

**Ohio Mental Health and Addiction Services (OhioMHAS)
Hancock County Community Plan Update for SFY 2015**

Needs Assessment Update

1. Please update the needs assessment submitted with the SFY 2014 Community Plan, as required by ORC 340.03, with any new information that significantly affects the Board's priorities, goal or strategies. New needs assessment information is of particular interest and importance to the Department regarding: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils (ORC § 340.03(A)(1)(c)); (2) outpatient service needs of persons receiving treatment in state Regional Psychiatric Hospitals (ORC § 340.03(A)(1)(c); and (3) consequences of opiate use, e.g., overdoses and/or deaths. If the needs assessment section submitted with the SFY 2014 Community Plan is current, please indicate as such.

Board's Needs Assessment Update Response: The number of overdoses and the number of deaths related to overdose continues to increase in Hancock County as well as the number of individuals involved with the criminal justice and medical systems in relationship to this issue. The total number of overdose deaths for 2014 has not been submitted as the information below is provided on a calendar year basis. The number for calendar year 2014 is project to be higher than 2013.

Opiate/Prescription Drug Abuse Task Force Data

<i>Data Measure</i>	<i>Data Source</i>	<i>Numbers</i>
<i>Medical System</i>		
Total number of ER visits/Total number of ER visits due to overdose	Blanchard Valley Hospital	2009 – 36,505/86 overdose visits 2010 – 35,439/148 overdose visits 2011 – 39,981/86 overdose visits 2012 – 37,072/71 overdose visits 2013 – 35,523/118 overdose visits
Total number of inpatient admissions/Total number of inpatient admissions due to overdose	Blanchard Valley Hospital	2009 – 4,176/45 overdose admits 2010 – 4,473/91 overdose admits 2011 – 5,186/58 overdose admits 2012 – 3,417/49 overdose admits 2013 – 5,066/56 overdose admits
Total number of deaths /Total number of deaths due to overdose	City Health Department	2009 – 575/9 overdose deaths 2010 – 593/7 overdose deaths 2011 – 615/9 overdose deaths 2012 – 632/6 overdose deaths 2013 – 630/7 overdose deaths
	County Health Department	2009 – 85/4 overdose deaths

		2010 – 92/4 overdose deaths 2011 – 91/1 overdose deaths 2012 – 75/0 overdose deaths 2013 – 66/0 overdose deaths
Total number of births /Total number of infants prenatally exposed	Blanchard Valley Hospital	2009 – 1,150/4 prenatally exposed 2010 – 1,059/4 prenatally exposed 2011 – 1,080/2 prenatally exposed 2012 – 1,227/10 prenatally exposed 2013 – 1,409/2 prenatally exposed (2 treated for neonatal abstinence syndrome, does not include number of infants born that tested positive for drugs)
Medication Collection – Community Medication Collected	University of Findlay	April 2009 – 52,055 units October 2009 – 40,690 units April 2010 – 101,250 units October 2010 – 721,707 units April 2011 – 174,712 units October 2011 – 160,129 units April 2012 – 117,608 units October 2012 – 362 pounds April 2013 – 461 pounds October 2013 – 389 pounds
Medication Collection Stats – Permanent Collection Boxes	University of Findlay	<ul style="list-style-type: none"> • 44, 572 units since November 2011 • Beginning in 2012 units collected included with Community Collection • 20-40 pounds collected every 2 weeks
<i>Criminal Justice System</i>		
Total number of jail admissions/Total number of jail admissions due to drugs/Total number of jail admissions due to opiates	Hancock County Justice Center	2009 – 2,606/244 (9%)/39 (2%) 2010 – 2,430/224 (9%)/76 (3%) 2011 – 2,410/319 (13%)/127 (5%) 2012 – 2,327/265 (11%)/89 (4%) 2013 – 2148/308 (14%)/170 (8%)
<i>Treatment System</i>		
Total number in substance abuse treatment/Total number in substance abuse treatment related to opiates	Century Health (Adult) Family Resource Centers (Youth)	2009 – 754/72 (9%) 2010 – 766/105 (13%) 2011 – 746/105 (14%) 2012 – 705/119 (16%) 2013 – 702/182 (26%) 2009 – 89/2 (2%) 2010 – 46/1 (2%)

		2011 – 43/3 (7%) 2012 – 46/3 (7%) 2013 – 50/0 (0%)	
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Current Status of SFY 2014 Community Plan Priorities

2. Please list the Block Grant, State and Board priorities identified in the SFY 2014 Community Plan, briefly describe progress in achieving the related goals and strategies, and indicate in the last column if the Priority is Continued, Modified, or Discontinued for SFY 2015. If the SFY 2014 Community Plan addressed (1) trauma informed care; (2) prevention and/or decrease of opiate overdoses and/or deaths; and/or (3) suicide prevention, OhioMHAS is particularly interested in an update or status report of these areas.

(NOTE: This section only applies to previously submitted SFY 2014 priorities. Any new priorities are to be listed in item #3 if applicable). Please add as many rows in the matrix below as are necessary.

PRIORITIES, GOALS AND STRATEGIES ARE CUT AND PASTED FROM THE SFY 2014 COMMUNITY PLAN					
Priority	Goal	Strategy	Progress	Barriers/Need for TA?	Priority Continued, Modified, or Discontinued in SFY 2015?
Persons who are IV drug users	To provide local treatment with positive outcomes for individuals who are intravenous/injection drug users	Maintain Opiate Task Force Develop Residential Treatment Program Increase access to MAT and outpatient care	Task Force Maintained Residential facility opening 1/12/15 New contract put in place for MAT	Even with new contract there is not enough MAT capacity due to lack of prescribers	Priority continued
Women who are pregnant and have a substance use disorder	To provide local treatment with positive outcomes for women who are pregnant and have a substance use disorder	Continue meeting with local prenatal clinic to identify additional service approaches that would be helpful Ensure access to treatment	Submitted letter of request to department for technical assistance with no response Continuing to track number of births to mothers addicted to opiates	Need access to consultation from physicians for our local physicians Need access to electronic resources to direct clients to for information	Priority continued
Parents with substance use disorders who have dependent children	To ensure that parents with substance abuse disorders who have dependent children have access to effective treatment services	Continue in Family Stability Committee Meetings Maintain access to treatment services	Revising current Service Coordination Plan for the County Service access maintained	Accessing technical assistance via the engage grant	Priority continued
Individuals with tuberculosis and other communicable diseases	To ensure that individuals with tuberculosis and other communicable diseases have access to effective	Maintain Opiate Task Force Database Ensure access to treatment services	Continuing to collect data from health department related to number of individuals with hepatitis	None needed	Priority continued

	treatment services		(number is increasing)		
Children with Serious Emotional Disturbances	Ensure children with serious emotional disturbances have access to effective treatment	Become a Trauma Informed Learning Community Screen for trauma and address with evidence based practices Provide school based early detection and intervention services	Trauma Informed Learning Community initiated in August 2014 Additional therapist and case manager hired to provide services to the schools.	Ongoing participation in the regional trauma informed care meetings with ODMHAS	Priority continued
Adults with Serious Mental Illness	Ensure that adults with serious mental illness have access to effective treatment	Become a Trauma Informed Learning Community-Screen for trauma and address with evidence based practices Utilize Involuntary Community Commitment when appropriate	Trauma Informed Learning Community initiated in August 2014 Local training completed and educational pamphlet distributed on involuntary community commitment	Ongoing participation in the regional trauma informed care meetings with ODMHAS	Priority continued
Integration of behavioral health and primary care services	Complete Combined Community Health Assessment Addendum Continue to advance positioning of system to become a community care organization	Integrate findings of Assessment into Strategic Plan Continue to follow clients who were involved with the housing mini grant to determine if savings are sustained Advance ROSC in community as foundation to becoming a CCO	Assessment Completed and local Strategic Plan revised No longer tracking clients with housing mini grant as grant completed ROSC efforts underway	No technical assistance needed	Priority continued – modified to reflect completion of housing mini grant
Recovery Support Services for individuals with mental or substance use disorders	Transform existing drop-in Center to a Recovery Support Center	Conduct local Peer Summit to create a system vision for the expansion of peers in the system Recruit and train additional peer support Integrate Peers throughout the treatment and aftercare process Modify available programming accessibility to transform drop in center to	Peer Summit Conducted Consultant hired to assist with the transition of the drop in center to a recovery support center Peers hired to staff residential treatment facility Recovery guide volunteer program in development Drop in center to hire a full	Assistance being provided via the Ohio Empowerment Coalition as well as a consulting contract with Dr. Michael Flaherty	Priority continued

		recovery support center	time director as well as staff to support local recovery homes		
Veterans	Ensure that local veterans and their families have access to the treatment and support they need	Continue to offer local PTSD Support groups in collaboration with the local VA Sustain lending library for information and support materials at the local Red Cross Recruit local VA to participate in the trauma informed learning community	Support groups and lending library maintained VA declined invitation to participate in Trauma Informed Learning Community	None needed	Priority continued and modified to reflect non participation in the Trauma Informed Learning Community
Individuals with disabilities	Ensure that clients with disabilities don't "fall through the cracks" of local service providers	Continue to participate in local Adult Care Collaborative where high risk cases are reviewed and local plans developed	Local DD system no longer hosting Adult Care Collaborative	Working with DD and Agency on Aging to develop intergenerational housing with on-site support services ODMHAS Housing staff participating	Priority continued and modified to reflect the discontinuation of Adult Care Collaborative meetings.
Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs	To transform Hancock County into a Recovery Oriented System of Care (ROSC)	Implement transformational plan for ROSC including adding and/or expanding access to the following services: MAT; residential treatment; recovery housing; crisis stabilization/detox services; and peer support services	MAT contract in place; Residential treatment facility to open 1/12/15; grant secured for two recovery homes; working with Northwest Collaborative on detox services; peer support services under development via recovery guides	Still need additional access to MAT; access to detox and crisis stabilization services	Priority continued
Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing	Ensure that individuals with a mental illness and/or addiction that are currently homeless gain access to permanent supportive housing	Continued participation on Day Center Oversight Committee Continued participation and leadership of Local Housing Consortium Continued Property	Waiting list for housing continues	Need ongoing assistance to develop intergenerational housing with on-site support services Requested letter approving program variance on Board owned	Priority continued

		Management of Board Owned housing		properties not yet received from ODMHAS	
Underserved racial and ethnic minorities and LGBTQ populations	Expand community understanding of underserved populations	Conduct Annual Cultural Competency Training	Training held in collaboration with the University of Findlay on LGBTQ population; Evaluation results positive Training being planned on the technology culture and how to integrate technology into treatment/prevention	Suggestions on how to advance the national cultural competency standards	Priority continued and modified to reflect next cultural competency training.
Youth/young adults in transition	Expand understanding of special needs of the 18-25 year old population	Complete specific data collection on 18-25 year old population Support local Transitional Housing Program offered by Hope House	Age specific data now being collected County participating in Engage Grant	Accessing technical assistance via the engage grant	Priority continued and modified to reflect participation in Engage grant
Early Childhood and Mental Health	Identify and engage youth in services at the earliest point of identification of need	Continue to participate in ECMH Consultation Grant Continued Implementation of Dina School	Both programs continued. Local Autism Group established via DD system	None	Priority continued and modified to reflect participation in local Autism Focus Group
Adopt a public health approach into all levels of the prevention structure	To apply SPF framework throughout the Board's prevention/education and wellness efforts	Increase focus on environmental strategies of change Revise Work Plan to reflect the 7 strategies of community change Continued participation in SPF SIG Grant Increased data collection and use of data for decision making	Work Plan updated; Community Metrics Committee added to table organization of the Community Partnership Coalition of Excellence Grant awarded	Completion of Coalition of Excellence Designation	Priority continued and modified to reflect Coalition of Excellence Grant Award
Ensure prevention services are available across the lifespan with a focus on families with children/adolescents	Same as above	Same as above	Same as above	Same as above	Same as above

Empower pregnant women and women of child-bearing age to engage in healthy life choices	Same as above	Same as above	Same as above	Same as above	Same as above
Promote wellness in Ohio's workforce	To ensure emotionally healthy and substance abuse free workforces	Send outreach letters to those who fail drug screen test for employment Complete Phone App linking job availability to access to resource information on mental health/substance abuse Continued participation as a WIA Board member Continued implementation of RSC Recovery to Work Program	Letters continue to be sent Phone app completed In process of developing an employment consortium in collaboration with Putnam County Board Participation in RSC grant discontinued	Sharing of lessons learned from federal employment grant awarded to ODMHAS	Priority continued and modified with addition of employment consortium and discontinuation of RSC grant
Integrate Problem Gambling prevention and screening strategies in community and healthcare organizations	Reduce the number of Hancock County residents to develop problem gambling and/or addiction	Implementation of Problem Gambling Prevention Plan	Newsletter articles on gambling prevention Continuing education opportunities offered to provider staff	Lack of human resource to attend to this priority	Priority discontinued for FY'15
Enrollment/Medicaid Expansion	To get all eligible residents enrolled in Medicaid	Provide training to local providers on how to enroll	Number of clients seen without some sort of healthcare coverage has been reduced to 10-12% (previously at 40% for our adult population)	Sustain Medicaid Expansion	Priority continued
Enrollment/Healthcare Exchange	To get all eligible residents enrolled in health exchange	Provide training to local providers on how to enroll Establish local providers as Certified Application Counselors Refer clients to navigator services Develop Board policy regarding subsidizing care for	Trainings held Policy developed	None	Priority continued

		individuals eligible but not enrolled on the exchange			
Stigma/Education and Public Awareness	To increase awareness of mental health and substance use disorders	Implement Mental Health First Aid Implement SBIRT; Promote Mental Health Fund	Mental Health First Aid offered 4x per year Local SBIRT Training held MH Fund at 75% of what is needed to establish it as a permanent fund	Ongoing participation with ODMHAS SBIRT Grant	Priority continued
Establish a Crisis Center	Reduce use of emergency room; avoid inpatient admissions; provide immediate access to services	Develop a local crisis stabilization/detox facility	Presentations made to Quality Committee of Local Hospital; Inventory Completed of all local resources; Regional group developed to address issue	None at this time	Priority continued and modified to reflect regional group via the Northwest Collaborative
Increase Housing Capacity w/ Additional Single Units; Recovery housing	Increase the availability of single bedroom apartments	Apply for grant funds to increase housing and develop housing as resources become available	Recovery Home grants awarded	None at this time	Priority continued and modified to reflect recovery housing grants

While addressed in other areas in the table provided, a specific update on (1) trauma informed care; (2) prevention and/or decrease of opiate overdoses and/or deaths; and/or (3) suicide prevention follows:

Trauma informed care: The Board is a Trauma Informed Learning Community with the National Council. 24 local agencies are represented across 10 local teams.

Prevention and/or decrease of opiate overdoses and/or deaths: Numbers in both of these areas are increasing. A local multi-disciplinary group is being formed to review each overdose death; suicide and/or "near miss" in order to identify improvements that can be made in the system

Suicide Prevention: All suicide deaths will be reviewed by the multi-disciplinary team. Mental Health First Aid is offered 4 times per year.

New Priorities for SFY 2015 (if applicable)

3. Please add new Block Grant, State or Board priorities for SFY 2015 that were not reflected in the previous Community Plan for SFY 2014. [The Department is especially interested in new priorities related to: (1) trauma informed care; (2) prevention and decrease of opiate overdoses and/or deaths; (3) suicide prevention; and/or (4) Recovery Oriented Systems of Care (ROSC)]. Please add the priority to the matrix below and complete the appropriate cells. If no new priorities are planned, please state that the Board is not adding new priorities beyond those identified in item 2 above.

Priority	Goal	Strategy	Measurement
ROSC	To fully implement ROSC in Hancock County	The Board's local strategic plan is focused on implementation of ROSC. Monthly ROSC Leadership Team meetings are held to advance the plan. This Team also has	

		sub-committees related to housing and peer support. A quarterly scorecard on progress is reported to the Board.	
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Strengths and Challenges in Addressing Needs of the Local System of Care

If the SFY 2014 strengths and challenges section is current, please indicate as such; otherwise, please include updates.

No update needed

Collaboration

If the SFY 2014 collaboration section is current, please indicate as such; otherwise, please include updates.

Additional Collaborations include:

- a. Regional Collaborative work to address detox/crisis stabilization needs
- b. A local collaborative with the Agency on Aging and DD Board to address intergenerational housing needs with on-site support services
- c. The development of an Employment Consortium in collaboration with the Putnam County Board
- d. The formal establishment of a ROSC Leadership Team
- e. Hancock County Common Pleas is embarking on a Drug Court Docket with the assistance of the Judicial Oversight Committee which has ADAMHS Board Member and staff representation

Inpatient Hospital Management

If the SFY 2014 inpatient hospital management section is current, please indicate as such; otherwise, please include updates.

No update

Innovative Initiatives (Optional)

If the SFY 2014 innovative initiatives section is current, please indicate as such; otherwise, please include updates.

No update

Advocacy (Optional)

If the SFY 2014 advocacy section is current, please indicate as such; otherwise, please include updates.

With the focus on access to and expansion of medication assisted recovery through the use of vivitrol and suboxone, the Medical sub-committee of ROSC

Leadership began to explore the benefits, barrier and potential pitfalls of multiple MAT providers in Hancock County. With guidance from our ROSC Consultant (Dr. Michael Flaherty) the ADAMHS Board, local MAT providers and local hospital ratified “A Shared Philosophy to Address Opioid Use and Overdose in Hancock County”. This philosophy outlines the community’s definition of recovery, the cycle of opioid treatment present in the community and guidelines for each agency to standardize an acceptable level of care in Hancock County for those seeking recovery from an opioid addiction. The philosophy also establishes an Overdose Prevention and Analysis Group to review all adverse events and overdose deaths to improve prevention, treatment and community safety at large by looking at root causes.

The ADAMHS Board secured funding to establish two recovery homes (one male, one female) in Fiscal Year 2015. The Housing and Peer ROSC sub-committees have been guiding the policies, procedures, staffing job duties and home purchases. With recovery homes being a new concept in Hancock County, a great deal of community education will be needed. The female home purchase was completed in December 2014. The city councilman for the neighborhood, as well as the mayor and police chief, have been brought into the discussion on how to best respond to neighborhood questions and concerns. A neighborhood meeting will be held in January as well as an open house (prior to residents moving in) to allow the neighborhood to learn about recovery homes, our local program and a chance to meet staff responsible for the property. These efforts will be repeated after the purchase of the male home. Additional opportunities to educate the community on recovery homes and supportive housing are being explored.

Open Forum (Optional)

If the SFY 2014 open forum section is current, please indicate as such; otherwise, please provide updates, including plans in SFY 2015 of redirecting resources resulting from Medicaid expansion.

To date, the Board has committed to redirecting resources resulting from Medicaid expansion into the following areas: peer support; recovery housing; residential treatment services; school based services; youth crisis intervention services; treatment services to the criminal justice system and early intervention/prevention services.

The Board continues to have major concerns regarding the allocations methodology employed by ODMHAS for the distribution of state funds. Formal letters have been submitted to our State Representative and State Senator. Advocacy efforts will be sustained, especially with the development of a new biennial budget for FY’16 and FY’17.


SIGNATURE PAGE
Community Plan for the Provision of
Mental Health and Addiction Services
SFY 2015

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Mental Health and Addiction Services (OhioMHAS) department a community mental health and addiction services plan for its service area. The plan is prepared in accordance with guidelines established by OhioMHAS in consultation with Board representatives. A Community Plan approved in whole or in part by OhioMHAS is a necessary component in establishing Board eligibility to receive State and Federal funds, and is in effect until OhioMHAS approves a subsequent Community Plan.

The undersigned are duly authorized representatives of the ADAMHS/ADAS/CMHS Board.

Hancock Co ADAMHS Bd

ADAMHS, ADAS or CMH Board Name (Please print or type)



ADAMHS, ADAS or CMH Board Executive Director

12/30/14

Date



ADAMHS, ADAS or CMH Board Chair

12/30/14

Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].