

Recovery Support Services Collaboration

ACCESS COUNSELING SERVICES
ALTERNATIVE LIVING SOLUTIONS
BEECH ACRES PARENTING CENTER
BEST POINT BEHAVIORAL HEALTH
BUTLER BEHAVIORAL HEALTH SERVICES
CAMP JOY/OTHER RESPITE PROVIDERS AS NEEDED
CENTRAL CLINIC
CHILD ADVOCACY CENTER
CLINTON COUNTY FAMILY AND CHILDREN FIRST COUNCIL
CLINTON COUNTY HOMELESS SHELTER
GREATER CINCINNATI BEHAVIORAL HEALTH SERVICES
LIFESPAN
MENTAL HEALTH AMERICA OF SOUTHWEST OHIO AND NORTHERN KENTUCKY
MHRB PARTNERS:
NAMI OF SOUTHWEST OHIO
NEW HOUSING OHIO
SINCLAIR COMMUNITY COLLEGE
SOLUTIONS COMMUNITY COUNSELING AND RECOVERY CENTER
TALBERT HOUSE
TALBERT SERVICES
VARIOUS YOUTH HOSPITAL, RESIDENTIAL AND PHP PROVIDERS (TBD)
WARREN COUNTY EDUCATIONAL SERVICE CENTER
WARREN COUNTY FAMILY AND CHILDREN FIRST COUNCIL/COORDINATED CARE
WHOLE TRUTH MINISTRIES

SECTION I: RATIONALE & APPROACH TO SERVICE

The MHRB system is designed to not only provide for vital treatment services, but also for the necessary supports to enhance the opportunity for recovery. Research shows that the use of recovery supports reduces hospitalizations and other emergency interventions and increases participation in the community. Recovery support services are provided for clients in identified service plans based on individual need.

Persons with mental illness and substance abuse disorders who are helped by peers tend to experience more thorough and longer-lasting recoveries. Peer support focuses on providing social support, advocacy, mentoring, and access to community resources. The ultimate goal is to enhance community support and integration. Peer staff have also been found to increase participants' sense of hope, control, and ability to effect changes in their lives; increase their self-care, sense of community belonging, and satisfaction with various life domains.

Maximizing the opportunities for each consumer to function at the highest level of their potential with options available for housing that range from temporary to permanent. Community inclusion in housing is encouraged and should be considered as consumers reach their highest level of functioning.

Vocational/employment is a fundamental part of recovery, community integration and stability. Work offers purpose for many individuals, navigation to key organizations specializing in this service is essential.

The expected outcome of Recovery Support Services is to maintain persons in the least restrictive setting possible so they may achieve an enhanced quality of life. This will be accomplished by:

- Decreased hospitalization, out of home placement and/or incarceration by offering community supports
- Increased social and vocational functioning

SECTION II: SERVICES AND TARGET POPULATIONS

I. Peer Services:

Adult Target Population:

- A. those who are receiving MHRB's SPMI services. **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: (1) the individual does not have the resources or skills necessary to maintain function in the home or community environment without assistance or support; (2) the individual's judgment, impulse control, or cognitive perceptual abilities are compromised; (3) the individual exhibits significant impairment in social, interpersonal, or familial functioning; and (4) 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 as defined in the current version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.
- B. those who have a substance use disorder
- C. those who have a combination of mental illness and substance use

1. Certified Peer supporters- provides supervised services, both individually and in groups to person with mental health and substance abuse disorders in a variety of settings including but not limited to jail, outpatient, housing and community
2. NAMI- provides group support services to residents of Warren and Clinton Counties who experience mental illness in themselves or their families. These services include Family to Family groups, Peer to Peer groups and Educational Forums and monthly Support Groups.

Family Peer Support Target Population:

Parents of youth who are involved in Mobile Response and Stabilization Services (covered in Crisis Collaborative Plan/MRSS services)

II. Mental Health Housing:

All housing must meet OhioMHAS Quality Housing Criteria Standards

Target Population: Any Warren or Clinton County Adult Client within the MHRB system who is receiving SPMI services. 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: (1) the individual does not have the resources or skills necessary to maintain function in the home or community environment without assistance or support; (2) the individual’s judgment, impulse control, or cognitive perceptual abilities are compromised; (3) the individual exhibits significant impairment in social, interpersonal, or familial functioning; and (4) 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 as defined in the current version of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.

- A. Temporary Housing- up to 90 day stays for those in the MHRB system in contracted homeless shelters.
- B. Transitional Housing- up to 90 day housing for those leaving hospitalization or institutional setting (if appropriate) or those in need a more stable environment in

the community in an effort to stabilize and avoid hospitalization and secure more stable housing.

- C. Congregate Living- housing for those who require up to 24 hours per day of on-site supervision. These units are located in a common complex or building and have staff on site for a minimum of 20 hours per week.
- D. Permanent Supportive Housing- housing that is for the long term with no designated end time. Persons must follow all rules of the housing provider and remain current on their financial obligations. (Exception: Those who are in Permanent Supportive Housing as of 7/1/2020 may remain in this level of care even though they may not be receiving service within the MHRB system.)

Target Population: Any Warren or Clinton County child or adolescent who meets the following criteria:

- A. Youth Residential/Inpatient Hospitalization/Partial Hospitalization Funding Pool- Short term placement for children or adolescents who are currently being served in the MHRB System i.e. a currently enrolled and active client of a MHRB provider agency. “Active” is defined as having been provided a billable clinical service within the prior 30 days (exception is if the client has been hospitalized for this duration). Further eligibility includes:
 - 1. All levels of available outpatient SED services have been unsuccessful in sufficiently stabilizing the client’s symptomology OR
 - 2. There is significant concern related to danger to self or others (due to psychiatric disability) if the client remained in the community as evidenced by multiple psychiatric hospitalizations in the past 6 months.
 - 3. The youth is not eligible for FCFC Service Coordination/Wraparound services and thus pooled funding.
 - 4. The youth is not eligible for OhioRISE.
 - 5. The youth is not in the custody of an agency.
- B. Pooled Funding- Funding pooled with collaborative parties (Developmental Disabilities, Juvenile Court, Children’s Services) to provide services including residential to multi-need/multi-system children and adolescents as defined by the Service Coordination Mechanisms for each county.

III. Recovery Housing

All housing must meet OhioMHAS Quality Housing Criteria Standards plus be either certified or working toward certification by Ohio Recovery Housing (ORH) at either Level 2 or 3.

Target Population: Any Warren or Clinton County Adult Client within the MHRB system who is in active recovery from addiction. Recovery Housing is defined by levels through Ohio Recovery Housing (ORH) and each level can be classified as temporary, transitional and permanent supportive

housing within a congregate living situation. As already indicated in the above for MH Housing, Recovery Housing is to provide a support system for those in recovery for Substance Use Disorder (SUD). (Those who are in these housing levels may remain until their service is complete even though they may not be receiving service with the MHRB system.)

- A. There is no defined time limit, but an overall goal for provider and each resident is that upon admission, the individual is working to maintain a program of recovery so that there will be a plan to move out in the works
- B. Many residents seem to be staying between 6-12 months. MHRB will let the provider determine the length of stay.
- C. Provider is to staff each facility
- D. The desired designation for Recovery Housing in OH is to classify as Time-Limited Housing, for Level 3 Recovery Homes. Persons must follow all rules of the housing provider and remain current on their financial obligations. MHRB understands that providers will begin a plan for moving out of the recovery housing with each client soon after arrival, this is to promote moving forward in recovery and taking on responsibility such as independent housing.

IV. Vocational Services

Target Population: Any person in a designated service plan (SPMI, SED or SUD) of employment age receiving MHRB Services who needs linkage and referral service to vocational services.

A continuum of assessment/ referral services to better serve the target population and support them in securing and retaining employment with appropriate screening, assessment, and referrals.

V. Supportive Education Services: Sinclair Supportive Education Counselor

Target Population: The Program is available to students of Sinclair Community College-Mason Campus who are active in the MHRB system of care or who have been identified by the school as requiring a referral to behavioral health services.

The intent of the program is to offer support and guidance to help persons with mental health to move from a state of dependency to independency and thereby successfully achieve their academic goals. A Counselor, employed by Sinclair, will staff the Program and serve as a personal point of contact and assistance for identified students. The Counselor will assist the students navigate the college system and provide access to college programs/services (including necessary accommodations) as well as referral to necessary community services including but not limited to behavioral health.

VI. Transportation

Target Population: Any Warren or Clinton County Adult Client in MHRB’s SPMI service plan who is participating in groups and/or adult education or a client in SUD designated service plan attending Intensive Outpatient Program (IOP).

Transportation Services- provide safe, reliable transportation assistance to SUD clients to attend IOP and SPMI clients to attend group therapy, adult education services or designated recreational activities.

VII. Other Services:

A. Youth Respite-

Target Population: Any Warren or Clinton County SED Child/Adolescent up to age 18 who is currently enrolled and active with a MHRB provider. The purpose of these funds is to provide short-term, temporary relief to the informal, unpaid caregiver of a youth in order to support and preserve the primary caregiving relationship.

Preference should be given to (but is not limited to):

- Youth whose families are struggling with the stressors of caring for a child with behavioral health needs
- Youth who are being cared for by kin
- Youth who are involved in multiple services
- These funds may not be used for children in foster care placement as alternative funding is already available
- Must meet the criteria established by provider to participate
- There are no limitations as to the number of times a youth attends these respite opportunities. Based upon need and MHRB resources, this will be determined on a case-by-case basis.

B. Child Advocacy Center of Warren County (CAC)- Target Population: Abused and neglected children and adolescents

The purpose of these funds is to support the mission of the CAC to provide a multi-system response to child abuse through intervention and education. Children’s Advocacy Centers are facility-based partnerships designed to coordinate multidisciplinary investigations of child abuse in a child friendly environment. CACs are considered the best practice model of investigating child abuse and providing services to child victims. The team consists of representatives from local law enforcement, children’s services, prosecutor’s office and various community agency representatives. In terms of behavioral health, the aim of the CAC is to guide the abuse victims and their non-offending families to trauma treatment to facilitate their recovery.

C. SED Ancillary Services-The purpose of this flexible fund is to allow agencies to secure ancillary services for high-risk youth/families involved in services to facilitate recovery. Limited funds are available for this, therefore it is the responsibility of the agency to prioritize use accordingly.

Target Population:

1. Age: 8-24 years old
2. Residence:
 - i. Warren or Clinton County resident
 - or
 - ii. Out of County Student enrolled at Warren County Learning Center or Southern Ohio Learning Center and receiving behavioral health care from a contract agency with the MHRB network (Strong Families/Safe Communities funding)
3. Presents as a risk to themselves, their families, or others due to mental illness or a developmental disability. This can include acts or threats of violence, self-harm, recurrent suicide threats, actual suicide attempts, as well as aggressive and disruptive behavior in the community or home. Police/court involvement may have occurred.
4. Must have either a mental health diagnosis or a developmental disability diagnosis or both
5. Placement risk/needs should include at least one of the following:
 - i. Is at risk for out-of-home placement due to his/her behavioral health condition/developmental disability (<18 y.o.)
 - ii. Has recently returned from an out-of-home placement (<18 y.o.)
 - iii. Requires a high intensity of behavioral health interventions to safely remain in or return home
 - iv. Has a history of multiple hospitalizations
 - v. Is or has been incarcerated in detention or jail for acts or threats of violence
6. Is an active client receiving services from a designated MHRB contract agency

Use of Ancillary Funds is limited to the following:

1. Fees for youth/family recreational activities for the purposes of the youth practicing skills learned in treatment. Acceptable Examples can include:
 - a. Fees to join activities: scouts, sports team, YMCA, etc.
 - b. Fees for various lessons: sports, music, art, etc.
 - c. Fees for camps arranged by the agency (beyond those directly contracted for by MHRB)
2. Fees for family recreational activities to facilitate family bonding. Family Bonding activities much provide an opportunity for interaction. For instance, going to a movie would not be appropriate. Acceptable Examples can include:
 - a. Outings to zoo, amusement park, bowling, etc.
 - b. Family meal or picnic
 - c. Camping outing or other overnight event
 - d. Transportation to family bonding event
 - e. At-home family activities such as interactive games, puzzles, crafts
3. Purchase of items to assist with treatment interventions and/or to facilitate recovery. These must be directly relatable to the treatment needs/goals of the youth. Examples can include:
 - a. Items to aid in coping such as sensory devices or materials
 - b. Items to aid with communication (if not available through other funding sources)

4. Other uses of the ancillary funds can be considered upon request to MHRB. Provide proposed use and how this links to client's treatment/recovery for consideration

D. Therapeutic Mentoring: Ancillary service which offers face to face interventions designed to meet the specific needs of the mentee. Such interventions should be client driven, goal oriented, and strength based. As there are limited MHRB funds allocated for this service, referred individuals should meet the following criteria:

1. Client Enrollment, at least one of the following:
 - a. Active Warren/Clinton County SED client within the MHRB system
 - b. Active Warren/Clinton County SED client from Beech Acres Parenting Center receiving services at Southern Ohio Learning Center
 - c. Active Warren/Clinton County SED student at Warren County Learning Center
 - d. Through Strong Families/Safe Communities grant funding, Therapeutic Mentoring services can be offered to Out of County SED clients seen at SOLC or WCLC by a MHRB system treatment provider
2. Must maintain active client status throughout the duration of therapeutic mentoring service
3. Not eligible for Therapeutic Mentoring funded by other sources, specifically the Family & Children First Councils' Family-Centered Services and Supports (FCSS) funds or OhioRISE
4. Presents with significant interpersonal/social skills deficits or behavioral problems which could be enhanced through one-on-one coaching/interaction
5. Lacks informal social supports (i.e. one parent household, kinship care provider, etc.)

VIII. Special Billing Specifications:

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 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 5122-29-31](#) for the provision of telehealth. All providers must include the “GT” modifier for telehealth services.

SECTION III: TARGET OUTCOMES

Target Outcomes for the Recovery Collaborative Plan include:

- Individuals will have improved social, vocational, or educational engagement – Peer Services, Supported Education Services, Therapeutic Mentoring Services, Vocational Services, Transportation Services
- Families will be supported in on-going service engagement, in interactions with school personnel/other professionals, and through respite services – Parent Peer Services, Respite Services
- Individuals will retain satisfactory behavioral health-focused community housing – Mental Health Housing
- Individuals will be stabilized in more restrictive residential environments and then return to the community - Adult Residential Services, Youth Pooled Fund and Residential/Inpatient Hospital/Partial Hospitalization funds
- Individuals will experience success by maintaining long-term SUD recovery – Recovery Housing