

Ohio Department of Mental Health and Addiction Services (OhioMHAS)  
2023-2025 Community Assessment and Plan (CAP):

# Crisis Services Plan Update

## Overview

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) will issue \$32 million in state crisis funding in SFY 2024-2025 to directly support standardized and quality crisis access in communities to appropriately reduce behavioral health related arrests or emergency room visits, and to help meet the needs of individuals and families to prevent or stabilize a substance use or mental health crisis. These funds will help ensure crisis services are a part of an integrated care continuum focused on managing individuals’ behavioral health and medical needs. OhioMHAS is requesting ADAMH Boards to submit an updated CAP Crisis Services Plan by **October 31, 2023**, to the Crisis System email:

[CrisisSystem@mha.ohio.gov](mailto:CrisisSystem@mha.ohio.gov) ADAMH Boards should work in collaboration with regional partners and providers to plan for regional service provision.

**THIS REPORT IS INTENDED TO CAPTURE THE FULL CONTINUUM IN YOUR BOARD AREA REGARDLESS OF PAYOR SOURCE OR FUNDING.**

### Crisis Services Continuum Report for: *(Board Area)*

\_\_Butler County Mental Health & Addiction Recovery Services  
Board \_\_\_\_\_

1. **Describe the Board’s Crisis Planning Committee/Task Force:** The Butler County Mental Health & Addiction Recovery Services Board reviews its crisis planning needs as a component of its bi-annual Strategic Planning Process. Various groupings of interested parties across the county are surveyed during the development of this plan. Also, the recent development process of our proposed Crisis Stabilization Unit included focus group responses composed of various strategic partners in the community.

2. **Describe the Board’s current and planned crisis continuum of care in the following table.**

Crisis Continuum	Service offered in your geographic board area in CY 2023 (Yes/No)	Service is offered via a contract adjacent to your geographic board area in CY 2023 (Yes/No)	Service is offered adjacent to your geographic board area but with no monetary support from your Board in CY 2023 (Yes/No)	New Service is planned for CY 2024 (Yes/No)	New Service is planned for CY 2025 (Yes/No)
Crisis call centers	Yes	No	No	No	No
Mobile crisis teams	Yes	No	No	No	No

Mobile Response and Stabilization Services	No	No	No	No	No
Crisis residential services	No	No	No	No	No
23-hour Crisis Observation	No	No	No	No	No
Crisis Stabilization Center	No	No	No	Yes	Yes
Inpatient Crisis Psychiatric Services	Yes	No	Yes	No	No
Urgent care crisis services	Yes	No	No	No	No
Withdrawal management	Yes	No	No	No	No
SUD Crisis Residential	Yes	No	No	No	No
Crisis Respite	No	No	No	No	No
Other	No	No	No	No	No

3. Describe how people in need of crisis services locate and access services in the Board area’s crisis continuum of care. Local Butler County residents, as well as some out of county residents including 988 callers can access all crisis services by calling our Hot Line Services at 1-844-427-4747. This number is operational 24/7, 365 days a year. Also, our mobile crisis program can be reached 8:00 AM-5:00PM Monday through Friday at 513-881-7180, or a request can be made for these services by contacting the Hot Line directly.

4. What gaps, based on the continuum in Question #1 are currently present in the Board area? Describe the target population most impacted by this gap in terms of age, gender, race, geographic location, special population status, etc. The Butler County Mental Health & Addiction Recovery Services Board has noted a gap in services between clients being discharged from the Butler County Jail and local hospitals. At times clients remain decompensated, and often, suffering relapses, going back to the jail and to local hospitals. This Board researched various Crisis Stabilization Centers both in state and out of state to determine that this program has a strong potential to reduce recidivism among the clients we serve. Engaging a client/consumer early on in their symptoms become problematic increases their chances of entering treatment earlier in the continuum of care. This early engagement increases the chances for clients/consumers having successful interventions and outcomes. The program will be designed to act as “the hub” of crisis services. It will be designed to accommodate adults 18 years of age and over, all genders, all races, and all special populations within Butler County. In theory, it will reduce the need for inpatient psychiatric admissions. The program will work closely with local MH/SUD provider agencies, local law enforcement, and local hospital ED’s. The program should also reduce any need for civil admissions to the local state hospital, Summit Behavioral Healthcare.

5. Crisis Continuum Funding Sources and Amounts.

Total Crisis Continuum Funding: Identify the amount of funding that supports the crisis continuum		
Funding Source	Amount Planned in CY 2024	Amount Planned in CY 2025
Local Levy	\$682,672.00	\$682,672.00

Local Grants <i>(grants not funded via OhioMHAS)</i>		<b>\$2,500,000.00 (Grants generated by local sources earmarked for proposed Crisis Stabilization Unit)</b>
State GRF		
OhioMHAS Funded Grants	<b>\$839,963.00</b>	<b>\$1,000,000.00 (Capital Grant earmarked for proposed Crisis Stabilization Unit.)</b>  <b>\$839, 963.00</b>
Other Funding:		

6. **Describe the Board’s plan to enhance, expand, or continue to support the crisis continuum in your board area?** Include the goals identified in the Community Assessment Plan and capital plans to support expansion of the continuum. Also include plans to address Gaps identified in Question 5 above. Note what outcomes you are measuring to indicate success and to manage continuous quality improvement. At this time, as mentioned in this Board’s Community Assessment Plan, is the establishment of a Crisis Stabilization Unit (see #4 of this Update). This Board has determined that this is a priority for the development of a third tier in the crisis continuum of care. This Board has established a very strong crisis hot line system. Our hot line rarely drops a call as it has a four-person redundancy. The data we receive from the hot line is very rich and detailed based on the ICAROL System. This data includes: numbers of calls and texts, client demographics, zip codes where the calls originate, referral information regarding our MRSS and mobile crisis teams, basic call and text sources, caller information regarding crisis situations, how the county residents “heard” about our hot line, and the hot line’s self-imposed quality assurance program. Our Mobile Crisis Team has been in place for over 30 years based on a model developed in Memphis, Tennessee. We received detailed outcomes on this service as well on a quarterly basis. The implementation of the Crisis Stabilization Unit will also have detailed outcomes, such as the numbers of clients entering the program, lengths of stays, and referral dispositions. Board clinical staff regularly meet with providers of these services to discuss challenges and successes. Funding for this new program will be sought from our local MH/SUD levy, federal funding received by our local county commissioners, and capital funding from OhioMHAS.

Current Term for survey	Definition- taken from Roadmap to the Ideal Crisis System	Dashboard Term	Licensure and Certification Rule (Current)
Crisis call centers	<p>Call center or crisis line: A direct-service telephone line that is answered 24/7 by staff that has been trained to work with individuals in urgent and emergent crisis and can connect individuals to needed resources and help support problem solving and coping skills.</p> <p>Warmline or helpline: A direct service in which trained peers or volunteers provide support via telephone during specified hours of operation. These lines are used for non-emergent situations, such as loneliness, anxiety or need for support, that could potentially worsen to an emergency if not addressed.</p>	24-Hour Crisis Hotline/Textline; Warm Lines	<p>CBHC Certificate 5122-26 with following certified Services:            BH Hotline 5122-29-08            Peer Support Services 5122-29-15</p>
Mobile crisis teams	<p>Mobile crisis services: Teams consisting of behavioral health specialists, usually professionals and peers, who can be deployed rapidly to meet an individual experiencing a crisis at their location in the community. These teams perform psychiatric assessments, de-escalate crises, determine next steps in an individual’s treatment and connect the individual in crisis to needed services in the community. Mobile crisis workers may be deployed independently and/or work as co-responder teams with law enforcement, emergency medical services or other first responders</p>	Mobile Crisis Team/ Children Mobile Response Stabilization	<p>CBHC Certificate 5122-26 with following certified services:            General Services 5122-29-03            Crisis Intervention 5122-29-10            Referral and Information 5122-29-22            SUD Case mgmt. 5122-29-13            Peer Support Svcs 5122-29-15            Community Psychiatric Supportive Tx 5122-29-17            Therapeutic behavioral svcs &amp; Psychosocial Rehabilitation 5122-29-18</p> <p><u>Youth Specific</u>            Mobile Response &amp; Stabilization Service 51-29-14 (MRSS requires provider to also be certified in</p>

			<p>General Services 5122-29-03 SUD Case mgmt. 5122-29-13 Peer Support Svc 5122-29-15 Community Psychiatric Supportive Tx 5122-29-17 Therapeutic behavioral svcs &amp; Psychosocial Rehabilitation 5122-29-18</p>
Crisis residential services	<p>Residential crisis services: Provide a few days up to two weeks of 24-hour crisis intervention and monitoring for individuals in acute behavioral health crisis who cannot be served as outpatients but do not require inpatient psychiatric services. Services provided include 24-hour supervision, assessment and treatment of symptoms, individual and group therapeutic services, social services and referrals and handoffs to community resources. Different terms are used, such as crisis stabilization unit, crisis residential unit and crisis respite services, depending on the level of medical/nursing involvement and service intensity.</p>	Short-Term Acute Residential Treatment	<p>CBHC certificate 5122-26 with following certified services: General Services 5122-29-03 Peer Support Svc 5122-29-15 Community Psychiatric Supportive Tx 5122-29-17 Therapeutic behavioral svcs &amp; Psychosocial Rehabilitation 5122-29-18</p> <p><u>SUD Specific</u> (Adults) Residential, Withdrawal, and inpatient SUD 5122-29-09 (Youth) SUD qualified residential treatment program (QRTP) for youth 51-22- 29-09.1 SUD Case mgmt. 5122-29-13</p>

			MH Specific requires a Residential Class 1 License plus CBHC certificate (ADULT) Residential Class 1 license with (YOUTH) QRTP 5122-30-32
23-hour Crisis Observation	Extended (23-hour/48-hour) crisis observation: Provide up to 23 or 48 consecutive hours of direct and usually intensive supervised care in order to help individuals in acute crisis with either unclear or transient situations to have more thorough assessments and potentially resolve the crisis to avoid unnecessary hospitalization. Services provided include 24-hour observation and supervision, assessment and treatment of symptoms and referrals to appropriate community resources.	23-Hour Observation Level of Care	CBHC Certificate 5122-26 with following certified services: General Services 5122-29-03 Crisis Intervention 5122-29-10 Referral and Information 5122-29-12 Peer Support Svcs 5122-29-15 Community Psychiatric Supportive Tx 5122-29-17 Therapeutic behavioral svcs & Psychosocial Rehabilitation 5122-29-18  <u>SUD Specific</u> Residential, withdrawal, and inpatient SUD 5122-29-09 SUD Case Mgmt 5122-29-13
Crisis Stabilization Center	Crisis hub or crisis center: Also called crisis access centers or crisis resource centers. These centers are licensed and provide an array of 24/7 behavioral health crisis services in one location, including assessment, treatment, stabilization and referrals to appropriate	Crisis Stabilization Unit	Same as Crisis Residential Services requirements listed above  If providing 23 obs crisis @ the

	community resources and follow-up care and often serve as a point of coordination for all the crisis services in the continuum for all age groups and populations.		CSU will need to include the guidelines for 23 hour crisis observation as listed above
Inpatient Crisis psychiatric services	Inpatient psychiatric care: inpatient hospital-based psychiatric treatment in general hospital or freestanding psychiatric hospital settings, designed for individuals whose acute exacerbation of psychiatric symptoms render them unable to cope safely in the community and are too severe to be managed at a lower level of care. Services provided include a secure setting, 24-hour medical and nursing management, 24-hour observation and supervision, intensive assessment and treatment of symptoms, both individual and group therapeutic services, social services and development of a plan to transition the individual back into the community	Level 1 Acute Care Psychiatric Inpatient	Private Psychiatric Hospital 5122-14 Youth or Adult  (Youth) CBHC Certificate, deemed/national accreditation, Psychiatric Residential Treatment Facility (PRTF) PLUS Residential Class 1 License
Urgent care crisis services	Walk-in behavioral health urgent care services are conceptually equivalent to medical urgent care services. Behavioral health urgent care provides a valuable cost-effective alternative to ER utilization for behavioral health crises, just as medical urgent care provides similar value for diverting individuals with urgent but non-emergent medical needs. Behavioral health walk-in urgent care can provide easy access to a crisis response that does not initially require intensive or secure intervention. Individuals and families can access these services on their own, in convenient locations in the community or be directed to urgent care centers by the call center or crisis line (when that option is more appropriate than mobile crisis).	n/a	CBHC Certificate 5122-26 with following certified services: General Services 5122-29-03 Crisis Intervention 5122-29-10 Referral and Information 5122-29-12 Peer Support Svcs 5122-29-15
Withdrawal management	Withdrawal management, or medical detoxification safely manages the acute physical symptoms of withdrawal associated with stopping drug use. The goal of withdrawal management is to enable a person to stop taking the addictive substance as quickly and safely as possible.	Detoxification Services	CBHC Certificate with certified services Residential, withdrawal mgmt., and inpatient SUD 5122-29-09 (Youth) 5122-29-09.1 QRTP

			<p>SUD Case Mgmt 5122-29-13</p> <p>Ambulatory withdrawal mgmt. - outpatient or less than 23 hour obs. – CBHC Certificate 5122-26 with following certified services: General Services 5122-29-03</p>
SUD Crisis Residential	<p><b>Adult SUD Residential Crisis Services</b> (ASAM Level 3 Withdrawal Management): ASAM 3.7: Medically Monitored**, ASAM 3.2: Socially supported**, Option to consider: Sobering Center</p> <p><b>Adolescent SUD Residential Crisis Services</b> (ASAM Level 3 WDM): ASAM 3.7: Medically Monitored**, ASAM 3.2: Socially supported**</p>	n/a	<p>CBHC Certificate with certified services Residential, withdrawal mgmt., and inpatient SUD 5122-29-09 (Youth 5122-20-09.1) SUD Case Mgmt 5122-29-13 General Services 5122-29-03 (to cover dual disorder)</p>
Crisis Respite	<p>Respite services: Residential crisis services in a home-like environment. Some respite centers are peer-based with substantial peer support as the primary intervention.</p>	Peer Respite Services; Children's Respite Services	<p>Same as Crisis Residential Services, or Crisis Stabilization Unit or 23 Hour crisis observation requirements listed above depending upon length of stay</p>
Other		<p>Crisis Intervention Teams Peer Crisis Support/Peer Navigator</p>	<p>Peer Crisis Support/Peer Navigator CBHC certificate 5122-26 with certified services Peer Support Svcs 5122-29-15 General Services 5122-29-03</p>



			<p>Crisis Intervention 5122-29-10 Referral and Information 5122-29-12</p> <p><u>Crisis Intervention Team (CIT)</u> Same as Mobile Crisis Teams listed above</p>
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