



Ohio's Behavioral Health CRISIS SYSTEMS LANDSCAPE ANALYSIS

APPENDICES

2023

*"And now, every day in Ohio, we have families in crisis. They need immediate help. And too often, they have nowhere to turn, no idea where to go, so their loved ones suffer— and sometimes, these individuals — our friends, our family members — die needlessly. **We can change this.**"*
Gov. Mike DeWine



APPENDIX A: Committee Membership

Contact Name

Lori Criss, Director
 John Aller
 Elizabeth Bee
 Bryan Borland
 Bobbie Boyer
 Ericka Bruns
 Alisia Clark
 Tony Coder
 Thom Craig
 Doug Day
 Joan Englund
 David Frederick
 Stacey Frohnappel-Hasson
 Tracy Maxwell Heard
 Soley Hernandez
 Lois Hochstetler
 Joseph Hill
 Rick Kellar
 Grace Kolliesuah
 Melissa Knopp
 Kraig Knudsen
 Michael Krause
 Peggy Kuhar
 Teresa Lampl
 Lynne Lyon
 Judge David Matia
 Kenneth Minkoff, M.D.
 Vicki Montesano
 Tia Moretti
 Eric Morse
 Chris Nicastro
 Molly O'Neill
 Scott Osiecki
 Matt Parish
 Scott Rasmus
 Terry Russell
 Precia Shenk-Stuby
 Ruth Simera
 Alicia Smith
 Kelly Storm
 Evelyn Stratton
 Hattie Tracy
 Kristopher Vilamaa
 Cheri Walters
 Marisa Weisel
 Andy White

Organization

Ohio Department of Mental Health and Addiction Services (OhioMHAS)
 Stark County Mental Health & Addiction Recovery Board
 Wood County - Youth Move
 Basecamp Recovery Center – Crisis Provider
 Ohio Department of Mental Health and Addiction Services
 Nationwide Children's Hospital
 Ohio Department of Mental Health and Addiction Services (formerly)
 Ohio Suicide Prevention Foundation
 Peg's Foundation
 Ohio Department of Mental Health and Addiction Services
 Mental Health & Addiction Advocacy Coalition
 Peg's Foundation
 Ohio Department of Mental Health and Addiction Services
 Multiethnic Advocates for Cultural Competence (MACC)
 Ohio Council of Behavioral Health & Family Service Providers
 Ohio Department of Mental Health and Addiction Services
 Ohio Department of Mental Health and Addiction Services
 Peg's Foundation
 Ohio Department of Mental Health and Addiction Services
 Stepping Up
 Ohio Department of Mental Health and Addiction Services
 Ohio Peer Recovery Organizations (PRO)
 Akron Children's Hospital
 Ohio Council of Behavioral Health & Family Service Providers
 Ohio Department of Medicaid
 Judicial Representative
 ZiaPartners, Inc.
 Ohio Department of Mental Health and Addiction Services
 CareSource
 Centers for Families and Children – Crisis Provider
 Ohio Department of Mental Health and Addiction Services
 Ohio Citizen Advocates for Addiction Recovery (OCAAR)
 ADAMHS Board of Cuyahoga County
 First Responder
 Butler County Mental Health & Addiction Recovery Services Board
 National Alliance on Mental Illness (NAMI) Ohio
 Hancock County Board of ADAMHS
 Northeast Ohio Medical University (NEOMED)
 Peg's Foundation
 Ohio Department of Rehabilitation and Correction
 Stepping Up
 Coleman Services – Crisis Provider
 HealthCare Perspective
 Ohio Association of Community Behavioral Health Authorities (OACBHA)
 Ohio Department of Medicaid
 Ohio Hospital Association

APPENDIX A: Committee Membership

Connect Committee

Co-Chairs: Cheri Walter (OACBHA) and Stacey Frohnappel-Hasson (OhioMHAS)

Additional Members added to existing 988 Committee:

Duane Piccirilli (Mahoning ADAMHS Board), Meg Griffing (ADAMH Board of Franklin County), Phillip Titterington (Medina County ADAMHS Board), Mary Haller (Ohio Department of Medicaid), Deidre Palmer (Molina Healthcare), Sandra Hashman (United Healthcare), Elaine Raptosh (CareSource), Consultant Support: Dr. Ken Minkoff and Steven Hedgepeth

Respond Committee

Co-Chairs: Thom Craig (Peg's Foundation) and Grace Kolliesuah (OhioMHAS)

Members: Laura Payne, Alisia Clark, Lois Hochstetler (OhioMHAS); Fonda Freeman (OACBHA), Kay Spergel (MHRS of Licking and Knox), Meg Griffing (ADAMH of Franklin County), Alicia Bruce, Colleen Chamberlain, Katie Cretella (Trumbull MHRB); Karen Scherra, Marcy Fields, Soley Hernandez (Ohio Council of Behavioral Health & Family Service Providers); Tori Taylor, Susan Neth (Frontline); Jeff Delay (Unison Health), Michelle Smith (Coleman Professional Services), Shawna Deems (Ohio Department of Medicaid), Joan Englund (Mental Health Advocacy Coalition), Molly O'Neill (OCAR), Luke Russell (NAMI Ohio), Cindy Heitman, Michael Krause (Ohio-PRO), Terry Russell (NAMI Ohio), Capt. Matt Parrish (Columbus Fire Department), Ericka Bruns (Nationwide Children's Hospital), Laura Paynter (Buckeye Health Plans), Deidre Palmer (Molina Healthcare), Em Ribnik (NEOMED), Consultant Support: Dr. Ken Minkoff and Kris Vilamaa

Stabilize/Thrive

Co-Chairs: David Schenkelberg (Hopewell Health) and Vicki Montesano (OhioMHAS)

Members: Alisia Clark (OhioMHAS)

Lois Hochstetler (OhioMHAS), Christina Shaynak-Diaz (OACBHA), Scott Osiecki (ADAMHS of Cuyahoga County), Meg Griffing (ADAMH of Franklin County), Dreanne Zimmerman (ADAMH Board of Franklin County), David Ross (Ashland MHRB), Deanna Vietze, Tiffany Shelton (ADAMH of Medina County), Lauren Thorp (Trumbull MHRB), Elijah Jones (OACBHA), Teresa Lampl (Ohio Council), Joe Carusso (Compass Family Services), Jeff Delay (Unison Health), Kate St. James, Michelle Smith (Coleman Professional Services), Shawna Deems (Ohio Department of Medicaid), Thom Craig (Peg's Foundation), Molly O'Neill (OCAAR), Luke Russell (NAMI-Ohio), Joey Supina, Michael Krause (Ohio-PRO); Terry Russell (NAMI Ohio), Erin Helms (Woodrow Project), Consultant Support: Dr. Ken Minkoff and Steven Hedgepeth

Community Crisis Coordination

Co-Chairs: John Aller (Stark MHAR) and Vicki Montesano (OhioMHAS)

Members: Adreana Tart, Alisia Clark, Lois Hochstetler (OhioMHAS), Liz Henrich (OACBHA), Erika Clark Jones (ADAMH of Franklin County), Tammie Colon, Deanna Brant (Delaware-Morrow MHRS); Alicia Bruce, Natalie Bolon, Phillip Titterington (ADAMH of Medina County); Kimberly Farrier (Montgomery County ADAMHS), Katie Cretella, Laura Domitrovich (Trumbull MHRB); Elijah Jones (OACBHA), Misty Cromwell, Geoff Colliver (Ohio Council); Dawn Carter, Brad McMonigle (Talbert House); Mike Matoney (Crossroads), Tamera Hunter, Michelle Smith (Coleman Professional Services); Lauren DeCamp (Ohio Department of Medicaid), Michelle Vander Stow (Peg's Foundation), Joan Englund (MHAC), Megan Burke (MHAC), Molly O'Neill (OCAAR), Luke Russell (NAMI Ohio), Cynthia Duckworth, Michael Krause (Ohio-PRO); Terry Russell (NAMI Ohio), Capt. James McPike (Cleveland Police Department), Pt. Robert Hatcher (Delaware Police Department), Pt. Ralph Stover (Tallmadge Police Department), Lt. Steven Click (Department of Public

APPENDIX A: Committee Membership

Safety), Ericka Bruns (Nationwide Children’s), Megan Schabbing (Ohio Health), Tia Marcel Moretti, Timia Del-Prete Brown, Jennifer Cagiano (CareSource); Cresta Rodesky (ProMedica), Ruth Simera (NEOMED), Melissa Knopp (Stepping Up Ohio), Consultant Support: Dr. Ken Minkoff and Steven Hedgepeth

Performance Metrics and Data Committee

Chairs: Soley Hernandez (Ohio Council) and Kraig Knudsen (OhioMHAS)
 Members: Alisia Clark, Jessica Linley (OhioMHAS); Scott Rasmus (Butler County MHARS), Fonda Freeman (OACBHA), Jennifer Swartzlander, Joe Trolan (Richland County MH Board); Jonathan Thomas (ADAMH of Franklin County), John Myers (Trumbull MHRB), Don Schiffbauer (Nord Center), Jennifer Riha (I Am Boundless), Tracey Campbell (Firelands), JJ Boroski (CMH Dover), Hattie Tracy (Coleman Professional Services), Peggy Smith (Ohio Department of Medicaid), David Frederick (Peg’s Foundation), Megan Burke (MHAC), Molly O’Neill (OCAAR), Michael Krase (Ohio-PRO), Andy White (Ohio Hospital Association), Shirley Johnson (Aetna), Natalie Bonfine (NEOMED), Melissa Knopp (Stepping Up Ohio)
 Consultant Support: Dr. Ken Minkoff and Kris Vilamaa

Financing the Continuum Committee

Chairs: Precia Stuby and Doug Day (OhioMHAS)
 Members: Alisia Clark (OhioMHAS), Liz Henrich, Cheri Walter (OACBHA); Patrick McClean (ADAMH Board of Franklin County), Lisa Ward, Kim Fraser (Lake ADAMHS Board); Patti Shepherd (Trumbull MHRB), Rhonda Hanes, Jackie Bruner (Lake ADAMHS Board); Michael Doud, Teresa Lampl (Ohio Council); Eric Morse (The Centers), Sandy Hall (Harbor), Shayna Jackson (Crossroads), Tom Stuber (The LCADA Way), Trevor Goodall, Hattie Tracy (Coleman Professional Services); Jeff Delay (Unison Health), Lynne Lyon (Ohio Department of Medicaid), Alicia Smith (Peg’s Foundation), Joan Englund (MHAC), Megan Burke (MHAC), Molly O’Neill (OCAAR), Angi Lee, Michael Krause (Ohio-PRO), Consultant Support: Dr. Ken Minkoff and Hilary Hamlin

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Alcohol, Drug and Mental Health Services (ADAMHS) Board of Cuyahoga County	Large	<ul style="list-style-type: none"> • Has Psychiatric Emergency Services Providers (PESP) group for planning • Partnered with Cleveland State University for research • Developed strategic plan • Regularly convenes all provider meetings • Has involvement from managed care organizations (MCOs) in planning • Collects performance data, but not solely focused on crisis services, including Devereaux Suite of measurements, BAM, Ohio Scales, and six-month/annual outcomes report • No access to BH 911 call data • 17-21 Emergency departments (ED) in county • Emergency department (ED) data not available • Psychiatric ED operated by St. Vincent Charity Medical Center — anticipating serving 3,335 individuals in 2022 • Do not have full arrest data — Cleveland Police Department (PD) had 3,934 crisis intervention team (CIT) incidents in 2020, with vast majority transported to hospitals • Issues with DCF youth waiting in EDs • Two call centers — Cuyahoga County 24-hour suicide prevention, MH/addiction crisis, information and referral hotline – operated by Frontline and peer support warmline operated by Thrive — 100% funded by levy dollars • Has Crisis Intervention Team (CIT)-trained officers and a co-responder crisis response team in Cleveland that operates during second shift — funded 68% by levy dollars and 32% by county government • Mobile crisis intervention operated by Frontline — funded 100% by levy dollars • Behavioral health (BH) urgent care at St. Vincent’s and diversion enter expansion along with The Center for Families and Children expansion in 2022 — funded 100% by county • Crisis centers with observation at St. Vincent’s and Diversion Center — funded 100% by levy dollars • Residential crisis services for adults operated by Frontline — funded 100% by levy dollars • All psychiatric inpatient facilities are private except the state hospital (Northcoast Behavioral Healthcare)

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ADAMHS Board	Size	Current Continuum
ADAMHS Board of Adams, Lawrence and Scioto Counties	Medium	<ul style="list-style-type: none"> No formal planning collaborative No performance metrics for entire BH crisis system No BH 911 call data Three EDs — Southern Ohio Medical Center, St. Marys Medical Center-Ironton Campus, Adams County Regional Medical Center No BH ED data No psychiatric EDs Call center operated by The Counseling Center and COVID emergency BH warmline operated by Shawnee Family Health Center — funded 64% by Crisis Flex, 17% by Crisis Infrastructure and 20% by other state funds No first responder Crisis Intervention Team Mobile crisis intervention is SFHC After Hours Crisis Intervention operated by Shawnee Family Health Center for MH needs in adults and youth — one team responds to both — funded by Mental Health Block Grant Funds No BH walk-in urgent care No crisis center with observation Residential crisis services includes TCC Crisis Center and Foundations Withdrawal Management Center operated by The Counseling Center – funded 79% by Medicaid, 11% by Crisis Flex and the rest by other state funds and Substance Abuse Prevention and Treatment (SAPT) Block Grant (BG) Intensive community-based crisis intervention provided by Shawnee Family Health Center (for adults and children with mental health needs) during business hours No acute inpatient psychiatric care

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ADAMHS Board	Size	Current Continuum
Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County	Large	<ul style="list-style-type: none"> Has several initiatives with specific collaborative groups meeting to inform implementation and quality improvement — at the system level ADAMH's Crisis Care Community Advisory Council is most applicable No current capacity for metrics on the entire BH crisis system, but have specific metrics that are being collected from providers Using all the models to support work Have access to BH 911 call data, but not provided Have access to BH ED data, but not provided due to data sharing agreement restrictions No psychiatric EDs No BH arrest data Multiple call centers — suicide prevention hotline services operated by North Central Mental Health Services — funded by local levy and other local dollars; P.E.E.R. Center warmline funded 100% by county government; Netcare Emergency Response Service; Franklin County Youth Psychiatric Crisis Line Operated by Nationwide Children's Hospital — funded by Medicaid, third party insurance and Mental Health Block Grant Funds First responder teams include CFD RREACT, CFD SPARC, CPD MCR, FCSO HPE Task Force Mobile crisis interventions include Southeast RREACT — funded 24% by local levy 47% by other local dollars, 13% Crisis Infrastructure and 19% other state funds; Mobile Crisis Response operated by Netcare and CPD; Community Intervention and Diversion (CID) Operated by Netcare and Franklin County Sheriff's Office; and Community Crisis Response operated by Netcare Access No BH walk-in urgent care Crisis Centers with observation currently provided through Maryhaven Engagement Center, Netcare for MH needs, and Maryhaven Addiction Stabilization Center for SUD needs for adults; MASC is funded 64% by local levy, 13% with other local dollars, 22% by Medicaid and 1% by third-party insurance; Maryhaven Engagement Center is funded 56% by local levy and 44% with other local funds Residential crisis services are provided by Netcare for MH needs and Maryhaven Withdrawal Management (WM) for substance use disorder (SUD) needs; Maryhaven WM is funded 13% by local levy dollars, 5% by non-levy local dollars, 80% by Medicaid and 2% by third party insurance No intensive community-based crisis intervention identified Acute inpatient psychiatric information would need to come from Central Ohio Hospital Council

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ADAMHS Board	Size	Current Continuum
ADAMHS Board of Mercer, Van Wert and Paulding Counties	Small	<ul style="list-style-type: none"> No formal planning collaborative and none planned at this time – work directly with local providers on planning No current capacity for crisis system performance metrics BH 911 call data — limited — Paulding County Sheriff’s Office reported 48 calls for “emotionally disturbed person”, 12 suicide calls and 150 welfare checks 3 EDs — Van Wert Health, Mercer Health and Paulding County Hospital BH ED data — In FY21 Van Wert Health had 196 MH visits, 8 SUD visits, 128 visits for adults, and 68 visits for children/youth No psychiatric EDs No BH arrest data No formal data on boarding, COVID was a significant barrier in placing children, youth also have issues when acuity is high, when they have co-occurring developmental delays or medical issues; adult placements are challenging when the individual requires specialized medical treatment or have a history of violence Call centers are warmline operated by Sober Grid — funded 100% by state funds and Hopeline Operated by Coleman Health — funded 78% with SAPT BG funds and 22% with other state funds No first responder crisis intervention team Mobile crisis intervention consists of MRSS, hospital pre-screens and jail assessments, and board does subsidize a dedicated crisis worker No BH walk-in urgent care No crisis center with observation Residential crisis services available at the Coleman Crisis Stabilization Unit in Allen County Intensive community-based crisis intervention component of Mobile Response Stabilization Services (MRSS) in pilot in Paulding County No acute psychiatric hospitals in three counties — use other counties’ resources, including out-of-state

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ADAMHS Board	Size	Current Continuum
Montgomery County ADAMHS Board	Large	<ul style="list-style-type: none"> Has formal planning collaborative — implementing Crisis Now Model — numerous meetings to plan and implement, working with RI International Currently collects data and reported on a quarterly basis for call centers by Samaritan Behavioral Health and Goodwill Easter Seals Miami Valley — developing additional metrics Following Crisis Now Model Minimal BH 911 data — over 15 months of the Co-Responder Pilot Program — 1,550 contacts over 15 months 7 EDs – Miami Valley Hospital Main, Miami Valley North Campus, Miami Valley Hospital South Campus, Grandview Medical Center, Kettering Medical Center, Southview Medical Center, and Sycamore Medical Center BH ED data – Grandview had 9500 MH Visits and 13929 SUD visits — 18,155 for Adults and 190 for Children; Kettering Medical Center had 11,484 MH visits and 8,712 SUD visits — 15,912 for adults and 244 for youth; Miami Valley Main Campus had 9760 MH visits and 27,550 SUD visits — 32,385 for adults and 345 for youth; Miami Valley North Campus had 1541 MH visits, 6,226 SUD visits, 7,251 for adults and 112 for children/youth; Miami Valley South Campus had 1301 MH visits, 3,603 SUD visits, 4,569 for adults and 63 for youth; Southview Medical Center had 2734 MH visits, 2,257 SUD visits, 4,088 visits for adults and 56 for children/youth; Sycamore Medical Center had 5,930 MH visits, 4,797 SUD visits, 8,643 for adults and 155 for children/youth No psychiatric EDs No BH arrest data No answer to boarding question Call center is GWESMV Warmline and Samaritan Behavioral Health Crisis Line — funded by local levy and state funds Trained CIT officers and operated a pilot in 2021 for co-responders Samaritan BH Crisis Care does onsite mobile assessments and crisis services — funded by local levy and other state funds No BH walk-in urgent care No crisis center with observation as of November 2021, currently planned No residential crisis services reported No intensive community-based crisis intervention yet No acute inpatient psychiatric care reported

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
ADAMHS Board of Tuscarawas and Carroll Counties	Small	<ul style="list-style-type: none"> • Had formal planning collaborative prior to COVID-19 pandemic — held multiple crisis planning meetings in 2021 • Engaged a facilitator to work with Springvale Health Center to review current state of crisis and design plans for continuum • Do not currently collect crisis performance data — working with Cleveland Clinic Union Hospital and SpringVale to develop more functional crisis collaborative and data sharing • No access to BH 911 call data — but do get data from Tuscarawas County on those who completed or attempted suicide and opiate overdose • Two EDs — Cleveland Clinic Union Hospital and Trinity Twin City Hospital — believe many patients seek services in Stark or Summit County hospitals • Have ED data for Cleveland Clinic Union Hospital – 609 MH visits, 42 SUD visits, 575 adult visits, 76 children/youth visits • No psychiatric EDs in counties • No BH arrest data available • Boarding situation has improved since Cleveland Clinic acquired hospital • Call center — 24-hour crisis hotline operated by SpringVale Health Center — funded 77% by local levy and 23% by state funds • Has CIT trained officers, but no identified team • Had a BH crisis worker who rode along with law enforcement, but resigned at the beginning of COVID-19 pandemic and have been unable to fill • No BH walk-in urgent care • Have five beds for adults in a crisis center with observation operated by SpringVale in Dover — funded 50% with levy, 12% with other local dollars, 9% with State Crisis Infrastructure dollars and 29% with other state funds • Also provide \$5,000 per year to cover costs of Tuscarawas and Carroll residents that need care out-of-county • Only inpatient psychiatric is state hospital or private • Expansion is a priority but not possible without ongoing, stable funding, resources, and workforce

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ADAMHS Board	Size	Current Continuum
Ashtabula County ADAMH Board	Small	<ul style="list-style-type: none"> • No formal planning collaborative — meet with law enforcement and crisis provider separately • Receive crisis sheets, but no current capacity for reporting metrics for the entire crisis system • BH 911 call data — 339 BH calls from January to October 2021 • Three EDs – Ashtabula County Medical Center, UHHS Conneaut, UHHS Geneva • No BH ED data • No psychiatric ED • BH arrest data — Ashtabula County Prosecutor’s Office reported 486 SUD/ opioid use disorder (OUD) arrests in 2018 • Boarding is an issue — adults wait one to three days; youth is becoming critical — some are stuck as long as seven to 14 days • Call centers are Hopeline operated by Help Network — funded by MH Block Grant and Person to Person Warmline Operated by Help Network and Community Counseling Center — funded 21% by local levy and 79% from state funds • No first responder CIT • Mobile crisis intervention with clinical staff is operated by Signature Health – contract for safety and next day or same day appointment with BH provider – funded 14% by Medicaid, 14% state MH Crisis Stabilization 27% state Crisis Flex and 45% Crisis Infrastructure • BH walk-in urgent care — available through Immediate Access Clinic operated by Community Counseling Center — funded 25% with local levy, 75% with state funds; and PCP Access Navigator Operated by Community Counseling Center — funded 50% with local levy and 50% state Crisis Flex funds • No crisis center with observation • No intensive community-based crisis intervention • No crisis residential services • Acute inpatient psychiatric care available at Ashtabula County Medical Center — most often will not take involuntary patients

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ADAMHS Board	Size	Current Continuum
Athens-Hocking-Vinton ADAMHS Board	Small	<ul style="list-style-type: none"> No formal planning collaborative – but have multiple groups that meet who are focused on crisis and meet with crisis provider Collect some data monthly and some data semi-annually — combination gives some picture of overall system Using Crisis Now and Roadmap to Ideal Crisis System BH 911 calls in Hocking County (FY21) — 96 OD Calls, 128 MH calls, 75 suicide threats Two EDs — Ohio Health O’Bleness and Hocking Valley Community Hospital BH ED data — Ohio Health O’Bleness had 1,574 MH visits, 1295 for adults and 179 for youth; Hocking Valley Community Hospital had 284 MH visits, 214 for adults and 70 for youth No BH arrest data Used to send 90% of patients to state hospital, now 90% go to a private hospital, in 2021, 99 patients were boarded with an average wait time of 52 hours — making a concerted effort to expedite hospital admissions since July 2021 Call center is Crisis Services Hotline Operated by Hopewell Health Centers – funded through crisis residential budget First responder crisis intervention provided by one BH deputy in Vinton County Sheriff’s Office supported by a federal grant Mobile Crisis Intervention with Clinical Staff is provided through ARCHIE Mobile Crisis Operated by Hopewell Health in Athens County – funded by Continuum of Care funds, Crisis Flex and Crisis Infrastructure dollars No BH walk-in urgent care Crisis center is Adam-Amanda Crisis Respite Center Residential crisis services include Adam-Amanda, the Carlson Center (WM) Intensive community-based crisis intervention includes alcohol and other drug (AOD) peer program, operated by Hopewell, Rapid Access, operated by Hopewell and MRSS; in Vinton, operated by Hopewell Acute inpatient psychiatric care available through Appalachian Behavioral Healthcare in Athens and resources outside county

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Brown County Board of Mental Health and Addiction Services (MHAS)	Small	<ul style="list-style-type: none"> No formal planning collaborative; work directly with providers No current capacity for performance metrics on entire crisis system No BH 911 call data — some indirect data through quick response team (QRT) One ED in county, but most go to Clermont No BH ED data No psychiatric EDs No BH arrest data For adults no boarding because people are sent home, “pink slips” are not honored; for youth, use Children’s Hospital in Cincinnati and they do have boarding if a bed is not available Call Center is Clermont/Brown County Crisis Hotline Operated by Child Focus — funded partly with COVID emergency funds No first responder CITs No Mobile Crisis Intervention with clinical staff — in planning stages No BH walk-in urgent care No crisis center with observation Residential crisis services include crisis stabilization for both MH and SUD operated by Beckett Springs — funded by MH and UD Crisis Stabilization and other state funds No intensive community-based crisis intervention Acute inpatient psychiatric is available at Georgetown Behavioral Health Hospital, but not currently contracted with board; Children’s Hospital in Cincinnati works with children and families team for high need clients

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Butler County Mental Health and Addiction Recovery Services (MHARS) Board	Large	<ul style="list-style-type: none"> • Monthly meetings with key agency providers and local hospital serve as planning collaborative, also in planning stages of crisis center • Collect data on hotline statistical and quality assurance reports and mobile crisis • Use Handle with Care Model through West Virginia Center for Children's Justice • Have not requested BH 911 data • All EDs are outside county • No BH ED data — have success tracking clients on an individual basis • No psychiatric EDs • BH arrest data — Butler County Jail had 8,674 BH arrests in FY21; Butler County Juvenile Detention had 44 BH juvenile detention bookings in FY21 • Boarding not an issue for youth or adults • Call center is Butler Co. Crisis & Hope Line operated by Beckett Springs Hospital — supported by local levy • No first responder CIT • Mobile crisis intervention is a consultation and CIT that handles both youth and adults — funded 32% by local levy, 15% by Medicaid, 25% with MHBG, 18% with Crisis Flex, and 10% from other state funds • Consultation and CIT also provides BH walk-in urgent care services at their offices (Butler Behavioral Health Services) • No crisis center with observation • No residential crisis services, but board is in process of developing and planning a residential crisis services facility • Intensive community-based crisis intervention is MRSS for youth operated by Butler Behavioral Health Services • Acute inpatient psychiatric care available through Beckett Springs Hospital

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Clermont County Mental Health and Recovery Board (MHRB)	Medium	<ul style="list-style-type: none"> • No formal collaboratives — but have multiple committees focused on aspects of the crisis continuum — CIT advisory committee, CIT high utilizer Meeting, CCBHC Advisory Board, MRSS monthly meeting • Worked with University of Cincinnati on evaluation • Use Roadmap to Ideal Crisis System and CIT model to guide work • BH 911 Calls — 2,214 MH related calls in FY21 reported by Clermont County 911; Union Township reported 319 MH related calls in FY21 • One ED — Mercy Hospital Clermont • BH ED data – Mercy Hospital Clermont – 2,640 MH Visits in 2020 • No psychiatric EDs • BH arrest data — jail provides monthly data — for calendar year 2020: 1,067 inmates reported SUD concerns at time of booking (19.4%) and 874 reported a MH concern (15.9%); Board also tracks number of active and historic MH clients who are booked each month; in 2019, 15% were active MH clients, 18% were historical or active MH clients • ER boarding occurs, but infrequently; Access for youth is a particular concern with youth facility now in the county and Cincinnati Children's Hospital Medical Center typically full • Call center is Clermont/Brown Counties Crisis Hotline Operated by Child Focus — funded 42% by local levy and 58% by other state funds • Have CIT trained officers by no first responder Crisis Intervention Team • Mobile Crisis Intervention for adults provided by Clermont County mobile Crisis Team Operated by Child Focus — funded 29% with Crisis Flex, 17% with Crisis Infrastructure, and 54% with other state funds • No BH walk-in urgent care • No crisis center with observation • Residential crisis services are MH and SUD crisis stabilization at Beckett Springs — Funded 23% with MH crisis stabilization funds, 77% with SUD crisis stabilization funds • No intensive community-based CIT beyond quick response teams (QRT) • Acute inpatient psychiatric care operated by Mercy Hospital Clermont

ADAMHS Board	Size	Current Continuum
Columbiana County Mental Health and Recovery Services (MHRS) Board	Small	<ul style="list-style-type: none"> • Has a collaborative working on crisis system • Uses the Crisis Academy information to assist with local planning • Uses the Roadmap to Ideal Crisis System, SAMHSA toolkit to support planning • Has two local hospitals in Columbiana: ED East Liverpool City and Salem Regional Medical Center • Has acute inpatient psychiatric units for both adults and children • East Liverpool has a senior behavioral health unit • Yes, minimal data for BH ER visits for East Liverpool • Salem Regional: 71 (21 or younger) BH ED visits in 2020 • Has mobile crisis unit • Has trained CIT • Has crisis call centers and warmlines • Partner with regional counties for stabilization funds

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Crawford-Marion ADAMHS Board	Small	<ul style="list-style-type: none"> • Has two hotline/warmline call centers • Has a residential crisis center • Has an active QRT • Has a youth mobile crisis team • Maintains a MH stabilization unit for respite care • Hospital has a partial hospitalization unit • Outpatient units include a MH day-treatment unit • Two area inpatient psychiatric hospitals • Withdrawal management unit included within the area in-patient psychiatric hospital

ADAMHS Board	Size	Current Continuum
Delaware-Morrow MHRS Board	Medium	<ul style="list-style-type: none"> • Formal crisis planning collaborative in Delaware County, informal in Morrow County • Currently no capacity to collect performance data or metrics for the entire BH crisis system • BH 911 call data — Morrow County 911 — 286 total runs in FY21 related to BH (with detail) • BH ED data — Morrow County Hospital: 147 MH visits in 2020, 35 SUD visits in 2020; 137 Adults, 45 children/youth; Grady Memorial Hospital: 787 MH visits, 187 SUD visits; 694 adult visits, 83 youth visits • BH arrest data – Delaware County Sheriff’s FY21— 399 BH arrests; Delaware City PD — 306 BH arrests • Numerous patients must be boarded longer than 24 hours at Morrow County Hospital; Average length of stay (FY21) for patients is 7.4 hours – for patients being transferred to a psychiatric facility is 14 hours; for youth awaiting transfer to a psychiatric facility is 11.3 hours, and 7.43 hours for youth able to be discharged • Call center is 24/7 hotline operated by HelpLine of Delaware & Morrow Counties, funded 91% by local levy, 8% with other local funds and 1% with state funds • No first responder CIT, but do have limited clinician co-response with first responders on demand and limited to daytime hours, also have a peer-supported critical incident stress management team • Mobile crisis services for youth are available in schools — operated by Syntero, and for adults in jails — operated by Maryhaven and Southeast Healthcare and through a community-based response with Delaware law enforcement — operated by Syntero • No BH walk-in urgent care • No crisis center with observation • No residential crisis services

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ADAMHS Board	Size	Current Continuum
Fairfield County ADAMH Board	Medium	<ul style="list-style-type: none"> • No formal collaborative, but regular meetings that address crisis access, barriers, and trends • Performance metrics are in place and reported quarterly for BH crisis services and client satisfaction • BH 911 call data from Fairfield County Sheriff — 29 adult, 13 juvenile and 29 BH calls of unknown age; 68 for alcohol, 373 for narcotics, 270 MH, 236 suicide attempts; Lancaster PD — 63 drug-related, 65 intoxication, seven suicides, 307 MH, 245 suicide attempts; Pickerington PD — 82 BH, 46 narcotics related, 24 overdoses, 105 suicide threats/attempts • Three EDs — Fairfield Medical Center, Diley Ridge Medical Center, Ohio Health Pickerington • BH ED data — only from Fairfield Medical: 616 crisis assessments, 321 have SUD diagnosis, 450 visits for adults, 166 for children/youth • No BH arrest data • Not aware of boarding as a problem, but it has been in the past • Call center is information and referral of Fairfield County operated by 211 — funded by local levy funds • No first responder crisis intervention team • Mobile crisis is operated by New Horizons — dispatched through 211 call center — funded by local levy and State Crisis Flex, Crisis Infrastructure and other funds • BH walk-in urgent care is crisis walk-in clinic operated by New Horizons Mental Health Services • No crisis center with observation • No residential crisis services • No intensive community-based crisis intervention • Acute inpatient psychiatric care all out-of-county

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Gallia, Jackson and Meigs ADAMH Board	Small	<ul style="list-style-type: none"> Has a formal planning collaborative that meets monthly and includes crisis provider staff, law enforcement/jail and hospital partners for all three counties No current capacity for performance metrics for the entire BH crisis system BH 911 call data — not available for Gallia; Jackson reported 28 CIT officer contacts in FY21; Meigs 911 reported a total of 335 calls identified as being BH-related Three EDs — Holzer Health System Gallia County ED, Holzer Health System Jackson County ED and Holzer Health System Meigs County ED BH ED data — Holzer Health Gallia ED had 662 MH visits in FY20, 1,038 for adults and 156 for youth; Holzer Health Jackson ED had 468 MH visits in FY20, 729 for adults and 155 for youth; Holzer Health System Meigs ED had 214 MH visits in FY20, 363 for adults and 75 for youth No psychiatric EDs BH arrest data — Gallia County states 39% of bed days were BH; Jackson County reports 10 males and three females had BH juvenile detention bookings in FY21 Boarding is an issue with Meigs ED reporting average length of stay for youth as from nine to 41 hours, and six to 39 hours for adults; Gallipolis ED reports average length of stay for youth is from 12 to 88 hours and for adults is seven to 64 hours; Jackson ED reports average LOS for youth is 10 to 123 hours and for adults is nine to 87 hours Call center is BH warmline operated by Hopewell Health Centers — funded by other state funds No first responder CIT Mobile crisis intervention for youth is MRSS BH walk-in urgent care is operated by Hopewell Health for Gallia County with some access in Meigs and Jackson No crisis center with observation

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Geauga County Board of MHRS	Small	<ul style="list-style-type: none"> No formal planning collaborative No capacity for collecting performance data on the entire BH crisis system Follows National Organization for Victims Assistance Model No BH 911 call data One ED — University Hospitals Geauga Medical Center No BH ED data No BH arrest data No access to boarding data Call center is COPELINE operated by Ravenwood Health, funded 65% by local levy and 22% by other state funds No first responder CIT No mobile crisis intervention beyond LOSS team and QRT BH walk-in urgent care services available through Emergency Services, operated by Ravenwood Health — funded 51% by levy dollars, 7% by other local dollars, 5% SAPT BG, 20% Crisis Flex and 17% other state funds No crisis center with observation Residential crisis services provided by Transitional Living Center Operated by Ravenwood Health, funded 37% by local levy, 29% by other local dollars, and 7% state funds Intensive community-based crisis intervention for people with serious mental illness (SMI) through Intensive Home-Based Treatment (IHBT) — funded 62% with local levy and 38% other local dollars No acute inpatient psychiatric care in county

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Hamilton County MHRS Board	Large	<ul style="list-style-type: none"> Formal planning collaboratives for county and region (Southwest Regional Collaborative) Agencies are required to participate in the collection of consumer outcomes data that allows for the evaluation of services provided, also do quality improvement activities and customer satisfaction — have a set of metrics for all providers that include quality of life measures Follow Ohio Crisis Roadmap for planning No BH 911 call data — MCT received 2608 contacts, 1,444 from adults Many EDs in county — most common are University of Cincinnati Psychiatric Emergency Services, Good Samaritan Hospital, Christ Hospital, TriHealth, and Children’s Hospital Medical Center No BH ED data BH arrest data — Hamilton County Justice Center booked 5,841 adults (37%) with a behavioral health issue; Youth Center Crisis Response provided services to 1,808 juveniles, and there were 3,726 overall juvenile arrests No boarding data Call centers operated by Talbert House and peer support services, funded almost entirely with local levy funds and some state funds (18.5% of Talbert House funds) No first responder crisis intervention beyond QRT Mobile crisis intervention operated by University Hospital Medical Center funded 63% by local levy and 12% from state funds BH walk-in urgent care for youth operated by The Children’s Home, funded 25% by Medicaid, 25% by third-party insurance and 50% by Foundations Crisis center with observation is crisis stabilization unit operated by CCHB — funded 100% by other state funds Residential crisis services include engagement center operated by Talbert House, funded 18% by SAPT BG, 17% by SUD crisis stabilization funds and 65% with other state funds; residential intervention services for youth operated by NewPath/SJO Kids — funded 100% by state Crisis Flex funds No intensive community-based crisis intervention beyond QRT Acute inpatient psychiatric care available through Summit Behavioral Healthcare, Glenwood Behavioral Health Hospital, Blue Ridge Vista, and Beckett Springs

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Hancock County Board of ADAMHS	Small	<ul style="list-style-type: none"> Has a planning collaborative that meets monthly Have overall community metrics for behavioral health service system developed under the ROSC process Use the Roadmap to the Ideal Crisis System and the Ohio Crisis Roadmap as models No BH 911 call data — do have access to CIT response data — 132 CIT responses from March 1st to November 18th 2021 Two EDs — Blanchard Valley Hospital and Fostoria Community Hospital BH ED Data – Blanchard Valley had 1,604 BH Visits in FY21 and 473 from July 1 – October 31, 2021 — 1,362 visits for adults in FY21, 242 visits for youth in FY21 No psychiatric ERs BH arrest data — Hancock County Sheriff’s Department reported 1271 total bookings with 306 due to drug charges Boarding not identified as a particularly significant issue Call center operated by Protocall, funded 100% by local levy Have CIT-trained officers but no 1st responder crisis intervention team Has MRSS operated by Family Resource Center, funded by local levy, Medicaid, System of Care Grant, and Grant from Aetna No BH walk-in urgent care No crisis center with observation Just in the process of opening a residential stabilization center as survey was completed, funded by federal BJA grant Intensive community-based crisis intervention through Suicide Prevention Outreach operated by Family Resource Center Acute inpatient psychiatric care operated by Blanchard Valley Regional Health System

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Huron County Board of MHAS	Small	<ul style="list-style-type: none"> • Have two planning collaboratives — the Stepping Up Collaborative and the Community Overdose response Committee • Performance data reviewed currently is related to crisis hotline calls — wait time, resolution, and linkage with ongoing services • BH 911 call data – 285 calls from adults, 24 calls from youth per year • Two EDs — Mercy Willard and Fisher Titus Medical Center • No BH ED data • No psychiatric EDs • County Sherriff’s Office reported 45 SUD arrests and 465 SUD bookings; zero MH arrests and five MH bookings • No boarding data • Call center is Huron County Crisis Hotline operated by Firelands Counseling & Recovery Services, funded 70% by GRF and 30% by Community Investment Funds • No first responder CIT • Expecting to implement MRSS • No BH walk-in urgent care • No crisis center with observation • No in-county crisis residential — has access through contracts to Arrowhead, Coleman, Erie County Detox, Blanchard Valley and UTMC • MH PHP — operated by Firelands Counseling — 100% funded by crisis infrastructure funds and MRSS • Acute inpatient psychiatric unit at Firelands Regional Medical Center

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Jefferson County Prevention and Recovery Board	Small	<ul style="list-style-type: none"> • No planning body • No performance metrics for crisis • BH 911 call data — 2020 had 298 psychiatric calls, 30 were additionally classified as having a suicide risk — 2021 have had 376, with 60 being a suicide risk • Only ED is Trinity Hospital System; it operates the only inpatient BH unit within a 45-mile radius • No BH ED data • No psychiatric EDs • No arrest data • Boarding is most common, unfortunately, no approval for CSU, boarding of up to 92 hours occurs, 24-48 hours is typical • Call center operated by Coleman Health Services, funded 46% with local levy dollars, and 54% with state MHBG dollars • Has trained CIT officers, but no active first responder CIT • No mobile crisis • BH walk-in urgent care — ACCESS operated by Coleman Health Services, funded 100% from state funds • No crisis center with observation • No residential crisis services • Intensive home-based treatment, operated by Coleman Health Services for youth, funded 100% by state funds (started with Crisis Flex dollars) • Trinity Health Systems offers a 14-bed inpatient psychiatric unit — did not provide any information; no inpatient services for youth

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Lake County Board of ADAMHS	Medium	<ul style="list-style-type: none"> • Meetings with Crossroads Health, the primary outpatient crisis services provider; Crisis Stabilization Planning Committee • Performance data and quality metrics are submitted to the board on a scheduled basis • No BH 911 call data • Two EDs — University Hospitals Tripoint Medical Center and Lake West Medical Center • Data from University Hospitals Lake Health Emergency Based Crisis Team — 2,640 MH visits, 773 SUD visits, 3,105 adult visits, 478 youth visits, 705 people brought in by police or EMS • No BH arrest data • There are some issues with people staying for an extended period, the data is collected, average wait time is 5.25 hours, about 12% of individuals are in the ED longer than 12 hours — reasons include lack of available beds, difficult placement, arranging safety plans, medical clearance, insurance issues, and residency status • Call Center is Lake County Crisis Hotline operated by Crossroads Health; warmline is operated by BRIDGES and funded 100% by local levy funds • Have CIT trained officers, but no formal first responder team • Mobile crisis team is operated by Crossroads Health – separate teams for adults and youth — total contacts in previous year were 2,756 – funded 47% by local levy, 7% by regional dollars, 3% by Medicaid and Medicare, 10% by third-party insurance and self-pay, 11% by Crisis Flex funds, and 22% by other state funds • No BH walk-in urgent care • No crisis center with observation • No formal program for intensive community-based crisis intervention • Inpatient facility in the county is Windsor Laurelwood – accepts both adults and children; also utilize out-of-county resources in Cleveland and Akron

ADAMHS Board	Size	Current Continuum
Lucas County MHRB	Large	<ul style="list-style-type: none"> • DART first responder provided by local Sheriff's office • Mobile Crisis Unit for both adults and youth • One urgent care run by Zepf Center • One crisis stabilization unit with 23-hour observation • One adult wellness and recovery center which provides peer-run respite care

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Mahoning County MHRB	Medium	<ul style="list-style-type: none"> • Major contract agencies have begun meeting recently to discuss mobile crisis for youth • No performance metrics • No BH call data • Two EDs: Mercy Health — St. Elizabeth's Youngstown and Akron Children's Hospital Beeghly Campus • No ED data • No psychiatric EDs in county • Juvenile Justice Center had 48 BH juvenile detention bookings • Boarding is an issue with youth, BH patients have been in the ED up to two weeks twice in the past year • Call center is operated by Help Network of Northeast Ohio, funded 51% by levy dollars and 45% by state funds • Have a coordinated CISM team that is made up of first responders, including police officers, firefighters and EMTs, supported by two trained clinical counselors and police chaplains are available as well • Mobile CIT is Alta After Hours Crisis Response, operated by Alta Care Group, funded 59% by levy and 41% by Medicaid; and EASE Operated by Alta Care for school-based needs, funded 100% by local funds non-levy • No BH walk-in urgent care • No crisis center with observation • Residential crisis services are WM, provided by Meridian Health Care, Compass Family and Community Services, and Neil Kennedy Recovery Center • No intensive community-based crisis intervention • Acute inpatient psychiatric care provided by Mercy Health St. Elizabeth Hospital Youngstown

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Medina County ADAMH Board	Medium	<ul style="list-style-type: none"> No formal planning collaborative, but one is being considered — work with Alternative Paths as the provider agency for crisis services Performance metrics include crisis satisfaction surveys and data collected directly from contact notes — monitor outcomes and client satisfaction Had not previously collected BH 911 data, but received for this survey — Brunswick PD – 382 total BH calls, 315 mental health and 67 SUD — 327 adults, 23 unknown and 11 juveniles; Medina City Police Department (PD) — 305 total BH calls — 124 MH and 181 SUD; Medina County Sheriff's Department — 260 MH calls; Wadsworth PD — 250 BH calls — 145 MH calls and 105 SUD — 225 related to adults and 25 related to juveniles Five EDs — Cleveland Clinic Brunswick, Cleveland Clinic Lodi, Cleveland Clinic Medina, Southwest General and Wadsworth All EDs in Medina County — 2,270 MH visits, 351 SUD visits — adults 1,976 MH visits, 289 SUD visits, 2,265 Total; youth 294 MH visits, 62 SUD visits, 356 total No arrest data There are boarding issues in EDs Call center is 24/7 crisis and BH helpline operated by Alternative Paths, funded entirely by state dollars — 34% SAPT Block Grant, 54% Crisis Flex and 12% Crisis Infrastructure One small first responder CIT that only operates six hours per week, do have trained CIT officers No BH walk-in urgent care No crisis center with observation Crisis residential services are all out-of-county Acute inpatient psychiatric are all out-of-county

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
MHR SB of Allen, Auglaize and Hardin	Medium	<ul style="list-style-type: none"> Not a formal collaborative but hold regular meetings with law enforcement, EMS, hospitals and schools for planning Performance metrics are used to monitor the two agencies that do crisis work along with data collected by local hospital BH 911 call data is available, but not provided Five EDs — St. Rita's/Mercy Health, Lima Memorial, Hardin Memorial, Bluffton/Blanchard Valley, and Joint Township BH ED data is available but not provided No psychiatric EDs No BH arrest data Boarding is rare for adults, but common for youth to have to wait 24-48 hours for a bed to be available Call center is HOPELine, operated by Coleman Health Services, funded by levy dollars and state funds including MH Block Grant funds First responder crisis response team that only operates in daytime hours MRSS for youth mobile crisis intervention operated by Coleman Health; Also have a school crisis response program operated by Family Resource Center BH walk-in urgent care available at We Care Regional Crisis Center, operated by Coleman Health Services funded by local levy, Medicaid, third-party insurance, MH and SUD crisis stabilization, Crisis Flex, and other state funds Crisis center with observation is We Care Regional Crisis Center, operated by Coleman Health Residential crisis services at We Care Regional Crisis Center, operated by Coleman Health Intensive community-based crisis intervention for youth is IHBT, operated by Family Resource Center funded by Medicaid Acute inpatient psychiatric care available at SRMC/Mercy

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
MHRB of Ashland County	Small	<ul style="list-style-type: none"> No formal planning collaborative, but meets monthly with Appleseed Community Mental Health Services Performance metrics include state hospitalizations, length of stay and re-admission to state hospitals, state hospital diversion funding, hotline/warmline statistics and pre-screening analysis Uses "Our Human Community" to guide all services, including crisis No BH 911 call data Two EDs – UH-Samaritan Hospital and a new free-standing ER No ED data No psychiatric EDs No BH arrest data Boarding is an issue for youth (civil) — up to 24 hour wait; adults (civil) — up to 15 hours; and adult (forensic) — up to two weeks Call center — Ashland 24/7 crisis/warmline provided by Appleseed Community Mental Health Center, funded 100% with state MH Continuum of Care Funds Have CIT-trained officers, but no first responder team No mobile crisis beyond prescreening in ERs No BH walk-in urgent care Uses Catalyst Life Services for crisis center with observation (pays Richland Board for the services) Uses Catalyst Life Services for residential crisis services for adults (pays Richland ADAMHS Board for the services) Uses The Village Network for residential crisis services for youth (pays Wayne/Holmes ADAMHS Board for the services) Intensive community-based crisis intervention is QRT only No inpatient psychiatric facility in the county

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
MHRB of Belmont, Harrison and Monroe Counties	Small	<ul style="list-style-type: none"> No formal crisis planning collaborative — does work with Southeast Healthcare directly on crisis services Currently collect limited outcomes on crisis services from Southeast Healthcare Have discussed using the Roadmap to the Ideal Crisis System No BH 911 call data Three EDs — East Ohio Regional Hospital, West Virginia University (WVU) Hospital Barnesville and WVU Harrison County Community Hospital No BH ED data No psychiatric EDs No BH arrest data Typical time in ED is 12 to 16 hours — all three EDs board patients Call center is BH hotline operated by Southeast Healthcare, funded 32% by local levy and 68% Crisis Flex funds No first responder CIT No stand-alone mobile crisis intervention with clinical staff No BH walk-in urgent care No crisis center with observation For residential crisis services — the board was awarded \$500,000 in Regional Crisis Stabilization Funds No intensive outpatient crisis services No acute inpatient psychiatric facilities in board area

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
MHRB of Clark, Greene and Madison Counties	Large	<ul style="list-style-type: none"> No official formal collaborative Not enough capacity for performance metrics for the crisis system, but they do have the skillset in house now Use Roadmap to an Ideal Crisis System as model No BH 911 call data Five EDs — Mercy Health’s Springfield Regional Medical Center, Dayton-Springfield-Emergency Department, Greene Memorial, SOIN, and Madison Health No BH ED data No BH arrest data Have been working collectively on boarding since September 2021— still have barriers with lack of shared technology and data-sharing capability Call center is warmline, operated by Thrive Behavioral Health, funded by non-levy local funds, State Crisis Flex and other State Dollars; TCN Crisis Line operated by TCN Behavioral Health Services, funded by local levy, county government and non-levy local dollars; and Mental Health Crisis Line operated by Mental Health Services of Clark and Madison Counties No formal first responder CIT Mobile crisis intervention is TCN Mobile 24-Hour Crisis Team BH walk-in urgent care is operated by Mental Health Services for adults; youth will be available in Clark County pending completion of a new build, funded by local levy funds, Medicaid, and third-party insurance No crisis center with observation Residential crisis services consist of MH and SUD crisis stabilization at Hope House, operated by TCH Behavioral Health using MH and SUD Crisis Stabilization and Crisis Flex dollars Intensive community-based crisis intervention is only for opioids through QRT Acute inpatient psychiatric care at Mental Health Services inpatient unit for adults, operated by Mental Health Services of Clark and Madison Counties, funded by local levy, other non-levy local dollars, Medicaid, and third-party insurance

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
MHRB of Erie and Ottawa Counties	Small	<ul style="list-style-type: none"> No formal planning collaborative, works with Seneca, Ottawa, Sandusky, Wyandot/Huron regarding crisis services Firelands Counseling & Recovery Services is main after-hours crisis services provider No current performance metrics for crisis No BH 911 call data One ED — Firelands Regional Medical Center — 846 MH visits and 418 SUD visits No psychiatric EDs No BH arrest data Boarding is an issue for youth, due to too few beds, often wait hours or overnight to secure a bed Call center is Firelands Hotline provided by Firelands Counseling and Recovery Services — 22,738 calls in FY21 (includes Erie, Huron, Sandusky, Seneca, Wyandot, and Ottawa Counties) No first responder CITs No mobile CIT; Firelands provides tele-mobile crisis services No BH walk-in urgent care — Firelands has always accepted individuals walking in regardless of whether they are patients or not during business hours, but not advertised No crisis center with observation — Firelands is meeting need by admitting patients to the inpatient psychiatric unit under observation No residential crisis services in board area No intensive community-based crisis intervention; if a person is seen for crisis intervention, there are follow-up sessions scheduled One acute inpatient psychiatric facility — Firelands Regional Medical Center (34 beds)

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
MHR of Licking and Knox Counties	Medium	<ul style="list-style-type: none"> No formal crisis planning collaborative, but do have for specific programs and interventions that meet regularly including CIT, COP, CORE, and QRT Have developed an outcome management plan for most crisis services and interventions. Data is collected from partners and analyzed with outcome results presented to collaboratives, steering committees, and providers Use the National Guidelines for Behavioral Health Crisis Care — Best Practice Toolkit as a working guide for planning and implementation BH 911 call data for Knox County (FY21) — 128 overdoes, 178 MH, nine completed suicides, 353 attempted/threatened suicides; Licking County indicated it does not currently classify calls under a heading that would capture BH 911 calls Two EDs — Licking Memorial Health Systems, Knox Community Hospital BH ED data — Licking Memorial Hospital ED in FY2: 1,639 BH visits, 765 MH visits, 780 SUD visits, 1,404 adult visits, 141 youth visits; Knox Community Hospital ED (FY21): 889 MH visits, 313 SUD visits, 1,015 visits for adults, 187 visits for youth BH arrest data for Licking County Justice Center FY21 – 20 BH adult arrests; Mt. Vernon PD (FY21) — six BH adult arrests Licking Memorial Health System — boarding is an issue for adults and youth, but do not have specific metrics — can have as many as eight adult MH patients awaiting placement at once; Knox Community Hospital – boarding is a problem, have had five in the current year alone, have had patients in ED longer than 14 days due to waiting on placement Call center is 211/crisis hotline and MH recovery line (warmline) operated by Pathways of Central Ohio, funded by state SOR and local levy dollars Trained CIT Officers, but no first responder CITs Mobile crisis intervention is MUTT/MRSS for youth, funded 100% by state funds; KOP and CORE for adults during select on-call hours — rest of service is intensive community-based crisis intervention, along with QRT; Also has new program developed by Mt. Vernon PD to embed MH worker with law enforcement — funded entirely by local funds BH walk-in urgent care provided by Care Now Clinic operated by Behavioral Healthcare Partners of Central Ohio — new program in FY22 No crisis center with observation — purchase some services from Dublin Springs in Franklin County Limited in-county residential crisis services — mostly use services in Franklin County — SUD crisis stabilization at Licking Memorial Health Systems Intensive outpatient crisis services are youth crisis respite services operated by Licking County Department of Job and Family Services/Children’s Services No acute inpatient psychiatric resources in board area

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
MHARSB of Lorain County	Large	<ul style="list-style-type: none"> In process of development and building a crisis receiving center — has a project steering committee in place that meets monthly Have significant list of performance metrics that are in place to monitor crisis services No BH 911 call data Three EDs — Mercy Health, University Hospital, and Cleveland Clinic No BH ED data No psychiatric EDs No BH arrest data Boarding is an issue for adults and children, no quantitative data has been collected Call center is ESS Mental Health Hotline and Warmline, operated by The Nord Center, Funded 100% with local dollars, 92% by local levy funds, 8% by other local funds; warmline operated by El Centro, funded 70% by local levy funds and 30% by state SAPT Block Grant funds No first responder CIT Mobile crisis intervention is operated by The Nord Center, funded 71% by local levy, 26% by Medicaid No BH walk-in urgent care No crisis center with observation (but being planned) Residential crisis services are provided for adults by The Nord Center, funded 34% by local levy, 9% other non-levy local dollars, 21% by Medicaid dollars, and 37% Lorain County Allocation; residential crisis services are provided for children by Applewood Centers, funded 91% by local levy and 9% by Lorain County Allocation No intensive community-based crisis intervention Acute inpatient psychiatric care within the county — Mercy Health and University Hospitals Elyria

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
MHDAS Board of Logan and Champaign Counties	Small	<ul style="list-style-type: none"> No formal planning collaborative — do have Stepping Up Planning Group and CIT Planning Group No capacity currently to collect performance data for the entire BH crisis system Have access to BH 911 call data, but not provided Two EDs — Mary Rutan Hospital in Logan County and Mercy Hospital in Champaign County BH ER Data — Mercy Hospital had 109 MH visits, 32 SUD visits, 111 adult visits and 21 youth visits No psychiatric EDs BH arrest data only for CIT for Logan County Sheriff's Office – 9 BH arrests; Urbana PD — two BH arrests; Mechanicsburg PD — one BH arrest; Russells Point PD — one BH arrest TCN indicates there is an issue with boarding, especially with the youth population; Mercy Health indicates the boarding issue is significantly worse for youth — average length of stay for MH patients is 9.4 hours Call center is TCN Behavioral Health Crisis Hotline Operated by TCN Behavioral Health, funded 100% by local levy funds No formal first responder CIT, but do have CIT trained officers No mobile crisis intervention beyond hospital prescreening No BH walk-in urgent care No crisis center with observation Residential crisis services provided through Coleman Crisis Stabilization Unit in Lima — funded 91% by crisis infrastructure and 9% by SOR 2.0 Funds No intensive community-based crisis intervention Acute inpatient psychiatric care is available for seniors through senior BH inpatient unit at Mercy Health Urbana Hospital; other inpatient resources are out of board area

ADAMHS Board	Size	Current Continuum
MHRBSB of Lucas County	Large	<ul style="list-style-type: none"> Two call centers — Crisis Care Helpline via Zepf Center and Peer Support Warmline (Neighborhood Properties) Mobile MRSS unit serving youth is operated by Zepf Center. It provides both BH professional and peer support services. Five local psychiatric units are offered by county hospitals, including Mercy St. Charles Hospital, ProMedica Flower Hospitals, and University of Toledo Medical Center

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
MHRB of Portage County	Medium	<ul style="list-style-type: none"> Meets regularly with Coleman and other treatment agencies to address crisis services and countywide CIT liaison meets with CIT officers, also holds a bi-monthly Portage crisis team meeting Coleman reports on outcomes for board-funded crisis services including numbers served, hospitalization rates, and bed usage at the crisis center with observation No BH 911 call data One ED – University Hospitals Portage Medical Center ED data is provided when asked — 1,039 MH visits, 698 “pink slips” No BH arrest data Boarding is a significant issue — frequently have three to five patients waiting each day — wait time ranges from several hours to well over 24 hours Call center is Coleman Access Operated by Coleman Health Services — funded with majority local levy dollars and significant state funds; also has Helpline, operated by Townhall II that is funded 82% with local levy dollars, 6% third party insurance, and 12% state dollars First responder CIT, operated by Coleman, responds to both adults and children/youth, funded by local levy, county government, other local funds, Medicaid, third party insurance, and state funds Mobile crisis intervention, operated by Coleman, funded by state funds, MH Crisis Stabilization Funds and other state funds No BH walk-in urgent care Crisis center with observation in Ravenna, operated by Coleman, funded by local levy, Medicaid, and third-party insurance No psychiatric ED No intensive community-based crisis intervention No acute inpatient psychiatric care in county

ADAMHS Board	Size	Current Continuum
Mental Health (MH) and Alcohol and Drug Addiction (ADA) Recovery Board of Putnam County	Small	<ul style="list-style-type: none"> No formal planning collaborative No performance metrics for crisis system No BH 911 data No hospital in Putnam County No BH ED data No psychiatric EDs No BH arrest data Boarding not an issue in Putnam County because there is no hospital Call center is Local Crisis Line Operated by Pathways Counseling Center — not 24 hours — Mon. 8-6; Tues., Weds., and Thurs. 8-8; Fri. 8-4 No first responder CIT Mobile crisis intervention with clinical staff is available for youth through MRSS No BH walk-in urgent care Contracts with Coleman Health to provide 24-hour crisis stabilization services Intensive community-based crisis intervention for youth provided through MRSS No acute inpatient psychiatric facility in county

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
MHRS Board of Seneca, Sandusky and Wyandot Counties	Medium	<ul style="list-style-type: none"> • Holds quarterly meetings with key crisis agencies providing services for or within the district • Do not have data readily or routinely available for the entire system, but do collect data routinely on face-to-face services, hospitalizations, calls to law enforcement, and mobile response • BH 911 call data is available, but not provided • Five EDs – ProMedica Fostoria and ProMedica Fremont, Wyandot Memorial, Tiffin Mercy, Bellevue Hospital, and McGruder Hospital • ED data – 1,312 BH visits • No psychiatric EDs • Arrest data is from Northwest Ohio CIT Program — 42 youth and 337 adults since October 2018 • Boarding is an issue — wait lists to access private psychiatric beds for adults and youth, also a waitlist for civil and forensic beds in the state hospital system • Call center is a hotline operated by Firelands Regional Medical Center, funded by local levy and other state funds • No first responder CIT • Mobile Crisis is MRT of Sandusky County — serves both adults and youth, only available during business hours, funded by local levy, Crisis Flex, Crisis Infrastructure, and other state dollars • No BH walk-in urgent care • No crisis center with observation • No residential crisis services • No intensive community-based crisis intervention • No acute inpatient psychiatric unit

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
MHRB of Union County	Small	<ul style="list-style-type: none"> • Union County CIT Steering Committee serves as the collaborative for MH crisis response; Union County Overdose Prevention • Performance data has a clearinghouse that collects all local crisis data that is available • Uses “Living Room Model” and MRSS for design • BH 911 call data (FY21) — 231 MH, 95 threatened suicide, 72 attempted suicides, seven completed suicides, 170 drugs, 72 overdose, and 178 under the influence • Memorial Health is local community hospital in Marysville and serves as BH emergency department in county • BH ED data — Memorial Health had 403 MH visits in FY21, 178 SUD visits in FY21, 296 adult MH visits, 122 adult SUD visits, 88 children/youth MH visits, and 18 children/youth SUD visits • No psychiatric EDs in county • BH arrest data — Union County Sheriff’s Office — two BH arrests in FY21; Marysville Division of Police — zero BH arrests in FY21; Richwood Police Department — zero BH arrests in FY21 • Boarding is not a significant issue • Call centers are Helpline and Mosaic Parent Project Helpline, operated by Helpline of Delaware and Morrow Counties — funded with other state funds • First responder crisis intervention is provided through funding a full-time CIT coordinator from a Bureau of Justice Assistance Federal Grant • Mobile Crisis Intervention with clinical staff provided by The Mosaic Project for Youth operated by Maryhaven at the Mills and School-Based Navigation services provided by Maryhaven at the Mills & Ohio Guidestone, funded 100% by federal grants • BH walk-in urgent care is available through crisis and extended crisis services operated by Maryhaven at the Mills — funded 12% by SAPTBG, 59% by Crisis Flex, and 29% by other state dollars • No crisis center with observation but priority for future years • Residential crisis services are transitional housing for adults with MH diagnosis, operated by Maryhaven • Intensive community-based crisis intervention provided by Mosaic Project MRSS team for youth, operated by Maryhaven at the Mills; partial hospitalization program for youth and adults, operated by Columbus Springs-Dublin; intensive home-based treatment for youth operated by Maryhaven at the Mills; and an engagement specialist for youth and adults operated by Maryhaven at the Mills — 70% funded by federal awards and 30% from state funds • Acute inpatient psychiatric care is not available in the county, reliant on out-of-county resources

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
MHRB of Warren and Clinton Counties	Medium	<ul style="list-style-type: none"> No formal planning collaborative — have planning body for MRSS No capacity at present for performance metrics on the entire BH crisis system No BH 911 call data Two EDs that interface with the board — Bethesda Warren County and Clinton Memorial Hospital No BH ED data No psychiatric EDs No BH arrest data Reports of ER boarding of youth, but no data available Call Center is Warren & Clinton Counties Crisis Hotline, operated by Sojourner LLC — funded 63% with local levy funds, 30% with state Crisis Infrastructure and 7% with other state funds No first responder CIT Mobile Crisis and MRSS is operated by Butler Behavioral Health Services for both adults and youth eligible for MRSS No BH walk-in urgent care No crisis center with observation Residential crisis services are crisis stabilization and WM provided by Beckett Springs Intensive community-based crisis intervention includes MRSS and QRTs No acute inpatient psychiatric facilities in board area, but board funds hospital specialist

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
MHRB of Wayne and Holmes	Medium	<ul style="list-style-type: none"> No formal planning collaborative, multiple community-based interdisciplinary meetings The Village Network has a PCQI department to collect and monitor quality performance metrics; OneEighty collects demographic data; county health departments record data on suicide deaths and overdose-related deaths Aspire to Roadmap to Ideal Crisis System Model No BH 911 call data Three EDs in counties – Wooster Community Hospital, Aultman Orrville Hospital and Joe Pomerene Hospital. Combined data — 1,576 MH visits in 2021, 258 overdose related ED visits in 2021 — 1,392 adult visits, 184 youth visits BH arrest data — Wayne County Juvenile Court — 23% of 2020 intakes were BH related, 27% of 2021 intakes were BH related; Wayne County Jail — 87% of evaluated individuals were diagnosed with MI, 2% with SMI Boarding is a known problem in Wayne and Holmes counties; data was requested but not available in timeframe Call center is The Counseling Center of Wayne & Holmes Counties Crisis Line, funded 100% by local levy; Treatment Navigator, operated by OneEighty, funded with state dollars Have CIT trained officers, but no first responder crisis intervention team Mobile crisis team, operated by The Counseling Center of Wayne and Holmes Counties No BH walk-in urgent care No crisis center with observation Residential crisis services provided for youth at TSC by The Village Network, Funded 73% by county government, 22% by Medicaid, and the rest for state funds Intensive community crisis intervention is available through partial hospitalization program operated by Wooster Community Hospital No acute inpatient psychiatric facilities in either county

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Muskingum Area MHRS	Medium	<ul style="list-style-type: none"> No formal planning collaborative, but have held two cross-system collaborative meetings to address planning and accountability as of the time of the survey No capacity at present to collect performance data for the entire crisis system Follow SAMHSA's Best Practice Toolkit for BH Crisis Care for an approach BH 911 call data — adult BH in FY21 — Coshocton County had 351 calls; Guernsey County had 318 calls; Morgan County had 59 calls; Muskingum County had 233 calls; Noble County had 82 calls Four EDs – Genesis Healthcare-Muskingum, Genesis Healthcare-Perry, Southeastern Ohio Regional Medical Center, and Coshocton Regional Medical Center BH ED data — Coshocton Regional Medical Center had 8,701 MH visits, 4704 SUD visits, 12,864 visits for adults and 541 visits for children/youth; Genesis Hospital-Muskingum had 2,115 MH visits, 1,303 SUD visits, 1,535 visits for adults and 580 visits for youth; Genesis Hospital-Perry had 193 MH visits, 328 SUD visits, 141 adult visits and 52 for children/youth; Southeastern Ohio Regional Medical Center had 216 MH visits, 144 SUD visits, 325 for adults, and 25 for children/youth No psychiatric EDs BH arrest data — Noble County had 132 BH arrests in FY 21; Guernsey County had 519 BH arrests in FY21; Muskingum County had 1,250 BH arrests in FY21; Muskingum County Juvenile Detention had 490 intakes and 345 MH/SUD for FY21 and first two months of FY22; Morgan County had 100 BH arrests in FY21; Perry County had 350 BH arrests in FY21; Perry County Multi County Juvenile Facility had 21 residents in FY21 and first two months of FY22, 13 for MH/SUD Boarding is often an issue at Coshocton Regional for a number of reasons Call center is Six County Crisis Hotline, operated by Allwell Behavioral Health Services — funded 68% by crisis flex funding, 32% by other state funds No first responder CIT Mobile crisis intervention with Clinical Staff is jail-based assessments and hospital pre-screening No BH walk-in urgent care Crisis center with observation is provided through the crisis stabilization unit, operated by Allwell Behavioral Health Services, funded 99% by state funds (Title XX) Residential crisis services are WM services, provided by Perry Behavioral Health Choices, funded 96% by Medicaid and 4% from state funds Intensive community-based crisis intervention includes QRTs and MRSS — funded 24% by Medicaid and 76% by state grant funds Inpatient psychiatric care available at Genesis Behavioral Health for youth and adults

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Paint Valley ADAMHS Board	Medium	<ul style="list-style-type: none"> No formal planning collaborative — working on a crisis system assessment with TBD Solutions No capacity to collect performance metrics for the whole system; collects data on crisis calls and field calls and complaints from partners who make the board aware of challenges No BH 911 call data Five EDs — Ohio Health/Berger Hospital, Adena Regional Medical Center-Chillicothe, Adena Regional Medical Center-Waverly, Fayette Memorial Hospital in Washington Courthouse, Highland District hospital BH ED data — Highland District Hospital in FY21 had 192 MH visits, 147 were adults and 45 were youth; Adena Regional Medical Center had 1,853 MH visits, 1,549 were adults and 304 were children/youth No psychiatric ED but do have psychiatric unit at Adena Regional Medical Center No BH arrest data readily available There are extreme wait times for BH clients at each of the hospitals, often stretching to days Call center is Crisis Line Operated by Scioto Paint Valley Mental Health Center (SPMHC), funded by local levy dollars and Ohio CareLine funds No first responder CIT, but do have CIT-trained officers Mobile crisis intervention with clinical staff — almost all of clients receive home-based case management services, very little office-only counseling There is a BH walk-in facility attached to the Martha Cottrill Clinic of Scioto Paint Valley Mental Health Center No crisis center with observation Residential crisis services are available through Floyd Simantel Clinic operated by Scioto Paint Valley Mental Health Center— majority of services are billed to Medicaid, over \$1 million in support from board No intensive community-based crisis intervention Only acute inpatient psychiatric care in service area is Adena Health in Chillicothe

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Preble County MHRB	Small	<ul style="list-style-type: none"> Preble County regularly holds quarterly Behavioral Health Committee meetings to discuss BH related programming, needs and crisis care — also meet quarterly with BH crisis provider No current capacity to collect performance data on the entire BH crisis system — newly contracted with Ascend Innovations to help gather BH service data No BH 911 call data One ED — Kettering Medical Center No BH arrest data No awareness of boarding issues Call center is Preble County Local Crisis Hotline, operated by Samaritan Behavioral health, funded by state Crisis Flex, Crisis Infrastructure and other state funds No first responder CIT Mobile crisis intervention with clinical staff is funded through the same agency as the call center and cannot be divided into separate services for reporting No BH walk-in urgent care No crisis center with observation No residential crisis services No intensive community-based crisis intervention No acute inpatient psychiatric care

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Richland County MHRB	Small	<ul style="list-style-type: none"> Have several standing committees that review crisis service but no specific collaborative for crisis Work with Catalyst Life Services as largest provider of crisis services Current data collection for performance metrics includes forms completed on everyone who enters the crisis center with observation that lists admission date, reason for admission, length of stay, housing status, employment status, age, race/ethnicity, legal status, and type of discharge No BH 911 call data Three EDs — OhioHealth Mansfield, OhioHealth Shelby, Avita Health System Ontario No BH ED data No psychiatric EDs — OhioHealth Mansfield and Avita Ontario have designated BH rooms or suites BH arrest data is available but not provided or collected by the board Boarding is the exception, not the rule Call Center is HELPLine, operated by Catalyst Life Services, Funded 25% by local levy dollars and 75% by other state funds; Catalyst also runs warmline Has CIT-trained officers, but no CIT No mobile CIT BH urgent care available through Catalyst Life Services, funded 100% by local levy dollars No crisis center with observation Residential crisis services are available through Catalyst Life Services, funded 29% by local levy, 12% by Medicaid, 49% by state funds — MH Crisis Stabilization, Crisis Flex, and other state funds No intensive community-based crisis intervention services Acute inpatient psychiatric facilities — OhioHealth Mansfield has a 22-bed adult unit and an eight-bed adolescent unit

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Stark County MHAR	Large	<ul style="list-style-type: none"> Crisis Protocol Subcommittee under the CIT structure serves as formal collaborative for crisis planning – meets monthly No performance metrics Use MRSS Model, National Guidelines for Behavioral Health Crisis Care, Crisis Services Meeting Needs and Saving Lives for models No BH 911 call data Four EDs — Cleveland Clinic Mercy Hospital, Aultman Hospital, Aultman Alliance Hospital, Aultman Massillon Hospital No BH ED data BH arrest data — Stark County Sheriff’s Office — 520 BH arrests; Canton PD — 408 BH arrests; Alliance PD — 108 BH arrests; Massillon PD — 93; Jackson PD — 69 BH arrests Call center is crisis hotline, opiate hotline and warmline, operated by Coleman Health Services, supported 76% by levy dollars, 24% by state funds (SAPT BG and other) No first responder CIT — but does have a MH liaison officer funded by city government Has mobile response for youth and mobile response for adults — separate teams operated by Coleman Health — adult services are funded 23% by levy dollars, SAPT BG, Crisis Flex, Crisis Infrastructure, other state dollars, Medicaid and third-party insurance; youth is funded by SAMHSA Federal Grant, SAPT BG, Medicaid and third-party insurance BH walk-in urgent care operated by Coleman Health Services No crisis center with observation Residential crisis services includes SUD WM operated by CommQuest, funded 34% by local levy and 66% by State SAPT BG funds; MH residential services operated by Coleman Health, funded 10% by local levy, 16% by SAPT BG, 74% by emergency COVID-19 dollars Intensive community-based crisis services are peer support, operated by Stark County Treatment Alternatives to Street Crime (TASC) Inpatient psychiatric resources include Sunrise Vista Behavioral Health and a geriatric psychiatric unit operated at Alliance Community Hospital

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
County of Summit (Alcohol, Drug Addiction and Mental Health) ADM Board	Large	<ul style="list-style-type: none"> Planning occurs directly with Portage Path Emergency Service staff and through Stepping Up Initiative Collect outcome data from Portage Path – get admissions per quarter, length of stay, diagnoses, percent with discharge plan, percent who received crisis intervention, percent referred to more intense treatment and referral types; addiction help line sends basic call stats; for detox, receive wait times, capacity reports, number of clients, number that complete detox, number of admissions, percent of first time, percentage of opiate, percent of approved discharges, percent of admin discharges, percent of unapproved discharges Planning for additional measures Using the Roadmap to the Ideal Crisis System Received BH 911 call data from Akron Fire Department for last 5 years — 8,193 psychiatric calls; AMR-Akron (private ambulance) reported 874 transports for youth in the same five-year period Three EDs in county — Cleveland Clinic Akron General, Summa Health, Akron Children’s Hospital ED data for Akron Children’s — 2,493 UOS in 2020, 2,438 in 2021 No arrest data Boarding an occasional issue for adults and youth Call Center is Summit County Support Hotline, Care Line and Lifeline operated by Portage Path — funded 100% with local dollars — 76% levy and 24% other Provide four CIT trainings per year, but no specific team — piloting with Tallmadge PD Emergency Support Services Team No BH walk-in urgent care Crisis center with observation, operated by Portage Path, funded 52% by local levy, 46% by Medicaid and 2% by third-party insurance Drop-in center, operated by Oriana House, funded 100% by local levy Crisis residential services (WM), operated by Oriana House, funded 44% by local levy, 56% by Medicaid; MH residential, operated by Portage Path, funded 92% by local levy, 8% by Medicaid Intensive community-based crisis intervention (three PHPs), operated by Cleveland Clinic Akron General, Akron Children’s Hospital, and Summa Health Inpatient psychiatric units operated by Summa Health, Cleveland Clinic Akron General, and Akron Children’s Hospital

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Tri County Board of Recovery and MHS	Medium	<ul style="list-style-type: none"> • There is a planning collaborative for each county that meets regularly and discusses services and current high need individuals • The agency that provides crisis services has performance improvement/ quality assurance goals set and reviewed annually • No BH 911 call data • Four EDs — Upper Valley Medical Center, Kettering-Troy, Wayne Hospital-Greenville, Wilson Hospital-Sydney • No BH ED data • Psychiatric ED – Upper Valley Medical Center in Troy has an ED Specialty Care Center for BH • No BH arrest data • Boarding is becoming more of an issue, the longest recently is a patient who remained in ED setting for five days • Call centers are Crisis Hotline, operated by Recovery & Wellness Centers — funded 4.1% by local levy, 12.5% by state funds, 39% by state SABG, 20% by Crisis Flex, and 24% by crisis infrastructure funds; and The Hope Line operated by Safehaven, Miami, Darke, and Shelby Counties, funded by 11% local levy dollars and 89% by state funds • No first responder CIT • Mobile crisis intervention is operated by Recovery & Wellness with one team that responds to both adults and youth – funded 7% by local levy, 31% by non-levy other dollars, 12% by Medicaid, 4% by third-party insurance, 4.5% by state funds, 2.7% by state MHBG, 17% by crisis flex, 17% by crisis infrastructure and 4.2% by Title XX and Forensic funds • No BH walk-in urgent care beyond psychiatric ED • No crisis center with observation • No residential crisis services • Intensive community-based crisis intervention consists of QRTs • Acute inpatient psychiatric care at Upper Valley Medical Center — adult unit, Wayne Hospital — geriatric unit, Access Hospital — adult unit, Haven Behavioral Health — adult unit, Kettering — adult unit, St. Rita’s — adult unit, Blueridge Vista Behavioral Hospital — adult and geriatric units, Sun Behavioral Health — youth, adult and geriatric units, Kobacker — children’s unit, and Children’s Medical Center, Dayton

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Trumbull County MHRB	Medium	<ul style="list-style-type: none"> • No formal planning collaborative • Performance data is being collected and monitored through the Alliance for Substance Abuse Prevention and Suicide Prevention Coalition that are administered by the board • No BH 911 call data • Two EDs — Mercy Health-St. Joseph Warren Hospital, Steward HealthCare-Trumbull Regional Medical Center • ED data — Steward Healthcare had 2,785 BH visits in FY2021 and 870 BH visits in FY2022: 2,626 adult visits in FY2021, 159 child/youth visits in FY2021: limited data from Mercy Health-St. Joseph Warren Hospital • No psychiatric EDs • No BH arrest data • Boarding is an issue as clients remain in the ED for extended periods • Call centers are Coleman Access Center Phone Crisis Line, operated by Coleman Health and funded by Medicaid, third-party insurance and state funds; and Help Network of NEO — hotline and warmline, funded by local levy and foundations • Trained CIT officers, but no first responder CIT. Innovative City Transformation Team is made up of chaplains who ride along with police officers in Hubbard City • Have MRSS for youth; other mobile crisis intervention services include ED prescribing, jail-based liaison, critical incident response • BH walk-in urgent care, operated by Coleman Access Center, funded with significant Medicaid support and state funds • No crisis center with observation, but seeking capital funds to develop a 24/7 crisis center • Residential crisis services for adults include Broadway Crisis Stabilization Unit, operated by COMPASS and funded 74% by local levy, 8% by state funds, 18% by Medicaid; First Step Recovery, operated by First Step Recovery in Warren, and funded by Medicaid, state funds, SUD Crisis Stabilization and local levy funds; Parkman Recovery Center and Riverbend Center; youth-serving facilities include Belmont Pines Hospital, funded 80% by Medicaid and 20% third party insurance; youth intensive services and safe house • Intensive community-based crisis intervention for youth is available with MRSS • Inpatient psychiatric resources are available for adults through Generations Hospital, Heartland Behavioral Healthcare, Mercy Health St. Elizabeth Hospital and Steward Health/Trumbull Regional Medical Center; for youth they are available through Belmont Pines Hospital

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Washington County Behavioral Health (BH) Board	Small	<ul style="list-style-type: none"> No formal collaborative planning for crisis services — loose-knit group of stakeholders who discuss issues No capacity to collect performance data for the entire BH crisis system, but does provide data when requested BH 911 call data — breakdown by code for 1,310 calls in 2021 were provided BH ED data — Memorial Health Systems: 640 MH visits, 240 SUD visits, 560 adult visits, 320 children/youth visits No psychiatric EDs No BH arrest data was able to share assessments conducted by Life and Purpose Behavioral Health Boarding is an issue — challenges with beds for adolescents and people with ID/DD challenges Call center is local crisis hotline and Information hub, operated by Pathways, funded by local non-levy dollars No first responder CIT — but do have CIT-trained officers Mobile crisis intervention with clinical staff is provided for youth by Risk Management, operated by Integrated Services for Behavioral Health BH walk-in urgent care services are available at Life & Purpose Behavioral Health, Brightview, Oriana House, and Hopewell Health Centers No crisis center with observation No crisis residential services as residential center is relocating at time of survey Intensive community-based crisis intervention is provided by QRTs and Risk Management Acute inpatient psychiatric care is available at Memorial Health for Geriatric patients

APPENDIX B: Data by Board Area

ADAMHS Board	Size	Current Continuum
Wood County ADAMHS Board	Small	<ul style="list-style-type: none"> The Board conducts a weekly crisis meeting The board currently monitors outcomes for the crisis system, including performance measures of timeliness of response, abandonment rate of the crisis hotline and results of crisis response Use Crisis Now, Roadmap to an Ideal Crisis System, and the Ohio Crisis Roadmap to guide approach No BH 911 call data One ED — Wood County Hospital: 274 BH patients in 2020, 265 in 2021 No BH arrest data Boarding can be an issue — wait times can be several hours to several days Call center is Wood County Crisis Line, operated by ProtoCall+, funded 100% by local levy dollars No first responder CIT Wood County Mobile Crisis Team and MRSS, funded by local levy and state grant dollars No BH walk-in urgent care No crisis center with observation Residential crisis services for children, operated by Children's Resource Center, funded 26% by local funds, and 62% by State Continuum of Care funds Intensive community-based crisis intervention provided through MRSS No acute inpatient psychiatric facility in county

APPENDIX C: Considerations for Lexicon

**This service has a current OhioMHAS definition.*

***This service has an OhioMHAS definition and is billable through Ohio Medicaid.*

CRISIS TRIAGE

Crisis Triage: A process whereby a BH crisis responder in any service setting (including phone, text, chat or in-person) quickly (within a few minutes) determines the level of severity and urgency of the BH crisis situation in order to determine the right next step. The next step can be categorized according to the speed and intensity of response, as follows:

- **Emergency Crisis Response:** Response within minutes due to immediate risk of physical harm to self or others, usually warranting a 911 law enforcement response, and/or immediate risk of medical harm (as due to overdose), warranting a 911 EMS response. This response can result in the person being brought to a crisis center or ED or a “rapid” mobile crisis team response once the immediate risk is stabilized in the field.
- **Rapid Crisis Response:** Response within 30-90 minutes (one hour average) due to BH crisis requiring rapid attention to engage the person in crisis and stabilize the situation. This response can occur through mobile crisis team or through walk-in at or transport to a BH urgent care or a crisis center.
- **Urgent Crisis Response:** Response within a few hours, no longer than one to two days. This can occur after the initial contact (e.g., phone call referred to walk in the next day at urgent care) or after a more intensive crisis episode (e.g., referred from a crisis center with observation to intensive crisis intervention within one to two days after discharge from the crisis center).
- **Call/Chat/Text-Only Response:** This applies only to “Connect” services. This refers to a crisis that is resolved by the initial call/chat/text only, with referral for routine follow-up.

*Crisis Intervention

This term is defined in Ohio Administrative Code (OAC) 5122-29-10. The definition applies to crisis intervention that can occur in any setting and is used to inform the application of psychotherapy billing codes with crisis modifiers. The definition in OAC includes a definition for 23-hour observation, which is referenced elsewhere in this lexicon.

Crisis intervention is an interaction with a person in response to a crisis or emergency they are experiencing.

Crisis intervention includes:

- a. An urgent evaluation of the following elements when clinically indicated:
 - i. Understanding what happened to initiate the crisis and the individual’s response or responses to it.
 - ii. Risk assessment of lethality, propensity of violence, and medical/physical condition including alcohol or drug use.
 - iii. Mental status.
 - iv. Information about the individual’s strengths, coping skills, and social support network, including face-to-face contact with family and collateral informants; and,
 - v. Identification of treatment needs and appropriate setting of care.
- b. A crisis plan shall be developed to de-escalate the crisis, stabilize the patient, restore safety, provide referral, and linkages to appropriate services, and coordination with other systems.

APPENDIX C: Considerations for Lexicon

CONNECT

• LIFELINE Member Centers

These include current NSPL/988-certified member centers.

• Non-LIFELINE Member Centers

These include other call centers, crisis lines, hotlines and warmlines, some that will be maintained based on need after full 988 implementation and some that will not.

RESPOND

Mobile Crisis Team

(Note: adult and child services can be combined on one team.)

Mobile crisis team services are 24/7 “clinical” services that coordinate with first responders. Mobile crisis teams provide rapid response to BH crises at any location in the community served.

- Mobile crisis team for adults
- Mobile crisis team for children
(MRSS is one example, but not the only example.)

Mobile Co-responder Teams: These programs are a version of mobile crisis that involves routine pairing of teams of crisis clinicians and first responders, either paramedics or CIT trained law enforcement. Such programs are not common in Ohio.

Targeted Mobile Crisis Response: Does not meet criteria for mobile crisis team because of restrictions on function, population, timing, or location of response. Examples include:

- Probate Pre-Screening: May be included in mobile crisis team functions, but can also be a separately defined service.
- Opioid response teams or QRTs: May be included in mobile crisis teams, but can also be a separately defined service.
- Other examples may include targeted mobile crisis response to schools, targeted mobile crisis response to jails.

BH Urgent Care

(Note: adult and child services can be combined in one location.)

- BH urgent care for adults
- BH urgent care for children
Note: BH urgent care is usually a component of a crisis center (with observation) but may also be free-standing.

STABILIZE

(Note: The term crisis-stabilization center or crisis-stabilization unit is not used in this lexicon. These terms are connected to specific funding allocations, and it is recommended to maintain flexibility for how these funds are used.)

Crisis center (or crisis center with observation) – eligible for crisis stabilization center funds

Non-hospital-based crisis center – involuntary and voluntary

APPENDIX C: Considerations for Lexicon

Non-hospital-based crisis center – voluntary only

Hospital-based crisis center – involuntary and voluntary

- **Definition of 23-hour observation in OAC 5122-29-10(B):** Twenty-three-hour observation bed means face-to-face evaluation, for up to twenty-three hours duration under close medical/nursing supervision, of an individual who presents an unpredictable risk of adverse consequences due to intoxication, withdrawal potential, and/or co-existing disorders for the purpose of determining the appropriate treatment and plan for the next level of care.
- **Note:** In practice, this definition should be revised as this service can apply to **any** BH crisis with an unpredictable status that may benefit from a period of observation and intervention to determine the best plan, not just observation and not just those crises due to intoxication, withdrawal, or co-occurring disorders.
- **Note as well:** 23-hour observation is reimbursable in Ohio by third-party payers when the service is provided in a hospital emergency department. There is no reimbursement category currently for crisis center with observation as defined herein. (Reference Crisis Center Subcommittee recommended definition.)

RESIDENTIAL CRISIS SERVICES – ELIGIBLE FOR CRISIS STABILIZATION CENTER FUNDS

- **Adult MH Residential Crisis Services**
 - Medically intensive
 - Medically supported
 - Clinically supported
 - Peer-operated non-medical (peer respite)
- **Child MH Residential Crisis Services**
 - Medically intensive
 - Medically supported
 - Clinically supported
- **Adult SUD Residential Crisis Services** (ASAM Level 3 Withdrawal Management)**
 - ASAM 3.7: medically monitored**
 - ASAM 3.2: socially supported**
 - Option to consider: sobering centers
- **Adolescent SUD Residential Crisis Services** (ASAM Level 3 WM)**
 - ASAM 3.7: medically monitored**
 - ASAM 3.2: socially supported**

APPENDIX C: Considerations for Lexicon

COMMUNITY-BASED CRISIS INTERVENTION PROGRAMS

- **Structured Group Programs for MH Crisis Intervention**
 - Partial hospital programs (PHP): (using Medicare definitions)
 - Intensive out patient programs (IOP): (using Medicare definitions)
 - These programs can be specific for children, adolescents, adults, or older adults, as well as specific for issues like eating disorders or trauma.
- **Structured Group Programs for SUD Intervention**
 - Partial hospital programs (PHP): (ASAM 2.5) **
 - Intensive OP programs (IOP): (ASAM 2.1) **
- **Intensive Crisis Intervention Team (may include individuals with MH and/or SUD)**
 - MRSS is one example for children and families, but not the only example.
 - IHBT is one example, but not the only example.
 - These programs can be specific for children, adolescents, adults, or older adults, but are commonly combined for all ages. Services are usually provided through an interdisciplinary team but may be provided by individual clinicians as well.
- **Intensive Crisis Intervention specifically for SUD**
 - Ambulatory WM programs
 - Rapid initiation and continuation of medication treatment for SUD
 - Buprenorphine programs
 - Methadone programs
 - Intramuscular Naltrexone and care coordination for individuals with severe alcohol use disorder

THRIVE

In addition to defining the components of the full continuum of “Thrive” services (which are NOT enumerated in this lexicon), the Thrive Subcommittee recommended definition and provision of specific types of high-intensity continuing community-based services for high-need populations who may be frequently in crisis without continuing intensive support. Examples of these services may include:

- **Assertive Community Treatment (ACT)****
 - ACT-Lite for rural areas
 - Forensic ACT
- **Intensive Community-Based Services for homeless people and families with BH needs**
- **Ohio RISE intensive care coordination for youth and families****

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APPENDIX D: Best Practice References

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Ohio's Behavioral Health
CRISIS SYSTEM LANDSCAPE APPENDICES
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