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 2017Community 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):

The following are Needs Assessment results that have been updated since 2016:

MENTAL HEALTH

Suicide Completions

During the Fiscal Year 2016, there have been 23 completed suicides, almost double than the entire number of Fiscal Year 2015. 19 were male, four were female and all were Caucasian. Age ranges include: two under the age of 18, 1 aged 23, 5 between the ages of 30-40, 8 between 40-50, 5 between 50-60, two between 60-70 and one 76 years old. Eleven were the result of asphyxia, 9 due to gunshots, 2 due to drug overdoses, and one due to drowning.

Characteristics of Persons Served

During Fiscal Year 2016, 6,040 Ashtabula County residents received mental health services, 242 more individuals than the previous Fiscal Year. Characteristics of persons receiving mental health services include: 4,004 adults and 2,078 youth. 53% were female and 47% were male. The top three diagnostic groups of adults served continue to be: depressive disorders, bipolar disorders, and anxiety disorders. The top three diagnostic groups of youth served included: attention deficit/disruptive disorders, adjustment disorders, and depressive disorders. 99% of those receiving mental health services paid zero toward their cost of care.

Youth Survey

In the fall of 2015, 1309 youth in grades 7, 9, and 10 were surveyed using a modified version of the Ohio Healthy Youth Environments Survey.

40.9% reported being bullied in the past 12 months and 27% reported being bullied on school property. 22.6% reported feeling sad or hopeless almost every day for 2 weeks or more in a row during the past 12 months. 6.3% reported having attempted suicide one or more times in the past 12 months and 1.5% of those reported the attempt resulted in needing treatment by a doctor or nurse. 19.3% reported living with someone who was depressed, mentally ill, or suicidal.

Family Member Survey

Eight family members of someone who receives mental health services completed a survey in 2017. 63% identified timely access to services and the availability of psychiatric services at a frequency needed by individuals receiving services were problems. Suggestions for improvement included: increasing counseling and psychiatric availability; increasing awareness and assistance for persons in need of mental health services regarding the process to access services and what services are available; and increased public education and awareness for family members and the community.

2017 County Health Rankings Robert Wood Johnson Foundation

Ashtabula County ranks overall 75 of the 88 Ohio counties for health outcomes. The following data is pertinent to resident's mental health:

- Average number of mentally unhealthy days was reported as 4.3 compared to 4.0 for Ohio.

Ashtabula County Community Health Status Assessment 2016

459 Ashtabula County adults (19 years of age and older) participated in a county-wide health assessment survey from September through November, 2016. The following are the results pertinent to mental health:

- In 2016, 7% of Ashtabula County adults considered attempting suicide. 15% of adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.
- In the past year, 15% of Ashtabula County adults had a period of two or more weeks when they felt so sad or hopeless nearly every day that they stopped doing usual activities.
- 7% of Ashtabula County adults considered attempting suicide in the past year.
- One percent (1%) of adults reported attempting suicide in the past year.
- Ashtabula County adults indicated the following caused them anxiety, stress or depression: financial stress (44%), job stress (28%), death of close family member or friend (20%), other stress at home (20%), poverty/no money (20%), marital/ dating relationship (14%), fighting at home (12%), sick family member (12%), unemployment (10%), caring for a parent (8%), family member with mental illness (5%), divorce /separation (4%), not having enough to eat (3%), not feeling safe in the community (2%), sexual orientation/ gender identity (2%), not feeling safe at home (1%), and not having a place to live (<1%).
- 12% of Ashtabula adults used a program or service for help with depression, anxiety, or other emotional problem for themselves or a loved

one. Reasons for not using a program or service to help with depression, anxiety, or emotional problems included the following: could not afford to go (6%), fear (5%), had not thought of it (5%), stigma of seeking mental health services (5%), co-pay/ deductible too high (5%) , did not know how to find a program (5%), other priorities (4%), could not get to the office or clinic (1%), transportation (1%), and other reasons (4%). 72% of adults indicated they did not need such a program for themselves or a loved one.

- Ashtabula County adults received the social and emotional support they needed from the following: family (74%), friends (63%), God / prayer (32%), church (22%), neighbors (12%), a professional (7%), Internet (6%), community (5 %), online support group (1%), self-help group (<1%), and other (2%).
- Ashtabula County adults experienced the following in the past 12 months: death of a family member or close friend (37%); a close family member went to the hospital (29%); had bills they could not pay (24%); someone close to them ha d a problem with drinking or drugs (14%); moved to a new address (11%); someone in their household lost their job /had their hours at work reduced (11%); household income was cut by 50% (7%); became separated or divorced (4%); were threatened or abused by someone physically, emotionally, sexually, and/or verbally (4%); had someone homeless living with them (4%); their child was threatened or abused by someone physically, emotionally, sexually, and / or verbally (4%); witnessed someone in their family being slapped (2%); knew someone who lived in a hotel (1%); and were homeless (1%).
- Ashtabula County adults experienced the following adverse childhood experiences (ACEs): their parents became separated or were divorced (23%); lived with someone who was a problem drinker or alcoholic (16%); a parent or adult in their home swore at, insulted, or put them down (15%); someone at least 5 years older than them or an adult touched them sexually (11%); their family did not look out for each other, feel close to each other, or support each other (10%); someone at least 5 years older than them or an adult tried to make them touch them sexually (8%); their parents or adults in their home slapped, hit, kicked, punched, or beat each other up (8%); a parent or adult in their home hit, beat, kicked, or physically hurt them (7%); lived with someone who was depressed, mentally ill, or suicidal (7%); lived with someone who used illegal street drugs, or who abused prescription medications (5%); did not have enough to eat, had to wear dirty clothes, and had no one to protect them (4%); lived with someone who served time or was sentence d to serve time in prison, jail or other correctional facility (4%), someone at least 5 years older than them or an adult forced them to have sex (4%), and their parents were not married (2%).
- 18% of Ashtabula County adults ha d 3 or more ACEs in their lifetime, increasing to 34% of those with incomes less than $25,000.

Service Accessibility

The Community Counseling Center Community Care Clinic is designed to promote easy access to behavioral health services and resource linkages for persons with severe and persistent mental illness. During the last quarter of Fiscal Year 2016, urgent access to CPST services was added so that urgent non-imminent critical CPST needs can be met within one day. Signature Health, Inc. also has walk-in opportunities but access still seems to be a barrier in some areas of the county due to transportation limitations and stigma. This may mean more education around opportunities to use available transportation through ACTS Medicaid benefits and ACMC ride van.

SUBSTANCE USE PREVENTION

Prevention Services Community Readiness Survey

During late 2016, the Ashtabula County Prevention Coalition utilized the Tri-Ethnic Center for Prevention Research Community Readiness Model to assess Ashtabula County's community readiness to address the priority issues of underage drinking and the misuse of prescription drugs by youth. The following are the results obtained:

- Community readiness to address the misuse of prescription pain medications was identified as vague awareness whereby some of the community believes there is a local problem, but there is not an immediate motivation to address the problem. Persons interviewed noted there is little concern about the misuse of prescription pain medications by underage youth unless their family has been directly affected by it.
- Prescription pain medications are highly available in home medicine cabinets. Sharing medications and not disposing of unused medications are community norms.
- 84% of 246 community respondents did **not** know the penalties for giving someone their prescription drugs. 11% did not believe there was much harm in giving a family member medication they no longer needed.
- There is a lack of knowledge regarding the link between prescription drug abuse and heroin abuse.
- Community readiness to address the underage use of alcohol was identified as denial and resistance. Underage alcohol use by youth was viewed as acceptable, holding little risk if youth don't drive and is passively supported by adults in the community as a 'rite of passage'.
- 25% of 246 community respondents did **not** believe the younger a person first uses alcohol the more likely they are to develop alcohol dependency. 10% reported providing alcohol to underage youth in their home and 15% believed it was okay for underage youth to drink alcohol if their parent's permitted it.

Prevention Coalition Community Survey

395 Ashtabula County residents responded to the Prevention Coalition's Community Survey. Environmental conditions identified by the survey that are being addressed by the Coalition include:

- 25% of community members did not know that the younger a person's first use of alcohol is the more likely to develop alcohol dependency; 16% did not know the penalties for their children consuming alcohol, and 84% did not know the penalties for giving someone their prescription drugs.
- 84% believed it is easy for underage youth in the county to obtain alcohol and the three places identified as providing the top access were: home without parents' knowledge, adults purchasing for youth, and adults hosting parties.
- Questions regarding community norms indicated that 71% believe youth under 21 should never drink alcohol, 15% felt it was okay for underage youth to drink as long as their parents permit it, and 14% believed underage drinking is a part of growing up and there isn't much that can be done to stop it.
- 88% believed underage misuse of prescription drugs is a problem in the county.

- 43% have used the prescription drug drop boxes located in the county.

Youth Survey

In the fall of 2015, 1309 youth in grades 7, 9, and 10 were surveyed using a modified version of the Ohio Healthy Youth Environments Survey. Regarding alcohol use: 9.6% reported using alcohol in the previous 30 days; 66% perceived moderate or high risk with having 5 or more drinks 1-2 times per week; 90.3% believed their parents would disapprove if they drank alcohol regularly, and 73.9% believed their peers would disapprove if they drank regularly. Regarding tobacco: 7.3% reported use in the past 30 days; 78.8% perceive moderate or high risk with smoking one or more packs of cigarettes per day; 94.4% perceive parents would disapprove if they smoked cigarettes; and 79% believed their friends would disapprove. Results for marijuana indicated that: 5% reported use within the past 5 days; 58% perceive moderate or high risk with smoking marijuana once or twice a week; 89.5% believed their parents would disapprove if they smoked marijuana and 72.7% believed their friends would disapprove. 2.5% reported using prescription drugs not prescribed for them in the past 30 days and 84% perceived moderate or high risk with using prescription drugs not prescribed for them. 94.8% believed their parents and 87% believed their peers would disapprove if they used prescription drugs not prescribed for them.

1.3% reporting driving a car after drinking alcohol during the past 30 days and 12.3% reported riding with a driver who had been drinking alcohol within the past 30 days. 20.1% reported living with someone who was a problem drinker or alcoholic and 14.3% reported living with someone who used illegal street drugs or who abused prescription medication. 16.7% reported gambling money or personal items in the past 12 months and 3.8% reported gambling more than they had planned to.

SUBSTANCE USE

Characteristics of Persons Served

During Fiscal Year 2016, 1,565 Ashtabula County residents received substance abuse services; 1,505 adults and 60 youth. This is an increase of 216 persons served when compared to the previous Fiscal Year. 58% were male and 42% were female. The top three diagnostic groups of adults served included: opioid use disorders, cannabis use disorders, and alcohol use disorders. The number of adults served continues to increase from 380 in Fiscal Year 2014, 531 in Fiscal Year 2015, and 662 in Fiscal Year 2016. The top three diagnostic groups of youth served were: cannabis use disorders, substance induced disorders, and opioid use disorders (5 youth).

Service Trends

- More treatment is being provided within the Ashtabula County criminal justice system including: Adult Drug Court, Criminal Justice Behavioral Health Linkages Ashtabula County Jail Program, Residential Substance Abuse Treatment Jail Program, Forensic Partnership Recovery Program with Adult Probation Department, Municipal Mental Health Court, and Family Drug Court.
- Ambulatory Detox Service units and out-of-county Methadone Administration units have doubled between Fiscal Year 2015 and 2016.

- Treatment need exceed capacity in the areas of detoxification services, recovery housing, and residential treatment.
- Increased service accessibility via satellite office locations is needed in the county.

Ashtabula County Community Health Status Assessment 2016

459 Ashtabula County adults (19 years of age and older) participated in a county-wide health assessment survey from September through November, 2016. The following are the results pertinent to substance use/abuse:

- In 2016, 49% of Ashtabula County adults had at least one alcoholic drink in the past month. Additionally, 50% of adults who drank engaged in binge drinking (defined as 5 or more drinks for males or 4 or more drinks for females on one occasion) in the past month. One-fourth (25%) of adults drove after drinking any alcoholic beverages.
- In 2016, 49% of Ashtabula County adults had at least one alcoholic drink in the past month, increasing to 58% of those with incomes more than $25,000.
- Of those who drank, Ashtabula County adults drank 2.6 drinks on average, increasing to 2.9 drinks for those over the age of 65 and those with incomes more than $25,000.
- Almost one-fourth (24%) of Ashtabula County adults engaged in binge drinking (defined as 5 or more drinks for males or 4 or more drinks for females on one occasion) in the past month. The 2015 BRFSS reported binge drinking rate s of 18% for Ohio and 16% for the U.S.
- Half (50%) of current drinkers reported binge drinking in the last month.
- One in four (25%) of current drinkers reported driving after drinking any alcoholic beverages.
- Ashtabula County adults experienced the following in the past six months: drove after having any alcoholic beverage (13%); drank more than they expected (6%); used prescription drugs while drinking (5%); continued to drink despite problems caused by drinking (4%); spent a lot of time drinking (3%); drank more to get the same effect (3%); gave up other activities to drink (2%); tried to quit or cut down but could not (2%); failed to fulfill duties at work, home, or school (2%); drank to ease withdrawal symptoms (2%); placed themselves or their family in harm (1%); and had legal problems (1%).
- In 2016, 8% of Ashtabula County adults had used recreational marijuana during the past 6 months. 4% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and / or more active or alert during the past 6 months.
- 8% of Ashtabula County adults had used recreational marijuana in the past 6 months, increasing to 17% of those under the age of 30.
- 1% of Ashtabula County adults reported using other recreational drugs in the past six months, such as cocaine, synthetic marijuana /K2, heroin , LSD, inhalants, Ecstasy, bath salts, and methamphetamines.
- 4% of adults had used medication not prescribed for them or took more than prescribed to feel good or high and/or more active or alert during the past 6 months, increasing to 6% of those ages 30-64.
- Adults who misuse d prescription medication obtained their medication from the following: primary care physician (80%), bought from a drug dealer (7%), free from friend or family member (7%), from multiple doctors (6%), bought from friend or family member (6%), and from ER or urgent care doctor (4%).
- Adults misused the following over-the-counter drugs in the past 6 months: cough and cold medicines (12%), sleeping pills (4%), energy boosters (1%), motion sickness pills (1%), weight loss or diet pills (1%), and other drugs (2%).
- Ashtabula County adults indicated they did the following with their unused prescription medication: took as prescribed (23%), flushed it down the toilet (14%), threw it in the trash (14%), took it to the Medication Collection program (11%), kept it (11%), took it to sheriff's office (3%), kept in a locked cabinet (2%), took back on Drug Take Back Days (2%), mailer to ship

back to pharma cy (1%), gave it away (1%), traded it (<1%), and some other destruction method (2%). 46% of adults did not have unused medication.

- Adults indicated the following drugs were most commonly abused in Ashtabula County: heroin (70%), alcohol (65%), methamphetamines (59%), marijuana (58%), prescription medications (49%), cocaine (34%), inhalants (12%), Ecstasy or GHB (8%), and LSD, mescaline, peyote, psilocybin, DMT, or mushrooms (8%).
- 1% of adults used a program or service to help with an alcohol or drug problem for them or a loved one. Reasons for not using such a program included: could not afford to go (2%), could not get to the office or clinic (1%), did not want to get in trouble (1%), did not want to miss work (1%), fear (1%), had not thought of it (1%), no program available (1%), stigma of seeking drug services (1%), wait time (1%), did not know how to find a program (<1%), and other reason (1%). 94% of adults indicated such a program was not needed.

Ohio Motor Vehicle Statistics Ashtabula County Community Health Status Assessment 2016

- Six percent of the total crashes in Ashtabula County in 2016 were alcohol-related, as opposed to 4% for Ohio.
- More than half (53%) of all fatal injury crashes in Ashtabula County were alcohol-related, as compared to 30% of alcohol-relate d fatal injury crashes in Ohio.
- Of the total number of alcohol-related crashes (126) in Ashtabula County, 58% were property damage only, 36% were non-fatal injury, and 6% were fatal injury

Public Children Association of Ohio (PCSAO) 10-10-16

Ohio has witnessed a 12% increase (or over 1,400) in children in agency custody in the past five years: 19% (2,000) since 2009 and 6.7% (almost 1,000) just in the last year and a half.

- This counts only those removed from their homes due to safety risks and placed in out-of-home care.
- This increase does not take into account the large volume of families served through kinship care or in their own homes.
- Opioids (opiate prescriptions, heroin, and fentanyl) largely contributed to this increase.

The spring 2016 Survey by PCSAO revealed that in Ashtabula County, 103 children were taken into custody in CY 2015 and 60 were taken into custody with parental drug use. 32 of the 60 had parents using opiates.

Public Children Association of Ohio (PCSAO) Factbook 2017

The 2017 PCSAO Factbook notes that the population of Ashtabula is 98,632 and 22,120 of the residents are children. The overall poverty rate is 19% and 27% for children. The placement rate for the number of children in custody per 1,000 is 14.2. The number of families receiving in-home services has increased from 31 in 2013 to 36 in 2016 and the number of children placed out of home has increased from 235 in 2013 to 313 in 2016. Children in custody on 7/1/2016 were removed from the home due to: 33% neglect, 25% dependency, 7% physical abuse, 3% sexual abuse, 3% delinquency/unruly, and 29% other.

Ohio Children's Trust Fund Great Lakes Ohio Region Comprehensive Needs Assessment- 2016 for Ashtabula, Cuyahoga, Geauga, & Lake Counties

The Ohio Children's Trust Fund reports that "one of the most common risk factors and needs associated with maltreatment found across the data is the level of substance abuse occurring in the home and the need for additional substance abuse treatment services. Opioid addiction, heroin use and heroin overdosing is of particular concern. The need to expand substance abuse treatment programming is present in both the online needs assessment and key informant interviews. There is perceived higher need in Cuyahoga and **Ashtabula** counties compared to other counties". The report also identified the following needs in Ashtabula County:

- Family-centered treatment services for substance abuse are important but not available and this was the largest reported gap for Ashtabula County.
- Recommended high priority prevention area was for substance abuse and mental health treatment that is family centered and trauma informed with particular attention given to the issues surrounding opioid and heroin addiction.
- Key informants in Ashtabula County discussed the benefits of early childhood education programs that encourage positive child development.
- Ashtabula County has a significant need for transportation to appointments and non-home-based social services.
- There is a significant shortage of doctors in Ashtabula County, below state levels with lower rates of personal care physicians, dentists, and behavioral health providers.
- Ashtabula County has higher rates of youth in foster care, 10.6 per 1,000, compared to the state rate of 8.3. There is a need for services for transitional age youth that assist in securing housing, stable employment, access to reliable healthcare services, and a pathway to pursue educational opportunities.
- Ashtabula County has a higher teen birth rate and average percentage of single parent households when compared to the state.

Ashtabula County Juvenile Court/Children Services Board

The Ashtabula County Juvenile Court Judge reported that during 2016, he held three times as many emergency hearings than in 2015, many involving temporary child custody or placement motions on behalf of the county Children Services Board. The court held 279 such hearings in 2016, up from 89 in 2015 and 68 in 2014.
The Director of the Ashtabula County Children Services Board reported the number of county children placed in foster care rose 65% from January 2016 to January 2017.

Ashtabula County Drug Related Deaths

During 2015 Ashtabula County had 19 unintentional overdose deaths and approximately 35 in 2016. During calendar year 2017 the county has experienced 27 unintentional overdose deaths and 188 reported overdose survivals between January 1, 2017-June 12, 2017.

Ashtabula County Substance Abuse Leadership Team

During Fiscal Year 2017, the MHRS Board has taken developed a collaborative Leadership Team with representatives from: the two local hospitals, education, criminal justice, law enforcement, criminal justice system, emergency medical personnel, fire departments, commissioners, and city managers. Needs identified to date include:

- Unified messaging for community education and stigma reduction
- Increased service accessibility via satellite offices in Conneaut and Geneva
- Information to give to persons who have recently overdosed regarding treatment options
- Methods to engage persons who have recently overdosed into treatment
- Increased availability of detoxification services
- Increased availability of Naloxone

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 2017priorities. 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 2017 COMMUNITY PLAN					
Priority	Goal	Strategy	Progress	Barriers/Need for TA?	Priority Continued, Modified, or Discontinued in SFY 2018?
SAPT-BG: Mandatory (for OhioMHAS): Persons who are	Provide services to persons who are intravenous/injection drug	Providers have procedures to ensure to persons who are	90% capacity data collected quarterly to determine status of	None	Continued

intravenous/injection drug users (IDU)	users within 14 days of service request	intravenous/injection drug users are identified at screening and given priority for admission.	goal.		
SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Provide services to women who are pregnant and have a substance use disorder	Provider has procedures to ensure women who are pregnant and have a substance use disorder are identified at screening and given priority for admission.	Pregnant women identified in need of treatment by our Women's Grant program are given priority placement in residential treatment. Additionally pregnant women who are fond to need MAT are referred for subutex and receive specialized prenatal care through Hillcrest Hospital.	None	Continued
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)	1. Women who deliver a baby that tests positive for drugs will be referred to treatment. 2. Meet the objectives of the State System-wide Reform Project (SSRP), in collaboration with Juvenile Court, CSB, and local providers, by infusing best practice system-wide for families engaged in CSB and Juvenile Court processes. Assist in developing a Family Drug	1. Hospitals report to CSB all women whose babies test positive for drugs. CSB refers the women for treatment. 2. Providers have procedures to ensure best practice services, priority access, and streamlined coordination of services for families involved with or at risk of involvement with CSB.	The Board has worked closely with our CSB and Juvenile Court through the Ohio Supreme Court Statewide System Reform Project grant to infuse EBP in the child welfare system, initiate universal screening for BH disorders using the GAIN-SS and develop a Family Drug Court. The project has allowed for the	None	Modified

	Court as a component of system-wide reform.		development of new collaborative relationships, new universal releases and referral tools that are used by all of the BH agencies, increased access to services for CSB involved families, improved communication and information sharing between the BH agencies and CSB and the court has submitted their application for specialized docket to the Ohio Supreme Court.		
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)					X No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	1. Youth with SED who lack insurance or other funding and are in crisis will receive needed services.	1. Family and Children First Council will identify youth with SED who are in crisis and lack funding resources. Identified	High Fidelity Wraparound is in place and the service continues to receive fidelity reviews; Parent Project	None	Continue with the slight modification to add Loving Solutions to the strategy

	2. Parents of youth with SED will have access to parent education. 3. SED Youth will have support in their transition to adulthood.	youth and families will be offered High-Fidelity Wraparound Services through the FCFC Service Coordination Mechanism. The Board will ensure the provision of the EBP service through a regional collaborative grant, as well as through collaboration with local partners (Juvenile Court, local provider). 2. Provider will offer EBP parent education through the Parent Project. 3. Provider will continue to implement the EBP Transition to Independence Program (TIP) for SED youth transitioning to adulthood.	continues and Loving Solutions for families with children 6-12 has been implemented; the TIP program continues to grow and the transitional youth are now being linked to the Supported Employment program.		
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	1. Adults with SMI who lack insurance or other funding will have access to crisis and aftercare services. 2. Continue to support Evidence-Based practice to	1. The Board will provide funding for 24 hour crisis intervention services, and aftercare services for individuals who lack insurance or other funding. 2. Collaborate with	Crisis intervention continues to be available; agency staff were trained in CBI-CC in order to better address individuals with co-occurring disorders in the Drug	Some assistance with the development of the ACT Team would be helpful as we plan moving forward.	Continued and Modified

	address the treatment needs of persons with SMI and Co-occurring Substance Abuse. 3. Provide immediate access services to individuals with SMI who are not in crisis at the time of the referral. 4. Provide 24-hour Hotline Services to Ashtabula County residents. 5. Develop and implement an Assertive Community Treatment (ACT) Team in Ashtabula County.	Juvenile Court to provide training for Cognitive Behavioral Intervention-Comprehensive Curriculum for local providers. 3. The Board will provide funding to provide immediate access to outpatient services for persons with SMI who are not in crisis. 4. The Board will fund 24-hour Hotline services through a provider agency. 5. The Board will collaborate with the Center for Excellence at CWRU and a local provider to develop and implement the ACT Team.	Court program and the Jail Treatment Programs; Community Care Walk-in Clinic continues to operate but will expand hours to include some evenings beginning in SFY 2018; Hotline services continued; ACT will be postponed temporarily due to the need to assess how best to deliver the service in the county. 4. Contract continued with Help Hotline Crisis Center, Inc. for 24-hour hotline services, 5. ACT Team development postponed pending technical assistance		
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing	1. Administer HUD Housing vouchers to persons in need of permanent housing.	1. Provide HUD housing voucher for individuals who are homeless and are SMI	Number of person's served has increased over the state fiscal year	None	Continue

MH-Treatment: Older Adults	Senior citizens will have access to MH treatment.	The Board will participate in the Ashtabula Senior Advocacy and Protection Network (ASAPN), and will ensure that senior citizens have access to local MH services.	Individuals receiving services but population still appears underserved in public BH system. Board to monitor ongoing need.	NONE	Modified
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	1. Increase the % of persons who receive treatment via the CJBH Project who are not rearrested within 6 months and one year of their release. Increase the percent of persons who are linked to services identified in their re-entry plans within 7 calendar days of release. 2. Increase the % of persons who are accepted into the RSAT Jail Treatment Program who complete the program. Maximize the % of RSAT participants who are linked to services identified in their reentry plans within 7 days of release from jail. Maximize the % of RSAT program completers who do not incur any new arrests or	1. Provider will implement universal screening of Ashtabula County Jail inmates and will provide MH/SUD treatment within the jail setting, as well as community linkages and re-entry services. 2. RSAT participants will receive evidence-based treatment services while incarcerated and will be linked to necessary services and supports upon community release. 3. Drug Court Coordinator will conduct screening and assessment services within two weeks of referral to Drug Court. Specialized Docket	1. Implementation of screening started. Making adjustments based on lessons learned for SFY 2018. Additional therapist added to do more screening and assessments. Re-entry planning in place. Moving toward implementation of Stepping Up to augment program. 2. RSAT continues and is being monitored and reviewed for outcomes measures. 3. Drug Court Coordinator conducts screening and assessment services	None	Continued and Modified

	technical violations within 6 months of program discharge. 3. Increase the capacity of Drug Court. Increase the % of Drug Court participants who complete their case management plans. 4. Ensure access to MAT for high risk persons addicted to opiates who are referred by Ashtabula County Adult Probation, and do not qualify for consideration of a specialized docket.	standards will be utilized to improve participant outcomes. 4. The Board will collaborate with Provider and Ashtabula County Adult Probation to provide access to MAT for high risk persons involved in the criminal justice system who are addicted to opiates, and do not qualify for a specialized docket.	within two weeks of referral to Drug Court. Specialized Docket standards reviewed by committee and recommendations for improvements made to Judge. MH professionals added to treatment team to address individuals with co-occurring disorders. 4. The Board, Provider and Ashtabula County Adult Probation MAT project continues for high risk persons involved in the criminal justice system who are addicted to opiates, and do not qualify for a specialized docket.		
Integration of behavioral health and primary care services	Collaborate with physical health partners such as the Health Department, Coroner's Office, and local hospitals.	1. Ensure participation on the Board's Suicide Prevention and Substance Abuse Coalitions by representatives of physical health providers.	1. Number of representatives from physical health providers on the Board's Coalitions has increased. 2. Behavioral health	None	Continued

		2. Board Executive Director or representative participates on the Health Department's Health Needs Assessment Advisory Committee. 3. The Board will monitor the number of local MH/SUD providers that have in-house pharmacy services and primary care services.	was integrated into the Health Department's Needs Assessment and Strategic Plan and Board was able to utilize data. 3. Two of the local MH/SUD providers with in-house pharmacy services. 2 of local MH/SUD providers with in-house primary care services. One of the BH agencies has become a federally qualified health center during SFY 2017		
Recovery support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support, transportation)	1. Ensure the provision of vocational services for persons with mental or substance use disorders who are significantly disabled. 2. Provide housing supports to persons with SMI 3. Provide the necessary supports to ensure persons with SMI who are	1. Provide funding for Supported Employment/ISP program through a local provider. 2. Utilize Mental Health Emergency Assistance and Shelter Plus Care funding to provide and ensure housing stability. 3. Provide funding	1. Persons with SMI and/or SUD are being served by SE/ISP through local provider. Individuals are gaining employment. 2. Number of persons receiving housing assistance through Shelter Plus Care has increased.	Board would benefit from state assistance to plan and hold another Peer Supporter training inside the county.	Continued and Modified

	reentering the community from a correctional facility remain stable, safe, and reconnected to the community. 4. Ensure the provision of recovery coaching and peer supporters	(formerly Stop Gap) for persons re-entering the community from a correctional facility. 4. Provide local training for recovery peer supporters, and fund two part-time local recovery peer supporters to assist Drug Court participants.	3. Persons receiving MHEA funding has increased and assisted in maintaining individuals in the community. Persons were served by re-entry funding. 4. The Board funds 2 part time Peer Recovery Supporters available to Ashtabula County clients but would like to have another local training to try and increase the number of Peer Supporters available in the county.		
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	1. Provide services that are accessible to the Spanish speaking population of Ashtabula County. 2. Ensure MH and SUD services are provided in a culturally competent manner, and ensure that trauma informed care practices are accessible.	1. Provider agencies have direct care staff that are fluent in Spanish, or have procedures in place to accommodate language barriers. 2. Providers ensure that staff are trained in cultural competence, and develop and implement Trauma Informed Care practices within their organization.	1.Providers have staff fluent in Spanish, or have procedures in place to accommodate language barriers 2. Providers have had access to training on the culture of poverty during SFY 2017 as part of the FCFC initiative All MH providers completed a Trauma	None	Continued and Modified

			Informed Care self-assessment. Further trauma training planned for SFY 2018.		

Prevention and/or decrease of opiate overdoses and/or deaths	1. Increase community education and awareness for available opiate addiction treatment services. 2. Explore viability of county Narcan disbursal programs. 3. Increase capacity for detox bed availability and access.	1. The Board will collaborate with the State Attorney General's Office to develop community education and outreach opportunities, and will make an SUD resource directory available to all community members. 2. The Board will collaborate with the State Attorney General's Office, the county Health Department and local first responders to support efforts to develop and implement increased Narcan disbursement programs. 3. Increase Board funding for detox services through in-county and out-of-county providers.	1. The Board through the DFC grant conducted one town hall meeting with the Attorney General's office and three community education and outreach events. 2. The SUD Resource Directory is available on line, at agencies, distributed to 90 clergy, etc. Three Narcan disbursement events were held in the county through collaborative efforts. Additional events are planned for SFY 2018. Stigma reduction work needed to expand distribution. 3. Detox was available to Ashtabula County residents. Residents also had access to recovery housing.	None	Continued and Modified to include stigma reduction strategies to community education and awareness plan
Promote Trauma Informed Care approach	Promote Trauma Informed Care practices at provider agencies.	The Board will encourage providers to complete a second Trauma Informed Care self-assessment, and compare results to	All providers are engaged in the county-wide trauma informed care initiative. 270 individuals	None	Continued and Modified strategy to include the provision of Trauma Informed Care training at the annual Opiate Summit

		initial self-assessment. The Board will provide Trauma Informed Care training at the annual Ashtabula County Opiate Summit.	attended the County's Opiate Summit Trauma presentation. Additional training will provided during the SFY 2018 event. There will be a pre-conference training on October 12th and Dr. Bruce Perry will be the morning keynote speaker on October 13th.		
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents	The Board will collaborate with community partners and providers to ensure that prevention services are available across the lifespan of community members with a focus on families with children/adolescents.	1. The Board will collaborate with the Ashtabula County Prevention Coalition to implement the Drug Free Communities Grant and support the growth of the Youth Prevention Coalition in Ashtabula County. 2. The Board will collaborate with the Suicide Prevention Coalition to develop and implement an Incident Response Team (IRT) to utilize Mental Health First Aid to address crisis situations that impact the school districts in Ashtabula County.	1. DFC Action Plan goals are being met through Coalition efforts. 2. Between SFY 2016 and SFY 2017 the Board trained 64 individuals in MH First Aid in order to equip them for work with the Incident Response Team. Subsequent trainings were held at each school district to school the teams in the response process. The process has been used twice during school year 2016-2017.	None	Continued

Prevention: Increase access to evidence-based prevention	Increase community member access to evidence-based prevention practices.	The Board will support evidence-based prevention through the provision of the following programs: 1. Potvin LifeSkills Training is presented in county public schools in classrooms of grades 5-10. 2. Teen Institute will be provided to local schools. 3. Generation Rx is presented to groups of parents and grandparents 4. Parents Who Host campaign materials are distributed in the community	1.Botvin Lifeskills Training program is in every school district in the county. Expanded to Ashtabula Elementary and Conneaut High School this year. 2. Two school districts engaged in Teen Institute activities and the groups have been active in multiple prevention events this school year. 3. Two Generation Rx presentations delivered and more planned 4. 50 poster were distributed for placement around the county, an impaired driving simulator was made available to 2 local school districts by a local community group, a WHY 21 campaign was added to the messaging just prior to proms to run for 6 months.	None	Continued and Modified
Prevention: Suicide prevention	Increase awareness and reduce stigma regarding	1. The Board will continue to fund the	1. Heartbeat continued and has	None	Continued and Modified

	suicide deaths in Ashtabula County, and support efforts to decrease the county suicide rate.	Heartbeat Support Group for Survivors of Suicide. 2. The Board will maintain the operation of the LOSS Team in collaboration with the Ashtabula County Coroner's Office. 3. The Board will collaborate with the Ashtabula County Suicide Prevention Coalition on various anti-stigma and awareness activities within the community, such as the One Life Suicide Awareness Race, media exposure, and training.	grown to an average of 12 members at each meeting 2. LOSS Team held additional training for volunteers, developed new rack card for use by the County Coroner's office and increased volunteers on roster by three. 3. Coalition held annual awareness race, continued with traveling scrap book and is planning a Fall art show in collaboration with the Ashtabula Arts Center. A few newspaper articles published in local newspapers regarding suicide awareness and LOSS Team Activities but more will follow due to the art show in the Fall.		
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare	Increase community awareness of gambling addiction and prevention strategies in Ashtabula County.	1. Gambling prevention education is presented to classes engaged in the Botvin LifeSkills Training program. 2. Provider screens for	Botvin Lifeskills Training program is in every school district in the county. Expanded to Ashtabula Elementary and Conneaut High School	None	Continued

Organizations		gambling addiction with every SUD assessment. 3. SUD Prevention Provider distributes gambling addiction educational materials at every community event they attend, and at many of the presentations they deliver.	this year. Instructors include gambling addiction in their discussions about addiction. 2. Our primary SUD agency screens for gambling addiction during every assessment completed. 3. Our agency prevention staff have available information on gambling addiction at every health fair and event where they have a table. These events have included the County Opiate Summit, JFS Senior Conference, Ashtabula County Fair, 3 hospital health fairs, Longest Day of Play, etc.		

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
Enhance Community Outreach and Awareness	To increase the community's awareness of the available prevention, treatment and recovery services	Board will conduct at least 1 presentation on service availability a month; Board will do quarterly press releases; enhance website presence; develop a mental health resource manual to mirror the substance abuse resource manual; develop and print tri-fold service flyer for wide distribution in the community through hospitals, 1st responders, community organizations, law enforcement, child welfare, etc.;	Number of presentations; number of releases sent out; website hits increases; development of new manual; printed tri-fold; # distributed
Provide awareness, information, and education to reduce stigma, increase identification and response, and normalize help-seeking behaviors.	Provide public education regarding the disease of addiction and resources available for persons needing information and/or treatment	Provide stigma reduction presentations to community groups; use Prevention Coalition video to reach out to the community to reduce stigma; collaborate with Substance Abuse Leadership Team to provide a unified message and public education; provide outreach to the community to attend annual Opiate Summit; collaborate with grassroots organizations such as OhioCan and Elevation to participate in stigma reduction activities. Continue to engage and educate local, state and federal legislators. Promote and publish articles and photographs of persons in recovery in Ashtabula County newspapers to provide education regarding recovery. Utilize Board Website to provide community education, information, and stigma reduction	Number of presentations; number of community members attending annual Opiate Summit; Number of newspaper articles; number of posts on Board website
Implementation of Ambulatory Detoxification Services,	Implement and sustain ambulatory detoxification services in order to expand capacity for detoxification to meet the current need.	Board will plan for expansion of the service; Board will support the service in at least one location with 21st Century Cures funding and Board resources; Board will ensure that the service is delivered in an evidence-based manner; Board will monitor and evaluate the program;	Number of participants in the program; Number who complete each phase of the program successfully
Reduce drug –related overdose deaths	Expand and enhance a crisis intervention services for persons with addictions	Board will work with Help Hotline to enhance crisis service hotline responses and with agencies to increase crisis response to move individuals into detox	Number of persons with

		or assessment quicker to increase access and reduce barriers to treatment.	addiction who receive crisis intervention and are linked to treatment
Ashtabula County Leadership will collaborate to develop and implement a plan to address the county's opioid crisis	The Ashtabula County Substance Abuse Leadership Team will develop and implement a county-wide action plan to increase community education, facilitate linkages to treatment and community resources, and reduce overdose deaths	Goals and values developed and distributed; action plan developed; subcommittees formed to move action-plans forward; actions taken to address opioid crisis	Number of community leaders throughout the county who join and participate in the Substance Abuse Leadership Team. Number of actions completed by Team

SIGNATURE PAGE
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.)].