

## Ohio Mental Health and Addiction Services (OhioMHAS) 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 needs assessment is current with the exception of #3 above. There has been a significant increase in opiate related deaths in Butler County. As of the end of November 2014 the number of these deaths had exceeded the total for calendar year 2013.

### 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?
<b>Treatment:</b> Ensure that eligible clients access work related	1. Increase the number of treatment clients	1. Contract with the Ohio Rehabilitation Services Commission (Recovery to Work)	RTW contract in place, clients being served	No	Continued

skills and employment opportunities	who have work skills and jobs				
<b>Prevention:</b> Harm reduction, overdose reversal	1. Reduce number of overdose deaths	1. Support local health department, emergency responders and Cincinnati area CEP (Cincinnati Exchange Project) in making Narcan more readily available for Butler County residents	Board involved in planning through opiate task force with local entities	No	Continued
<b>Prevention:</b> Harm reduction, reduce spread of communicable diseases related to IV drug use	1. Reduce the spread of communicable diseases related to IV drug use	1. Support local health department and Cincinnati area CEP (Cincinnati Exchange Project) in making syringe exchange and related educational and health services available for Butler County residents	Board provided a one- time grant to CEP	No	Discontinued
<b>Prevention: Opiate Epidemic, other</b>	1. Establish an effective cross-sector community infrastructure to assist in addressing the opiate epidemic in a comprehensive fashion	1. Establish effective opiate task force within the Butler County Coalition to mobilize community support, assist law enforcement efforts to reduce supply, provide information and support for family members and community education	Opiate Task Force active with good cross system representation	No	Continued
<b>Prevention:</b> Adopt a public health approach (SPF) into all levels of the prevention infrastructure	1. Reduce stigmatization of substance abuse 2. Utilize SPF for planning, implementation, evaluation of prevention services	1. Utilize community coalitions to educate public and facilitate cross-sector implementation of environmental change strategies 2. Support schools in enhancing their effectiveness as critical prevention partners (school system wide approaches to prevention, increased universal education)	Coalition providing environmental strategies	No	Continued
<b>Prevention:</b> Ensure prevention services are available across	1. Reduced use by adolescents 2. Increase	1. School based services 2. Insure organizations that serve families at risk have updated	School based services provided in every district,	No	Continued

the lifespan with a focus on families with children/adolescents	<p>knowledge by family members of resources available</p> <p>3. Increase low risk use across lifespan</p>	<p>information about resources</p> <p>3. Offer MR/ML curriculum</p>	updates to organizations provided		
<b>SAPT-BG: Mandatory</b> (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	<p>1. IDU clients are prioritized for admission to treatment</p> <p>2. IDU clients receive information about health risks of IDU</p>	<p>1. Moved to priority status on waiting lists</p> <p>2. Prevention program on IDU integrated into treatment sites</p>	Waiting lists monitored for proper placement of IVDUs ongoing basis	No	Continued
<b>SAPT-BG: Mandatory:</b> Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	<p>1. Pregnant women are prioritized for treatment</p> <p>2. Pregnant women are provided with interim services while waiting for treatment</p> <p>3. Pregnant SA women are a target for outreach, case management, and specialized prevention services</p>	<p>1. Moved to priority status on waiting lists</p> <p>2. Case management is provided while waiting for treatment</p> <p>3. Perinatal Prevention Program funded by state and board</p>	Waiting lists monitored for proper prioritization ongoing basis, case mgt provided while on w.l. monitored, Perinatal Program funded	No	Continued
<b>SAPT-BG: Mandatory:</b> Parents with substance abuse disorders who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County	<p>1. County children's services entity maintains several direct contracts with treatment and prevention providers for priority treatment slots and</p>	<p>1. Direct contractual access to services bypasses regular waiting lists</p> <p>2. Specialized programming, and reporting to children's services entity</p>	Expanded programming for this population	No	Continued

Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	prevention services for clients who need SA assistance				
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases	<ol style="list-style-type: none"> <li>1. TB screening of treatment clients</li> <li>2. TB written information provided to treatment clients</li> </ol>	<ol style="list-style-type: none"> <li>1. Providers must include TB screening and information dissemination as part of programming</li> </ol>	TB screenings and information checked as part of chart review and discussed at county CQI	No	Continued
<b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	<ol style="list-style-type: none"> <li>1. Work with Primary Health Solutions (FQHC) to implement SBIRT into routine primary care at their community health centers.</li> </ol>	<ol style="list-style-type: none"> <li>1. Integrate SA screening into the major primary health care entity for low income clients</li> <li>2. Review charts to insure treatment providers assist clients with primary health needs</li> </ol>	Charts reviewed. Affordable Care Act laws reviewed and required as part of admission	No	Continued
<b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	<ol style="list-style-type: none"> <li>1. Implement supportive housing in former minimum security facility</li> </ol>	<ol style="list-style-type: none"> <li>1. Apply for capital grant from state</li> <li>2. Work with provider to provide RSS in facility</li> </ol>	Capital grant obtained and renovations beginning	No	Continued
<b>Treatment:</b> Individuals with disabilities	<ol style="list-style-type: none"> <li>1. Provider system with accessible facilities</li> <li>2. Provider system that has available strategies for treating disabled clients (e.g. hearing</li> </ol>	<ol style="list-style-type: none"> <li>1. Providers are contractually required to have accessible facilities and to provide treatment to disabled clients</li> </ol>	Contract compliance check for SFY14 showed compliance with this requirement	No	Continued

	impaired/deaf)				
<b>Treatment:</b> Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	<ol style="list-style-type: none"> <li>1. Opiate addicted clients will receive the most effective treatment available</li> <li>2. Reduction in the incidence of drug overdose deaths</li> </ol>	<ol style="list-style-type: none"> <li>1. Medication assisted treatment for opiate addicted clients whenever possible</li> <li>2. Improve access to treatment</li> </ol>	MAT expanded, Vivitrol programs instituted for released offenders, treatment expanded	No	Continued
<b>Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	<ol style="list-style-type: none"> <li>1. Residential care will be part of the board's continuum</li> <li>2. Long term case management will include assistance with housing for SAMI clients</li> </ol>	<ol style="list-style-type: none"> <li>1. Clients graduating from residential care will have safe housing at discharge</li> <li>2. SAMI case managers will address housing needs of clients</li> </ol>	Residential expanded, SAMI program continued, recovery housing started in 2 sites	No	Continued
<b>Treatment:</b> Youth, young adults in transition, adolescents and young adults  (This is also a Board priority for all adults)	<ol style="list-style-type: none"> <li>1. Abstinant at treatment episode discharge</li> <li>2. Abstinant at 90 days post discharge</li> </ol>	<ol style="list-style-type: none"> <li>1. Effective proven treatment strategies such as CBT and MET</li> </ol>	Abstinence measured at discharge, treatment modalities monitored by Board	No	Continued
<b>Prevention:</b> Adopt a public health approach (SPF) into all levels of the prevention infrastructure	<ol style="list-style-type: none"> <li>1. Reduce stigmatization of substance abuse</li> <li>3. Utilize SPF for planning, implementation, evaluation of prevention services</li> </ol>	<ol style="list-style-type: none"> <li>1. Utilize community coalitions to educate public and facilitate cross-sector implementation of environmental change strategies</li> <li>2. Support schools in enhancing their effectiveness as critical prevention partners (school system wide approaches to prevention, increased universal education)</li> </ol>	Coalitions promoting environmental change, prevention programming provided in schools expanded	No	Continued
<b>Prevention:</b> Ensure prevention services are available across	<ol style="list-style-type: none"> <li>1. Reduced use by adolescents</li> <li>2. Increase</li> </ol>	<ol style="list-style-type: none"> <li>1. School based services</li> <li>2. Insure organizations that serve families at risk have updated</li> </ol>	School based services provided, some use categories	No	Continued



the lifespan with a focus on families with children/adolescents	<p>knowledge by family members of resources available</p> <p>3. Increase low risk use across lifespan</p>	<p>information about resources</p> <p>3. Offer MR/ML curriculum</p>	decreased on PRIDE survey		
<b>Prevention:</b> Empower pregnant women and women of child-bearing age to engage in healthy life choices	<p>1. Pregnant women will increase knowledge of substance use effect on baby</p>	<p>2. Outreach and education to high risk pregnant women by specialized perinatal program</p>	Perinatal programming continued at previous level	No	Continued
<b>Prevention:</b> Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*	<p>1. Identify treatment provider</p> <p>2. Develop treatment service capacity</p> <p>3. Implement community awareness campaign</p> <p>4. Implement prevention services targeted toward at risk youth</p>	<p>1. Screen at all providers for problem gambling behaviors in existing client populations</p> <p>2. Provide training to key staff</p> <p>3. Integrate into treatment services</p> <p>4. Utilize range of media to promote community awareness</p> <p>5. Integrate problem gambling prevention services into addiction prevention services currently provided for at risk youth</p>	Screening taking place, trainings attended by tx staff, media campaign undertaken	No	Continued

### 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

### Strengths and Challenges in Addressing Needs of the Local System of Care

The strengths and challenges section is current.

### Collaboration

The collaboration section is current.

### Inpatient Hospital Management

Not applicable.

### Innovative Initiatives (Optional)

The innovative initiatives section is current

### Advocacy (Optional)

### Open Forum (Optional)

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

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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.)].