

**Ohio Mental Health and Addiction Services (OhioMHAS)
Community Plan Update for SFY 2018**

Needs Assessment Update

1. Please update the needs assessment submitted with the SFY 2017 Community Plan, as required by ORC 340.03, with any new information that significantly affects the Board’s priorities, goals 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 2017 Community Plan remains current, please indicate as such.

Board’s Needs Assessment Update Response (if any): No change.

Current Status of SFY 2017 Community Plan Priorities

2. Please list the Block Grant, State and Board priorities identified in the SFY 2017 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 2018. If the SFY 2017 Community Plan addressed (1) trauma informed care; (2) prevention and/or decrease of opiate overdoses and/or deaths; (3) suicide prevention, and/or (4) Recovery Oriented Systems of Care, OhioMHAS is particularly interested in an update or status report of these areas.

(NOTE: This section only applies to previously submitted SFY 2017 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.

Priority	Goal	Strategy	Progress	Priority Continued, Modified, or Discontinued in SFY 2018?
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Ensure access to a full continuum of care; especially MAT.	Implementation of ROSC with a full continuum of care.	Working with local hospital to implement withdrawal management.	

SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Ensure proper prenatal care and substance use treatment for women and keep the family unit together post- delivery.	Establish an apartment complex for pregnant women and children especially women who are opiate dependent and provide “wraparound” services from agencies throughout the community (JFS; Child Welfare; Treatment Agencies; Health Department; Hospital, Metropolitan Housing etc.)	Received a grant from our local Foundation to establish a Specialty Team to provide services to pregnant women with substance use disorders.	Unable to secure funds for the local match to develop an apartment complex.
SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Reduce the number of out of home placements.	Work with the Juvenile Court to implement a Family Dependency Court.	Dependency Court is operational	
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Ensure individuals with communicable diseases have access to mental health and substance use services. Identify is other services are needed.	Monitor the increased number of Hepatitis C Cases in the community. Work with the Health Department to determine additional services/education that may be necessary.	Working with Health Department to increase outreach and education efforts via the Medical Committee of the Task Force.	
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	Ensure SED youth have access to a full continuum of care.	Maintain investment in treatment services for youth including: outpatient; home based services; CPST; high fidelity wraparound; access to medication; residential treatment; school and juvenile court based services.	Services maintained.	
MH-BG: Mandatory (for OhioMHAS): Adults with	Ensure individuals with severe and persistent	Maintain investment in treatment and recovery	Services maintained.	

Serious Mental Illness (SMI)	mental illness have access to a full continuum of care.	support services, including: ACT and IDDT; CPST; access to Medication and outpatient services as well as a continuum of housing supports.		
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing.	Ensure individuals in need of housing have access.	Maintain housing. Continue to participate in the local Housing Consortium to monitor and develop the Continuum of Care.	Participation maintained.	
MH-Treatment: Older Adults.	Ensure access to services.	Maintain specialized in-home counseling position targeting older adults at Century Health.	Services maintained.	
MH/SUD Treatment in Criminal Justice system – in jails, prisons, courts, assisted outpatient treatment.	Ensure individuals involved with the criminal justice system have access to services	Participate in Stepping-Up Initiative Maintain Criminal Justice Division (including forensic team; and jail based services; and reentry services.)	Participation Maintained. Sequential Intercept Mapping Completed.	
Integration of behavioral health and primary care services.	Develop a clear vision for behavioral health in relationship to primary health and incorporate such vision into the Board's strategic plan.	Joint Strategic Planning with the local hospital (Blanchard Valley Health Systems) and the Board in relationship to Behavioral Health.	Local CHIP Plan developed. Mental Health and Substance Use top priorities.	
Recovery support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support, transportation).	Increase the amount of recovery support services.	Maintain contract with Focus on Friends and housing services. Increase the number of peer support staff.	Peer support expanded.	
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT).	Continue to monitor results from Community Health Assessment.	Work collaboratively with the University of Findlay to offer training to address the needs of the LGBTQ population.	Conference postponed, but still planned to occur.	
Prevention and/or decrease of opiate overdoses and/or deaths.	Ensure that no death is in vain.	Review each overdose death in order to identify points of intercept where services are	Reviews being conducted.	

		needed and/or could be improved.		
Promote Trauma Informed Care approach.	Create a trauma informed community.	Participate in regional meetings to continue to advance trauma-informed approaches.	Multiple local trainings held. Looking to do a trauma informed “governance” training for local agency boards.	
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents.	Ensure a consistent message of wellness throughout the community.	Maintain investment in prevention services with Family Resource Center.	Services maintained.	
Prevention: Increase access to evidence-based prevention.	Invest in programs which are most likely to improve the opportunity for successful outcomes.	Ensure that programs funded are evidence based.	Services are evidence based.	
Prevention: Suicide prevention.	Reduce the number of suicides.	Participate in Zero Suicide Initiative of State. Monitor the number of deaths monthly. Conduct review for each death. Increase follow-up services and warm “hand-offs”.	Participated in CAMS training to advance Zero Suicide Initiative.	
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations.				
Secure local levy funding.	Successfully pass a levy campaign in the fall of 2016.	Establish Levy Committee to orchestrate campaign in collaboration with the Board.	Levy passed in 100% of precincts.	
Evaluate the Board’s Efforts to Implement ROSC.	Determine what we need to do more of; less of; or not at all. Select key indicators from those currently collected. Modify contracting methods as needed. Develop a toolkit for replication.	Work collaboratively with Brandeis to submit a Letter of Intent to the Robert Wood Johnson Foundation “Changing the Culture of Communities” Initiative. Submit and implement grant if selected.	Letter of Intent declined.	

Veterans and their families.	Ensure there are adequate services and supports for veterans and their families.	Continue to work with Veterans Services to Implement Battle Buddies; include a veteran’s component to CIT; and include Veterans Services on the ROSC Leadership Committee.	All initiatives maintained.	
Establish a robust Intervention Level of Services.	Engage youth and families “at risk”; especially those impacted by the opiate epidemic.	Establish an Intervention Department at Family Resource Center; Conduct outreach and engagement services to priority populations including: early childhood mental health/consultation; wraparound services especially to students having difficulty in school; juvenile court based liaison to engage and make appropriate referrals; outreach and home-visiting to mothers of infants who have been exposed to substance use.	In addition to services identified, grandparent support group offered as well as an adolescent substance use group. Summer youth program offered at high risk school.	
Individuals with a mental illness and/or substance use disorder who also have developmental disabilities.	Establish on-site services with the DD Board in order to increase access to services for individuals with a dual diagnosis.	Pay for start-up expenses to place a psychiatrist; case manager and therapist on-site on a routine basis to provide services to individuals involved with the DD system in need of behavioral health services.	Specialty Team in place.	

New Priorities for SFY 2018 (if applicable)

3. **If applicable**, please add new Block Grant, State or Board priorities for SFY 2018 that were not reflected in the previous Community Plan for SFY 2017. [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
Decrease overdose deaths	Ensure warm hand offs from emergency room following overdose	Establish follow-up care team in collaboration with law enforcement.	Number of clients seen.
Collective Impact	Increase community engagement	Participate in Collective Impact Initiative of the United Way and Community Foundation	Attendance at local meetings; increased participation
Reduce Stigma	Create empathy and support for individuals with mental illness and/or substance use disorders	Implement We All Know Someone Campaign	Metric identified by PR consultant
Engage individuals in treatment	Increase the ability of individuals to identify they are in need of treatment	Fully implement CRAFT groups throughout the community	Number of participants in group/number seeking treatment
Improve treatment engagement/sustained recovery	Increase access to treatment and recovery supports.	Implement the use of technology via phone apps	Number of clients using phone apps

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Community Plan for the Provision of
Mental Health and Addiction Services
SFY 2018

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.

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

ADAMHS, ADAS or CMH Board Executive Director

Date

ADAMHS, ADAS or CMH Board Chair

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.)].