Community Services Collaboration Plan

MHRB CONTRACT PARTNERS:
ACCESS COUNSELING SERVICES
BECKETT SPRINGS/ HOPELINE/ ONE CITY
BEECH ACRES PARENTING CENTER
BEST POINT BEHAVIORAL HEALTH
BUTLER BEHAVIORAL HEALTH SERVICES
DECOACH TEAMS, LLC
GREATER CINCINNATI BEHAVIORAL HEALTH SERVICES
LARRY GRAHAM, M.D.
SOJOURNER RECOVERY SERVICES /COMMUNITY HEALTH ALLIANCE
SOLUTIONS COMMUNITY COUNSELING AND RECOVERY CENTERS
SUMMIT REGIONAL PSYCHIATRIC HOSPITAL
TALBERT HOUSE
WARREN COUNTY EDUCATIONAL SERVICE CENTER
WOMEN'S RECOVERY CENTER

SECTION I: RATIONALE & APPROACH TO SERVICE

The Community Services Collaboration represents services that are comprised of all levels of outpatient therapy services, case management, and psychopharmacology. These services provide Ohio Revised Code mandated services for Warren and Clinton County citizens. The Community Services Collaboration crosses the "treatment agency" boundaries and requires the development of relationships between contract providers and community entities in order to foster the most efficient and effective intervention/ treatment/monitoring for those who encounter the MHRB Behavioral Health system.

Each provider is expected to establish collaborative protocols and use best practices and evidence-based practices in the delivery of services. It is important to understand and facilitate positive working relationships not only with MHRB's contracted providers, but to include law enforcement, CIT officers, court systems, school systems, developmental disabilities, faith-based systems, and other appropriate partners to achieve the highest quality of services for the citizens of Warren and Clinton Counties.

Health Services are often overlooked when citizens of Warren and Clinton Counties encounter the MHRB Behavioral Health system. Positive working relationships are also imperative with emergency room personnel at local hospitals, health departments, health/wellness organizations, and local recreation centers. Individuals in our system have a higher affinity for co-occurring medical problems in relation to the general population. This may be related to diagnosis and inability to recognize or manage health concerns. Collaboration between providers and other community health services will provide a warm handoff to assist in care when there is a presenting concern. Promoting health and well-being becomes a piece to the larger wellness of our communities.

The scope of the Community Services Collaboration includes 4 major service lines. The components and specific functions for each are identified in the Target Populations and Services section.

A. Substance Use Disorders (SUD)

B. Severely Emotionally Disturbed Youth (SED)
C. Severely and Persistently Mentally Ill Adults (SPMI)
D. Mental Health Outpatient (MHOP)

The overarching goals of this level of care are:

- Enhance the quality of life of the persons served
- Reduce symptoms or needs and build resilience
- Restore and/or improve functioning
- Support care of persons served in the community

The outcome for this collaboration is to fund consistent, accessible clinical services for the at-risk population to ensure the clients' highest quality of life.

General Service Guidelines (Applicable to SUD, SED, SPMI and MHOP clinical services):

- Services must be provided and supervised in accordance with Ohio's Standards and Requirements (outlined in Chapter 5122-29 of the Administrative Code). Staff will meet all necessary and applicable legal, licensing, credentialing, certification and/or registration criteria. Documentation of this will be present and maintained in each staff members' personnel files.

- Refer to Offeror Form for specific services to be provided and contract allocations including service codes.

- It is expected that each contracted provider will accept a diagnostic assessment from an MHRB contracted provider certified by the OMHAS or an assessment containing comparable elements of assessment required by this rule that has been completed within one year of the admission date of a client. A copy of the assessment shall be filed in the client's record (updated as necessary), signed and dated by a staff member of the admitting program authorized to conduct an assessment pursuant to OAC 5122-29-03 and OAC 5122-29-30.

- Telehealth Service Provision: Telehealth service and billing specifications are outlined in OAC 5160-1-18, OAC 5122-29-31 and any Ohio professional licensure board rules including but not limited to OAC 4757-5-13. MHRB has adopted these same telehealth rules in regard to services billed to MHRB. Additionally, all telehealth services billed to MHRB shall use the location of service as "distant site" as defined in the rule - "Distant site means the site where the eligible provider is located at the time the service is furnished" (e.g. if provider is in the office or at home, the location of service shall be recorded as office for billing purposes).

  The following services may be provided via telehealth:

  - General services
  - CPST
  - TBS and PRS
  - Peer Recovery services
  - SUD case management service
  - Crisis intervention service
  - Assertive community treatment service
  - Intensive home-based treatment service

- Mobile Response and Stabilization service

Provider shall adhere to all service provision and documentation stipulations outlined in OAC 5122-29-31for the provision of telehealth. All providers must include the "GT" modifier for telehealth services.

- Screening and Treatment for High-Risk Gambling Problems:
  Provider is expected to screen all individuals aged 12 years or older entering any treatment services at time of assessment for high-risk gambling problems. Individuals who screen at high-risk must meet with a qualified counselor to address the high-risk gambling behavior. Data shall be collected on all populations and reported via KPIs to allow for semi-annual reporting to OhioMHAS.

TARGET POPULATIONS AND SERVICES

I. Substance Use Disorders (SUD):

Target Population: Any person in Warren or Clinton County

- Adults, adolescents and families with a primary diagnosis of a substance use disorder (SUD)
- Individuals with a primary or secondary diagnosis related to problem gambling.
- Individuals with Co-occurring (SUD and MH) Disorders.

Priority Populations for SUD services include the following:

- Women who are pregnant (or postpartum) and have a SUD diagnosis
- Persons who are intravenous/injection drug users (IVDU)
- Parents with SUD who have dependent children

Preference to treatment should be given in the following order:

A. Pregnant (or postpartum) injecting/ intravenous drug users (IVDU).
B. Other pregnant (or postpartum) substance abusers.
C. Other injecting/ intravenous drug users (IVDU).
D. All others.

Pregnant Women Seeking SUD Services:
Provider must give preference in admission to pregnant women, or women who have just given birth, who seek or are referred for treatment services.

Provider must refer pregnant women, or women who have just given birth, to another organization when the program has insufficient capacity to provide services to any such pregnant women who seek the services of the program. Provider shall make interim services available within 48 hours to pregnant (or postpartum) women who cannot be admitted because of lack of capacity.

When appropriate, providers must offer interim services that include, at a minimum the following:

A. Counseling and education about HIV and TB, the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that HIV and TB transmission does not occur,
B. Referral for HIV or TB treatment services, if necessary,
C. Counseling pregnant women on the effects of alcohol and other drug use on the fetus and referrals for prenatal care for pregnant women.

STD, HIV and Hepatitis C:
Education regarding STD, HIV, TB and Hepatitis C shall be provided to all persons seeking services. This information should include how and where to be screened. Additional information may include:

A. Counseling and education about HIV and TB, the risks of needle-sharing, the risks of transmission to sexual partners and infants, and steps that can be taken to ensure that, HIV and TB transmission does not occur,
B. Referral for HIV or TB treatment services, if necessary,

Providers should cover: Screening, Intake, Orientation, Assessments, Treatment Planning, Case Management, Family Counseling, Crisis Intervention, Group Counseling, Intensive Outpatient Treatment, Medication Assisted Treatment, Referral, **and Consultation. Both DeCoach and Hopeline are part of this service array with screening, intake, assessments and referral and consultation.**

II. Seriously Emotionally Disturbed (SED):

Target Population: Youth identified with Serious Emotional Disturbance in accordance OAC 5122-24-01.

It should be noted that all youth under the age of 21 do not meet the SED criteria. Age must be in combination with duration/intensity of impairment and diagnosis as defined in the above referenced OAC rule in order to qualify.

Eligible youth could include those who are involved in multi-systems and identified through the Family and Children First Council Committees in the respective counties. Other special populations which may be seen through this service level include but are not limited to: pre-school and school aged children, children involved with the juvenile justice system and/or child protective services, youth with mental health as well as substance use issues, and dually diagnosed individuals with mental health and developmental disability diagnoses.

Youth with serious emotional disturbance (SED) may have difficulty functioning at home, school, and in the general community. SED youth may be eligible for special education and related services under the Individuals with Disabilities Education Act (IDEA). Co-occurrence of substance abuse/use and mental health issues is common with this population and an integrated service approach must be implemented.

Levels of SED Services:
Office-Based Services:

These are services provided primarily at the provider's office. This is warranted when a less intensive frequency is necessary, there is a lack of other involved agencies, is clinically indicated (such as in the case of trauma-based treatment) or is the guardian's preference. Family participation is expected and should be clearly defined in the Individualized Service Plan.

School-Based Services:

These services are provided primarily at school. Most referrals come from school administrators and treatment is closely coordinated with educational as well as individual and family goals. These services should be reserved for those youth whose behavioral health issues are impeding academic achievements or have access issues which prohibit them from obtaining services at a community-based office. Family participation is expected and should be clearly defined in the

Individualized Service Plan. As the services are being provided at a host site (school), a release of information for the purposes of service coordination is also expected to be in place between the provider and the school.

Home-Based Services:

These services are primarily provided in the home and community; however it does not preclude some of the services being provided in the school or office. Referrals may come from a variety of sources such as FCFC Service Coordination, Children's Services, Juvenile Court, other BH providers, residential facilities, or psychiatric hospital units. Family-centered intervention is a key component of this level of care. If other entities are involved with the client, coordination of care may also be needed.

The primary difference between this level of care and Intensive Home-Based Treatment is the intensity and variety of services provided. Home-Based Services may only consist of Supportive Services (such as CPST, PSR, TBS) with or without E/M and Psychotherapy. Alternatively, it may only include Psychotherapy services (with or without E/M). Additionally, Home-Based Services are not time-limited and are provided on a less frequent basis (1x/week or less).

Intensive Home-Based Treatment (IHBT):

Youth eligible for IHBT may have multiple challenging issues and likely are involved with a number of different systems. Often these youth are at imminent risk of out of home placements. The goal is to either prevent such more restrictive placements or facilitate a successful transition back home. IHBT offers a family-centered alternative which provides intensive treatment for the youth and family system meeting multiple needs through a variety of modalities and better coordinates services in the natural environment of the home, school, and community.

Eligibility for this level of care will include being referred by FCFC Service Coordination, being discharged from a residential placement, and/or have a documented need for increased frequency due to recent psychiatric hospitalizations and/or psychological instability as evidenced by severe or increased symptomology which cannot be managed in a lower level of care.

IHBT is designed for youth up to age 18. However, it may also be provided to transitional age youth between the ages of eighteen and twenty-one who have an onset of serious emotional and mental disorders in childhood or adolescence if the client meets any of the following:

- is still living at home
- is in the custody of a public child serving agency
- is under the jurisdiction of juvenile court
- is in the custody of the Ohio Department of Youth Services

This level of care is designed to be short-term. While the service frequency and modalities may change due to the need, the expectation is that there be multiple in person contacts per week with the youth and family, which includes collateral contacts related to the behavioral health needs of the youth. IHBT can be provided via telehealth in accordance OAC 5122-29-31 however, whenever possible, it should be provided face-to-face.

Agencies who are providing IHBT should be accredited by their national accreditation agency for Intensive Family-Based Services (or similar service) and have OhioMHAS certification for this service. Services should be provided in accordance with OhioMHAS Intensive Home Based

Treatment definition and adhere to fidelity established (see OAC 5122-29-28 and ODM rule – OAC 5160-59-03.3).

Additional ancillary services may be available to assist with respite (See Recovery Services Collaborative Plan).

First Episode Psychosis (FEP) Program:

Transitional Age youth (15-21) may be eligible for FEP Program. See description of this program elsewhere in this document.

III. Serious and Persistent Mental Illness (SPMI) Services:

Target Population: Residents of Warren and Clinton County who meet the criteria listed below:

A. **Severe and persistent mental illness** or "SPMI" means a documented primary mental health disorder diagnosed by a mental health professional that causes symptoms and impairments in basic mental and behavioral processes that produce distress and major functional disability in adult role functioning inclusive of social, personal, family, educational or vocational roles. The individual has a degree of impairment arising from a psychiatric disorder such that:

A. the individual does not have the resources or skills necessary to maintain function in the home or community environment without assistance or support;
B. the individual's judgment, impulse control, or cognitive perceptual abilities are compromised;
C. the individual exhibits significant impairment in social, interpersonal, or familial functioning; and
D. the individual has a documented mental health diagnosis.

For this purpose, a "mental health diagnosis" means a disorder, dysfunction, or dysphoria diagnosed pursuant to the current version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association, excluding neurodevelopmental disorders, substance use disorders, personality disorders, medication-induced movement disorders and other adverse effects of medication, and other conditions that may be a focus of clinical attention.

A. Those who have a combination of major mental illness and substance use diagnoses
B. Need case management services for monitoring of their care and condition

IV. Mental Health Outpatient Program (MHOP):

MHOP is defined as mental health services (such as mental health assessment, behavioral counseling & therapy, family counseling, pharmacologic management, and consultation) provided on a short-term basis or less intense duration/frequency. As with all clinical care, MHOP services must be determined to be medically necessary with specific services and frequencies prescribed on the Individualized Service Plan as a result of a mental health assessment.

Target Population:

A. Children exhibiting behavioral evidence of mental health issues and their families.
B. Adolescent age youth exhibiting mental health disturbances, or those at high risk of substance abuse/dependency and/or mental health disturbances as indicated by familial, vocational, medical difficulties, juvenile court involvement or school disciplinary actions.

C. Adults exhibiting mental health issues as indicated by familial, vocational, or medical difficulties, judicial or law enforcement involvement.
D. Special populations which may be seen through this service level include, but are not limited to, older adults, pre-school aged children, and dually diagnosed individuals with mental health and development disability diagnoses.

V. Other Services

Hospital/Community Linkage Specialist:

Target Population: Warren and Clinton County residents who are admitted to psychiatric inpatient units, whether in the public or private sector hospitals.

The goal of this service is to ensure quick linkage to community services upon discharge from the hospital. This position requires development of connections and relationships with psychiatric facilities to ensure notification when residents are admitted for treatment.

School Central Intake Coordinator:

Target Population/Functions: The School-Based Central Intake Coordinator will work collaboratively with school personnel and families to accept referrals for clinical services. As necessary, the School-Based Central Intake Coordinator will assist with education of the family regarding services and the referral. The Coordinator may also assist the family with the completion of the initial paperwork. Once completed, the Coordinator will schedule the individual with the appropriate clinician.

Beyond the Classroom School Family Engagement Coordinator:

Target Population/Functions: The collaborative approach of Beyond the Classroom coordinates services between school, mental health, behavioral health, and social services, and creates consistent supports that results in real change for students. Staff establish partnerships with school staff that allow them to address the unique challenges of each school. The cooperative model of Beyond the Classroom builds bridges between families and schools to improve the behavioral health of children. A Family Engagement Coordinator serves as a school's single point of contact, who engages with parents, provides parents with ongoing communication, assesses the complex needs of individual parents and also the school community, coordinates engagement with community partners, and directs children in need of mental and behavioral health services. The Target Population consists of schools/students/families where Beyond the Classroom is being provided.

Adult Education:

Target Population: Any Warren or Clinton County adult client in a SPMI designated service plan receiving MHRB services.

The intent of this service is to offer in person peer-run social support group meetings and/or staff led educational opportunities to enhance and support recovery processes and help maintain individuals in the least restrictive setting possible.

Ohio START:

Target Population: Individuals involved with the Children Protective System (CPS) in Warren and Clinton Counties due to the impacts of the opioid epidemic.

This multidisciplinary group from the two systems will meet as needed to address gaps in services and identify solutions for these gaps. This is driven through the Ohio Attorney General's office which has contributed funding to the CPS system, with direction to coordinate care for children, kinship care givers and the SUD effected parents involved in the system due to legal involvement with opioids.

Faith Based Collaboration:

Target Population: Individuals from Warren or Clinton Counties with a behavioral health condition which requires treatment.

MHRB has partnerships with the faith-based community and works to use their input. Although we do not fund directly, we have formed a major partnership with One City for Recovery. However, our service plans with Hopeline (Beckett Springs care navigators) and Wholetruth Ministries (recovery home in South Lebanon) were born out if this partnership. Our involvement with CISM also has some connections to the faith-based community because the leadershio stems from a non-denominational chaplaincy program for the first responders.
This collaboration will be part of the Recovery Oriented System of Care, providing partnerships where MHRB can assist with programming and create integration to those Faith Based organizations in our area providing similar support. One example, is working with One City For Recovery as part of committee to find ways to meet the needs they are identifying in their organization that they have raised funds for community use, although Hopeline is one of these programs.

Health Services: Pharmacy Budget Services

Target Population: Any resident of Warren or Clinton Counties in need of support for MAT or psychiatric medication while receiving services from a contracted provider.

A. Naloxone funding to support:
    1. Local health departments if there is a need to provide financial assistance to first responders, WC Sheriff Office and other law enforcement departments carrying naloxone
    2. A community-based distribution program in partnership with local medical, behavioral health providers and the health departments.

B. Central Pharmacy helps to cover medication costs for individuals involved in our Community Support Collaborative programs as well as assisting with medication coverage for individuals at the local jails when not already covered under jail formulary.

C. Medication Assisted Treatment: MAT cost reimbursement to contract providers using MAT for those individuals not covered by other funding sources

Familiar Faces/Care Coordination Worker:

Target Population/Function: The intent of this position is to be a connector and outreach worker for individuals that live in the City of Franklin, City of Wilmington, City of Lebanon and other Warren and Clinton County residents. These positions will provide coordination and linkage for identified individuals and will connect with service providers. The role(s) will be to provide QRT, service connector, and outreach and will locate clients and individuals that are or are eligible to be involved in the MHRB system of care. These positions will work together with staff from crisis, Hopeline, treatment, harm-reduction, and city employees like Police, Fire and EMS. They will also venture out of the city limits to cover any similar needs that could arise in the counties for QRT and other needed outreach. These positions shall navigate between the treatment providers, city, homeless areas, medical centers to bridge and create connections for those struggling, in care, and/orin need ofcare for BH needs. Talbert House staff will work with MHRB to evaluate the program andfocus on those areas needing the most attention, which could change day-to-day; so this is designed to be a flexible response program.

Forensic Assertive Community Treatment:

Assertive Community Treatment (ACT) is an evidence-based practice that improves outcomes for people with serve mental illness who are most at-risk of psychiatric crisis/hospitalization and involvement in the criminal justice system. ACT is a multidisciplinary team approach with assertive outreach in the community. The goals are to reduce hospitalization, increase housing stability and improve the quality of life for people with the most severe symptoms of mental illness.

This specialized Forensic Assertive Community Treatment (FACT) team will work with individuals who are involved with the justice system and/or have medium to high criminogenic risk.

Services will align with best practices as defined by the Center for Evidence-Based Practices at Case Western Reserve University and demonstrate acceptable fidelity review scores. Services will be provided in an integrated manner by as team and include:

- Psychiatric care/Nursing care
- Individual counseling
- Supported employment/education referrals
- Peer Service referrals
- Case management

First Episode Psychosis (FEP) Team:

An Outpatient team devoted to early identification and treatment of psychotic illness will provide:

- Rapid access to services;
- Help people with schizophrenia spectrum disorders set and achieve goals for the future; and
- Involve loved ones in the recovery process.

Services will align with best practices as defined by the FIRST Coordinated Specialty Care for First Episode Psychosis program standards as outlined by the BeST Center at NEOMED. Services will be provided in an integrated manner by as team and include:

- Psychiatric care
- Individual counseling
- Family education and support
- Supported employment/education referrals
- Case management

FEP/FIRST is most appropriate for individuals who:

- Are between 15-40 years of age
- Are diagnosed with schizophrenia, schizoaffective, schizophreniform disorder or other specified/unspecified schizophrenia spectrum, Bipolar I with psychosis and other psychotic disorder
- Have experienced no more than 18 months of psychotic symptoms (treated or untreated)
- Are willing to consent to participate in at least two treatment modalities that include individual resiliency training and counseling, psychiatric care, supported employment/education, family education and support, and case management

FIRST is not appropriate for individuals:

- With psychotic symptoms that are known to be the caused by the temporary side effects of substance abuse or another medical condition
- With an intellectual disability that impairs their ability to understand all of the treatment components

Individuals who do not meet eligibility criteria for FIRST are referred to other treatment resources.

Teams are encouraged to enroll individuals into the program when it is unclear whether psychosis is a result of substance use or if schizophrenia is a correct diagnosis. Teams sometimes need additional time to continue to assess symptomatology and make better informed determinations over time regarding the cause of psychotic symptoms and the appropriate diagnosis. Teams should spend approximately six months assessing symptomatology and the correct diagnosis. If FIRST services are deemed inappropriate after six months, the team should refer and link client to other services, as appropriate.

Projects for Assistance in Transition from Homelessness (PATH) Services: Matching funding on a grant basis for the establishment of PATH Services in Clinton County. PATH deliverables will be in accordance with State/Federal Funding. NOTE: MHRB will need to apply for PATH funding from OhioMHAS.

Services:

1. Consultation
2. Outreach
3. Screenings
4. Linkage to needed services including but not limited to:
    - Habilitation and Rehabilitation
    - Community mental health and SUD treatment
    - Primary health care
    - Job Training and Educational Services
    - Housing
    - Connections to other local stakeholders and services when applicable, including Crisis Connection, Hopeline, QRT and MHRB outpatient and residential service providers

Hopeline/ One City Care Coordination:

Target Population/Function: Beckett Springs houses the care coordinators for the Hopeline, that is a partnership with One City for Recovery. This has been a project designed to engage individuals needing SUD treatment, part QRT (Quick Response Team after overdose) part case management, part engagement, part support. This group of individuals (MHRB has three, 1 for each county and 1 to do

follow up after a person has entered care and needs to be connected to the system of care, plus supervision). Over the years this approach has been successful in connecting individuals to treatment as the staff are not limited to a service in the office and many times find themselves being part of crisis and criminal justice-related responses.

DeCoach Assessment and referral project:

Target Population/Function: Individuals enter into the system in a variety of ways, many times being mandated to care. There have been waits and other delays to get individuals connected to care. This project has allowed quick access to screening, assessment and referral for individuals connected to the municipal court system and Warren County Child Protective Services. Once screened, an assessment is completed for those that are in need of that service; if treatment needs are evident the DeCoach staff makes direct referrals to the local treatment provider network. This has reduced the time to get started on needed treatment services.

SECTION III: TARGET OUTCOMES

- Clients will maintain or show improvement (Treatment services)
- Clients will receive timely access to services.
- Clients will have access to prescriber services within established timeframes.