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: In January and February of 2014, MHRSB of Lucas County conducted a series of stakeholder Forums to determine if there were new concerns about gaps in services or changes in priorities. Needs expressed were consistent with those identified in the FY 2014 Community Plan. Under the leadership of the Lucas County Sheriff, there has been an increase in community collaborations surrounding the opiate epidemic. Although the FY 2014 called selected Medication Assisted Treatment for opiates as a priority, and the Sheriff's initiative centers on persons who have already over-dosed on opiates, MHRSB has identified the need for increased prevention efforts to address the epidemic before residents of Lucas County become engaged in prescription drug abuse or heroin use.

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 #3if 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?
SAPT-BG: Parents with substance abuse disorders who have dependent children	Despite funding cut from Children Services, maintain the program that was designed especially for this target population.	Increase MHRSB funding to program while working with provider to identify issues.	Increased funding by $50,000. Medicaid Expansion covered rest; project is maintained and achieving outcomes.	None	Continue in SFY 2015
MH-BG: Adults with Serious Mental Illness (SMI)	Persons who are not eligible for Medicaid would have the same access to mental health treatment as did those who are eligible	Provide additional funding to community mental health centers for non-Medicaid clients.	In FY 2014, MHRSB increased allocations for Non-Medicaid treatment by 7.5%, however, in FY 2015 they were reduced because agencies didn't spend all. Issued contracts to 3 new providers to expand capacity.	Capacity for AOD treatment; even though funds are there, waiting lists are now growing.	Continue in SFY 2015 - Will look for ways to expand capacity.
MH&SAPT-BG: Recovery support services for individuals with mental or substance use disorders	Increase the utilization of EBP recovery-oriented services such as WMR, WRAP, etc. Increase the numbers of peer support specialists and peer mentors in the community	Fund a single entity to train, promote, and assist agencies in implementing recovery-oriented programming. Fund new programs that train and emphasize use of peers in support/mentoring roles	1) Working with UTMC to explore implementation of Common Ground. 2) Funded NPI to hire for trained PSS to work with people moving into apartments; 3) Expanded an Art Program that utilizes peer mentors to facilitate classes to improve social connectedness.	Have a proposed initiative that we are exploring both the logistics and feasibility for implementation. Have not yet accepted the program design.	Continue in SFY 2015
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	Increase the availability of medication-assisted treatment.	1) Increase allocation amounts to current provider of MAT; 2) Engage new providers as appropriate; 3) Develop protocols for long-term use of MAT	1) Increased MAT allocation by 96%. From FY 2013 to 2015. 2) Sought out additional providers and provided new funding to do AOD treatment including MAT.	Capacity was a barrier – FY 2014 had unspent allocations.	Continue in SFY 2015

Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	Ensure that all OHMAS/MHRSB housing is available to house persons with SPMI.	Invest in one-time funding to preserve existing housing stock through intensive renovation.	Allocated $1.2 million over two years (SFY 14 & 15) to renovate 150 units of permanent supportive housing, which will also leverage $2 million from other state/federal sources.	None	Continue in SFY 2015
Treatment: Youth/young adults in transition/adolescents and young adults	Provide housing for younger populations who resist living in group homes with older clients.	Identify the number to be served and provide group home(s) that target this specific population.	*Have not gathered data for this targeted population.*	*Lack of data available.* HUD's definition of "chronic" homelessness has created a barrier in housing this population.	Continue in SFY 2015
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*	Expand prevention services across the life-span to include senior-citizens who are at risk of substance-use disorders.	Fund a provider to deliver an evidence-based program that targets AOD prevention for seniors.	Funded Harbor $154,026 to utilize the Wellness Initiative for Senior Education curriculum to serve 260 seniors; teaching about depression and misuse of prescription medications.	None	Continue in SFY 2015
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices	Provide education and prevention to empower Hispanic women of child-bearing age to make healthy life choices.	Provide an evidence-based program through a local agency that works in the Hispanic community.	Partnered with OhioMHAS ($28,200) when it reduced funding for the Nosotras program at Adelante.	None	Continue in SFY 2015
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*	All assessment centers will include a screen for problem gambling in their diagnostic assessment.	Develop a screening tool to be used at the centers and fund its implementation.	A gambling mini screen was implemented throughout the MHRSB provider network.	Delay in implementation. We did receive technical assistance from Ohio MHAS on the mini screen.	Continue in SFY 2015

Persons with mental illness will have access to an ample supply of medication upon release from incarceration to bridge the gap between release and first appointment at community mental health center.	Persons released from Corrections Center of Northwest Ohio or the Lucas County Corrections Center who are currently being prescribe psycho-tropic medication will have a 30-day supply of those meds at release as well as a confirmed appointment for a diagnostic assessment.	Establish CCNO and LCCC as distribution points for Central Pharmacy and provide an allocation for the purchase of meds at the correction centers.	MHRSB of Lucas County secured permission for CCNO and Lucas County Jail to use its Central Pharmacy allocation to provide inmates leaving these institutions with 30 days of medication or a prescription. The Board funded an inreach/outreach team to help clients get meds and for linkage (and limited case mgt.) to CMHC.	Inmates in jail leave without much notice; makes it difficult to link them with meds or services.	Continue in SFY 2015
Integration of treatment for clients who have both Mental Health and AOD disorders.	All contracted agencies that provide behavioral health services will be either dually certified or will demonstrate that they have a plan in place so that clients who present for the agency's primary services will be provided their secondary service in an integrated fashion through coordination of care.	Provide additional non-Medicaid funding to certified agencies to provide both MH and AOD services.	All five of Lucas County's primary contracted treatment agencies are certified for both mental health and AOD services. The Board awarded new mental health allocations to two AOD agencies and each agency also has an allocation for AOD services.	None	Continue in SFY 2015
Improve working relationships between, MHRSB, Rescue (the pre-screener) and local private hospitals.	Clients who require screening for hospitalization will be screened and transferred to the appropriate setting within 4 hours, and clients who are transferred to hospital level of care will be transported in a single move (right place first time).	Provide an incentive payment to the pre-screening agency to improve efficiencies.	Rescue was awarded $200,000 additional in FY 2014 for its work to improve efficiencies in pre-screening in the community and transportation to local hospitals.	On call physicians who do not have admitting privileges at the hospital where the patient presents created delay in the admission to the "right place first time."	The priority will remain in SFY 2015, however, the incentives will be discontinued as it would appear that the changes that facilitated the improved efficiencies can be maintained without further cost.

Family Navigators	Families of persons experiencing mental illness will have a readily accessible resource navigator that will guide them to services, help them know what to expect, explain options, etc.	Fund NAMI to provide a unique service in Lucas County that can educate family members and provide support through accessing needed services for their loved ones.	Invested $100,000 per year to implement a Family Navigator program at NAMI.	Had difficulty hiring super-visor, but project is now under way.	Continue in SFY 2015

New Priorities for SFY 2015 (if applicable)

3. Please add new Block Grant, State or Boardpriorities 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
Prevention: A universal message to the entire community to prevent the misuse of opiates/heroin.	Reduce the usage of heroin that frequently begins with the abuse of prescription drugs and too often has resulted in overdoses causing death.	Develop a community-wide message that will be delivered by a collaborative network of certified prevention agencies as well as other stakeholders.	Dollars invested, message(s) crafted, number of agencies disseminating message.

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.

The 2014 Plan identified a strength in the system's commitment to integrated mental health and AOD treatment. In FY 2014, Zepf (CMHC) merged with CCRS (county's largest AOD provider) to form a single agency dedicated to providing integrated care. Harbor, a major CMHC, became certified to provide AOD services as well, creating another opportunity for clients with co-occurring disorders to be treated for both issues without having to go to two different providers.

Collaboration

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

In 2014, MHRSB led an initiative to bring multiple stakeholders together from both the mental health system and the criminal justice system to implement the Sequential Intercept Model in Lucas County. This model focuses on identifying persons with mental illness at 5 "intercept points" in the criminal justice process (i.e. law enforcement, jail, court, reentry, and reconnect to community). A consulting team was brought in from the Criminal Justice Coordinating Center of Excellence and a "mapping exercise" was performed with over 40 community leaders. After identifying priorities, five standing committees (Data and Information Sharing, Access to Services/Family Support, Transportation, 911 Screening, and Alternative Options) were formed and continue to meet under the umbrella of a functioning Behavioral Health/Criminal Justice Alternatives Committee. The goal of the Committees is to divert persons with mental illness from the justice system, and to reduce crowding in the County Jail.

Inpatient Hospital Management

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

This section of the FY 2014 Community Plan remains current.

Innovative Initiatives (Optional)

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

1) Planning efforts: Sequential Intercept Model (see Collaboration Section)

2) Process and/or quality improvement: MHRSB provided an incentive opportunity to the system's pre-screening agency. As a result, improvements were made that increased the number of contacts that resulted in disposition in 4 hours or less, and also increased the percentage of transports that were made to the right place the first time.

Advocacy (Optional)

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

This section of the FY 2014 Community Plan remains current.

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.

This section of the FY 2014 Community Plan remains current.

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.

Mental Health and Recovery Services Board of Lucas County
ADAMHS, ADAS or CMH Board Name (Please print or type)

ADAMHS, ADAS or CMH Board Executive Director — Date 12/26/14

ADAMHS, ADAS or CMH Board Chair — Date 12/18/14

[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.)].