

**Ohio Mental Health and Addiction Services (OhioMHAS)  
Community Plan Update for SFY 2021-2022**

**Needs Assessment Update**

1. Please update the needs assessment submitted with the SFY 2021-2022 Community Plan, as required by ORC 340.03, with any new information that significantly affects the Board's priorities, goals or strategies. New evaluation process information is of particular interest and importance to the Department regarding: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils (ORC § 340.03(A)(1)(c)); (2) outpatient service needs of persons receiving treatment in state Regional Psychiatric Hospitals (ORC § 340.03(A)(1)(c)); and (3) consequences of opiate use, e.g., overdoses and/or deaths. If the evaluation process section submitted with the SFY 2021-2022 Community Plan remains current, please indicate as such.

**Board's Evaluating the Need for Services and Supports Update/Response (if any):**

HCMHRSB's needs assessment survey completed in preparation of the SFY 2021-2022 Community Plan included three separate survey efforts (Providers, Informed Community, and Consumers [clients]). In response to the environmental scan and the needs assessment, MHRSB identified 13 strategic goals (divided into service goals and stewardship goals) that reflect MHRSB'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. There are no changes to the identified strategic goals.

Updated data is being provided in the following areas. Since the acceptance of the SFY 2021-2022 Community Plan changes have occurred affecting these areas.

**Outpatient Service Needs for those served in Regional Psychiatric Hospital**

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 determines eligibility and provides follow-up to the referring hospital with recommendations and next steps. MHAP coordinates 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 MHRSB 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 HCMHRBSB 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 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 HCMHRBSB continues to work closely with hospital personnel to coordinate patient admission and discharge.

HCMHRBSB 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 200+ clients on probate status. There has been an increase from 188 to 200+ clients. 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
- The initial plan was to 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. This had to be tabled due to COVID-19. The plan is to resume face-to-face meetings when conducive for client and treatment staff.
- 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 HCMHRB
- 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.

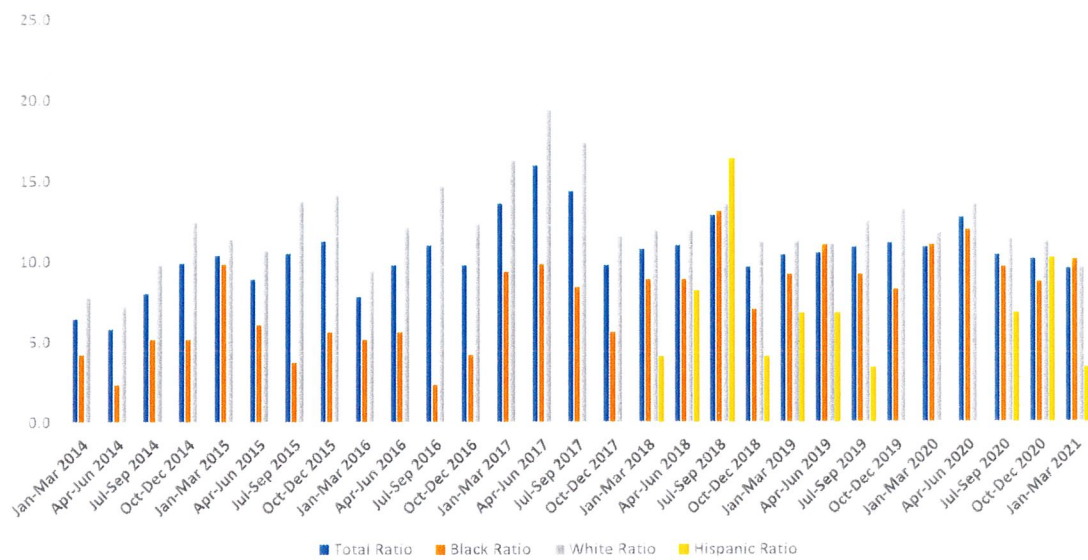
The HCMHRB is hopeful the revised protocols within the OCP program will help to decrease psychiatric hospitalizations and arrests, especially low-level misdemeanors, thus decreasing the burden on our local emergency rooms and psychiatric units in local hospitals as well as jails and improve the ability 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.

#### **Overdose Fatalities:**

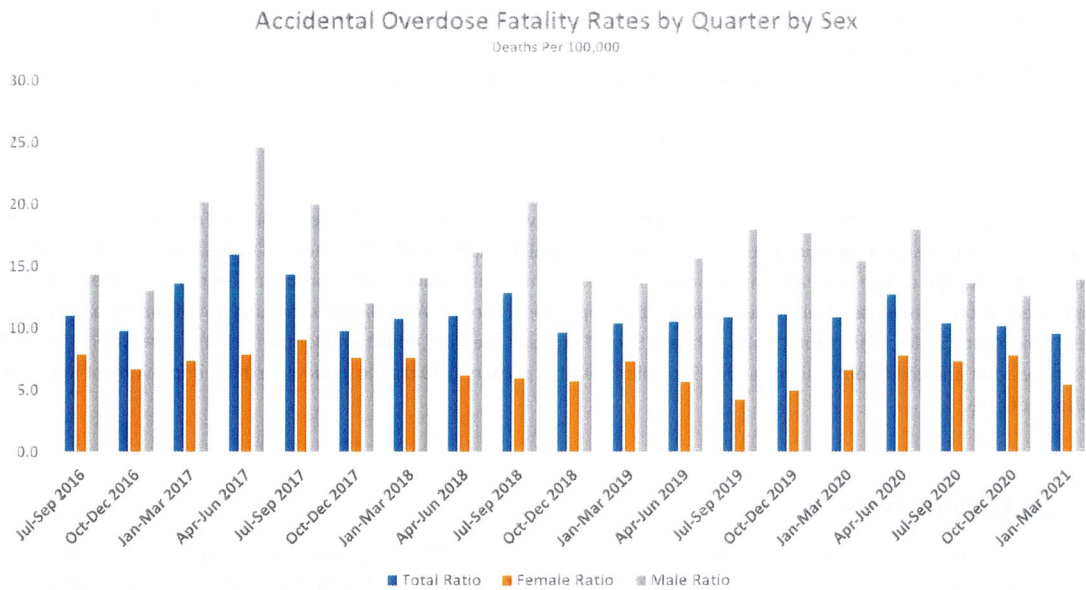
The HCMHRB reviewed data submitted in the previous SFY 2021-2022 Community Plan, noting the following areas with supporting documentation which reflect changes in accidental overdose fatalities.

HCMHRB 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 sex. Hamilton County witnessed an increase of 3 percent in deaths in CY 2020 (COVID-19 period) relative to our experience during CY 2019. It is also pertinent to note, the rate of deaths was always much greater for white individuals than black individuals (two to three times as great) as recent as CY 2017. This has changed greatly since CY 2018 and in the first quarter of CY 2021 we witnessed the first time the rate of OD fatalities among black individuals exceeded that of white individuals.

Accidental Overdose Fatality Rates by Quarter by Race  
Hamilton County Residents  
Deaths Per 100,000







The HCMHSB continues to use resources to address the rise in opioid overdoses. As noted in the Priorities Consistent with SAMHSA Plan, HCMHSB is in a leadership position on the local Hamilton County Addiction Response Coalition to address the opiate epidemic locally. The goal to prevent and decrease overdose deaths in Hamilton County remains a priority as HCMHSB uses State Opioid Response funding to support outreach, prevention and treatment efforts aimed at decreasing use of opiates. In addition to treatment, the use of Narcan at agencies continues to be a mutual priority.

The evaluation section remains current. The plan update provides data from the measurement indicators defined in the SFY 2021-2022 Community Plan Community and Aligned Priorities that reflects improvement in service goals through use of the Ohio Scales for Adults (Ohio Consumer Outcomes), Ohio Youth Scales, Ohio Youth Scales – Parent Short Form and the Brief Addiction Monitor (BAM).

#### **HCMHRB Outcomes:**

One primary strategic service goal of the HCMHRB is to 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. One method to measure improvement in overall symptom distress and/or quality of life over the course of treatment for adults, improvement in functioning and/or problem severity in children/youth clients and improvement through a reduction in their use of substance(s) during their episode of care for AOD clients is through use of the Ohio Scales for Adults (Ohio Consumer Outcomes), Ohio Youth Scales, Ohio Youth Scales – Parent Short Form and the Brief Addiction Monitor (BAM), respectively. The HCMHRB projected 65% of purchase of service adult and child/youth clients and 60% of clients with a primary AOD diagnosis would exhibit improvement in the above-noted areas throughout their episode of care.

#### **Ohio Scales for Adults (Ohio Consumer Outcomes)**

The HCMHRB utilizes the Ohio Scales for Adults (Ohio Consumer Outcomes) to establish measurements of Adult Symptom Distress and Overall Quality of Life. The Symptom Distress scale consists of the Symptom Checklist (SCL-10; Nguyen et. Al., 1983) and additional items from the SCL-90 "Anxiety" dimension (Derogatis & Cleary, 1977). Administrations are compiled over a 24-month period ensuring the capture of two administrations for each individual service recipient. Administrations (records) are sorted by administration date within the period and the first and last administrations are retained for the analyses. These analyses are conducted and reported regularly on rolling, quarterly periods. To date, HCMHRB has issued 57 of these reports dating back over 14 years.

The Quality of Life Scale derives from Lehman's Quality of Life Interview (1983).

It is often useful to combine measures in some cases to develop a better understanding of treatment efficacy for clients. HCMHRB does this with the symptom distress and quality of life measures. While these separate scales are strongly correlated, as is the change between them over time, there remain cases in which one or the other plays a more significant role toward an individual's recovery. An understanding of individuals' progress based upon positive movement in one or both of these areas can be a significant asset to those responsible for evaluating current treatment efficacy and planning for future intervention. As such, analyses are conducted reflecting the percentage of clients exhibiting improvement in at least one of these two areas, or both.

Findings from this analysis for the past 10 reporting periods appear in the table below.

<b>Report #</b>	<b>48</b>	<b>49</b>	<b>50</b>	<b>51</b>	<b>52</b>	<b>53</b>	<b>54</b>	<b>55</b>	<b>56</b>	<b>57</b>
<b>Percent Improved</b>	<b>68.1</b>	<b>68.1</b>	<b>67.8</b>	<b>68.1</b>	<b>67.4</b>	<b>38.6</b>	<b>68.1</b>	<b>70.0</b>	<b>71.4</b>	<b>70.6</b>

#### Ohio Youth Scales

HCMHRB utilizes the Ohio Youth Scales designed for parents of youth between the ages of 5 and 18, (Ohio Youth Scales-Parent Short Form) developed by Dr. Ben Ogles while at Ohio University for assessing change over time in children and youth. The parent instrument contains a 20-item scale measuring problem severity and a 20-item scale that measures functioning in children/youth. Similar to the combined adult scales, these two scales are used together to assess progress for children/youth in treatment.

Following are the findings for the same periods as reflected in the adult section.

<b>Report #</b>	<b>48</b>	<b>49</b>	<b>50</b>	<b>51</b>	<b>52</b>	<b>53</b>	<b>54</b>	<b>55</b>	<b>56</b>	<b>57</b>
<b>Percent Improved</b>	<b>72.8</b>	<b>71.3</b>	<b>73.9</b>	<b>74.8</b>	<b>73.3</b>	<b>75.6</b>	<b>76.4</b>	<b>75.5</b>	<b>72.3</b>	<b>73.4</b>

#### Brief Addiction Monitor (BAM)

The HCMHSRB instituted a consistent application of the Brief Addiction Monitor (BAM) for all AOD clients receiving services through all contract agencies in 2016. The BAM is a tool developed by the Veteran's Affairs Medical Center for clinically assessing and determining outcomes for their AOD patient population. Hamilton County adopted the instrument due to its brevity/ease of administration and initial validity and reliability findings. Agencies under contract with the board are contractually required to administer this instrument at a minimum of service inception and discharge, though agencies are encouraged to use it at higher levels of frequency when they find that clinically indicated. HCMHSRB conducts analyses and prepares quarterly reports based upon those findings and issues the reports to agencies to assist in their internal performance improvement exercises. Among the factors measured and monitored are use of specific substances, by substance type.

Following is a table reflecting those findings, by reporting period, for the past 12 quarters.

Report #	11	12	13	14	15	16	17	18	19	20	21	22
Substance	% Improved											
Alcohol	79.5	79.0	78.8	78.7	74.5	74.0	74.9	76.0	87.2	86.4	89.0	85.9
Marijuana	67.0	66.2	66.9	69.3	64.3	65.7	71.9	73.2	83.8	82.6	79.9	78.1
Sedative	75.8	75.3	78.0	76.4	79.1	83.3	87.7	88.5	93.6	92.9	88.8	86.6
Cocaine	72.4	72.2	74.9	76.7	75.1	77.6	79.1	81.2	86.5	86.5	84.7	84.2
Stimulant	73.8	72.1	78.8	81.4	78.6	77.8	83.8	88.4	89.5	89.8	87.3	87.3
Opiate	70.3	70.0	71.2	74.4	77.7	80.5	86.0	86.1	87.6	86.4	81.0	75.7
Inhalent	88.9	90.0	90.9	90.0	88.9	87.5	88.9	93.3	100	100	90.9	100
Other Drug	76.8	81.7	85.0	85.7	85.9	87.4	89.8	89.9	94.3	94.0	94.7	92.9

\*Note - The BAM comes in two formats, one that presents response options in a categorical format, and one that presents response options in a continuous format. Reports #1 through #18 were based upon the categorical format. Reports #19 forward reflect a change to the continuous response format as that format provides an increased level of detail and adds statistical power to the numerous analyses conducted and reported in this document.



### Current Status of SFY 2021-2022 Community Plan Priorities

2. Please list the Board, Block Grant and State priorities identified in the SFY 2021-2022 Community Plan. Briefly describe any progress in achieving the related goals and strategies in Column 4 and indicate in the last column if the Priority is "Continued," "Modified", or "Discontinued" for SFY 2022.

If the SFY 2021-2022 Community Plan addressed any activities in the identified RecoveryOhio priority areas, OhioMHAS is particularly interested in an update or status report of these areas.

(NOTE: This section only applies to previously submitted SFY 2021-2022 priorities. Any new priorities are to be listed in item #3, if applicable). Please add as many rows in the matrix below as are necessary.

#### COMMUNITY PRIORITIES, GOALS AND STRATEGIES ARE TO BE CUT AND PASTED FROM THE SFY 2021-2022 COMMUNITY PLAN

Priority	Goal	Strategy	Progress	Barriers/Need for TA?	Priority Continued, Modified, or Discontinued in SFY 2022?
Stigma and Education	<p>*Reduce negative attitudes towards people living with mental health and/or people in recovery from substance use disorders</p> <p>*Educate community and professionals about persons living with mental health disorder and/or in recovery from substance use disorders</p>	<p>*Enhance social media platforms and messaging/ media outreach (AOD) to broad community about people living with mental health disorders and/or substance use disorders.</p> <p>*Provide Mental Health First Aid training in the community including target audiences such as youth and young adults, faith-based</p>	<p><b>See Outcomes narrative on pages 6 - 8 of this plan</b></p> <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: Outcome:</p>	<p>The COVID pandemic created many challenges for both providers and clients for outreach and access. HCMHRB continues to work with the community to ensure there is adequate protection for both patients and staff. There is no need for TA at this time.</p> <p>Another challenge is the workforce</p>	Priority Continued in SFY 2022

		<p>communities, people of color, and persons with disabilities</p> <p>*Fund COPE programming and other prevention efforts</p> <p>*Distributed K-12 Prevention Education funding to schools/districts to educate teachers, school personnel, students, and families</p> <p>*Offer/Fund Professional Training opportunities to workforce</p> <p>*Support collaborations with Hamilton County Education Service Center that promote the education of professionals about prevention services and supports</p>		<p>shortage. HCMHR SB and agencies continue to engage in creative problem solving to address the issue. There is no need for TA at this time.</p>	
Workforce Development	*Support and retain existing workforce	*Engage in Linkage opportunities to universities and	Measurement indicator:		

	<p>*Promote culturally competent workforce</p> <p>*Support and expand the role of peer specialists</p> <p>*Support use of technology to enhance productivity and safety during pandemic</p> <p>*Attract more professionals into behavioral health field including child mental health specialists</p>	<p>colleges to attract more professionals into the behavioral health field</p> <p>*Offer/Fund Professional Training opportunities to workforce (e.g. Secondary trauma, self-care, cultural competence, etc.)</p> <p>*Fund technology infrastructure supports for behavioral health providers</p> <p>*Promote the training and use of peer support specialists</p>	<p>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: Outcome:</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>*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</p>	<p>Measurement indicator: Increase prevention and education services that are evidence based</p>		Priority Continued in SFY 2022

	<p>*Promote prevention and education efforts that reduce the impact of mental illness and addiction in the community</p>	<p>various settings (community facilities, schools, etc.) through COPE funding</p> <p>*Distributed K-12 Prevention Education funding to schools/districts to educate youth, teachers, school personnel, students, 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</p>	<p>Promote data driven prevention/education interventions</p> <p>Baseline data: Collect data on total number of agencies providing EB programming (COPE Report, Children's Oversight)</p> <p>Monitor agency performance using MHRSB prevention outcomes</p> <p>Target: Outcome:</p>		
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		community resources such as 281-CARE (Crisis hotline and textline).  *Support collaborations with Hamilton County Education Service Center that promote the education of professionals about prevention services and supports			
Treatment and Recovery Supports	<ul style="list-style-type: none"> <li>*Enhance Early Intervention Services and Training</li> <li>*Enhance Crisis Support Infrastructure</li> <li>*Ensure system utilizes evidence based, culturally competent, patient and family centered, and trauma informed services.</li> <li>*Provide Full Continuum of Crisis Support services</li> <li>*Support Telehealth infrastructure in system including telemedicine</li> </ul>	<ul style="list-style-type: none"> <li>*Provide Mental Health First Aid training</li> <li>*Support the use of Standardized Screening Tools such as the Columbia Tool for Suicide Risk Assessment.</li> <li>*Explore Crisis Support Infrastructure Models such as Mobile Stabilization model in conjunction with current Mobile Crisis Team</li> </ul>	<ul style="list-style-type: none"> <li>Measurement indicator: Promote agency use of Evidence Based Practices</li> <li>Identify unmet service needs</li> <li>Build capacity to meet the BH needs of individuals and families</li> <li>Expand Recovery Supports</li> <li>Baseline data: Monitor agency use of EBP's</li> </ul>		Priority Continued in SFY 2022

	<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>*Emphasize the importance of all treatment models being 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>*Collaborate with new initiatives from the state of Ohio (OhioRise and the Family First Prevention Services Act) that address multi-system youth needs, where possible</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: Outcome:</p>		
Specialty Populations	*Provide services for persons involved with Criminal Justice System	*Fund/support Specialty Dockets/Courts	Measurement indicator: Increase number of consumers diverted from incarceration		Priority Continued in SFY 2022

	<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>*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 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> <p>*Support/fund JOURNEY which</p>	<p>Baseline data: Realize and increase in client access to specialty dockets and increase the use of CIT programming</p> <p>Target: Outcome:</p>		
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		<p>offers services and supports that are youth driven and family supported to transition aged youth</p> <p>*Promote community and school-based services</p> <p>*Improve transitions in care for special populations including those making transitions from residential care to home</p> <p>*Expand prevention and treatment services for Seniors by exploring collaborations with local Senior organizations such as Council on Aging, Cincinnati Area Senior Services, etc.</p> <p>*Continue to fund COPE efforts that provide prevention services to Seniors as one of its target populations</p>			
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		<p>*Increase use of Medication treatment in AOD system</p> <p>*Collaborate with new initiatives from the state of Ohio (OhioRise and the Family First Prevention Services Act) that address multi-system youth needs, where possible</p>			
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<b>ALIGNED</b> PRIORITIES, GOALS AND STRATEGIES ARE TO BE CUT AND PASTED FROM THE SFY 2021-2022 COMMUNITY PLAN					
Priority	Goal	Strategy	Progress	Barriers/Need for TA?	Priority Continued, Modified, or Discontinued in SFY 2022?
<b>SAPT-BG:</b>  Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	- Prioritize treatment access to those individuals who are intravenous/injection drug users (IDU).	-HCMHRBSB 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	Measurement indicator: Baseline data: Target: Outcome:  - HCMHRBSB 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.		Priority Continued in SFY 2022

		<p>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.</p> <p>- HCMHR SB 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.</p>	<p>-HCMHR SB requires use of the Brief Addiction Monitor to collect AOD Outcomes data.</p>		
<p><b>SAPT-BG:</b> <u>Mandatory for boards:</u> Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)</p>	<p>Prioritize treatment admission for pregnant women who have a substance use disorder</p>	<p>-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.</p>	<p>Measurement indicator: Baseline data: Target: Outcome:</p> <p>- NOMS – Abstinence and Criminal Justice involvement</p> <p>- BAM II</p>		

<p><b>SAPT-BG:</b></p> <p><u>Mandatory for boards:</u> 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.</p> <p>-Fund HOPE project in collaboration with HC Job and Family Services, DD Services and Juvenile Court.</p>	<p>Measurement indicator: Baseline data: Target: Outcome:</p> <p>-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</p>		
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			<p>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>		
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			<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>Outcome 8: Children will achieve permanency.</p> <p>Outcome 9: Children will achieve stability in their living situation.</p> <p>Outcome 10: The continuity</p>		
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			<p>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>		
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<b>SAPT-BG:</b>  Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS, HIV, Hepatitis C, etc.)	- Provide education and referrals for individuals suffering from or who are at risk of contracting a communicable disease.	Provide prevention services, consultation and education services target individuals with or at risk for HIV/AIDS, or tuberculosis and who are in treatment for substance abuse.	Measurement indicator: Baseline data: Target: Outcome:		
<b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	-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 funding	-Fund assessment services, counseling, community psychiatric support treatment, pharmacological management, Community psychiatric supportive services, Social and recreational services, respite care, partial hospitalization, day treatment and in-home behavioral management services for Non-Medicaid eligible youth as well as, crisis services (e.g., 281-CARE, Mobile Crisis Team, crisis stabilization), resiliency supports and wrap	Measurement indicator: Baseline data: Target: Outcome:  -Ohio Consumer Outcomes  -Client and Family Satisfaction Surveys		Priority Continued in SFY 2022

	capabilities and specifications	<p>around services for youth.</p> <ul style="list-style-type: none"> <li>-Provide prevention and education as well as treatment services and supports dedicated to positive outcomes for youth and families.</li> <li>-Utilize a front door (Mental Health Access Point- MHAP) that assists children with SED in accessing treatment services.</li> <li>-Support use of evidence-based and trauma informed practices.</li> <li>-Provide Family Peer Support Services</li> <li>-Engage in collaborations that support a seamless system of care for children with SED (FAIR, HOPE, JOURNEY, MindPeace, etc.)</li> <li>-Develop a system of care that results in more coordination, better transitions in care, effective supports and</li> </ul>			
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		<p>services for SED children and their families.</p> <ul style="list-style-type: none"> <li>-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).</li> <li>-Develop and implement services and supports that are youth-driven and family-guided; culturally and linguistically competent; individualized and community-based</li> <li>- Increase workforce competence to address "youth culture"</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</li> </ul>			
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		<p>services during pandemic.</p> <p>-Collaborate with new initiatives from the state of Ohio (OhioRise and the Family First Prevention Services Act) that address multi-system youth needs, where possible</p>			
<p><b>MH-BG:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p>	<p>-Provide a comprehensive array of services utilizing best and evidenced based practices</p> <p>-Develop, strengthen and maintain partnerships within the community</p> <p>-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</p> <p>-Provide programming that provides mental health education and support to clients and their families</p> <p>-*Use Case Management ACT teams</p>	<p>Measurement indicator: Baseline data: Target: Outcome:</p> <p>-ACT Fidelity Measures</p> <p>-Ohio Outcome Measures</p>		

		<p>to meet priority populations.</p> <p>Forensic ACT Team</p> <p>Criminal Justice (CJ) ACT team</p> <p>Homeless ACT team</p> <p>IDDT ACT Team</p> <p>SAMI teams</p> <p>-*Case Managers trained in Motivational Interviewing and Individual Dual Disorder Treatment (IDDT)</p> <p>-*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)</p> <p>-*Fund Mobile Crisis Team- responds to acute crises in the community 24/7 days a week</p> <p>-Train and support Peer Support Workers in provider agencies</p>			
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		<ul style="list-style-type: none"> <li>-Utilize MHAP to offer interim pharmacologic management and transitional case management services</li> <li>-Fund Homelink- housing information and referral sources for case managers</li> <li>-Fund Excel and other housing supports- 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> </ul>			
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		<p>*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</p>			
<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>	<p>- Fund MHAP to identify housing needs for clients who are SMI.</p> <p>-Fund EXCEL and other housing supports to provide housing for same population</p> <p>- 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.</p> <p>*-Fund residential treatment for clients with behavioral health disorders.</p> <p>-Collaborate with local Homeless Coalition to address the needs of this population.</p>	<p>Measurement indicator: Baseline data: Target: Outcome:</p> <p>-Ohio Consumer Outcomes</p> <p>-NOMS indicators of service effectiveness: 1) abstinence; and 2) criminal justice involvement as measured by arrests</p> <p>- BAM II</p>		

		-Participate in Coordinated Entry within the Homeless Continuum to advocate for the needs of both populations	-Federally-established Deliverables  -Reduced numbers of SMI in jail		
<b>MH-Treatment: Older Adults</b>	<p>-Continued support of programs and services to meet the needs of older adults to ensure their behavioral health needs are met.</p> <p>-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.</p> <p>-Fund Geriatric Outreach Program combined with Community Psychiatric Support Program</p> <p>-Continue to support programming for Adult Outpatient Services who focus on the population of older adults age 55+ because of their unique needs.</p>	<p>Measurement indicator: Baseline data: Target: Outcome:</p> <p>-Ohio Consumer Outcomes</p>		



		-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.			
MH/SUD Treatment in Criminal Justice system —in jails, prisons, courts, assisted outpatient treatment	-Develop a coordinated system of care for individuals involved in various stages of the criminal justice system who have mental health or substance abuse issues	<p>*Provide a continuum of care services utilizing the SAMSHA Intercept model.</p> <p>-Work collaboratively with the jail MH Unit to streamline services and improve care coordination</p> <p>-Work collaboratively with the Sherriff's office and pretrial</p> <p>- Fund services in the jail for clients with SUD via the Recovery Pod.</p> <p>-Lead the Stepping Up Committee as a means to reduce the numbers of SMI entering jail as</p>	Measurement indicator: Baseline data: Target: Outcome:		

		<p>well as address barriers and improve communication and coordination between criminal justice and mental health</p> <ul style="list-style-type: none"> <li>-Establish a Forensic Court Clinic that provides clinical expertise for the courts</li> <li>- Fund services for two Mental Health Courts for Municipal and three Felony courts</li> <li>-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</li> <li>- Fund services for a Juvenile MHC in partnership with Juvenile Court</li> <li>-Fund the Change Court- a Specialized Docket for women with behavioral health needs who have</li> </ul>			
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		<p>been involved in prostitution/human trafficking.</p> <p>-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</p> <p>-Fund residential and outpatient services to the HC Drug Court</p>			
Integration of behavioral health and primary care services	<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</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</p>	<p>Measurement indicator: Baseline data: Target: Outcome:</p> <p>- Ohio Consumer Outcomes</p> <p>- Decrease in ER visits</p> <p>- Cost Savings to community</p>		

	then linked to ongoing services.	<p>identified individuals enter a local ER.</p> <p>-Engage in Mental Health Summit to improve integration of services, care coordination, and transitions in services</p>			
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	<p>-Reduce symptom distress</p> <p>-Improve quality of life</p> <p>-Facilitate greater empowerment</p> <p>-Encourage community integration</p> <p>-Improved access for individuals with SUD to participate in recovery support services</p>	<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 outpatient treatment centers. Peer support should assist with patient transfers between levels of treatment, increased</p>	<p>Measurement indicator:</p> <p>Baseline data:</p> <p>Target:</p> <p>Outcome:</p> <p>-Ohio Outcomes</p>		

		<p>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><b>MH:</b> The HCMHRSB 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</p>			
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		<p>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 HCMHRSB 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 HCMHRSB service system include: Wellness Management and Recovery (WMR), and Wellness in Eight Dimensions.</p>			
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		<p>Approximately 70 peer support providers are employed within the HCMHRSB system.</p> <p>Fund Family Peer Support Services</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>			
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	<p>-Improved access of youth and adults with diverse backgrounds to behavioral health and primary care services</p> <p>-Promote adaptability in service provision during COVID-19 pandemic based on funding capabilities and specifications that will</p>	<p>-Updated resource information</p> <p>-Person to assist youth and families who need more assistance in navigating and making a connection to Behavioral health and primary care services.</p> <p>-Collaborate with MindPeace to improve access to behavioral</p>	<p>Measurement indicator:</p> <p>Baseline data:</p> <p>Target:</p> <p>Outcome:</p> <p>-More youth and adults connected to behavioral health and primary care services</p>		

	<p>accommodate the needs of older adults</p>	<p>health services in schools for all youth including racial, ethnic, and linguistic minorities</p> <ul style="list-style-type: none"> <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), 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</li> <li>-Interface with other community</li> </ul>			
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		organizations (faith based, civic, etc.) that assist the Board in understanding how best to reduce barriers across populations.			
Prevention and/or decrease of opiate overdoses and/or deaths	Prevent and decrease overdose deaths in Hamilton County.	<p>-HCMHRB is in a leadership position on the local Hamilton County Addiction Response Coalition to address the opiate epidemic locally. HCMHRB uses SOR funds to support outreach, prevention and treatment efforts aimed at decreasing use of opiates.</p> <p>-HCMHRB supports the use of Narcan at agencies.</p> <p>-Participate on the Overdose Fatality review Committee and share data</p>	<p>Measurement indicator:</p> <p>Baseline data:</p> <p>Target:</p> <p>Outcome:</p>		
Promote Trauma Informed Care approach	-To provide coordination and communication within our community in relation to local expertise, training opportunities, and resources	<p>- Participate in the Southwest Regional Trauma Informed Care Collaborative</p> <p>-Participate in Tristate Trauma Network training and events</p>	<p>Measurement indicator:</p> <p>Baseline data:</p> <p>Target:</p> <p>Outcome:</p> <p>-Outcome measures identified by the</p>		

		-Encourage COPE and other Board funded training of providers to incorporate information on trauma informed care	National Behavioral Council		
<b>Prevention:</b> Ensure prevention services are available across the lifespan	<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>Fund 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> </ul>	<ul style="list-style-type: none"> <li>Measurement indicator:</li> <li>Baseline data:</li> <li>Target:</li> <li>Outcome:</li> <li>-Prevention NOMs</li> <li>-Process measurements developed in collaboration with prevention providers</li> <li>-Satisfaction surveys</li> </ul>		Priority Continued in SFY 2022



		<ul style="list-style-type: none"> <li>-Utilize K-12 Prevention Education funding to expand provision of prevention education services in schools</li> <li>-Support collaborations with Hamilton County Education Service Center that promote the education of professionals about prevention services and supports</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</li> </ul>			
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		<p>supplies (personal protection equipment, sanitizing materials), and developing competencies (training) to continue delivering prevention services during pandemic that meet the needs of 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: a) Children with social, emotional, and/or behavior problems, SED children, children in SBH classes, children in in-school suspension or at risk (includes early childhood population). b) Severely mentally disabled adults c) Family members of SMD persons d) Families in crisis or at risk e) Persons experiencing or at risk of violence. f) Persons at risk of becoming suicidal or</li> </ul>			
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		<p>clinically depressed g) Persons who have suffered a severe loss or experienced a traumatic event within the past three years h) Elderly and their caregivers</p> <p>-Services are delivered by a variety of providers in diverse settings across Hamilton County (schools, libraries, community centers, etc.)</p>			
<p><b>Prevention:</b> Increase access to evidence-based prevention</p>	<p>-Promote and support the delivery of evidence-based prevention services in our community</p> <p>-Promote adaptability in service provision during COVID-19 pandemic based on funding capabilities and specifications</p>	<p>-Collaborate with organizations that are interested in bringing in evidence-based intervention strategies to Hamilton County</p> <p>-Collaborate with providers that are interested in providing evidence-based prevention programs in Hamilton County</p> <p>-Utilize K-12 Prevention Education funding to expand provision of evidence-based prevention education services in schools</p>	<p>Measurement indicator: Baseline data: Target: Outcome:</p> <p>-Satisfaction surveys</p> <p>-COPE Report</p> <p>-Children's Oversight Information</p>		<p>Priority Continued in SFY 2022</p>

		-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			
<b>Recovery Ohio and Prevention: Suicide prevention</b>	<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 based on funding capabilities and specifications</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, Suicide Epidemiology Committee, Community Action Team, and Hamilton County Suicide Prevention Coalition)</li> <li>-Participate in grant activities supported by Ohio Strengthening and Sustaining Ohio's Suicide Prevention Coalitions' learning community. Complete Community Readiness Assessment, report Findings, develop and</li> </ul>	<p>Measurement indicator: Baseline data: Target: Outcome:</p> <p>-Satisfaction surveys</p>		Priority Continued in SFY 2022

		<p>implement 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</p> <ul style="list-style-type: none"> <li>-Promote suicide prevention resources such as 281-CARE hotline (community resource cards) and crisis response services and stabilization services such as 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</li> </ul>			
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		<p>around Columbia Suicide Severity Rating Scale and Safety Planning/Crisis Management</p> <ul style="list-style-type: none"> <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 developing competencies (training) to continue delivering suicide prevention services during pandemic.</li> </ul>			
<p><b>Prevention:</b> Integrate Problem Gambling Prevention &amp; Screening Strategies in Community and Healthcare Organizations</p>	<p>Although Problem Gambling prevention and screening strategies are not a specific priority for HCMHRB, significant resources are allocated to address the need in the community</p>	<p>Funding has been allocated to provider treatment and prevention agencies.</p> <ul style="list-style-type: none"> <li>- All treatment agencies have identified an evidenced-based screening tool approved by OhioMHAS</li> </ul>	<p>Measurement indicator: Baseline data: Target: Outcome:</p>		



**New Priorities for SFY 2022 (if applicable)**

3. **If applicable**, please add new Block Grant, State or Board priorities for SFY 2022 that were not reflected in the previous Community Plan for SFY 2021-2022. [The Department is especially interested in new priorities related to the following areas identified as priorities for RecoveryOhio priority areas, including: (1) access and capacity changes for mental health and addiction services for both adults and children/youth; (2) health equity concerns for racial and ethnic minorities and people living in Appalachia or rural Ohio; (3) distinctive challenges for multisystem youth, families involved in child welfare, and for criminal justice-involved Ohioans; (4) prevention and/or decrease of opiate overdoses and/or deaths; and/or (5) suicide prevention]. Please add the priority to the matrix below and complete the appropriate cells. If no new priorities are planned, please state that the Board is not adding new priorities beyond those identified in item 2 above.

The board is not adding new priorities beyond those identified in Item 2 above. The priority areas of access and capacity for mental health and addiction service for both adults and children/youth, health equity for racial and ethnic minorities, challenges for multisystem youth and families involved with multi-systems of care, opiate overdose/deaths and prevention needs including suicide continue to be addressed through the continuum of care.

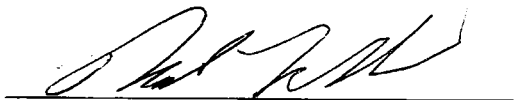
SIGNATURE PAGE  
Community Plan Report for the Provision of  
Mental Health and Addiction Services  
SFY 2021-2022

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


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

Hamilton County Mental Health and Recovery Services Board

ADAMH Board Name (Please print or type)



ADAMH Board Executive Director



Date

ADAMH Board Chair

Date

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