

**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):

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 | Barriers/Need for TA? | Priority Continued, Modified, or Discontinued in SFY 2018? |
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| MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances(SED) | -Develop a seamless and coordinated system of care for SED children and adolescents | -Support use of evidence based, best practices. -Continue to collaborate with local systems to support a seamless system of care for this population. -Provide financial support to contract agencies to provide integrated services. -Continue to support the local FCFC in its efforts to develop and implement services and supports and family driven. | -Trainings for evidence based practices still being sought. -A well-established collaboration with local systems continues to grow and develop. -Financial support for organizations using and seeking evidence based practices is ongoing. -Strong support of FCFC continues to be maintained and developed. | -Identifying effective new programming. | Priority Continued |
| MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need or permanent supportive housing. | -Develop a seamless continuum of care (homeless persons and persons with mental and/or addiction in need of permanent supportive housing) which supports prevention, early intervention, treatment, and consumer recovery. | -Address services and delivery for housing needs per Strategic Plan 2016-2018. | -Board staff will review/ inventory the system's service delivery and housing capacity, housing types, needed levels of care, utilization, and effectiveness in meeting projected needs per surveys in the Strategic Plan 2016-2018. -New sources of funding will be secured such as those from RSS. Capital I Funding Grants will be sought. | -New costs incurred in replacing current client housing sites means the importance of securing Capital Grant assistance to supplement Board funding. -Moving this Board's Step- Down Unit means a substantial outlay of Board capital to secure and rehabilitate any new site for this program. -Currently, RSS funding not readily available for new consumers needing housing supports. -Changes in staffing of the local PATH Program and state level funding this program. | Priority Continued |

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| <p>MH Treatment: Older Adults</p> | <p>-Maintain evidence –based program, UPLIFT(IMPACT & PEARLS – EBP’s), provided by Community Behavioral Health Inc. -Support any expansion of specific senior services with contract agencies.</p> | <p>-Keep the UPLIFT Program current by maintaining trainings and updates for the provision of the program. -Sponsor other evidenced-based practices via training contract agencies</p> | <p>-UPLIFT Program continues operation, with ever expanding consumer caseload. -Outcomes for this program are monitored for quality. -Reviews for other pertinent evidence- based programming continue.</p> | <p>-At times staff turnover within the UPLIFT Program has affected outcomes.</p> | <p>Priority Continued</p> |
| <p>MH/SUD Treatment: Treatment in Criminal Justice System-in jails, prisons, courts, assisted outpatient treatment</p> | <p>-Develop and/or maintain a continuum of care in the criminal justice system including specialized court dockets and MH/SUD program located in the Butler County Jail.</p> | <p>-Implement increased staffing and programming at the Butler County Jail due in part to recently received grant. -Monitor usage of current” Specialized Docket “ court models</p> | <p>-Program in Butler county Jail continues to grow and develop. -Outcomes being procured from both this program and the “Specialized Docket” programs. -A new program is being developed in the Butler County Juvenile Detention Facility.</p> | <p>-None at this time</p> | <p>Priority Continued</p> |

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| <p>MH: Integration of behavioral health and primary care services</p> | <p>-Support and evaluate the current OhioMHAS “Health Home Project” located at Butler Behavioral Health Services (Board Contract Provider) in efforts to assess any expansion or retraction of this service model.</p> | <p>-Review Health Home strategies rendered by this pilot program -Monitor costs and any changes in costs to the program (Medicaid and current ongoing revision of changes in reimbursement rates by Medicaid and eventually a managed care model). -Monitor overall effectiveness of model in local treatment applications.</p> | <p>-OhioMHAS during the course of its realignment of Medicaid payment rates has eliminated this model as a reimbursable service. -Butler Behavioral Health Services will be converting payment for this program to an “ala carte” system in hopes to maintain program fundamentals.</p> | <p>-Changes in Medicaid billing have caused major program changes.</p> | <p>Priority Modified for 2018.</p> |
| <p>MH/SUD: Recovery support services for individuals with a mental or substance use disorders; (e.g. housing, employment, peer support, transportation)</p> | <p>-Plan, develop, and implement recovery services for individuals with mental or substance use disorders by using the Board’s Strategic Plan 2016-2018 and being active in “Recovery is Beautiful: A Blueprint for Ohio’s Community Mental Health and Addiction System”.</p> | <p>-Board members and Board staff will be actively involved in R.O.S.C. Trainings, presentations, and in focus groups as part of a 5 year plan with overarching goals and action steps designed to provide a framework for moving Ohio’s mental health and addiction system towards a Recovery-Oriented System of Care (R.O.S.C.).</p> | <p>-Board members have taken active roles in R.O.S.C. -Peer Support Services have been implemented. -Transportation issues for consumers in Butler County are being addressed by having face to face meetings between local agencies and providers of local transportation services.</p> | <p>None at this time</p> | <p>Priority Continued</p> |

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| <p>MH: Promote Trauma Informed Care approach</p> | <p>-Develop a county wide system of care that is trauma informed.</p> | <ul style="list-style-type: none"> - Board staff will actively participate in Butler County’s Trauma Informed Care Committee. -Board staff will actively participate in the Tristate Trauma Network. -Increase the number of trauma informed clinicians in Butler County. -Provide free trauma training to Butler County providers. -Collaborate with system partners to develop a system of care that is trauma informed. | <ul style="list-style-type: none"> -Board staff active in Butler County Trauma Informed Care Committee, and Tristate Trauma Network. -Trainings still need to be provided. -Board staff continues to advocate and be proactive with county agencies regarding Trauma Awareness. | <p>-Finding good trainings and seminars to present to county clinicians on this topic.</p> | <p>Priority Continued</p> |
| <p>Prevention: Suicide prevention</p> | <p>-Increase the awareness of citizens of Butler County surrounding the issues of suicide.</p> | <p>-The BCMHARS Board provides these types of educational activities that surround the topic of suicide for FY 2016-2018. These include: ongoing Mental Health First Aid Trainings facilitated by Board staff, ongoing development of suicide prevention information available through the Hot-Line Service, related trainings sponsored by this Board, and ongoing information regarding this topic available on the Board’s web-site.</p> | <ul style="list-style-type: none"> -The items listed under Strategy continue. -The Board is in the process of broadening the communication media that can access Hot-Line Services. | <p>-No barriers at this time.</p> | <p>-Priority Continued</p> |

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| <p>IVDU SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)</p> | <p>Ensure a comprehensive continuum of services that can be accessed in a timely manner, are evidence based and utilize continuous quality improvement.</p> | <p>Continue to prioritize IVDU for admission to treatment services, screening all potential admissions for IVDU. Offer an evidence based continuum of care. Ensure availability of medication-assisted treatment</p> | <p>Achieved, on-going</p> | <p>No</p> | <p>Continued</p> |
| <p>Pregnant women SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)</p> | <p>Ensure federal mandates are met regarding access to treatment for pregnant women and provision of interim services.</p> | <p>Continue to offer gender specific treatment at the intensive outpatient and residential levels. Continue to offer residential where children may reside with an addicted mom in services.</p> | <p>Achieved, on-going</p> | <p>No</p> | <p>Continued</p> |

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| <p>Parents with dependent children 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)</p> | <p>Collaborate with the BC Children’s Services Board to ensure appropriate screening, assessment, referral, case management and case coordination for all Children’s Services clients who may have an alcohol or other drug addiction.</p> | <p>Continue to make available a full continuum of treatment services that are evidence-based and accessible in a timely manner. Further develop timely access to care.</p> | <p>Achieved, on-going</p> | <p>No</p> | <p>Continued</p> |
| <p>Persons with TB, other communicable disease SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p> | <p>All clients who enter addiction services will be administered screening instruments designed to detect risk for TB and other communicable diseases.</p> | <p>Continue to provide screening questionnaires and provide case management and referral services for medical testing when indicated</p> | <p>The primary Board funded addiction treatment providers have achieved this, other providers not State certified or not Board funded may not have achieved this.</p> | <p>No</p> | <p>Modified – Clients who enter Board funded addiction services will be administered screening instruments designed to detect risk for TB and other communicable diseases.</p> |

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| <p>Prevention of opiate OD Prevention and/or decrease of opiate overdoses and/or deaths</p> | <p>To reduce the number opiate related overdoses and the number of deaths in Butler County.</p> | <p>Implement overdose outreach project in partnership with local fire, police and EMS to encourage recent overdose survivors to enter treatment services. Provide access to Medication-Assisted Treatment (MAT) to overdose survivors who enter treatment. Increase the availability of Narcan via local pharmacies who offer this without a prescription.</p> | <p>Overdose deaths are being prevented via use of Narcan, outreach/QRT is occurring and persons are entering treatment</p> | <p>No</p> | <p>Modified- Prevent fatal opiate overdoses through the use of Narcan and other interventions and link persons who have survived OD with treatment services</p> |
| <p>Prevention across the lifespan Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents</p> | <p>-Develop a seamless continuum of care which supports prevention, early intervention, and treatment and consumer recovery for families with children/adolescents.</p> | <p>-This Board will review prevention needs for families with children/adolescents in its Strategic Plan 2016-2018. -The Board will continue to fund and support the Big Brothers Big Sisters and Envision Partnerships who provide a continuum of prevention services primarily targeted to youth but also across the lifespan along with the Incredible Years program at Catholic Charities of Southwestern, Ohio, and Talbert House's consultation programming in school settings. -The Board will investigate the means to fund "Family Therapy" as a clinical service for Butler County Residents.</p> | <p>On-going service delivery mostly through our main prevention provider, Envision Partnerships, as well as through contracts with other prevention providers</p> | <p>No</p> | <p>Continued</p> |

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| Access to evidence-based prevention Prevention: Increase access to evidence-based prevention | -Per the Strategic Plan 2016-2918 regarding the needs to research and access evidence-based prevention models, utilize The Health Policy Institute of Ohio's "Guide to evidence-based prevention". | -Increase the understanding and utilize the concepts of "evidence-based": 1-Types of evidence that inform decision making 2-Level of effectiveness in reaching desired outcomes 3-Strength of scientific evidence | On-going, services being delivered are based on evidence/research indicating effectiveness | No | Continued |
| Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations | All Board funded treatment providers will provide problem gambling screening for all clients admitted to treatment services. | Ensure the continuation of the use of evidence based screening instruments recommended by the Department. | On-going, all primary Board funded addiction providers provide gambling screening for all clients. | No | Modified - Some Board funded providers will provide gambling screening. Providers who have been added during the course of SFY 17 may not yet be providing gambling screening. |

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 |
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