OhioMHAS Community Mental Health Block Grant Guidebook

2024-2025

Department of Mental Health & Addiction Services



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SAMHSA Block Grant Overview

Annually, the Ohio Department of Mental Health and Addiction Services (OhioMHAS) receives the Community Mental Health Block Grant (MHBG) and Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) from the Substance Abuse and Mental Health Services Administration (SAMHSA). SAMHSA is the federal agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation.

These Block Grants provide states with the flexibility to design and implement activities and services to address the complex needs of individuals, families, and communities affected by substance use disorders and for adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbance (SED). The purpose of these block grant programs is to support services and the systems addressing these needs. SAMHSA has conveyed that block grant funds must be directed toward four purposes: (1) to fund priority treatment and support services for individuals without insurance or who cycle in and out of health insurance coverage; (2) to fund those priority treatment and support services not covered by Medicaid, Medicare, or private insurance offered through the exchanges and that demonstrate success in improving outcomes and/or supporting recovery; (3) to fund universal, selective and targeted prevention activities and services; and (4) to collect performance and outcome data to determine the ongoing effectiveness of behavioral health prevention, treatment and recovery support services and to plan the implementation of new services on a nationwide basis.

Ohio's Mental Health Block Grant (MHBG)

Ohio receives roughly $25-30 million in Community Mental Health Block Grant funding per year, which represents the sixth largest MHBG Allocation nationwide. To receive the grant award, OhioMHAS must submit a plan on behalf of Ohio demonstrating its capacity to administer Block Grant funding. As part of these planning efforts, OhioMHAS programs the entirety of its $25-30 million/year with input from advocacy organizations, ADAMH Boards, subject matter experts, Ohio's Consumer Recovery Support Planning Council, and many other valuable stakeholders. Programs that address the needs of adults with SMI and youth with SED are prioritized, notably those which target both Ohio's and SAMHSA's overlapping strategic priorities.

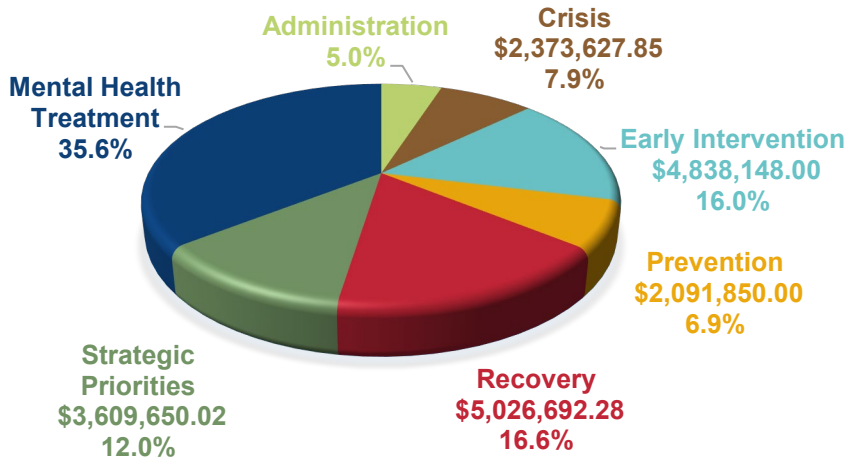
This guidebook serves as a compendium of the entirety of programs, services, and supports funded via MHBG and SUPTRS BG across the state for the next biennium 2024-2025. As new funding opportunities arise within project areas across the department, they are posted to the department's funding opportunities page located here: https://mha.ohio.gov/supporting-providers/apply-for-funding/apply-for-funding. Locally based MHBG funds may be available at the discretion of each county Alcohol Drug and Mental Health Service/Mental Health and Recovery Services Board.

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2024-2025 Mental Health Block Grant
Investments Across the Continuum

Categories	Amount	Brief Explanation
Administration	$3,019,255.70	Cost of positions required by SAMHSA for the administration of the Mental Health Block Grant
Crisis Services	$4,747,255.70	Crisis services support, such as 988 planning, implementation, marketing, and evaluation, Mobile Response and Stabilization Services, Ohio CareLine, and Open Beds Bed Locator
Early Intervention	$9,676,296.00	First Episode Psychosis/Early Serious Mental Illness-Coordinated Specialty Care Programs Support and Early Childhood Mental Health Programming
Mental Health Treatment	$21,485,922.00	Funds local ADAMH Board efforts to support priorities at the local level as described in Board's Community Assessment Plans. Also includes Criminal Justice support such as Mental Health Courts, Forensic Evaluation, Health Equity, and Youth Systems of Care
Prevention	$4,183,700.00	Support for statewide suicide prevention efforts and media campaigns, Handle with Care initiative, and implementation of OhioMHAS OHYES! Survey
Recovery Supports	$10,053,384.56	Funding for Ohio Peer Recovery Organization and SWAN Program, Peer Support Training and Certification, Individual Placement Support, Housing and Homeless Training and Outreach, and Community Transitions
OhioMHAS Strategic Priorities	$7,219,300.04	Executive level prioritization including media, outreach, and other emerging needs in the behavioral health field
Total	***$60,385,114.00**	

*Total with 2025 award estimated at same level as 2024 award amount ($30,192,557)



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Crisis Services Investments (5% Set Aside)

Each state is now required by the Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260], to set aside 5 percent of the Mental Health Block Grant (MHBG) allocation to support evidence-based crisis systems. The investments below demonstrate Ohio's commitment to meeting this requirement.

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. Stare printing and promotional materials, as well as media buys, ad campaigns and other tools will be used to ensure all Ohioans are aware of the 988 hotline.

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.

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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[1]:

"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."

Ohio Care Line

The Ohio CareLine is a toll-free emotional support call service created by the Ohio Department of Mental Health and Addiction Services. Behavioral health professionals staff the CareLine 24 hours a day, 7 days a week. They offer confidential support in times of personal or family crisis when individuals may be struggling to cope with challenges in their lives. When callers need additional services, they will receive assistance and connection to local providers.

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

[1] MRSS Evaluation Report

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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.

Early Intervention Investments (including 10% FEP/ESMI Set Aside)

The Substance Abuse and Mental Health Services Administration (SAMHSA) was directed by Congress through the FY 2016 Omnibus bill, Public Law 114-113, to set aside 10 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based programs that provide treatment for those with early serious mental illness (SMI) and a first episode psychosis (FEP). The appropriation bill specifically requires the 10 percent set-aside to fund only those evidence-based programs that target FEP. Ohio has selected and supported the evidenced-based Coordinated Specialty Care (CSC) treatment model to meet the state's need in caring for Ohioans with First Episode Psychosis and or Early Serious Mental Illness diagnoses.

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.

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 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.

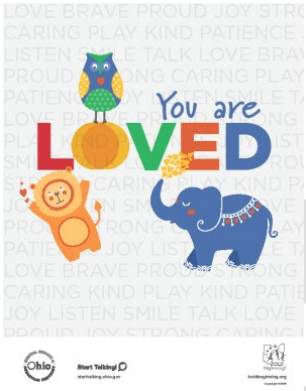
- ✓ Video production: OSU and NEOMED have developed training videos that are now being used to train new team members from the virtual teams. Turnover is an ongoing challenge, and the videos will be used to train new staff working on existing teams on the model so that there is not a lapse in treatment.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

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- ✓ 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.

Early Childhood Mental Health Programs



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.

Mental Health Treatment Investments

Board Local Continuum of Care Investments

The Ohio Revised Code 340.03[2], 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 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.

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

[2] Ohio Revised Code 340.03 Board Responsibilities and Duties

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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

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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.

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Prevention Services Investments

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[3]. 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.

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.

[3] Ohio Suicide Prevention Foundation Suicide Prevention Strategic Plan



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.

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.

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

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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.

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.

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

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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 Block Grant Investments

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.

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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.

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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.

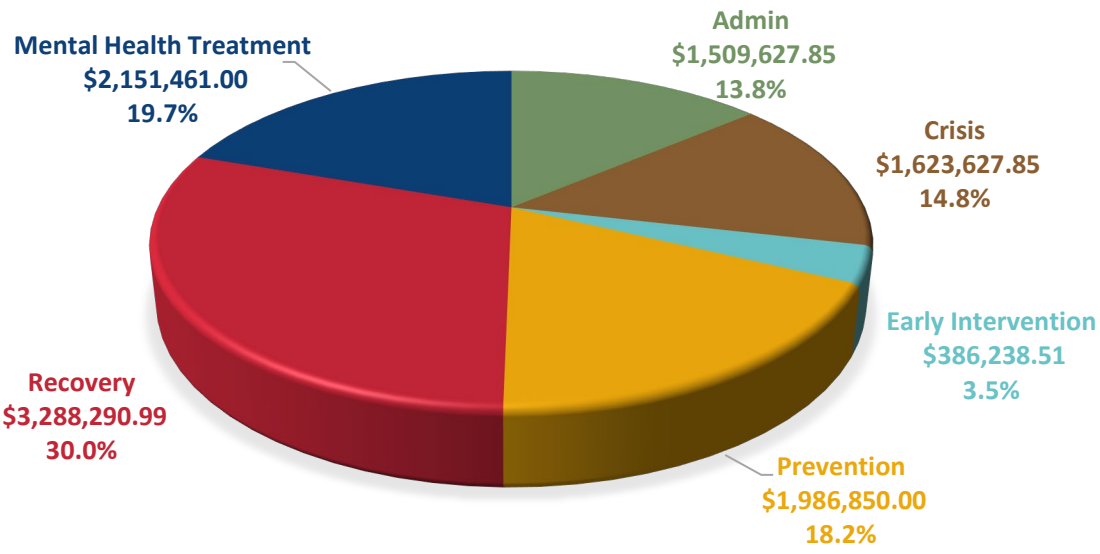
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2024-2025 Mental Health Block Grant
Investment by Region

Statewide Investments - $21,892,192.40 (2024-2025 Biennium)

Many of OhioMHAS' Mental Health Block Grant funded initiatives and programs are focused broadly to improve the mental health and well-being of Ohioans statewide. These investments represent training and technical assistance, partnerships, community outreach, strategic planning, coalition-building, performance measurement/evaluation, and other infrastructure support to strengthen Ohio's behavioral health system as whole.

Statewide Block Grant Investments

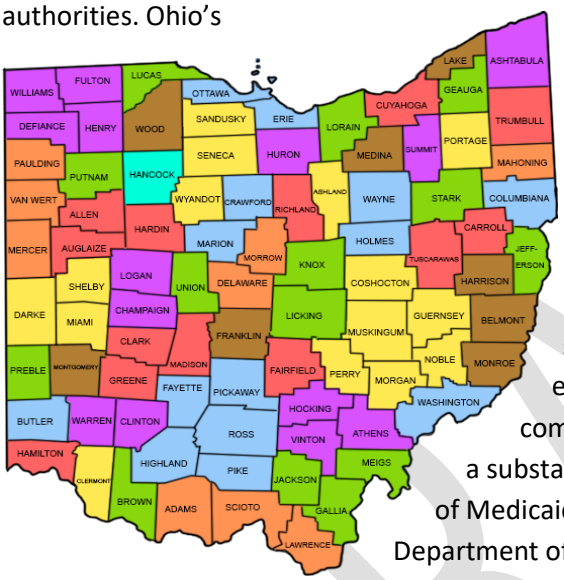


Partners/Grantees/Vendors/Block Grant Recipients:

Case Western Reserve University – Begun Center	Clear Impact, LLC	Coalition on Homelessness and Housing in Ohio (COHHIO)	Community for New Direction
Cornell University	Corporation for Supportive Housing (CSH)	Ohio Dept. of Youth Services	Family Service Association
Legal Aid Society of Cincinnati	Mental Health America of Franklin County	NAMI Ohio	National Association for Dually Diagnosed Individuals (NADD)
Ohio Dept. of Job and Family Services	Ohio Adult Care Facilities Association	Ohio Association of County Behavioral Health Authorities	Ohio Peer Run Organizations
Ohio Suicide Prevention Foundation	Ohio University-Voinovich School	Ohio Dept. of Administrative Services	Open Beds (Bamboo Health)
Pacific Institute for Research and Evaluation	Problem Gambling Network of Ohio	Salesforce	The Ohio State University
The Ohio State University Research Foundation	The P.E.E.R. Center	Ohio Children's Alliance	Wright State University

Local Block Grant Investments by Hospital Region

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[4] 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.

Geography and Population

A large percentage of Ohio's population of 11,756,058[5] 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. Ohio's ADAMH/MHRS (Mental Health

[4] OhioMHAS 2022-2023 Block Grant Plan
[5] Census.gov Ohio Population Estimates

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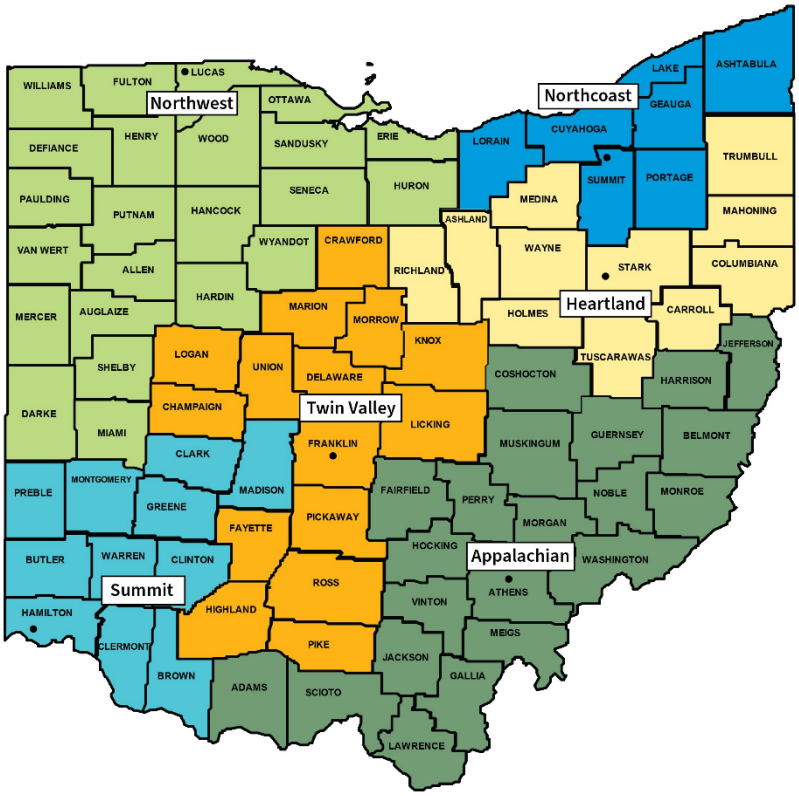
and Recovery Services) Boards are best categorized by the type of geographic characteristics of the population served.

The table below demonstrates 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.

ADAMH/MHRS Board by Geography

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

Each part of the state is organized into one of Six Psychiatric Regional Hospital Catchment Areas where the OhioMHAS led state psychiatric inpatient services are provided. To help demonstrate local Mental Health Block Grant investments across the continuum, the following tables and charts are organized by these regions. Each Board and provider organization directly receiving these funds is listed and linked so that more information can be found at the local level.



Hospital Regions

Appalachian Region

Heartland Region

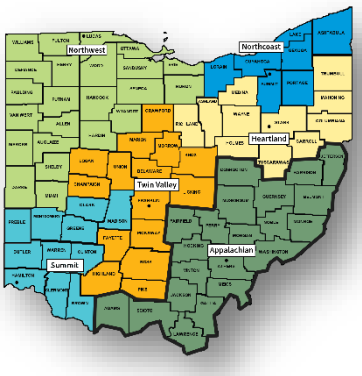
Northcoast Region

Northwest Region

Summit Region

Twin Valley Region

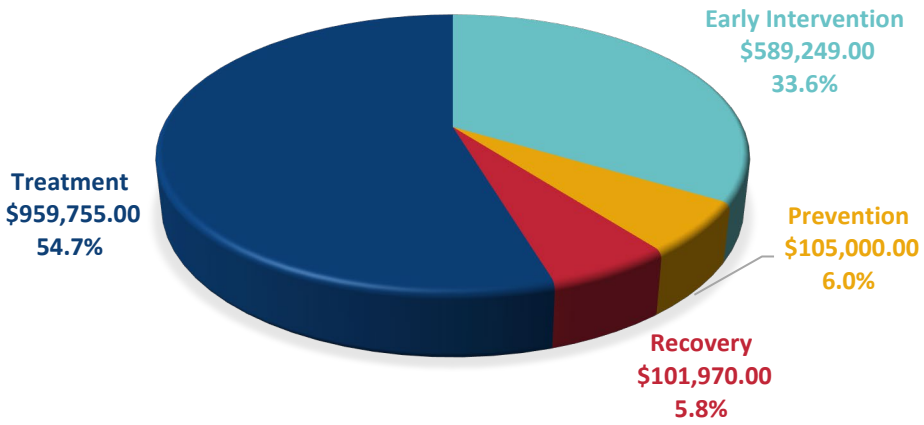
Appalachian Region



Counties: Adams, Athens, Belmont, Coshocton, Fairfield, Gallia, Guernsey, Harrison, Hocking, Jackson, Jefferson, Lawrence, Meigs, Monroe, Morgan, Muskingum, Noble, Perry, Scioto, Vinton, Washington

Total MHBG Investments - $3,511,948.00

Appalachian Continuum Investments

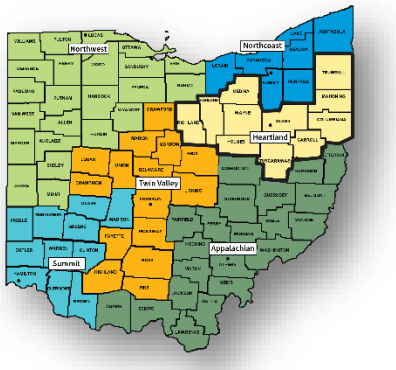


Partners/Grantees/Vendors/Block Grant Recipients:

Belmont-Harrison-Monroe Mental Health and Recovery Services Board	Gallia-Jackson-Meigs Board of ADAMHs	The ADAMHs Board of Adams Lawrence and Scioto Counties	The ADAMHs Board of Athens Hocking and Vinton Counties
The Fairfield County Board of ADAMHs	The Jefferson County Prevention and Recovery Board	The Muskingum Area ADAMHs Board	Washington County Behavioral Health Board
Hopewell Health Centers	New Horizons Mental Health Services	Southeast Inc.	Coleman Professional Services

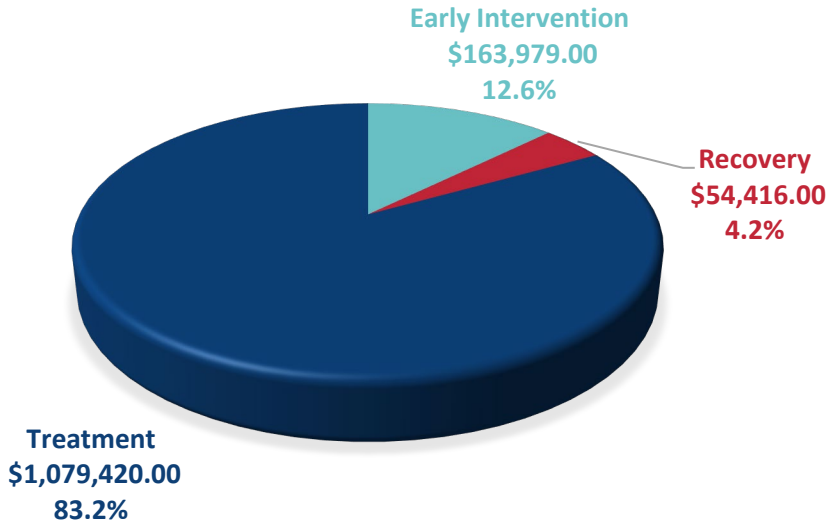
Heartland Region

Counties: Ashland, Carroll, Columbiana, Holmes, Mahoning, Medina, Richland, Stark, Trumbull, Tuscarawas, Wayne



Total MHBG Investments - $2,595,630.00

Heartland Continuum Investments

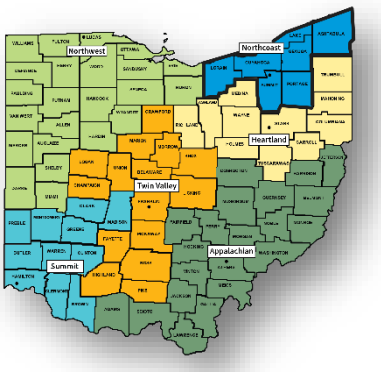


Partners/Grantees/Vendors/Block Grant Recipients:

Ashland County Mental Health and Recovery Services Board	Columbiana County Mental Health and Recovery Board	Mahoning County Mental Health and Recovery Board	Mental Health and Recovery Board of Wayne and Holmes Counties
Richland County Mental Health and Recovery Services Board	Stark County Mental Health & Addiction Recovery	The Alcohol, Drug Addiction & Mental Health Services Board of Tuscarawas & Carroll Counties	The Medina County ADAMHS Board
Trumbull County Mental Health and Recovery Board	Alta Care Group, Inc.	Southeast Inc.	Coleman Professional Services

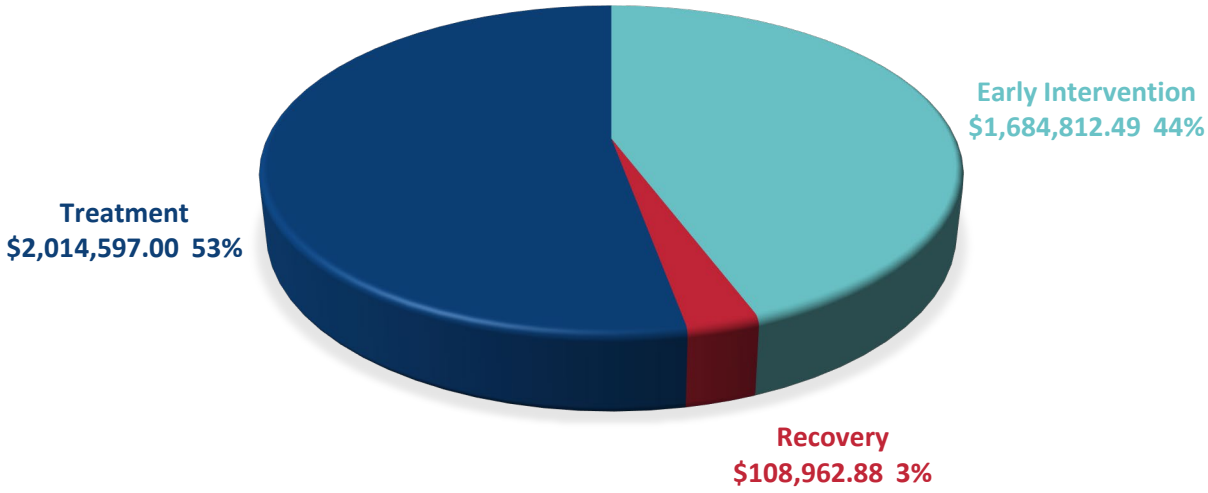
Northcoast Region

Counties: Ashtabula, Cuyahoga, Geauga, Lake, Lorain, Portage, Summit



Total MHBG Investment - $7,616,744.74

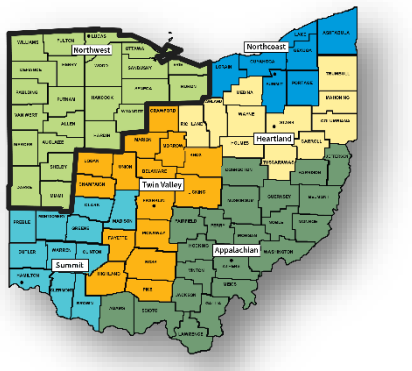
Northcoast Continuum Investments



Partners/Grantees/Vendors/Block Grant Recipients:

Alcohol, Drug Addiction & Mental Health Services Board of Cuyahoga County	Ashtabula County ADAMH Board	Beech Brook	Child Guidance & Family Solutions
Coleman Professional Services	Northeast Ohio Medical University (NEOMED)	The Nord Center	

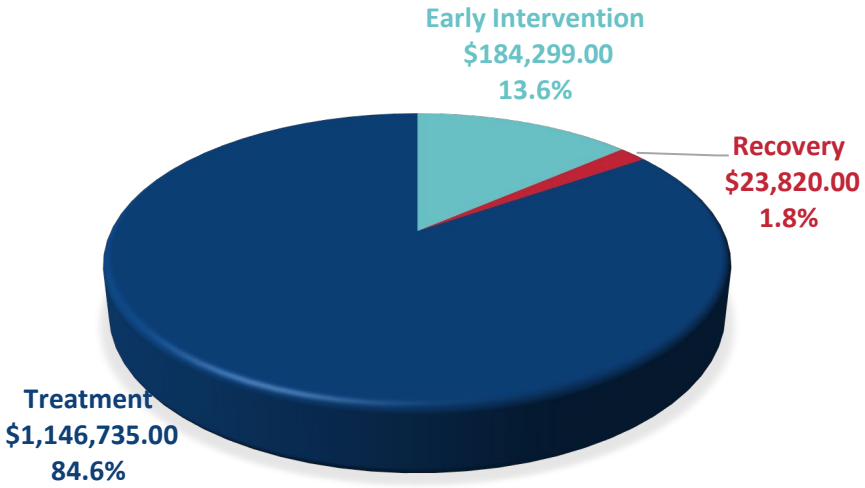
Northwest Region



Counties: Allen, Auglaize, Darke, Defiance, Erie, Fulton, Hancock, Hardin, Henry, Huron, Lucas, Mercer, Miami, Ottawa, Paulding, Putnam, Sandusky, Seneca, Shelby, Van Wert, Williams, Wood, Wyandot

Total MHBG Investment - $2,709,708.00

Northwest Continuum Investments

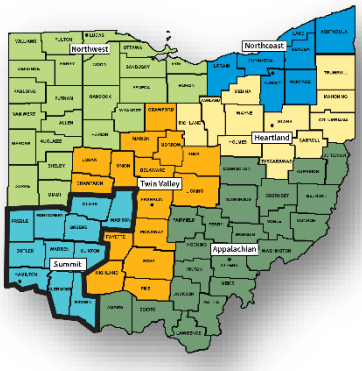


Partners/Grantees/Vendors/Block Grant Recipients:

Hancock County Board of ADAMHS	Huron Board of Mental Health & Addiction Services	Mental Health & Recovery Services Board of Lucas County	Mental Health and Recovery Services Board of Seneca-Ottawa-Sandusky-Wyandot
Mercer-Van Wert-Paulding ADAMHS Board	The ADAMHS Board of Allen Auglaize & Hardin Counties	The ADAMHS Board of Erie County	The Four County Board of ADAMHS (Def.-Fulton-Henry-Will.)
The Putnam County ADAMHS Board	Tri-County Board of ADAMHS (Miami, Darke and Shelby Co.)	Wood County ADAMHS Board	Unison Behavioral Health Group
Zepf Center, Inc			

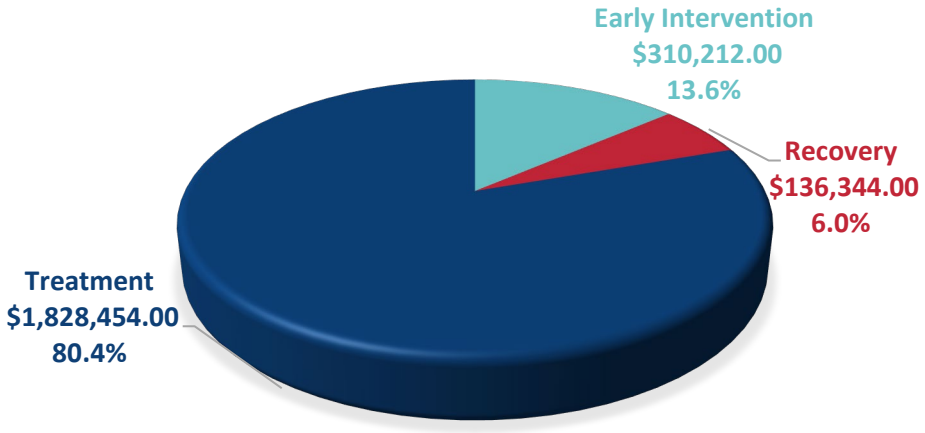
Summit Region

Counties: Brown, Butler, Clark, Clermont, Clinton, Greene, Hamilton, Madison, Montgomery, Preble, Warren



Total MHBG Investment - $4,550,020.00

Summit Continuum Investments

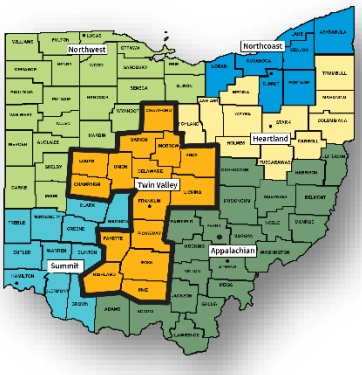


Partners/Grantees/Vendors/Block Grant Recipients:

ADAMHS Board for Montgomery County	Alcohol, Drug Addiction and Mental Health Services of Brown County	Butler County Mental Health and Addiction Recovery Services Board	Clermont County Mental Health and Recovery Services Board
Hamilton County Mental Health and Recovery Services Board	Mental Health & Recovery Board of Clark Greene and Madison Counties	Mental Health Recovery Board Serving Warren & Clinton Counties	Preble County Mental Health and Recovery Board
Catholic Charities of Southwestern Ohio	Greater Cincinnati Behavioral Health Services	New Horizons Mental Health Services	TCN Behavioral Health Services, Inc.

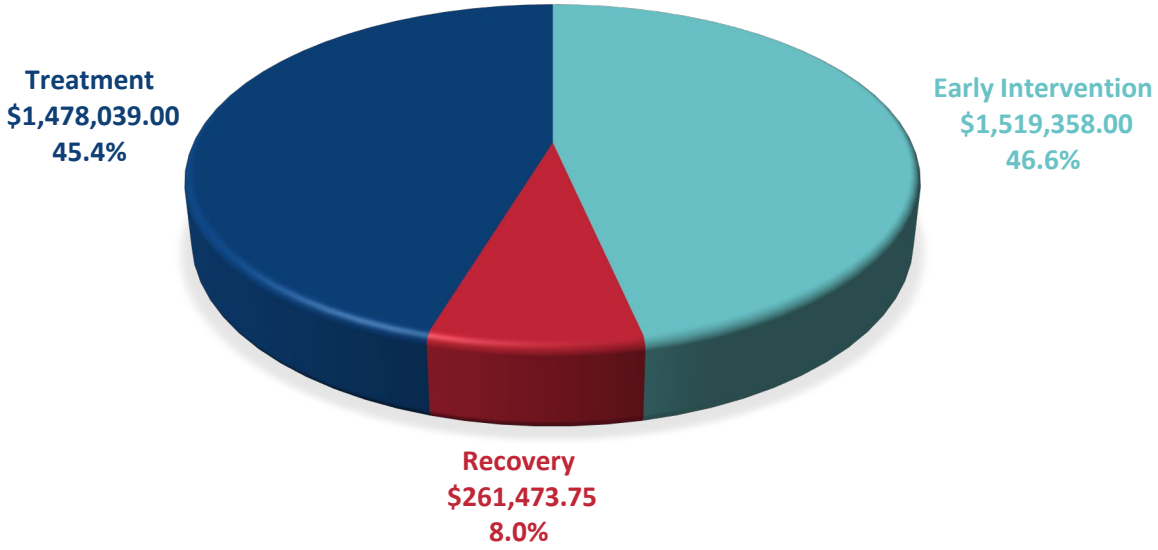
Twin Valley Region

Counties: Champaign, Crawford, Delaware, Fayette, Franklin, Highland, Knox, Licking, Logan, Marion, Morrow, Pickaway, Pike, Ross, Union



Total MHBG Investments - $6,517,741.50

Twin Valley Continuum Investments



Partners/Grantees/Vendors/Block Grant Recipients:

Crawford-Marion ADAMHS Board	Delaware-Morrow Mental Health & Recovery Services Board	Licking And Knox Counties Mental Health and Recovery Services Board	Logan/Champaign MHDAS
Mental Health and Recovery Board of Union County	The Franklin County Board of ADAMHS	The Paint Valley ADAMHS Board	Nationwide Children's Hospital
Hopewell Health Centers	North Central Mental Health Services	Scioto Paint Valley Mental Health Center	The Ohio State University Research Foundation
TCN Behavioral Health Services, Inc.	Southeast Inc.	Coleman Professional Services	