

**Community Plan Instructions SFY 2017**

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

**NOTE:** OhioMHAS is particularly interested in update or status of the following areas: (1) Trauma informed care; (2) Prevention and/or decrease of opiate overdoses and/or deaths; and/or (3) Suicide prevention.

**Environmental Context of the Plan/Current Status**

1. Describe the economic, social, and demographic factors in the board area that will influence service delivery.  
Note: With regard to current environmental context, boards may speak to the impact of Medicaid redesign, Medicaid expansion, and new legislative requirements such as Continuum of Care.

The following data on poverty, unemployment, opioid related poisonings, heroin poisonings and high school graduation rate are from the State Epidemiological Work Group of the Ohio Department of Mental Health and Addiction Services (OH MHAS). This data source provides an opportunity to compare and contrast information against the State of Ohio average.

**Federal 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 consistently has a higher poverty level compared to the rest of the state.

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
<b>Hamilton Co.</b>	14.0	14.7	13.0	13.6	15.2	18.5	18.5	19.8	18.7	17.6
<b>Ohio</b>	13.0	13.3	13.1	13.4	15.2	13.1	16.4	16.3	16.0	15.8

Definition: Percent of population with incomes below the federal poverty threshold

**Percent Unemployed – 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.

	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
<b>Hamilton Co.</b>	5.5	5.4	5.7	5.5	5	5	5.6	8.9	9.4	8.6
<b>Ohio</b>	6.1	5.7	5.5	6.0	8.4	10.3	9.6	8.1	7.4	6.6

### Opioid Related Poisonings – Hamilton County vs. State

Unintentional drug overdose has accounted for the highest percentage of deaths in Ohio since 2007. Deaths directly attributable to prescription drug use include drug psychoses, drug dependence, nondependent abuse of drugs, and polyneuropathy due to drug use. Indicator only includes deaths; illicit drug-related morbidity is not reflected. Deaths in which drugs may have been a contributing factor, but not primary cause, are not included. Hamilton County shows a significantly higher incidence of opioid related poisonings.

	2003	2004	2005	2006	2007	2008	2009	2010	2011
<b>Hamilton Co.</b>	5.43	5.43	6.02	6.14	7.36	8.67	7.37	11.22	14.96
<b>Ohio</b>	2.59	3.75	4.27	4.81	5.5	6.37	6.78	8.49	10

### Heroin Poisonings – Hamilton County vs. State

According to the National Drug Intelligence Center (2009), the amount of black tar heroin within Ohio has increased significantly in recent years. The Ohio Substance Abuse Monitoring (OSAM) Network reports that prescription drug misuse, which has seen a significant increase in Ohio, is a gateway substance to heroin. At the national level, heroin consumption among young adults was stable between 2008 and 2009. Again, compared to the rest of the state, Hamilton County has a significantly higher rate of heroin poisonings.

	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
<b>Hamilton Co.</b>	.94	1.42	1.06	1.53	.83	2.37	3.28	3.16	5.86	8.72
<b>Ohio</b>	.95	.76	1.14	1.14	1.02	1.27	2.02	2.45	2.93	3.69

### High School Graduation rate – Hamilton County vs. State

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

	2009	2010
<b>Hamilton Co.</b>	79.1	81.4
<b>Ohio</b>	83	84.3

## HCMHRSB Client Demographics

In Calendar Year 2015, the Hamilton County Mental Health and Recovery Services Board (HCMHRSB) served over 23,000 individuals in need of mental health services.

The following data for FY 2014 came from the OH MHAS Data-Mart System. The demographics describe clients treated in the HCMHRSB system. The data represents individuals that received Purchase of Service services paid for by HCMHRSB. The data does not capture those individuals only receiving cost reimbursement services.

Age Group	0 - 17 yr	18 - 64 yr					65 + yr
		18 - 24 yr	25 - 34 yr	35 - 44 yr	45 -54 yr	55 - 64 yr	
Hamilton ADA	158	712	1230	733	574	231	34
Hamilton MH	798	844	1567	1708	2352	1572	351

Race	White	African American	Unknown	Other
Hamilton ADA	2095	1449	98	23
Hamilton MH	4055	4501	106	115

Gender	Male	Female	Unknown
Hamilton ADA	2433	1139	67
Hamilton MH	4522	4128	4

## Assessment of Need and Identification of Gaps and Disparities

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gaps in services and disparities, if any.
  - a. Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and consumers in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention [ORC 340.03 (A)(1)(a)].

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

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

- The Board's Trustees have annual retreats that result in review and update of mission, goals, values, prioritization of populations, and targeted areas of need. The Trustees have planning and finance committees, as well as monthly meetings, to review needs, program planning efforts, and financial resources. The Board's executive management staff has annual retreats to identify goals for their units and meet weekly to share information related to utilization, outcomes, budget, and programs and to identify needs.
- Additional methods are used to assess system needs with regard to specific populations served, access issues gap issues or disparities:
  - All agencies receiving funding for specialized programs and services, such as adult mental health court and Family Peer Support, are required to submit annual reports on specific predetermined elements.
  - The Board facilitates committees with agency staff, clients, and families (such as the Children's Oversight Committee, or the Law Enforcement, Criminal Justice, Mental Health Interface Committee) whose minutes and members provide information for needs assessments. The regular meetings scheduled for collaboration, planning and quality assurance provide qualitative data from front line practitioners and administrators. These insights become a regular source of information on the changing conditions in the arena of service provision for treatment and prevention.
  - JOURNEY to Successful Living (JOURNEY), a \$9 million six-year SAMHSA System of Care grant awarded to the Hamilton County Mental Health and Recovery Services Board, completed its final year in 2016. Since inception, the MHRHSB and agency partners built a strong infrastructure that consistently obtains feedback from providers, community partners, and families and youth related to the needs, gaps and disparities in services for transitional age youth. The HCMHRHSB will continue to collect data to assess needs, gaps and disparities related to JOURNEY's population of focus.
  - Mental Health Access Point (MHAP), the front door for accessing mental health services in Hamilton County, and the Recovery Health Access Center, (RHAC) a central front door for individuals seeking help for substance use disorders, produce monthly reports that identify system and client needs.
  - Data related to length of stay and hospital days used at the state hospital is collected and reviewed monthly. The Board shares the Regional Psychiatric Hospital's (RPH) interest in planning for community based alternative services and utilizes the data to assess need. As defined in the Continuity of Care Agreement, the Board and RPH work collaboratively to address emergency services.
  - The Student Drug Use Survey is distributed to more than 26,000 students every two years in Hamilton County. Using this data the Board ascertains specific indicators of student tobacco, alcohol and illegal drug use. The survey also collects data on risk and protective factors. This survey of school aged children serves as a baseline against which to measure prevention efforts in the community.
  - The Board collaborated with system partners (Juvenile Court, Juvenile Detention Center, Job and Family Services, and Children's Hospital) around a planning CATCH grant for youth involved in the juvenile justice system who needed improved access and linkage to physical and behavioral health services. The study of access issues in the planning process helped to provide information about gaps and needs for this population.
  - The HCMHRHSB housing continuum includes crisis care, transitional housing, community residential treatment and permanent supportive housing. Data is provided monthly including referrals, placement, discharge and disposition.
  - To better understand consumer issues, the Board uses focus groups on an as-needed basis.

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

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

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

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

- d. Service and support needs determined by Board Recovery Oriented System of Care (ROSC) assessments.
- e. Needs and gaps in facilities, services and supports given the Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

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

#### **Access Issues - Mental Health**

- Scheduling prevention programs for youth in school based settings that do not interfere with their education. Specifically, parents and educators have expressed concern about utilizing classroom time for prevention services. Although the school has been identified as a primary location to deliver prevention services for youth, the pressure on teachers to prepare students for academic success becomes a competing value.
- A mechanism to help parents and youth with significant behavioral health issues and juvenile justice involvement have improved access to behavioral health services.
- Providing prevention services to different cultural groups including non-English speaking audiences (i.e., Spanish).
- Insufficient housing availability for individuals with significant legal/criminal histories, particularly sex offending.
- State imposed limits on adult community psychiatric supportive treatment (CPST) and pharmacological management present access issues for some clients with intensive needs, particularly those who are served by Assertive Community Treatment Teams or in crisis situations.
- Due to limited resources, there is limited capacity for in-home services to children and families.
- Due to limited resources, there is limited capacity for outpatient counseling for those clients who do not have a severe and persistent mental illness.
- Due to limited resources, clients do not always have timely access to pharmacological services.

#### **Gaps - Mental Health**

- Increased requests to provide prevention services to older adult audiences; however, there are not sufficient resources allocated to accommodate the requests.
- Lack of housing options for transitional age youth, transgendered individuals and those with a history of sexual offense.

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

### **Disparities - Mental Health**

- The system does not have adequate resources to meet the needs of individuals who are dually diagnosed with substance abuse and mental health disorders, particularly those with opiate use.
- The system is working on engaging transitional age youth but there is still a disparity in the number of individuals aged 18 to 22 compared to those served prior to 18 and those served after age 24.
- Due to Medicaid elevation, the system does not have a defined infrastructure to address the coordination needed for clients who have Medicaid and need non-Medicaid services.

### **Access Issues – AOD**

- Timely access to treatment is a challenge for indigent clients. There are not enough resources to meet the need. Recovery Health Access Center has developed open access days for clients so that they are able to have an assessment in a timely manner, however, linking these clients with a treatment agency may take as long as 4 weeks.
- Detoxification is available, however only on a limited basis for indigent clients, thus creating delays in admissions. This also finds the waiting client to be no longer amenable to admission when detoxification is available.
- Timely access to medication assisted treatment (MAT), an admission priority for pregnant women, and IV drug users has left males seeking MAT with a longer wait for access to service.

### **Gaps – AOD**

- Indigent and low income individuals suffering from substance use disorders often do not have the resources necessary to pay for medication assisted treatment.
- Specialized programs for pregnant women and women with children are available but have insufficient capacity therefore leaving a gap for this population seeking treatment.
- Drug court operates at full capacity. Many other incarcerated persons could benefit from Drug Court services.
- Homeless clients have difficulty obtaining housing due to an active substance use problem as well as being

homeless they are most appropriate for long term residential care, which is also at full capacity.

### **Disparities – AOD**

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

2A. Complete Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. (Table 1 is an Excel spreadsheet accompanying this document)

## **Strengths and Challenges in Addressing Needs of the Local System of Care**

In addressing questions 3, 4, and 5, consider service delivery, planning efforts, and business operations when discussing your local system. Please address client access to services and workforce development.

### 3. Strengths:

- a. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment?
  - Wide array of services in our community
  - Willingness of providers to come together and collaborate to address system needs
  - Increased ability to provide evidence based treatment and prevention services such as ACT and Mental Health First Aid

The Board has multiple strengths that will assist in addressing the findings listed above, including organizational history and experience with efficiencies, excellent leadership, experience with outcomes, collaborative partnerships and shared funding, and best practices. The Board has existed in some form since 1967 and has a wide array of experience in planning, monitoring, managing, funding, and evaluating services that help individuals with mental illness and alcohol and drug addiction move toward recovery.

Strengths of local system –

- The Board has a strong executive management team, all of whom have years of experience and have a good relationship with partners and providers in the community. The Executive Management team supports an outcome driven system, with extensive support from the Board of Trustees.
- The Board has over ten years of experience with Ohio Consumer Outcomes measuring such indicators as quality of life and symptom distress and over three years of experience awarding incentives to agencies that demonstrate improvement related to outcomes.
- The Board has experience in managing and coordinating a comprehensive system of care which dates back to 1995 when a partnership of Board, child welfare, juvenile justice, and developmental disabilities representatives formed to provide care coordination to address the needs of children, youth, and families involved in multiple systems. This project included shared funding, an innovative project at the time.
- Sustainability of evidence-based practice through system of care grant that provides care coordination to address the needs of transitional age youth and their families.
- Another strength of the Board is the tax levy funding available in Hamilton County. Levy funds are used by the Hamilton County Mental Health and Recovery Services Board to purchase specific mental health and alcohol and other drug services from 36 community-based agencies. The Mental Health

Levy passed in December, 2012 and will run through December 2017 providing an estimated \$33.9M annually in funding. The Health and Hospital Indigent Care Levy and the Family Services and Treatment Levy both fund AOD providers and services. These levies renewed in January 2015 for a period of three years and five years, respectively.

- The Family Treatment and Services Levy and the Health and Hospital Indigent Care Levy provide significant support to the AOD system. The Family Services and Treatment Levy projects an annual estimated total to the Board of \$1.5 million. The Health and Hospital Indigent Care Levy is estimated to provide the Board \$2.4 million annually for services. This tax levy is dedicated to pay for treatment for the medically indigent in Hamilton County. The County Commissioners have been seeking a consolidation of these two levies that support similar services. This crucial juncture will be closely attended to by the Board to demonstrate the effectiveness of these funds as well as the harm to the community that would result from the consolidation and potential reduction in funding.
- The Board has a long history of employing individuals in recovery and funding peer services.

#### **Service delivery**

- The Hamilton County behavioral health system of care has strengths with best and evidence-based practices, including clinical programs, housing, peer support, employment and recovery programs.
- There had been a commitment from the community to increase its ability to provide evidence based treatment and prevention services such as ACT and Mental Health First Aid.
- The Board contracts with 37 agencies that provide treatment, recovery, prevention and education services. In addition to traditional agencies, the Board funds three consumer-operated centers that offer peer support via a 24/7 Warmline, exercise and fitness equipment, and recovery education and self-help services. Furthermore, peer support is integrated into Assertive Community Treatment (ACT), Progress for Assistance in Transition from Homelessness (PATH), and day programs at contract agencies. Approximately 60 individuals in recovery are employed in the Hamilton County system, including about 25 certified peer specialists.
- Several agencies have moved to an open access intake and assessment system for clients so as to increase entry for services.

The Hamilton County Mental Health and Recovery Services Board continues to strengthen the local system of care with the following new grant funding:

- Hamilton County Drug Court – Grant funds received from SAMHSA to expand access and increase capacity of the outpatient treatment component of the Drug Court program. Additional funding will also aid in addressing the opiate problem in Hamilton County.
- Cooperative Agreement to Benefit Homeless Individuals (CABHI) – Grant funds received from OhioMHAS to increase capacity to treat AOD homeless population and fill a gap in the housing continuum for the underserved AOD population.
- This past year OhioMHAS funded a Community Innovations grant for collaborative community proposals that would provide best practices in linking criminal justice involved people across systems with community-based behavioral health. HCMHRSB submitted the Hamilton County Criminal Justice and Behavioral Health Linkage Project with AOD Recovery Link providers and was awarded \$150,000. The project will provide mental health and/or substance abuse services to 70 individuals who are involved in the county's adult criminal justice system. This project is aimed at clients with behavioral health needs and criminal justice involvement. Emphasis on engagement and linkage to services is the goal.



- To connect clients with housing, the HCMHR SB, working with three of its contract agencies, received \$900,000 in state capital and GRF funding to support the development of recovery housing, outpatient services, and long-term residential treatment for the AOD population. The funding is used to provide services for pregnant adult women and women with children, to expand outpatient community based alcohol and other drug services, and to expand residential care for men recovering from substance use disorder.
- In 2015, HCMHR SB was awarded an additional \$496,766 over two years for this project which is designed to identify and implement a model of screening, assessment, and evaluation protocols that provide for a comprehensive service delivery system. Juveniles typically remain in the program for 5-6 months to complete Functional Family Therapy and meet probation requirements. Other services include case management, substance abuse services, family therapy, and recovery supports. Grant funding was awarded by a Behavioral Health and Juvenile Justice (BHJJ) grant through the Ohio Department of Youth Services (ODYS).

Although these funds are needed in Hamilton County, the new funding does not offset the reductions received to the Block grant funds for mental health and AOD, thus it is anticipated fewer individuals will be served.

### **Planning**

- HCMHR SB is involved in multiple planning projects with community partners, providers and stakeholders. The willingness of providers to come together and collaborate to address system gaps, needs, and disparities continues in our community. These strong relationships contribute to the strength of the local system of care.
- SHARES- Collaborative planning with Franklin and Cuyahoga County Boards to develop and implement a data system to replace MACSIS.
- Keys to Health- Planning collaborative with local hospitals, MHAP, HealthBridge to plan for Health Home implementation.
- Children’s Oversight – HCMHR SB meets with SED child treatment providers to plan and problem solve for children services and system issues.
- Mindpeace- HCMHR SB collaborates with school based prevention providers and Mindpeace to plan and 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).
- Hamilton County Response to the Opiate Epidemic- Collaborative planning effort consisting of community stakeholders in Hamilton County to address heroin/opiate addiction in the County. HCMHR SB also funds a joint effort in Colerain Township that has proved to be a promising response to the local rise in heroin addiction. This project pairs first responders and employees of the Addiction Services Council in creating a “Quick Response Team” (QRT). The QRT has been utilized to immediately follow up with overdose survivors and encourage prompt enrollment in treatment. Since QRT’s inception, the majority of the overdose survivors who received face-to-face follow-up from the QRT team within five days of the overdose, entered treatment. The success of this Colerain project will be replicated in other law enforcement agencies countywide.
- Workforce Development- HCMHR SB annually provides trainings to local case managers and licensed staff on the following and other topics: Understanding Probate Court, Health Officer training, Housing Options in Hamilton County, navigating the Hamilton County jail system and Case Management orientation as well as the offering of Case Management Solutions on a monthly basis.

#### 4. Challenges:

- a. What are the challenges within your local system in addressing the findings of the needs assessment, including the Board meeting the Ohio Revised Code requirements of the Continuum of Care?
  - Finding an avenue for addressing workforce development needs- - Providers have inexperienced staff who are responsible for providing services to multi-system high need and challenging clients.
  - Need for increased capacity of various type respite services (in home, therapeutic foster home, and weekend respite)
  - Changes to Ohio Administrative Code – Agency staff continue to request assistance to operationalize code changes that affect their day to day operations.
    - Changes to code effective July 1, 2016 have resulted in numerous questions among HCMHR SB staff, providers, and peer workers that will need to be addressed. For example, the HCMHR SB has received phone calls from peers working at the consumer operated agencies wanting to know whether they have to be certified as a Peer Recovery Supporter and the HCMHR SB has received conflicting information regarding the new certification process and rules.
    - Behavioral Health Redesign - Varied implementation dates. Boards and Providers are in need of current information and more clarity regarding redesign.

#### **Mental Health:**

- Inability to utilize prevention and early intervention services in school based settings may lead to clients not having access to services earlier in the development of mental health symptomology and could possibly result in the use of more costly Medicaid and non-Medicaid services.
- Inability to provide prevention and early intervention services due to language and cultural barriers may result in underserved populations such as Spanish speaking populations not accessing services earlier and therefore eventually utilizing more costly services.
- Lack of adequate housing for populations such as individuals with dual disorders, individuals with transgender issues and individuals with a history of sexual offense may result in increased homelessness and utilization of the criminal justice system.
- Limits on adult community psychiatric supportive treatment and pharmacological management may impact the following:
  - a.) the ability to implement and deliver new or existing evidence based models
  - b) the ability to be proactive in facilitating transitions between service providers
  - c) the ability to fully assist a client in a “hands-on” manner in crisis situations
  - d) the ability to access pharmacological management which could increase the decompensation cycle in clients and this may result in increased utilization of local psychiatric hospitals and the state hospital
- The limited capacity for in-home services to children and families, may delay the potential for family intervention and skill building which could result in increased out of home placements for children.
- The limited capacity for outpatient counseling for clients who do not have a severe and persistent mental illness could result in the use of more costly Medicaid and non-Medicaid services.
- Untimely access to pharmacological services for children and families due to the shortages in child psychiatry services may result in more rapid decompensation in children’s functioning which could lead to more utilization of inpatient services, out of home placements, and other costly interventions.

#### **AOD:**

- Gaps in access for low income populations, lack of resources for housing, medication and long term

residential services, ultimately impacts the AOD client either using jail bed days, hospital days or death. This is a high cost for the community.

- b. Identify those areas, if any, in which you would like to receive assistance from other boards and/or state departments.
  - Sharing Crisis Services
  - Accessing pharmacological services for children
  - Access – Medication Assisted Treatment

## 5. Cultural Competency

- a. Describe the board's vision to establish a culturally competent system of care in the board area and how the board is working to achieve that vision.

The Board's mission is to acknowledge individual needs and differences. The vision is that the system is culturally competent, and there are several activities the Board facilitates in working to achieve the vision. The Board sponsors free continuing education events on a monthly basis related to housing, probate and the criminal justice system, all of which consider cultural and linguistic differences.

Research has demonstrated that individuals with a mental illness often experience a culture of their own and have a different perspectives regarding services and programming than do professionals. To assure that the client perspective is included in system oversight and planning, the Board continues to be committed to employing individuals in recovery. To assure that the client perspective is included in system oversight and planning, the Board continues to be committed to employing/contracting with individuals in recovery. Both the Board's contracted Client Rights Officer and Coordinator of Wellness Management are, or have been, recipients of mental health services.

While the Board cannot dictate hires for contract agencies, the Board does require that agencies be able to demonstrate the incorporation of standards of diversity management and cultural competence in all levels of planning and development of services and in resources management. Agencies are required to utilize written recruitment, selection and promotion policies that are consistent with Equal Employment Opportunity requirements and conform to the agency's Affirmative Action Plan.

One of the Board's largest contract agencies has bilingual staff available to Spanish speaking clients as well as ACT teams for the deaf, forensic, and transitional youth populations. The Board also funds a culturally responsive services program that focuses on outreach to the young African American males and a program that has a team of providers who specialize in the needs of the elderly population.

In Hamilton County, more than 50% of the agencies contracted to provide behavioral health services to Hamilton County residents utilize the International Family Resource Center program that provides translation and interpretation services in more than 95 languages and dialects.

Another example of the Board's commitment to and demonstration of cultural competence is found in the implementation of the JOURNEY to Successful Living System of Care. The Board and JOURNEY have policies and practices that support non-discrimination on the basis of race, color, national origin and individuals with limited English proficiency in the delivery of health care services (Title VI Legal Manual,

1998). With JOURNEY, practices have been developed so the individualized service plan (ISP) is culturally and linguistically appropriate. Training of the child and family team to understand the culture of the youth and family is a priority. The team is taught to: 1) use the preferred language of the youth and family, even if this requires translators and interpreters; 2) use culture specific assessments, interventions, and treatment; 3) nurture the strengths and customs of the youth and family or young adult that are reflective of their culture and religious heritage; 4) recognize beliefs and behaviors that are normal to the youth's culture and not assume they are pathological; 5) ensure services written in the ISP are youth driven, family guided, community based and offer flexible service hours and appointments; 6) review at least quarterly services for cultural and linguistic relevance. Also, JOURNEY has a priority to involve youth, family, and community partners in the system of care and to be inclusive of all cultural groups, with particular emphasis on ensuring African American representation, knowing this population is overrepresented in our current system of care.

In addition, a cultural competence coordinator ensures that the ultimate goal is for JOURNEY to build an infrastructure where members feel respected and heard. Hamilton County is an urban community with a "small town feel" and word quickly spreads that JOURNEY is committed to an inclusive process that values diversity; this inevitably helps sustain these recruitment strategies. The coordinator works in collaboration with a diverse, community-based cultural competence committee and other committees, workgroups, governance board, agencies and lead care coordinating agencies to develop and implement a cultural and linguistic competence plan. The goal of the plan is to make certain JOURNEY develops a strategic approach to increase cultural responsiveness of services and supports delivered to youth/young adults and their families, as well as facilitate an appreciation for diversity.

The management plan, staffing pattern, project organization and resources are designed with a sensitivity to issues of language, youth and young adults developmental and biological age, gender, sexual orientation, race, ethnicity and culture. Also, the cultural competence coordinator and committee keep abreast of community demographics to address any new disparities in access and utilization of services. Materials are written at a level that is understandable for youth and adults and materials are also available in the language(s) of the individuals served. For those individuals who cannot read or who have challenges with literacy, alternative picture formats and/or oral explanations are made available.

Mighty Vine Wellness Center (MVWC) and the Recovery Center of Hamilton County (RCHC), both Board funded consumer-operated centers, offer several events/classes each year that are designed to celebrate diversity. For example, MVWC has a drum circle that meets regularly and periodically performs at public events. The drum circle brings people together in a unique rhythmic experience that transcends language and cultural barriers. The RCHC has licensed Soul Collage facilitators who help members connect with and share their unique gifts, culture, and experiences via the process of creating Soul Collage cards. The RCHC also highlights various ethnic and cultural experiences through art and PhotoVoice exhibits, cooking classes, and wellness classes such as Yoga and Taekwondo.

6. Considering the board’s understanding of local needs, the strengths and challenges of the local system, what has the board set as its priorities for service delivery including treatment and prevention and for populations?

Below is a table that provides federal and state priorities.

Please complete the requested information only for those federal and state priorities that are the same as the board’s priorities, and add the board’s unique priorities in the section provided. For those federal and state priorities that are not selected by the board, please check one of the reasons provided, or briefly describe the applicable reason, in the last column.

Most important, please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in the board’s response to question 2.d. in the “Assessment of Need and Identification of Gaps and Disparities” section of the Community Plan [ORC 340.03(A)(11) and 340.033].

**Priorities for Hamilton County Mental Health and Recovery Services Board**

**Substance Abuse & Mental Health Block Grant Priorities**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<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).	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, Med Som, Methadone and other medication assisted therapies, sub-acute detox and residential treatment to address this special population.	- HCMHRSB continues to utilize two specific NOMs as indicators of service effectiveness: 1) abstinence; and 2) criminal justice involvement as measured by arrests.  -HCMHRSB requires use of the Brief Addiction Monitor to collect AOD Outcomes data.	<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:</b> Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	- Prioritize treatment admission for pregnant women who have a substance use disorder.	-Fund full continuum of services at CCHB MAT program, First Step Home, The Crossroads Center, Alcoholism Council, RHAC- screening, assessment and referral and Talbert House to address the needs of this special population.	- NOMS  - BAM	<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:</b> Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	- Prioritize treatment for parents with substance abuse disorders who have dependent children.	-Fund services for the FAIR program in collaboration with Hamilton County Job and Family Services to meet the needs of this population. -Fund HOPE project in collaboration with HC Job and Family Services, DD Services and Juvenile Court.	- FAIR process outcomes developed with HCJFS.  - NOMS  - BAM  - HOPE process measures and Ohio	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

			Consumer Outcomes.	
<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.	- NOMS  - BAM	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	-Provide a qualitative, accessible, coordinated, seamless system of care for children SED. Promote resiliency, recovery, and successful transitions or youth with SED. -Provide a comprehensive array of services utilizing best and evidence based practices.	-Fund assessment services, counseling, community psychiatric support treatment, pharmacological management, Community psychiatric supportive services, Social and recreational services, respite care, partial hospitalization and in home behavioral management services for Non-Medicaid eligible youth as well as, crisis services, 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 practices. -Engage in collaborations that support a seamless system of care for children with SED -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	-Ohio Consumer Outcomes  -Client and Family satisfaction surveys	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		<p>(i.e. assist schools, agencies, students and their families in addressing students' behavioral health needs that may impact school success).</p> <p>-Develop and implement services and supports that are youth-driven &amp; family-guided; culturally &amp; linguistically competent; individualized and community-based</p> <p>- Increase workforce competence to address "youth culture"</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 the SMI population</p>	<p>-Fund assessment services, counseling, community psychiatric support 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 families and clients.</p> <p>-Use Case Management ACT teams to meet priority populations;</p> <p>Forensic ACT Team Criminal Justice (CJ) ACT Team Homeless ACT team IDDT ACT Team</p> <ul style="list-style-type: none"> <li>• SAMI Teams</li> <li>• Case Managers trained in Motivational Interviewing and Individual Dual Disorder Treatment (IDDT)</li> </ul> <p>-Forensic Treatment Case</p>	<p>- ACT Fidelity Measures</p> <p>- Ohio Outcome Measures</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>



		<p>Management team- Provide treatment and monitor court compliance for individuals found Not Guilty by Reason of Insanity (NGRI) or Incompetent to Stand Trial( ISTU-CJ)</p> <p>-Fund Mental Health Courts- Municipal and Felony</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> <p>-Use MHAP to offer interim pharmacologic management and transitional case management services.</p> <p>-Fund Homelink- housing information and referrals source for case managers.</p> <p>-Fund Excel and other housing supports- maintain housing subsidies and property for adults with severe mental illness.</p> <p>-Fund Benefit Specialist at MHAP to help individuals apply for Medicaid or enroll in the Affordable Care Act.</p> <p>-Provide trainings for case managers on the Community Mental Health Housing System, Probate Court, Criminal Justice system and Summit Behavioral Healthcare to better meet the needs of the severely mentally ill client.</p> <p>-Provide monthly CM Development sessions to provide support and education to CM. Topics include time</p>		
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		management and documentation, housing resources, substance abuse, crisis intervention techniques etc.		
<b>MH-Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing	- Provide supportive housing for homeless substance use disordered and/or severely mentally ill clients at all levels of treatment.	- Fund MHAP to identify housing needs for clients who are SMI. -Fund EXCEL and other housing supports to provide housing for same population - Fund PATH team to provide outreach and in reach to identify, engage, and connect with homeless individuals who have severe mental illness to needed services. -Fund residential treatment for clients with behavioral health disorders. -Implementation and expansion of CABHI Program -Collaborate with local Homeless Coalitions to address the needs of this population. -Participate in Coordinated Entry within the Homeless Continuum to advocate for the needs of both populations	- Ohio Consumer Outcomes  - NOMS  - BAM  -Federally-established Deliverables	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>MH-Treatment:</b> Older Adults	-Continued support of programs and services to meet the needs of older adults to ensure their behavioral health needs are met.	-Fund outpatient psychiatric supportive treatment, assessment, treatment planning, assistance and support in crisis situations, symptom monitoring and assistance in learning to self-mange symptoms, interventions aimed at developing and coping skills of the consumer and increasing social support skills. -Geriatric Outreach Program combined with Community	-Ohio Consumer Outcomes	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

		Psychiatric Support Program -Adult Outpatient Services also focus on a population of older adults age 55+.		
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	Develop a coordinated system of care for individuals involved in various stages of the criminal justice system who have mental health or substance abuse issues	Provide a continuum of care services utilizing the SAMSHA Intercept model. -Work collaboratively with the jail MH Unit to streamline services and improve care coordination -Work collaboratively with the Sherriff's office and pretrial -Quarterly Criminal Justice/MH/Law Enforcement committee to address barriers and improve communication and coordination between criminal justice and mental health - Provide two Criminal Justice/Mental Health trainings to CM per year to educate them on how to effectively advocate for their client while in jail -Establish a Forensic Court Clinic that provides clinical expertise for the courts -Developed two Mental Health Courts for Municipal and Felony courts -Developed a Juvenile MHC in partnership with Juvenile Court -Developed a CIT program for Hamilton County that trains all levels	-Ohio Consumer Outcomes  -NOMS indicators of service effectiveness: 1) abstinence; and 2) criminal justice involvement as measured by arrests  - BAM  -Federally-established Deliverables	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe

		<p>of Law Enforcement to prepare them with the necessary skills to interact with this population prior to arrest</p> <ul style="list-style-type: none"> <li>-Developed Drug Court with a comprehensive treatment program</li> <li>-Participation in the Access To Recovery Program</li> </ul>		
Integration of behavioral health and primary care services	Develop a coordinated system of care and self- management for individuals with severe mental illness and chronic physical health issues	<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> <ul style="list-style-type: none"> <li>-Work collaboratively with local hospitals to improve communication and care coordination for individuals with high risk needs.</li> <li>-Implement a system for ER alerts when identified individuals enter a local ER.</li> </ul>	<ul style="list-style-type: none"> <li>- Ohio Consumer Outcomes</li> <li>- Decrease in ER visits</li> <li>- Cost Savings to community</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>
Recovery support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support, transportation)	<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> MHRBSB provided funding to provider agencies to add Recovery Supports and Recovery Housing for individuals with opiate SUDS.</p> <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</p>	<ul style="list-style-type: none"> <li>-Ohio Consumer Outcomes Symptom Distress, Quality of Life, and Making Decisions Empowerment scales.</li> <li>-Additional individuals will be connected to recovery services in Hamilton County</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>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 HCMHR SB 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 HCMHR SB service system include: Wellness Management and Recovery (WMR), Wellness Recovery Action Plan (WRAP), and Wellness in Eight Dimensions.</p> <p>Approximately 60 peer support providers are employed within the HCMHR SB system and an estimated 75 individuals in recovery have received peer support specialist or recovery coach certificates.</p>		
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		<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> </ul>		
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	-Improved access of youth with behavioral health and criminal justice involvement to behavioral health and primary care services	-Updated resource information -Person to assist youth and families who need more assistance in navigating and making a connection to Behavioral health and primary care services.	-More youth connected to behavioral health and primary care services	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	Prevent and decrease overdose deaths in Hamilton County.	-HCMHRSB participates on the local Heroin Coalition as well as funds prevention and treatment efforts aimed at decreasing use of opiates. -HCMHRSB supports the use of Narcan at agencies.	-Increased access to Narcan at different agency sites.  -Increased use of MAT at agencies.  -Demonstrated coordinated efforts at prevention messaging in the community.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
Promote Trauma Informed Care approach	To provide coordination and communication within our community in relation to local expertise, training opportunities, and resources	- Fund Providers participation in a Trauma Informed Care Learning Community co-sponsored by the National Behavioral Council - Participate in the Southwest Regional Trauma Informed Care Collaborative	-Outcome measures identified by the National Behavioral Council	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
<b>Prevention Priorities</b>				

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p><b>Prevention:</b> Ensure prevention services are available across the lifespan with a focus on families with children/adolescents</p>	<p>- Provide prevention services across the lifespan.</p>	<p>-Fund an array of prevention services to include; information dissemination, education, community based process, alternatives, environmental and problem identification and referral services for persons at risk of developing a substance use disorder.  -Fund mental health prevention services, consultation, referral and information, mental health education to address mental health needs in the community.  -Provide a comprehensive array of services utilizing best and evidenced based practices.  -Target school aged children with mental health prevention services.  -Target special populations at risk for suicide.  Target 18-25 year olds at risk of engaging in high risk drinking.</p> <p>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: <ol 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> </ol> </li> </ul>	<p>- POPS</p> <p>- Prevention NOMs</p> <p>- Process measurements developed in collaboration with prevention providers</p> <p>- Satisfaction surveys</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

		<p>c) Family members of SMD persons</p> <p>d) Families in crisis or at risk</p> <p>e) Persons experiencing or at risk of violence.</p> <p>f) Persons at risk of becoming suicidal or clinically depressed</p> <p>g) Persons who have suffered a severe loss or experienced a traumatic event within the past three years</p> <p>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>		
<b>Prevention:</b> Increase access to evidence-based prevention	-Promote and support the delivery of evidence based prevention services in our community	<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>	-Satisfaction Surveys	<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>
<b>Prevention:</b> Suicide prevention	<p>-Promote efforts that seek to increase help- seeking behavior</p> <p>-Promote evidence based suicide prevention strategies</p> <p>-----</p>	<p>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)</p> <p>-Promote suicide prevention resources such as 281-CARE hotline (community resource cards)</p> <p>-Promote and or expand community resources such as the text line for youth and other special populations (e.g. college students)</p> <p>-Provide services that target persons</p>	-Satisfaction Surveys	<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>



		at risk of becoming suicidal or clinically depressed (e.g. support groups) -Collaborate with state around its effort to prevent suicides		
<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.	- The Hamilton County Gambling Taskforce continues to meet and plan. -Funding has been allocated to provider treatment and prevention agencies. -All treatment agencies have identified an evidenced based screening tool approved by Ohio MHAS.	- NOMS  - BAM	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

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

**Priorities (continued)**

7. What priority areas would your system have chosen had there not been resource limitations, and why? If you provide multiple priority areas, please prioritize.

Priority if resources were available	Why this priority would be chosen
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	

## Collaboration

8. Describe the board's accomplishments achieved through collaborative efforts with other systems, consumers and/or the general public during the past two years. (Note: Highlight collaborative undertakings that support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)

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

- a. The Integrated behavioral and physical health care project: Hamilton County is fortunate to have a long history of effective integrated models in both the primary health and community mental health sectors.
- b. Keys to Health Project – Is a care coordination project implemented in collaboration with 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.
- c. Hamilton County Heroin Coalition (HCHC)– HCHC was formally launched by the Board of Hamilton County Commission in May 1, 2015. Since that time, HCHC has provided a platform for collaboration among the many entities already working to address the impact of heroin and opiate addiction across Hamilton County. HCHC helps leverage resources, promotes best practices, advocates legislative change, breaks down barriers to collaboration, and coordinates public awareness. HCHC has focused on four key areas: treatment, harm reduction, prevention and supply reduction. Working with providers and the County Commissioners' office, HCMHR SB identified necessary services and resources to address opiate and heroin addiction in our community. Additional funding commitments were received from UC Health and Tri- Health to be directed at services targeting opiate and heroin abuse.
- d. Mental Health First Aid – MHFA is an evidenced based training to teach participants how to help someone who is experiencing a mental health crisis. There is an adult and youth component. MHFA allows for early detection and intervention by teaching about the signs and symptoms of specific illnesses such as anxiety disorders, schizophrenia, mood disorders eating disorders and substance disorders. The program offers concrete tools and answers key questions like what can I do and where can someone find help. The program has the potential to reduce stigma, improve mental health literacy and empower individuals. 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, Greater Cincinnati Urban NAMI and Journey provide training on both youth and adult modules.

- e. Access to Recovery – Ohio MHAS was awarded a three-year, \$7 million Access to Recovery IV (ATR) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide vouchers for recovery support and treatment services to more than 4,300 criminal justice-involved adults and military service members. The HCMHRSB along with eight other Boards throughout Ohio agreed to support the ATR IV initiative to bring recovery support services to Hamilton County focusing on non-traditional service providers. The grant period is from May 1, 2015 through April 20, 2018.
- f. The Addiction Treatment Program (ATP) was established in House Bill 64. Ohioans appropriated \$11million in SFY 2016 and 2017 for treatment, medication, evaluation and oversight. Fifteen Ohio counties will participate in the project. The expectation is that treatment providers and Drug Courts will be able to serve more people due to the ability to get clients enrolled in Medicaid or commercial insurance in a timely manner. Hamilton County is projecting to serve approximately 400 clients with these funds. Currently HCMHRSB is awaiting certification for the Hamilton County Drug Court before the project can begin.
- g. Restoration to Competency (RTC)- In SFY 2016, HCMHRSB received a grant from Ohio MHAS to provide services targeting individuals who have been found incompetent to stand trial due to a behavioral health diagnosis. The goal of the project is to develop a community based restoration to competency program for Hamilton County misdemeanor defendants thereby decreasing inpatient stays for patients at Summit Behavioral Health Hospital and increasing access to the hospital for Forensic and Civil patients. This project will provide services to low risk individuals who are found incompetent to stand trial, in the least restrictive setting, in the community. This is a collaborative project with Summit Behavioral Health (SBH) providing hospitalization as needed, Greater Cincinnati Behavioral Health Services, (GCBHS) will provide intensive case management services using their Criminal Justice ACT team; Court Clinic will provide evaluation and restoration educational sessions; Hamilton County Pre-Trial Services will coordinate communication between the partners and the court and HCMHRSB will facilitate collaboration and provide oversight of the project. Target number served 10-15 clients.
- h. Multi system children projects:
- 1) Intersystem Service Collaboration Committee - This is a collaborative committee closely linked to Children and Family First Council, comprised of representatives from Job and Family Services, Developmental Disabilities Services, the HCMHRSB, Juvenile Court, Cincinnati Public Schools, Legal Aid, and the Hamilton County Educational Services Center that offers assistance to multi-system youth and families in need of more intensive service coordination. The committee provides a forum for youth, families, and agencies to problem solve system barriers and gaps through case consultation, planning and information sharing. As a result, there is strengthened care coordination for multi-system youth (ages 0 to 22) and their families.
  - 2) Multi-County System Agency - Partnership with Department of Job and Family Services, Developmental Disabilities Services, Juvenile Court, and the HCMHRSB to coordinate care and manage services for children and families who have multiple needs. Accomplishments: The development of system of care that results in more coordinated, more effective supports and services for children and their families.

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

4) Journey - JOURNEY to Successful Living (JOURNEY) is a program designed to strengthen the system of care in Hamilton County for youth and young adults, ages 14 to 21, with serious emotional and behavioral challenges, and their families. JOURNEY's mission is to strengthen services and supports for youth and young adults with mental health challenges in their transition to adult services and self-sufficiency.

A "system of care" is defined as a spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families, that is organized into a coordinated network, that builds meaningful partnerships with families and youth, and that addresses their cultural and linguistic needs in order to help them to function better at home, in school, in the community, and throughout life. Services and supports are based in system of care philosophy, and adapted to the needs of Hamilton County's population of focus.

#### JOURNEY's System of Care Partners:

- Hamilton County Job and Family Services
- Hamilton County Developmental Disabilities Services
- Hamilton County Juvenile Court
- Cincinnati Public Schools
- Transition-age youth
- Family/Caregivers

#### i. School Partnerships:

1) MindPeace - This is a partnership of mental health professionals and agencies that are committed to improving access to school based mental health services for all students. The partnership assists schools, agencies, students and their families in addressing students' behavioral health needs that may impact school success. Accomplishments include 48 out of 55 Cincinnati Public Schools have an identified mental health agency provider of school based mental health services for their students and families; refined data collection tool, 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) Out of District Panel - This is a collaborative of representatives from Cincinnati Public Schools, Job and Family Services, the HCMHR SB, and a family advocate who are committed to ensuring all available resources have been explored to maintain a child in Cincinnati Public Schools before recommending placement outside of the district. As a result of this collaboration, there is an improved understanding of systems, identification of resources, and planning that addresses the behavioral health barriers to a student's educational success.

4) 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.

h. Criminal Justice Partnerships:

1) FACT: Since 2003 the Board has had in place a forensic ACT team (FACT) which at any given time serves about 50 SMD high-risk clients recently released from Ohio's prisons. The tight collaboration among the Ohio Department of Rehabilitation and Correction staff, local parole personnel, Mental Health Access Point clinicians, 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 and local weekly intake meetings to review newly referred cases, greatly contributes to the high level of communication required to coordinate care and promote recovery and success of client. Accomplishments include serving over 70 clients a year with minimal recidivism. GCBHS FACT team staff continue to focus on issues of quick access to benefit status information for inmates about to leave prison, access to prison medical records, and the problem of finding local housing for sex offenders.

2) Post Booking and Jail Diversion Program: A collaborative partnership between the city prosecutor and mental health system that is a diversion program for adults with severe mental disabilities and misdemeanor charges. The length of this voluntary program, which targets clients already connected to CPST services and not eligible for the misdemeanor Mental Health Court, varies from two to six months. Clients are required to continue to work with their CPST staff and do not need to appear in court unless indicated. Accomplishments include over 90% of participants attend their arraignment, clients have stayed connected to mental health services, clients completing the program have gotten their charges dismissed, and anecdotal data from CPST staff and clients has been positive.

3) Criminal Justice and Behavioral Health Linkage grant – In October 2013, Central Clinic/Court Clinic was awarded a Criminal Justice/Behavioral Health Linkage grant from OH MHAS as part of their "Community Innovations" initiative. Central Clinic's project, Alternative Interventions for Men (AIM) was funded for \$137,500. During this 12 month pilot, AIM will provide mental health and/or substance abuse services to 85-100 non-violent men who are involved in the county's adult criminal justice system while reducing the use of jail and criminal justice involvement and increasing abstinence of the participants.

4) Misdemeanor and Felony Mental Health Courts: Collaborative partnership with the courts, probation, mental health, and AOD agencies, 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 clients decreasing new charges, finding housing and at times being reunited with families.

5) 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.

6) Criminal Justice/Law Enforcement/Mental Health Interface: A Board committee that includes representatives from mental health, criminal justice, hospital, court, law enforcement, homeless coalition, and NAMI. Accomplishments include facilitating focus group of individuals who have a severe mental illness and have been connected to programs supported by the HCMHRSB in collaboration with criminal justice; collaborating with state CIT for focus groups and working toward fidelity.

7) High Risk Committee: Committee that includes representatives from CPST agencies, pretrial, court clinic, state hospital, University Hospital, police and Mobile Crisis Team in which agencies present high risk cases to the group of experts to explore alternate treatment interventions, coordinate care, and increase collaboration. Accomplishments include better coordinated care for the clients.

8) Cincinnati Police Department/Board Collaboration: This is a partnership with the Police Department to work collaboratively with high risk clients who have frequent arrests, but limited jail time. Accomplishments include increased communication, ability to coordinate a plan of intervention, and increased understanding and education between the Police Department and mental health agencies. Several of these clients are no longer homeless or on the streets.

9) Juvenile Mental Health Court: Collaboration with Juvenile Court, probation, and Lighthouse Youth Services to facilitate a Mental Health Court for both diversion program and felony court that targets 80 youth per year using evidenced based Family Functional Therapy. Accomplishments: No youth who completed the program has ever been sent to the Department of Youth Services.

10) Crisis Intervention Team (CIT): The police welcome collaboration, communication, and training from the community mental health system. Initially, an eight hour course, Mental Health Response Team was developed and presented to the Cincinnati Police Department. In the last ten years this training has evolved into a 40-hour course that is offered to all of Hamilton County officers. The HCMHRSB, contract agencies, universities and peer centers assist with training of police, fire and EMT personnel. In 2008, the Board's contract agency, Mental Health America of Southwest Ohio (MHA), collaborated with the Coordinating Center of Excellence to add CIT to the current model of law enforcement training. Accomplishments include: MHA has completed for the Coordinating Center of Excellence a peer review to assess current training program for quality improvement and the ability to receive feedback from peers in order to further strengthen the law enforcement training program, as well as facilitated focus groups for them. The program has trained over 247 officers through a 40 hour curriculum since end of FY13.

i. Vocational/Rehabilitation Partnerships:

1) Pathways 26: For more than 7 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. In 2013, The Opportunities for Ohioans with Disabilities (OOD) expanded

its services to a multi-systemic approach in preparing individuals with mental health and/or drug and alcohol addiction for employment.

### Inpatient Hospital Management

9. Describe the interaction between the local system's utilization of the State Hospital(s), Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that is expected or foreseen.

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

Maintain an outpatient community probate database on approximately 250 clients on probate status.

- Place clients on Outpatient Community Probate as ordered by a judge or at the request of client's treating Psychiatrist.
- Complete affidavits for clients who need involuntary hospitalization.
- Generate affidavits for inpatient treatment for clients already on Outpatient Probate who require a more Intensive level of care.
- Obtain inpatient beds for clients subject 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.
- Provide regularly scheduled training at the HCMHRSB for new Case Managers.

### Innovative Initiatives (Optional)

10. Many boards have implemented innovative programs to meet local needs. Please describe strategies, policy, or programs implemented during the past two years that increase efficiency and effectiveness that is believed to benefit other Ohio communities in one or more of the following areas:

- a. Service delivery
- b. Planning efforts
- c. Business operations
- d. Process and/or quality improvement

Please provide any relevant information about your innovations that might be useful, such as: How long it has been in place; any outcomes or results achieved; partnerships that are involved or support it; costs; and expertise utilized for planning, implementation, or evaluation.

**NOTE:** The Board may describe Hot Spot or Community Collaborative Resources (CCR) initiatives in this section, especially those that have been sustained.



### **Advocacy (Optional)**

11. Please share a story (or stories) that illustrate the vital/essential elements you have reported on in one or more of the previous sections.

### **Open Forum (Optional)**

12. Please share other relevant information that may not have been addressed in the earlier sections. Report any other emerging topics or issues, including the effects of Medicaid Expansion, which is believed to be important for the local system to share with the department or other relevant Ohio communities.

## Community Plan Appendix 1: Alcohol & Other Drugs Waivers

### A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	UPID #	ALLOCATION
N/A	N/A	N/A

### B. Request for Generic Services

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

B.AGENCY	UPID #	SERVICE	ALLOCATION
N/A	N/A	N/A	N/A

SIGNATURE PAGE

Community Plan for the Provision of  
Mental Health and Addiction Services  
SFY 2017

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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.

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ADAMHS, ADAS or CMH Board Name      Hamilton County Mental Health and Recovery Services Board

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ADAMHS, ADAS or CMH Board Executive Director  
Patrick Tribbe, President/CEO

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Date

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ADAMHS, ADAS or CMH Board Chair  
Thomas Gableman

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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 Table 1, “SFY 2017 Community Plan Essential Services Inventory”

Attached are the SFY 17 Community Plan (ComPlan) Essential Services Inventory and some supporting files to enable the Inventory’s completion.

Various service inventories have been included in the ComPlan in the past. The current Essential Services Inventory included with the 2017 ComPlan requires a new element: the listing of services for which the board does not contract. This new element is necessary due to recent changes in the Ohio Revised Code to detail the behavioral health (BH) continuum of care in each board area. The department and constituent workgroups, in pilot studies, have found this information necessary for boards to meet the Ohio Revised Code CoC requirements.

Some additional CoC information resources have been provided (Section VI) to assist in this process, but board knowledge is vitally important given the limitations of these included CoC resources. For example, the attached resources will 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 1<sup>st</sup> file is the Services Inventory. The goal is to provide a complete listing of all BH providers in the board area. To be able to proceed, please click on the “Enable Editing” and/or the “Enable Content” buttons, if they occur on top of the spreadsheet, and enter the name of the board in the 1<sup>st</sup> row.

The spreadsheet lists the ORC required Essential Service Categories in each row. Also in each row are cells to collect information about how each category requirement can be met. The information requested includes:

- Provider Name. Also included in some Provider Name cells are prompts for descriptions of services for which there are no FIS-040 or MACSIS definitions. The prompts request that descriptions of how the Board provides for these services be put in the last column, “Board Notes”. The prompts can be deleted to make room for a Provider Name.
- Mandatory individual service(s) that satisfy the ORC Essential Service Category
- Services related to the required category, but are needed to meet local BH needs, rather than the CoC mandate.
- “Yes” or “No” response indicating that the board contracts with the provider providing the service.
- Counties within the board where the provider provides the required “must be in the board area” service; or, out-of-board location when the required service is allowed to be provided outside the board area.
- Populations for which the service is intended to serve; or, for Prevention/Wellness services, the IOM Category.

Except for “Provider Name” and “Board Notes” cells, in which information is manually entered, all the other cells have a drop down menu from which services are chosen, and typed data entry cannot occur.

**To use the drop down menu**, click on a cell and a downward pointing arrow will appear. Click on the arrow and a drop-down list of services will appear. Click on a service and it will appear in the cell. Click on the service a 2<sup>nd</sup> time and it will erase the service entry in the cell; or highlight the unwanted service entry and click “Clear Content” from the right mouse button menu. Click on as many services as are needed for each provider cell in the row. Use the slide-bar on the right side of the drop down menu to see all available items in the list.

To add additional providers in a particular Essential Service row, highlight all cells in the row below the needed Essential Service, and click “Insert” from the right mouse button menu. All of the instructions and drop down menus for that Essential Service will be included in the “Inserted” rows.

**Additional Sources of CoC Information**

**1. MACSIS Data Mart Client Counts by AOD and MH services for 2015.**

Explanation: If a required service or support is not found in a Board’s budget, there may be a number of possible explanations, e.g.:

- a. Variation in how Boards account for services and supports in the budgeting process. A check of the MACSIS Data Mart may reveal budgeted services or supports that haven’t been directly captured in the current budget.
- b. Required service or support is delivered by Providers serving Medicaid only clients. The Data Mart will show that the Medicaid paid service or support is being provided within the Board service area even though the Board has no contract with that Provider.

**2. OhioMHAS 2015 Housing Survey.**

Explanation: Certain required housing categories may not be budgeted, e.g., Recovery Housing, or there may be lack of clarity between required housing categories and 040 reporting categories or specified in the Community Plan. The OhioMHAS Housing Survey brings greater clarity to classifications of housing services and environments and better track provision of those Continuum of Care (CoC) elements in Board service areas.

**3. SAMHSA 2014 National Survey of Substance Abuse treatment Services (N-SSATS), and the**

**4. SAMHSA 2014 National Mental Health Services Survey (N-MHSS).**

Explanation: SAMHSA annually surveys AOD and MH Providers irrespective of their OhioMHAS certification status. The surveys provide a broad spectrum of information, including the existence of some AOD or MH services or supports within a Board’s service district that are required essential CoC elements, but which are not found within the public behavioral health service taxonomy, or are not captured within the Board’s budget. These surveys should be reviewed for existing required CoC elements delivered by Providers that are OhioMHAS certified (in network) and those Providers that are not (out of network).

**Service Crosswalks between ORC Required Essential Service Category Elements and the Additional Information Sources**

<u>Essential Service Category Elements</u> (‡ = ORC 340.033 Required)	<u>2015 OhioMHAS Housing Survey</u>	<u>2014 National Survey of Substance Abuse Treatment Services (N-SSATS)</u>	<u>2014 Nation Survey of Mental Health Services Survey (N-NHSS)</u>
A-Ambulatory Detox ‡		OP Detox ASAM Level I.D & II.D	
A-Sub-Acute Detox ‡		Residential Detox ASAM Level III.2-D	
A-Acute Hospital Detox		Inpatient Detox	
Intensive Outpatient Services:		Intensive OP ASAM Level II.1 (9+ HRS/WK)	<ul style="list-style-type: none"> <li>• Assertive Community</li> </ul>

<ul style="list-style-type: none"> <li>• A-IOP ‡</li> <li>• M-Assertive Community Treatment</li> <li>• M-Health Homes</li> </ul>			<ul style="list-style-type: none"> <li>• Treatment (ACT)</li> <li>• Primary Physical Healthcare</li> </ul>
<u>Essential Service Category Elements</u> (‡ = ORC 340.033 Required)	<u>2015 OhioMHAS Housing Survey</u>	<u>2014 National Survey of Substance Abuse Treatment Services (N-SSATs)</u>	<u>2014 Nation Survey of Mental Health Services Survey (N-NHSS)</u>
A-Medically Assisted Treatment ‡		<ul style="list-style-type: none"> <li>• Naltrexone</li> <li>• Vivitrol</li> <li>• Methadone</li> <li>• Suboxone</li> <li>• Buprenorphine (No Naltrexone)</li> </ul>	
12 Step Approaches ‡		<p>Clinical/therapeutic approaches Used:..</p> <ul style="list-style-type: none"> <li>• 12 step facilitation</li> </ul>	
Residential Treatment: A-MCR-Hospital A-BHMCR-Hospital		Hospital IP Treatment ASAM IV & III.7	
Residential Treatment ‡: A-MCR- Non-Hospital A-BHMCR-Non-Hospital	Residential Treatment Medical Community Residence	Residential Short-Term ASAM Level III.5 (High Intensity)	
<u>Essential Service Category Elements</u> (‡ = ORC 340.033 Required)	<u>2015 OhioMHAS Housing Survey</u>	<u>2014 National Survey of Substance Abuse Treatment Services (N-SSATs)</u>	<u>2014 Nation Survey of Mental Health Services Survey (N-NHSS)</u>
Residential Treatment ‡: A-NMR-Non-Acute A-BH-Non-Medical-Non-Acute	Residential Treatment Medical Community Residence	Residential Long-Term ASAM Level III.3 (Low Intensity)	
Recovery Housing ‡	Recovery Housing		
M-Residential Treatment	Residential Treatment-MH		24 Hour Residential (Non-Hospital)
Locate & Inform: <ul style="list-style-type: none"> <li>• M-Information and Referral</li> </ul>			MH Referral, including emergency services
M-Partial Hospitalization			Setting: Day Treatment/Partial Hospitalization
M-Inpatient Psychiatric Services (Private Hospital Only)			Inpatient Services
Recovery Supports:			MH Consumer Operated (Peer

<ul style="list-style-type: none"> <li>• M-Self-Help/Peer Support</li> <li>• M-Consumer Operated Service</li> </ul>			Support)
Recovery Supports: <ul style="list-style-type: none"> <li>• M-Employment/Vocational Services</li> </ul>			<ul style="list-style-type: none"> <li>• Supported Employment Services</li> <li>• MH Vocational Rehabilitation Services</li> </ul>
<u>Essential Service Category Elements</u> (‡ = ORC 340.033 Required)	<u>2015 OhioMHAS Housing Survey</u>	<u>2014 National Survey of Substance Abuse Treatment Services (N-SSATs)</u>	<u>2014 Nation Survey of Mental Health Services Survey (N-NHSS)</u>
Recovery Supports: <ul style="list-style-type: none"> <li>• M-Social Recreational Services</li> </ul>			Activities Therapy
M-Crisis Intervention			MH Psychiatric Emergency (walk-in)
Wide Range of Housing Provision & Supports: <ul style="list-style-type: none"> <li>• M-Residential Care</li> </ul>	Residential Care: <ul style="list-style-type: none"> <li>• Adult Care Facility/ Group Home</li> <li>• Residential Care Facility (Health)</li> <li>• Child Residential Care/Group Home</li> </ul>		MH Supported Housing Services
<u>Essential Service Category Elements</u> (‡ = ORC 340.033 Required)	<u>2015 OhioMHAS Housing Survey</u>	<u>2014 National Survey of Substance Abuse Treatment Services (N-SSATs)</u>	<u>2014 Nation Survey of Mental Health Services Survey (N-NHSS)</u>
Wide Range of Housing Provision & Supports: <ul style="list-style-type: none"> <li>• M-Community Residential</li> <li>• M-Housing Subsidy</li> </ul>	Permanent Housing: <ul style="list-style-type: none"> <li>• Permanent Supportive Housing</li> <li>• Community Residence</li> <li>• Private Apartments</li> </ul>		MH Housing Services
Wide Range of Housing Provision & Supports: <ul style="list-style-type: none"> <li>• M-Crisis Bed</li> <li>• M-Respite Bed</li> <li>• Temporary Housing</li> <li>• Transitional</li> </ul>	Time Limited/ Temporary: <ul style="list-style-type: none"> <li>• Crisis</li> <li>• Respite</li> <li>• Temporary</li> <li>• Transitional</li> </ul>		
Wide Range of Housing Provision &	Time Limited/ Temporary:		<ul style="list-style-type: none"> <li>• Therapeutic Foster Care</li> </ul>

Supports: • M-Foster Care	• Foster		
Wide Range of Housing Provision & Supports: • AOD			• See Residential Treatment, above





Board = ENTER NAME OF BOARD HERE										
TABLE 1: INVENTORY OF FACILITIES, SERVICES AND SUPPORTS CURRENTLY AVAILABLE TO RESIDENTS OF THE BOARD AREA										
ORC Essential Service Elements: ‡ = ORC 340.033 Required Opiate Services (Column A)	Mandatory Service Directions (Column B)	Treatment Focus (Column C)	Location Requirements (Column D)	Provider Name (Column E)	Mandatory Services [ORC 340.033] Drop Down Menu in Cells (Column F)	Service(s) to Meet Local Need Drop Down Menu in Cells (Column G)	Board Contract Drop Down Menu (Column H)	County(ies) of Provider Location Drop Down Menu (Column I)	Populations Served or Prevention IOM Category (Column J)	(Column K) Board Notes:
‡ Peer Mentoring	Board must select all mandatory services if available	AOD Opiates	In Board area required	First Step Home	A-Peer Mentoring (No OAC or MACSIS Definition)	(This cell is blank)	Yes	Hamilton	Opiates, adults who have substance abuse disorders, SAMI	A-Peer Mentoring Description: Several Providers utilize recovery coaches and peer specialists to provide peer mentoring services. The recovery coach may be affiliated with a 12-step program, however, have also been instrumental in supporting recovery with traditional treatment services in the continuum of care. Recovery Coaches are peer mentors that provide strengths-based support for persons with addictions or in recovery from alcohol, other drugs, codependency, or other addictive behaviors.
‡ Peer Mentoring	Board must select all mandatory services if available	AOD Opiates	In Board area required	Prospect House	A-Peer Mentoring (No OAC or MACSIS Definition)	(This cell is blank)	Yes	Hamilton	Opiates, adults who have substance abuse disorders, SAMI	A-Peer Mentoring Description: Several Providers utilize recovery coaches and peer specialists to provide peer mentoring services. The recovery coach may be affiliated with a 12-step program, however, have also been instrumental in supporting recovery with traditional treatment services in the continuum of care. Recovery Coaches are peer mentors that provide strengths-based support for persons with addictions or in recovery from alcohol, other drugs, codependency, or other addictive behaviors.
‡ Peer Mentoring	Board must select all mandatory services if available	AOD Opiates	In Board area required	Talbert House	A-Peer Mentoring (No OAC or MACSIS Definition)	(This cell is blank)	Yes	Hamilton	Opiates, adults who have substance abuse disorders, SAMI	A-Peer Mentoring Description: Several Providers utilize recovery coaches and peer specialists to provide peer mentoring services. The recovery coach may be affiliated with a 12-step program, however, have also been instrumental in supporting recovery with traditional treatment services in the continuum of care. Recovery Coaches are peer mentors that provide strengths-based support for persons with addictions or in recovery from alcohol, other drugs, codependency, or other addictive behaviors.
‡ Peer Mentoring	Board must select all mandatory services if available	AOD Opiates	In Board area required	Urban Minority Alcohol and Drug Abuse Outreach Program	A-Peer Mentoring (No OAC or MACSIS Definition)	(This cell is blank)	Yes	Hamilton	Opiates, adults who have substance abuse disorders, SAMI	A-Peer Mentoring Description: Several Providers utilize recovery coaches and peer specialists to provide peer mentoring services. The recovery coach may be affiliated with a 12-step program, however, have also been instrumental in supporting recovery with traditional treatment services in the continuum of care. Recovery Coaches are peer mentors that provide strengths-based support for persons with addictions or in recovery from alcohol, other drugs, codependency, or other addictive behaviors.
‡ Residential Treatment	Board must select at least one mandatory service, if available	AOD Opiates	Out-of-Board area allowed	Center for Addiction Treatment	A-NMCR Unbundled [OAC 3793:2-1-08(V)], A-BH-NMCR Bundled [OAC 3793:2-1-08(V)]	(This cell is blank)	Yes	Hamilton	Opiates, children who have substance abuse issue and their families, adults who have substance abuse disorders, SAMI	
‡ Residential Treatment	Board must select at least one mandatory service, if available	AOD Opiates	Out-of-Board area allowed	Central Community Health Board	A-NMCR Unbundled [OAC 3793:2-1-08(V)], A-BH-NMCR Bundled [OAC 3793:2-1-08(V)]	(This cell is blank)	Yes	Hamilton	Opiates, children who have substance abuse issue and their families, adults who have substance abuse disorders, SAMI	
‡ Residential Treatment	Board must select at least one mandatory service, if available	AOD Opiates	Out-of-Board area allowed	The Crossroads Center	A-NMCR Unbundled [OAC 3793:2-1-08(V)], A-BH-NMCR Bundled [OAC 3793:2-1-08(V)]	(This cell is blank)	Yes	Hamilton	Opiates, children who have substance abuse issue and their families, adults who have substance abuse disorders, SAMI	
‡ Residential Treatment	Board must select at least one mandatory service, if available	AOD Opiates	Out-of-Board area allowed	Cornell Abraxas	A-NMCR Unbundled [OAC 3793:2-1-08(V)], A-BH-NMCR Bundled [OAC 3793:2-1-08(V)]	(This cell is blank)	Yes	Hamilton	Opiates, children who have substance abuse issue and their families, adults who have substance abuse disorders, SAMI	
‡ Residential Treatment	Board must select at least one mandatory service, if available	AOD Opiates	Out-of-Board area allowed	Keystone Richland Center (Foundations)	A-NMCR Unbundled [OAC 3793:2-1-08(V)], A-BH-NMCR Bundled [OAC 3793:2-1-08(V)]	(This cell is blank)	Yes	Hamilton	Opiates, children who have substance abuse issue and their families, adults who have substance abuse disorders, SAMI	
‡ Residential Treatment	Board must select at least one mandatory service, if available	AOD Opiates	Out-of-Board area allowed	Sojourner Recovery Services	A-NMCR Unbundled [OAC 3793:2-1-08(V)], A-BH-NMCR Bundled [OAC 3793:2-1-08(V)]	(This cell is blank)	Yes	Hamilton	Opiates, children who have substance abuse issue and their families, adults who have substance abuse disorders, SAMI	
‡ Residential Treatment	Board must select at least one mandatory service, if available	AOD Opiates	Out-of-Board area allowed	Talbert House	A-NMCR Unbundled [OAC 3793:2-1-08(V)], A-BH-NMCR Bundled [OAC 3793:2-1-08(V)]	(This cell is blank)	Yes	Hamilton	Opiates, children who have substance abuse issue and their families, adults who have substance abuse disorders, SAMI	
‡ Recovery Housing	Board must select all mandatory services if available	AOD Opiates	In Board area required	First Step Home	A-Recovery housing (No OAC or MACSIS Definition)	(This cell is blank)	Yes	Hamilton	Opiates, adults who have substance abuse disorders, SAMI	A-Recovery Housing Description: ORC 340.01 (3) (effective 9/15/2016) "Recovery housing" means housing for individuals recovering from alcoholism or drug addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining alcohol and drug addiction services, and other alcoholism and drug addiction recovery assistance.
‡ Recovery Housing	Board must select all mandatory services if available	AOD Opiates	In Board area required	Talbert House	A-Recovery housing (No OAC or MACSIS Definition)	(This cell is blank)	Yes	Hamilton	Opiates, adults who have substance abuse disorders, SAMI	A-Recovery Housing Description: ORC 340.01 (3) (effective 9/15/2016) "Recovery housing" means housing for individuals recovering from alcoholism or drug addiction that provides an alcohol and drug-free living environment, peer support, assistance with obtaining alcohol and drug addiction services, and other alcoholism and drug addiction recovery assistance.
‡ 12 Step Approaches	Board must select all mandatory services if available	AOD Opiates	In Board area required	Addiction Services Council	A-12 Step approaches (No OAC or MACSIS Definition)	(This cell is blank)	No	Hamilton	Opiates, adults who have substance abuse disorders, SAMI	A-12 Step Approaches Description: The 12-step approach may consist of the traditional Alcoholic's Anonymous and Narcotic's Anonymous programs, but may also include sober support peer-led groups that are a part of the AOD treatment continuum of care. Agencies offer linkage, referral to programs or on-site groups.
‡ 12 Step Approaches	Board must select all mandatory services if available	AOD Opiates	In Board area required	Center for Addiction Treatment	A-12 Step approaches (No OAC or MACSIS Definition)	(This cell is blank)	No	Hamilton	Opiates, adults who have substance abuse disorders, SAMI	A-12 Step Approaches Description: The 12-step approach may consist of the traditional Alcoholic's Anonymous and Narcotic's Anonymous programs, but may also include sober support peer-led groups that are a part of the AOD treatment continuum of care. Agencies offer linkage, referral to programs or on-site groups.
‡ 12 Step Approaches	Board must select all mandatory services if available	AOD Opiates	In Board area required	Central Community Health Board	A-12 Step approaches (No OAC or MACSIS Definition)	(This cell is blank)	No	Hamilton	Opiates, adults who have substance abuse disorders, SAMI	A-12 Step Approaches Description: The 12-step approach may consist of the traditional Alcoholic's Anonymous and Narcotic's Anonymous programs, but may also include sober support peer-led groups that are a part of the AOD treatment continuum of care. Agencies offer linkage, referral to programs or on-site groups.
‡ 12 Step Approaches	Board must select all mandatory services if available	AOD Opiates	In Board area required	The Crossroads Center	A-12 Step approaches (No OAC or MACSIS Definition)	(This cell is blank)	No	Hamilton	Opiates, adults who have substance abuse disorders, SAMI	A-12 Step Approaches Description: The 12-step approach may consist of the traditional Alcoholic's Anonymous and Narcotic's Anonymous programs, but may also include sober support peer-led groups that are a part of the AOD treatment continuum of care. Agencies offer linkage, referral to programs or on-site groups.
‡ 12 Step Approaches	Board must select all mandatory services if available	AOD Opiates	In Board area required	First Step Home	A-12 Step approaches (No OAC or MACSIS Definition)	(This cell is blank)	No	Hamilton	Opiates, adults who have substance abuse disorders, SAMI	A-12 Step Approaches Description: The 12-step approach may consist of the traditional Alcoholic's Anonymous and Narcotic's Anonymous programs, but may also include sober support peer-led groups that are a part of the AOD treatment continuum of care. Agencies offer linkage, referral to programs or on-site groups.
‡ 12 Step Approaches	Board must select all mandatory services if available	AOD Opiates	In Board area required	Prospect House	A-12 Step approaches (No OAC or MACSIS Definition)	(This cell is blank)	No	Hamilton	Opiates, adults who have substance abuse disorders, SAMI	A-12 Step Approaches Description: The 12-step approach may consist of the traditional Alcoholic's Anonymous and Narcotic's Anonymous programs, but may also include sober support peer-led groups that are a part of the AOD treatment continuum of care. Agencies offer linkage, referral to programs or on-site groups.
‡ 12 Step Approaches	Board must select all mandatory services if available	AOD Opiates	In Board area required	Talbert House	A-12 Step approaches (No OAC or MACSIS Definition)	(This cell is blank)	No	Hamilton	Opiates, adults who have substance abuse disorders, SAMI	A-12 Step Approaches Description: The 12-step approach may consist of the traditional Alcoholic's Anonymous and Narcotic's Anonymous programs, but may also include sober support peer-led groups that are a part of the AOD treatment continuum of care. Agencies offer linkage, referral to programs or on-site groups.
‡ 12 Step Approaches	Board must select all mandatory services if available	AOD Opiates	In Board area required	Urban Minority Alcohol and Drug Abuse Outreach Program	A-12 Step approaches (No OAC or MACSIS Definition)	(This cell is blank)	No	Hamilton	Opiates, adults who have substance abuse disorders, SAMI	A-12 Step Approaches Description: The 12-step approach may consist of the traditional Alcoholic's Anonymous and Narcotic's Anonymous programs, but may also include sober support peer-led groups that are a part of the AOD treatment continuum of care. Agencies offer linkage, referral to programs or on-site groups.
ORC Essential Service Categories:										
ORC 340.03(A)(11) Required AOD & MH Services (Column A)	Mandatory Service Directions (Column B)	Treatment Focus (Column C)	Location Requirements (Column D)	Provider Name (Column E)	Mandatory Services [ORC 340.03(A)(11)] Drop Down Menu in Cells (Column F)	Service(s) to Meet Local Need Drop Down Menu in Cells (Column G)	Board Contract Drop Down Menu (Column H)	County(ies) of Service Location Drop Down Menu (Column I)	Populations Served or Prevention IOM Category Drop Down Menu (Column J)	(Column K) Board Notes:
Sub-Acute Detox	Board must select all mandatory services if available	AOD non-opiate & MH	Out-of-Board area allowed	Center for Addiction Treatment	A-Sub-acute detoxification [OAC 3793:2-1-08(V)]	(This cell is blank)	Yes	Hamilton	Adults	
Non-Intensive Outpatient Service	Board must select all mandatory services if available	AOD non-opiate & MH	Out-of-Board area allowed	Addiction Services Council	A-Counseling [OAC 3793:2-1-08(N&O)] , A-Assessment [OAC 3793:2-1-08(K)]	A-Family counseling [OAC 3793:2-1-08(P)] , A-Medical/somatic [OAC 3793:2-1-08(S)] , M-Pharmacologic management [OAC 5122-29-05], M-Psychiatric diagnostic Interview [OAC 5122-29-05(B)(1-4)]	Yes	Hamilton	AOD General, SED, SMD, Opiates, Children, Transitional Youth, Adults	Should also include the Urine Dip Screen and Urinalysis services as discrete services provided as part of Outpatient Services.
Non-Intensive Outpatient Service	Board must select all mandatory services if available	AOD non-opiate & MH	Out-of-Board area allowed	Beech Acres Parenting Center	A-Counseling [OAC 3793:2-1-08(N&O)] , A-Assessment [OAC 3793:2-1-08(K)]	A-Family counseling [OAC 3793:2-1-08(P)] , A-Medical/somatic [OAC 3793:2-1-08(S)] , M-Pharmacologic management [OAC 5122-29-05], M-Psychiatric diagnostic Interview [OAC 5122-29-05(B)(1-4)]	Yes	Hamilton	AOD General, SED, SMD, Opiates, Children, Transitional Youth, Adults	Should also include the Urine Dip Screen and Urinalysis services as discrete services provided as part of Outpatient Services.















Board = ENTER NAME OF BOARD HERE										
TABLE 1: INVENTORY OF FACILITIES, SERVICES AND SUPPORTS CURRENTLY AVAILABLE TO RESIDENTS OF THE BOARD AREA										
ORC Essential Service Elements: ‡ = ORC 340.033 Required Opiate Services (Column A)	Mandatory Service Directions (Column B)	Treatment Focus (Column C)	Location Requirements (Column D)	Provider Name (Column E)	Mandatory Services [ORC 340.033] Drop Down Menu in Cells (Column F)	Service(s) to Meet Local Need Drop Down Menu in Cells (Column G)	Board Contract Drop Down Menu (Column H)	County(ies) of Provider Location (Column I)	Populations Served or Prevention IOM Category (Column J)	(Column K) Board Notes:
Recognition & Encouragement of Families, Friends, & Neighborhood Networks	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed	Central Community Health Board	A-Case management [OAC 3793.2-1-08(M)], M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17]	(This cell is blank)	Yes	Hamilton	Opiates, AOD General, SED, SMD, Children, Transitional Youth, Adults	Other MH Service - Support Group Clearinghouse; CIT, MH First Aid
Recognition & Encouragement of Families, Friends, & Neighborhood Networks	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed	Central Clinic - Adult Child	A-Case management [OAC 3793.2-1-08(M)], M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17]	(This cell is blank)	Yes	Hamilton	Opiates, AOD General, SED, SMD, Children, Transitional Youth, Adults	Other MH Service - Support Group Clearinghouse; CIT, MH First Aid
Recognition & Encouragement of Families, Friends, & Neighborhood Networks	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed	Central Clinic - MHAP	A-Case management [OAC 3793.2-1-08(M)], M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17]	(This cell is blank)	Yes	Hamilton	Opiates, AOD General, SED, SMD, Children, Transitional Youth, Adults	Other MH Service - Support Group Clearinghouse; CIT, MH First Aid
Recognition & Encouragement of Families, Friends, & Neighborhood Networks	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed	Central Clinic - Court Clinic	A-Case management [OAC 3793.2-1-08(M)], M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17]	(This cell is blank)	Yes	Hamilton	Opiates, AOD General, SED, SMD, Children, Transitional Youth, Adults	Other MH Service - Support Group Clearinghouse; CIT, MH First Aid
Recognition & Encouragement of Families, Friends, & Neighborhood Networks	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed	First Step Home	A-Case management [OAC 3793.2-1-08(M)], M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17]	(This cell is blank)	Yes	Hamilton	Opiates, AOD General, SED, SMD, Children, Transitional Youth, Adults	Other MH Service - Support Group Clearinghouse; CIT, MH First Aid
Recognition & Encouragement of Families, Friends, & Neighborhood Networks	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed	Greater Cincinnati Behavioral Health Services	A-Case management [OAC 3793.2-1-08(M)], M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17]	(This cell is blank)	Yes	Hamilton	Opiates, AOD General, SED, SMD, Children, Transitional Youth, Adults	Other MH Service - Support Group Clearinghouse; CIT, MH First Aid
Recognition & Encouragement of Families, Friends, & Neighborhood Networks	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed	IKRON	A-Case management [OAC 3793.2-1-08(M)], M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17]	(This cell is blank)	Yes	Hamilton	Opiates, AOD General, SED, SMD, Children, Transitional Youth, Adults	Other MH Service - Support Group Clearinghouse; CIT, MH First Aid
Recognition & Encouragement of Families, Friends, & Neighborhood Networks	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed	Lighthouse Youth Services	A-Case management [OAC 3793.2-1-08(M)], M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17]	(This cell is blank)	Yes	Hamilton	Opiates, AOD General, SED, SMD, Children, Transitional Youth, Adults	Other MH Service - Support Group Clearinghouse; CIT, MH First Aid
Recognition & Encouragement of Families, Friends, & Neighborhood Networks	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed	Mental Health America of Northern Kentucky and Southwest Ohio	A-Case management [OAC 3793.2-1-08(M)], M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17]	(This cell is blank)	Yes	Hamilton	Opiates, AOD General, SED, SMD, Children, Transitional Youth, Adults	Other MH Service - Support Group Clearinghouse; CIT, MH First Aid
Recognition & Encouragement of Families, Friends, & Neighborhood Networks	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed	Pressley Ridge	A-Case management [OAC 3793.2-1-08(M)], M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17]	(This cell is blank)	Yes	Hamilton	Opiates, AOD General, SED, SMD, Children, Transitional Youth, Adults	Other MH Service - Support Group Clearinghouse; CIT, MH First Aid
Recognition & Encouragement of Families, Friends, & Neighborhood Networks	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed	St. Aloysius	A-Case management [OAC 3793.2-1-08(M)], M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17]	(This cell is blank)	Yes	Hamilton	Opiates, AOD General, SED, SMD, Children, Transitional Youth, Adults	Other MH Service - Support Group Clearinghouse; CIT, MH First Aid
Recognition & Encouragement of Families, Friends, & Neighborhood Networks	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed	St. Joseph Orphanage	A-Case management [OAC 3793.2-1-08(M)], M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17]	(This cell is blank)	Yes	Hamilton	Opiates, AOD General, SED, SMD, Children, Transitional Youth, Adults	Other MH Service - Support Group Clearinghouse; CIT, MH First Aid
Recognition & Encouragement of Families, Friends, & Neighborhood Networks	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed	Talbert House	A-Case management [OAC 3793.2-1-08(M)], M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17]	(This cell is blank)	Yes	Hamilton	Opiates, AOD General, SED, SMD, Children, Transitional Youth, Adults	Other MH Service - Support Group Clearinghouse; CIT, MH First Aid
Recognition & Encouragement of Families, Friends, & Neighborhood Networks	Board must select all mandatory services if available	AOD including opiates & MH	Out-of-Board area allowed	Urban Minority Alcohol and Drug Abuse Outreach Program	A-Case management [OAC 3793.2-1-08(M)], M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17]	(This cell is blank)	Yes	Hamilton	Opiates, AOD General, SED, SMD, Children, Transitional Youth, Adults	Other MH Service - Support Group Clearinghouse; CIT, MH First Aid