assessment survey includes three separate survey efforts (Providers, Informed Community, and Consumers [clients]). Results from the surveys indicated that our system is challenged with the acquisition and retention of psychiatrists and physicians who provide medication assisted treatment, issues related to inadequacies with insurance coverage, housing and the necessary supports that serve to assist individuals in successfully maintain their independence in the community, as well as access to hospitalization and crisis residential services during more severe periods of illness. In response to the environmental scan and the needs assessment, MHR SB identified 13 strategic goals (divided into service goals and stewardship goals) that reflect MHR SB's commitment to build on current strengths while advancing its mission to develop and manage a continuum of mental health, addiction, and prevention services that have a positive impact on the community, are accessible, results oriented and responsive to individual and family needs.

Strategic Service Goals	Objectives	Performance Measure
<p>Provide a System of Care with a wide array of Evidence Based Treatment Services that ensures a high quality of care for Hamilton County residents and promotes recovery and a favorable quality of life</p>	<ol style="list-style-type: none"> <li>1. MHR SB will promote agency use of Evidence Based Practices</li> <li>2. Identify unmet service needs</li> <li>3. Build capacity to meet the behavioral health needs of individuals and families</li> <li>4. Individuals and families will have increased open access to needed services</li> <li>5. Ensure clients achieve maximum benefit from their insurance plans</li> <li>6. Contracted provider agencies will administer and submit Ohio Scales measures for Mental Health clients</li> <li>7. Contracted provider agencies will administer and submit the Brief Addictions Monitor (BAM) for AOD clients</li> </ol>	<ol style="list-style-type: none"> <li>1a. Agency use of EBP's will be monitored through the use of reporting mechanisms such as MHR SB Community Plan and the agency data entered in Ohio MHAS Grants Funding Management System (GFMS)</li> <li>2a. Use established reporting methods from providers and stakeholders (i.e. monthly MHAP report) to identify needs and plan to address</li> <li>3a. Increased number of clients served</li> <li>4a. Increased number of agencies offering open access</li> <li>5a. Same as 2a.</li> <li>6a. 65% of agency purchase of service adult clients will exhibit improvement in overall symptom distress and/or quality of life measures over the course of treatment</li> <li>6b. 65% of agency purchase of service child/youth clients will exhibit improvement in functioning and/or problem severity over the course of treatment</li> <li>7a. 60% of agency purchase of service clients will exhibit improvement through a reduction in their use of substance(s) during their episode of care</li> </ol>
<p>Reduce the impact of opiate addiction on individuals and the community</p>	<ol style="list-style-type: none"> <li>1. Increase utilization of Medication Assisted Treatment (MAT) in AOD system</li> <li>2. Identify and remove barriers impacting the treatment for individuals with an opiate addiction</li> <li>3. Collaborate with system partners and community organizations such as HCHC</li> </ol>	<ol style="list-style-type: none"> <li>1a. Total number of clients receiving MAT</li> <li>2a. Total number of clients accessing treatment for opiate addictions</li> <li>3a. Maintain active participation with HCHC</li> </ol>

Strategic Service Goals	Objectives	Performance Measure
Promote prevention and education efforts that reduce the impact of mental illness and addiction in the community	<ol style="list-style-type: none"> <li>1. Increase the number of individuals receiving prevention and education services</li> <li>2. Increase prevention and education services that are evidence based</li> <li>3. Promote data driven prevention/education interventions</li> </ol>	<ol style="list-style-type: none"> <li>1a. Total number of individuals served on an annual basis</li> <li>2a. Total number of agencies providing evidence based programming</li> <li>3a. Monitor agency performance using MHR SB prevention outcomes and Ohio MHAS Grants Funding Management System data (GFMS)</li> </ol>
Expand recovery supports	<ol style="list-style-type: none"> <li>1. Support agency development of expanded recovery supports (e.g., transportation, housing and vocational services)</li> </ol>	<ol style="list-style-type: none"> <li>1a. Receipt of additional funding specific to recovery supports</li> </ol>
Ensure individuals with behavioral health needs are treated in an environment that best meets their needs	<ol style="list-style-type: none"> <li>1. Increase number of consumers diverted from incarceration</li> <li>2. Address needs of consumers upon re-entry to the community</li> <li>3. Maintain level of care screening/review through MHAP</li> </ol>	<ol style="list-style-type: none"> <li>1a. Clients will have increased access to specialty dockets</li> <li>1b. Increase use of Crisis Intervention Treatment (CIT) programming for local law enforcement</li> <li>2a. Increase use of recovery supports such as housing, vocational training and peer support as evidenced by contracting for such supports</li> <li>3a. Completion of monthly MHAP reports</li> </ol>
Support the development and retention of professional workforce adequate to meet the needs of the community	<ol style="list-style-type: none"> <li>1. Strengthen relationships with local universities and colleges to attract individuals to the behavioral health field</li> <li>2. Support agency efforts to recruit and retain workers</li> <li>3. Provide ongoing training opportunities to improve staff skills and cultural competency</li> </ol>	<ol style="list-style-type: none"> <li>1a. Collaborate with local universities and providers</li> <li>2a. Continuous review of agency funding</li> <li>3a. MHR SB will provide ongoing training to support agency staff</li> </ol>
Enhance opportunities to integrate behavioral health and primary healthcare	<ol style="list-style-type: none"> <li>1. Solidify partnerships in the healthcare community that focus on integrated care</li> </ol>	<ol style="list-style-type: none"> <li>1a. Number of clients identified under Keys to Health</li> <li>1b. Increase number of agencies with access to data alerts from the local hospitals via Healthbridge</li> </ol>

<b>Strategic Stewardship Goals</b>	<b>Objectives</b>	<b>Performance Measure</b>
Maximize efficiency and effectiveness of the Hamilton County behavioral health system	<ol style="list-style-type: none"> <li>1. Evaluate funding decisions continually using a combination of business, health, outcome, and financial stability criteria</li> <li>2. Evaluate system contracts and procedures to maximize the use of existing resources</li> <li>3. Maintain effective mechanisms for optimum communication and collaboration with stakeholders, partners, and public</li> </ol>	<ol style="list-style-type: none"> <li>1a. Discontinue funding for programs, services and/or providers that no longer meet business, health or outcome criteria or that might jeopardize the financial stability of the MHRSB</li> <li>2a. Continuous review of strengths and resources of providers</li> <li>3a. Regular meetings with BH coalitions and ongoing communication and discussion with providers and community groups (e.g., NAMI, HCHC)</li> <li>3b. Written action items for board meetings and maintain public comments section in board meetings</li> <li>3c. Maintain MHRSB website and social media sites (Facebook and LinkedIn)</li> </ol>
Ensure financial viability of the HCMHRSB and its service delivery system through efficient, accountable, and responsible financial management	<ol style="list-style-type: none"> <li>1. Maintain financial stability of HC BH system</li> <li>2. Develop a 5-year financial forecast based upon projected system needs and resources</li> <li>3. Continue and expand outcomes based funding</li> <li>4. Continue annual financial statement audit resulting in an unqualified opinion with no findings</li> <li>5. Convert cost reimbursement contracts to purchase of service to enhance data gathering related to the number of clients served, service provision, and outcomes</li> </ol>	<ol style="list-style-type: none"> <li>1a. Annual budgets aligned with available resources and identified needs</li> <li>2a. Develop and continually update a five-year levy plan</li> <li>3a. Continue and expand provider outcomes based incentive program</li> <li>4a. Complete Annual Financial Statement audit resulting in unqualified opinion with no findings</li> <li>5a. 70% of all mental health levy allocations will be paid on a purchase of service basis</li> </ol>
Maintain system-wide procedures that achieve compliance with all legal obligations and reporting requirements	<ol style="list-style-type: none"> <li>1. Monitor compliance with submission of local and state behavioral health reporting</li> </ol>	<ol style="list-style-type: none"> <li>1a. Acceptance by OMHAS of Community Plan</li> </ol>

Strategic Stewardship Goals	Objectives	Performance Measure
Organize Board staff and other resources in a manner consistent with established priorities and available resources, and monitor organization at all levels for effectiveness and efficiency	<ol style="list-style-type: none"> <li>1. Evaluate MHR SB workforce with regard to changing needs and financial means</li> <li>2. Evaluate MHR SB computer hardware and software capabilities with regard to MHR SB needs and financial means</li> <li>3. Evaluate MHR SB office facility and building systems with regard to operational needs and financial means</li> </ol>	<ol style="list-style-type: none"> <li>1a. Weekly meetings with executive staff, departmental staff meetings, and as needed all-staff meetings to analyze and communicate needs and resources</li> <li>2a. Meetings with appropriate VPs to analyze needs and resources</li> <li>3a. Meetings with appropriate VPs to analyze needs and resources</li> </ol>
Advocate to local community, and state and national elected officials to provide increased support for community-based services	<ol style="list-style-type: none"> <li>1. Articulate the need for local resources and demonstrate that all resources are used efficiently and effectively</li> <li>2. Gain support for funding formulas that are linked to the number of clients served, clients' level of illness, and ability to pay</li> <li>3. Gain support for legislation that allows community systems the freedom to design high quality systems that best meet the needs of clients within the community</li> <li>4. Increased psychiatric hospital capacity</li> </ol>	<ol style="list-style-type: none"> <li>1a. Passage of levies that fund MHR SB services (e.g., MH, HHIC, FST)</li> <li>2a. Equitable funding for board services</li> <li>3a. Passage of legislation that will reform and update ORC 340 and ORC 5122</li> <li>4a. Total number of available psychiatric beds in the region</li> </ol>
Prepare for changing community needs and changing financial environments while maintaining consistent levels of client care	<ol style="list-style-type: none"> <li>1. Monitor state and federal regulations and legislation</li> <li>2. Monitor economic conditions and forecasts that may affect Hamilton County BH system</li> <li>3. Ensure that funded services continue to fulfill consumer needs and deliver a measurable health impact</li> <li>4. Monitor availability of effective and affordable technologies that best support changing BH system needs</li> <li>5. Monitor state progress toward BH redesign</li> </ol>	<ol style="list-style-type: none"> <li>1a. Attend legislative events and develop understanding of potential pertinent legislation</li> <li>1b. Review changes to ORC and relevant publications (OMHAS directives, BH news, etc.)</li> <li>2a. Review federal, state, and county budget forecasts that pertain to HC BH system</li> <li>3a. Analyze pertinent departmental and system reports</li> <li>4a. Analyze efficient and effective system-wide data management tools</li> <li>5a. Review of state directives and attendance at forums.</li> </ol>

- a. If the Board's service and support needs were determined by the Board Recovery Oriented System of Care (ROSC) assessment, how will these identified service and support needs be addressed by the Board?

Not Applicable

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 may 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.

In CY2020, The Covid-19 pandemic changed life as we knew it. Stress levels were unprecedented as people adapted to ongoing uncertainty, job loss, working remotely, homeschooling, distancing from social support networks, plus the concerns of getting sick or getting others sick. The impact of these stressors was even more apparent in the needs of individuals and families struggling with addiction or a severe mental illness.

Telehealth, remote visits with a behavioral health care provider through technology, was transformed across the country from an emerging industry trend to best practice. Providers had to train staff, purchase and implement new platforms for communication as well as assess how to keep staff and clients safe.

Performing daily temperature and symptom screenings for everyone entering the facility, restricting visitation, reducing capacity, with smaller patient groups as well as decreased capacity in residential settings, all contributed to fewer clients served, and significant loss of revenue for agencies. The need for PPE, cleaning protocols as well as HIPAA compliant programs with telehealth, was an additional cost for the behavioral health system. HCMHRSB quickly adapted to the emerging needs of clients and providers by engaging with the local health Department for PPE supplies and procuring grant funding for telehealth needs. HCMHRSB provided critical information from reliable sources for cleaning protocols, congregant living issues and a host of other helpful practices for providers and the community alike. As a result, agencies are beginning to re-engage in face to face services, increase capacity and have the supplies and support they require to continue to provide a continuum of care in Hamilton County.

The following data on poverty, unemployment, overdose fatalities rates are charted to provide a comparison and contrast against the State of Ohio averages.

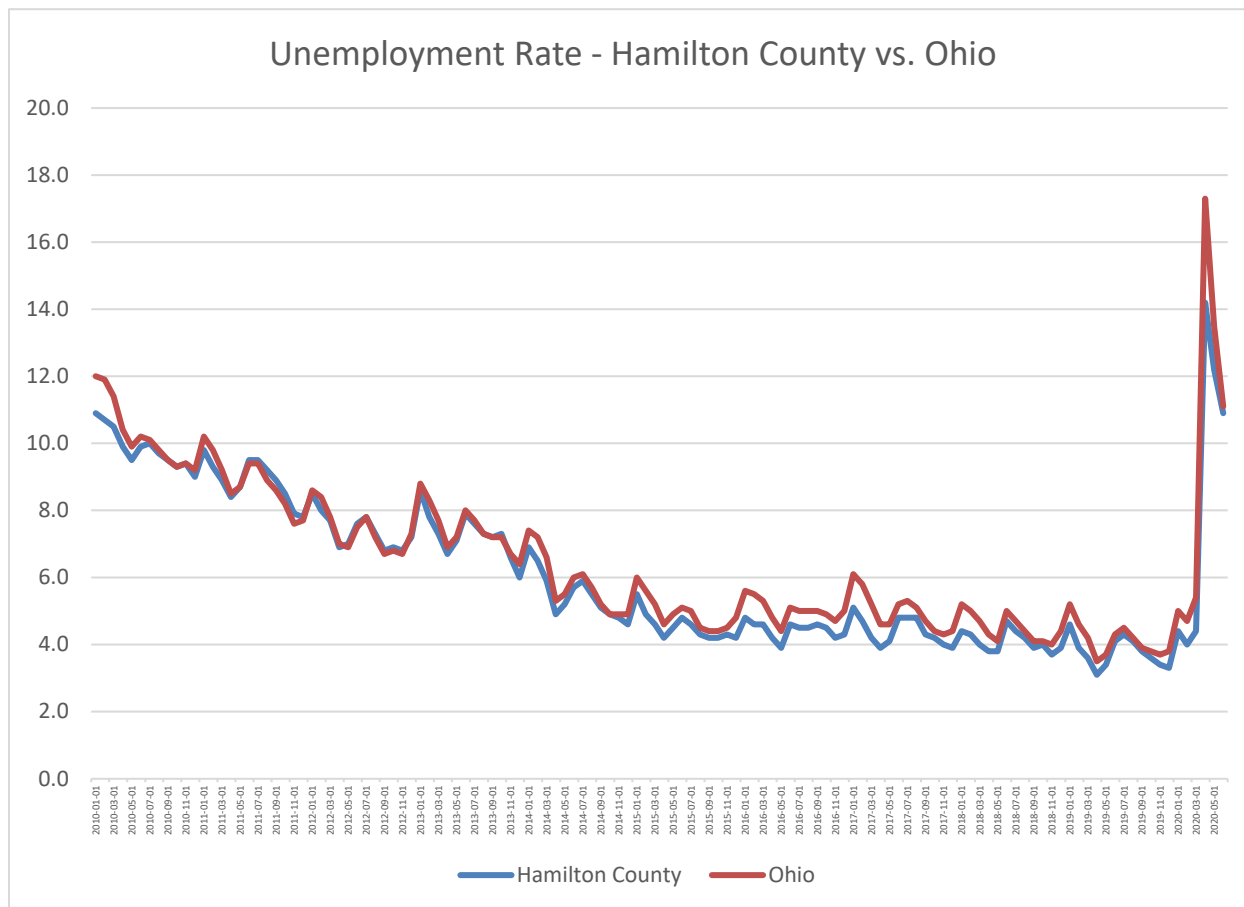
**Poverty Level – Hamilton County vs. State**

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	2018	2019
Hamilton County	15.2%	18.5%	18.5%	19.8%	18.7%	17.6%	16.6%	16.0%	16.2%	15.4%	15.4%
Ohio	15.2%	13.1%	16.4%	16.3%	16.0%	15.8%	14.8%	14.5%	13.9%	13.8%	13.9%

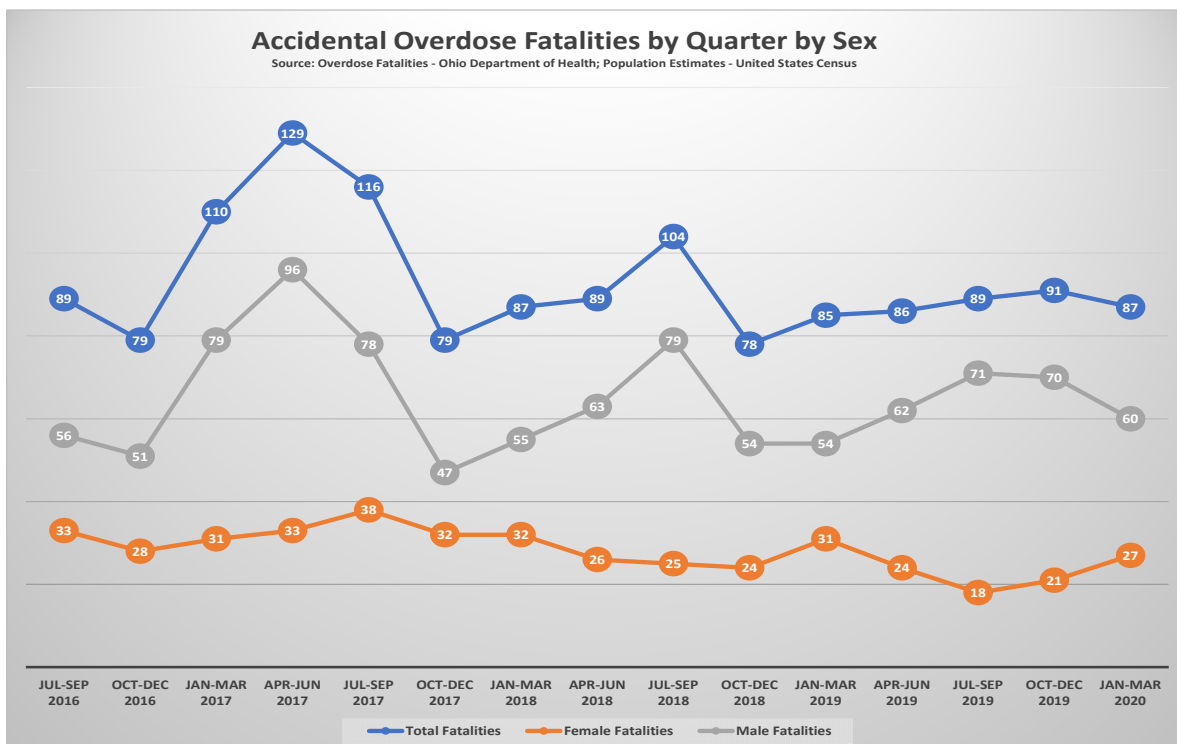
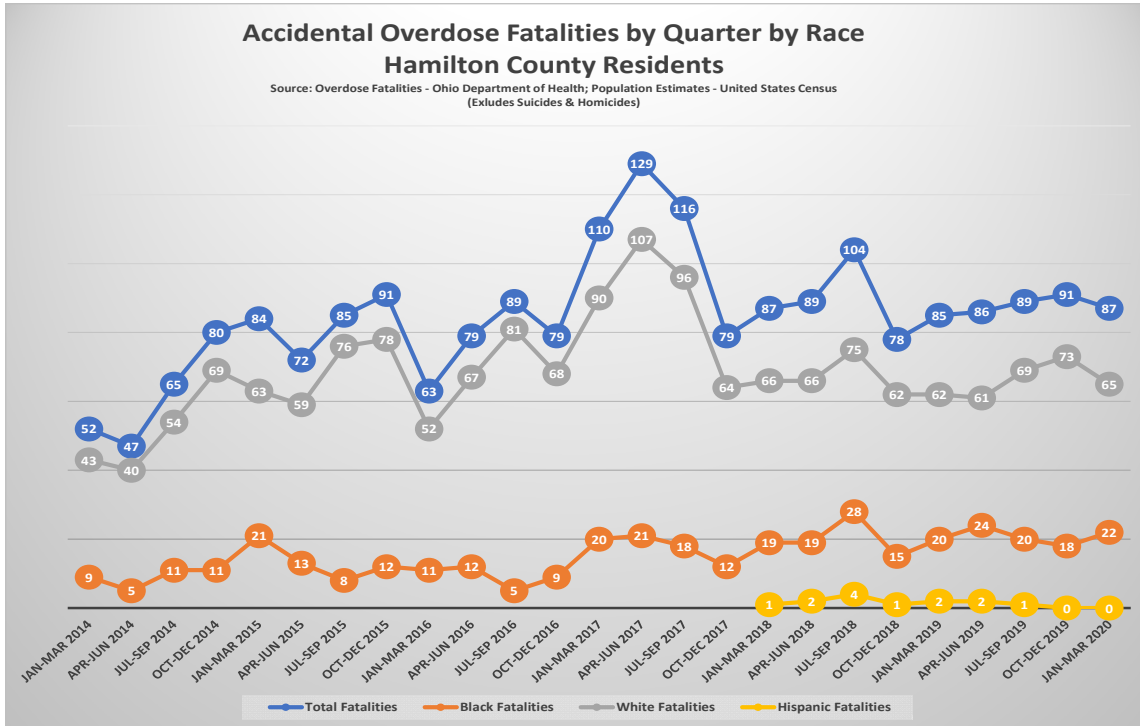
**Unemployment Rate – Hamilton County vs. State**

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:



## 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. HCMHSB 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:





As all of the state healthcare system deals with the effects of COVID-19 and the opioid crisis, HCMHR SB leadership continue to track data on the adverse effects of COVID due to individuals who are in isolation, those with anxiety, grief, financial worries, who have been laid off, endure changes at home and work, or have a sense of ongoing uncertainty. No projection can be made on the number of people who may be suffering from the impact, however, it can be determined that the effects of the epidemic and pandemic will be long-lasting.

**HCMHR SB Client Demographics**

In calendar year 2019, the Hamilton County Mental Health and Recovery Services Board (HCMHR SB) served nearly 26,000 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	12.4%	8.7%	17.1%	17.5%	16.7%	20.3%	7.3%
AOD	1.0%	10.5%	33.0%	24.3%	15.6%	12.7%	2.9%

Race	Black	White	Unknown	Other
MH	53.5%	42.7%	1.3%	2.5%
AOD	33.4%	61.7%	2.9%	2.0%

Gender	Female	Male	Unknown
MH	44.5%	55.3%	0.2%
AOD	33.7%	64.2%	2.1%

- Describe any child service needs resulting from finalized dispute resolution with county Family and Children First Council(s) [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.

- 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.

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

Board Local System Priorities Aligned with Recovery Ohio Priorities			
Priorities	Goals	Strategies	Measurement
Stigma and Education	<ul style="list-style-type: none"> <li>*Reduce negative attitudes towards people living with mental health and/or people in recovery from substance use disorders</li> <li>*Educate community and professionals about persons living with mental health disorder and/or in recovery from substance use disorders</li> </ul>	<ul style="list-style-type: none"> <li>*Enhance social media platforms and messaging/ media outreach (AOD) to broad community about people living with mental health disorders and/or substance use disorders.</li> <li>*Provide Mental Health First Aid training in the community including target audiences such as youth and young adults, faith-based communities, people of color, and persons with disabilities</li> <li>*Fund COPE programming and other prevention efforts</li> <li>*Distribute K-12 Prevention Education funding to schools/districts to educate teachers, school personnel, and families</li> <li>*Offer/Fund Professional Training opportunities to workforce</li> </ul>	<p>Measurement indicator: Increase number of individuals receiving prevention and education services</p> <p>Baseline data: Collect and analyze data on total number of individuals served</p> <p>Target:</p>
Workforce Development	<ul style="list-style-type: none"> <li>*Support and retain existing workforce</li> <li>*Promote culturally competent workforce</li> <li>*Support and expand the role of peer specialists</li> <li>*Support use of technology to enhance productivity and safety during pandemic</li> <li>*Attract more professionals into behavioral health field including child mental health specialists</li> </ul>	<ul style="list-style-type: none"> <li>*Engage in Linkage opportunities to universities and colleges to attract more professionals into the behavioral health field</li> <li>*Offer/Fund Professional Training opportunities to workforce (e.g. Secondary trauma, self-care, cultural competence, etc.)</li> <li>*Fund technology infrastructure supports for behavioral health providers</li> <li>*Promote the training and use of peer support specialists</li> </ul>	<p>Measurement indicator: Strengthen relationships with local universities and colleges to attract individuals to the BH field</p> <p>Support agency efforts to recruit and retain workers</p> <p>Improve staff skills and cultural competency</p> <p>Baseline data: Collaborate with local universities and colleges</p>

			<p>Provide ongoing trainings to support agency staff</p> <p>Target:</p>
Prevention	<p>*Provide a full continuum of prevention services and supports including health promotion, evidence-based prevention and treatment, and recovery supports to support healthy living</p> <p>*Promote prevention and education efforts that reduce the impact of mental illness and addiction in the community</p>	<p>*Support participation in standardized youth prevention survey(s)</p> <p>*Fund Prevention Services that provide prevention education across the life span and that occur in various settings (community facilities, schools, etc.) through COPE funding</p> <p>*Distribute K-12 Prevention Education funding to schools/districts to educate youth, teachers, school personnel, and families</p> <p>*Support a network of School Based Prevention services from referral to connection to treatment (where applicable)</p> <p>*Address suicide prevention through various prevention education efforts and collaborations (Hamilton County Suicide Prevention Coalition, Suicide Education Resources and Advocacy Collaboration, etc.)</p> <p>*Support efforts to educate public about community resources such as 281-CARE (Crisis hotline and textline).</p>	<p>Measurement indicator: Increase prevention and education services that are evidence based</p> <p>Promote data driven prevention/education interventions</p> <p>Baseline data: Collect data on total number of agencies providing EB programming</p> <p>Monitor agency performance using MHRSB prevention outcomes</p> <p>Target:</p>
Treatment and Recovery Supports	<p>*Enhance Early Intervention Services and Training</p> <p>*Enhance Crisis Support Infrastructure</p> <p>*Ensure system utilizes evidence based, culturally competent, patient and family centered, and trauma informed services.</p> <p>*Provide Full Continuum of Crisis Support services</p> <p>*Support Telehealth infrastructure in system including</p>	<p>*Provide Mental Health First Aid training</p> <p>*Support the use of Standardized Screening Tools such as the Columbia Tool for Suicide Risk Assessment.</p> <p>*Explore Crisis Support Infrastructure Models such as Mobile Stabilization model in conjunction with current Mobile Crisis Team</p> <p>*Emphasize the importance of all treatment models being</p>	<p>Measurement indicator: Promote agency use of Evidence Based Practices</p>

	<p>telemedicine</p> <p>*Provide a system of care with a wide array of EB treatment services that ensures a high quality of care for Hamilton County residents and promotes recovery and favorable quality of life</p>	<p>evidence-based, culturally competent, patient and family-centered, age appropriate, trauma-informed, integrated and collaborative, outcome-driven, and sustainable</p> <p>*Explore ways to address disparities of access among various populations</p> <p>*Support use of technology to enhance access to treatment including telemedicine</p>	<p>Identify unmet service needs</p> <p>Build capacity to meet the BH needs of individuals and families</p> <p>Expand Recovery Supports</p> <p>Baseline data:</p> <p>Monitor agency use of EBP's</p> <p>Use established reporting methods from provider and stakeholders to identify needs and plan to address</p> <p>Realize an increase in number of clients served</p> <p>Target:</p>
<p>Specialty Populations</p>	<p>*Provide services for persons involved with Criminal Justice System</p> <p>*Provide Continuum of Services for Youth/Young Adults</p> <p>*Enhance Continuum of Crisis Services</p> <p>*Enhance Services for Seniors</p> <p>* Identify and remove barriers impacting the treatment for individuals with an opiate addiction</p>	<p>*Fund/support Specialty Dockets/Courts</p> <p>*Provide Reentry and Reintegration services for persons coming out of jail/prison</p> <p>*Support Efforts for interventions in Juvenile Justice (dockets, Assessment Center)</p> <p>*Examine and enhance Crisis Services for youth and their parents</p> <p>*Explore Options for enhancing respite options for youth and their families</p> <p>*Support/fund HOPE and FAIR which offers care</p>	<p>Measurement indicator: Increase number of consumers diverted from incarceration</p> <p>Baseline data: Realize and increase in client access to specialty dockets and increase the use of CIT programming</p>

		<p>coordination, emphasizes wrapping services to maintain children at home, and provides services and supports for multi-system involved youth including those involved in foster care</p> <ul style="list-style-type: none"><li>*Support/fund JOURNEY which offers services and supports that are youth driven and family supported to transition aged youth</li><li>*Promote community and school-based services</li><li>*Improve transitions in care for special populations including those making transitions from residential care to home</li><li>*Expand prevention and treatment services for Seniors by exploring collaborations with local Senior organizations such as Council on Aging, Cincinnati Area Senior Services, etc.</li><li>*Continue to fund COPE efforts that provide prevention services to Seniors as one of its target populations</li><li>*Increase use of Medication treatment in AOD system</li></ul>	Target:
--	--	--	---------

---

## Collaboration

6. Describe the Board’s planned 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 funded 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?)

**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.

**Keys to Health Project** – Is a care coordination project implemented in collaboration with HCMHR SB, 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, while at the same time, increased engagement of these clients in services.

- b. **Hamilton County Addiction Response Coalition (HCARC)**– HCMHR SB is an active participant and leader in the Hamilton County Addiction Response Coalition, formerly the Heroin Coalition (HCHC). HCARC 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, HCMHR SB identified necessary services and resources to address opiate, and other addictions in our community.

- c. **Mental Health First Aid (MHFA)** – 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. HCMHR SB 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 (MHANKYSWOH), Greater Cincinnati Urban NAMI and *JOURNEY* provide training on both youth and adult modules.

- d. **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. 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.

- e. **Multi System Children Projects:**

1) **Intersystem Service Collaboration Committee (ISCC)** - 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 HCMHR SB, 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 aids multi-system involved 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 (MCSA)**- The MCSA Partnership with Department of Job and Family Services, Developmental Disabilities Services, Juvenile Court, and the HCMHR SB to coordinate care and manage services for multi-system involved children and families who have intensive service needs. The MCSA has partnered around several initiatives in Hamilton County including HOPE for Children and Families and JOURNEY to Successful Living.  
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 HCMHR SB and Hamilton County JFS planned the project while agencies including Central Clinic and Addiction Services 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' must 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, *#askmenhoiam* 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.

- 5) **Child Fatality Review**- Recognizing the need to better understand why children die, the Ohio General Assembly passed Substitute House Bill Number 448 (HB 448) in July, 2000, mandating Child Fatality Review (CFR) Boards in each of Ohio's counties (or regions) to review the deaths of children under eighteen years of age. The Hamilton County Health Department coordinates this committee for Hamilton County and coordinates the review with information and recommendations provided by HCMHR SB, Juvenile Court, Job and Family Services, Children's Hospital, the Coroner's Office, Law Enforcement, Fire Department, and other community partners.

**f. School Partnerships:**

HCMHR SB 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, Growing Well, Special Education Workgroup, State of Ohio K-12 Prevention Education Initiative, Hamilton County and City of Cincinnati Health Departments, Suicide Education Resources and Advocacy (SERA), and Suicide Epidemiology Committee.

- 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 includes all 57 Cincinnati Public Schools have an identified mental health agency provider of school based mental health services for their students and families; creation of MindPeace Calming Rooms/Spaces in schools, 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.
- 4) **K-12 Prevention Education Initiative** – HCMHR SB received funding from Ohio MHAS and Ohio Department of Education to ensure evidence-based prevention curriculum and supports would be provided to children at every building and grade level in school-based settings. HCMHR SB has collaborated with multiple Hamilton County School Districts/Schools, Hamilton County Providers (both mental health and AOD), the Hamilton County Education Service Center, and other providers to complete grant requirements (Needs Assessment and Plan of Action) and will implement proposed prevention activities in the upcoming school year.

**g. Criminal Justice Partnerships:**

- 1) **FACT:** Since 2003 the Board has entered a contract with ODRC for a forensic ACT team (FACT) which serves approximately 70 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, Greater Cincinnati Behavioral Health Services (GCBHS) staff and a HCMHR SB 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 as well as a 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 Community Transition Program (CTP) to provide recovery 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, improve daily activity, meet fidelity standards for ACT and work collaboratively with APA to identify risk factors and interventions. Two reports are submitted throughout the year to ODRC. HCMHRSB chairs a monthly meeting. ACT fidelity review.

- 2) **Misdemeanor and Felony Mental Health Courts:** Collaborative partnership between the courts, probation, mental health providers and AOD residential program 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 decrease in recidivism, assistance with application of benefits, connection to vocational specialist to improve employment opportunities, assistance with housing, and improvement in quality of life. Quarterly meetings are held at the HCMHRSB and quarterly reports are submitted to MHRSB and reviewed at this meeting.
- 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. The committee meets every other month. 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:** This committee includes representatives from CPST agencies, PATH, Pretrial, Court Clinic, Summit Behavioral Health, University Hospital, Law Enforcement and Mobile Crisis Team in which alternative treatment interventions are explored, and steps developed to improve coordination of care and collaboration in order to develop a comprehensive plan to better serve this high risk/high need population. . Accomplishments- Between 2018-2019, participants in this group decreased Jail Bed Days by 31%, and Total Arrests decreased by 15%.
- 6) **Juvenile Mental Health Court:** A 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 Educational Liaison developed a Summer Enrichment program to help struggling students' complete summer school work to earn credits toward graduation. Seven youth took advantage of this opportunity and attended regularly, improving their academic standing at school for Fall 20/21 school year. Two youth graduated from High School in May 2020 after entering this program severely deficient in high school credits. LYS worked quickly and diligently during the COVID pandemic to secure the needed supplies for the kids to attend school virtually.
- 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 Northern Kentucky and Southwest Ohio and includes partnerships with mental health agencies and law enforcement to provide up to date training curriculum to local law enforcement. Due to COVID, CIT trainings were cancelled until accommodations could be made to deliver this training safely. Typically, Hamilton County offers up to six 40 hour a week trainings per year, at least 1 Advanced Training and is working with community partners to provide a CIT training for First Responders. Fortunately, Hamilton County was able to offer a CIT training the last week in August at a location that provided a safe environment adhering to

COVID safety standards. Presenters were both in person and virtual depending on their preference. To date, over 2207 Law Enforcement and First Responders have been trained since October 2009. CIT Coordinator also participates in the state quarterly meetings and is on a state committee exploring data standards for CIT in Ohio. Hamilton County CIT also attends the National CIT convention.

**h. Vocational/Rehabilitation Partnerships:**

- 1) **Opportunities for Ohioans with Disabilities:** For more than 10 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. Services have been expanded to address a multi-systemic approach in preparing individuals with mental health and/or drug and alcohol addiction for employment.
- 2) **Individual Placement and Support/Supported Employment (IPS/SE)-** the HCMHRSB an IPS/SE program at Greater Cincinnati Behavioral Health Services (GCBHS). IPS/SE is an evidenced based model that helps people with mental illness and other disabilities identify and secure employment, full-time and/or part-time. Several other agencies also offer a variety of employment opportunities for this population. In calendar year 2019, 983 individuals were served and 317 were placed in a job. 58% retained the job for at least 90 days. 79 of the 317 were making \$12.00 per hour or more (highest salary was \$45.00 per hour). 101 of the 317 placements were working 32 hour or more per week.

**i. Other Partnerships:**

- 1) **Mental Health First Aid** – MHFA is an evidenced based training to teach participants how to help someone who is experiencing a mental health challenge, mental health disorder or 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. The HCMHRS Board’s JOURNEY program has a collaborative relationship with Mental Health America of Northern Kentucky and Southwest Ohio to provide Mental Health First Aid Training to the community. Mental Health America of NKY and SW Ohio is the recipient of a million-dollar state funded grant to train target populations (people of color, disabled, faith-based, older adults, youth, and transition age youth) in the revised Mental Health First Aid curriculum. The updated MHFA training can be delivered in-person, virtual, and blended formats. Mental Health America of NKY and SW Ohio, Greater Cincinnati Urban NAMI and JOURNEY provide training on both youth and adult modules and will offer it in the various formats.
- 2) **Suicide Epidemiology Committee** – A collaboration between the HCMHRSB, Hamilton County Health Department, MindPeace, and Children’s Hospital to review suicide data for emerging trends, improvements in data collection systems, and possible interventions to reduce the number of deaths by suicide in Hamilton County (I believe they have invited partners from other counties to make this a regional look now).

## 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.
  - a. How will the Board coordinate the transition from the hospital to the community? (i.e.; discharge planning)
  - b. Who will be responsible for this?

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

The HCMHRSB continues to prioritize its partnership with staff at Summit Behavioral Hospital, various local psychiatric hospitals, and its provider network. To facilitate system collaboration, the HCMHRSB has appointed Mental Health Access Point (MHAP) to coordinate with Summit Behavioral Health Care (SBH), local hospitals, and provider agencies for discharge planning especially for patients that require a step down to board funded facilities. If a board funded facility is recommended at time of discharge, Summit and local hospitals contact MHAP to initiate a referral and provide necessary clinical information. MHAP will determine eligibility and provide follow-up to the referring hospital with recommendations and next steps. MHAP will also coordinate with the provider agency to ensure all parties agree with the recommended discharge plan. MHAP is available to attend treatment team meetings at Summit Behavioral Hospital and local hospitals as needed to assist with discharge planning for those individuals that are high risk/high need. MHAP attends the bimonthly Summit Behavioral Health Collaborative meeting with area mental health providers and the Hamilton County MHR SB representative to address any challenges or barriers that impede a successful discharge.

For those patients that have Medicaid and need to be connected to a community mental health agency for on-going treatment services once discharged, Summit Behavioral Health and local hospitals refer directly to local mental health provider agencies. If there are any barriers or challenges with this process, MHAP can be contacted for assistance in problem-solving. For those patients that are indigent, Summit Behavioral Health and local hospitals can refer to MHAP. MHAP can quickly assess an individual's needs and provide interim case management and psychiatric services until a warm handoff is coordinated with the on-going mental health provider once the individual is in the community.

Additionally, the board contracts with MHAP to oversee the Outpatient Community Probate (OCP) program. Since calendar year 2019, much work has been done with our partners to review and revise eligibility criteria, streamline the referral process, and develop an educational format for the individual and case manager. These efforts have helped to decrease the overall number of individuals on OCP and improve coordination between the providers and the court regarding who is recommended for OCP.

The HCMHRSB reviews the Board Census for the Southwest Ohio Region on a monthly basis to determine access and capacity of beds for civil and forensic patients at SBH. This measure has aided in planning and placement on an annual basis, however, the most recent COVID-19 crisis, has had a direct affect on patient data, patient movements or current availability. Additional resources are required to determine if the hospital has board-specific or forensic bed availability. The HCMHRSB continues to work closely with hospital personnel to coordinate patient admission and discharge.

8. 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.

HCMHR SB 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 188 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 based on established criteria
- 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.
- Coordinate with all relevant parties the court ordered injection component for those eligible who are on OCP and meet established criteria
- Coordinate with all relevant parties the implementation of a 30 day evaluation for those individuals on OCP that have not been seen by a Case Manager due to non-compliance and deemed clinically necessary for an emergency evaluation at Psychiatric Emergency Services to ascertain risk to self or others in the most least restrictive setting
- Monitor agency providers compliance with newly revised service delivery protocols for individuals on OCP
- Maintain an active database
- Complete monthly reports submitted to HCMHR SB
- Provide regular trainings to Provider Agencies
- Maintain frequent communication and collaboration with Probate Court and local hospitals
- 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.

The HCMHR SB is hopeful the revised protocols within the OCP program will help to decrease psychiatric hospitalizations and arrests, especially low-level misdemeanors, thus decreasing the burden on our local emergency rooms and psychiatric units in local hospitals as well as jails and improve the ability to utilize the state hospital for civil commitments while decreasing the use for forensic. A more pro-active and coordinated OCP program will improve the quality of life for the individual and help them to improve their understanding of their illness and knowledge of resources available to help them be successful in the community.

### Continuum of Care Service Inventory

9. 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)].

See Inventory of Facilities, Services and Supports.

### Alignment with Federal and State Priorities

10. 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 (enter name of Board)				
Substance Abuse & Mental Health Block Grant Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>SAPT-BG: Mandatory (for OhioMHAS):</b> 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 funded the Engagement Center since 2018, offering Medication Assisted Treatment, recovery supports, connection to treatment and housing. Individuals are referred from QRT teams and hospital ED's after an OD.	Measurement indicator: Baseline data: Target:  - HCMHRSB continues to utilize two specific National Outcome Measures (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.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG: Mandatory for boards:</b> 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, and Talbert House to address the needs of this special population.	Measurement indicator: Baseline data: Target:  - NOMS – Abstinence and Criminal Justice involvement  - BAM II	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<p><b>SAPT-BG: Mandatory for boards:</b>  Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) &amp; 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)</p>	<p>- Prioritize treatment for parents with substance abuse disorders who have dependent children.</p>	<p>Fund services for the Family Access to Integrated Recovery (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.</p>	<p>Measurement indicator:  Baseline data:  Target:  -FAIR has multiple performance measures in addition to the Ohio Consumer Outcomes and the BAM requirements.</p> <p>Outcome 1: Children and Adults will have Timely Assessment of Needs</p> <p>Outcome 2: Identification of unmet child and family needs for services and supports and barriers to completion of DAF.</p> <p>Outcome 3: Children and Adults will have trauma screening.</p> <p>Outcome 4: Children and Adults will have timely access to services.</p> <p>Outcome 5: Descriptive Information on the Children and Adults served by FAIR regarding Diagnosis and/or Explanation and Potential Referrals.</p> <p>Outcome 6: Children will maintain or improve their social and emotional well-being over time at the individual and system level.</p> <p>Outcome 7: Child Safety</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>
--	---	--	--	---

			<p>Outcome 8: Children will achieve permanency.</p> <p>Outcome 9: Children will achieve stability in their living situation.</p> <p>Outcome 10: The continuity of family relationships and community connections is preserved for family.</p> <p>Outcome 11: Client will be satisfied with services.</p> <p>Outcome 12: Client preferences will be honored.</p> <p>HOPE for Children and Families also has numerous performance measures besides Ohio Outcomes and BAM.</p>	
<p><b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS, HIV, Hepatitis C, etc.)</p>	<p>- Provide education and referrals for individuals suffering from or who are at risk of contracting a communicable disease.</p>	<p>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.</p>	<p>Measurement indicator: Baseline data: Target: <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>
<p><b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<p>-Provide a qualitative, accessible, coordinated, seamless system of care for children with 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. -Promote adaptability in service provision during COVID-19 pandemic based on</p>	<p>-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,</p>	<p>Measurement indicator: Baseline data: Target: -Ohio Consumer Outcomes -Client and Family Satisfaction Surveys</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>



funding capabilities and specifications

Mobile Crisis Team, crisis stabilization), resiliency supports and wrap around services for youth.

- Provide prevention and education as well as treatment services and 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, MindPeace, 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 and family-guided; culturally and linguistically competent; individualized and community-based
- Increase workforce competence to address "youth culture"
- Assist behavioral health providers in modifying systems (telehealth),

	acquiring needed infrastructure and supplies (personal protection equipment, sanitizing materials), and developing competencies (training) to continue delivering services during pandemic.	
--	---	--

			<i>Copy and paste above for multiple indicators.</i>	
<p><b>MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</b></p>	<p>-Provide a comprehensive array of services utilizing best and evidenced based practices          -Develop, strengthen and maintain partnerships within the community          -Improve care coordination and the delivery of services for SMI population</p>	<p>-Fund assessment services, counseling, community psychiatric supportive treatment, pharmacological management for Non-Medicaid eligible clients as well as crisis services, recovery supports, 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 clients and their families          -*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 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 Mobile Crisis Team- responds to acute crises in the community 24/7 days a week          -Train and support Peer Support Workers in provider agencies          -Utilize MHAP to offer interim pharmacologic management and transitional case management services          -Fund Homelink- housing information and</p>	<p>Measurement indicator:          Baseline data:          Target:          -ACT Fidelity Measures          -Ohio Outcome Measures</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>

		<p>referral sources for case managers</p> <ul style="list-style-type: none"> <li>-Fund Excel and other housing supports-</li> <li>-maintain housing subsidies and property for adults with severe mental illness</li> <li>-*Fund Benefit Specialist at MHAP to help individuals apply for Medicaid</li> <li>-*Provide monthly Case Management Development opportunities to provide support and education to case managers. Topics include time management and documentation, housing resources, substance abuse, crisis intervention techniques etc. to support and retain existing workforce</li> <li>*Workforce Development- increased funding to a provider agency to develop additional training opportunities to increase knowledge and skill set that is convenient, goal oriented and free of cost</li> </ul>		
<p><b>MH-Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of supportive housing</p>	<p>-Provide supportive housing for homeless individuals with severe mental illness and/or substance use disorder</p>	<ul style="list-style-type: none"> <li>-- Fund MHAP to identify housing needs for clients who are SMI.</li> <li>-Fund EXCEL and other housing supports to provide housing for same population</li> <li>- 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.</li> <li>*-Fund residential treatment for clients with behavioral health disorders.</li> <li>-Collaborate with local Homeless Coalition to address the needs of this population.</li> <li>-Participate in Coordinated Entry within the Homeless Continuum to advocate for the needs of both populations</li> </ul>	<p>Measurement indicator: Baseline data: Target:</p> <ul style="list-style-type: none"> <li>-Ohio Consumer Outcomes</li> <li>-NOMS indicators of service effectiveness: 1) abstinence; and 2) criminal justice involvement as measured by arrests</li> <li>- BAM II</li> <li>-Federally-established Deliverables</li> <li>-Reduced numbers of SMI in jail</li> </ul>	<ul style="list-style-type: none"> <li>___No assessed local need</li> <li>___Lack of funds</li> <li>___Workforce shortage</li> <li>___Other (describe):</li> </ul>

<p><b>MH-Treatment: Older Adults</b></p>	<p>-Continued support of programs and services to meet the needs of older adults to ensure their behavioral health needs are met.          -Promote adaptability in service provision during COVID-19 pandemic based on funding capabilities and specifications that will accommodate the needs of older adults</p>	<p>-Fund outpatient psychiatric supportive treatment, assessment, treatment planning, assistance and support in crisis situations, symptom monitoring and assistance in learning to self-manage symptoms, therapy, and interventions aimed at developing coping skills of the consumer and increasing social support skills.          -Fund Geriatric Outreach Program combined with Community Psychiatric Support Program          -Continue to support programming for Adult Outpatient Services who focus on the population of older adults age 55+ because of their unique needs.          -Assist behavioral health providers in modifying systems (telehealth), acquiring needed infrastructure and supplies (personal protection equipment, sanitizing materials), and developing competencies (training) to continue delivering services during pandemic that meet the needs of older adults.</p>	<p>Measurement indicator:          Baseline data:          Target:          Ohio Consumer Outcomes</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>
--	---	---	--	--

<b>Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant</b>				
<b>Priorities</b>	<b>Goals</b>	<b>Strategies</b>	<b>Measurement</b>	<b>Reason for not selecting</b>
<p>MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment</p>	<p>-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</p>	<p>*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</p>	<p>Measurement indicator:          Baseline data:          Target:  <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>

office and pretrial

- 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
- Establish a Forensic Court Clinic that provides clinical expertise for the courts
- Fund services for two Mental Health Courts for Municipal and three Felony courts
- Fund the Outpatient Community Probate Coordinator to work collaboratively with Probate Court, Provider agencies and local hospitals to deliver a robust OCP program with the goal of decreasing overall arrests for person with SPMI
- 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 a Drug Court with a comprehensive treatment program
- Fund residential and outpatient services to the HC Drug Court

<p>Integration of behavioral health and primary care services</p>	<p>-Develop a coordinated system of care and self- management for individuals with severe mental illness and chronic physical health issues</p> <p>-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.</p>	<p>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.</p> <p>-Work collaboratively with local hospitals to improve communication and care coordination for individuals with high risk needs.</p> <p>-Implement a system for ER alerts when identified individuals enter a local ER.</p>	<p>Measurement indicator:          Baseline data:          Target:</p> <p>-Ohio Consumer Outcomes</p> <p>-Decrease in ER visits</p> <p>-Cost Savings to community</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>
---	--	--	---	---

			<i>Copy and paste above for multiple indicators.</i>	
<p>Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)</p>	<ul style="list-style-type: none"> <li>-Reduce symptom distress</li> <li>-Improve quality of life</li> <li>-Facilitate greater empowerment</li> <li>-Encourage community integration</li> <li>-Improved access for individuals with SUD to participate in recovery support services</li> </ul>	<p><b>AOD:</b> Continue to fund and expand Recovery Supports and Recovery Housing services for individuals with opiate SUDS.</p> <p>Two agencies have expanded Recovery housing and recovery supports using funds from the State Opiate Response Grant.</p> <p>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.</p> <p>-Utilize the OHMHAS Community Transition Program (CTP) funds to assist individuals with mental illness and/or substance use disorder released from prison with recovery supports such as housing, clothing, food, ID's etc., to help them transition back to the community</p>	<p>Measurement indicator: Baseline data: Target:  Ohio Outcomes</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No assessed local need</li> <li><input type="checkbox"/> Lack of funds</li> <li><input type="checkbox"/> Workforce shortage</li> <li><input type="checkbox"/> Other (describe):</li> </ul>



	<p><b>MH:</b> The HCMHRBSB funds three consumer operated centers:</p> <p>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.</p> <p>The WARMLINE is a 24/7/365 peer support phone line that receives over 25,000 calls each year.</p> <p>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.).</p> <p>In addition to the consumer operated centers, several HCMHRBSB contract agencies employ peers as part of psychosocial, outreach, homeless outreach, transitional age youth, vocational, and ACT programs.</p> <p>Evidence-Based Practice recovery education and support services utilized throughout the HCMHRBSB service system include: Wellness Management and Recovery (WMR), and Wellness in Eight Dimensions.</p>		
--	---	--	--

		<p>Approximately 70 peer support providers are employed within the HCMHRSB system.</p> <p><b>Employment:</b></p> <ul style="list-style-type: none"> <li>- vocational/rehabilitation/supported employment programs</li> <li>- GED, job readiness, and computer skills training (RCHC)</li> </ul> <p><b>Housing:</b></p> <ul style="list-style-type: none"> <li>- supported housing services</li> <li>- Permanent Supportive Housing</li> <li>- Independent Living</li> <li>- Recovery Housing</li> </ul>		
<p>Promote health equity and reduce disparities across populations (e.g. racial, ethnic &amp; linguistic minorities, LGBT)</p>	<ul style="list-style-type: none"> <li>-Improved access of youth and adults with diverse backgrounds to behavioral health and primary care services</li> <li>-Promote adaptability in service provision during COVID-19 pandemic based on funding capabilities and specifications that will accommodate the needs of older adults</li> </ul>	<ul style="list-style-type: none"> <li>-Updated resource information</li> <li>-Person to assist youth and families who need more assistance in navigating and making a connection to Behavioral health and primary care services.</li> <li>-Collaborate with MindPeace to improve access to behavioral health services in schools for all youth including racial, ethnic, and linguistic minorities</li> <li>-Engage providers that serve racial ethnic, and linguistic minorities</li> <li>-Fund Prevention activities that target racial, ethnic, linguistic minorities, and persons in the LGBT community.</li> <li>-Utilize K-12 Prevention Education funding to expand capabilities to reach diverse populations</li> <li>-Assist behavioral health providers in modifying systems (telehealth),</li> </ul>	<p>Measurement indicator:</p> <p>Baseline data:</p> <p>Target:</p> <ul style="list-style-type: none"> <li>-More youth and adults connected to behavioral health and primary care services</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No assessed local need</li> <li><input type="checkbox"/> Lack of funds</li> <li><input type="checkbox"/> Workforce shortage</li> <li><input type="checkbox"/> Other (describe):</li> </ul>

		<p>acquiring needed infrastructure and supplies (personal protection equipment, sanitizing materials), and developing competencies (training) to continue delivering services during pandemic that meet the needs of diverse populations</p> <p>-Interface with other community organizations (faith based, civic, etc.) that assist the Board in understanding how best to reduce barriers across populations.</p>		
Prevention and/or decrease of opiate overdoses and/or deaths	Prevent and decrease overdose deaths in Hamilton County.	<p>-HCMHRSB is in a leadership position on the local Hamilton County Addiction Response Coalition to address the opiate epidemic locally. HCMHRSB uses SOR funds to support outreach, prevention and treatment efforts aimed at decreasing use of opiates.</p> <p>-HCMHRSB supports the use of Narcan at agencies.</p>	<p>Measurement indicator: Baseline data: Target:</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>
Promote Trauma Informed Care approach	-To provide coordination and communication within our community in relation to local expertise, training opportunities, and resources	<p>- Fund Providers participation in a Trauma Informed Care Learning Community co-sponsored by the National Behavioral Council</p> <p>- Participate in the Southwest Regional Trauma Informed Care Collaborative</p> <p>-Participate in Tristate Trauma Network training and events</p> <p>-Encourage COPE and other Board funded training of providers to incorporate information on trauma informed care</p>	<p>Measurement indicator: Baseline data: Target:</p> <p><b>-Outcome measures identified by the National Behavioral Council</b></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>

OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p><b>Prevention:</b> Ensure prevention services are available across the lifespan</p>	<ul style="list-style-type: none"> <li>- Provide prevention services across the lifespan.</li> <li>-Promote adaptability in service provision during COVID-19 pandemic based on funding capabilities and specifications</li> </ul>	<ul style="list-style-type: none"> <li>services for persons at risk of developing a substance use disorder.</li> <li>-Fund mental health prevention services, consultation, referral and information, mental health education and training to address mental health needs in the community.</li> <li>-Provide a comprehensive array of services utilizing best and evidenced based practices.</li> <li>-Provide early intervention, individual and program consultation services for children ages 0 to 5.</li> <li>-Target school aged children with mental health prevention services.</li> <li>-Utilize K-12 Prevention Education funding to expand provision of prevention education services in schools</li> <li>-Target special populations at risk for suicide.</li> <li>-Target 18-25-year-old at risk of engaging in high risk drinking.</li> <li>-Assist providers in obtaining and maintaining proper credentials to provide prevention education services</li> <li>-Assist behavioral health providers in modifying systems (telehealth), acquiring needed infrastructure and supplies (personal protection equipment, sanitizing materials), and developing competencies (training) to continue delivering prevention services during pandemic that meet the needs of</li> </ul>	<p>Measurement indicator: Baseline data:</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> No assessed local need</li> <li><input type="checkbox"/> Lack of funds</li> </ul>

		<p>diverse populations  COPE MH Prevention Strategies</p> <ul style="list-style-type: none"> <li>•Provide prevention, education, consultation, and crisis services to persons across the lifespan including the following target populations: <ul style="list-style-type: none"> <li>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).</li> <li>b) Severely mentally disabled adults</li> <li>c) Family members of SMD persons</li> <li>d) Families in crisis or at risk</li> <li>e) Persons experiencing or at risk of violence.</li> <li>f) Persons at risk of becoming suicidal or clinically depressed</li> <li>g) Persons who have suffered a severe loss or experienced a traumatic event within the past three years</li> <li>h) Elderly and their caregivers</li> </ul> </li> </ul> <p>-Services are delivered by a variety of providers in diverse settings across Hamilton County (schools, libraries, community centers, etc.)</p>		
--	--	---	--	--

			<p>Target:</p> <ul style="list-style-type: none"> <li>-Prevention NOMs</li> <li>-Process measurements developed in collaboration with prevention providers</li> <li>-Satisfaction surveys</li> </ul>	<p>___ Workforce shortage</p> <p>___ Other (describe):</p>
<p><b>Prevention:</b> Increase access to evidence-based prevention</p>	<ul style="list-style-type: none"> <li>-Promote and support the delivery of evidence-based prevention services in our community</li> <li>-Promote adaptability in service provision during COVID-19 pandemic based on funding capabilities and specifications</li> </ul>	<ul style="list-style-type: none"> <li>-Collaborate with organizations that are interested in bringing in evidence-based intervention strategies to Hamilton County</li> <li>-Collaborate with providers that are interested in providing evidence-based prevention programs in Hamilton County</li> <li>-Utilize K-12 Prevention Education funding to expand provision of evidence-based prevention education services in schools</li> <li>-Assist behavioral health providers in modifying systems (telehealth), acquiring needed infrastructure and supplies (personal protection equipment, sanitizing materials), and developing competencies (training) to continue delivering prevention services during pandemic that meet the needs of diverse populations</li> </ul>	<p>Measurement indicator: Baseline data:</p> <p>Target:</p> <ul style="list-style-type: none"> <li>-Satisfaction Surveys</li> </ul>	<p>___ No assessed local need</p> <p>___ Lack of funds</p> <p>___ Workforce shortage</p> <p>___ Other (describe):</p>
<p><b>Recovery Ohio and Prevention:</b> Suicide prevention</p>	<ul style="list-style-type: none"> <li>-Promote efforts that seek to increase help-seeking behavior</li> <li>-Promote evidence-based suicide prevention strategies</li> <li>-Promote adaptability in service provision during COVID-19 pandemic</li> </ul>	<ul style="list-style-type: none"> <li>-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)</li> </ul>	<p>Measurement indicator: Baseline data:</p> <p>Target:</p> <ul style="list-style-type: none"> <li>- Satisfaction Surveys</li> </ul>	<p>___ No assessed local need</p> <p>___ Lack of funds</p> <p>___ Workforce shortage</p> <p>___ Other (describe):</p>

	<p>based on funding capabilities and specifications</p>	<ul style="list-style-type: none"> <li>-Participate in grant activities supported by Ohio Strengthening and Sustaining Ohio's Suicide Prevention Coalitions' learning community. Complete Community Readiness Assessment, report Findings, and develop a workplan based on findings in order to expand the Hamilton County Suicide Prevention Coalition's membership and ability to address suicide prevention in Hamilton County</li> <li>-Promote suicide prevention resources such as 281-CARE hotline (community resource cards) and Mobile Crisis Team</li> <li>-Promote and or expand community resources such as the text line for youth and other special populations (e.g. college students)</li> <li>-Provide services that target persons at risk of becoming suicidal or clinically depressed (e.g. support groups)</li> <li>-Provide Adult and Youth Mental Health First Aid Training</li> <li>-Collaborate with state around its effort to prevent suicides</li> <li>-Promote education around Columbia Suicide Severity Rating Scale and Safety Planning/Crisis Management</li> <li>--Utilize K-12 Prevention Education funding to expand provision of evidence-based or informed suicide prevention education services in schools</li> <li>-Assist behavioral health providers in modifying systems (telehealth), acquiring needed infrastructure and supplies (personal protection equipment, sanitizing materials), and</li> </ul>		
--	---	--	--	--

		developing competencies (training) to continue delivering suicide prevention services during pandemic.		
<b>Prevention:</b> Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Although Problem Gambling prevention and screening strategies are not a specific priority for HCMHR SB, significant resources are allocated to address the need in the community.	Funding has been allocated to provider treatment and prevention agencies. -All treatment agencies have identified an evidenced-based screening tool approved by OhioMHAS.	Measurement indicator: Baseline data: Target:  <i>Copy and paste above for multiple indicators.</i>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):



## 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
N/A	N/A	N/A

---

### 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
N/A	N/A	N/A	N/A

SIGNATURE PAGE

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

---

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

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

Hamilton County Mental Health and Recovery Services Board

ADAMHS Board Name (Please print or type)

\_\_\_\_\_  
Patrick Tribbe, President/CEO  
ADAMHS Board Executive Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Thomas Gableman  
ADAMHS 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. **Each 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/>