



**Clermont County
MENTAL HEALTH
& RECOVERY BOARD**

2337 Clermont Center Drive • Batavia, Ohio 45103
telephone 513.732.5400 • fax 513.732.5414 • TTY 800.750.0750
website www.ccmhrb.com • Crisis Hotline 513.528.SAVE (7283)

AGENDA

March 7, 2026 9:00 a.m.

4357 FERGUSON DRIVE, SUITE 230, CINCINNATI, OHIO 45245

The Clermont County Mental Health and Recovery Board, under local leadership, shall plan and make provision for comprehensive behavioral health treatment, prevention, and recovery support services that are accessible to all residents of Clermont County and shall evaluate the delivery and effectiveness of these services.

- I. Call to Order
- II. Approval of Agenda
- III. Approval of Minutes: February 9, 2026 (**Enclosure One**)
- IV. Training: NONE
- V. Business
 - A. Executive Director's and Staff Reports (**Enclosure Two**)
 - B. Committee Reports
 1. Program Committee-Review of February 17, 2026 Meeting
- VI. Unfinished Business
 - A. Funding for Non-United States Citizens (**Enclosure Three**)
- VII. Agency Directors' Reports (**Enclosure Four**)
- VIII. New Business
 - A. Action Items
 1. Addendum to the Fiscal Year 2026 (FY26) Purchase of Services (POS) Contract with Greater Cincinnati Behavioral Health Services (GCB) for Supportive Housing Program Funding from the Ohio Department of Behavioral Health (DBH) (**Enclosure Five**)

Recommended Action: To approve the Addendum to the FY26 POS Contract with GCB as presented and to authorize the Executive Director to sign the Addendum on behalf of the Board.
 2. FY27 Mini Grants Budget (**Enclosure Six**)

Recommended Action: To approve a budget for the FY27 mini grant program and to authorize Board staff to publicly announce the funding opportunity.
 - B. Discussion Items: None
- IX. Announcements/Comments from Public Attendees
- X. Executive Session-Personnel Matter
- XI. Adjournment

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ENCLOSURE ONE

MINUTES of February 9, 2026

MEMBERS PRESENT: Elizabeth (Liz) Atwell (Zoom), Gretchen Behimer, Jara Bonner, Rebecca Cochran-Kasson, Joe Ellison, Jeff Higgins, Mark Johnson, Patty Lawrence, Joy Lytle, Nathan O'Der, Laura Perez (Zoom)

MEMBERS EXCUSED: Tony Rees

ASSOCIATE MEMBERS PRESENT: Raymond Bailey (Zoom)

ASSOCIATE MEMBERS EXCUSED: Richard Chaney

GUESTS PRESENT: Alicia Fine, Beth McManus, Kale Stewart, Laura Stith

STAFF PRESENT: Marcie Keith, Cindy Knoblauch, Denny Moell, Erica Pursley, Lee Ann Watson

1. Call to Order: The February 9, 2026, Board of Directors' meeting was conducted in person and virtually at 7:00 pm from the temporary Board office building at 4357 Ferguson Drive, Suite 230, Cincinnati, Ohio 45245. Chairperson Gretchen Behimer welcomed the attendees and called the meeting to order.
2. Approval of the Agenda: A motion was made, and unanimously approved, to approve the Agenda for the February 9, 2026 Board of Directors' meeting with the addition of: Item #V., B. 2. "Succession Planning Committee", a. "Review of February 9, 2026 Meeting". (Motion-Nathan O'Der, second-Mark Johnson).
3. Approval of the Minutes: A motion was made, and unanimously approved, to approve the minutes from the January 12, 2026 Board of Directors' meeting as corrected. (Motion-Jara Bonner, second-Nathan O'Der).
4. Training: NONE
5. Executive Director and Staff Reports: Executive Director Lee Ann Watson said that her report stands.

Associate Director Denny Moell's report stands.

Community Engagement Manager Marcie Keith's report stands.

6. Committee Reports:

- A. Program Committee: The Program Committee met on February 2, 2026 via Zoom at 7:00 pm. Committee Chair Liz Atwell summarized that evening's meeting. The Committee reviewed the draft of the Calendar Year 2026-2028 (CY26-28) Community Assessment Plan (CAP). The CAP includes a community needs assessment, measures to address those needs, and a listing of Clermont's crisis and behavioral health services. In addition, the Committee discussed agency mid-year funding requests. Child Focus reported no funding requests but has been discussing with Board staff the increase in behavioral health concerns for pre-kindergarten aged children. Greater Cincinnati Behavioral Health Services (GCB) anticipates being overspent on the FY26 Contract by \$175,000 (\$150,000 in substance use disorder services and \$25,000 in mental health services). Lastly, the Committee discussed the alignment of agency funding needs with the Gillette Model priority grid. The Committee will be meeting with the Board's Provider Agencies on February 17, 2026. The Board will further discuss the Program Committee meeting outcomes at the Board's annual Retreat on March 7, 2026.
- B. Board Member Succession Planning Subcommittee: The Succession Planning Committee met on February 9, 2026 via Zoom at 1:00 pm. Committee Chair Nathan O'Der said that Committee members met with Executive Director Lee Ann Watson and had a productive discussion on the development of a succession plan for Board members. The Board will further discuss the Succession Planning Committee meeting outcomes at the Board's annual Retreat on March 7, 2026.

7. Unfinished Business: NONE

8. Agency Directors' Reports: Laura Stith of Child Focus said her report stands. Laura added that Child Focus is seeing a 27% increase from last year in Crisis Hotline calls. Laura also highlighted some of the second quarter outcomes for the School-Based Mental Health redesign; including a reported 100% staff retention rate and 100% of school staff satisfaction with services. Lastly, Child Focus will be hosting a charity Cornhole Tournament at Little Miami Brewing Event center on March 18, 2026.

Greater Cincinnati Behavioral Health Services/Clermont Recovery Center's (GCB/CRC) report stands. Alicia Fine added that GCB's Primary Healthcare Clinic is thriving with two hundred seventy-four (274) enrollments. GCB has also started referring clients to Transitional Living of Southwest Ohio (TLSO) and A Perfect Stay.

Hope Community Center's (HCC) report stands.

NAMI of SW Ohio's report stands.

9. New Business:

A. Action Items

1. FY27 Purchase of Services (POS) Contract Standards: A motion was made, and approved by majority vote, to table the FY27 POS Contract Standards until a legal opinion is obtained regarding the addition of requiring legal United States citizenship to receive

Board funded services. (Motion-Rebecca Cochran-Kasson, second-Patty Lawrence). Liz Atwell-yea, Gretchen Behimer-yea, Jara Bonner-yea, Joe Ellison-yea, Jeff Higgins-nay, Mark Johnson-yea, Joy Lytle-yea, Nathan O'Der-yea, Laura Perez-yea.

2. CY26 Perkins/Carmack Construction Contract for Crisis Receiving Center: A motion was made, and unanimously approved, to approve the CY26 Perkins/Carmack Construction Contract for \$1,385,000 for the Crisis Receiving Center as presented. (Motion-Mark Johnson, second-Jara Bonner).
3. CY2026-2028 Community Assessment and Plan (CAP): A motion was made, and unanimously approved, to approve the CY2026-2028 CAP as presented. (Motion-Nathan O'Der, second-Joe Ellison).
4. Updated Procurement Card Policy 10.08: A motion was made, and unanimously approved, to approve the Updated Procurement Card Policy 10.08 as presented to mirror the spending limits approved by the Board of County Commissioners. (Motion-Mark Johnson, second-Jeff Higgins).

B. Discussion Items:

1. Provider Agency Mid-Year Revisions: Erica Pursley informed the Board members that the Board's Provider Agencies had no mid-year revisions. However, Greater Cincinnati Behavioral Health Services (GCB) did notify Board staff that GCB anticipates overspending its FY26 POS contract by \$150,000 in substance use disorder services and \$25,000 in mental health services. The Board will discuss this matter further at its annual Board Retreat on March 7, 2026.
2. Annual Conflict of Interest Statements: Board staff requested that all Board members and staff submit a signed Conflict of Interest Declaration for calendar year 2026.
3. Retreat Agenda Topics: The Board listed the following topics for the Board Retreat on March 7, 2026.
 - Gillette Priority Grid Update
 - Strategic Plan Update
 - Crisis Receiving Center
 - Board Succession Plan
 - Financial Projections
 - Community Assessment and Plan (CAP)/Community Needs
 - FY27 Agency Funding Needs
4. Review of Board Meeting Evaluations: The Board will discuss the Board meeting evaluations at the annual Board Retreat on March 7, 2026.

10. Announcements/Comments from Public Attendees: Kale Stewart of On Our Way Home (OOWH) said that OOWH would like to contribute to the Board's Community Assessment Plan (CAP).

11. Executive Session-Personnel Matter: A motion was made, and unanimously approved, to enter Executive Session. (Motion-Nathan O'Der, second-Patty Lawrence). Elizabeth Atwell-yea, Gretchen Behimer-yea, Jara Bonner-yea, Rebecca Cochran-Kasson-yea, Joe Ellison-yea, Jeff Higgins-yea, Mark Johnson-yea, Joy Lytle-yea, Laura Perez-yea. The Board moved into Executive Session at 8:06 pm.

A motion was made, and unanimously approved, to move back into Regular Session. (Motion-Patty Lawrence, second-Rebecca Cochran-Kasson). Elizabeth Atwell-yea, Gretchen Behimer-yea, Jara Bonner-yea, Joe Ellison-yea, Jeff Higgins-yea, Mark Johnson-yea, Joy Lytle-yea, Nathan O'Der-yea, Laura Perez-yea. The Board moved back into Regular Session at 8:29 pm.

The Board discussed the matter of CY2026 salary actions for the Executive Director. A motion was made, and unanimously approved, to approve the maximum salary increase for the Executive Director. (Motion-Mark Johnson, second-Patty Lawrence).

12. Adjournment: There being no further business, a motion was made, and unanimously approved, to adjourn the February 9, 2026 Board of Directors' meeting. (Motion-Jeff Higgins, second-Rebecca Cochran-Kasson).

Gretchen Behimer, Chairperson

Lee Ann Watson, Executive Director



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ENCLOSURE TWO

EXECUTIVE DIRECTOR'S REPORT February 26, 2026

Executive Director's Summary

Here are key updates from January:

- The Southwest Collaborative continued to work on the reduction in the budget for the Ohio Department of Behavioral Health's (DBH) Adult Mobile Crisis pilot funding. The Collaborative is decreasing the budget for each county in order to bring in two additional rural counties, Brown and Green Counties.
- The Board moved its office to the new location in Eastgate on February 2nd. The renovation for the Receiving Center began on February 3rd.
- Board staff continue to work on the County-wide Prevention Plan.
- Work on the New Housing Ohio (NHO) Felicity project continues. Additional funding has been secured, and the Board applied for State Community Projects capital funding on February 20th.
- Denny Moell and I completed suicide fatality reports for the Suicide Fatality Review Committee that met on February 26th.

Respectfully submitted,

A handwritten signature in black ink that reads "Lee Ann Watson".

Lee Ann Watson, Ph.D., C.R.C., L.P.C.S., R.A.
Executive Director

Encl.

1. Community/Board Related Updates

Board staff worked with the contract providers throughout February to identify funding needs for FY27.

The County Overdose and Suicide Fatality Review Meeting was held on February 26th. The overdose deaths were 14 for 2025. This is the lowest number of overdose deaths the county has seen for over 15 years. There were 27 suicide deaths in 2025, which is lower than the average, but still higher than the 23 deaths in 2024. There was an increase in veteran suicides, and two (2) youth suicides (under the age of 20). Denny Moell and I completed reviews of the suicides for six (6) of the veterans and the one (1) youth suicide to identify themes to assist with suicide prevention efforts.

Crisis Receiving Center

On February 2nd, the Board's office moved to our temporary location of 4357 Ferguson Drive, Suite 270, Cincinnati Ohio 45245.

Renovation for the Center began on February 3rd. The contractor is making good progress on the renovation. Board staff will meet with the Architect and Contractor monthly for updates.

2. Mental Health Related Updates

The TLSO had two (2) Clermont clients admitted in February. At the beginning of February, we learned that there were some issues with the HVAC system resulting in four (4) of the rooms not being useable for several weeks.

New Housing Ohio (NHO) and I have been working on funding for the project. The "Fulfill the Promise" funding from NAMI Ohio for \$1,466,000 was secured. This funding from NAMI Ohio was secured by the former NAMI Ohio Director from the Governor's Office to increase housing for adults with SPMI, particularly in Appalachian communities. NAMI Ohio provided Clermont with access to the full amount of funding for our project since the project has been stalled due to the lack of funding. NHO submitted the \$1.5 million funding request to Ohio Housing Funding Agency (OHFA) on February 5th. NHO feels confident that the OHFA funding will be awarded. The Board submitted an application for State Community Project capital funding in the amount of \$500,000 on February 20th. NHO has already received DBH capital funding in the amount of \$1 million, as well as loans. If the OHFA and Community Project capital funding is awarded, the project will be fully funded and ready to begin.

School Based Mental Health

Child Focus staff and I continued our quarterly meetings with the school districts. I have begun discussions with the school districts about the FY26-27 school year.

3. Substance Use Disorder Related Updates

On February 16th, the Department of Health and Human Services (HHS) began enforcing the final rule modifying the confidentiality of SUD client record regulations under 42 CFR Part 2 to align certain aspects of Part 2 with HIPAA rules. Major changes will assist with better coordination of care.

4. Ohio Association for County Behavioral Health Authorities (OACBHA) Related Updates

I continue to attend the biweekly OACBHA membership meetings, and the monthly New Director meetings.

The Culture of Quality Advisory (COQ) Committee met twice in February to review and propose updates to the COQ standards.

5. Ohio Department of Behavioral Health (DBH)

The Southwest Collaborative, led by Hamilton County, continues to work to reduce the budget for the adult mobile crisis pilot. The counties chosen for the pilot for Southwest, Hamilton, Butler, Clermont, and Warren/Clinton, have reduced their budgets enough to be able to have funding to include two additional counties, Brown and Green. These counties are being added to ensure that we have enough rural county representation and also to add a county (Green County) that does not currently have a mobile crisis team. Adding Green County will inform the state on what is needed to implement a mobile crisis team, particularly in a rural area. Once the pilot budget is finalized, it will be submitted to DBH for approval.

6. Criminal Justice Related Activities

The DBH lead for criminal justice projects such as TASC, Specialized Court Dockets, the Addiction Treatment Program (ATP), and IDAT (Indigent Driver Alcohol Treatment) attended Judge Beckmann's OVI Court docket on February 25th. The Judge and I met with DBH afterwards to discuss the need for additional criminal justice funding.

7. State of Ohio Related Activities/Legislation/Updates

OneOhio

GCB submitted a letter of intent for the second round of OneOhio funding for operational costs for the Crisis Receiving Center.

The monthly Region 14 Board meeting was held on February 24th. According to the representative from OneOhio, Region 14 received 111 letters of intent for the second round of OneOhio funding.

8. Federal Activities/Legislation/Updates

On February 3rd, the President signed the bill to approve the \$1.2 trillion appropriations package that fully funds the federal government through the end of the fiscal year on September 30, 2026.

The appropriation includes SAMHSA funding. Homeland Security was not funded and has shut down.

The U.S. Postal Service is establishing a peer support program for officers and employees in its law enforcement arm. This program will offer informal, confidential, and relatable support from trained colleagues who understand the unique pressures of law enforcement.

Associate Director Report March 2026

Training

Denny Moell participated in a Poverty Simulation exercise at University of Cincinnati Clermont College that was facilitated by St. Vincent DePaul. The exercise was designed to simulate the barriers and difficulties associated with functioning in society as a person living in poverty. During the training, students assumed distinct personas as individuals mired in extreme poverty and featured individual stations that simulated the experiences of seeking employment, navigating food benefits, childcare obligations, legal responsibilities, healthcare, and housing. Following the simulation, participants shared their perspectives, highlighting the difficulties associated with managing bills, childcare, and the agonizing choices between paying rent, purchasing medication, and buying food. Participants reported gaining insights that they may not have previously considered or experienced which provided them with a newfound understanding of the daily struggles faced by members of their communities.

Jail Linkage update

The Clermont County Jail Linkage monthly program committee continues meeting monthly to discuss process improvement strategies, collaboration opportunities, and programmatic needs. The group continues to focus upon the prioritization of scheduling intakes that will better align with the needs of criminal justice partners and the persons being served. The group has also begun to implement changes to the current program model given the expansion in scope of program in recent years and the competing demands of multiple referral sources.

2026 Clermont BRIDGE Day planning

Plans are underway for Clermont County to participate in Operation BRIDGE during the summer of 2026. The Ohio Department of Public Safety's Office of Law Enforcement Initiatives developed the BRIDGE program (Bridging Recovery & Interdiction Data Gathering Enforcement). BRIDGE combines the resources of law enforcement and substance use treatment in a coordinated effort focusing on reduction of supply and demand while simultaneously prioritizing treatment for those who qualify. In 2025, the Clermont County Sheriff's Office and the Clermont County Mental Health and Recovery Board partnered to be the lead agencies for the event which focused on illicit drug interdiction/enforcement and community outreach efforts. The 2025 event was held at Eastgate Walmart and featured a vast array of community resource partners from more than twenty local community organizations including Clermont County Public Health, Greater Cincinnati Behavioral Health, Child Focus, Cincinnati VA Medical Center, On Our Way Home, Clermont YWCA, Mercy Health Clermont Hospital, HealthSource of Ohio, Brightview Health, Safe Harbor of Hope, and numerous others. The event focused heavily on the implementation of harm reduction strategies with over fifty attendees being trained by Clermont Public Health to utilize the opioid overdose reversal drug, Naloxone, and being provided with two-dose boxes of the medication free of charge. Stay tuned for more updates about the 2026 event and see below for a news story featured on WCPO Channel 9 about the 2025 event:

[State initiative 'building bridges' to Clermont County recovery resources](#)



2/26/2026

Community Engagement February 2026

Marketing and Design

- February is Substance Use Disorder Treatment and Mental Wellness Month
 - Most shared: <https://www.linkedin.com/feed/update/urn:li:activity:7422683940001427457/>
- **Upcoming:** March Problem Gambling Awareness Month, National Sleep Awareness Week 2nd week

Community Engagement January 2026

- February: Voices for Suicide Prevention
- Safety Net Alliance Presentation, Overdose and Substance Risks in Clermont County

Community Outreach / Training / Grants

- Continued conversations and data collection in the County Prevention Inventory
- Continued progress toward Prevention Credential
- **Received Bronze Level Board Award from DBH**
- Prevention in Appalachia Training
- Motivational Interviewing Training
- 988 Collaborative Regional Outreach Grant digital campaign collaboration with (Brown, Warren, Clinton)
- Co-leading Public Health's CHIP Youth Mental Health initiative
- Prevention and Suicide Prevention Grant work with Bethel-Tate
- Collaborative Grant with Clermont Senior Services for Suicide Prevention targeted for aging populations.
- Partnering with Clermont County Park District for May Mental Health Awareness Events
- Partnership opportunity for prevention and training collaborations with Appalachian Children's Coalition

Upcoming Events and Series:

- Two outreach events at Belterra Park March 13 & 25

Clermont Suicide Prevention Coalition:

- Veterans-specific subcommittee recruited 2 Clermont County Veterans to serve as part of the Coalition.
- New Richmond Middle School Suicide Prevention and Mental Health Mural collaboration with Source of Strength and AIO has begun construction
- Milford Police and Fire Department 988 decals

Data and Dashboard Update

- Continued groundwork for data collection and Information sharing tied to CHIP priorities
- Moving forward with Dashboard based on CAP data for 2024 and 2025 outcomes.
- UC Clermont partnership for county wide data sharing event, Tentative May 1st (kick off Mental Health Awareness Month)

ENCLOSURE THREE

The federal Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA) governs this issue. Unfortunately, it does not provide a straightforward answer to your question and various factors must be considered to determine when services/programs provided to undocumented persons are prohibited from being paid for with public dollars.

I attached an excerpt on this topic from our Legal FAQs document that goes into detail on this issue but in general, they are not eligible for public benefits (federal, state and local) “for which payments or assistance are provided to an individual, household, or family eligibility unit” The attached provides guidance on how that prohibition as well as the exceptions to the prohibition with specific programs and services listed. As noted in the document, HHS has said that: *Such benefits do not include benefits that are generally targeted to communities or specified sectors of the population (e.g., people with particular physical conditions, such as a disability or disease; gender; general age groups, such as youth or elderly).*

It is also important to note that nonprofits providing public benefits are not required under the PRWORA Act to determine or verify eligibility. Government “benefit granting agencies” have the obligation to verify eligibility for federal, state, or local public benefits however the definition of “public benefits” must first be met as described above and in the guidance. However, Boards would not be considered a “benefit granting agency” if the definition of public benefits does not apply under the statute.

Some Boards may have that policy as a result of HHS attempting last August to redefine what the prohibition applies to (they basically removed the definition I included above so that it applied to all services and programs provided with public dollars) but they rescinded that reinterpretation after numerous lawsuits were filed. Others may be erring on the side of caution with the PRWORA definition of public benefits being challenging to apply.

There is no requirement that Boards have a policy on this issue and when you consider PRWORA’s definition of “public benefits”, the HHS guidance on its application, and its exceptions (above), its prohibition does not generally apply to most of what Boards pay for. However, the Board could still choose to put a policy in place to not fund services/programs/supports provided to undocumented persons based on the current

political climate, optics, forward-looking considerations, etc. Or a more nuanced approach could be taken by having a policy stating that the Board will comply with the requirements of PRWORA and any other federal, state, local requirements related to paying for services provided to undocumented persons.

What is the status of the law regarding providing behavioral health services to undocumented immigrants?

1. Eligibility for Public Benefits

In general, undocumented immigrants are ineligible for any federal, state or local “public benefits” under the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (PRWORA). “Federal benefits” include Medicaid and any retirement, welfare, health, disability, public or assisted housing, postsecondary education, food assistance, unemployment benefit, or any other similar benefit *for which payments or assistance are provided to an individual, household, or family eligibility unit* ... by appropriated funds of the United States. “State or local public benefits” have the same definition except that they are by appropriated funds of a State or local government.

Application of the Prohibition:

The prohibition only applies to payments or assistance “**provided to an individual, household or family eligibility unit**”. HHS guidance states that:

We interpret the phrase ‘individual, household, or family eligibility unit’ to refer to benefits that are (1) provided to an individual, household, or family, and (2) the individual, household, or family must, as a condition of receipt, meet specified criteria (e.g., a specified income level or residency) in order to be conferred the benefit, that is, they must be an ‘eligibility unit.’ Such benefits do not include benefits that are generally targeted to communities or specified sectors of the population (e.g., people with particular physical conditions, such as a disability or disease; gender; general age groups, such as youth or elderly). For example, in order for a program to be determined to provide benefits to ‘eligibility units’ the authorizing statute must be interpreted to mandate ineligibility for individuals, households, or families that do not meet certain criteria, such as a specified income level or a specified age.

This means that if the benefit is targeted to populations with certain characteristics, and not person-or family specific units or characteristics, it is not a “public benefit.” So if a benefit is based on whether a person has a disability and does not require a specific income level, the benefit is not being provided to an “eligibility unit” and is not prohibited from being provided to undocumented persons. HHS has also noted that:

Some programs may provide a mixture of services, some of which are provided to ‘individual, household, or family eligibility units,’ and others that are provided to communities or specified sectors of the population. Programs that are primarily designed to target and provide services to communities should not be burdened with new verification procedures merely because they may include some services that flow more directly to the individual, household or family. Therefore, we have determined that a preponderance of a program’s services must be provided to individual, household, or family eligibility units in order to be considered a ‘Federal public benefit’ program under this Notice.”

Important Exception when the Prohibition Does Apply:

If the government benefit is being provided to “an individual, household, or family eligible unit”, there is an important exception to the general prohibition that the benefit cannot be provided to undocumented immigrants. The prohibition does not apply to programs, services, or assistance which:

- (i) deliver in-kind services at the community level, including through public or private nonprofit agencies;
- (ii) **do not condition the provision of assistance, the amount of assistance provided, or the cost of assistance provided on the individual recipient’s income or resources;** and
- (iii) are necessary for the protection of life or safety.

Such programs, services and assistance include the following:

- Crisis counseling and intervention programs; services and assistance relating to child protection, adult protective services, violence and abuse prevention, victims of domestic violence or other criminal activity; or treatment of mental illness or substance abuse
- Short-term shelter or housing assistance for the homeless, for victims of domestic violence, or for runaway, abused, or abandoned children;
- Programs, services or assistance to help individuals during periods of heat, cold, or other adverse weather conditions;
- Soup kitchens, community food banks, senior nutrition programs such as meals on wheels, and other such community nutritional services for persons requiring special assistance;
- Medical and public health services (including treatment and prevention of diseases and injuries) and mental health, disability, or substance abuse assistance necessary to protect life or safety;
- Programs for housing or community development assistance or financial assistance administered by the Secretary of Housing and Urban Development, any program under title V of the Housing Act of 1949;
- Transitional housing for up to two years;
- Activities designed to protect the life or safety of workers, children and youths, or community residents; and
- Any other programs, services, or assistance necessary for the protection of life or safety.

Important considerations about the exception:

- If all 3 parts of the exception apply, such programs and services must be made available to eligible persons with regard to immigration status.
- In order for this exception to apply, the program, service, or assistance must be available to individuals needing or desiring to participate without regard to income or resources and without the use of a sliding fee scale or other income/resource test. If the provision of the service, amount of the benefit, or the cost of the service is conditioned on the recipient's income or resources this exception does not apply.

- Providers can provide uncompensated care to undocumented persons, or care reimbursed from private sources such as grant funds, but such services can only be funded with public dollars if this exception applies.

Verification of Status:

Nonprofit charitable organizations providing public benefits are not required under the Act to determine, verify or otherwise require proof of eligibility of any applicant. Federal, state and local "benefit granting agencies" have the obligation to verify eligibility for federal, state, or local public benefits and the private entities actually providing the benefits must abide by the verification determination made by the governmental agency. For example, in the Ohio Medicaid program, ODM must verify immigrant status and not the provider.

2. *Access to Publicly Funded Health Insurance*

Undocumented persons are not eligible for Medicaid. Even some legal immigrants in this country who work as migrant farm workers find that Medicaid is frequently unavailable to them because of residency requirements, and it only covers emergency and obstetrical care when it can be obtained.

3. *Emergency Department Exception*

People who cannot afford to go to a private physician's office and who do not have health insurance turn to emergency departments. Emergency departments are mandated by law to medically evaluate and provide stabilizing treatment of emergency conditions to everyone who comes through the doors. In some hospitals, as much as two-thirds of total operating costs are for uncompensated care for undocumented persons. The Emergency Medical Treatment and Active Labor Act (EMTALA) is an act of Congress passed in 1986 as part of COBRA. It requires hospitals to provide care to anyone needing emergency health treatment regardless of citizenship, legal status or ability to pay. There are no reimbursement provisions. Participating hospitals may only transfer or discharge patients needing emergency treatment under their own informed consent, after stabilization, or when their condition requires transfer to a hospital better equipped to administer the treatment. The EMTALA applies to all hospitals that accept Medicare payments from CMS. The cost of emergency care is not directly covered by the federal government so the law is often criticized as an unfunded mandate.

EMTALA also applies to certain conditions related to mental illness and substance abuse.

"Emergency medical condition" (EMC) means a medical condition manifesting itself by acute symptoms of sufficient severity (including severe pain, psychiatric disturbances,

and/or symptoms of substance abuse) such that the absence of immediate medical attention could reasonably be expected to result in one of the following:

1. Placing the health of the individual in serious jeopardy;
2. Serious impairment to any bodily functions; OR
3. Serious dysfunction of any bodily organ or part.

Patients who are a danger to self/others are considered to have an emergency condition under EMTALA but EMTALA does not recognize “grave disability” in regards to whether a condition is an EMC.

When a person is pink slipped under Ohio law for categories 1-3 under ORC 5122.01, it would most likely be considered an EMC under ETMALA (i.e. person represents a substantial risk of physical harm to self or others or substantial and immediate risk of serious physical impairment or injury to self) but categories 4-5 may not constitute an EMC (i.e. person would benefit from treatment for the person's mental illness and is in need of such treatment as manifested by evidence of behavior that creates a grave and imminent risk to substantial rights of others or the person OR would benefit from treatment as manifested by evidence of behavior that indicates all of the following: (i) The person is unlikely to survive safely in the community without supervision, based on a clinical determination. (ii) The person has a history of lack of compliance with treatment for mental illness and one of the following applies).

Monthly Report to Clermont County Mental Health and Recovery Board of Directors



Month: March 2026

Performance Based Measure

(all data reported is January 2026 unless otherwise specified)

DATA

1. Number of benefits secured by type for clients by Benefit Specialist each quarter.	Quarter 2	Medicalaid	Insurance	Board	Total	
		84	61	1	146	
2. 70% of Day treatment clients will be discharged to a less restrictive environment (LRE).	July - December 2025	% d/c to LRE		85%		
		17 of the 20 discharges between July and December 2025 were to a less restrictive environment. 13 returned to their home school. 1 went to daycare. 1 graduated and went to University. 1 transferred to another DT program, and 1 transitioned to online school. 3 of 20 clients were discharged to residential treatment, a higher level of care.				
3. Number of clients served by payor.	Total # Clients Served	Total Cler Co Clients		# MHRB assistance	% Total clients	
	1384	794		185	13.37%	
4. Process of phone call to agency, registration and diagnostic assessment occurs within an average of 2 weeks.	# admissions	# Cler Co admissions	# intake within 14 days	% intake within 14 days	# offered intake within 14 days	% offered intake within 14 days
			83	36		
5. Client will have first appointment with service provider scheduled within an average of 2 weeks from completion of diagnostic assessment. Client's inability to schedule an appointment during available times will be documented to track accessibility of service.	# admissions	# Cler Co admissions	# ongoing appt within 14 days	% ongoing appt within 14 days	# offered ongoing appt within 14 days	% offered ongoing appt within 14 days
			83	36		
6. Number of clients reporting trauma at intake to services.	# taking CTES	# reporting Trauma		Average ACE score	Average Trama Score	
	37	32		3.59	5.14	
7. Documentation of utilization of Clermont County Crisis Response Team.	0 responses There were 0 community crisis responses in January.					

14. Number of inmates screened by the Jail Liaison and referred to services by type.	Total Inmates Screened	Total Inmates Provided with Referrals	SHP Level	SHP AD SEG or Other	Other supportive contact with inmates	Inmates offered screening and refused	GCBH/CRC	Other AOD	Other MH	SHP Med/Som Referrals	Other Referral Types
	82	53	11	13	14	48	19	1	6	22	5

Update

Hotline	Number of calls continues to run well ahead of last fiscal year. Child Focus is currently hiring more hotline responders.										
Mobile Crisis	Adult Mobile Crisis proposal for our region was selected by the state. State requested to reduce the proposal to contiguous counties that include urban, suburban, and rural settings. Clermont County will be included.										
School-based Redesign	Bethel-Tate middle school was scheduled to complete Signs of Suicide in the month of January but canceled due to scheduling conflicts. They will not reschedule this year, but plan to resume Signs of Suicide in the 2026-2027 school year.										
Behavioral Health Urgent Care	Child Focus has added one community-based QMHS and will have another one starting in March. They will support former school-based clients who have been on the waitlist due to their schools no longer having integrated Child Focus service providers under the Clermont County/School-based re-design.										
Child Focus 2026 Events	19 (8 adults and 11 minors) were seen in the BHUC in January - 6 reported being referred by a family member or friend, 3 from Facebook, 3 from Talbert, 3 from Health Source, 2 by their school, 1 by driving by and 1 by talking with someone at Child Focus. The 19 were from 5 counties - Adams, Brown, Clermont, Clinton, and Highland. The Child Focus March Madness Charity Cornhole Tournament is March 18th, please register here: https://secure.qgiv.com/for/2026-cornholetournament/event/2026cornholetournament/ . We are excited to host our golf outing at the new and very beautiful Terrace Park Country Club on June 15th, please register here: https://secure.qgiv.com/for/2026-golfouting/event/2026charitygolfouting/ . Rockin' on the River is October 8th at Little Miami Event Center.										

CCMHRB Performance Report
Greater Cincinnati Behavioral Health Services
FY2026



Greater Cincinnati
Behavioral Health Services
Our Work is Life Changing

Active Caseload	Feb	Average
Total Active Caseload- SUD	1217	1247
Total Active Caseload- MH	1248	1271
Total Clients Dually Served in MH and SUD	388	338
Access		YTD
Walk In Open Access	120	1130
SUD		Average
SUD Outpatient Total Caseload	916	941
SUD IOP Total Caseload	87	94
MH Care Management		Average
MH Care Management Caseload	1248	1272
AOT Caseload	12	12
Youth Services		Average
SUD Adol Total Caseload	29	28
TIP Total Caseload	119	119
Medication Assisted Treatment		YTD
OTP MAT Admissions	13	104
Current Active MAT Program	515	526
Narcan Distribution- CRC/Community	14	154
WIN Supported Employment		YTD
Referrals	12	138
# of Jobs Obtained	5	69
Clients retained employment for 90 days	55%	67%
ASPIRE Employment		YTD
Referrals	16	169
# of Jobs Obtained	8	60
Clients retained employment for 90 days	80%	80%
Recovery Housing		YTD
Current Census- Merwin	7	10
Current Census- East River Fork House	7	10
Total Served	20	20



Hope Community Center Director's Report March 2026

Daytime Programming Data			
	December 2025	January 2026	February 2026
Total member sign ins	234	221	228
Average per day	13	12.3	13.4
New individuals served	0	1	2
Unduplicated sign ins	32	34	31

We have been implementing the Clubhouse model for eight months. We continue to work with Clubhouse Ohio for ongoing support regarding implementation of the Clubhouse model.

We continue to work to get in compliance with regulations for a commercial kitchen, so that we can serve lunch daily and involve our members in this work.

We received our inaugural CARF accreditation in the areas of Outpatient Treatment, Community Integration, and Case Management. We have received ODBH certifications in General Services, CPST, TBS/PSR.

We are working with GCBHS and consultants to move forward on Medicaid billing.

We are currently hiring for a Qualified Behavioral Health Specialist (QBHS).



Monthly Report to Clermont County Mental Health and Recovery Board of Directors

Provider: NAMI Southwest Ohio			Meeting Month- Mar 26 Reporting on Feb-26
Performance Based Measure: Support	Goal	Actual	Notes
NAMI Connection Meeting (Zoom)	4	4	<i>49 total attendees</i>
Peer Support Meetings (Clermont Mercy)	4	2	<i>9 total attendees</i>
NAMI Connection Meeting (Goshen and Owensville)	2	2	<i>10 total attendees</i>
NAMI Family Support Group (Mt. Carmel)	1	1	<i>3 attendees</i>
Performance Based Measure: Education	Registered	Graduated	Notes
Family-to-Family Milford	21		<i>Going well, 18 regular attendees</i>
Peer-to-Peer online	17		<i>1 from Clermont County, going well, 10 regulars</i>
Other			
What	When	# of contacts	Where
IOOV- CIT training to Cadets	2/5	14	UC Clermont
Family Panel - CIT training to Cadets	2/5	14	UC Clermont
9 Ending the Silence presentations	2/11	240	West Clermont HS



**Clermont County
MENTAL HEALTH
& RECOVERY BOARD**

2337 Clermont Center Drive • Batavia, Ohio 45103
telephone 513.732.5400 • fax 513.732.5414 • TTY 800.750.0750
website www.ccmhrb.com • Crisis Hotline 513.528.SAVE (7283)

ENCLOSURE FIVE

DATE: February 27, 2026
TO: Board Members
FROM: Lee Ann Watson *LAN*
SUBJECT: Addendum to the FY26 POS Contract with GCB for SHP Funding

The Ohio Department Behavioral Health (DBH) has provided funding in the amount of \$50,000 to the Clermont County Mental Health and Recovery Board under the Supportive Housing Program (SHP) Grant. The funding is to be used to operate transitional housing projects designed to move homeless persons to permanent housing, and/or long-term supportive housing for homeless persons with disabilities.

As Greater Cincinnati Behavioral Health Services (GCB) is the Board's contracted Provider Agency that provides transitional housing services and supports, we must sign an Addendum to the Fiscal Year 2026 (FY26) GCB Purchase of Services (POS) contract in order to pass on these funds. The grant period is two (2) years with a start date of January 1, 2026.

A copy of the Addendum is attached for your review.

I am recommending Board approval of the Addendum to the FY 2026 GCB POS contract.

Encl.

ADDENDUM TO PURCHASE OF SERVICE CONTRACT
Greater Cincinnati Behavioral Health Services

THIS ADDENDUM is made and entered into by and between the Clermont County Mental Health and Recovery Board, 2337 Clermont Center Drive, Batavia, Ohio 45103, hereinafter referred to as the *Board*, and Greater Cincinnati Behavioral Health Services, 1501 Madison Road, Cincinnati, Ohio 45206, hereinafter referred to as *Provider*.

WHEREAS, the parties have previously entered into a Purchase of Service (POS) contract for the purchase of young adult and adult mental health and addiction prevention, treatment, and recovery support services for Fiscal Year (FY) 2026; and

WHEREAS, the Board has received \$50,000 in Supportive Housing Program (SHP) funding under SHP grant from the Ohio Department of Behavioral Health (DBH) to be utilized to operate transitional housing projects to move homeless persons in Clermont County to permanent and/or long-term supportive housing for the period of January 1, 2026 through December 31, 2027; and

WHEREAS, the use of these funds for the requested purposes has been approved by the Ohio Department of Behavioral Health (DBH); and

WHEREAS, the Board contracts with Provider for these services and has determined Provider can access this funding for housing services and supports; and

WHEREAS, cost reimbursement will be provided to Provider under its existing FY 2026 Purchase of Service (POS) contract with the Board for DBH approved purposes.

NOW, THEREFORE, in consideration of the mutual covenants and considerations herein contained and the compensation to be paid as set forth herein, the parties hereby agree to amend their FY 2026 POS contract as follows:

A. Provider Responsibilities

1. To meet the State of Ohio and/or national quality standards for Supportive Housing Services and Supports.
2. To expend the funding as specified in the FY 2026 Contract Standards.
3. To submit invoices to the Board for the funding.
4. To provide the Board with data for reporting by required due date.
5. To provide the Board with additional information as required by DBH.

B. Board Responsibilities

1. To provide the approved funds to Provider upon receipt of the approved invoices.
2. To assist Provider as requested with any aspect of the use of the funds.
3. To monitor the services provided under grant funding.
4. To submit reports, as required to DBH.

In all other respects, the terms and conditions of the FY 2026 Purchase of Service Contract shall otherwise remain in full force and effect.

IN WITNESS WHEREOF, the parties have hereunto set their hand this _____ day of _____, 2026.

CLERMONT COUNTY MENTAL HEALTH AND RECOVERY BOARD **Date**
Lee Ann Watson, Executive Director

GREATER CINCINNATI BEHAVIORAL HEALTH SERVICES **Date**
Jeff O'Neil, CEO

APPROVED AS TO FORM:

Office of the Prosecuting Attorney

Assistant Prosecuting Attorney

Date



**Clermont County
MENTAL HEALTH
& RECOVERY BOARD**

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ENCLOSURE SIX

DATE: February 27, 2026
TO: Board Members
FROM: Lee Ann Watson *LAW*
SUBJECT: FY2027 Mini Grant Program

Each year, the Board approves a budget for the mini grant program to offer Clermont County organizations an opportunity to apply for funding for programs and activities that promote harm reduction, and mental health and addiction prevention. In the past few years, these community entities, who do not contract with the Board, have had the opportunity to apply for a grant of up to \$3,000.

Since 2020, the Board's budget for the total mini grant program has been \$30,000. The mini grant program is an excellent way to promote positive mental health and addiction prevention activities to better serve Clermont County residents. The mini grant program allows access to tax levy dollars for community-based entities to meet localized needs, which in turn increases name recognition for the Board.

I recommend approval of a mini grant budget for Fiscal Year 2027 (FY27) in the amount of \$30,000 and the authorization for Board staff to publicly announce the funding opportunity.

**Board Retreat
Agenda
March 7, 2026
9:00am to 3:30pm**

- | | | |
|------|---|------------|
| I. | Breakfast/Board meeting | 45 minutes |
| II. | Review of Priorities | 60 minutes |
| | A. Review the Gillette Priority grid for updates | |
| | B. Review of Current Needs | |
| | CAP outcomes from FY23-FY25 | |
| | 2025 Needs Assessment | |
| | Current CAP FY26-28 Goals | |
| | C. Review of Providers' Listing of Priorities | |
| | D. Implementing the grid for funding decisions | |
| III. | Break/Trivia Question | 10 minutes |
| IV. | Funding | 90 minutes |
| | A. Capped Services | |
| | B. Funding Uncertainty | |
| | C. Fiscal Projections | |
| | D. Specific Programming Needs and Board Priority for Funding | |
| V. | Lunch/Activity/Trivia/Free time | 35 minutes |
| VI. | Funding requests for FY27 | 45 minutes |
| | A. GCB/CRC | |
| | 1. Add Methadone medication service code to the POS contract (for treating chronic opioid use disorder, OUD). | |
| | 2. Additional funding in the amount of \$175,000 (\$125,000 SUD; \$25,000 MH) to maintain current level of outpatient services to support indigent clients, not adding new services. | |
| | B. Child Focus | |
| | 1. Maintain Therapy & CPST Budget Allocation. (Requesting no new funding, and no cuts. | |
| | 2. Flexibility and creativity in SBMH funding design to ensure sustainability for all parties. (Reconcile at year end as a program & for Intake Specialist, accounting for Medicaid gap). | |

3. Continue allocation to support Active Parenting group. (No new funding, asking to use up to \$14,000 of current CPST allocation for the group).
4. Sustain Adult Mobile Crisis starting January 2027 (CF supports this being a Board priority).
5. Permit service to Preschool Age Youth and Families (No new dollars requested, requested flexibility to serve the population within current allocation amounts from FY26 to FY27 allocation).

C. HCC

1. \$219,336 in funding equivalent to total personnel costs to ensure uninterrupted delivery of core services during transition year. Consistent with prior years, CCMHRB funding would function as payor of last resort, with Medicaid and grant revenues applied first toward eligible expenses.

VII.	Discussion on 2026 Strategic Plan	20 minutes
VIII.	Succession Planning Updates	15 minutes
IX.	Board Meeting Evaluations	20 minutes
X.	Staff Overview of Current/Upcoming Projects	15 minutes
XI.	Other Topics/Action Steps NAMI attendance on Board meetings Action Steps/Follow Up	15 minutes