OhioMHAS 2024-2025 SAMHSA Block Grant Plan

Community Mental Health & Substance Use, Prevention, Treatment, and Recovery Services Block Grant

Ohio's Mental Health and Substance Use Prevention, Treatment, and Recovery Services Block Grants Plan serves as an application for two federal Block Grants awarded to states by the Substance Use and Mental Health Services Administration (SAMHSA) for federal fiscal years (FFY) 2024 and 2025.

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OhioMHAS Overview

'Organizational Strengths & Capacity'

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) was established in 2013 when the Ohio Department of Alcohol and Drug Addiction Services and the Ohio Department of Mental Health consolidated to become a single department. Designated as a cabinet-level, single state mental health and substance use department, OhioMHAS ensures all Ohioans have access to mental health and substance use prevention, treatment, and recovery services in the most appropriate treatment settings, including their homes, communities, and high-quality facilities. OhioMHAS is the single state authority (SSA) responsible for the administration of SAMHSA's Block Grant.[1]

Mission
The Ohio Department of Mental Health and Addiction Services (OhioMHAS) exists to provide statewide leadership of a high-quality mental health and addiction prevention, treatment, and recovery system that is effective and valued by all Ohioans.

Vision
OhioMHAS strives to end suffering from mental illness, substance use disorders, and problem gambling for Ohioans of all ages, their families, and communities.

Values
The team at OhioMHAS strives to demonstrate our core values in our relationships with our constituents across the state, with our state sister agencies, and within our own department. *Contribute and Collaborate* *Serve Compassionately* *Deliver Quality* *Be Accountable*

[1] OhioMHAS Strategic Plan: OhioMHAS Strategic Plan

What OhioMHAS Does

OhioMHAS is a cabinet-level state agency that facilitates planning, establishes policy, distributes funding, delivers services, and regulates providers. The department operates six regional psychiatric hospitals with more than 1,000 beds serving more than 6,000 people each year. OhioMHAS also provides recovery services to more than 17,000 men and women incarcerated with the Ohio Department of Rehabilitation and Correction each year, and operates Ohio Pharmacy Services, which provides a diverse array of goods and services to state institutions and eligible community partners. Licensure and Certification regulates more than 2,000 mental health and addiction services providers statewide and protects the rights of those served by these organizations. OhioMHAS provides leadership to the behavioral health system of 50 Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards and local prevention, treatment, and recovery support providers meeting the needs of Ohioans across the lifespan in local communities. Through the offices of OhioMHAS, the responsibilities of the Department are fulfilled.

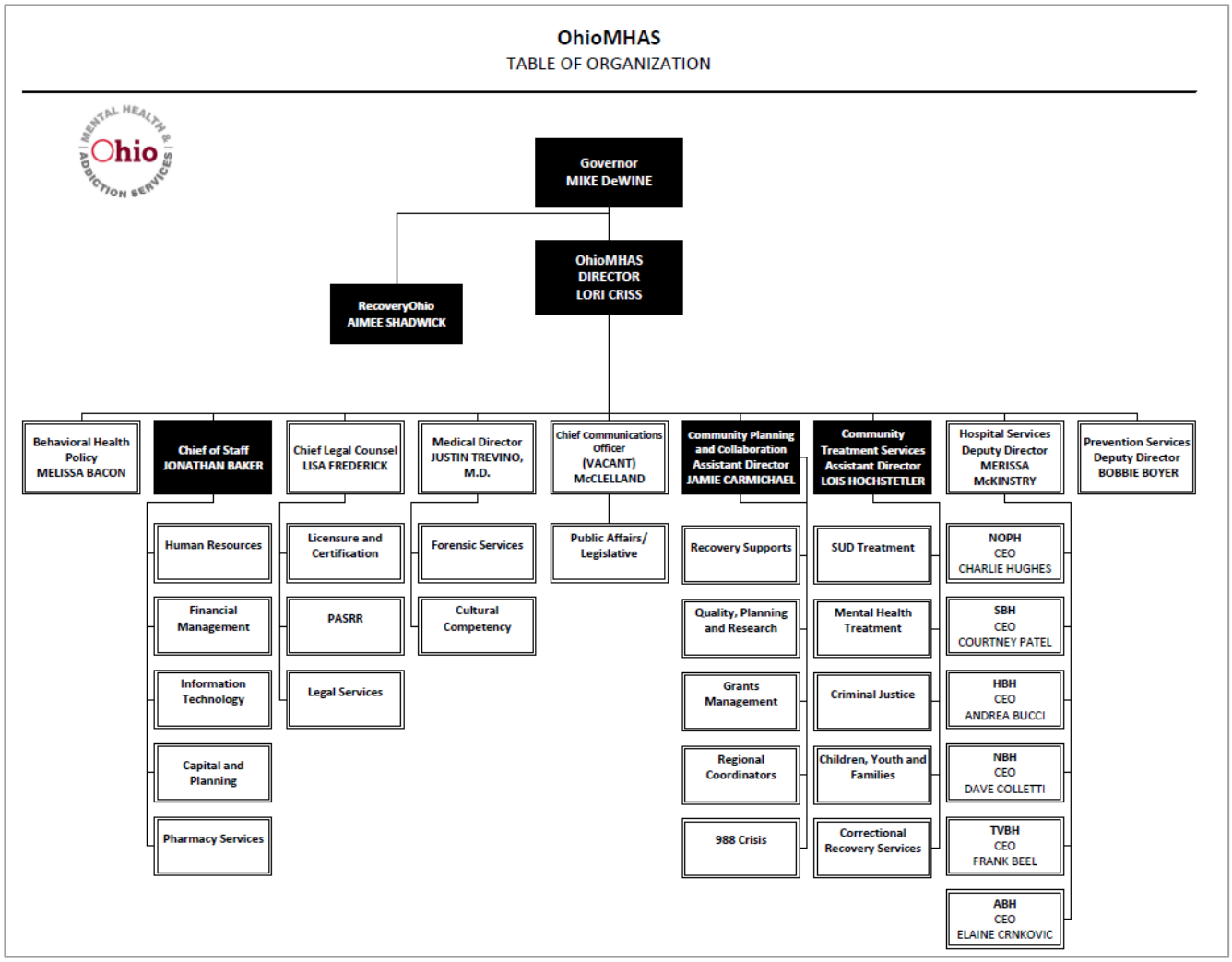
OhioMHAS Responsibilities

- Administer federal and state grant funds among state and local stakeholders
- Support, regulate, and monitor local systems of care
- Provide quality inpatient services
- Develop strategies to promote mental health and prevent alcohol, drug, and gambling addiction
- Improve services to children/adolescents
- Improve linkages between the behavioral health and criminal justice systems
- Conduct research to address system priorities
- Provide training and technical assistance
- Procure pharmaceuticals for state-run and community-based entities
- Protect rights of people receiving services

Offices of OhioMHAS

The table of organization[2] and Office descriptions below offer a more detailed representation of the work and roles each of the various areas of the department contribute to Ohio's public behavioral health system.

[2] OhioMHAS Office of Human Resources Organizational Table, August 2023



Administration provides department-wide human resources services, financial management, information technology, capital and planning management, and works with and supports all customers. They are also responsible for the financial stability of Ohio Pharmacy Services (OPS). OPS serves state behavioral health hospitals, state correctional facilities, county health departments, community mental health and addiction agencies, free clinics, county jails, and non-profits throughout Ohio by providing centralized procurement and distribution services for pharmaceuticals, over-the-counter medications, medical supplies, and personal care products. The Bureau of Financial Management within this office oversees Block Grant budgeting and disbursement of all SAMHSA Block Grant funds including audit and fiscal monitoring.

Legal and Regulatory Services provides in-house counsel, Pre-Admission Screening and Resident Review (PASRR) determinations, and helps providers meet Ohio requirements for the provision of mental health, alcohol and other drug (AoD) and residential services. These core

functions include licensing private inpatient psychiatric hospitals, adult care facilities (ACFs), adult foster homes (AFoHs) and residential facilities, and certifications for community mental health and/or AoD providers and health homes.

Public Affairs coordinates and designs OhioMHAS press and media events, as well as legislative strategy development in coordination with other key agencies. Core functions include a strategic communications plan that upholds the OhioMHAS mission and the RecoveryOhio agenda, including, Behavioral Health Policy.

Community Planning and Collaboration provides administrative leadership and management of internal and external planning and collaboration strategies that assesses and improves the quality and effectiveness of behavioral health services and informs policy and resource allocation decisions through sound data collection and dissemination. This includes strategic planning, conducting quality improvement evaluation, community planning, and conducting applied research to strengthen the field of mental health and addiction services.

Bureau of Grants Administration, oversees the program management of all federal grants, including the Block Grants and State Opioid Response Grants. The Grants Bureau maintains the department's Standard Operating Procedures (SOP) manual, which provides templates and legally vetted procurement and competitive bidding best practices to assist program staff in granting and contracting with sub-awardees. The bureau provides leadership for the Grants and Funding Management System (GFMS), the department's grants management software, training and technical assistance to program staff, system innovations and enhancements, and dashboard/reporting developments. In addition to submitting the Block Grant, State Opioid Response, and other federal applications and reports, the bureau is responsible for interfacing with federal program officers during meetings and site visits/audits, provides budget planning and monitoring with fiscal and program staff. The Grants Bureau provides administrative support to the Block Grant Planning Council, assists in the coordination of required data collection and evaluation, and spearheads the department's identification and dissemination of new grant opportunities. Staffed by several grants and national program subject matter experts with decades of behavioral health grants management experience, the Grants Bureau works collaboratively across the entire department to ensure responsible stewardship of all federal funds.

The Bureau of Strategic Planning is new a division in the Office of Community Planning and Collaboration. This bureau will lead the state's new workforce development Technical Assistance Center and house Ohio's six regional coordinators who act as a liaison between the department and our 50 ADAMH Boards at the local level to provide greater collaboration with

our local partners. This bureau will also lead the department's data modernization work with targeted efforts to ensure that the system is implementing the most up-to-date processes in data readiness and advanced analytics to align the department outcomes and system indicators into the state's new results-based budgeting accountability framework.

Community Treatment Services provides administrative leadership and project management of community-based initiatives including substance use and mental health treatment, criminal justice, correctional recovery services, and services to support children, youth, and families. Core functions include overseeing the Recovery Services staff, located within the Ohio Department of Rehabilitation and Corrections. The Bureau of Mental Health Treatment provides day-to-day management and program monitoring of the Mental Health Block Grant First Episode Psychosis/Early Serious Mental Illness Set Aside. The Bureau of Substance Use Treatment including the Women's Treatment Program, Opiate Use Disorder SOTA, and other SUD subject matter experts working directly with SUPTRS programming are housed here.

Hospital Services provides administration of the six state psychiatric hospitals. Each hospital offers comprehensive inpatient care and outpatient services in community-supported environments. Core functions include acute stabilization of psychiatric illnesses, treatment, forensic services, continuity of care, aftercare planning and community integration, psycho-education for those with addictions or substance use, and partnering with local ADAMH Boards, private hospitals, and other community-based programs such as jails.

The Medical Director's Office is responsible for decisions relating to medical diagnosis, treatment, prevention, rehabilitation, quality assurance, and the clinical aspects of mental health and addiction services. This includes licensure of hospitals and residential and outpatient facilities, research, community plans, and delivery of services. The Medical Director's Office serves as a clinical resource and partner to the field providing advocacy, training, and research guiding best practices leading the state's work aligning and assuring health equity and cultural competency.

Prevention Services' core functions are focused on building capacity of community-based prevention programs guided by data, best practices in service delivery, and collaboration. This includes facilitating assessments (e.g. Gambling Screening Brief Intervention and Referral to Treatment, provider satisfaction survey, community focus groups, community planning, training for the workforce and community members on prevention issues, conducting research, and disseminating information and best practices to the community. The Prevention Services Team consists of nationally recognized subject matter experts with years of experience developing prevention programming across the continuum of the six Institute of Medicine prevention

strategies; information and dissemination, education, alternatives, problem identification and referral, community based processes, environmental, and other. This team works collaboratively with the Grants Bureau to ensure successful implementation of the SUPTRS Block Grant Prevention Set Aside and provides leadership to our Ohio Prevention Center of Excellence and regional coalitions.

Block Grant Accomplishments and Impact[3]

During the COVID-19 pandemic, Ohio received an increase of nearly $190 million in federal Block Grant stimulus as a result of the Coronavirus Response and Relief Supplemental Appropriations Act, 2021 (CRRSAA) and The American Rescue Plan Act of 2021 (ARP). This influx of funding allowed Ohio to focus resources on rebuilding its safety net and invest in the infrastructure of the behavioral health system. Amidst the challenges of an unprecedented rise in need for behavioral health services, workforce shortages, and launch of the national 988 Suicide and Crisis Lifeline, Ohio developed a bold new iterative process for the planning and implementation of these funds. This process, guided by data, resulted in a more equitable and responsive distribution of resources throughout the state. It also allowed Ohio to more effectively plan and implement the procurement and grants development processes needed to invest these dollars within SAMHSA's allowable timeframe.

To date, Ohio has liquidated 81.9% of MHBG and 86.3% of SUBG CRRSAA funds.[4]

Additionally, the one-year No Cost Extension allowed for greater flexibility and more focus targeting the use of funds. As a result of this much needed federal assistance, Ohio provided meaningful investments across the service continuum in several crucial areas of the behavioral health system, including crisis, suicide prevention, 988, children and families, recovery supports

[3] OhioMHAS COVID Relief Media Release and ARP Announcement Release and SAMHSA Plans
[4] SAMHSA Payment Management System (PMS) Report run 7/28/2023

and peer-run organizations, SUD prevention, and alcohol use disorder treatment (see graphic below). Leveraging the organizational capacity and expertise of department staff and hundreds of behavioral health professionals statewide, OhioMHAS provided 411 Grants and Allocations across multiple fiscal years, serving thousands of Ohioans in their times of most need during the pandemic.

American Rescue Plan (ARP) Block Grant Plan Update

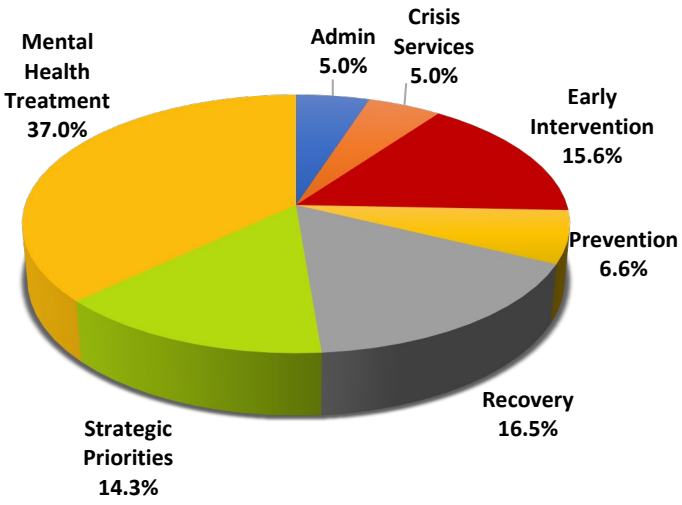
Ohio is implementing investments in ARP funding following the approved SAMHSA plan categories: Crisis, Workforce, Data/Technology, and Cross-Systems Collaboration, Prevention, Crisis, and First Episode/Early Serious Mental Illness Set Aside. Expenditures remain on track to meet the minimum statutory requirements. Ohio has disbursed approximately 12% of its MHBG and approximately 10% of the SUBG ARP awards. With the first phase of funding, Ohio has helped to sustain funding for its 19 988 call centers, established Ohio's first Substance Use Disorder Center of Excellence, provided workforce shortage planning resources, and bridged funding for Ohio's Forensic Service Evaluation Center workforce, and launched several media campaigns aimed at reducing stigma and prevention awareness to help increase access to behavioral health services for thousands of Ohioans.

The next phase of funding, Ohio will invest nearly $40 million of Mental Health and Substance Use ARP funding into a comprehensive enhancement of Ohio's behavioral health data governance and management systems. The overarching goal of this work is to create a more data-driven and results-based framework for Ohio's behavioral health workforce. These initiatives include a needs assessment to determine the system's data readiness and data modernization needs, as well as claims data system innovations, data cataloging, and exploration of advanced analytics. This work will take place during the next several years and involve stakeholders across the state at all levels of the continuum of care to ensure better data sharing and outcomes for Ohioans receiving behavioral health treatment services.

Ohio continues to responsibly invest its COVID-19, ARP, Bipartisan Safer Communities, and annual Block Grant funds according to SAMHSA's federal statutory regulations. With Ohio's shift to Medicaid Managed Care, recent increases in Ohio's Mental Health Block Grant Award have supported much needed investment in peer and recovery support services, among other non-Medicaid reimbursable services and supports. Planned investments for the FY24-25 Block Grant are distributed across the following areas: Administrative Expenses, Crisis Services, Early Intervention, Mental Health Treatment, Prevention, Recovery Supports, SUD Treatment, Strategic Priorities, and Women's Treatment.[5]

[5] OhioMHAS Block Grant Planned SFY24 Budgets

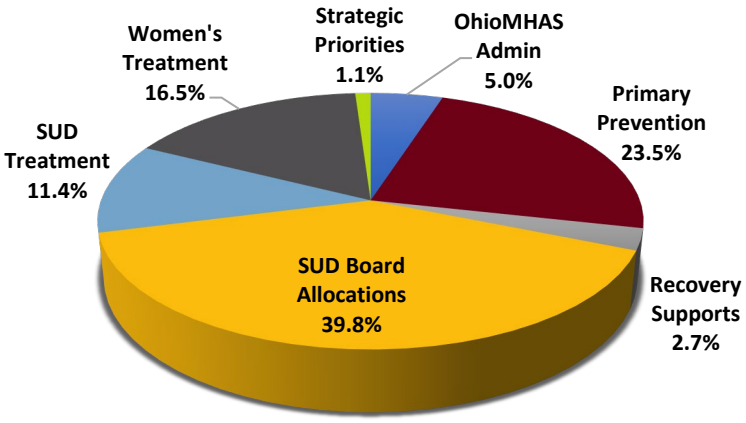
2024-2025 Mental Health Block Grant Planned Expenditures



*Denotes Crisis Set Aside (Minimum 5%)
**Denotes FEP/ESMI Set Aside (Minimum 10%)

Planned Expenditure Categories
Administration – Salaries and fringe benefits of OhioMHAS Staff
***Crisis Services** – 988 and Mobile Response and Stabilization Services investments
Early Intervention –** First Episode Psychosis/Early Serious Mental Illness Set Aside and Early Childhood Mental Health
Mental Health Treatment – ADAMH Board Continuum of Care investments, Criminal Justice and Forensic Programming
Prevention – Suicide Prevention programming, OHYES! Survey, Handle with Care initiative
Recovery – Peer Support investments (***OhioPRO, ***SWAN grant, The Peer Center) Supported Employment, and Housing
Strategic Priorities – Executive Leadership projects and budgetary needs

2024-2025 Substance Use Block Grant Planned Expenditures



*Denotes Set Aside (minimum 20%)
**Indicates Maintenance of Effort (min. $10,927,900)

Planned Expenditure Categories
Administration – Salaries and fringe benefits of OhioMHAS Staff
***Primary Prevention** – ***UMADAOP programs, coalition building, youth-led prevention, Center of Excellence, suicide prevention
Recovery – Peer Support investments, Circle for Recovery post-incarceration supports
Strategic Priorities – Director/Executive Leadership projects and budgetary needs
SUD Board Allocations – Continuum of Care investments SUD services for 50 ADAMH Boards
SUD Treatment – Criminal Justice programming, children's System of Care investments, Fetal Alcohol Syndrome screening/supports
****Women's Treatment** – Substance Use Disorder treatment and recovery supports for pregnant women and women with children

Ohio's Planning Council

Ohio's Consumer and Recovery Support Planning Council held an in-person retreat in the spring of 2023 to welcome members back into a face-to-face regular meeting structure re-committing to meeting in person to better advocate and plan for Ohioans in need of treatment and recovery services. It also served as a celebration of gratitude, to take a moment to recognize the service each member has dedicated during their tenure on the Council. The retreat was held at Cedar Ridge Lodge at the Battelle Darby Creek Metro Park in Central Ohio. This event was the culmination of months of planning and hard work on behalf of the Grants staff and Planning Council leadership.

The retreat also provided an opportunity for review of accomplishments and preliminary strategic planning about what the Council would like to accomplish moving forward. Recommendations made by the attendees prioritized: future Planning Council meetings will be held in the community where the community services are happening (local ADAMH Boards, community behavioral health providers, peer-run organizations, etc.) to provide a more inclusive platform for input from consumers and stakeholders. A goal was made to host six meetings in the next two years within each of Ohio's State Psychiatric Hospital Regions to spread equally across the state. Another goal was to increase Council recruitment efforts using a variety of strategies to fill all member vacancies within one year of the retreat. The Ohio Planning Council's first regular meeting was held at The P.E.E.R. Center, a consumer-run organization in Columbus, Ohio, as their first step into the hosting a more accessible and inclusive meeting environment within the community.

An evaluation of the retreat indicated positive feedback from Council members. In response to the question "How would you rate your overall experience at the Planning Council Retreat?" 100% of respondents selected "extremely positive." Approximately 60% responded that the retreat "exceeded their expectations," and 40% said it "met expectations." Speaking to the success of developing a plan to move Council work forward, 60% responded that the Council "met the goal," while 40% responded Council "exceeded in meeting the goal."[6]

As a strategy recommended at the retreat to help meet Council's 2023-2024 recruitment goals, several Council members staffed an exhibitor's table at the Ohio Association of County Behavioral Health Authority's (OACBHA) Opiate and Other Drug's Conference. This provided an opportunity for Council members to promote their mission and advocacy for the Block Grant to nearly 3,000 conference attendees. As a result of this outreach, the Council received 25 new

[6]OhioMHAS Planning Council Retreat Evaluation Survey – Survey Monkey, May 2023

contacts, and five new membership applications. The remainder of 2023 will focus on the review of the Block Grant Plan, providing recommendations, and interviewing and integrating new members to the Council.

"The success of the 2023 Spring Planning Council Retreat was reflective of well-coordinated, consistent, day-to-day collaboration of committed, goal-oriented staff and stakeholders over time." – Council Chair

"This was a solid event. Well-planned. Well-executed. Well-supported." – State Agency Partner

"Inspiring, thank you." – Council Member with lived experience

"I was very impressed with the whole retreat. The presentations were incredibly valuable and helped provide good context of what has been done, what is being done, which transitioned us well to how can we do this even better. I thought the group worked very well – great participation and communication – all voices were heard." – Council Member

2023-2024 Ohio State Biennium Budget and Priorities

With the passage of the 2024-2025 Biennial State Budget, Ohio Governor Mike DeWine has continued to prioritize the health and well-being of Ohioans with significant tax dollar investment.[7] Governor DeWine reiterated the importance of behavioral health in his State of the State addresses and laid out a vision over the next biennium for Ohio to be a national leader in behavioral health workforce growth, research, and innovation. The state budget aims to continue to build and grow the community behavioral health system that was

Behavioral Health Priorities
Making Help Visible, Accessible, and Effective

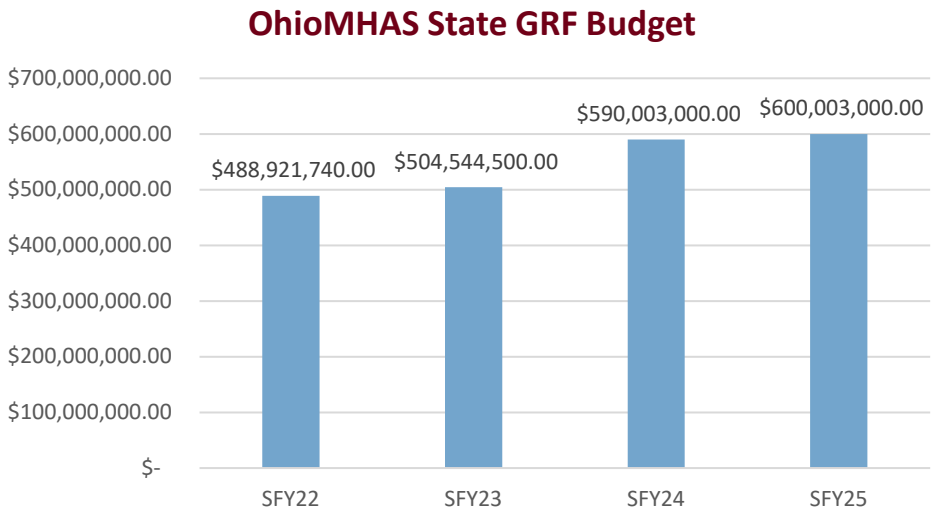
1. Growing our behavioral health workforce;
2. Increasing research and innovation; and
3. Building community capacity for care that offers better crisis response services and treatment, increased prevention efforts, and more residential and outpatient services.

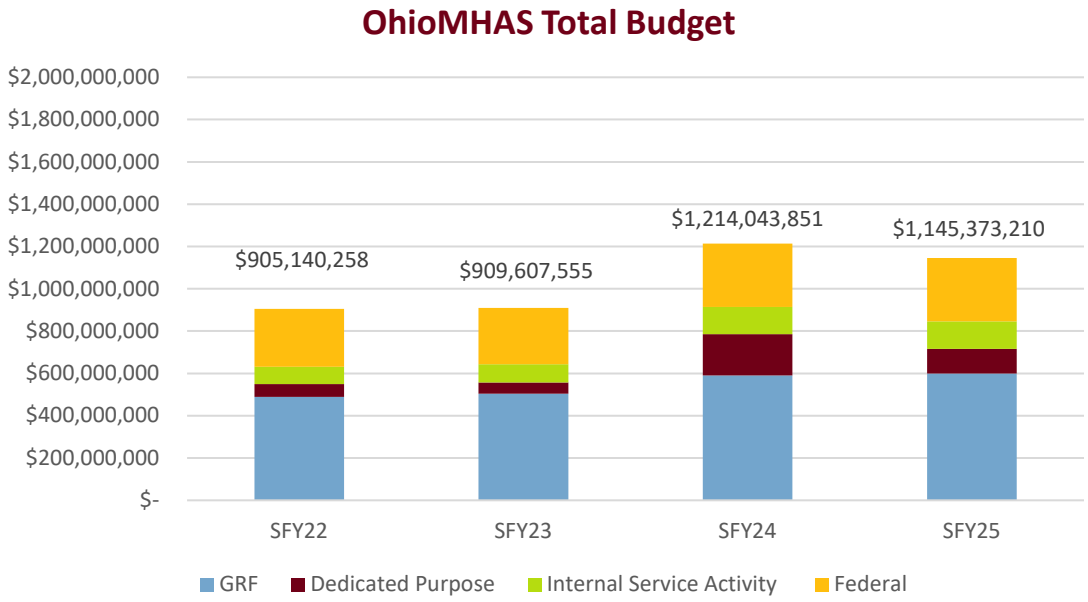
[7] OhioMHAS Budget Priorities Presentation – Director Lori Criss, presented July 6th, 2023

promised back when treatment was transitioned from the institutions to the communities in the 1980s. This vision, referred to as OhioTHRIVES, includes investments in several key priority areas to ensure that Ohioans are thriving and living to their fullest potential. These priority areas include:

- Continued focus on prevention and early identification for children, youth, and families
- Strengthening focus on adults with serious mental illness
- Protecting community funding for a full continuum of prevention, treatment, and recovery supports
- Growing Ohio's Crisis Continuum: Connect, Respond, Stabilize, and Thrive
- Meeting the needs of criminal justice-involved Ohioans
- Supporting the State's Regional Psychiatric Hospitals safety net
- Growing a strong and supported workforce

The overall budget includes more than $590 million in State General Revenue Fund in State Fiscal Year 2024 and $600 million in State Fiscal Year 2025, totaling $1.19 billion over the biennium. This shows an increase of approximately $196.5 million, from SFY22-23 to SFY24-25. In overall funding, taking into account State GRF, dedicated purpose funds, internal service activity funds, and federal funds, OhioMHAS' budget totals $1.2 billion in SFY24 and $1.14 billion in SFY25. This is an increase of just over half a billion dollars ($544 million) across the biennium from SFY22-23 to SFY24-25. These budget figures represent Ohio's legislature and Governor aligned in their prioritization of the behavioral health and overall wellness of Ohio's citizens.





Budget Priorities

The OhioMHAS 2024-2025 State Budget is categorized by the following Appropriation Line Items (ALI), which provide the direct support proposed in the Governor's behavioral health priorities mentioned above. **Notably, there was a $46.5 million investment in state funds ($86.5 million total) to support Ohio's continued use of the 988 Suicide & Crisis Lifeline.** As the operator of the state's six regional psychiatric hospitals, an investment of over $300 million each year is planned to support the state's hospitals.

Ohio MHAS GRF Budget by ALI Category	SFY24	SFY25
Prevention and Wellness	$7M	$7M
Hospital Services	$303M	$325M
Continuum of Care	$107M	$107M
Criminal Justice	$30M	$21M
988 Suicide and Crisis	$20.7M	$25.8M
Recovery Housing	$3.25M	$3.25M
Community Innovations	$10.5M	$10.5M
Residential State Supplement	$24M	$24M

A $50 million investment of one-time funds to enhance pediatric behavioral health is also planned. These funds will increase capacity for treatment for children with serious behavioral

health conditions so that they can recover closer to home and Ohio can reduce out-of-home placements and out-of-state treatment transfers that families rely on today. Funding will also help to build the behavioral health workforce in pediatric inpatient and residential settings for children and youth and enhance residential treatment environments to create Psychiatric Residential Treatment Facilities in Ohio so that families do not have to pursue this intensive, secure treatment out of state.

Ohio will also expand jail and forensic services to the criminal justice-involved population with a $51 million investment across the biennium. This funding will enhance forensic center capacity for court-ordered evaluations and monitoring and provide continued support for Ohio's specialty courts. It also authorizes jail-based competency restoration and helps improve the ability of jails to offer addiction services and psychotropic medications to help these Ohioans receive the care they need with the goal of reducing recidivism and increasing public safety.

Growing wellness and recovery supports with $21.5M across the biennium Continue to grow coordinated community treatment and recovery supports for Ohioans living with mental illness and substance use disorders, with the goal of achieving wellness and reducing costly hospital admissions and jail stays. These investments will help Ohioans to thrive. Continued funding for Adult Access to Wellness project (formerly Multi-System Adults) to connect these Ohioans with needed resources like housing, transportation, medication, and employment supports. Expanded funding for Peer Recovery Organizations, clubhouses, and youth peer supports across Ohio.

Recovery supports such as increasing housing options and enhancing quality
$64.5M across the biennium
Supporting quality housing options for Ohioans living with and recovering from mental health and substance use disorders by: increasing the Residential State Supplement ($48M), growing quality Recovery Housing across the state, and continued support for community transition programs to help people with mental illness and substance use disorders successfully reenter their community upon release from Ohio's adult prison system.

The 2024-2025 OhioMHAS State Budget is a success for the behavioral health and wellness of all Ohioans and presents a great opportunity and complement to Ohio's Federal Block Grant dollars. The FY24-25 Mental Health Block Grant plan will emphasize alignment of Ohio's new state and federal SAMHSA priorities and principles for the priority populations identified withing the Block Grant statute.

Overview of Ohio's Community Behavioral Health System

Ohio has a county-operated, state-supervised behavioral health system in a "home rule" state. Local behavioral health tax levies provide additional resources for treatment and recovery supports in many of Ohio's communities. The Ohio Revised Code (ORC) Chapter 340 provides the legislative mandate for the organization of local Alcohol Drug and Mental Health/Community Mental Health (ADAMH/CMH) Boards[8] granting local responsibility and control to individual mental health and substance use authorities. Ohio's Block Grant Plan is integrated with local Community Plans developed by Ohio's county behavioral health authorities (Boards) as mandated by ORC Section 340.03. These Boards plan, evaluate, and fund mental health and addiction services in 50 county and multi-county "Board" areas serving 88 counties. The Boards contract with a wide range of providers for prevention, treatment, and recovery supports, and are prohibited by state law from providing treatment services with some exceptions. The expansion of Medicaid in Ohio allowed community behavioral health treatment providers to receive a substantial portion of their revenue from the Ohio Department of Medicaid (ODM) and are licensed or certified by the Ohio Department of Mental Health and Addiction Services (OhioMHAS). Some "Medicaid only" providers do not contract with the county Boards, and many of the larger providers have expanded into multiple counties across the state. Mental health and addiction services provided in primary care clinics, community hospital emergency rooms, and federally qualified health care centers are part of the behavioral health services available to Ohioans, but are only mentioned in this plan, because they are not licensed, certified, or operated by OhioMHAS. Ohio, like many states, has a complex array of behavioral health care system services that will continue to evolve in response to changes in local, federal, and state policies.

[8] OhioMHAS 2022-2023 Block Grant Plan

Geography and Population

A large percentage of Ohio's population of 11,756,058[9] reside in several major metropolitan urban areas, surrounded by many rural, suburban, and Appalachian counties. The behavioral health needs of these diverse communities are varied, which speaks to the need for local autonomy over the planning and implementation of each continuum of care. Columbus (Franklin County), Cincinnati (Hamilton County), and Cleveland (Cuyahoga County) are the largest Ohio cities and receive a large percentage of the Block Grant funding. Each Board area receives an allocation of Mental Health funding, primary prevention, and SUD treatment. OhioMHAS works in collaboration with all ADAMH Boards, and local planning efforts are described in greater detail later in this plan.

ADAMH/MHRS Board by Geography

Appalachian	13
Large Metro	9
Mixed	7
Rural	8
Small Metro/Suburban	13
Grand Total	**50**

Ohio's ADAMH/MHRS (Mental Health and Recovery Services) Boards are best categorized by the type of geographic characteristics of the population served. The table on the left shows the breakdown of each of Ohio's 50 ADAMH/MHRS Boards, with both Appalachian and Small Metro/Suburban making up the majority. This geographic breakdown helps demonstrate the variety of Ohio's communities and populations.

Number of Ohioans Receiving Services

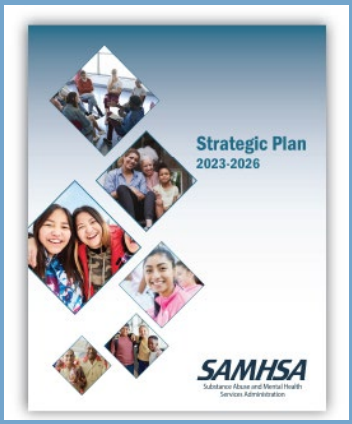
In SFY2022 4.3% (N=508,364) of Ohio's total population received mental health services through Ohio's publicly funded system. In SFY2021 131,595 Ohioans received some sort of SUD treatment.[10]

In the same year, 9,766 persons with SUD incarcerated in Ohio's prisons received SUD treatment services in the prison-based programs operated by OhioMHAS in collaboration with the Ohio Department of Rehabilitation and Corrections (ODRC). Just prior to release, 12,604 persons with SUD and/or persons with serious mental illness received community linkage services from OhioMHAS staff to facilitate access to treatment services and recovery supports upon community re-entry. OhioMHAS community linkage services are supported by a partnership between the Ohio Department of Medicaid and ODRC's pre-lease program, which ensures individuals apply for Medicaid and enroll with a Managed Care plan before being released from prison. Persons in county jails or involved with courts are also receiving mental health and SUD treatment funded through OhioMHAS and the Boards.

[9] Census.gov Ohio Population Estimates
[10] OhioMHAS Community Data Warehouse, report run by Bureau of Quality, Planning and Research

Dedicated hospital staff oversee psychiatric and medical services at six regional psychiatric hospitals. In SFY22, OhioMHAS served approximately 4,000 Ohioans annually, providing short-term, intensive treatment to patients in both in-patient and community-supported environments. The hospitals also deliver comprehensive care to patients committed by criminal courts. The six hospitals combined have 1,111 beds and employ approximately 1,900 clinical and non-clinical staff.[11]

Ohio's Alignment with SAMHSA's Strategic Plan Priorities & Principles



SAMHSA's new Strategic Plan has identified five key priority areas and four core principles to better meet the behavioral health care needs of individuals, communities, and service providers.[12] These priorities and principles are closely aligned with Ohio Governor DeWine's budget as detailed in the previous section. Additionally, they have all been defined and included in the OhioMHAS Strategic Plan, as well as numerous department initiatives and Block Grant planning efforts. This section will provide recent, current, and planned department initiatives and programming addressing each of these priority areas and core principles.

❖ *Preventing Substance Use and Overdose*

Ohio Overdose Awareness Day

On Aug. 31, 2022, Ohio recognized Ohio Overdose Awareness Day with the goal of raising awareness, supporting communities in the fight against drug addiction, and remembering loved ones lost to the epidemic. To help state and local communities promote Ohio Overdose Awareness Day, RecoveryOhio, the Ohio Department of Health, and OhioMHAS partnered together to create an Ohio Overdose Awareness Day Toolkit with the theme "Everyone Knows

[11] OhioMHAS 2022 Annual Report
[12] SAMHSA Strategic Plan https://www.samhsa.gov/about-us/strategic-plan

Someone. Overdoses Impact Us All." These resources include images from real Ohioans who have shared their stories of recovery and have made it a priority to share that recovery is possible. In addition to the toolkit, state agencies came together to promote resources to bring awareness to overdose and the resources that exist to provide help to individuals and communities. OhioMHAS and the Ohio Department of Health made funding available to local ADAMH Boards and community organizations to host local Overdose Awareness Day and Recovery Month events. OhioMHAS and the Ohio Department of Health for this event provided $1.9M in additional funding for naloxone distribution to communities via Project DAWN (Deaths Avoided with Naloxone) sites.[13]

Naloxone.Ohio.gov

OhioMHAS, in collaboration with RecoveryOhio and the Ohio Department of Health, announced the creation of Naloxone.Ohio.gov, a new resource that provides Ohioans with a simplified process for obtaining free naloxone, a life-saving drug used to reverse an opioid overdose. The website makes requesting naloxone as seamless as possible for all Ohioans, whether they are a first responder, community member, or distribution site, and it enhances access to prevention and treatment information.

State Opiate Response Grant/SOS 3.0 [14]

The Substance Use and Mental Health Services Administration (SAMSHA) awarded the State of Ohio approximately $97M in State Opioid Response (SOR) funding through federal fiscal year (FFY) 2023 to implement tailored approaches in prevention, harm reduction, treatment, and recovery supports for opioid use disorder, stimulant use disorder, and/or co-occurring disorders. This funding allows the state to expand upon efforts planned and implemented through the CURES State Targeted Response (STR) Initiative awarded in 2017, SOR 1.0 grant awarded in 2018, and the SOR 2.0 grant awarded in 2020. The Ohio Department of Mental Health and Addiction Services (OhioMHAS) titled this iteration of SOR as "State Opioid and Stimulant Response" or SOS 3.0. Ohio's SOS 3.0 grant aligns state-level efforts with community partners engaging a focused, data-driven approach shifting Ohio from "battling" to successfully "emerging" from the opioid epidemic. OhioMHAS coordinated with statewide partners, state-level agencies, and Governor Mike DeWine's RecoveryOhio initiative to identify Ohio's goals to address substance use and use, including to:

1. Reduce unintentional overdose deaths
2. Increase access to addiction treatment
3. Prevent youth alcohol and drug use
4. Increase recovery supports
5. Support responsible prescribing practice
6. Promote harm reduction practices

[13] OhioMHAS Annual Report

[14] OhioMHAS SOS 3.0 Community Guidebook

Implementing SOS 3.0

SOS 3.0 funding will be distributed through state and local partnerships as approved by SAMSHA. OhioMHAS partners with 50 county Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards with statutory authority for planning services in 88 local county catchment areas. These Boards contract with local entities who provide Ohio's core behavioral health treatment, prevention, harm reduction, and recovery support services. OhioMHAS also partners with state-level agencies and community organizations directly to provide targeted community-based services, innovative initiatives, and special population programming.

Beat the Stigma Campaign[15]

Stigma can be devastating to those who are living with mental illness and substance use disorder, often preventing them from seeking the help they need to get well. Mental illness and substance use disorder are important public health issues that must be talked about, understood, and treated to end suffering for Ohioans of all ages, their families, and communities. The need to normalize behavioral health issues and address the stigma that surrounds them became especially evident during the COVID-19 pandemic because of the increased stressors affecting so many Ohioans. On Nov.10, 2021, OhioMHAS and RecoveryOhio partnered with the Ohio Opioid Education Alliance to launch "Beat the Stigma," a campaign designed to reduce stigma surrounding mental illness and substance use disorder and promote wellness in every part of Ohio. Beat the Stigma is the result of a $9.75 million investment from the Governor's first executive budget to educate Ohioans about mental illness and substance use disorder. The campaign challenges Ohioans to test their knowledge and discover the truth behind addiction and mental health to "beat" the stigma once and for all. The Beat the Stigma campaign has aired across the state; 89% of Ohioans are able to recall this campaign when asked.

Alcohol Use Disorder Treatment and Programming[15]

OhioMHAS dedicated a portion of the Substance Use Prevention and Treatment (SAPT) Block Grant Program COVID-19 Relief funds to programming for Alcohol Use Disorder. More than $10 million has been allocated to 38 ADAMHS Boards, and an additional $3.5 million has been awarded to behavioral health providers across the state to promote innovative treatments. Examples of funded efforts include peer recovery support services, after-hours crisis response services, increasing behavioral health treatment access for persons with liver disease due to associated alcohol use, and telehealth programs for specialty populations like rural workers and farmers.

Access to Wellness Program[15]

The Multi-System Adult (MSA) Pilot Project was launched in 43 ADAMH Board areas in 2021 as a way to help meet the recovery needs of Ohioans who are involved in two or more systems of care - aging (over 65), criminal justice, developmental disabilities, homeless, and veterans - with the goal of reducing inpatient psychiatric hospitalizations and incarceration. The 43 ADAMHS Boards are building a supportive network of cross-sector relationships to support this work.

[15] OhioMHAS 2022 Annual Report

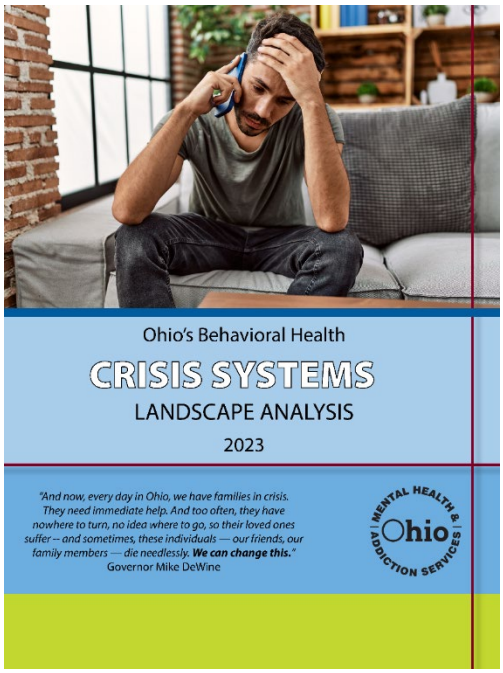
When the MSA initiative was originally launched, the program offered each system-involved adult who had experienced four or more inpatient psychiatric hospitalizations or who had experienced three or more inpatient psychiatric hospitalizations within one month $4,000 for recovery support services.

In 2022, the eligibility criteria was reduced to two inpatient psychiatric hospitalizations and the cap for funding per client per year was raised to $8,000. The project has served 350 Ohioans and resulted in a decrease in inpatient hospitalizations. Data for 41 adults over the span of 12 months showed that these adults had 207 inpatient hospitalizations, collectively, over the 12 months prior to the MSA Project (an average of five inpatient psychiatric hospitalizations per person in one year). Since the implementation of the MSA Project in this same county, these 41 adults have shown a 26% decrease in inpatient psychiatric hospitalizations over the past six months.

❖ Enhancing Access to Suicide Prevention, Crisis Care, and Mental Health Services

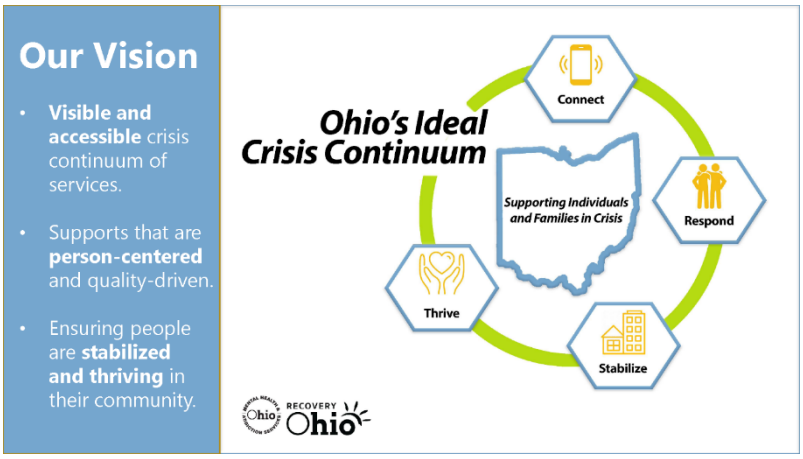
Ohio's Crisis Systems

Ohio has prioritized strengthening of its Crisis Continuum with significant investments during the past four to five years. In addition to the $15 million in annual State General Revenue Funds, Ohio has leveraged the Block Grant and its supplemental funding to support crisis infrastructure, services, and statewide evaluation. Building upon the work detailed in Ohio's Crisis White Paper, published in 2021 and included in Ohio's previous Block Grant Plan, a strategic path forward has been molded with Ohio's new Crisis Systems Landscape Analysis (provided as an attachment in the BGAS application).[16]



[16] OhioMHAS Crisis Systems Landscape Analysis

The Crisis Landscape Analysis provides an assessment and analysis of Ohio's current crisis service continuum. It includes a "Lexicon of Crisis Services" to describe the common language the system and its stakeholders can refer to for a better shared understanding of services and terminology. The vision laid out in the analysis calls for a visible and accessible crisis continuum, which aligns closely with SAMHSA's framework for providing all Ohioans "someone to talk to," "someone to respond," and "somewhere to go." Ohio has taken SAMHSA's crisis framework a step further to ensure Ohioan's are stabilized and thriving in their community. This means referring individuals to treatment and recovery supports to wellness.



OhioMHAS' role in creating this new ideal crisis system will be to provide leadership in:

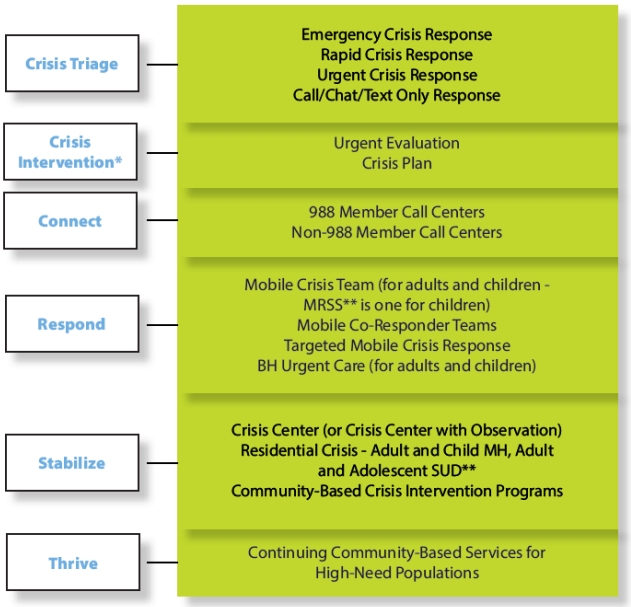
- Establishing a shared vision and core principles
- Support for infrastructure development (funding, policy, technical assistance, analysis)
- Developing shared measures and measurement resources.

Connect
(Someone to talk to)

Ohio's goal for the most common entry point into the crisis continuum is that all Ohioans will utilize **988** as the "go-to number" for all mental health and substance use disorder crises that do not require an immediate 911 response. Following 18 months of planning, OhioMHAS announced that Ohioans experiencing suicidal crisis, mental health, or addiction-related distress are able to call 988, an easy-to-remember three-digit number to access free, 24/7, confidential support for themselves or loved ones. The 988 Suicide & Crisis Lifeline launched in Ohio (and nationwide) on July 16, 2022. Ohio has 19 988 call centers that are actively answering calls in Ohio. These call centers are supported by a variety of sources, including federal, state, and local funds. Block Grant stimulus funds have played a large role in supporting the startup and staffing costs of these call centers. As

detailed in the State Budget section of this plan, significant investments of State funds will help to sustain and grow these call centers over the next several years as demand is expected to increase. As advised by SAMHSA, marketing efforts have been held until July 2023. Currently, a comprehensive marketing plan is being created for implementation throughout this 2024-25 biennium to promote 988 with the goal of making the new number as familiar and ubiquitous as 911 has been for safety emergencies.

In just the first six months of operations, Ohio 988 had a monthly average of 8,670 calls from Ohio area codes, including Veteran and Spanish-speaking calls routed to specialized national call centers. On average, the speed to answer rate in Ohio from July-December 2022 was 17.5 seconds, compared to 36 seconds nationally. In addition, the average number of texts per month received from Ohio area codes in the first six months was 1,452 and the average number of chats per month was 1,916 during the same timeframe.



*This service has a current OhioMHAS definition.
**These services have an OhioMHAS definition and is billable through Ohio Medicaid.

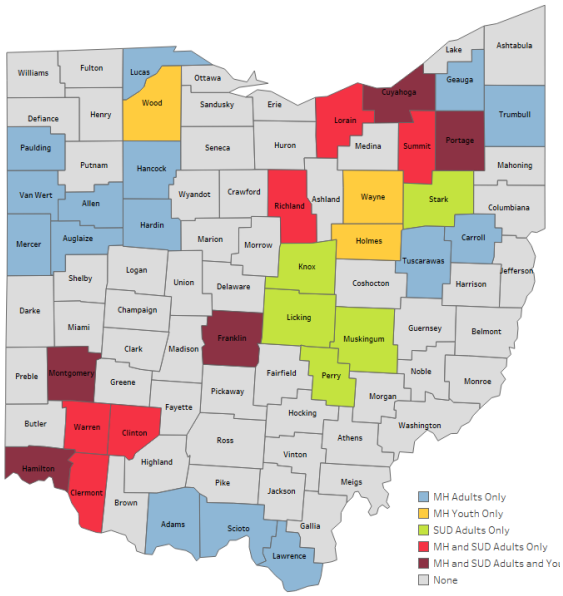
Respond
(Someone to respond)

Ohio's vison is that every Ohioan experiencing a behavioral health crisis will receive the right response in the right place every time by having access to a timely urgent response, whether that is through mobile crisis or through walk-in services, 24 hours a day, 7 days a week.

Ohio has successfully implemented 24/7 Mobile Crisis and Mobile Response and Stabilization Services as a Medicaid billable service in approximately 75% of the state. According to the Landscape Analysis, an average of 110 children and families use MRSS each month. Successful coordination with 988 is a strategic focus of MRSS, as well as building a data driven culture among the teams. A portion of the Block Grant Crisis Set Aside each year is directed at supporting data collection, infrastructure development, peer support integration, and continuous quality improvement among MRSS teams across the state.

In addition to MRSS, Mobile Crisis Teams and Behavioral Health Urgent Care have become available to respond to individuals in crisis across the state. According to the Crisis Landscape Analysis, 29,021 persons were served by mobile crisis services in 2021. Ohio has invested in Crisis Intervention Training (CIT) for first responders, with at least 31 counties maintaining an active crisis intervention team (CIT) program. Crisis Teams report law enforcement or their CIT program collects data on the number of people identified as having a mental illness who were diverted to non-jail settings.

There are 20 Behavioral Health Urgent Care Centers throughout the State, with more planned for the future. BH urgent care is analogous to physical health urgent care in providing walk-in services for people in crisis who generally do not require involuntary intervention nor to be seen in a physical health ED. BH urgent care may be an appropriate alternative response for individuals and families who may prefer to be seen outside their home, rather than a mobile crisis response.



Stabilize (Somewhere to go)

This work should ensures every community will have access to a full array of stabilization services to scale, either locally or in a neighboring county, so that any person experiencing a behavioral health crisis will get what they need, in the right place, at the right time, without unnecessary law enforcement involvements or emergency department visits.

Ohio currently has 48 crisis residential programs in the state. This map details where and which type of crisis stabilization is available by county. Also, 89 Ohio hospitals have psychiatric units within their facilities.

Ohio has implemented broad dissemination of some of the stabilization elements of the BH crisis system, which include crisis centers with observation, residential crisis services (adult, children, MH, SUD), inpatient psychiatric treatment, and intensive community-based crisis intervention. Significant progress has been made in starting up new stabilization crisis services statewide, and Ohio is prepared to move implementation to the next level.

Thrive

The final, and most forward-thinking aspect of Ohio's crisis continuum seeks to guarantee every Ohioan experiencing a crisis is connected to person- or family-centered services to help them make progress toward achieving their full potential. Thrive services include a full array of supports for housing, employment, education, social connection, meaning, and joy, as well as appropriate continuing treatment for behavioral health and medical conditions. Ohio will lean into its robust local continuum of care, specifically peer and recovery support services that allow recipients of crisis services to truly 'thrive' in their communities.

The following are services that should be available in every community to help those persons who have experienced a crisis to continue a path to wellness and recovery. Each community may have varying levels of each of these services but the availability and ease of access to each is crucial to ensuring people continue to thrive. Feedback from stakeholders reflected the importance of providing services and supports to individuals and families that go well beyond "treatment" and "case management" needs, with a particular focus on housing, educational supports, and employment/vocational supports. Putting into perspective, the importance of addressing the social determinants of health for all Ohioans.

1. Peer support services
2. Employment support services
3. Education support
4. Housing retention supports
5. Social connectedness
6. Integration with faith-based communities
7. Transportation supports
8. Supports for parents and family members of adults and children who are engaged in the BH system
9. Engagement with schools, colleges, and universities
10. Other social services: income assistance, food assistance, disability payment assistance, etc.
11. Connection to community BH professional services
12. Connection to primary care services and wellness supports

Ohio's Suicide Prevention Efforts

In Ohio, approximately five people a day - family, neighbors, friends and loved ones - die by suicide. Ohioans may struggle with stress, mental illness, and/ or thoughts of suicide, but often these struggles are not recognized in time for a life to be saved[17]. Suicide is a public health issue that requires solutions that are based on effective strategies to increase protection of and care for those who are struggling with suicidal thoughts.

Suicide prevention continues to be a high-priority area for OhioMHAS. Knowing there are many contributing factors putting someone at risk for suicide, it is critical to invest in strategies that increase protective factors to promote strength and resilience within all levels of the socioecological model (societal, community, relationship, individual). This requires a comprehensive approach to prevention suicides. Ohio is committed to focusing suicide prevention efforts across the following priority areas: Primary Prevention, High-Impact Systems, Building Capacity, High-Risk Populations, Data Informed.

[17] Ohio Suicide Prevention Foundation Suicide Prevention Strategic Plan

Ohio seeks to mobilize the public to better identify individuals at risk for suicide, to know who to call for help, and to know what they can do to be supportive. This requires a coordinated, multi-platform public education, awareness campaigns, increasing access to evidence-informed programming, treatment and supports, to improve knowledge and self-efficacy in helping to reduce stigma and increase help-seeking among Ohio residents.

Be Present Ohio Youth Suicide Prevention Campaign is Peer-to-peer program that encourages mental health wellness and teaches tools and tips to youth. Currently, we are developing and will add a training component on being an advocate for mental health at the community level. The campaign has reached over 800,000 youth through a recent partnership with iHeart Radio. Youth are able become "Friends" through the Be Present Ohio site, along with gathering practical resources (#1 request from youth in focus groups) for mental wellness and providing resources on helping other youth with mental health.

A new component of the campaign is being launched call **BPO:XP** which stands for Be Present Ohio: the Online Experience. BPO:XP is a gamified suicide prevention learning experience for youth empowering them to recognize warning signs, identify situations that lead to intense distress, personalizing coping skills, building a broad support network and knowing that reaching out is a sign of strength.

Additionally, Be Present Ohio has developed specific messaging develop by and for the LGBTQ+ community. **To Be Me** is designed to be a safe and affirming please to learn about and connect with the LGBTQ+ community, encouraging individuals to:

- Find Your Environment- This is a space where you feel supported and accepted
- Find Your People
- Find Yourself-You don't need to have it all figured out.

Life is Better With You Here is a campaign targeted towards Black men who are exhibiting the fastest growing suicide rate. 16.8% of black men have attempted suicide in the past year. The campaign was developed to help begin conversation within the African American community around suicide and mental health. The campaign provides real life stories, encourages individual to check in with their peers, and provides social media, tools and outreach resources for help.

Out of School Time: OhioMHAS has invested in the Ohio Alliance of Boys and Girls Clubs continue the integration of a continuum of services for young people and their families. This includes include a continued partnership with the Paxis Institute for implementation of PAX Tools, integration of trauma-informed practices in programming including suicide prevention programming, broader community partnerships for care management, direct services, and clinical interventions, and possible additional support for trauma-informed program deployment.

Gatekeeper Trainings: OhioMHAS continues to invest in multiple gatekeeper trainings to multiple community sectors. Targeted education and awareness training must be available to those with close access to a person at risk of suicide. These individuals, often referred to as "gatekeepers," can help ensure that individuals who may be at risk can be linked to care. These trainings have been targeted to high-risk populations and those individuals who have the most interactions with them.

Suicide Prevention Coalitions - Ohio has a rich history in community coalition development around preventing substance misuse and use. It is equally important to address suicide prevention at the community level using the science of coalitions. The Ohio Department of Mental Health and Addiction Services has partnered with the Ohio Suicide Prevention Foundation, Prevention First!, Prevention Action Alliance and Ohio University's Voinovich School of Leadership and Public Affairs to enhance and expand the work of suicide prevention coalitions across the state to through the newly established Ohio Coalition Institute. The Institute will empower coalitions to harness the power of other like-minded organizations, maximizing their impact while strengthening their cause through wraparound support services to strengthen local suicide prevention efforts and build community capacity to make a greater impact in suicide prevention across Ohio. The Institute will provide equitable opportunities to diverse coalition leadership to better address complex social problems in Ohio communities supporting to ignite community change.

ZerOH Suicide Initiative: Ohio continues the expansion and adoption of the best practices in suicide care using the Zero Suicide Framework. OhioMHAS is a recipient and in the final year of the SAMHSA grant and is supporting three behavioral health care providers to implement the framework for improving suicide care throughout their organization.

OhioMHAS has further invested in the ZerOhio initiative in partnership with Nationwide Children's Hospital. This has led to NCH partnering with Ohio health care organizations, including behavioral health, to adopt the framework of evidence-based tools and strategies for suicide prevention and care. This includes leveraging the Zero Suicide Institute by completing a workforce survey and providing two days of didactics follow by a year of community of practice meetings. NCH serves as the local consultant to support ongoing quality improvement. This effort will be expanded to onboard additional Ohio's children's hospitals to serve as a similar

hub in their catchment areas leading to increases in the utilization and standardization of best practice suicide care, improve disposition and follow up care, build capacity and data collection. The ultimate goal system-wide culture change committed to reducing suicides and training a clinically and culturally competent, confident workforce.

School Based Suicide Prevention - There continues to be strategies and activities focused on school-based suicide prevention. Ohio developed the training manual and resource How to Develop an Comprehensive School Suicide Prevention Program. Comprehensive School Suicide Prevention describes a set of school-based strategies aimed at preventing and addressing adolescent suicide on multiple levels Often these warning signs are displayed at school. Thus, it is imperative for schools to have faculty, staff, and students educated regarding suicide warning signs as well as the appropriate steps to take for assistance.

Ohio has invested in Sources of Strength for Ohio's schools. Sources of Strength is a strength-based youth mental health promotion and suicide prevention program designed to harness the power of peer social networks to change unhealthy norms and culture, ultimately preventing suicide, bullying, and substance use. The mission of Sources of Strength is to prevent suicide by increasing help seeking behaviors and promoting connections between peers and caring adults. Sources of Strength moves beyond a singular focus on risk factors by utilizing an upstream model that strengthens multiple sources of support (protective factors) around young individuals so that when times get hard they have strengths to rely on.

Additional efforts focusing on youth include the **Ohio School Wellness Initiative** that provides wraparound training, technical assistance and coaching to schools on Ohio's model of **Student Assistance Programs** and a **Staff Wellness Framework**. These services and supports are offered by our newly established **School-Based Center of Excellence for Prevention and Early Intervention**. Within the SAP model in Ohio, the emphasis is on building Tier 2 and Tier 3 support for youth and families with a standardized referral process to ensure schools are intervening as early as possible. Another element of this is the partnership with SAMHSA in piloting Screen4Succes at the organizational level, including schools, provider organization and community coalitions.

Reducing access to lethal means is a high area of focus for Ohio. In partnership with OSPF and other key stakeholders a comprehensive approach to means reduction is underway and will provide educational opportunities for clinical care providers and physicians to assess for access to lethal means. (e.g., Counseling on Access to Lethal Means, trainings on firearms culture)

partnering with firearms' dealers and gun owners to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership through the Life Side Ohio campaign. Life Side Ohio launched to reach gun owners in all corners of the state and from all walks of life. A top priority will always be to listen to hunters, collectors, enthusiasts, instructors, and retailers on firearm safety and responsible firearm ownership.

Creating a robust postvention infrastructure is necessary to reduce risk in those impacted by suicide. Ohio is investing in the enhancement of this infrastructure through expanding LOSS Teams and components of the model that work best for diverse communities, including wider access of suicide loss support groups. OhioMHAS has offered Psychological Autopsy Certification Trainings as part of the postvention infrastructure. Certification trainings will be offered to ADMHRS Boards and other key partners in an effort to further inform prevention efforts at the community level. Efforts are underway with patterns at the Ohio Department of Health to integrate Psychological Autopsy investigations in Suicide Mortality Review Committees across the state. Recent Ohio legislation requires county Suicide Mortality Review committees that will establish systems for collecting and maintaining information and data points necessary for review of suicide deaths and reporting annually to the Ohio Department of Health.

Ohio's suicide prevention efforts continue to be targeted toward universal, selective and indicated populations across the lifespan. OhioMHAS partners with public health on a variety of suicide prevention initiatives. The department has placed more of an emphasis on ensuring efforts are impacting those identified at highest risk. The suicide prevention initiatives funded using Mental Health Block Grant prioritize Children and Young Adults with SED as well as Adults with SMI. For more general, statewide information on Ohio's approach to suicide prevention, visit the link on the Ohio Suicide Prevention Plan cover above.

❖ Promoting Resilience and Emotional Health for Children, Youth and Families

Ohio Department of Youth and Children

With the passage of House Bill 33 (Ohio's 2024-2025 Biennial Budget), a new cabinet-level state agency known as the Department of Children and Youth will be created to address the overall health and wellbeing of Ohio's young people. The Ohio Department of Children and Youth is

charged with promoting the efficient and effective delivery of services to Ohio's more than 2.5 million children and their families to:

• Serve children earlier, in their own homes to improve lifelong outcomes.
• Measure outcomes to ensure programs are producing results for children and families.
Efficiencies will be achieved by combining functions and programs from six different state agencies (Ohio Departments of Developmental Disabilities; Education; Health; Job and Family Services; Medicaid; and Mental Health and Addiction Services) to:
• Reduce duplicative program regulations and requirements from across state government.
• Streamline applications and eligibility.
• Increasing overall administrative efficiency.

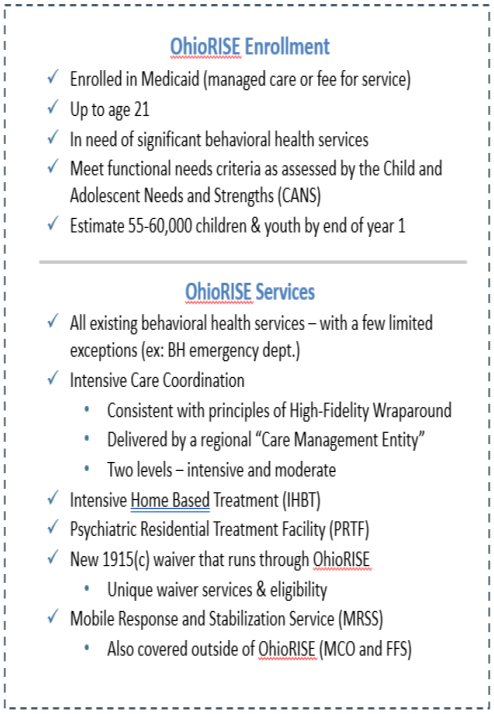
The Department will place children at the core of its mission to promote positive, lifelong outcomes for all Ohio youth. This new agency makes programming and conforming changes to reflect the transfer of the following children's services programs to DCY: (1) adoption, (2) childcare, (3) child welfare, (4) early childhood education, (4) early intervention, (5) home visiting, (6) maternal and infant vitality, and (7) preschool special education[18]

OhioRISE (Resilience Through Integrated Systems and Excellence)

In July 2022, Ohio transitioned to a specialized Medicaid managed care program for youth with complex behavioral health and multi-system needs known as OhioRISE. Significant resources have been invested over the last twenty years into building a robust Systems of Care for Ohio's most vulnerable children, youth, and transition age youth.
Ohio learned early on the importance of partnerships and coordination among all cabinet-level child serving agencies, coordinated by the leadership of Ohio's Family and Children First Councils. These partnerships are instrumental in building capacity across the state for evidence-based practices and supports such as Wraparound, Intensive Home-Based Treatment, Integrated Co-occurring Treatment, Multi-Systemic Therapy, Mobile Response and Stabilization Services, Adventure Therapy, among many others. This foundation, based on Systems of Care principles and braced by Ohio's many child serving agencies and partners, can move into its next stage of evolution. Many of Ohio's behavioral

[18] Ohio Department of Children and Youth Governor's Press Release

health services targeted to children and young adults with SED are now reimbursable by Medicaid Managed Care, Ohio's focus has shifted towards enhancing quality, innovation, and improvement and expansion of services statewide[19].



Systems of Care and Case Western Reserve University Center for Innovative Practices (CIP)

Mental Health Block Grant provides support for the Case Western Reserve University Center for Innovative Practices, which is the state's leading authority on serving multi-system youth with complex needs using Systems of Care (SOC) principles. CIP provides statewide training and technical assistance to providers on the implementation of these SOC research-based best practices, specifically for intensive home and community-based services. This year CIP plans to provide 20 training and technical assistance events for a total of 1200 recipients. Other deliverables include development of a new tool kit resources and updates and maintenance to the Ohio IHBT and Wraparound Ohio websites. To support effective and consistent Wraparound practice across the state, workforce and community development activities will be expanded and enhanced: Wraparound training, coaching, peer-to-peer learning communities, community engagement, and development of targeted Wraparound toolkits. The CIP provides the state's fidelity monitoring for IHBT, Multi-systemic Therapy, and Integrated Co-occurring Treatment.

The Center for Innovative Practices at Case Western has been named the state's Behavioral Health Center of Excellence in partnership with OhioMHAS, Job and Family Services, Medicaid, Youth Services, Developmental Disabilities, Health, and Ohio Family and Children First. The new Center of Excellence will be responsible for:

- Building and sustaining a standardized assessment process,
- Evaluating the effectiveness of services,
- Expanding service and care coordination capacity for children with complex behavioral health needs and their families,

[19] OhioRISE via Ohio Department of Medicaid Managed Care Website

- Providing orientation, training, coaching, mentoring, and other functions/supports as needed to support Ohio's statewide child caring provider network,
- Working with state partner agencies to support the addition and/or expansion, implementation, sustainability, and/or monitoring and evaluation of a number of services/processes, including expansion of access through use of telehealth,
- Supporting OhioRISE efforts to create new access to in-home and community-based services that will keep Ohio families together bolstering Ohio's ongoing system transformation and improvement efforts, including expanding the behavioral health continuum of care to better serve youth and families[20]

OhioSTART

OhioSTART (Sobriety, Treatment and Reducing Trauma) is an evidence-informed children services-led intervention model that helps public children's services agencies (PCSAs) bring together caseworkers, behavioral health providers, and family peer mentors together as teams dedicated to helping families struggling with co-occurring child maltreatment and substance use disorder. Currently in 54 Ohio counties the program has served 1,055 families, 3,228 individuals, and 1,822 children by helping stabilize families harmed by parental drug use so that both children and their parents can recover and move forward with abuse-free and addiction-free lives. Learn more: ohiostart.org.

Strong Families, Safe Communities

Strong Families Safe Communities (SFSC) provides statewide and local funding support for a variety of projects centered on improving care coordination and providing support for families with children in crisis who present a risk to themselves, their families or others because of mental illness or a developmental disability. During a recent review of SFSC projects, over 5,400 Ohio youth have benefited from a variety respite services for themselves or their families.

❖ Integrating Behavioral and Physical Health Care

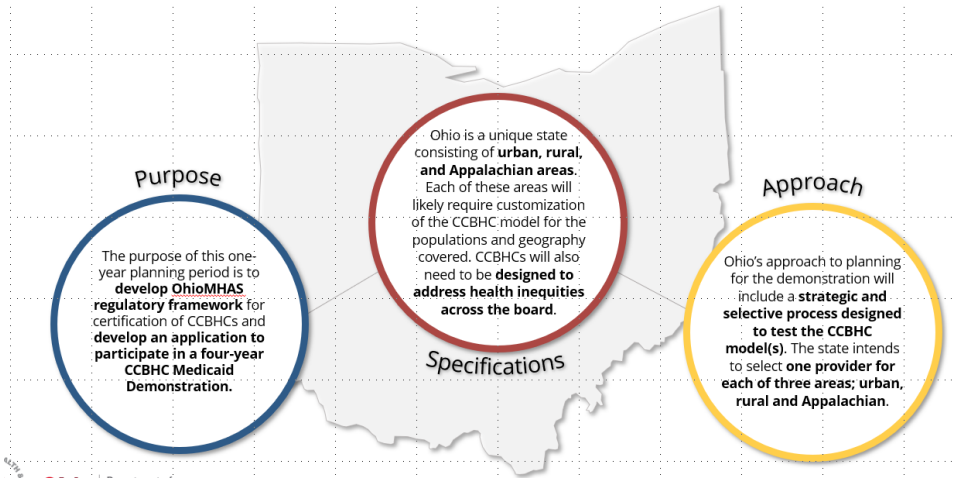
Certified Community Behavioral Health Clinics (CCBHC) Development

The State of Ohio is one of 15 states selected for the $1 million, one-year Certified Community Behavioral Health Clinic (CCBHC) Planning Grant from the Substance Use and Mental Health Services Administration (SAMHSA). This one-year planning grant enables Ohio to develop and implement the needed regulatory framework for certification of CCBHCs and conceptualizing an application to participate in a four-year CCBHC Demonstration to evaluate the model and test the use of a Prospective Payment System (PPS) for Medicaid-reimbursable services. The CCBHC

[20] Case Western Reserve University Center for Innovative Practices Website

Planning Grant Advisory Committee's primary responsibility is to provide input from people with lived experience, stakeholder consultation, and guidance throughout the CCBHC planning grant period, and assess implementation needs and readiness for a demonstration project.

Deloitte will support the OhioMHAS CCBHC Planning Grant by providing four key components. These components are comprised of required activities and deliverables as outlined by the grant that will inform and shape the implementation of a CCBHC model in Ohio. These deliverables include a Crosswalk of CCBHC Regulatory Criteria, a CCBHC Certification Guide, related Demonstration Grant Application activities, and weekly and quarterly reports provided to the internal OhioMHAS team."[21] This planning work, defined by the partnership of OhioMHAS and the Ohio Department of Medicaid, seeks to develop a CCBHC model to further support BH integrated care in Ohio.



❖ Strengthening the Behavioral Health Workforce

OhioMHAS Behavioral Health Workforce Initiatives

To ensure behavioral health services are readily available for generations to come, workforce development is a cornerstone of all the activities in Ohio's Strategic Plan. OhioMHAS, in partnership with RecoveryOhio, has initiated extensive workforce development activities that have culminated in the creation of a Behavioral Health Workforce Workgroup and a strategic planning consultation contract, awarded via competitive bidding process to Deloitte. This collaboration has resulted in the creation of a Behavioral Health Workforce 'Road Map', which will guide the state's efforts moving forward. Still in its final stages of development, the Road Map will contain over 20 Goals/Initiatives/ informed by extensive analysis of current workforce shortages, needs, and national best practices. Each of these workforce initiatives will follow the

[21] OhioMHAS CCBHC SAMHSA Grant Application

four pillars prioritized by the Workforce Workgroup: Career Awareness, Recruitment, Retention, and Supporting Contemporary Practice.

Part of this work involves a planned investment of $85 million of federal funds to make education more attainable and affordable for students committed to behavioral healthcare careers. The funding will be dedicated to enhancing paid internship and scholarship opportunities for students working to achieve behavioral health certifications and degrees at Ohio's two- and four-year colleges and universities and other educational career development settings. It will also help remove financial barriers from obtaining licenses, certifications, and exams necessary for employment in these careers; support providers in their ability to supervise and offer internships and work experiences; and establish a Technical Assistance Center housed within the Ohio Department of Mental Health and Addiction Services to help students navigate the federal and state funding opportunities available to them[23].

Ohio also participated in SAMHSA's State Technical Assistance Workforce Development Learning Community. This opportunity allowed OhioMHAS to learn from some of the best and most innovative thought-leaders and national experts on growing and retaining a strong behavioral health workforce. The learning community gave OhioMHAS staff direct access to peers in other states who are facing similar workforce challenges allowing states to learn and borrow from each other's ideas, successes, and best practices to share with those implementing similar initiatives in Ohio. Leveraging the lessons learned Ohio can use these develop a more precise a blueprint to replicate the success of other states. Several initiatives underway from the Ohio Workforce Roadmap are receiving both formal and informal TA from Learning Community participants. OhioMHAS believes that Ohio's behavioral health system's largest asset is its workforce and is dedicated to improving the recruitment and retention of this vital resource.

SAMHSA's work is guided by four core principles that are infused throughout the Agency's activities. The four core principles are:

✓ Equity

OhioMHAS Health Equity and Cultural Competence

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) considers race, ethnicity, gender, sexual orientation, geography, and faith, and/or disability when assessing populations across the state. OhioMHAS support of improved access to behavioral healthcare

[23] Ohio Governor DeWine Behavioral Healthcare Workforce Press Release

and cultural competency as priority considerations for all department policies, programs, and services, provided both motivation and a framework for the Department's current Cultural and Linguistic Competency (CLC) Strategic Plan. OhioMHAS pursues strategic approaches to eliminating behavioral health disparities and promoting health equities specifically across three domains, administrative, research-driven, and community linkages.

Administrative: The agency develops appropriate internal policies and guidelines to improve prevention, access of treatment, and community recovery support services. An administrative staff within the OhioMHAS Bureau of Cultural and Linguistic Competency lends support to OhioMHAS equity work by:-providing technical assistance to stakeholders seeking information or resources on HECC (Health Equity and Cultural Competence);-organizing training opportunities to enhance OhioMHAS staff and community development;-identifying grant opportunities to support OhioMHAS initiatives and community programs;-managing OhioMHAS resources dedicated to reducing behavioral health disparities.

Research-driven: Specific health equity and disparity research studies are conducted through the agency's Lead Health Equity and Disparity Research staff with the agency's Office of Quality Planning and Research, with a view to improve the availability and utilization of data to reduce disparities as well as help to make informed policy decisions. The agency also engages in: (a) collaborative research with faculties from the Ohio State University; and (b) work with other counterpart state agencies, such as the Ohio Department of Health and Ohio Commission of Minority Health; and (c) nonprofit agencies like Multiethnic Advocates for Cultural Competence (MACC).

Community linkages: The Office of the Medical Director and Bureau of Cultural Competency and Health Equity, in coordination with the Disparities and Cultural Competency (DACC) Advisory Committee, invites subject matter experts from both state agencies and culturally diverse service organizations, to create progressive goals that drive the Department's current CLC Strategic Plan. DACC Advisory Committee draws from community leaders to strengthen community outreach and linkage.

The following documents are included in the Appendix with further details on the Department's CLC work: • DACC CLC Strategic Plan; • Mental Health Navigator Report (exemplary project collaboration to improve HECC within Ohio's Hispanic an Latino Communities)• CLC Bureau Funded Projects/Initiatives

APR investments in workforce development, data, access to care, 988 and crisis infrastructure, and cross systems collaboration are elevating Ohio's health equity among identified underserved populations, and addressing health disparities in the planning, delivery, and evaluation of SUD prevention, intervention, treatment, and recovery support services[24].

[24] OhioMHAS Cultural and Linguistic Competency Strategic Plan

✓ Trauma-Informed Approaches

Ohio's Trauma Informed Regional Collaboratives

Historically OhioMHAS has convened partners, ranging from Cabinet-Level agencies to peers, that share the goal of broadly disseminating trauma informed and competent care. Ohio has worked collectively to roll out trauma informed care (TIC) through regional collaboratives, monthly stakeholder meetings, yearly summit, and ongoing educational trainings. The state TIC initiative is organized around clinical practices, organizational trauma informed care, and cultural awareness to better serve all Ohioans and reach multiple areas: providing services to clients, to addressing vicarious trauma, and increasing cultural change impact on multiple levels. OhioMHAS has a dedicated full time Trauma Informed Care Coordinator who oversees these activities and travels throughout the state to engage partners and increase competency in trauma informed care practices.

Work focuses on six statewide trauma-informed care Regional Collaboratives in different stages of development. The Regional Collaboratives are divided into state regions: Upper Northeast, Lower Northeast, Southeast, Southwest, Northwest, and Central. The collaboratives address region-specific needs and offer a variety of activities to engage stakeholders. The Regional Collaboratives operate as repositories of expertise, knowledge, and shared resources, assisting in dissemination of information supporting implementation of trauma-informed care throughout the state; identify strengths and areas of excellence, gaps and barriers to implementation.

OhioMHAS oversees the planning and rollout of an annual 2 day Trauma-Informed Care Summit professional learning opportunity to move systems beyond trauma-informed to trauma competent. The Summit is a joint effort between the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Education, and the Ohio Department of Developmental Disabilities and provides sessions for administrators, teachers, and mental health professionals on topics that include staff wellness, strategies to develop resilience, building trauma-informed organizations, cultural awareness, and classroom and clinical -based interventions. The 2023 summit, held in May, was attended by an unprecedented 500 people, representing all 88 counties from multiple disciplines. In FY2023, OhioMHAS invested funding in trainings that focused on the 3-prong approach of clinical practices, organizational approaches to trauma informed care, and cultural awareness. Each training was provided via Zoom and taped to create an enduring library of trainings which are available on Ohio's eBased Academy, which is free and available to all Ohioans.

As the Department's trauma-informed care initiative continues to grow, the priorities remain aligned with SAMHSA's guidance and framework. The need to address trauma is increasingly viewed as an important component of effective behavioral health service delivery and it

requires a multi-pronged, multi-agency approach inclusive of public health and public education, prevention and early identification, and effective assessment and treatment[25].

✓ Recovery

OhioMHAS Recovery Supports Investments

OhioMHAS had made significant investments in Peer and Recovery Supports over the past several years. As part of the recommendations made by the Ohio's Block Grant Planning Council, Ohio has made a concerted effort to increase the amount of Block Grant funds allocated to our Bureau of Recovery Supports. The Recovery Supports Bureau has received approximately 200% increase in funding from SFY22 to SFY23, which will be sustained into this planning period, bringing the total in Mental Health Block Grant funding to just under $5 million. This increased MHBG funding, in addition to COVID Stimulus, allowed Ohio to expand Recovery focused initiatives such as; Clubhouse Model Enhancement, Peer Support Curriculum improvement, and creation of a specialized Peer Certification for Youth and Family Peer Support. The goal is to increase the number of peer supporter trainings-including post certification professional development trainings, and increase Individual Placement and Support Supported Employment programs across the state. OhioMHAS expanded investment supports increased start-up and operation of peer run organizations (PRO's) and recovery communication organizations (RCO's) throughout the state, and integrated certified peer supporters and trainings into Ohio's prisons. Peers are providing training and OhioMHAS is providing technical assistance to Ohio's Adult Care and Recovery Housing providers and supporting innovation in the development of Recovery Housing certification software.

Through these investments, Ohio offered over 800 trainings and certified over 1,000 new peer recovery support specialists in SFY23. The certification process is planned to move under the authority of Ohio's Chemical Dependency Board in the upcoming biennium. This will provide an elevated level of professionalization amongst peer workforce and assist in the Medicaid eligibility of all types of Peer Support. This transition will also allow OhioMHAS Recovery Supports staff to focus more time on continuous quality improvement and workforce development opportunities related to Peer Support.[26]

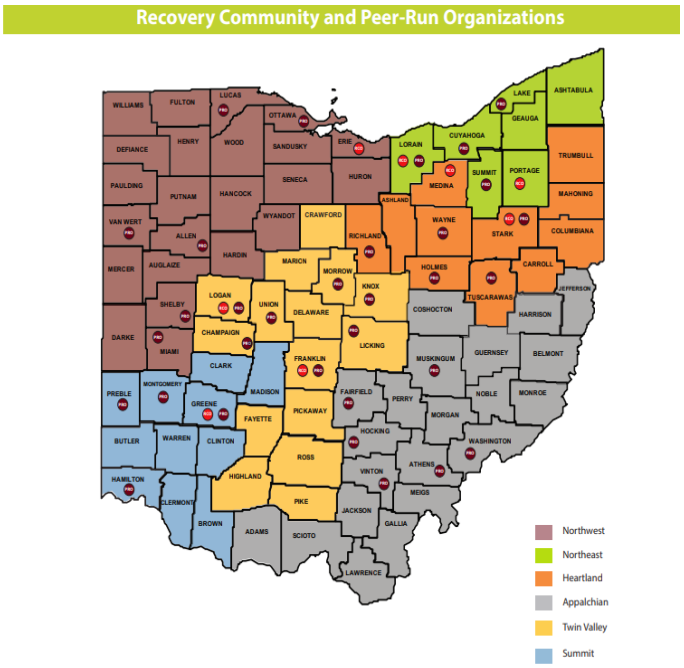
Peer Run Organizations

Ohio has developed its network of Peer Run Organizations (SMI/SED focused) and Recovery Community Organizations (SUD-focused) with significant investments over the past decade. Access to dozens of PRO's and RCO's in many of Ohio's counties, Ohioans suffering from mental illness and substance use disorder can find a place to gather to receive the recovery and life support services that is unique and often "best" from those with lived experience.

[25] OhioMHAS Trauma Informed Care Regional Collaboratives
[26] Bureau of Recovery Supports Presentation to Planning Council, April 2023

Peer run organizations enhance the quantity and quality of support available to people in community-based recovery from mental health or substance use disorders. Grounded in three core principles: a recovery vision, authenticity of voice, and accountability to the recovery community. These groups promote public awareness and education, personal empowerment, and peer-based and other recovery support services and activities which include:

- peer recovery support,
- telephone recovery support services,
- all-recovery meetings,
- structured volunteer/work activities,
- social activities,
- wellness activities.



Ultimately, peer run organizations are responsive to the needs of individuals participating in services and be based on local needs as identified by the individuals participating in the service. Through sharing personal experience and knowledge, individuals engaged in peer support are active and vital in laying the foundations for sustained recovery. In this planning period, OhioMHAS will expand Peer Run Organizations focused on support to rural communities, transitional aged individuals, minorities, and other underserved populations.

Recovery Housing Certification - Bold Reform

Beginning January 1, 2023, Recovery Housing organizations must identify all recovery housing properties on their application for certification. If organizations are operating properties that do not meet quality standards, they must be working in good faith to have those properties meet the quality standards in order to maintain overall certification as an organization. Working in good faith means that there is an approved plan in place to bring the property up to the quality standards and achieve certification. Ohio Recovery Housing will work with each operator on an individual basis to form such plans.

The review process is designed for recovery housing operators who are currently operating recovery housing. Prior to the on-site review, all houses you would like reviewed need to be in operation for at least 60 days and have 60% occupancy, if the home does not meet the capacity requirement, they may apply for preliminary certification.

The review process is for recovery homes that meet the definition of recovery housing by OhioMHAS.

- Key elements of recovery housing include:
- Illicit Drug and Alcohol-Free Living Environment
- Recovery Housing is NOT treatment
- Resident Driven Length of Stay
- Peer Support and Recovery Supports

This new certification will create a greater amount of quality and oversight previously unavailable to the growing number of residents of Recovery Housing in Ohio[27].

✓ Commitment to Data and Evidence

Ohio's Data Management Initiatives - Roadmap to the Future

OhioMHAS' Strategic Plan in 2021 committed to utilizing data and evidence to inform the work of the Department and grantees. Data collection and analysis is integral to a well-functioning behavioral health system. In partnership with InnovateOhio and Ohio's behavioral health partners, Ohio's behavioral health system is becoming increasingly driven. Collection, management, and analysis of high-quality data are essential to achieving OhioMHAS' strategic goals and fulfilling the agency's mission. Planning and programming efforts at the state and local levels are depending increasingly on accurate data collection and analysis to make timely decisions on life-saving services. Good and timely data can help detect service gaps, target interventions, identify issues to improve health equity, and monitor program and system-level outcomes. Data can be used to guide evidence-based planning and quality improvement efforts by clarifying goals to move successful collaborations forward and monitoring programs. Ultimately, effective use of data can form a picture of the behavioral health of all Ohioans, enabling organizations and individuals to engage in meaningful work to benefit those with mental health and substance use challenges.

To lead these efforts, OhioMHAS created a new Deputy Director-level position, Chief Data Officer, to oversee and coordinate the many data-related projects. Several high impact, data-driven projects are planned over 2024-2025 biennium, visionary leadership and community collaboration is required to successfully implement this new data infrastructure and data-driven culture[28].

Community Assessment Plans (CAP) Redesign – Transforming the System of Care

[27] Ohio Recovery Housing Applying for Certification Website
[28] OhioMHAS Strategic Plan

In 2022 OhioMHAS redesigned the Community Assessment and Planning process to transform Ohio's Behavioral Health System into a data-driven, community informed planning process with the ultimate goal tying dollars to key performance indicators. Supported by OhioMHAS, ADAMH Boards led this planning process and convened their funded community partners in this work. [29]

The purpose of fully realizing and implementing a complete redesign of the ADAMH Board community planning process is to align and elevate planning as the transformational driver in the communities enhancing the state's ability to support local goals, develop policies, share metrics and data, make funding decisions, to achieve and measure success. The focus of the redesigned process was to ensure that, "OhioMHAS and ADAMH Boards will make data-informed policy, program and resource allocation decisions that lead to measurable improvements in mental health, addiction and equity outcomes."

The redesign process included:

- Focus groups with 31 ADAMH Boards co-facilitated by OhioMHAS staff
- Best practices literature review
- Review of Synthesis Report with MHAS staff
- OhioMHAS needs assessment collaboration survey
- Document review of 20 Board Community Plans

The guiding principle of the redesign was to ensure that the new community assessment and plan process was to support policy development, funding allocation, data gathering and sharing, and strategic direction at both the state and community level. Other recommendations included:

- Clarify purpose
- Stronger focus on equity
- Clarify state and local requirements
- Standardize definitions and indicators
- Streamline reporting
- Reduce duplicate plans/reports
- Support existing collaboration

The entire redesign process took over 10 months to complete. During those 10+ months the following tasks were completed:

- Summarize best practices and examples from other states.
- Evaluate SFY 2021-2022 Community Plan (feedback from ADAMH Boards and OhioMHAS)
- Clarify purpose, audience, and uses of the community plan (local and state levels)

- Understand context
- Clarify ORC and SAMHSA requirements
- Align data collection and reporting activities

New in the CAP – Several new priorities were introduced in the new community planning process including:

- A focus on equity in both the assessment and plan
- Identifying priority populations and groups experiencing disparities for each priority
- Optional: SMART objectives for priority populations and groups experiencing disparities
- Optional: Collective Impact to address upstream drivers of inequities[30]

The QPR team also maintains County Profiles featuring primary diagnosis, service utilization, and prevalence data to help inform stakeholders and community partners. These profiles can be accessed at www.mha.ohio.gov/research-and-data/data-and-reports/countyassessment-data-profiles

Clear Impact Results Based Accountability

OhioMHAS is partnering with Clear Impact, LLC to implement Results Based Accountability throughout the department. Results-Based Accountability (RBA) is a structured approach to thinking and acting to improve entrenched and complex social problems. Communities use it to improve the lives of children, youth, families, and adults. RBA is also used by organizations to improve the effectiveness of their programs. RBA is being used in all 50 United States and in more than a dozen countries around the world to make measurable change in people's lives, communities and organizations. RBA employs a data-driven, decision-making process to help communities and organizations get beyond talking about problems to taking action to solve problems. It is a simple, common sense framework that starts with the ends and works backward, towards the means. The "end" or difference that is being achieved may look different working on a broad community level or are focusing on a specific program or organization.

The Clear Impact platform will help the Department and Ohio's communities to build their RBA framework and develop a Scorecard to manage and track their performance measures. The Scorecards will be used as a data visualize tool to assess performance trends, create charts and graphs, connect high-level goals to individual efforts, and assign actions, due dates and monitor progress. The Scorecard will also help communities to get snapshot overviews of their performance and contribution to high-level goals or zoom in to see precise details. The Scorecard will also aid in strategy mapping to create a clear line between individual efforts and

[30] Community Assessment Plan Redesign Director's Update, August 2022

high-level goals, and if those goals are not realized, a planning process can be used to create a story and identify needed steps to achieving the desired results from the identified strategies.

Clear Impact, LLC will assist with the development of performance measurement, introduction and training on the elements of RBA, tracking systems via the Scorecard within the Clear Impact platform, all while instituting and utilizing a common language and understanding across Department operations and with our community partners to support the implementation of the performance measurement system. In alignment with this initiative, the Ohio Bureau of Budget and Management requested that OhioMHAS' Offices and Bureaus create a logic model and identify key performance indicators (KPI's) to better help planning, monitoring, and continuous quality improvement of the services provided by the department. These KPI's will help Ohio to become better stewards of taxpayer dollars, and better measure the impact of service on Ohioans across the continuum.[31]

Ohio Hospital Association Data Use Agreement

OhioMHAS is in the final stages of coordinating a data use agreement with the Ohio Hospital Association to receive access to all behavioral health services provided at public and private hospitals. This data had previously been difficult to obtain, which is crucial to understanding to the full extent of the behavioral health needs of Ohioans.

Ohio's Centers of Excellence Share Evidence-Based Practices, Support Workforce

OhioMHAS funds four Centers of Excellence (COE) that act as statewide hubs to promote evidence-based practices, standards, and research; facilitate learning opportunities; and support the contemporary practice needs of Ohio's behavioral health workforce. Identifying and treating mental health problems and addiction at their earliest onset can lessen the impact of life-long challenges. The collaborative work conducted through these academic partnerships with Ohio universities is supporting OhioMHAS lead the work that ensures that families, schools, communities, and local coalitions have the resources and evidenced based innovations and practices to assure the health and well-being of Ohio's children and youth.

Center of Excellence for Behavioral Health Prevention and Promotion (Ohio University): Through the work of this COE, Ohio has for the first time, a centralized and culturally relevant approach to advancing prevention services in the state of Ohio. The COE partners closely with county ADAMH boards, prevention providers, community coalitions, and faith-based organizations to expand quality prevention resources, trainings, and supports to local communities across Ohio. Learn more at: www.preventioncoe.ohio.gov/.

School-based Center of Excellence for Prevention and Early Identification (Miami University): A partnership between OhioMHAS and the Ohio Department of Education, this COE promotes mental health and wellness for K-12 students and staff across the state. It supports the Ohio

[31] Clear Impact Scope of Work, Bureau of Quality, Planning and Research

School Wellness Initiative, which has established best practice standards for student assistance programs and staff wellness frameworks and has been piloted in over 70 Ohio K-12 schools. This COE is also supporting a workforce development program to address the shortage of K-12 mental health providers by providing training and support for new and existing professionals. https://miamioh.edu/cas/centers-institutes/school-based-mental-health-programs/index.html?_ga=2.49588005.2020561902.1663497858-1912986749.1663149733

Center for Child and Adolescent Behavioral Health (Case Western University): Begun in March 2021, this COE is a partnership between OhioMHAS, and the Ohio Departments of Health, Medicaid, Job and Family Services, Developmental Disabilities, Youth Services, and Ohio Family and Children First. It is expanding service and care coordination capacity for children with complex behavioral health needs and their families, as well as providing training and professional development for Ohio's child caring provider network. It plays a vital role in supporting the OhioRISE program which has created new access to in home and community-based services that keep Ohio families together. Learn more at http://socohio.org.

Center of Excellence for Substance Use Disorder (Case Western University)

Case Western Reserve University's Substance Use Disorder (SUD) Center of Excellence (COE) at the Scholl's existing Center for Evidenced Based Practices (CEBP) will expand Ohio's infrastructure to support the implementation of evidence-informed practices and policies regarding substance use disorders associated with high-risk mortality. The COE will collaborate with state organizations, ADAMHS Boards, and community agencies to modify and /or design evidence-informed policy and practice implementation trainings in at least four core areas: 1) client engagement and retention, 2) successful integration of peer supporters into SUD treatment organizations, 3) infusing recovery principles and supports in SUD treatment organizations, and 4) SUD-specific high-risk treatment approaches and strategies. The project target population includes Ohio clinicians, administrators, community stakeholders, policy makers, funders, and health authorities. The COE plans to serve over 3,000 individuals with trainings, consultation, fidelity monitoring. Resources and data are provided via the COE's website. https://case.edu/socialwork/centerforebp/practices/substance-use-mental-illness

Mental Health and Substance Use Prevention Treatment and Recovery Services Block Grant Funded Programming

SAMHSA Priority Population Key

Adults w/ SMI:		Pregnant Women:	
Youth w/ SED:		Women w/ Dependent Children:	
Older Adult w/ SMI:		IV Drug Users:	
Criminal Justice:		Rural or Homeless:	
Military/Veteran:		Underserved Minorities:	
Persons w/ Disabilities:		Parents w/ SUD and Children:	

Note: The following are programs funded either in part or whole with Block Grant funds and address one or more of the SAMHSA priority populations included next to the description.

ADAMH Board Community Investments

Local Community Investments

The Ohio Revised Code 340.03[32], designates Ohio's 50 local ADAMH/MHRS Boards to receive a percentage of Block Grant Funds. Through quarterly disbursements, funds entitled "Continuum of Care Investments" are used for a variety of mental health treatment and recovery support services meeting the statutory criteria detailed in the Block Grant legislation.

Targeted to the priority populations of adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED), Boards have the authority to subaward direct

[32] Ohio Revised Code 340.03 Board Responsibilities and Duties

services to eligible licensed, nonprofit providers within their local jurisdictions. OhioMHAS offers guidance to all Boards in the form of the following SAMHSA Framework for Planning. OhioMHAS encourages ADAMH/CMH Boards to utilize this framework when budgeting these funds for services for persons with SMI or SED:

- Criterion 1: Comprehensive Community-Based Mental Health Service Systems:
- Criterion 2: Mental Health System Data Epidemiology: Contains an estimate of the incidence and prevalence of SMI among adults and SED among children; and have quantitative targets to be achieved in the implementation of the system of care described under Criterion 1.
- Criterion 3: Children's Services: Provides for a system of integrated services in order for children to receive care for their multiple needs.
- Criterion 4: Targeted Services to Rural and Homeless Populations and to Older Adults: Provides outreach to and services for individuals who experience homelessness; community-based services to older adults.
- Criterion 5: Management Systems: Describe financial resources, staffing, and training for mental health services providers necessary for the plan; provide for training of providers of emergency health services regarding SMI and SED.

Funding restrictions, eligibility, financial reporting requirements, and funding levels are clearly communicated through the Allocation Guidelines document and the Agreement and Assurances signed by all Boards each fiscal year in order to apply for funding. Data is collected on recipients of these services via the department's Ohio Behavioral Health Information System (OBHIS) and reported in the URS Tables each December. The Community Assessment Plan (CAP) Redesign Process has strengthened planning and reporting of these funds, creating a more data-driven and structured planning and reporting process.

First Episode Psychosis/Early Serious Mental Illness (FEP/ESMI) Set Aside Program (10%)

Ohio's Coordinated Specialty Care Programs

Ohio currently funds nineteen (19) First Episode Psychosis and one (1) Early Serious Mental Illness Team across the state using Mental Health Block Grant Set Aside Funds. Each team follows the Coordinated Specialty Care model and covers 39 of the 88 Ohio counties (see map

for program coverage). The programs offer case management, supported employment/supported education, therapy, medication management, family education, CBT for psychosis, and cognitive remediation. Many of the teams also offer peer support.[33] Northeast Ohio Medical University and The Ohio State University offer training and consultation on their respective models for each of the teams. Both models focus on a multi-disciplinary approach (e.g., team leader, therapist, prescriber, case manager, supported employment/supported education) grounded in shared decision making. There are a few subtle differences between the models. For example, the OSU model focuses on individuals diagnosed with schizophrenia spectrum and mood disorders with psychotic features whereas NEOMED's model focuses on individuals diagnosed with schizophrenia spectrum diagnoses and only added bipolar disorder with psychotic features in FY24.

In FY25, NEOMED will add major depressive disorder with psychotic features to its array of diagnoses. In addition, duration of psychosis differs as NEOMED is not more than 18 months of treated or untreated psychosis, the OSU programs are less than two years since first onset of positive symptoms, and the OSU Epicenter program* accepts individuals who have experienced a first onset of psychotic symptoms within 5 years. Both Universities monitor implementation of their respective models. A fidelity scale is in the final stages of testing. OhioMHAS anticipates the hiring of a new FTE staff in FY2024 to engage in FEP fidelity reviews.

Program outreach activities have been one of the main areas of focus over the past year. One of the University partners is working on messaging for the website and outreach materials to ensure message and brand consistency. Outreach materials have been updated and shared with each of the teams. The teams have been previously trained in outreach activities; however, COVID negatively impacted their ability to engage with community stakeholders, the larger behavioral health workforce shortage is impacting the team member's ability to engage in the additional work required to provide further outreach to the community. In response, Ohio is looking at alternative marketing strategies to educate the public and increase enrollment.

In addition to the standard MHBG Set Aside, the one-time Block Grant COVID Relief, American Recue Plan, and Bipartisan Safer Communities Funds are being invested to support and enhance Ohio's FEP/ESMI program infrastructure.

- ✓ Data system: The current internal data system Ohio has been using could benefit from enhancement and innovation to best drive program decisions. Instead of continuing this

[33] OhioMHAS SAMHSA Annual FEP/ESMI Update and MHAS Website

investment, Ohio is exploring the use of a system called HONE that will be tailored to programmatic needs. HONE (Health Outcomes Network & Education) is an innovative learning health network model for early intervention services developed by a team from Yale University School of Medicine. The HONE developers have been working with OhioMHAS staff, NEOMED and OSU, and two community providers to tailor the model for the Ohio CSC for FEP programs. Full training rollout is expected to take place in the spring of 2024. HONE provides the ability to look at data from a client, programmatic, and statewide level. The program is also compatible with NIMH's EPINET project which would benchmark Ohio with other states. One of the goals will be to develop a QI/feedback loop. In addition, the program will be tailored to be compatible with items on the fidelity scale so that we can monitor adherence to the scale and the program.

- ✓ Virtual Teams or "Hybrid Model": Ohio has used FEP Block Grant Set Aside funds to develop semi-virtual, or hybrid teams with a core group in one location and a case manager, supported employment/education specialist and LPN or other licensed individual who can administer injections or other medication as needed at a community mental health agency. These individuals would be trained in the CSC model and regularly engage with the team to ensure coordination of care. One of the goals is to reach into rural areas where such a team is not feasible. Two teams are currently working with OSU to roll out the hybrid model.

- ✓ Video production: OSU and NEOMED have developed training videos that are now being used to train new team members from the virtual teams. Turnover is an ongoing challenge, and the videos will be used to train new staff working on existing teams on the model so that there is not a lapse in treatment. The Universities will continue to provide ongoing technical assistance and monitor model adherence.

- ✓ Bundled Payment Rate/Cost of Care Strategy: A team of researchers have reviewed Medicaid claim data, IBM Marketscan claims database for private funding, and cost data from Wexner Medical Center to contrast the costs and payments per patient for first episode psychosis. A second aim is to use cost data to inform a bundled care rate for first episode psychosis. The goal is to establish a bundled rate from payer sources to cover services offered by the programs. This study is completed and currently working its way through OhioMHAS leadership and Public Affairs. A plan will be developed to determine how to use this crucial information to better implement and sustain FEP programs moving forward.

- ✓ Step Down Protocol: OSU, NEOMED, and the team leaders developed a step-down protocol for the teams. The protocol focuses on client progress and assisting team members in determining level of care and transitions to varying levels of care.

*The OSU EPICENTER program currently does not receive MHBG funds but is planned to begin receiving services in the 2024-25 Planning Period.

Mental Health Block Grant Crisis Set Aside (5%)

Mobile Response and Stabilization Services (MRSS) Data, Outcomes, Continuous Quality Improvement:

In 2017, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) received a four-year System of Care Expansion Grant from the federal Substance Use and Mental Health Services Administration (SAMHSA). ENGAGE 2.0 builds on Ohio 's original four-year ENGAGE implementation grant to "scale up " mobile response and stabilization services (MRSS), high-fidelity wraparound, and intensive service coordination for children and youth ages 0-21 with severe emotional disturbances and their families. Today the MRSS teams provide a 24/7 hotline, on-site mobile response triage, clinical assessments, referrals and follow-up services, including wraparound. Mobile teams of behavioral health specialists respond to the person in crisis, and families can receive up to 42 days of intensive, in-home services and linkage to on-going supports. Piloting MRSS in the northwest and southwest regions of the state was the original focus of the grant, but currently MRSS serves 45 counties.

OhioRISE, is an Ohio Medicaid's specialized managed care program for youth with complex behavioral health and multisystem needs and in July 2022 MRSS became a Medicaid-billable service. Block Grant funding has been leveraged to support the non-Medicaid covered aspects of the MRSS program. For instance, agencies can now apply for certification from OhioMHAS as MRSS Providers and can receive training, technical assistance, and fidelity reviews through the Child and Adolescent Behavioral Health Center of Excellence at Case Western Reserve University. OhioMHAS and partners launched a statewide MRSS call center for MRSS and data management system to track implementation and fidelity. Since the beginning of the grant, MRSS has served 2,392 families across the state.

Satisfaction surveys have also shown that 98% of families would recommend the service to others and 96% of families say that they have learned new skills through MRSS. Below is an impact story from a family who went through MRSS[34]:

[34] MRSS Evaluation Report

"I am a single mother of 5 children! My family is chaotic and crazy and everything you would expect a single mother family of 5 to be and more! MRSS has come into our lives and made more of a difference than I think they know! They have helped my family build structure, peace, happiness, and a little less chaotic! I work with the MRSS team and they are absolutely god sent! I highly recommend them to families like myself that just need a little help getting thru! If it wasn't for them coming into my home and my life I don't know if we would have ever experienced the peace we have at this point in our lives! Thank you."

988 Marketing and Promotion

OhioMHAS plans to invest a portion of the Mental Health Block Grant Crisis Set Aside on the marketing and promotion of 988. With over 12,000 calls in the first year of operation, Ohio will now shift its focus to a statewide campaign that aims to educate Ohioans about 988. OhioMHAS officials expect calls and messages to increase to about 14,000 each month as more people learn about the resource.

OpenBeds Registry/Bamboo Health

Ohio has increased its investment of Block Grant dollars in Open Beds, an electronic registry which identifies, unifies, and tracks all substance use disorder (SUD) and mental health inpatient and outpatient treatment and social service resources in a single, common network. This cloud-based solution replaces inefficient and less effective manual tracking, search, communication, and reporting functions; facilitates rapid referrals and feedback; and fosters collaboration and coordination among medical, substance use and mental health providers, and community service organizations. It accomplishes this by providing decision support, bed and outpatient appointment availability, availability of social service resources, secure two-way digital provider communication, and data aggregation and analytics. It is configurable and scalable, which means it may be conformed to state-specific or other organization inclusion and exclusion criteria. The OpenBeds system is compliant with federal Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2 security requirements.

Ohio plans a continued and expanded investment into more provider networks that will help increase access to behavioral health services for a greater number of Ohioans. The OpenBeds

team has been working with Ohio hospitals and behavioral health providers to implement the referral network. OhioMHAS works with OpenBeds to onboard new organizations to be referral or receiving entities. Some stakeholder meetings are virtual and are face-to-face; depending on where an organization is in the adoption and implementation process. Ohio has received direct feedback from state officials, consumers, and providers that the Open Beds tracking systems are extremely helpful in identifying open beds and alleviating the stress and uncertainty that can occur when linking patients to inpatient treatment and or crisis stabilization.

Adults w/ SMI Targeted Programs

NAMI Advocacy

NAMI Ohio utilizes Mental Health Block Grant Dollars for programming, services, and advocacy that's centered around supporting individuals and families impacted by mental illness. NAMI Ohio and it's 41 local-affiliate chapters across the state provide several educational programs targeted towards the public. Below are descriptions of NAMI Ohio's expanded educational programs.

NAMI Basics is a class for parents and other family caregivers of children and adolescents who have either been diagnosed with a mental health condition or who are experiencing symptoms but have not yet been diagnosed.

NAMI Family-to-Family is a class for families, partners and friends of individuals with mental illness. The course is designed to facilitate a better understanding of mental illness, increase coping skills and empower participants to become advocates for their family members. This program was designated as an evidence-based program by SAMHSA.

NAMI Homefront is a class for families, partners and friends of military service members and veterans experiencing a mental health challenge. The course is designed specifically to help these families understand those challenges and improve the ability of participants to support their service member or veteran.

NAMI Peer-to-Peer is a recovery education course open to anyone experiencing a mental health challenge. The course is designed to encourage growth, healing and recovery among participants. In addition to educational programs, NAMI Ohio and its local affiliates provide

support program opportunities for individuals and families to find connection and support from individuals with similar experiences. Below are descriptions of these support programs.

NAMI Connection is a weekly or monthly support group for people living with a mental health condition. Family Support Group is a weekly or monthly support group for family members, partners and friends of individuals living with a mental illness.

Criminal Justice Populations

Mental Health Courts

The Mental Health Court Project funds behavioral health treatment and recovery support services to clients that are involved with selected Adult Mental Health dockets with at least initial certification from the Ohio Supreme Court. Awarded funds are allocated to the ADAMHS Boards and passed through to the Mental Health Court to be used to finance treatment and recovery support services for eligible clients. Treatment for MHCP clients is to be provided by a community behavioral health services provider certified by OhioMHAS. Time-limited recovery supports may be utilized to help eliminate barriers to treatment and are specific to the participant's needs. Participating Mental Health dockets will be responsible for collecting and reporting data related to funding usage and client treatment and outcomes. In SFY 2022, the Block Grant Mental Health Court Program supported 27 specialized mental health dockets and served 831 clients. With the assistance of COVID Relief Block Grant funding, an additional 360 new clients were added to the dockets with 194 successfully discharged and diverted from the correctional system

Criminal Justice Coordinating Center of Excellence (CJ CCOE)

The Bureau of Criminal Justices provides support to our Criminal Justice CCOE with funding from the Mental Health Block Grant. The CJ CCOE provides technical assistance on jail diversion alternatives to enhance 10 Crisis Intervention Team programs, assist in cross-systems planning, offer 2 Sequential Intercept Mapping workshops, promote data driven/evidence-based practices, and coordinate activities and collaborate with the Stepping Up Initiative. The Stepping Up Initiative is a national initiative targeted at reducing the number of people with mental illnesses in jails.

Forensic Monitoring and Evaluation

The Designated Community Forensic Evaluation Centers were established in the early 1970s and play an important role in Ohio's forensic mental health system. Prior to their establishment, all court-ordered pre-trial evaluations (primarily Competency to Stand Trial [CST] evaluations and Criminal Responsibility/Sanity evaluations following a plea of Not Guilty by Reason of Insanity [NGRI]) were conducted at Lima State Hospital. The only state-funded community-based entities designated to perform CST evaluations and NGRI evaluations for felony-level cases, the ten (10) Forensic Centers perform an essential gatekeeping function for almost all of the forensic admissions to Regional Psychiatric Hospitals (RPH). They ensure that forensic admissions are aligned with the legal criteria set forth in statute and are appropriate for a hospital level of care. They are also the only entities authorized by statute to conduct Nonsecured Status/"Second Opinion" evaluations for patients recommended by the hospital for Level 5 Movement or Conditional Release to the community. Thus, they also enhance public safety by performing an independent violence risk assessment for the courts prior to the discharge of hospital patients who are eligible for conditional release.

Both State GRF and Block Grant funds support our state's forensic monitoring and evaluation programs. The goals are to increase the professional qualifications, training, and skills of community-based Forensic Monitors in order to (a) enhance public safety and the recovery of people on conditional release (CR), and (b) decrease recidivism, defined as CR plan violations, arrests, convictions, revocations, and hospitalizations.

Community Forensic Evaluation Centers Ten Community Forensic Evaluation Centers are funded by OhioMHAS to conduct competency and sanity evaluations for the Courts of Common Pleas. In addition, these centers conduct second opinion evaluations for the Regional Psychiatric Hospitals to assess readiness for discharge of forensic patients with a Conditional Release Plan. Ohio's Community Forensic Evaluation Centers completed over 3,400 of these evaluations during SFY2022. They completed nearly 5,000 evaluations total which includes additional forensic evaluations from other funding sources.

Children w/ SED Treatment & Family Supports

Mobile Response and Stabilization Services (MRSS) Expansion

Ohio's Mobile Response and Stabilization Services (MRSS) program provides mobile, on-site and rapid intervention for youth experiencing a behavioral health crisis, allowing for immediate de-escalation of the situation in the least restrictive setting possible; prevention of the condition from worsening; and the timely stabilization of the crisis. The mobile crisis component of MRSS is designed to provide time limited, on-demand crisis response services in any setting in which a behavioral health crisis is occurring, including homes, schools, and emergency departments. Depending on the needs of the child, the stabilization component may include a temporary, out-of-home crisis resolution in a safe environment. Ohio's MRSS Program represents an important first line of defense in providing timely access to services, improving outcomes for children and families, and reducing burdens on law enforcement and emergency departments.

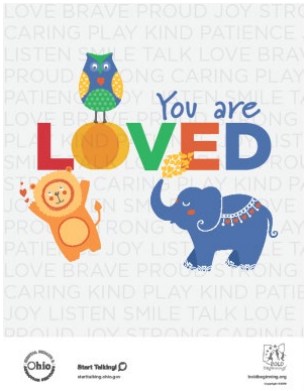
The goal of this program is to intercede before urgent behavioral situations become unmanageable emergencies. This expansion will allow us to engage young people and their families immediately to de-escalate a crisis and provide local stabilization services that help keep them safe and healthy in their own homes and communities. Funding to expand Mobile Response and Stabilization Services was a key priority in the state's recently enacted operating budget.

Benefits of MRSS programming include: • Cost-effective evidenced based model for improving behavioral health outcomes; • Reducing/deterring emergency department visits and inpatient admissions; • Reducing out-of-home placements; • Reducing lengths of stay and the cost of inpatient hospitalizations; and • Improving access to behavioral health services. Ohio's MRSS program serves youth ages birth to 21 years and their families.

OhioMHAS previously established pilot programs in two regional collaboratives comprised of 13 counties: Allen, Auglaize, Butler, Clermont, Clinton, Hancock, Hardin, Lucas, Paulding, Preble, Putnam, Warren, and Wood. OhioMHAS and its partners are currently working to develop MRSS in the comprehensive system of crisis care for children, youth and families through the OhioRISE Program as a Medicaid billable service.

Research shows that children in crisis do better when they are provided safe and effective interventions that keep them close to family and the communities they know. The MRSS grants enhance community resources in supporting families during emergencies and represent an important step forward in strengthening the foundation of the state's OhioRISE program. As part of MRSS and OhioRISE marketing and promotion efforts, a youth led campaign was developed using the branding "Hey, I'm Here" https://www.heyimhereohio.org. Hey, I'm Here is a social marketing campaign developed by and for youth and young adults in Ohio. It contains videos and articles about mental health and recovery, and is an avenue for young people to connect with and provide support their peers online. There is a continued focus to reach Latinx audiences, Black, Asian-American, and LGBTQIA communities where there is a vocalized gap in access and awareness of treatment resources. The team's efforts have resulted in increased engagement across social channels, and more robust culturally relevant provider resources.

Early Childhood Mental Health (ECMH)



OhioMHAS' Infant and Early Childhood Mental Health Initiative "The Whole Child Matters." Ohio's IECMH program is the nation's largest investment in Infant Early Childhood Mental Health funded partially with MH Block Grant dollars. Ohio's IECMH initiative has received national recognition from Georgetown University, Yale University, and from the US Department of Health and Human Services 'Administration for Children and Families' in their 2016 report highlighting "State and Local Action to Prevent Preschool Expulsion and Suspension in Early Learning Settings."

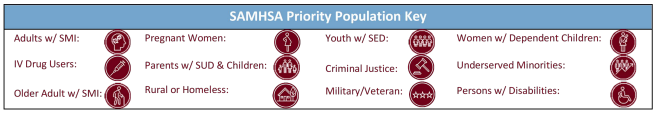
Ohio was acknowledged in the President's "White House 2016 Progress Report - My Brother's Keeper." Funding is provider direct and/or through local ADAMHS Boards to implement to fidelity to the national SAMSHA Center of Excellence at Georgetown Model for IECMH Consultation. The Ohio IECMH Model adheres to the recognized components of Program Based; Center/Classroom Based; and Child/Family Based Consultation. To operate to model fidelity, Ohio supports a robust emphasis Professional Development &Training. Ohio's scope work of IECMH work is focused in 4 areas: Expulsion Prevention Hotline; Ohio Model of IECMH Consultation to fidelity; Workforce Development & Training and a Statewide Centralized Database & Program Evaluation. ECMH Statewide Evaluation results show statistically

significant changes in all areas of "Within Child" Protective Factors on the DECA P5 Teacher and Parent ratings for Initiative, Self-Control, Attachment and Behavioral Concern. Georgetown University ECMH Center of Excellence (COE) recognizes OhioMHAS' work as "gold standard" in programming in IECMH for model implementation and evaluation standards in attainment of child outcomes.

Ohio's Handle With Care

Handle With Care is a partnership between OhioMHAS and Hopewell Health Centers in Athens, Ohio (a rural and Appalachian County). This trauma-informed, cross-systems program ensures that children who are exposed to adverse events receive appropriate interventions and have opportunities to build resilience through positive relationships with teachers and first responders. Begun as a pilot in Meigs County a rural, Appalachian community, nearly all of Ohio's 88 counties have implemented Handle With Care in their schools and communities to protect traumatized children and help them thrive. Through the words "Handle With Care," law enforcement can confidentially signal to schools and childcare agencies when a child has been exposed to a traumatic event, such as a domestic violence loss from overdose, a shooting, a house fire, etc. Schools, childcare organizations and law enforcement work to mitigate the negative impact of that trauma. Learn more at handlewithcare.org.

Future work will focus on creating access to statewide training and technical support for communities on Handle With Care (HWC) to leverage the collective power of local experts and available resources to build a Culture of Health within local schools that promotes student wellness and success. HWC Consultants will use a mental health consultation model, built out of the Ohio Model for Early Childhood Mental Health Consultation. This programmatic, community-based consultation will maintain Handle With Care Learning Communities to inspire peer-to-peer exchange and develop ongoing networks to support the implementation of Handle with Care and the Trauma Informed policies and procedures within the community, district policies, align with Positive Behavioral Interventions and Supports(PBIS) in classroom environments and teacher practices. This funding will allow for continuation of the Handle With Care Community of Practice, ongoing training access for community partners and ongoing technical assistance for HWC implementation statewide.



Youth Peer Support Curriculum Development and Certification

Youth Peer Supporters use their lived experience in the behavioral health system and other child/youth serving systems to support other youth and young adults in their resiliency, recovery, and wellness. Needs assessments have identified gaps in the availability of youth specific Peer Support as an unmet need in our local Systems of Care. To address this need, OhioMHAS developed a youth peer support curriculum and specialized certification in April of 2023. To date, Ohio has certified 29 youth peers to enter the behavioral health workforce and receive placements throughout Ohio Systems of Care. OhioMHAS will expand Youth Peer Support as part of Ohio's larger investment in growing its Peer Support infrastructure and workforce. OhioMHAS also plans to offer more specialized trainings and population specific certification.

Parent Peer Support

The Parent Advocacy Connection (PAC) Program provides families of children at risk for out-of-home placement with education and mentoring so that they can better navigate the local child-serving systems. NAMI Ohio recruits, trains, supervises, compensates and evaluates parent peer supporters (PPS) working with the families. PPS's receive extensive training and provide mentoring for caregivers in Ohio. This certification also came online in April of 2023 and to date has certified 93 Family Peer Supporters. The model follows the competencies established for Parent Peer Support by the National Federation for Families for Children's Mental Health.

OHYES Survey - Ohio Healthy Youth Environments Survey

A portion of Mental Health Block Grant funds are programmed to help plan, develop, and implement activities to support the continuation and expansion of the Ohio Health Youth Environments Survey (OHYES!). The OHYES! Is a collaboration between OhioMHAS, Ohio Departments of Education, Health, and other system stakeholders. The purpose of OHYES! is to address the need for local data in youth behaviors and risk and protective factors, to meet federal grant reporting requirements, and be able to identify local needs and trends for planning.

OHYES! Ohio Healthy Youth Environments Survey

SAMHSA Priority Population Key			
Adults w/ SMI:	Pregnant Women:	Youth w/ SED:	Women w/ Dependent Children:
IV Drug Users:	Parents w/ SUD & Children:	Criminal Justice:	Underserved Minorities:
Older Adult w/ SMI:	Rural or Homeless:	Military/Veteran:	Persons w/ Disabilities:

Survey results provide a snapshot of youth health behaviors in participating county across the state and serves as a valuable tool in better understanding the interrelated needs in youth program planning, implementation, and evaluation. The data are essential for strategic planning, prioritizing needs and allocating limited resources.

OHYES! is an online survey that is administered in schools. Students in grade 7 through 12 are eligible to participate. It is voluntary and superintendents and principals elect to participate. OHYES! recruits schools and districts for participation every 2-4 years, but is available annually.

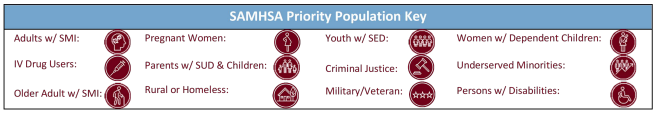
The Ohio University Voinovich School of Leadership and Public Affairs will center these MHBG efforts around three specific goals: 1. planning; 2. reporting; and 3. recruiting, re-engaging, and retaining school districts. Approximately 192 school districts in 63 counties are directly served by this project. In addition, all Ohio ADAMHS Boards and Health Departments will be provided the opportunity to be served by this project.

Recovery Supports - Targeted for SMI/SED (and Co-occurring SUD) Block Grant Programs

(Note: OhioMHAS Recovery Support programming is inclusive to <u>all</u> Block Grant Priority Populations, MHBG and SUBG)

Peer Support Training and Certification

In Ohio, peer recovery supporters become certified by taking an in-person training or by having three years of work or volunteer experience as a peer navigator, peer specialist, peer supporter, or peer recovery coach. Regardless of the pathway to certification, individuals must also have completed 16 hours of online E-Based Academy courses, which include topics such as ethics, human trafficking, and trauma-informed care, pass the OhioMHAS Peer Recovery Services exam, sign and agree to the OhioMHAS Peer Recovery Services Code of Ethics and pass a Bureau of Criminal Investigations (BCI) background check. Each of these activities is supported by the Mental Health Block Grant and the Bureau of Recovery Supports. Activities include paying facilitators, supporting the online E-Based Academy, and during the COVID-19 Pandemic, creating an online, 40-hour training. Future activities include the development and implementation of



post-certification trainings for peer supporters and supervisors. The training academy supports a growing peer support workforce needs. OhioMHAS supports an annual Peer Support Conference, bringing in hundreds of certified Peer Recovery Supporters from across the state to participate in networking, trainings, and other professional development opportunities.

Ohio Peer Recovery Organization (OhioPRO) Support

The Bureau of Recovery Supports with the funding from the Mental Health Block Grant provides assistance to the Ohio Peer Recovery Organization (OhioPRO). Ohio PRO serves as a unifying entity for Ohio peer recovery organizations and programs advocating in every aspect of the mental health and substance use disorder systems. Working together with Ohio PRO, Ohio's peer recovery organizations and programs amplify their impact resulting in increased action on behalf of their cause on issues before government, philanthropic, and community and client forums.

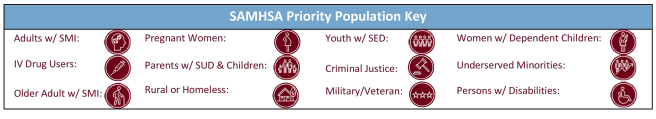
Ohio PRO announced its formal establishment at the 2019 State Recovery Conference, and is recognized as a 501(c)3, and holds a social media presence (http://ohio-pro.com/). The OhioPRO board of directors supported the day-to-day operations of the organization, including grant writing and project implementation, outreach to peer organizations across the state, website development and other essential administrative duties. Support from OhioMHAS enabled Ohio PRO to hire an executive director and other support staff to continue and expand their work throughout the state.

Statewide Advocacy Network (SWAN)

The State-Wide Advocacy Network (SWAN) provides regional technical assistance, training, and oversight for wellness projects, specifically to Ohio's Peer Recovery Organizations (PROs). These projects support and encourage recovery, resiliency, wellness, and self-management of whole health (physical and behavioral). A focus is placed on supporting individuals with mental illness and/or co-occurring substance use disorders throughout Ohio living in or transitioning back to the community from regional psychiatric hospitals and/or other institutional settings.

Program deliverables include:

- Promote the Eight Dimensions of Wellness within the community



- Provide training and technical assistance to communities and stakeholders within the specific region to expand knowledge and participation in whole health and wellness initiatives
- Collaborate with interested MHAS regional psychiatric hospitals, local jails, prisons, and other community partners to coordinate and assist with health and wellness activities within the facilities and assist with transition and discharge planning to connect individuals to wellness resources in their local communities
- Facilitate 1 regional one-day symposium about whole health (at no charge to participants)
- Collaborate with the other Peer Recovery Organizations across the state to provide support and technical assistance
- Facilitate Whole Health Action Management (WHAM) workshops in the designated regions (at no charge to participants) and maintain a list of trained facilitators
- Have up to 2 staff participate in Mental Health First Aid Training

Peer Support in Non-traditional Settings

Planning efforts by OhioMHAS in partnership with Peer Recovery Organizations and Recovery Community Organizations across the state has led to the deployment of certified peer recovery support specialists into many new settings. Stakeholders identified community locations where the need for peer support exists but has not been historically available. Several of Ohio's prisons have begun holding trainings and allowing outside peer supporters to meet with inmates receiving mental health and/or substance use treatment in their facilities. Other outreach locations include emergency departments, recovery housing units, libraries, shelters/drop-in centers, and other community settings.

Clubhouse Model Programs

A Clubhouse is a place that fosters social connections among individuals with lived experience with mental illness and co-occurring disorders. This evidenced based model of recovery support promotes a sense of unity and belonging. Clubhouse environments reflect a sense of shared achievement with members and staff working together in partnership to operate the Clubhouse. OhioMHAS plans to continue its support of Clubhouses with investments in the development and sustainability of organizations throughout the state.

Technical Assistance is to be provided to awardees of OhioMHAS Clubhouse grantee recipients to promote the successful implementation of the Clubhouse model. Technical assistance will

also be provided to others across the state, interested in starting a Clubhouse. The number of people served will depend on interested stakeholders and will include people and organizations across Ohio. The long-term strategy is to develop events/activities that teach advocacy that support the development of new and existing Clubhouses.

Clubhouse Expansion in Ohio

New Club House Name	Avg. Daily Attendees	County	Opened
Friendship	8	Ashtabula	10/24/2022
John Murray	20	Geauga	08/01/2022
Free Agents 4 Recovery	13	Portage	04/02/2022
Youngstown	12	Mahoning	11/07/2022
Marysville	0	Union	Opening TBD
Spencer's	0	Delaware	Opening TBD
Queen City	40	Hamilton	08/15/2022

Member Impact Statements

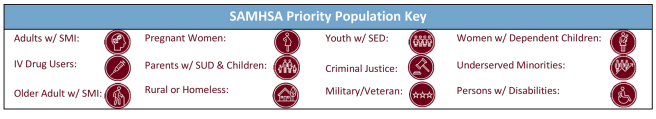
'Anonymous Member' is a 39-year-old female who states the only opportunity she has to leave the house is to attend Clubhouse and she looks forward to attending as much as she can. She stated the Clubhouse taught her how to read a recipe and grocery shop, attending Clubhouse is her only positive interaction with other adults, Clubhouse has assisted her with maintaining in the community through medication management, and has also given her the opportunity to be a better mother.

Queen City Clubhouse Member Angie: "I like to help out in the Clubhouse. I always work in the Snack Bar, and I have so much fun working with everyone. I come every day because I love seeing everyone and getting to know people. We are like family down here."

Supported Employment Programs – The Future for Recovery

Meaningful employment provides a sense of pride, social connectiveness, increases self-esteem, financial independence, and furthers recovery for individuals with behavioral health conditions. OhioMHAS continues to invest in employment services, including the evidence-based model of supported employment, Individual Placement and Support (IPS), to help individuals obtain, maintain, and advance in meaningful careers.

Over the past year, OhioMHAS started employment partnerships with new behavioral health organizations and expanded collaborations with existing ones, resulting in increased access to services for individuals who desire to work. In SFY23, these providers served over 3,100



individuals with Individualized Placement Services and reported that 1,555 are or were at one time actively employed or working.

The OhioMHAS employment team is outposted in four regions throughout the state, providing training, technical assistance, and consultation to community behavioral health providers. The goal of the team is to provide the necessary tools and supports for providers to develop, implement, improve, expand, and sustain employment services within their organizations. The team also fidelity monitoring for providers implementing the evidence-based practice of supported employment (IPS). Fidelity Reviews were initially paused during the COVID-19 pandemic Fidelity but restarted in 2022. These fidelity reviews provide an opportunity to highlight and strengthen agencies practices of this evidence-based model.

Supported employment programs accessed MHBG funding to support individuals in obtaining and maintaining employment. Funding was utilized to address barriers faced by the individual, educate agency practitioners, and engage community employers and businesses.

OhioMHAS partners with our sister agencies Department of Developmental Disabilities and Opportunities for Ohioans with Disabilities as part of our broader RecoveryOhio Governor's Office partnership. Future activities will focus on coordinating with partners across the state to expand employment services throughout the behavioral health system, including Peer Recovery Organizations and Clubhouses.

Adult Care Facilities and Recovery Housing Supports

Housing Support Training and Learning Series

OhioMHAS provides support to state and national housing organizations to provide trainings and technical assistance to Ohio housing providers who provide both housing and supports to individuals with serious mental illness and/or co-occurring SUD. These trainings and supports offer opportunities to further develop recovery housing operator's knowledge, skills and ability to deliver high quality housing and housing services to support their tenant's recovery. Some of the trainings offered include: Trauma Informed Care, Mental Health 101, Working with individuals with mental illness, training on how to become a housing operator, Personal Safety and Effective Communication with Angry Residents, Crisis Intervention and De-

Escalation. Additional Partnerships with Ohio's Coalition on Housing and Homelessness provide trainings for outreach works, motivational interviewing and racial equity trainings for the homeless system.

Rural Housing Outreach

The Housing and Homelessness section of the Bureau of Recovery Supports is planning to implement rural street outreach in counties that do not have a Projects for Assistance in Transition from Homelessness (PATH) program. Rural homeless are less visible, and rural outreach strategies takes in to consideration connecting with individuals utilizing shelters, individuals that are doubled up (sharing the housing of other persons due to loss of housing or economic hardship), individuals living in substandard or condemned structures (barns, old mills, garages/sheds, abandoned/vacant buildings), vehicles, and encampments. Rural Outreach assists individuals experiencing homelessness to connect to needed behavioral health services, housing resources, medical care, income and benefits support, community resources, and recovery supports to ensure retention in housing.

Developmental Services Agency Housing Match

The Ohio Department Mental Health and Addiction Services utilizes Mental Health Block Grant funds to assist housing providers with leveraging state housing trust fund dollars that serve individuals who are homeless and have mental health and co-occurring substance use disorders. These funds assist our providers by leveraging $3-5 million dollars with a small investment for match of $400-600k. These funds assist individuals at or below 18% of Adults with Mental Illness (AMI), who are homeless and have severe mental illness and co-occurring disorders.

The Ohio Department of Development has state Housing Trust funds that are competitive based for housing providers serving homeless individuals. The purpose of the Supportive Housing Program through the Department of Development is to provide opportunity for stable, long-term housing for people who are homeless through supportive housing operations. The program provides funding for operations (and limited funding for services) in permanent supportive housing and facility-based transitional housing programs.

Ohio Citizen Advocates for Addiction Recovery (OCARR) Support

OhioMHAS provides support to the largest statewide peer run advocacy group for substance use recovery. Each year, SUBG provides support to OCAAR to engage members across the state

to develop strategies, tailor, and implement within communities to address addiction issues within Ohio's communities. This grant also helps develop and enhance new Recovery Community Organizations (RCO's) across the state by providing technical assistance to newly formed peer-run groups. This work also helps to research and develop Ohio specific financial wellness campaigns and work with local community members to develop a marketable product for recovery support services in non-traditional settings. Future goals include engaging the RCO Network to develop a continuing education program targeted for peer supporters early in their career and working with OhioPRO, the sister mental health-focused peer run organization, to identify a potential support system for Peer Supporters.

Recovery Housing (SUD Population Only)

OhioMHAS is focused on enhancing the quality of housing options in communities across the state and worked with Ohio Recovery Housing in 2021 to release a comprehensive report on recovery housing in Ohio. The report highlights the success of Ohio's historic investment in recovery housing and addresses current challenges and recommendations. Read more at: ohiorecoveryhousing.org/enviromental-scan.

- 350 Recovery Residences certified with Ohio Recovery Housing as of June 2022.
- Approximately 2,524 residential facility operators and staff trained in mental illness, personal care, suicide prevention and trauma-informed care.
- Of 4,586 total contacts, approximately, 3093 Ohioans enrolled in the PATH program bringing the statewide Government and Performance Results Act number to 67%, well over the required minimum.
- *Approximately, 1,294 beds funded by the Recovery Housing Initiative through the ADAMHS Boards (138 homes).*

Substance Use Prevention Treatment & Recovery Services Block Grant
Primary Prevention Services Set Aside (23% of Ohio SUBG Award)

Ohio's ADAMH Board Prevention Per Capita Investments

Ohio has a wide range of certified primary prevention providers along with fifty county ADAMH Boards which plan, evaluate, and fund local services with oversight from the Department of Mental Health and Addiction Services. Each ADAMH Board plans services that meet the needs of the local population, and builds on the institutions, organizations and personal relationships that shape local systems of care. Many Boards use a portion of their local tax levies to support prevention efforts that are tailored to the needs of the population in their communities, which can lead to a more culturally sensitive and locally customized system of care.

Per the Ohio Revised Code 340.03, Ohio's 50 local ADAMH/CMH Boards are designated to receive a percentage of Block Grant Funds in the form of quarterly disbursed 'Allocations'. Ohio's Boards receive approximately $10.7 million from SUPTRS Block Grant in Primary Prevention Allocation funding, contributing to a significant percentage of the 20% Primary Prevention Set Aside. These investments focus on preventing or delaying the onset of behavioral health problems (e.g., substance abuse, addiction and problem gambling). Prevention services are a planned sequence of culturally appropriate, science-driven strategies intended to facilitate attitude and behavior change for individuals and communities. These services do not include clinical assessment, treatment, or recovery support services.

Prevention Services Workforce Development and Strategic Planning

The Office of Prevention Services (OPS) is dedicated to building a workforce that is capable of sustaining community-based prevention strategies and growing the use of evidence-based practices rooted in the science of prevention. This Strategic Plan establishes a road map for providing an expansive, strong infrastructure and support that has the capacity to sustain the future of effective prevention in Ohio. The goals and objectives identified in the OPS Strategic Plan align with the OhioMHAS Strategic Plan, the Recovery Ohio Plan, the Governor's Office of Children's Initiatives Strategic Plan, and the Suicide Prevention Plan for Ohio.

The Office of Prevention Services completed a strategic plan that guides the statewide prevention of mental emotional and behavioral disorders. The development of this plan is a critical step toward an infrastructure that is capable of supporting local communities and organizations in their efforts to build protective capacity and to mitigate risk across the state. This plan will lead the advancement of innovative, high-quality prevention services across the lifespan for all Ohioans.

Primary prevention in Ohio includes a variety of strategies that prioritize populations with different levels of risk. Specifically, prevention strategies are classified using the Institute of Medicine Model[35] of Universal, Selective, and Indicated, which classifies preventive interventions by priority population.

- Universal prevention designed for an entire population without regard to individual risk factors.
- Selective prevention targeted to one or more subgroups of a population determined to be at risk of mental, emotional, or behavioral (MEB) problems.
- Indicated prevention aimed at individuals showing signs and symptoms of mental, emotional, or behavioral (MEB) problems.

Ohio supports Early intervention as an integral part of the continuum of prevention services. These interventions can be implemented after serious risk factors have been discovered or early in disease progression soon after diagnosis. The goal is to halt or slow the progress of disease in its earliest stages. Early interventions are implemented through a comprehensive developmental approach that is collaborative, culturally sensitive, and geared towards skill development and/or increasing protective factors. These primary prevention services provided prior to a clinical assessment are usually included in the indicated category, and most often use education and problem identification and referral strategies.

The Department of Mental Health and Addiction Services recognizes and supports the wide spectrum of tools available for delivering prevention services and fostering MEB health. It is important to match the appropriate tools to the need if population-level adverse MEB outcomes are to be reduced. The Center for Substance Abuse Prevention's (SAMHSA/CSAP) six prevention strategies are best implemented based on the results of using a planning process such as the Strategic Prevention Framework (SPF)[36]. This process begins with the assessment of needs, resources, and readiness, conducted as part of the community-based planning process. This planning ensures that prevention interventions will target individual, family, organization, and community risk/protective factors that reduce MEB health disorders. All six strategies in appropriate proportions are needed as part of a comprehensive prevention approach.

Communities receive the greatest benefit when a comprehensive public health approach is used that combines all six strategies in the appropriate balance to address the needs of universal, selective, and indicated populations in their own unique community[37].

Utilizing the Strategic Prevention Framework has been imperative to the implementation of the Office of Prevention's development of a data-driven, strategic plan. Ohio has expanded the

[35] 2019 Institute of Medicine Consensus Report
[36] 2019 A Guide to SAMHSA's Strategic Prevention Framework
[37] 2009 Institute of Medicine Report

utilization of the SPF to address MEB's across Ohio's prevention continuum. This process includes steps in assessment, capacity, planning, implementation, and evaluation, guided by the principles of sustainability and cultural competency. Once the strategic plan was developed a Theory of Change was developed to provide a comprehensive description that illustrates illustration how and why a desired change is expected to happen. It maps out what has been described as the "missing middle"[38] between what a program or change initiative does (its activities or interventions) and how these lead to desired goals being achieved. It does this by first identifying the desired long-term goals and then works back from these to identify all the conditions (outcomes) that must be in place (and how these related to one another causally) for the goals to occur.

The Office of Prevention Services Strategic plan is organized around these prevention priority areas derived from its Theory of Change.

- **Prevention Priority Area #1**
  - Promote the alignment and leveraging of resources and priorities at the federal, state, and local levels.
- **Prevention Priority Area #2**
  - Support systems change efforts and implementation through community-based process.
- **Prevention Priority Area #3**
  - Enhance multi-sector efforts across the continuum of care to support Ohio's children, adults, and families.
- **Prevention Priority Area #4**
  - Advance the use of prevention science for substance use prevention and mental, emotional, and behavioral (MEB) health promotion.
- **Prevention Priority Area #5**
  - Grow and Support Ohio's Prevention workforce, including those new to the field, current and emerging leaders.

COVID Relief dollars enabled the Office of Prevention Services to create a new statewide approach to prevention practices, resources and supports. Ohio's Prevention Infrastructure is now centered around its new Center of Excellence for Behavioral Health Prevention & Promotion (COE) at Ohio University Voinovich School of Leadership and Public Service, and the Ohio School-Based Center of Excellence at Miami University (SBCOE).

Ohio Center of Excellence for Behavioral Health Prevention and Promotion

Ohio University's Voinovich School of Leadership and Public Service received a competitive bid to coordinate a new statewide center of excellence focused on building infrastructure and

[38] Center for Change Theory, 2021

capacity to address prevention, early intervention and health promotion services for Ohioans' mental, emotional, and behavioral health. Efforts include a focus on mental health promotion and early intervention to prevent substance use or dependency, while emphasizing cultural competency and accessibility.

The Center of Excellence for the first time will provide a centralized, consistent, and culturally relevant approach to advancing prevention services in the state of Ohio. This Center of Excellence will partner closely with county Alcohol, Drug Addiction and Mental Health boards, prevention providers, community coalitions, faith-based organizations and others to expand best-in-class prevention resources, training, and supports. The university also collaborates on developmental research with the Pacific Institute for Research and Evaluation, a long-standing Ohio University partner with a demonstrated commitment to supporting the health and well-being of Ohio's communities.

The Ohio University Voinovich School of Leadership and Public Service serving as lead, provides leadership, best practices, research, program development, training, and technical assistance across multiple focus areas and settings in collaboration with statewide and community-based prevention services practitioners. The ongoing collaboration with existing organizations and programs creates a vibrant system to address mental, emotional and behavioral health issues, aiding community organizations and Ohioans in need supports and assistance.

The Office of Prevention Services has worked for over a decade to build evidence-based practices in Ohio by using discretionary grants from SAMHSA and other federal resources. However, this work has been limited to a smaller number of communities due to spending limitations of available funding sources. This collaborative COE will provide an opportunity for the capacity building needs of the prevention workforce to be coordinated into a centralized, consistent, culturally competent approach that can be sustained and accessible to all Ohio communities.

Ohio School Wellness Initiative & School Behavioral Health and Wellness Coordinators

Youth across the nation, including Ohio are experiencing increasing behavioral health issues prior to and since the start of the COVID-19 pandemic, specifically depression, anxiety, substance use, social isolation, suicidal ideation and suicide attempts, with disparities denoted by significantly higher percentages for females compared to males, and among Black and Hispanic students compared to White students. [39]Increased investments of state dollars have been directed to schools for prevention and mental health supports in the last four years.

[39] Still Ringing the Alarm: An Enduring Call to Action for Black Youth Suicide Prevention, Aug. 23rd, 2023

However, some local school districts lack the capacity to coordinate the increases in prevention and mental health supports in addition to their educational roles. The Office of Prevention in partnership with ODE and Miami University, created a Student Assistance Program model, the Ohio School Wellness Initiative (OSWI) based on SAMHSA's Student Assistance Guide and piloted it with over 70 schools. The role of School Wellness Coordinator was created as a demonstration project within the pilot schools. A network of technical assistance and support was initiated to train individuals with varied backgrounds and interest. Behavioral Health SWI Coordinator roles are a cornerstone to making prevention and wellness strategies successful in Ohio schools.

OSWI and School BH and Wellness Coordinators assist in building workforce capacity at the board, provider and school levels. Guiding schools in their overall prevention, early intervention assessment and planning efforts coordinators bring increased mental health literacy to school staff, administrators, parents, and others interacting with school-aged youth to recognize and respond to the signs and symptoms of mental health issues and suicidal ideation. These staff focus on strengthen systems by forging partnerships to link students and staff to appropriate services in the community.

Funded through dollars in collaboration with ODE (ESSR/ARPA), Miami University will continue leading the OSWI through the structure of the new School-Based Center of Excellence coordinating priorities with the Ohio Center of Excellence for Behavioral Health Prevention and Promotion.

Ohio Early Intervention Framework

Miami University is leading Ohio's work with implementing a comprehensive youth and young adult early intervention (YYA EI) framework with the goal is to ensure that all youth and young adults ages 10-25 have access to behavioral health and wellness services and supports to minimize treatment delays and maximize recovery. Strategies will engage youth, young adults, their families, and the community in the implementation of Ohio's multidisciplinary, evidence-informed YYA EI framework that is community-valued, and family-inclusive. A partnership with the Ohio Department of Health is bringing together early intervention partners to adapt materials and training for six primary care pilot sites to implement a quality improvement project for depression screening and follow-up for suicidality screening in adolescent visits. Finally, a variety of resources will be available to families, schools and primary care settings through a public marketplace. These infrastructure investments are key to promoting onramps to services for families, schools and primary care settings.

Center of Excellence for Behavioral Health Promotion and Early Intervention – One Stop Shop

The organizations and partnerships below are coordinating efforts within the Prevention COE at Ohio University. Fulfilling an integral role in strengthening the prevention system and addressing workforce capacity, the goal is population level change to decrease risks for mental and emotional disorders, substance misuse, problem gambling and suicide. The COE structure will improve the accessibility of these services and supports to citizens in all 88 Ohio counties.

Ohio Coalition Institute

A newly developed Coalition Institute was formed to advance access to learning opportunities to support excellence in evidence-based community prevention. The Coalition Institute focuses Ohio's Coalitions work to prevent mental, emotional, and behavioral health problems and targeting community level trauma embedded in social determinants of health. This professional development process, led by the Ohio Suicide Prevention Foundation, offers a pathway for all types of prevention coalitions to be grounded in science. Statewide partner(s) PreventionFirst! and Prevention Action Alliance assist in the development and implementation of the Institute, a missing piece of Ohio's prevention infrastructure.

The Ohio Coalition Institute is working in partnership with the Center of Excellence for Behavioral Health Prevention & Promotion (COE) and other key statewide prevention partners. The creation of the Institute will help to diversify the state's workforce, address gaps and disparities, provide equitable opportunity to all professionals in the field, and level the playing field for coalitions statewide. The Institute will provide entry points for all coalition directors and members to develop critical knowledge, skills and abilities in transformational leadership, coalition development, data driven strategic planning and evaluation leading to growth and sustainability.

The Institute includes a community of practice approach, developmental evaluation, training/technical assistance, and mentoring. The community of practice model provides an environment where coalition leaders come together and share best practices to create new knowledge to advance the science of prevention. Communities of practice drive strategy, generate new ideas, solve problems, promote the development and utilization of best practices, develop people's professional skills, and help coalitions achieve community level outcomes.

Ohio Coaching & Mentoring Network (OCAM) – PreventionFIRST!

Ohio's Coaching & Mentoring Network (OCAM) is currently funded by OhioMHAS and administered by PreventionFIRST! to increase the capacity of Ohio's Prevention workforce. OCAM is a network of experienced Prevention Professionals that provide training, technical

assistance, and one-on-one coaching and/or mentoring to individuals, agencies and communities across the state to strengthen their competence in evidence-based prevention practice.

The OCAM Network has been sustained through various funding opportunities and is an integral part of the workforce development for the prevention and early intervention field. It is the Office of Prevention Services' goal to sustain and grow workforce development in the prevention field as supported by the Office Strategic Plan and the Governor's focus on workforce development. Ongoing funding for the Ohio Coaching and Mentoring Network will expand coaching and mentoring to prevention entities statewide. It is designed to increase the number of Ohio Certified Prevention Professionals and expand the use of evidence-based practices ensuring that all of Ohio's populations have equitable access to culturally competent prevention and early intervention services.

Evidence-based Practice Trainings - Prevention Action Alliance (PAA)

PAA is a long-standing piece of the statewide prevention infrastructure and will serve as a new arm of the COE and Coalition Institute. The field of prevention has evolved and continues to grow with the support of partners such as PAA.

Mental, emotional and behavioral (MEB) promotion and prevention efforts need to be provided across the lifespan to impact broader intersections in relationships across generations and within organizations and communities. Providing ongoing learning opportunities that support the understanding of prevention science and implementation of evidence-based frameworks, policies, programs, and practices is imperative. Continued investment in opportunities for training of trainers or master trainers that can help sustain evidence-based programming, (i.e., DBT-Skills for Schools, LifeSkills, Creating Lasting Family Connections; PAX GBG) is needed. PAA is a long-standing piece of the statewide prevention infrastructure and will serve as a new arm of the COE and Coalition Institute. The field of prevention continues to grow and evolve with the support of partner expertise such as PAA.

Campus and Community Partnerships

To provide support to campus communities to implement COVID recovery efforts focused on mental and behavioral health, the Ohio Department of Mental Health and Addiction Services partnered with key stakeholders to implement the "Rise and Thrive Campus-Community Partnerships Initiative." Partners emerging as pivotal to the effort are:

- PreventionFIRST!
- Ohio University's Voinovich School of Leadership and Public Service
- Pacific Institute for Research and Evaluation (PIRE)

- Prevention Action Alliance
- Ohio Program for Campus Safety and Mental Health
- Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery.

Funding for the Rise and Thrive Initiative initially came from the COVID Relief Funds (CRF) and Governor's Emergency Education Relief (GEER) Funds providing critical mental and behavioral health services across the continuum of care (prevention, early intervention, treatment, and recovery) to students.

The goal of the initiative is to demonstrate outcome driven campus-community partnerships utilizing marketing/branding activities and activities to build health awareness within the campus and the community that are centered around the National Health Observances (the NNLM and CDC also have robust information about observances). Ohio's colleges and universities have faced numerous challenges over the past three years. The learning that occurred through the Rise and Thrive confirmed the need for a sustainable plan to support behavioral health needs of students in Higher Ed campuses. OhioMHAS envisions Ohio College Initiative partners and the Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery (HECAOD) and NEOMED leading the work.

The Higher Education Center for Alcohol and Drug Misuse Prevention and Recovery (HECAOD)

The premier alcohol and drug misuse prevention and recovery resource for colleges and universities across the nation, HECAOD is a joint collaboration between The Ohio State University's College of Social Work, College of Pharmacy, Office of Student Life, Generation Rx, and the Collegiate Recovery Community. HECAOD has worked on the "Rise and Thrive" initiative and has expertise in the needs of students and faculty on campus. Diversifying and expanding this initiative will allow for meaningful strategic networking, more campus community partners, and increased educational opportunities to enhance the mental health and wellness of students and faculty.

Ohio Prevention Conference – OSU College of Social Work

The Ohio Prevention Conference in its 32nd year continues OhioMHAS' focus on growing the Behavioral Health workforce by providing opportunities for Continuing Education (CE) based on areas of need identified by members of the field. The conference sessions are informed by theory, research, or practice; reflect innovation and cutting-edge ideas and programming; stimulate and provoke discussion and audience engagement; and present best-practice implementation steps, which, whenever possible, have been evaluated within an implementation science framework. The conference is designed to address new, mid-career, and seasoned professionals coming from public and private providers, administrators of

behavioral health entities, health departments, educators, social workers, and others working with children and families.

OhioMHAS will continue it's partnership with the Ohio State University College of Social work to continue to expand the opportunities for prevention practitioners to receive knowledge on cutting-edge prevention science, increase competency in the selection and implementation of evidence-based practices, enhance collaborative and collective impact efforts, and provide opportunities for sharing and networking of prevention and early intervention efforts across the state founded in cultural competency and equity.

The Ohio Youth Led Prevention Network and Ohio Adult Allies

Ohio University-Voinovich School of Leadership and Public Service (VSLP) have partnered with OhioMHAS, PAA and Adult Allies from across the state to provide cutting edge, research-based training and coaching to professionals working with young people. Their work utilizing the Youth Empowerment Conceptual Framework and the Strategic Prevention Framework has elevated youth-led programming to the level of evidence-based prevention for the first time since its inception in 1965. Ohio University-VSLP leadership has contributed their own funding to help support and sustain Ohio Adult Allies.

Investments resulting from this work increased Ohio University's expansion of diversified Ohio Adult Allies to include the following:

- Regional Learning Collaboratives, on-board statewide RLC's targeting Boys and Girls Clubs and a Black Indigenous People of Color.
- Develop a comprehensive and hybrid approach to the training academy utilizing RLC leaders.
- Develop Coaching Session offering a cadre of coaches that will provide coaching session with support and coordination from Ohio University.
- Support RLC leaders in developing and offering statewide training and technical assistance to local adult allies with support from Ohio University
- Provide funding to the RLC leaders and to local adult allies who participate in the training academy and identified coaches.
- On-going development and support of podcast and website.

Since inception over a decade ago, the Ohio Youth Led Prevention Network continues to be a vital part of the state's prevention infrastructure. COVID relief funding provided resources beyond the Rally, and supported OYLPN to compliment the work of Ohio Adult Allies. In SFY24, the goal will be for PAA to continue expansion further aligning OYLPN, Ohio Adult Allies, and PAA, in the COE lead by Ohio University.

ADAMH Board Allocation SUBG Community Investments

The Ohio Revised Code 340.03[40], designates Ohio's 50 local ADAMH/MHRS Boards to receive a percentage of Block Grant Funds. Through quarterly disbursements, funds entitled "Continuum of Care Investments" are used for a variety of mental health treatment and recovery support services meeting the statutory criteria detailed in the Block Grant legislation.

The goal of this program allocation is to ensure local access to quality and cost-effective substance use disorder (SUD) services based on community needs. At the local level, the Alcohol, Drug Addiction and Mental Health Services/Alcohol and Drug Services (ADAMHS/ADAS) Boards identify needs, establish priorities and set targets. This funding is utilized consistent with the goal and priorities identified in the approved ADAMHS/ADAS Boards community plans, budget, and statement of services.

SAMHSA Framework for Planning – OhioMHAS encourages ADAMH/CMH Boards to consider this framework when budgeting these funds for services for persons with SUD. Additionally, OhioMHAS encourages Boards to program funding for other SUBG Priority Populations, such as; homeless individuals, older adults, veterans, rural populations, other groups experiencing health disparities. The following criterion are provided as guidance to Ohio's ADAMHS Boards for planning of the SUD Community Investment.

Criterion 1: Plan for Substance Use Disorder Prevention, Treatment and Recovery Services for Individuals, Families and Communities
Criterion 2: Primary Prevention
Criterion 3: Pregnant Women and Women with Dependent Children
Criterion 4: Persons Who Inject Drugs
Criterion 5: Tuberculosis Services
Criterion 6: Referrals to Treatment and Coordination of Ancillary Services
Criterion 7: Professional Development

Source: 42 U.S.C. § 300x- 21,22(a)-28(b) and 45 CFR § 96.122-132(b)

[40] Ohio Revised Code 340.03 Board Responsibilities and Duties

Funding restrictions, eligibility, financial reporting requirements, and funding amounts are clearly communicated on both the Allocation Guidelines document and the Agreement and Assurances signed by all Boards each fiscal year in order to apply for funding. Data is collected on recipients of these services via the department's Ohio Behavioral Health Information System (OBHIS) and reported in the URS Tables each December. Ohio's Boards receive approximately $26.3 million in SUBG funding to direct to locally identified needs for Substance Use Treatment and Recovery Supports. The aforementioned Community Assessment Plan (CAP) Redesign Process has impacted the planning and reporting of these funds, creating a more data-driven and thoughtful planning process.

SUBG Women's Treatment Programs
(Maintenance of Effort)

Women's Treatment Programs

In 1984, the federal government passed public law 98-509 which mandated that an amount of "Set-Aside" funding from the Substance Use, Prevention, Treatment and Recovery Services (SUPTRS) Block Grant (BG) be used to create and support innovative programs that provide substance use disorder (SUD) treatment services and supports specialized for women. The set aside funding amount is determined by a formula described in 45 CFR Part §96.124 Subpart C. The current amount required to be set aside by the Ohio Department of Mental Health and Addiction Services (OhioMHAS) annually is $10,927,900.

OhioMHAS funds over 50 provider agencies to develop/continue and sustain evidence informed practices in the provision of SUD treatment services to women, with priority given to pregnant, parenting, and postpartum women. These providers make up the Ohio Women's Network (OWN), a statewide network of outpatient and residential levels of care for women and their children. These programs may serve adolescents and adults with a diagnosis of substance use disorder who fall into pregnant, parenting, and postpartum categories. Awardees are obligated to provide or arrange a variety of treatment services and supports for these women and their children, including primary medical care; primary pediatric care; gender responsive SUD treatment; therapeutic interventions for the children; and care coordination and transportation to ensure access to these treatment services and supports.

Funding for Women's Treatment is given priority to programs who utilize funding to support the following individuals and purposes; Individuals without insurance; SUD treatment and support services not covered by CHIP, Medicaid, Medicare, or private insurance for low-income

individuals and that demonstrate success in improving treatment outcomes and/or supporting recovery; Collecting performance and outcome data to determine the ongoing effectiveness of SUD treatment and support services and to plan the implementation of new services.

Additionally, Ohio's Women's Treatment providers actively work with organizations that provide supportive services for women, including, but not limited to childcare providers, OB/GYN providers, primary care providers, local hospitals, federally qualified health centers, etc. They provide OhioMHAS certified services that showcase women's treatment serving systems in their community. Programs must assure pregnant, parenting, and post-partum women with SUDs are prioritized for services and provide gender-responsive SUD treatment services and supports for women that addresses inter-personal relationships, such as sexual and physical use, including domestic violence and parenting.

Programs may provide therapeutic interventions for children in the custody of women in treatment that should address the child or children's developmental needs and their issues of sexual and physical use and neglect. There is a focus on collaboration with children's services, the criminal justice system, vocational rehabilitation, and other entities serving low-income clients. Pregnant clients are required to have a plan of safe care developed for infants anticipated to be affected by or exposed to substances of use. Development and coordination of plans of safe care involve the applicable local county public children services agency. Sufficient SUD treatment services, including case management, and supports to include all necessary support activities should ensure that women and their children have access to a full range of integrated health and behavioral health services, as well as clinical approaches that support managed care.

All clients served by Ohio's Women's Treatment programs implemented an identification and tracking method for their clients and their children. NOMS are collected at baseline and discharge to track outcomes and program impact of all services funded from SUBG Block Grant. Providers are required to submit bi-annual reports to OhioMHAS program staff to ensure adherence to all program and fiscal requirements.

Criminal Justice Populations

Circle for Recovery (Post-Release SUD Treatment – Urban Minority Programs)

Circle for Recovery is an OhioMHAS funded program for adult offenders being released from Ohio Department of Rehabilitation and Corrections with a history of SUD who are referred by SUD treatment staff within the prisons. The program accepts self-referrals. Services provided include employment/vocational training; GED/education; health education including

AIDS/HIV/STD education, relationship building, peer support, violence prevention, and crisis intervention services. The program is offered by Urban Minority Alcohol, Drug Addiction Outreach Programs (UMADAOP's) have been certified to provide SUD treatment services. The goals of the UMADAOP's include reduce recidivism of offenders, increase employment and GED completion, reunite offenders with families, and increase the number of offenders receiving services. The UMADAOP's Program facilitates continuity of behavioral health care for persons leaving the prison system by assisting in policy development, sharing of information, identifying and addressing needs, monitoring outcomes, and providing problem-solving assistance. The success of this program is a partnership among ADAMH Boards, Ohio Department of Rehabilitation and Corrections, and behavioral health providers. In collaboration, the Lucas County UMADAOP has also launched the One Pill Can Kill Campaign to help prevent accidental overdose among minority Ohioans.

Treatment Alternatives to Street Crime (TASC) for Substance Use

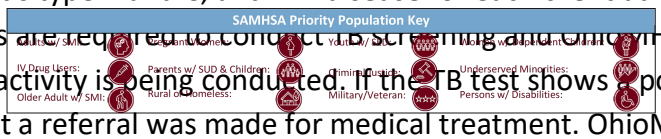
TASC was created to address an exponential increase in correctional spending over the past two decades, coupled with the opiate epidemic. TASC's mission is to build a bridge between the criminal justice and treatment systems, which have differing philosophies and objectives. The model targets nonviolent alcohol and drug dependent felons and misdemeanants and has enhanced existing correctional supervision programs. TASC identifies chemically dependent offenders, provides assessments and makes referrals for the most appropriate drug treatment. Other key functions include counseling, case management services and drug testing. TASC case managers work closely with judges, probation officers, jail administrators and treatment providers to provide effective and comprehensive programming. Community partners include County Common Pleas Courts, municipal and juvenile courts. These partners refer offenders to TASC and work collaboratively with the programs. The courts' probation departments provide community control supervision to the TASC participants. The goals are to increase abstinence, decrease recidivism, reduce commitments to adult and juvenile correction facilities and increase completion of treatment. TASC programs save the state money through reduced recidivism and reduced commitments to the adult and juvenile prisons.

Services for Persons with Tuberculosis

OhioMHAS addresses its public health mandate to address TB among person with SUD by requiring that all local funding and auditing Boards require written Assurances that agencies receiving SUBG Block Grant funds for operating a program of SUD treatment (A) will, directly or through arrangements with other public or nonprofit private entities, routinely make available

tuberculosis services to each individual receiving treatment for such use; and (B) in the case of an individual in need of such treatment who is denied admission to a program on the basis of lack of the capacity of the program to admit the individual, will refer the individual to another provider of tuberculosis services [Sec. 1924(a)(1)].

All certified addiction providers are required to have policies and procedures in place for referring or providing counseling and/or client education on exposure to and the transmission of tuberculosis, Hepatitis type B and C, and HIV disease for each client admitted. Methadone maintenance programs are required to conduct TB screening and OhioMHAS checks client files annually to verify this activity is being conducted. If the TB test shows a positive result, OhioMHAS verifies that a referral was made for medical treatment. OhioMHAS also requires "counseling on preventing exposure to tuberculosis, hepatitis type B and C, and the transmission of human immunodeficiency virus (HIV) disease." Documentation indicating compliance for this requirement is also reviewed in the client chart. To facilitate compliance, OhioMHAS provides training and technical assistance on client record documentation needed to comply with the rule, as well as for referrals or counseling for TB testing.



Other SUBG Priority Populations

Rural

Of Ohio's 88 counties, 32 are federally recognized as Appalachian, while 28 others are considered rural. OhioMHAS targets rural populations with SUBG programming by providing support to the Boards and provider agencies located in Ohio's rural and Appalachian counties. These counties face unique challenges separate from other areas of the state and are given the autonomy to program SUBG funds to best serve their communities. Each year, Ohio's Boards located in rural and Appalachian classified counties receive $6,959,707.00 to provide SUD treatment and recovery support services across their Board area. Additionally, these Boards receive $2,799,570.00 in Primary Prevention Set Aside dollars to fund programs that prevent or delay the onset of behavioral health problems (e.g. substance use, addiction and problem gambling

Homeless

OhioMHAS has invested in Substance Use Disorder Homeless Outreach to enhance and expand the infrastructure of homeless street outreach programs to individuals with substance use disorders in local communities. Historically, Projects for Assistance in Transition to Housing

(PATH) teams have focused on serving persons experiencing homelessness, or at imminent risk of homelessness, with a serious mental illness. The outreach workers coordinate with PATH teams to provide accessible, integrated, evidence-based, and critical services for persons experiencing homelessness with a primary diagnosis of substance use disorder(s).

Older Adult

The Ohio Department of Mental Health & Addiction Services (OhioMHAS) addresses the behavioral health needs of older adults through collaboration with other state agencies, boards, providers, families and consumers. Continued intellectual, social and physical activity are important for the maintenance of mental health later in life. Normal aging is not characterized by mental or cognitive disorders. Effective interventions are available for most mental disorders experienced by older adults. People over the age of 65 are among those at the highest risk for suicide. Caucasian males over the age of 85 are historically at the highest risk of any age group. Community, state and national agencies have joined forces to try to offer preventive and supportive strategies that can help older adults. Healthy lifestyle programs like Healthy U are offered in communities statewide through the Ohio Department of Aging and local Area Agencies on Aging. These programs offer depression screenings and approaches to managing depression, anxiety and chronic disease.

Children and Families w/SUD Treatment & Supports

OhioRISE and Systems of Care

In 2021, Ohio transitioned to a specialized Medicaid managed care program for youth with complex behavioral health and multi-system needs known as OhioRISE. Significant resources have been invested over the last twenty years into building a robust Systems of Care for Ohio's most vulnerable children, youth, and transition age youth.

Ohio learned the importance of partnerships and coordination among all cabinet-level child serving agencies, coordinated by the leadership of Ohio's Family and Children First Councils. These partnerships are instrumental in building capacity across the state for evidence-based

practices and supports such as Wraparound, Intensive Home-Based Treatment, Integrated Co-occurring Treatment, Multi-Systemic Therapy, Mobile Response and Stabilization Services, Adventure Therapy, among many others. This foundation, based on Systems of Care principles are embraced by Ohio's network of child serving agencies and partners, evolving service delivery to the next stage. Ohio's children and young adults with SED behavioral health services are now largely reimbursable by Medicaid Managed Care, allowing state efforts to shift to enhancing quality, innovation, and improvement and statewide expansion.

Systems of Care and Case Western Reserve University Center for Innovative Practices (CIP)

Mental Health Block Grant provides support for the Case Western Reserve University Center for Innovative Practices (CIP), which is the state's leading authority on serving multi-system youth with complex needs using Systems of Care (SOC) principles. CIP provides statewide training and technical assistance to providers on the implementation of these SOC research-based best practices, specifically for intensive home and community-based services. This year CIP will provide 20 training and technical assistance events for 1200 recipients. Deliverables include development of a new tool kit resources, updates and maintenance to the Ohio IHBT and Wraparound Ohio websites. To support effective and consistent Wraparound practice across the state, workforce and community development activities will be expanded and enhanced to address: Wraparound training and toolkits, coaching, peer-to-peer learning communities, community engagement. The CIP provides the state's fidelity monitoring for our IHBT, Multi-systemic Therapy, and Integrated Co-occurring Treatment.

Building on the Center for Innovative Practices work, Case Western has been named the state's Behavioral Health Center of Excellence in partnership with OhioMHAS, Job and Family Services, Medicaid, Youth Services, Developmental Disabilities, Health, and Ohio Family and Children First. Among its primary responsibilities, the new Center of Excellence will be responsible for:

- Building and sustaining a standardized assessment process,
- Evaluating the effectiveness of services,
- Expanding service and care coordination capacity for children with complex behavioral health needs and their families,
- Providing orientation, training, coaching, mentoring, and other functions/supports as needed to support Ohio's statewide child caring provider network,
- Working with state partner agencies to support the addition and/or expansion, implementation, sustainability, and/or monitoring and evaluation of a number of services/processes, including expansion of access through use of telehealth,

- Supporting OhioRISE efforts to create new access to in-home and community-based services that will keep Ohio families together,
- Bolstering Ohio's ongoing system transformation and improvement efforts, including expanding the behavioral health continuum of care to better serve youth and families.

SUBG Funded Systems of Care Programs

Butler County System of Care funding will support programs and services for high-risk adolescent clients including array of services from crisis Intervention, family mediation and mentoring. Services supported through this funding will include MRSS services, and Big Futures Program filling the gaps and connecting clients to services that address their needs and support high risk clients.

SUBG grants to Southwest Ohio Juvenile courts, school systems, and families will refer non-violent adolescents to treatment services. The program will provide substance use treatment, case management, individual and group counseling services, and credit recovery services. A target goal 175 young adults will be assessed and 150 will be linked to outpatient programs specifically within the adolescent program. All services may be delivered in most appropriate treatment setting which may be the home, courthouse, detention center, schools, or outpatient locations.

In Northwest Ohio, SOC grants will focus on youth with a substance use disorder or a co-occurring persistent mental health challenge and substance use disorders. Also, Ohio Department of Youth Services (ODYS) parolees whose commitment to ODYS is held in abeyance will be connected to treatment services. This program will expand to include an AOD navigator at a local college, Youngstown State University. The partnership with the university will be the first step in creating a Colligate Recovery Community and a new position will be created with responsibility for assisting students in recovery with maintaining their sobriety. This funding supports AOD treatment activities in local Juvenile Justice and Family Dependency Courts settings.

In Southwest Ohio, the Talbert House program will provide individualized assessment, treatment, and case management services for transition aged youth with SUD. The ancillary services include parent/family peer support, supportive employment, social recreations activities and will address other needs as they arise. The program will serve 40 clients per year and the length of stay is based on need.

Department of Youth Services (DYS) Aftercare

Northwest Ohio receives SUBG funds to provide coordinated and intensive services for multi-system involved youth and young adults. Target populations include ODYS Parolees, juveniles whose commitment to ODYS is held in abeyance, juveniles who are diverted from ODYS or a county detention facility, youth ages 14-21 with a substance use disorder or a co-occurring persistent mental health challenge and substance use disorder who are multi-system involved or at risk of homelessness.

In other major metropolitan cities, Treatment Alternatives to Street Crime (TASC) programs engage youth and their family upon commitment to ODYS (including youth reentering the community through the Community Linkages initiative). TASC Post-release (up to 4-6 months) provides strength-based case management; facilitates linkage with the community mental health and/or AOD treatment and support services; monitors drug and alcohol abstinence compliance; and follow group programming as indicated.

Fetal Alcohol Syndrome Diagnosis (FASD)

OhioMHAS has and will continue to utilize SUBG funds to support FASD statewide programs. NAMI Franklin County (NAMIFC) collaborates with families and multiple agencies to implement an effective project for much needed services for families and children experiencing the effects of Fetal Alcohol Syndrome Disorder (FASD). These effects can result in emotional, behavioral, developmental and/or substance use challenges.

During implementation, an initial cohort of ten people will be trained as Family Peer Support Specialists. The intent of this project is trained Family Peer Support Specialists find employment with community-based organizations serving families experiencing the effects of FASD.

The goal of the project is to create evidence-based information and disseminate knowledge regarding the prevention, identification, diagnosis, treatment and advocacy for Fetal Alcohol Spectrum Disorders (FASD) in the state of Ohio. The identified population is parents, caregivers and healthcare service providers and teachers who live or work with individuals with FASD. It is estimated based upon prevalence rates for FASD nationally that 2-5% of Ohioans will benefit from the project. The goals of the project are to: pilot the FASD screener at one site to collect information; convene an Annual FASD forum to increase awareness; and to create three training videos for teachers about how to support FASD students and families in schools.

Youth Peer Support Curriculum Development and Certification

Youth Peer Supporters use their lived experience in the behavioral health system and other child/youth serving systems to support other youth and young adults in their resiliency, recovery, and wellness. Needs assessments identify gaps in the availability of youth specific Peer Support and as an unmet need in local Systems of Care. To address this need, OhioMHAS developed a youth peer support curriculum and specialized certification in April of 2023. To date, Ohio has certified 29 youth peers to enter the behavioral health workforce and receive placements throughout Ohio Systems of Care. OhioMHAS plans to expand Youth Peer Support as part of Ohio's larger investment in growing its Peer Support infrastructure and workforce. As the statewide certification body, OhioMHAS also plans to offer more specialized trainings and population specific certification.

Parent Peer Support

The companion PAC Program provides families of children at risk for out-of-home placement with education and mentoring so that they can better navigate the local child-serving systems. NAMI Ohio recruits, trains, supervises, compensates and evaluates parent peer supporters (PPS) working with the families. PPS's receive extensive training and provide mentoring for caregivers in Ohio. This certification also came online in April of 2023 and to date has certified 93 Family Peer Supporters. The model follows the competencies established for Parent Peer Support by the National Federation for Families for Children's Mental Health.

In summary, **Ohio's Mental Health and Substance Use Prevention, Treatment, and Recovery Services Block Grants Plan** serves as the application for both MH and SUPTRS Block Grants awarded to states by the Substance Use and Mental Health Services Administration (SAMHSA) for federal fiscal years (FFY) 2024 and 2025. The programming described in this plan is subject to change based on emerging needs across the state of Ohio.

Mental Health & Substance Use Prevention Treatment & Recovery Services Block Grant Plan

Table 1 –2024-25 Performance Indicators and Results

Performance Indicator	Year	Target	Data Reported	Goal Met	Difference
1A) Number of Prevention interventions funded that are evidence-based	**SFY23**	**50%**	**TBD**	**TBD**	**TBD**
	SFY22	43.0%	71.0%	Yes	+32.0%
	SFY21	35.0%	56.0%	Yes	+11.0%
2A) Percent of youth ages 12 - 17 with perceptions of Great Risk from Having Five or more Drinks of an Alcoholic Beverage Once or Twice a Week (NSDUH)	**2020/21**	**42%**	**TBD**	**TBD**	**TBD**
	2019/20	42.0%	39.5%	No	-2.5%
	2018/19	42.50%	40.17%	No	-2.33%
2B) Percent of Youth ages 12- 17 with Perception of Great Risk from Smoking One or More Packs of Cigarettes per Day (NSDUH)	**2020/21**	**64%**	**TBD**	**TBD**	**TBD**
	2019/20	64.0%	66.5%	Yes	+2.5
	2018/19	65.50%	62.5%	No	-3.0%
2C) Percent of Youth Ages 12 - 17 with Perception of Great Risk from Smoking Marijuana Once a Month (NSDUH)	**2020/21**	**24%**	**TBD**	**TBD**	**TBD**
	2019/20	24.0%	25.65	Yes	1.7%
	2018/19	26.50%	23.4%	No	-3.1%
3A) Number of persons who receive medication assisted treatment (MAT)	**SFY22**	**27,500**	**TBD**	**TBD**	**TBD**
	SFY21	27,500	30,170	Yes	+2,670
	SFY20	30,250	22,419	No	-7,831
4A) Percent of persons with opioid dependence/abuse who are discharged from treatment with all goals met	**SFY22**	**20%**	**TBD**	**TBD**	**TBD**
	SFY21	33.0%	17.0%	No	-16.0%
	SFY20	30.3%	27.20%	No	-3.10%
5A) Percent of women who complete treatment with all goals met as measured by disposition code at discharge	**SFY22**	**25%**	**TBD**	**TBD**	**TBD**
	SFY21	40%	16.1%	No	-23.9%
	SFY20	30.0%	26.30%	Yes	-3.70%
6A) Percent of parents receiving SUD treatment who report having at least one child living at home and who are discharged as successful per disposition code.	**SFY22**	**25%**	**TBD**	**TBD**	**TBD**
	SFY21	41.0%	21.9%	No	19.1%
	SFY20	41.0%	28.1%	Yes	-12.90%

Performance Indicator	Year	Target	Data Reported	Goal Met	Difference
7A) Number of children served with any mental illness	**SFY23**	**148,000**	**TBD**	**TBD**	**TBD**
	SFY22	147,000	149,923	Yes	+2,923
	SFY21	148,000	130,333	No	-17,667
7B) Number of children ages 9 - 17 with SED as defined by Ohio (Ohio has a more restrictive definition than SAMHSA)	**SFY23**	**70,000**	**TBD**	**TBD**	**TBD**
	SFY22	56,500	70,022	Yes	+13,522
	SFY21	57,000	55,981	No	-1,019
8A) Number of adults receiving services in Ohio's mental health system for any mental illness	**SFY23**	**360,000**	**TBD**	**TBD**	**TBD**
	SFY22	282,500	358,411	Yes	+75,911
	SFY21	253,000	357,837	Yes	+104,837
8B) Adults with SPMI (severe and persistent mental illness) receiving mental health services using Ohio's more restrictive definition	**SFY23**	**160,000**	**TBD**	**TBD**	**TBD**
	SFY22	111,000	166,085	Yes	+55,085
	SFY21	111,000	109,902	No	-1,098
9A) Number of individuals who completed training and became certified Peer Recovery Support Specialists (PRS) in Ohio.	**SFY23**	**791**	**TBD**	**TBD**	**TBD**
	SFY22	610	905	Yes	+295
	SFY21	600	868	Yes	+268
10A) Number of individuals served by Ohio's Coordinated Specialty Care FEP/ESMI Programs	**SFY23**	**560**	**TBD**	**TBD**	**TBD**
	SFY22	575	573	No	-2
11A) Number of families/individuals served by Mobile Response and Stabilization Services (*NEW INDICATOR)	**SFY23**	**1,100**	**TBD**	**TBD**	**TBD**
12A) Percent of criminal justice-involved clients treated for SUD who successfully complete treatment as measured by disposition code	**SFY22**	**25%**	**TBD**	**TBD**	**TBD**
	SFY21	45.0%	23.1%	No	-21.9%
	SFY20	45.0%	33.90%	No	-11.10%
13A) Percent of eligible offenders with SMI enrolling voluntarily in Community Linkage Social Work Service	**SFY23**	**85%**	**TBD**	**TBD**	**TBD**
	SFY22	89%	84.0%	No	-5.0%
	SFY21	89%	85.2%	No	-3.80%
14A) Number of Persons with TB reported to Ohio Department of Health in most recent year reported	**CY22**	**150**	**TBD**	**TBD**	**TBD**
	CY21	148	150	No	+2
	CY20	172	130	Yes	-42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