

**Ohio Department of Mental Health and Addiction Services (OhioMHAS)
Community Plan Instructions SFY 2017**

Enter Board Name: Butler County Mental Health & Addiction 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 information was generated by the United States Census Bureau. The most current estimate for the population of Butler County, Ohio is 376,353. Persons under the age of 5 compose 6.2% of the population. Persons under 18 compose 24.3% of the population. Persons aged 18 to 64 compose 62.5% of the population. Persons 65 and over compose 13.2% of the population. The following address the race and origins of the populace of Butler County. Whites represent 86.5% of the population. Blacks represent 8.1% of the population, American Indians and Alaskan Natives represent .3% of the population. Asians represent 2.8% of the population. Native Hawaiian and Other Pacific Islanders represent .1% of the population. Hispanics represent 4.5% of the population, and White alone, not Hispanic represents 82.7% of the population. There are 24,477 Veterans in Butler County. Foreign born persons represent 5.1% of the population. There are 149,270 housing units in Butler County. The owner – occupied housing unit rate is 69.9%. The median value of owner-occupied housing units is \$156,300.00. The median gross rent is \$815.00. There are 134,934 households in Butler County. The average persons per household are 2.67. The percentage of residents with a high school diploma is 89.6%. The average percentage of persons with a Bachelor’s Degree or higher is 28.1%. The average percentage of persons with a disability, under age 65 is 8.1%.

In a recent article, the Butler County Commissioners reported an increase in administrative costs to the county due to more people applying for Medicaid. Overall as a Board, we have seen a lessening of the need for levy funds to be used towards clinical services. However, we still see a fair number of persons needing levy funds to support behavioral health services in the short term, and in the context of our mental health programs in the Butler County Jail and our indigent bed contract with Beckett Springs Hospital. At this time it is too soon to tell regarding the impact of the new legislative requirements such as Continuum of Care.

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)].**

An interview/research method was employed by Brown Consulting, Ltd. To complete the Butler County Mental Health and Addiction Services Board (BCMHARSB)(3) year Strategic Plan assessment. In order to achieve the primary goal and objectives defined for the Strategic Plan, the following approach was utilized by Brown Consulting, Ltd.

Phase I-Project Planning

- Collaborate with Board Executive Director to ensure that the addition recovery concerns / needs of the BCMHARSB are embodied in the updated Strategic Plan. Develop project schedule, identify stakeholder participants and confirm deliverables.

Phase II-Assessment

- Complete industry scan to include a review of local and state addiction recovery planning documents meaningful to this project (political environment, state budget, healthcare reform).
- Complete review of current addiction utilization trends/patterns of services providers.
- Review BCMHARSB Service Delivery system resources/ service capabilities and performances.
- Conduct interviews and facilitate focus groups with mainly addiction recovery stakeholders to gain subjective view and perception of service capabilities future needs within Butler County: BCMHARSB, Health/ Helping Professionals, Criminal Justice, Local Government, Services Providers, Consumers.
- Conclude on analysis. Articulate analysis to result in the identification of new or ongoing initiatives, priorities, and resource requirements to guide the development of the service delivery system and update the Strategic Plan.

Phase III-Strategic Plan Revision

- Using the results of analysis, collaborate with Board leadership to revise / update Strategic Plan to identify: Priorities (population/services, etc.), Strategic Initiatives, Goals and Objectives.
- Present updated Strategic Plan to Butler County Mental Health & Addiction Recovery Services Board Governing Body.

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

Issues not resolved at the Wraparound team level or Community Resource Team/Clinical Committee level will be summarized by the parent in writing, given to the Family and Children First Council Director, and will be subsequently referred to the directors of the child-serving systems (BCESC, Job & Family Services, Butler County Mental Health & Addiction Recovery Services Board, Juvenile Court, and the Board of Developmental Disabilities). The director of the FCFC will convene a meeting of the directors of the child-serving systems *within 7 days* of receipt of the dispute notice and a written decision will be rendered *within 8 additional calendar days*. Resolution will be provided *within a maximum of 15 day*. Disputes are filed with the Director of the Butler County Family & Children First Council and are used as part of the annual evaluation of quality assurance. Over the last year, there has been one case that went through this full dispute resolution process.

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

The Butler County Mental Health & Addiction Recovery Services Board (BCMARSB) continues to meet the majority of the needs of the citizens of Butler County who need outpatient services after leaving Summit Behavioral Health Care (SBHC). The Board's CCOD and Probate Court Monitor are in attendance during the week at clinical care conferences held by staff at SBH. Case managers from various agencies and members of our ACT Team attend these meetings as well doing discharge planning work. The Board contracts with Community Behavioral Health Inc. (CBH) to provide our client housing program. The housing coordinator from CBH and the Director of our step down unit, Great Miami Services, often attend care conferences at SBH in order to contribute to the overall discharge plan. Clients are referred to the local contract agencies that best can meet their treatment needs. Levels of care are established regarding their housing needs. At this time, the BCMARSB is seeing the need for more supervised apartment situations for our clients (ACF's). We are fortunate to have many pieces of the housing continuum in place, including a step down unit, group homes (RCF's), and client apartments. Upon consultations with our various providers, Butler County seems to have a large population of clients needing supervised apartment living situations. If this Board could expand this type of living situation, we would have a more thorough continuity of care regarding housing. Capital Grants would be most welcomed at this time to provide this type of housing. Through our stringent Quality Assurance Evaluations, and monthly staffing/care conference meetings with contract agencies, access to clinical services has been good.

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

The BCMARSB facilitated the completion of an extensive 87-question ROSC Self-Assessment during the fall of 2015 in support of its Strategic Planning process. A total of fifty-six (56) responses were received and reviewed for input into the BCMARSB Strategic Plan update. Many of the questions asked required a response on a 5-point Likert Scale: (1) Strongly Disagree (2) Disagree (3) Neutral (4) Agree (5) Strongly Agree as well as a "Don't Know" option (D/K). Review highlights of the survey results include the following:

Areas of system strength according to the Butler County ROSC Self-assessment survey results included:

- Service providers do not use threats or bribes or other forms of coercion to influence the person's behavior or choices;

- Progress toward goals (as defined by the person in recovery) is regularly monitored;
- Age appropriate services are offered to children, adolescents, young adults, and seniors;
- Intake and engagement strategies use evidenced-based practices (e.g., motivational interviewing, contingency management and cognitive behavioral techniques);
- Staff uses recovery language (e.g., hope, high expectations, respect) in everyday conversations;
- Provide low-intensity care for those who would not benefit from high-intensity treatment at that time (e.g., outpatient vs. residential); and
- Intake and engagement strategies use evidenced-based practices (e.g., motivational interviewing, contingency management and cognitive behavioral techniques).

Areas of system that may need attention in planning according to the Butler County ROSC Self-assessment survey results included:

- Most services are provided in a person's natural environment (e.g., home, community, workplace);
- Barriers (e.g., childcare, transportation) are addressed for participants;
- Individuals have timely access to the services and supports that are most helpful for them;
- Co-occurring behavioral and physical health are addressed in integrated ways, including assertive referral to and coordination with primary care providers, with an aim to address co-occurring issues through integrated rather than consecutive care;
- A no-wrong-door policy exists in the community for children, adolescents, and adults to engage individuals at whatever point they enter the system and determine the most appropriate type and level of care at that time;
- Interim services are available for people on waiting lists and/or who are not ready to commit to treatment;
- Assertive linkages exist during transitions using peer-based recovery support staff and volunteers through levels of care;
- Cities, township ordinances are receptive to sober lifestyle communities (e.g., housing, self-help groups, consumer advocacy groups);
- Strategies to decrease stigma are conveyed to all partners and are consistently implemented in communities;
- Young adults as adolescent peer support specialists are active in the community;
- Primary care and behavioral health follow-ups are integrated and coordinated; and
- Communities are proactively addressing emerging issues.

Following are some key areas and documented results drawn from the review of the Butler County ROSC Self-assessment results:

- Over 55% of the respondents in the ROSC results sample were Board Members (13) and AOD and MH service providers. Other ROSC respondents included clients, family members, children's services and responses from the Butler County criminal justice system.
- Question: Service providers are trained regularly in recovery topics and resilience-based and trauma-informed assessments? Of the 50 responses to this question the average rating was **3.83** on a 5-point Likert Scale.
- Question: Service providers do not use threats or bribes or other forms of coercion to influence the person's behavior or choices? Of the 50 responses to this question the average rating was 4.38 on a 5-point Likert Scale.

- Question: Service providers offer specific services and programs for individuals with different cultures, life experiences, interests and specific needs? Of the 50 responses to this question the average rating was **3.62** on a 5-point Likert Scale.
- Question: People in recovery can choose (and change, if desired) the therapist, psychiatrist, physician, or other providers from whom they receive services? Of the 50 responses to this question the average rating was **3.74** on a 5-point Likert Scale.
- Question: Most services are provided in a person's natural environment (e.g., home, community, work place)? Of the 50 responses to this question the average rating was **3.24** on a 5-point Likert Scale.
- Question: Progress toward goals (as defined by the person in recovery) is regularly monitored? Of the 50 responses to this question the average rating was **3.98** on a 5-point Likert Scale.
- Question: Barriers (e.g., childcare, transportation) are addressed for participants? Of the 50 responses to this question the average rating was **3.02** on a 5-point Likert Scale.
- Question: Stage-appropriate services (e.g., detox before treatment, crisis services) are offered? Of the 50 responses to this question the average rating was **3.66** on a 5-point Likert Scale.
- Question: Age appropriate services are offered to children, adolescents, young adults, and seniors? Of the 50 responses to this question the average rating was **3.97** on a 5-point Likert Scale.
- Question: Individuals have timely access to the services and supports that are most helpful for them? Of the 44 responses to this question the average rating was **2.79** on a 5-point Likert Scale.
- Question: Co-occurring behavioral and physical health are addressed in integrated ways, including assertive referral to and coordination with primary care providers, with an aim to address co-occurring issues through integrated rather than consecutive care? Of the 44 responses to this question the average rating was **3.17** on a 5-point Likert Scale.
- Question: Cross training and referrals with child and adult protective services are in place? Of the 44 responses to this question the average rating was **3.59** on a 5-point Likert Scale.
- Question: A no-wrong-door policy exists in the community for children, adolescents, and adults to engage individuals at whatever point they enter the system and determine the most appropriate type and level of care at that time? Of the 44 responses to this question the average rating was **2.63** on a 5-point Likert Scale.
- Question: Interim services are available for people on waiting lists and/or who are not ready to commit to treatment? Of the 44 responses to

this question the average rating was **2.90** on a 5-point Likert Scale.

- Question: Intake and engagement strategies use evidenced-based practices (e.g., motivational interviewing, contingency management and cognitive behavioral techniques)? Of the 44 responses to this question the average rating was **3.97** on a 5-point Likert Scale.
- Question: The community receives education about mental illness and addictions? Of the 44 responses to this question the average rating was **3.65** on a 5-point Likert Scale.
- Question: Peer leaders are developed and promoted to affect program development, evaluation and improvement? Of the 43 responses to this question the average rating was **2.96** on a 5-point Likert Scale.
- Question: Young adults as adolescent peer support specialists are active in the community? Of the 42 responses to this question the average rating was **2.68** on a 5-point Likert Scale.
- Question: Primary care and behavioral health follow-ups are integrated and coordinated? Of the 42 responses to this question the average rating was **3.10** on a 5-point Likert Scale.
- Question: Safe, sober, and fulfilling activities are offered in the community? Of the 42 responses to this question the average rating was **3.44** on a 5-point Likert Scale.
- Question: Communities are proactively addressing emerging issues? Of the 42 responses to this question the average rating was **2.78** on a 5-point Likert Scale.
- Question: Are there treatment services available in the community, including outpatient, residential, partial hospitalization and sub-acute detoxification? Of the 41 responses to this question **38 (93%) indicated yes.**
- Question: Are recovery supports available in the community including peer support, housing and transportation? Of the 41 responses to this question **25 (61%) indicated yes.**
- Question: Are there workforce programs and supports available to help individuals get back to work? Of the 41 responses to this question **28 (68%) indicated yes.**

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)].**

Service Delivery System Gaps

Focus group and interview participants identified a range of perceived gaps related to the BCMHARSB service delivery system. On review, several trends related to the service delivery system gaps identified by community stakeholders included, but were not limited to:

1. Access to services. Waiting lists for services, especially addictions treatment.
2. Detoxification services. Currently only drug detox at the jail and no alcohol detoxification locally.
3. Psychiatric services capacity, especially for children / youth.
4. Community education and prevention services.
5. Marketing. Limited public education and relations capacity.
6. Collaboration within the county as well as with other counties, businesses, etc.
7. Transportation services.
8. Coordination with criminal justice services

Following is a comprehensive list of the service delivery system gaps identified by BCMHARSB key stakeholders:

- Little peer support services used and coordinated
- Addiction Services for patients in Hospital ER's especially for children
- Not using substance use crisis more fully to promote client education
- Use more social media to promote more education
- Play therapy
- MH/ADA Services in the Trenton, OH – Edgewater Schools Area
- Early Childhood Education & Prevention
- Rape Education & Supports
- Education related to mental health and addictions
- Lack of qualified mental health and addiction professionals to address non-Medicaid services & programming needs
- The need for more education efforts to reduce AOD stigma
- Education to inform county residents and business leaders
- Comprehensive marketing approach inclusive of local chamber of commerce (e.g. 5 chamber newsletter article on MH in the workplace)
- Collaboration with like missioned organizations (e.g., healthcare)
- Message and PR efforts targeting MI to address the 10 million visitors to the new Liberty Center Mall
- Good local statistics and data collection to support Butler County ongoing needs assessment
- Addressing county population growth
- Ongoing collaborative efforts with other counties
- Having good MI/AOD forecasting in support of future needs, programs, and services via trend analyses projecting 5 to 10 years in the future
- Identification of the significant MI/AOD trends in other counties
- Connecting with more local businesses and chambers more so (e.g., Human Resources Depts.)
- Transportation in general
- Better integration of agency services especially mental health and addictions
- More collaboration between agencies

- Transportation especially for young mothers
- Better hospital discharge planning for our clients/residents including case management and coordination
- Lack of communication between mental health professionals at agencies and with clients and their families
- Mental health providers don't communicate well with each other
- Lack of psychiatrists to support hospital like Fort Hamilton Hospital
- More community involvement beyond the Board and its provider system to education about mental illness and substance abuse
- Use more state of the art technology in mental health such as texting by crisis hotline workers
- Crisis Hotline staff should be trained by NAMI
- Reporting of jail inmate health data
- Better systemic collaborative treatment planning with community partners
- Awareness and education about mental illness especially in the jail
- Addressing inmates with special needs in the jail
- Jail becoming hospitals to treat the mentally ill and it becoming like home to these county residents.
- Access to services- still waiting lists (addiction)
- Community member doesn't know purpose and mission of Board – no public relations – need to cultivate growth here i.e. education (inform community members of Board work, function, what they do and don't do)
- Justice system
- Coordination with Law Enforcement
- Jail Services
- Lack of space/capacity
- Treatment Gaps
- Service Delivery Gaps
- Detox availability (right now it's the jail) - Medical Detox (Benzo)
- Alcohol detox has no services
- Lack of understanding of DD clients and families
- Prevention
- Not enough trauma informed services
- Lack of knowledge of school systems and where to refer kids
- Lack of MI/DD and MI/DD/AOD services – very vulnerable population
- Housing (continuum of care)
- Psych assessment for children on the spectrum
- Don't know diagnosis for DD and how to treat with psychopharmacology – can't find any training
- DD system training in Behavioral Health and Mental Illness
- Seniors and providers to provide Medicare services. Can't afford Medicare copay.
- Dementia – issues with seniors and appropriate screenings – education of caregivers and supports for caregivers
- School MH services but getting parents to complete documentation needed by Providers
- Spanish speaking providers (cost of translation services not reimbursed)

- Funding to see clients after release or before release from jail
- Funding for early childhood
- Play therapy (be aware of all provider services – especially providers with specialized services and programs)
- Providers going into schools
- Cuts to other social service providers
- Transportation
- BVR participation in the MH/AOD system
- Lack of psychiatrists for adults and kids
- Lack of mental health certified providers
- Board reimbursement for telemedicine med-some non-Medicaid
- Services in general for youth pre-school on up (without family support system)
- Being diagnosed younger and younger with school-based Mental Health/AOD services
- Appropriate rehabilitation of residents who have criminal backgrounds with mental illness and substance use issues so they can more easily find employment
- Education about mental illness and substance use issues as well as treatment resources in the community.
- Difficulty for residents to get into the drug and alcohol treatment system
- Better communications between providers and treatment professionals
- Children psychiatrists
- Transportation especially for young mothers
- Central point of mental health access
- Better community education about mental health resources
- Work with community partners to better the system approach to treatment including comprehensive community wide collaboration.

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)

Butler County Mental Health & Addiction Recovery Services Board

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) | TABLE 1: 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: |
|--|--|----------------------------|----------------------------------|---|---|--|--|--|--|-------------------------------|
| ‡ Ambulatory Detox | Board must select all mandatory services if available | AOD Opiates | In Board area required | Sojourner Recovery Services, Community Behavioral Health, Modern Psychiatry and Wellness | A-Ambulatory detoxification [OAC 3793:2-1-08(Y)] | (This cell is blank) | Yes | Butler | Opiates | |
| ‡ Sub-Acute Detox | Board must select all mandatory services if available | AOD Opiates | Out-of-Board area allowed | Center for Addictions Treatment (Hamilton County) | A-Sub-acute detoxification [OAC 3793:2-1-08(Y)] | (This cell is blank) | Yes | Hamilton | Opiates | |
| ‡ Non-Intensive Outpatient Service | Board must select all mandatory services if available | AOD Opiates | In Board area required | Community Behavioral Health, Sojourner Recovery Services, Access Counseling Services | A-Counseling [OAC 3793:2-1-08(N&O)] | A-Medical/somatic [OAC 3793:2-1-08(S)] | Yes | Butler | Opiates | |
| ‡ Intensive Outpatient Service | Board must select at least one mandatory service, if available | AOD Opiates | In Board area required | Community Behavioral Health, Sojourner Recovery Services, | A-Intensive outpatient bundled [OAC 3793:2-1-08(Q)] | (This cell is blank) | Yes | Butler | Opiates | |
| ‡ Medically Assisted Treatment (MAT) | Board must select at least one mandatory service, if available | AOD Opiates | In Board area required | Community Behavioral Health, Sojourner Recovery Services, Access Counseling Services | A-naltrexone oral [OAC 3793:2-1-08(S)(3)] | (This cell is blank) | Yes | Butler | Opiates | |
| ‡ Peer Mentoring | Board must select all mandatory services if available | AOD Opiates | In Board area required | In the "Board Notes", Column K, please describe how the Board meets the <u>A-Peer Mentoring</u> requirement. Clear this prompt to add | A-Peer Mentoring (No OAC or MACSIS Definition) | (This cell is blank) | No | | Opiates | A-Peer Mentoring Description: |

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|-------------------------|--|-------------|---------------------------|--|--|----------------------|-----|--------|---------|-----------------------------------|
| | | | | Provider Name, if needed. | | | | | | |
| ‡ 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)] | (This cell is blank) | Yes | Butler | Opiates | |
| ‡ Recovery Housing | Board must select all mandatory services if available | AOD Opiates | In Board area required | Sojourner Recovery Services, Genesis Center, Greg's Place | A-Recovery housing (No OAC or MACSIS Definition) | (This cell is blank) | Yes | Butler | Opiates | A-Recovery Housing Description: |
| ‡ 12 Step Approaches | Board must select all mandatory services if available | AOD Opiates | In Board area required | Community Behavioral Health, Sojourner Recovery Services, Access Counseling Services | A-12 Step approaches (No OAC or MACSIS Definition) | (This cell is blank) | Yes | Butler | Opiates | A-12 Step Approaches Description: |

| 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: |
|--|---|----------------------------|----------------------------------|--|---|--|--|---|--|--|
| | | | | | | | | | | |
| Non-Intensive Outpatient Service | Board must select all mandatory services if available | AOD non-opiate & MH | Out-of-Board area allowed | Transitional Living Inc., Lifespan Inc., Butler Behavioral Services Inc., Focus on Youth Inc., Community Behavioral Health Inc., St. Aloysius, Sojourner Recovery Services Inc., A Haven for Kids Inc., Access Counseling, Talbert | M-Counseling [OAC 5122-29-03], M-Assessment: non-medical [OAC 5122-29-04] | M-Pharmacologic management [OAC 5122-29-05] | Yes | Butler | SMD, SED, MH General, Children, Transitional Youth, Adults, Older Adults | Focus on Youth does not have a contract with this Board. A Haven for Kids does not have a contract with this Board |

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| | | | | House Inc. Catholic Charities of Southwestern Ohio | | | | | | |
| Intensive Outpatient Service | Board must select at least one service, if available | AOD non-opiate & MH | Out-of-Board area allowed | Community Behavioral Health Inc., Butler Behavioral Health Services Inc. | A-Intensive outpatient bundled [OAC 3793:2-1-08(Q)] | M-Assertive community treatment (ACT) [(OAC 5122-29-29)], M-Intensive home based treatment (IHBT) [(OAC 5122-29-28)], M-Health home [OAC 5122-29-33] | Yes | Butler | SMD, SED, MH General, Transitional Youth, Adults, Children | Butler Behavioral Health services Inc.'s Health home does not contract with this Board. |
| Medically Assisted Treatment (MAT) | No mandatory services | AOD non-opiate only | Out-of-Board area allowed | Community Behavioral Health, Sojourner Recovery Services, Access Counselign Services | (This cell is blank) | A-naltrexone injectable (Vivitrol) [OAC 3793:2-1-08(S)(3)] | Yes | Butler | | |
| Peer Mentoring | No mandatory services | AOD non-opiate & MH | Out-of-Board area allowed | | (This cell is blank) | | | | | |
| Residential Treatment | Board must select at least one AOD and one MH service, if available | AOD non-opiate & MH | Out-of-Board area allowed | Community Behavioral Health Inc., Transtional Living Inc. Sojourner Recovery Services | A-NMCR Unbundled [OAC 3793:2-1-08(V)], M-Residential Treatment (No MACSIS Definition) [OAC 5122-30] | (This cell is blank) | Yes | Butler | SMD, Transitional Youth, Adults | M-Residential Treatment Description: Community Behavioral Health's Great Miami Services is designed as a "Step-Down" unit. |
| Locate & Inform Persons Needing Services | Board must select at least one MH or AOD service, if available | AOD including opiates & MH | Out-of-Board area allowed | Transitional Living Inc.(PATH Program) | A-Referral and information [OAC 3793:2-1-08(F)] | (This cell is blank) | Yes | Butler | SMD, Adults, Transitional Youth | |
| Inpatient Treatment | No mandatory services | AOD including opiates & MH | Out-of-Board area allowed | Fort Hamilton Hospital, Beckett Springs Hospital | (This cell is blank) | M-Private Inpatient psychiatric [OAC 5122-29-18], A-Acute hospital detoxification [OAC 3793:2-1-08(Z)] | Yes | Butler | AOD General, SMD, Transitional Youth, Adults, Opiates, MH General | AOD/Opiates treatment at Beckett Springs Hospital only private pay. Board contract for MH General at Beckett Springs Hospital for indigent care only. |

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| CPST Services | Board must select all mandatory services if available | AOD including opiates & MH | Out-of-Board area allowed | Transitional Living Inc., Community Behavioral Health Inc., Butler Behavioral Health Services Inc., St. Joseph's Orphanage, YWCA Hamilton, Saint Aloysius, Lifespan Inc., Focus on Youth Inc., Access Counseling, Catholic Charities of Southwestern Ohio | M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17] | (This cell is blank) | Yes | Butler | SMD, SED, Transitional Youth, Adults, Children | Focus on Youth does not have a contract with this Board. |
| Partial Hospitalization | Board must select all mandatory services if available | MH only | Out-of-Board area allowed | Fort Hamilton Hospital, Beckett Springs Hospital, St Aloysius, | M-Partial hospitalization [OAC 5122-29-06] | (This cell is blank) | No | Butler | AOD General, MH General, SED, Children | MH General Program-Fort Hamilton Hospital & Beckett Springs Hospital, AOD General at Beckett Springs Hospital (Insurance only). St. Aloysius does a children's PH program. |
| Recovery Supports | Board must select at least one AOD or MH Service, if available | AOD non-opiates & MH | Out-of-Board area allowed | Butler Behavioral Health Services (Harbor House Drop-in Center) & (Work Place Associates Vocational Program) | M-Employment/Vocational [OAC 5122-29-11], M-Social & recreational [OAC 5122-29-14] | (This cell is blank) | Yes | Butler | SMD, Transitional Youth, Adults | A-Recovery Support Description, if chosen: |
| Prevention/Wellness | Board must select at least one AOD and one MH Service, if available | AOD including opiates & MH | Out-of-Board area allowed | Butler Behavioral Health Services Inc., Access Counseling, Catholic Charities of Southwestern Ohio, Envision | A-Gambling Addiction (No OAC or MACSIS Definition), M-Mental health education [OAC 5122-29-21] | (This cell is blank) | Yes | Butler | SMD, Transitional Youth, SED, Adults, Children, MH General | A-Gambling Addiction Description, if chosen: |
| Emergency Services & Crisis Intervention | Board must select all mandatory services if available | MH only | Out-of-Board area allowed | Butler Behavioral Health Services, St. Aloysius, Community Behavioral Health Inc., Access Counseling | M-Crisis intervention [OAC 5122-29-10] | M-Hotline [OAC 5122-29-08] | Yes | Butler | Universal | Butler Behavior Behavioral does the crisis intervention services, St. Al's does Hotline Services. Access Counseling provides this services for |

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|---|---|----------------------------|---------------------------|---|--|--|-----|--------|--|---|
| | | | | | | | | | | Middletown City Schools. Community Behavioral Counseling does this services in-house. |
| Assistance to Obtain Necessary Services | Board must select all mandatory services if available | AOD including opiates & MH | Out-of-Board area allowed | Transitional Living Inc., Community Behavioral Health Inc., Butler Behavioral Health Services Inc., St. Joseph's Orphanage, YWCA Hamilton, Saint Aloysius, Lifespan Inc., Focus on Youth Inc. | M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17] | (This cell is blank) | Yes | Butler | SMD, Transitional Youth, SED, Children | |
| Assistance to Obtain Vocational Services | Board must select all mandatory services if available | AOD including opiates & MH | Out-of-Board area allowed | Butler Behavioral Health Services | M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17] | M-Employment Vocational [OAC 5122-29-11] | Yes | Butler | SMD, Adults, Transitional Youth | |
| Services to Develop Social, Community & Personal Living Skills | Board must select all mandatory services if available | AOD including opiates & MH | Out-of-Board area allowed | Transitional Living Inc., Community Behavioral Health Inc., Butler Behavioral Health Services, St. Joseph's Orphanage, YWCA Hamilton, Saint Aloysius, Lifespan Inc., Focus on Youth Inc. | M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17] | M-Social & recreational [OAC 5122-29-14] | Yes | Butler | SMD, Transitional Youth, SED, Children, Adults | Focus on Youth does not have a contract with this Board. |
| Wide range of Housing & Provision of Residential Treatment & Supports | Board must select at least one AOD and one MH Service, if available | AOD including opiates & MH | Out-of-Board area allowed | Community Behavioral Health Inc., YWCA Hamilton, Transitional Living Inc., Sojourner Recovery Services | A-NMCR Unbundled [OAC 3793:2-1-08(V)], M-Residential care [MH Service Definitions, p.34], M-Community residence [MH Service Definitions, p.34], M-Transitional (No OAC or MACSIS Definition) | (This cell is blank) | Yes | Butler | SMD, Transitional Youth, Adults | |
| Support, Assistance, Consultation, & Education for Persons Receiving Services | Board must select all mandatory services if available | AOD including opiates & MH | Out-of-Board area allowed | Transitional Living Inc., Community Behavioral Health Inc., Butler Behavioral Health Services Inc., St. | M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17] | | Yes | Butler | SMD, SED, Transitional Youth, Adults | Focus on Youth does not have a contract with this Board. |

| | | | | | | | | | | |
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| | | | | Joseph's Orphanage, YWCA Hamilton, Saint Aloysius, Focus on Youth Inc. | | | | | | |
| Recognition & Encouragement of Families, Friends, & Neighborhood Networks | Board must select all mandatory services if available | AOD including opiates & MH | Out-of-Board area allowed | Transitional Living Inc., Community Behavioral Health Inc., Butler Behavioral Health Services Inc., St. Joseph's Orphanage, YWCA Hamilton, Saint Aloysius, Focus on Youth Inc. | M-Community psychiatric supportive treatment (CPST) [OAC 5122-29-17] | (This cell is blank) | Yes | Butler | SMD, Transitional Youth, Adults | Focus on Youth does not have a contract with this Board. |

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?

Strengths

Focus group, interview and survey participants identified a wide range of strengths related to the Butler County Board and the addictions and mental health service delivery system. Several trends related to the strengths identified by stakeholders emerged included, but was not limited to:

1. The Butler County addictions and mental health service delivery system's continuum of care.
Strong provider network of agencies.
2. Community awareness of addictions and mental health services.
3. Board's expansion of services into the Middletown area.
4. Good system collaboration and improved communication.
5. Community support for the system of care.
6. Prevention services and trauma informed care professionals.

Following is a comprehensive list of the strengths identified by BCMHARSB key stakeholders:

- Cross System Collaboration between organizations including access and resources
- Five Drug Free Community Coalitions in the county with the Oxford Coalition being a sustaining Coalition
- Interest in school based prevention
- Crisis 844-4 Crisis Number
- Opiate Task Force meetings and creation of strategic plan for this group
- Roosevelt location in Hamilton, OH for provider Modern Psychology (Dr. Moss)
- BC Mobile Crisis Team
- St. Aloysius and Talbert House supports mental health and alcohol and drug treatment services in local school system
- Envision Partnerships provides prevention services
- Beckett Springs Hospital in support of individuals with Mental Illness (MI) and Alcohol and Other Drug (AOD) problems
- Beckett Springs Hospital recent expansion of their beds from 48 to 72
- The offering of education to community mental health professionals & families
- Diversity of services in the community
- Diversity of the BCMHARS Governing Board
- SAMI court programming

- Board expansion of services to the Middletown area
- Expertise of the Board's staff
- Public nature of the BCMHARS Board meetings
- In "Your Own Voice" program
- Board's support of NAMI
- Board supports non-traditional programming
- Good system collaboration including courts and judicial system
- Better system communication in general
- Local Leadership
- Board contract providers work well and support jail staff
- Recognition/appreciation that one doesn't happen with another (Dual Diagnosis) - Before (when the MH and AOD Boards were separated), it seemed like the left hand didn't know what the right hand was doing. Now we have better communication between the MH and AOD system
- Better utilization of county resources (financial) and staff
- Mental Health levy has strengths and demonstrates community support for Mental Health
- Community Awareness of Mental Health/AOD Services
- Combined professional experience
- Education by BCMHARS Staff at community events & NAMI Volunteers participation in the *In Our Own Voice* program
- Community support of levies
- Joint Leadership
- Strong Provider Network
- Excellent Agencies
- Continuum of Care – Crisis to Step Down AOD/MI
- Board is User Friendly
- Communication between providers
- Collaborations between providers
- Collaborations with Children's Services and Criminal Justice System
- Committed Governing Board (attendance)
- Resource Rich (MH & AOD)
- County Trauma Informed Care
- Board Members have attended community events – with elected officials
- Elected officials seem educated and tied in with MH/AOD issues
- C3 – MH/AOD Group
- The Board and community mental health and addictions system is the safety net for the county
- Qualified professionals are running mental health/substance use programs and services

- Crisis Hotline
- Ability for anyone in the county to consult with Board staff about mental illness and substance use issues & treatment
- Board provided service guides and waiting list information that are published
- County's five prevention coalitions (Drug Free Communities)
- Well trained mental health and substance use professionals
- Expanded mental health services to our elderly
- Trauma Informed care trained professionals

b. Identify those areas, if any, in which you would be willing to provide assistance to other boards and/or to state departments.

The Butler County Mental Health & Addiction Recovery Services Board is willing to provide assistance to other Boards and/or to state departments whenever indicated.

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?

Weaknesses

Focus groups and interview participants identified a wide range of weaknesses related to the BCMHARSB service delivery system. Several trends related to the weaknesses identified by community stakeholders emerged included, but were not limited to:

1. Limited community knowledge and understanding regarding the BCMHARSB system of care and services.
2. Community education on addictions and mental health.
3. Addictions detoxification and sober living capacity.
4. Limited funding for addictions and mental health services in general. No levy support for addiction services.
5. County residents understanding regarding what levy funds generated provide in the community.
6. Psychiatric services capacity.
7. Waiting time for services.

Following is a comprehensive list of the weaknesses identified by BCMHARSB key community stakeholders:

- Lack of talk about substance misuse including the sharing of experiences about it
- 211 & 4Crisis line are not better integrated
- Opiate Task force has a strategic plan but hasn't taken action
- Lack of single point of entry in Butler County into the ADAS treatment system
- Detox services

- Sober Living Facilities
- Lack of safe housing options
- Waiting time for assessment & treatment
- Better care coordination is needed
- Haven't utilized Casey's Law fully
- Need more ADAS counseling services
- Fear of implementing plans
- Need services that go to the client's setting
- Silos in ADA & MH service via funding and billing
- Lack of funding in general
- Lack of education and awareness of mental health and addiction issues including suicide warning signs, DD/autism, violence (including domestic violence), and psychotropic medications
- Aftercare for students wanting to commit suicide
- Groups in the community mental health & addiction systems that are non-identifying/confidential safe places for students and their families
- The need for speakers to address youth needs (e.g., transitional youth skills) from a MH/ADA perspective
- Beckett Springs Hospital's expansion indicates there is great need for MI and AOD treatment options
- Heroin epidemic
- MI and AOD is "out of sight and out of mind" for most people
- Violence with MI and AOD
- Education about MI and AOD including what they are and how it affects people
- Education about substance use disorders
- Education about provider programming and treatment resources
- Board's website need to be updated and revised to be more user-friendly
- School Administrators are not trained about mental illness and substance use disorders
- NAMI needs to be more involved in local CIT
- Board's support for school district related to mental health
- Stigma of mental illness is strong especially in the school system
- Education in the faith community especially for pastors and clergy
- More social recreational services for our county youth
- NAMI not being used more comprehensively
- Transportation and recreational opportunities for those with mental illness
- Vocational services are limited and more ongoing job coaching is needed
- More drop in centers for youth needed in our county
- Community awareness about the frequency and breadth of mental health, mental illness, and addiction issues
- BC residents don't understand what our MH levies purchase and do
- What our community mental health providers do

- Care coordination services
- Education about mental illness
- Lack of awareness and education about Heroin and the Heroin epidemic
- Not in my neighborhood perspective about mental health and addiction problems
- Lack of support for addiction services
- No levy support for AOD
- Fact that Board geographic location in Fairfield at the southern-most border of county is not conducive to collaboration with other Butler County Government organizations and agencies)
- New Board should/could have started with fresh members without history
- Lack of staff flexibility and recognition of differing professional roles that staff fulfill
- Levy itself – confusing (there are 2 separate levies) – does not include substance abuse
- Website needs improvement
- The way funds are allocated –Have a look with review how agencies are funding by MHARS
- Not enough funding, housing, services, doctors, transportation
- Waiting Lists are too long
- Education of a bewildered public
- Dual Diagnosis services
- Restrictions related to having two different funding streams (MH and AOD)
- Lack of resources/capacity to impact the heroin epidemic
- Government relationship
- Education of signs and symptoms of AOD and MI
- Lack of funding for providers in general
- Lack of Funding for Working Poor
- SED Funding
- Lack of Funding for Parent Education and Support Groups
- Psychiatry time
- Licensed qualified staff/employment pool
- Reimbursement rate for psychiatrists
- Medicaid Rate low and not going up
- Inability to get Medicaid as secondary
- Client Transportation
- Silos & capping of rates for long term recovery
- Electronic Medical Record systems need to speak to each other better
- Funding for non-traditional mental health services
- Lack of awareness to residents of mental health and substance abuse programming
- Lack of communication of the importance of local levies vs. other issues in the county

- Transportation for clients
- Waiting list for substance abuse rehabilitation
- St. Aloysius leaving Oxford, OH as the only community mental health provider
- Need for centralized assessment setting
- More school based treatment
- Psychiatric shortage
- Lots of mental health professional turnover especially in school based settings
- Lost evidenced-based practices
- Not enough emphasis on mental health prevention
- The need for continued PR on the new crisis hotline number to reduce stigma and promote conversations about mental illness

b. What are the current and/or potential impacts to the system as a result of those challenges?

The Butler County Mental Health & Addiction Recovery Services Board's Strategic Plan 2016-2018 has illustrated many reoccurring themes that indicate challenges to our system. Even though this Board combined on 7/1/15, the funding stream for AOD services remains problematic. This Board recently passed a MH Levy, however, the Butler County Commission maintained that these funds be directed to MH related services only. Efforts are being made to do a levy that would provide funding for AOD services. Until this occurs, the Heroin Epidemic, as well as the overwhelming substance abuse situation here in Butler County remains critical. This Board is trying to maximize existing AOD funds.

This Board was fortunate to pass a mental health levy in March of 2016. Allocating these funds for non-Medicaid services to maximize their usage remains a challenge. Housing for clients in our system remains in short supply. This Board area has seen a shortage of skilled psychiatrists, and licensed clinicians. The changes in Medicaid rates from the state may indicate similar rate changes done at the Board level that could affect the provision of services.

Finally, there remains a high level of needs to provide informational, educational, and preventative services on an ongoing basis to our consumers and the general public at large in Butler County to maintain the awareness of mental health and AOD issues.

c. Identify those areas, if any, in which you would like to receive assistance from other boards and/or state departments.

The Butler County Mental Health & Addiction Recovery Services Board is always seeking supports, evidence based practices, funding ideas, and any pertinent information that could help with the situations mentioned in part (b.) above.

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 Butler County Mental Health & Addiction Services Board maintains a continuous pursuit in establishing and maintaining a culturally competent system of care in our Board area. This Board provides free trainings and continuing education units in the many seminars in provides for local clinicians, Board members and the general public. Board staff and Board members often participate in local community planning organizations, such as the city of Oxford’s, “Oxford Coalition” and local and city task forces in dealing with the heroin situation. This Board strives to maintain a high level of cultural competency working with various committees and programs sponsored by The Ohio Association of County Behavioral Health Authorities. The Butler County Chapter of NAMI rents office space in this Board’s building and , takes an active role in community sponsored events and programming. Finally, as a result of this Board’s recent merger, there are several agencies and coalitions providing prevention services and educational activities.

Priorities

- 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 (Butler County Mental Health & Addiction Recovery Services Board)

Substance Abuse & Mental Health Block Grant Priorities

| Priorities | Goals | Strategies | Measurement | Reason for not selecting |
|---|--|---|--|--|
| SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU) | Ensure a comprehensive continuum of services that can be accessed in a timely manner, are evidence-based and utilize continuous quality improvement. | Continue to prioritize IVDU for admission to treatment services, screening all potential admissions for IVDU. Offer an evidence based continuum of care. Ensure availability of medication-assisted treatment | -As part of the Strategic Plan 2016-2018, the Board will monitor progress and outcomes of all goals developed within this plan, which include needs assessments done throughout the system of care. -Progress towards meeting the assessed needs will be monitored. -Resources, as available, will be directed to meet the specific needs. -Results of the allocation of resources will be monitored and re-assessed. | <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): Above n/a. |
| SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority) | Ensure federal mandates are met regarding access to treatment for pregnant women and provision of interim services. | Continue to offer gender specific treatment at the intensive outpatient and residential levels. Continue to offer residential services where children may reside with an addicted mom in services. | -As part of the Strategic Plan 2016-2018, the Board will monitor progress and outcomes of all goals developed within this plan, which include needs assessments done throughout the system of care. -Progress towards meeting the assessed needs will be monitored. -Resources, as available, will be directed to meet the specific needs. -Results of the allocation of resources will be monitored and re-assessed. | <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): Above n/a. |
| SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 | Collaborate with the BC Children’s Services Board to ensure appropriate screening, assessment, referral, case | Continue to make available a full continuum of treatment services that are evidence-based and accessible in a | -As part of the Strategic Plan 2016-2018, the Board will monitor progress and outcomes of all goals developed | <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage |

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| <p>required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)</p> | <p>management and case coordination for all children’s services clients who may have an alcohol or other drug addiction.</p> | <p>timely manner. Further develop timely access to care.</p> | <p>within this plan, which include needs assessments done throughout the system of care. -Progress towards meeting the assessed needs will be monitored. -Resources, as available, will be directed to meet the specific needs. -Results of the allocation of resources will be monitored and re-assessed.</p> | <p>___ Other (describe): Above n/a.</p> |
| <p>SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p> | <p>All clients who enter addiction services will be administered screening instruments designed to detect risk for TB and other communicable diseases.</p> | <p>Continue to provide screening questionnaires and provide case management and referral services for medical testing when indicated</p> | <p>-As part of the Strategic Plan 2016-2018, the Board will monitor progress and outcomes of all goals developed within this plan, which include needs assessments done throughout the system of care. -Progress towards meeting the assessed needs will be monitored. -Resources, as available, will be directed to meet the specific needs. -Results of the allocation of resources will be monitored and re-assessed.</p> | <p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe): Above n/a.</p> |
| <p>MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p> | <p>-Develop a seamless and coordinated system of care for SED children and adolescents.</p> | <p>-Support use of evidence based, best practices. -Continue to collaborate with local systems to support a seamless system of care for this population. -Provide financial support to contract agencies to provide integrated services. -Continue to support the local FCFC in its efforts to develop and implement services and supports that are youth and family driven.</p> | <p>-Youth and family satisfaction surveys. -Increase number of dual diagnosed youth served. -Decrease in number of children needing out of home placement. -Increase in number of providers utilizing evidence based, best practices.</p> | <p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe): Above n/a.</p> |

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| <p>MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p> | <p>-Develop and maintain a seamless continuum of care (SMI population) which supports prevention, early intervention, treatment, and consumer recovery.</p> | <p>-Identify and define SMI indigent care capacity for SMI population. -Support efforts to recruit and retain competent psychiatrists, clinical staff, and supportive staff to increase/improve the system of care capacity.</p> <p>-Identify and encourage evidence – based practice standards for SMI treatment and preventive program services.</p> | <p>-As part of its 2016-2018 Strategic Plan, the Butler County Health & Addiction Recovery Services Board will seek, as needed, technical assistance in order to meet these goals. Technical assistance in the form of specialized training(s) involving evidence-based models will be sought. This Board has a history of supporting these modes including DBT and CBT methods, as well as Trauma Informed Care.</p> <p>-As part of the Strategic Plan 2016-2018, the Board will monitor progress and outcomes of all goals developed within this plan, which include needs assessments done throughout the system of care.</p> <p>-Progress towards meeting the assessed needs will be monitored.</p> <p>-Resources, as available, will be directed to meet the specific needs.</p> <p>-Results of the allocation of resources will be monitored and re-assessed.</p> | <p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe): Above n/a.</p> |
| <p>MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing</p> | <p>-Develop a seamless continuum of care (homeless persons and persons with mental and/or addiction in need of permanent supportive housing) which supports prevention, early intervention, treatment, and consumer recovery.</p> | <p>-Address services delivery housing needs per Strategic Plan 2016-2018.</p> | <p>-Board staff will review/inventory the system’s services delivery housing capacity, housing types, needed levels of care, utilization, and effectiveness in meeting projected needs per survey’s in the Strategic Plan 2016-2018.</p> <p>-New sources of funding will be secured, such as those from RSS.</p> <p>-Capital funding grants for housing will be sought.</p> | <p>___ No assessed local need ___ Lack of funds ___ Workforce shortage _x_ Other (describe): Some of the expansion in the Board’s housing system will be contingent on obtaining state sponsored capital grants or grants from other sources.</p> |

| <p>MH-Treatment: Older Adults</p> | <p>-Maintain evidenced –based program, Impact, provided by Community Behavioral Health Inc. -Support any expansion of specific senior services with contract agencies</p> | <p>-Keep the UPLIFT Program (Geriatric Depression program based on IMPACT & PEARLS, two evidenced-based practice programs, from the University of Washington) current by maintaining trainings and updates for the provision of the program. -Sponsor other evidenced –based practices via training contract agencies.</p> | <p>-Monitor outcomes for UPLIF Program, including lessening of senior depression for participants. -Review other evidence –based programs via statistical evaluation.</p> | <p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe) Above n/a.</p> |
|---|---|--|---|---|
| <p>Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant</p> | | | | |
| Priorities | Goals | Strategies | Measurement | Reason for not selecting |
| <p>MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment</p> | <p>-Develop and/or maintain a continuum of care in the criminal justice system including specialized court dockets and the MH/SUD program located in the Butler County Jail.</p> | <p>-Implement increased staffing and programming at the Butler County Jail due in part to recently received grant. -Monitor usage of current “Specialized Docket” court models.</p> | <p>-Measure alleviation of symptoms and behaviors of consumers due to MH/SUD programming in the Butler County Jail. -Measure the success rate of consumers being linked to contract agency providers after release from the jail. -Monitor recidivism rates of consumers reappearing in the jail and the Specialized Dockets.</p> | <p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe) Above n/a.</p> |
| <p>Integration of behavioral health and primary care services</p> | <p>-Support and evaluate the current OhioMHAS “Health Home Pilot Project” located at Butler Behavioral Health Services (Board Contract Provider) in efforts to assess any expansion or retraction of this services model.</p> | <p>-Review health home strategies rendered by this pilot program. -Monitor costs and any changes of costs to the program (Medicaid and current ongoing revision of changes in reimbursement rates by Medicaid and eventually a managed care model). -Monitor overall effectiveness of model in local treatment applications.</p> | <p>-Monitor OhioMHAS’ continuation of health home models and their applications. -Monitor numbers of consumers utilizing this service in Butler County. -Monitor program success rates and repeat admissions of consumers to local hospital psychiatric inpatient units.</p> | <p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe): Above n/a.</p> |
| <p>Recovery support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support, transportation)</p> | <p>-Plan, develop, and implement recovery services for individuals with mental or substance use disorders by using the Board’s Strategic Plan 2016-</p> | <p>-Board members and Board staff will be actively involved in R.O.S.C. trainings, presentations, and focus groups as part of a 5 year plan with</p> | <p>- Focus groups will be organized and implemented. -Surveys will be given to stakeholders. -Action Steps will be designed.</p> | <p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p> |

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| | 2018 and being active in “Recovery is Beautiful: A Blueprint for Ohio’s Community Mental Health and Addiction System”. | overarching goals and action steps designed to provide a framework for moving Ohio’s mental health and addiction system toward a Recovery – Oriented System of Care. | -Implementation plans will be executed -Outcomes from each will be designed and evaluated. -Revised action steps will implemented as needed. | Above n/a |
| Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT) | | | | X_ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe): |
| Prevention and/or decrease of opiate overdoses and/or deaths | To reduce the number opiate related overdoses and the number of deaths in Butler County. | Implement overdose outreach project in partnership with local fire, police and EMS to encourage recent overdose survivors to enter treatment services. Provide access to medication-assisted treatment to overdose survivors who enter treatment. Increase the availability of Narcan via local pharmacies who offer this without a prescription. | Track outcomes from the local overdose outreach project. Track data specific to the number of opiate addicted persons who enter treatment and begin MAT. Track the number of Narcan doses purchased by patients through Community First Pharmacy. | __ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe) Above n/a. |
| Promote Trauma Informed Care approach | -Develop a county wide system of care that is trauma informed. | -Board staff will actively participate in Butler County’s Trauma Informed Care Committee. -Board staff will actively participate in the Tristate Trauma Network. -Increase the number of trauma informed clinicians in Butler County. -Provide free trauma training to Butler county providers. -Collaborate with system partners to develop a system of care that is trauma informed. | -Increase the number of trauma informed agencies in Butler County. -Increase number of trauma informed clinicians in Butler County. -Related satisfaction surveys. -Reduction in terminating clinical services for non-compliance. | __ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe) Above n/a. |

| Prevention Priorities | | | | |
|---|---|---|--|--|
| Priorities | Goals | Strategies | Measurement | Reason for not selecting |
| <p>Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents</p> | <p>-Develop a seamless continuum of care which supports prevention, early intervention, and treatment and consumer recovery for families with children/adolescents.</p> | <p>-This Board will review prevention needs for families with children/adolescents in its Strategic Plan 2016-2018.</p> <p>-The Board will continue to fund and support the Big Brothers, Big Sisters and Envision Partnerships (two Butler County contract providers) who provide a continuum of prevention services primarily targeted to youth but also across the lifespan, along with the Incredible Years program at Catholic Charities of Southwestern, Ohio, and Talbert House’s consultation programming in school settings.</p> <p>-The Board will investigate the means to fund “Family Therapy” as a clinical service for Butler County Residents.</p> <p>-Research and implement programs that focus in prevention services for families.</p> <p>-Continue to support early childhood mental health services.</p> <p>-Continue to support specific services for transitional youth i.e. independent living skills, job coaching.</p> <p>-Support use of evidence-based , best practices that focus on supporting families.</p> | <p>-Measure consumer usage and participation, and post treatment follow-up information from the Incredible Years Program and Talbert houses school consultation activities.</p> <p>-Explore and research funding mechanisms needed to support Family Therapy models that are evidence – based.</p> <p>-Monitor provision of services and analyze outcome data.</p> <p>-Monitor and analyze results of independent living pre and post test results.</p> <p>-Reduction in numbers of transitional youth in homeless shelters.</p> | <p><input type="checkbox"/> No assessed local need</p> <p><input checked="" type="checkbox"/> Lack of funds: Issues regarding the funding a Family Therapy persists. Maybe as the revision of Medicaid billing services progresses will there be some help with this issue.</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p> |
| <p>Prevention: Increase access to evidence-based prevention</p> | <p>-Per the Strategic Plan 2016-2918 regarding the needs to research and access evidence-based prevention models, utilize The Health Policy Institute of Ohio’s “Guide to evidence-</p> | <p>-Increase the understanding and utilize the concepts of “evidence-based”:</p> <p>1-Types of evidence that inform decision making</p> <p>2-Level of effectiveness in reaching</p> | <p>-Compare and choose various evidence-based prevention models based on the three concepts noted.</p> <p>-Review the effectiveness of each model.</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>Above n/a.</p> |

| | | | | |
|---|--|---|--|--|
| | based prevention”. | desired outcomes 3-Strength of scientific evidence | | |
| Prevention: Suicide prevention | -Increase the awareness of citizens of Butler County surrounding the issues of suicide. | -The Butler County Mental Health & Addiction Recovery Services Board provides these types of educational activities that surround the topic of suicide for FY 1016. These include: ongoing Mental Health First Aid Trainings facilitated by Board staff, ongoing development of suicide prevention information available through the Hot-Line Service, related trainings sponsored by this Board, and ongoing information regarding this topic available on the Board’s web-site. | -Number of Mental Health First aid trainings provided. -Cataloged information available to the Board’s web-site-measuring the number of “hits”. -Number of topical trainings provided. -Number of various expositions attended. | <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): Above n/a. |
| Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations | All Board funded treatment providers will provide problem gambling screening for all clients admitted to treatment services. | Ensure the continuation of the use of evidence based screening instruments recommended by the Department. | Annual reporting of the number of individuals screened, the number screened positive, the number entering gambling treatment. | <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): Above n/a. |

| Board Local System Priorities (add as many rows as needed) | | | |
|--|-------|------------|-------------|
| Priorities | Goals | Strategies | Measurement |
| | | | |
| | | | |
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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)Housing (ACF's) for SMI population. | Increasing the number of ACF's fills a need in this Board's housing continuum of care for SMI population. It would help reduce admissions to local and state psychiatric hospitals. |
| (2)Sub acute Detoxification services | There are no in county sub-acute detox services currently available. |
| (3)Recovery Housing | There are very limited in county recovery housing services and there are many individuals being served in treatment who have unstable, or non-supportive housing. |
| (4)Recovery peer support and other post-treatment recovery supports | Many clients can benefit from recovery supports that help them maintain their recovery and ensure the gains made in treatment. |
| (5)Adult residential services have a waiting list of several weeks to a couple of months. | Timely access to treatment is associated with better treatment outcomes. |

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 Butler County Mental Health & Addiction Recovery Services Board is involved in many collaborative efforts with other systems, consumers, and/ or the general public the past two years. The Board is involved with various Butler County Government offices. It contracts with the Butler County Jobs and Family Services office to partially funding a Medicaid intake worker to help our contract agencies "remove roadblocks" for clients seeking to establish their Medicaid. The Board also has close ties with Butler County Children's Services working with our local Family and Children First Council. The Board collaborates with the Southwestern Ohio Counsel on Aging in funding our mental health program for senior adults, Impact. Since our recent merger with this Board is now collaborating in various ADAS community groups. These include: the Middletown Opiate Task Force, Interact for Health, The Butler County Opiate Task Force, the Butler County Coalition for a Safe and Drug Free Community, and the various agencies providing Prevention Services. This Board continues to collaborate with the Butler County Jail, the Butler County Juvenile Court, and the Butler County Department of Developmental Services in operating ADAS and MH programming as well as seeking means and sites to provide new programming. The Board is active with the Butler County ESC in the provision of services in county school systems. The Board takes active roles in various city, county, and state coalitions in seeking ways to provide services jointly and effectively. Finally, the Board provides space in its office for the Butler County Chapter of NAMI. The Board takes an active role in several NAMI programs and events. All of these collaborations are undertakings that support a full continuum of care, both formally and informally. Information is jointly provided enabling sharing and facilitating goals to meet the continuum of care.

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.

The Butler County Mental Health & Addiction Recovery Services Board (BCMHSARS) continues to maintain active relationships with Summit Behavioral Healthcare, our local private hospitals, and the related outpatient services and supports. Staff from one of our contract agencies, Community Behavioral Health Inc., maintains a very high profile at Summit Behavioral Healthcare. Our CCOD, Probate Monitor, Housing Coordinator, Step Down Program Supervisor, and various clinicians and case managers, some from other contract agencies as well, take active roles at this facility. Board staff conducts monthly meetings with contract agencies and local hospitals in efforts to maintain this intensity at the local levels in efforts to maintain continuity of care for our clients in Butler County. Board staff have also started meeting with social worker staff from our local private hospitals in efforts to reduce and challenges and roadblocks in the provision of care to our clients. This Board also maintains high levels of interactions with the Butler County Probate Court in efforts to maximize the effects of the civil commitment process. Board staff also meets with leaders of various county communities in efforts to eliminate any barriers for residents seeking services. Board staff attends scheduled Hospital Committee meetings organized by OACBHA where leaders from the Boards and OhioMHAS meet discussing activities and challenges regarding the state hospital system. At this time, this Board sees no reduction in these efforts, and is continually seeking new ways coordinating services amongst these entities.

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.

There have been issues observed by staff here at the Butler County Mental Health & Addiction Recovery Services Board surrounding availability of psychiatric hospital beds at both local and state hospitals. With the expansion of Medicaid it was felt that the number of beds needed in the state hospital system would be lessened, with more clients being admitted and treated at local hospitals due to more clients having Medicaid. In reality, the opposite has happened. There has been a remarkable increase in clients being sent to the state hospital as forensic cases for court evaluations. This in turn has limited the availability of beds for civilly committed cases that in effect has created a shortage of this type of bed. In our local system, we have always requested that local psychiatric units admit our clients, regardless of their ability to pay, and then they would be civilly committed (to this Board) to an inpatient status by the Butler County Probate Court. If the client was not responsive to treatment, then we would approach Summit Behavioral Healthcare with a transfer request. Now, with civil state hospital beds at a premium, our local hospitals are faced with having clients placed on a “waiting list” for transfer. Local hospitals have been faced with keeping clients on their units long past when Medicaid and insurance funding has ended, causing them to operate in a financial loss. We are seeing trends of local hospitals discharging clients when state hospital beds are not available, resulting in higher rates of recidivism locally. Currently, this Board has these concerns and observations. There have been recent trends of local hospitals closing their psychiatric units or reducing the available beds in their psychiatric units. Recently, a client remained in a local inpatient unit waiting for over two months for a bed to become available at Summit Behavioral Healthcare. Finally, it is ironic that over 50% of the clients occupying civil beds in the state hospital system have Medicaid. This Board realizes that our county is fortunate to have a community that supports the mental health system (2 levies), and that we have remarkable mental health resources. We recognize that Board areas without our resources are more dependent on the state system, and need easier access to admit clients to a state hospital bed. Providing this information is our effort to provide our reality to OhioMHAS regarding this issue. The need for inpatient beds, both at local and state hospitals, remains a “safety net” for the clients we serve. With the many changes approaching regarding Medicaid, this Board supports maintaining and strengthening this “safety net”.

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 |
|-------------|--------|------------|
| | | |

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 |
|----------|--------|---------|------------|
| | | | |

SIGNATURE PAGE

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

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.

ADAMHS, ADAS or CMH Board Name (Please print or type)

ADAMHS, ADAS or CMH Board Executive Director

Date

ADAMHS, ADAS or CMH Board Chair

Date

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

Instructions for 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 1st 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 1st 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 2nd 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: <ul style="list-style-type: none"> • A-IOP ‡ • M-Assertive Community Treatment • M-Health Homes | | Intensive OP ASAM Level II.1 (9+ HRS/WK) | <ul style="list-style-type: none"> • Assertive Community Treatment (ACT) • Primary Physical Healthcare |

| <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"> • Naltrexone • Vivitrol • Methadone • Suboxone • Buprenorphine (No Naltrexone) | |
| 12 Step Approaches ‡ | | Clinical/therapeutic approaches Used:.. <ul style="list-style-type: none"> • 12 step facilitation | |
| 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: • M-Information and Referral | | | MH Referral, including emergency services |
| M-Partial Hospitalization | | | Setting: Day Treatment/Partial Hospitalization |
| M-Inpatient Psychiatric Services (Private Hospital Only) | | | Inpatient Services |
| Recovery Supports: • M-Self-Help/Peer Support • M-Consumer Operated Service | | | MH Consumer Operated (Peer Support) |
| Recovery Supports: • M-Employment/ Vocational Services | | | <ul style="list-style-type: none"> • Supported Employment Services • MH Vocational Rehabilitation 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> |
|---|---|---|---|
| Recovery Supports: • M-Social Recreational Services | | | Activities Therapy |
| M-Crisis Intervention | | | MH Psychiatric Emergency (walk-in) |
| Wide Range of Housing Provision & Supports: • M-Residential Care | Residential Care: • Adult Care Facility/ Group Home • Residential Care Facility (Health) • Child Residential Care/Group Home | | 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: • M-Community Residential • M-Housing Subsidy | Permanent Housing: • Permanent Supportive Housing • Community Residence • Private Apartments | | MH Housing Services |
| Wide Range of Housing Provision & Supports: • M-Crisis Bed • M-Respite Bed • Temporary Housing • Transitional | Time Limited/ Temporary: • Crisis • Respite • Temporary • Transitional | | |
| Wide Range of Housing Provision & Supports: • M-Foster Care | Time Limited/ Temporary: • Foster | | • Therapeutic Foster Care |
| Wide Range of Housing Provision & Supports: • AOD | | | • See Residential Treatment, above |