

Ohio Mental Health and Addiction Services (OhioMHAS)
Wood County ADAMHS Board 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):

The Wood County Board's needs assessment information has been updated since our FY17-FY18 Community Plan submission. The needs assessment information in last year's plan is still valid, but has been validated and expanded with more current needs assessment activities.

A. *Recovery Oriented System of Care (ROSC) assessments.*

It is our understanding the Ohio Mental Health and Addiction Services will accept a ROSC assessment as sufficient for an ADAMHS Board's Needs Assessment requirements for the Community Plan. On page 19 of our FY2017 Community Plan, we presented the results of our ROSC online assessment survey. Since our submission, we have hired an independent consultant, in order to obtain more objective input, to facilitate several ROSC focus groups.

Sources of data

Focus groups and one-on-one meetings were held to gather qualitative data regarding perceptions of the Wood County ADAMHS Board's Recovery Oriented System of Care (ROSC). The focus groups included: 1. Wood County residents in recovery and dealing with mental illness, 2. Wood County residents in recovery and dealing with addiction, 3. Family members of those Wood County residents dealing with a mental illness, 4. Family members of those Wood County residents dealing with heroin addiction, 5. Members of law enforcement and judicial services in Wood County, and 6. Representatives of the provider agencies funded by the ADAMHS Board. More specifically, the focus groups and meetings included:

1. Persons recovering from Mental Illness: 24 members at the Connections Center in BG.
2. Persons recovering from Addiction: Members of Team Recovery.
3. Family members of those recovering from:

- a. Mental illness: seven family members at a focus group held at NAMI.
- b. Addiction: four families at a Solace group meeting held at A Renewed Mind
4. Law Enforcement and Judicial Services: meetings including:
 - a. Focus group at a Chiefs of Police meeting (all police chiefs, the prosecuting attorney, and juvenile division representatives) in Wood County were present
 - b. Focus group with three CIT coordinators, including police officers and sheriff deputy
 - c. One-on-one interview with North Baltimore Police Chief
 - d. Telephone conversation with Chief Sanderson of the BG fire department
5. Providers: 8 representatives from the following agencies:
 - a. Wood County Educational Service Center
 - b. Family Services of Wood County
 - c. Zepf Center
 - d. Children's Resource Center
 - e. Behavioral Connections
 - f. NAMI
 - g. The Link

Other than the Chiefs of Police focus group, the attendees were assured that their contributions would remain confidential, their identities anonymous, and that the information would be presented in the aggregate. The groups were assured that there were no 'right or wrong' answers, but we wanted their opinions or experiences with the ROSC in Wood County.

The full 18-page report is available upon request. Here is the executive summary. Please note that this needs assessment ROSC report was strongly considered by the ADAMHS Board in developing our new Strategic Plan for FY17-FY19.

Four reoccurring themes, or patterns of responses emerged from the focus groups. These themes were:

1. A need for greater awareness and understanding of mental health and addiction issues experienced by Wood County residents, and a greater awareness of the resources available in Wood County.
2. A need for communication and sharing between everyone involved, including ADAMHS Board members, police and fire personnel, families, individual, and providers.
3. A need for greater clarity of the pathway when experiencing a mental health or addiction issue or crisis. The need for clarity came from individuals and families in the form of a 'flowchart' or 'road map' and from police and fire in the form of a written protocol.
4. A need for new and improved services, including
 - a. Crisis Stabilization Unit
 - b. In-patient, short-term detox residential treatment for 16-19 year olds
 - c. Low income 'recovery housing' or other sober living environments

- d. Continuation of mental health services in schools
- e. Continuation of Crisis Intervention Training
- f. Stronger referrals and coordination of services from criminal justice
- g. Help for the working poor
- h. More psychiatrists and clinicians
- i. Review of the Connections Center physical and administrative structure.

B. Criminal Justice input

While satisfaction has been expressed with the improved collaboration with the ADAMHS system of care, there are still unmet needs. These include:

- 1. More immediate crisis intervention and hospital screening in the local jail.
- 2. Mobil crisis response in the community, not just at the jail, Police stations or the Hospital Emergency Departments.
- 3. Restore the ongoing communication and problem-solving across the criminal justice system with enhancements to our Sequential Intercept Mapping model.
- 4. Explore options for an in-county Crisis Stabilization Unit (which might also serve as a step-down unit from psychiatric hospitals) and an in-county sub-acute detox unit.

C. Annual Agency Client Needs Assessment Surveys and other stakeholder input

- 1. Critical need for very mentally ill youth who are aggressive and violent. Only long-term placement option for Wood County youth has been in Missouri.
- 2. Need for general youth psychiatric hospitalization.
- 3. Need to ensure expanded state funding for Medication Assisted Treatment medications through Ohio Pharmacy Services.
- 4. Need to ensure expanded state funding for psychotropic medications via Central Pharmacy.
- 5. Increase in number of psychiatrists available for Wood County to reduce access time.
- 6. Housing has become a more acute need, at all levels of care, independent and supported housing.
- 7. Mobile crisis response is an urgent need by advocates, clients and family members.
- 8. Transportation for recovery support.
- 9. Increased number of peer support specialists in the county.

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, Ohio MHAS 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.

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 Discontin- ed in SFY 2018?
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	1. Provide rapid access to effective Detox and treatment, both inpatient sub-acute detox and residential treatment, and intensive outpatient services (Regular Intensive Outpatient	1. Maintain and track sub-acute detox services 2. Maintain unbundled outpatient detox services and expand certified Ambulatory Detox services 3. Maintain contracts with Residential treatment providers for adults and youth. 4. Develop procedures for funding of and other expansion for appropriate medication assisted treatment 5. Encourage use of Narcon in overdose situations. 6. Encourage provision of trauma informed care, 7. Provision of Recovery services, including: a. vocational services b. work to integrate with physical	1 New tracking implemented 2-ambulatory detox planned 7/17 3-yes for adult but lost youth Res. Tx – closed. 4 – completed 5- done via Health Dept & Project DAWN grant 6- TIC continues	1. Continuation of Project DAWN grants. 2. Increase in Ohio Pharmacy funds for MAT 3. Increased rates for residential	Priority

	<p>Program and Wood County's I-CARE program).</p> <ol style="list-style-type: none"> 2. Provide for Medication Assisted Treatment for appropriate individuals at risk for relapse and death. 3. Expansion of Narcon administration <p>Improve Access to Recovery support services</p>	<p>health care</p> <ol style="list-style-type: none"> c. Use of Recovery housing where appropriate and available <ol style="list-style-type: none"> 8. Expansion of Jail Vivitrol program to all courts and the NW Ohio Community Corrections Center 	<p>county expansion in schools & juv. Justice & children's services. Main priority of WC FCFC.</p> <ol style="list-style-type: none"> 7- progress on all. Expanding IPS voc services, SBIRT & Proj. DAWN with Health District & plans to expand Recovery Housing. 8-Expanded Jail Vivitrol to all Courts and Comm. Corrections. 	<p>treatment services or will lose this critical resource.</p> <ol style="list-style-type: none"> 4. Pilot project Collaboration with Wood & Lucas Counties for System DBT training 	
<p>SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)</p>	<ol style="list-style-type: none"> 1. Provide safe, effective, structured treatment and recovery support for the benefit of the expectant mother and the conceived child. 2. Prevention of complicated and disease of the newborn. 	<ol style="list-style-type: none"> 1. Provide inpatient women's residential treatment for chemically dependent and dually diagnosed women at Devlac Hall and the Chrysalis program, both operated by Behavioral Connections of Wood County 2. Intensive outpatient treatment where appropriate medically and otherwise via the I-CARE and IOP programs 3. MAT provided when appropriate 	<p>Services maintained via Devlac Hall Women's Residential Treatment and Chrysalis residential treatment for pregnant Women</p>	<p>YES! There will need to be increased rates or supplemental funding from the state or we run the risk of these successful, critical residential treatment programs will close due to insufficient funding.</p>	<p>Priority</p>

<p>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>Provide trauma informed women’s specific treatment and recovery with on-site childcare, to promote recovery, reduce risks for children and promote healthy parent-child relationship.</p>	<ol style="list-style-type: none"> 1. Trauma informed and evidence based services provided. 2. Referrals come from several sources, but especially Wood County Jobs and Family Services, Youth Protection services. 3. Inpatient (residential) treatment provided, if necessary. Outpatient treatment according to level of care required. 4. Intensive Outpatient Programs are available via two adult providers and one youth provider. 	<p>Maintained treatment options. Expanded collaboration with JFS & Children’s Services (recent trauma informed training provided)</p>	<p>Same as above.</p>	<p>Priority</p>
<p>SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)</p>	<p>This has not been seen in several years. Goal is to work collaboratively with physical health providers to achieve desired outcomes.</p>	<p>Provider agencies follow accreditation guidelines to prevent the spread of disease. Appropriate Level of Care provided for substance dependence. Collaboration with physical health providers will occur.</p>	<p>Maintained.</p>	<p>OK</p>	<p>Required priority but very low incidence</p>
<p>MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<ol style="list-style-type: none"> 1. To provide early outreach, identification and intervention. 2. To provide appropriate level of care, including residential 	<ol style="list-style-type: none"> 1. Early Childhood outreach identification occurs via our Early Childhood Mental Health programs through consultation with most child care programs and referrals from schools, juvenile justice, Jobs and Family Services, churches and individuals. Evidence based “Incredible Years” program offered. 2. Outreach to children is provided in schools for all behavioral health problems via full-time school 	<p>1-Expansion of training in trauma informed care across youth servicing agencies/programs. Expansion of Youth Mental Health First</p>	<p>1 Funding needed to maintain effective, evidenced based group therapies, such as Adventure Therapy, due to greatly reduced</p>	<p>Top Priority</p>

	<p>treatment as needed.</p> <ol style="list-style-type: none"> 3. Trauma-informed care will be provided. 4. Evidence based treatment will be provided. 5. Dual diagnoses assessed and evidence based integrated treatment provided. <p>Integration of behavioral health and physical health services</p>	<p>based therapists/consultants, Prevention programs (Sexual Abuse Prevention, Suicide Prevention, Anti-bullying prevention, Expect Respect, Youth Mental Health for Aid for Youth and AOD prevention programs).</p> <ol style="list-style-type: none"> 3. Youth & family clinicians working onsite with Children’s Services at JFS, via collaborative program. 4. Collaboration with Juvenile Justice Using Sequential Intercept Mapping for Youth and Juvenile Justice-Mental Health Liaison. Mental health assessments and treatment provided in Juvenile Detention Center. 5. Evidence based programming provided: Functional Family Therapy, Trauma Informed CBT, and SPARKS and new Adventure Therapy program. 6. Trauma-informed care is provided following Sanctuary Model. 7. Dual diagnoses youth provided age-appropriate IOP via evidence based Seven Challenges program. 8. Transportation now provided for all treatment services with new NET Plus system, free of charge. 9. For Partial Hospitalization for youth, free transportation provided by vans. 10. Residential treatment is provided as necessary using evidence based and trauma informed care approaches (Sanctuary Institute Model) in a new, safe environment at Children’s Resource Center (8 beds). Secondary residential crisis unit for youth available in contiguous county. 11. Residential Treatment is available for dual diagnosed in contiguous county. 12. Child Psychiatric hospitalization available at two regional hospitals. 	<p>Aid, Sexual Abuse Prevention Program in schools, School based mental health, resiliency, substance abuse and suicide prevention programs improving outreach each year.</p> <p>3-Clinician working at JFS</p> <p>4-Think Trauma training achieved. Expanding FFT & Adventure TX.</p> <p>9-transportation expanded for all SED treatment services.</p> <p>10-Residential Unit utilization increasing.</p> <p>12 – Less access for youth psychiatric hospitalization.</p>	<p>Medicaid rates beginning 7/2017!</p> <p>2 Serious need for longer term psychiatric hospital beds with evidence based & trauma informed treatment services for seriously ill and aggressive youth. This is a state wide omission! Working with regional Boards and UTMC to look at developing a Center fo Excellence for this problem in Ohio. Will need OMHAS partnership.</p> <p>3 Serious need for regular youth psychiatric beds.</p> <p>4 Serious lack of residential treatment programs for youth.</p>	
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		13. Exploration for pediatric and nursing care for youth at the Wood County Health and Wellness Center (an FQHC) is underway.			
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	<ol style="list-style-type: none"> 1. To provide a full continuum of trauma informed, evidence based and recovery oriented care; from outreach, early intervention; crisis intervention, inpatient treatment, outpatient treatment and Recovery supports. 2. Improve access to treatment and recovery support. 3. Collaboration with other systems, including criminal justice, 	<ol style="list-style-type: none"> 1. Begin system planning with consumers, family members, advocates, community stakeholders, provider agencies and others to determine gaps to be addressed in a trauma informed, recovery oriented system of care (ROSC), as a follow up to the ROSC Survey. 2. Expand and improve utilization of transportation to treatment via the NET Plus program. <ol style="list-style-type: none"> a. Shorten time needed to arrange transportation. b. Marketing to appropriate target audiences. c. Expansion of NET Plus system for recovery services and supports. <ol style="list-style-type: none"> i. Vocational services ii. Drop-in center iii. Shopping/banking 3. Implement and expand effective marketing of services and expand utilization of Recovery Helpline. <ol style="list-style-type: none"> a. Marketing of campaign for 211 b. Strategic marketing to target audiences 4. Begin study of Crisis Stabilization Unit and alternatives. 5. Continue to expand responsiveness of crisis and emergency services via expansion of health officers and increased collaborative planning with criminal justice system. 6. Increase utilization of vocational services, especially the IPS program, via joint 	<p>1 some progress has been made.</p> <p>2 expansion of transportation occurring for Medicaid population.</p> <p>Looking to expand recovery/employment transportation in FY18.</p> <p>4 211 helpline implemented, utilization slow, as expected.</p> <p>4b need to increase targeted marketing for SPMI population.</p> <p>5 slight improvement in crisis responsiveness.</p> <p>New plans for Mobile crisis</p>	<p>1 No Crisis Stabilization Unit/Detox center located in the county. New CSU for adults opened in Henry County. If state funding available for regional center, we will be prepared to apply for these.</p> <p>2 Need OMHAS as partner for pilot for system wide training (Hospitals to community providers) in high fidelity DBT implementation. Working with OMHAS now, but this needs to move forward this Fall.</p>	Hi priority

	<p>health, Jobs and Family Services, and the Board of Developmental Disabilities.</p> <p>4. Principles of Recovery and Trauma informed care will be implemented.</p> <p>5. Study the feasibility of a Crisis Stabilization Unit in Wood County, including alternatives.</p> <p>6. Expand capacity for psychiatric hospitalization.</p> <p>7. Study feasibility of implementing Cognitive Enhancement Therapy.</p> <p>8. Study how best to expand</p>	<p>marketing.</p> <p>7. Expansion of ACT programs</p> <p>8. Study housing options with local county governments and realtors.</p> <p>9. Expand contracts with psychiatric hospitals.</p> <p>10. Arrange for Cognitive Enhancement Therapy introductory trainings.</p> <p>11. Arrange for training in Dialectical Behavior Therapy.</p>	<p>response.</p> <p>6 IPS model increasing and will greatly expand in FY18.</p> <p>7 ACT program continues excellent outcomes.</p> <p>8 Contracting with 3 private hospitals, addition to NOPH.</p> <p>9 CET training occurred in Toledo.</p> <p>11 Progress made in developing partnerships for regional pilot system wide DBT training with high fidelity</p>		
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	<p>housing options in Wood County.</p> <p>9. Continue work on implementing a trauma informed and recovery oriented system of care.</p> <p>10. Expand recovery supports.</p>				
<p>MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing</p>	<p>1. Work with community partners and stakeholders to locate and reach out to homeless persons with mental illness and substance abuse.</p>	<p>1. Work through the Wood County “Project Connect” program (county wide program with practically all service agencies and churches to locate and transport homeless individuals and families and connect them with services) to identify potential homeless clients.</p> <p>2. Look to expand Project Connect in more focused and targeted areas.</p> <p>3. Work with the Reentry Coalition to determine housing resources available in the county.</p>	<p>No progress in expanding housing.</p>	<p>Wait list for Section 8 / HUD is 2-3 years. Supported housing at capacity in county. There is a need for state funding support!</p>	<p>Priority</p>
<p>MH-Treatment: Older Adults</p>	<p>2. Expand outreach to the 7 Wood County</p>	<p>1. Continue new collaboration to plan for improve access to older adult services and behavioral health treatment providers.</p> <p>2. Look to expand our collaborative “Healthy Ideas” program to identify and refer older</p>	<p>No progress yet on service expansion, but plans to work closely with Wood</p>		<p>Priority</p>

	Senior Centers and increase collaboration with the Wood County Committee on Aging.	adults to treatment. 3. Look to expand, as needed, the Wood County “gerontology” CPST program. 1.	County Committee on Aging in FY18. We have expanded our outreach to the 7 senior centers with at least two presentation/discussions per fiscal year. Information & education provided and how to access help. Topics have included problem gambling, substance abuse and depression.		
	2.	1. Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant			
Priorities	2. Goals	3. Strategies			
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	4. Continue to promote MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient	Continue with our comprehensive criminal justice – behavioral health collaborations. Continue to provide leadership for the County Opiate Task Force 5. Continue to provide Crisis Intervention Training for all Wood County Law Enforcement Agencies.	1 Collaboration meetings were curtailed due to “mission creep” of the Board funded Criminal Justice Coordinator. Will expand assessment and case management services in the jail and contract with a	Sufficient funding for MAT medications for those preparing to return to the community. We were able to obtain a Reentry grant for improved “Boundary Spanner” services	Priority

	treatment			<p>Criminal Justice Consultant to improve our implementation of our Sequential Intercept Map model (Wood County was the first in Ohio to develop a SIM for Adults and one for the Juvenile Justice System). 2 the Opiate Task Force is working to become an Opiate Coalition. Support and participation continues to expand with one Commissioner and a Judge on board. Expansion in Project Direct Link – Vivitrol in the Jail collaboration. Expanded assessment services in the jail.</p>	<p>in the jail and the community corrections center this fiscal year. But this funding will sunset shortly, leaving a significant gap in funding.</p> <p>Medicaid reimbursement for jail inmates is a necessity.</p>	
Integration of behavioral health and primary care services	6. Expand behavioral health and physical health care	<ol style="list-style-type: none"> 1. Continue to expand SBIRT implementation and the Health and Wellness Center 2. Seek to expand SBIRT to Wood County Hospital and Mercy Emergency Department in Perrysburg 3. Monitor compliance with service utilization for jail Vivitrol program participants. 	<ol style="list-style-type: none"> 1 has been accomplished and continues. 2 yet to be attempted. 3 Project Direct Link 		Priority	

	services	<p>4. Continue to promote full implementation of NET Plus transportation for physical health appointments, which will increase likelihood of persons with mental illness and substance abuse to get physical healthcare.</p> <p>Encourage visits/tours of the Health and Wellness Center by members of Connection Center and NAMI peer support program members</p>	<p>very successful so far and growing in participants.</p> <p>4 NET Plus expanded to physical health care, greatly helping clients with MI/SA.</p>		
Recovery support services for individuals with mental or substance use disorders; (e.g. housing, employment, peer support, transportation)	<ol style="list-style-type: none"> 1. Expand housing options for system clients 2. Expand vocational service utilization 3. Expand peer support staff and services 7. Expand transportation 	<p>Meet with local officials and realtors to determine options for various levels of housing options. Increase marketing of vocational services to likely referral sources.</p> <p>Obtain training for more peer support staff.</p> <ol style="list-style-type: none"> 1. Expand transportation, as noted above and below. 	<p>Meetings with realtors have occurred but are in early stages.</p> <p>Looking to expand peer support staff in FY18.</p> <p>Looking to expand transportation for recovery support in FY18.</p>	The threat is the possible limitation or elimination of Medicaid funding for transportation, which would present an extreme barrier to accessing services for those most in need.	Priority
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	<ol style="list-style-type: none"> 1. Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, 	<p>Via the ROSC focus groups and meetings with clients, families and providers, representation across racial, ethnic and linguistic minorities and the LGBT population will be recruited to determine the best ways to promote inclusion in service access and utilization.</p>	<p>Focus groups were held (see above in the Needs Assessment section). However the needs expressed were not to promoting disparities specifically. Plan for outreach to</p>		Priority

	LGBT)		Hispanic organization in county in FY18		
Prevention and/or decrease of opiate overdoses and/or deaths	<ol style="list-style-type: none"> 1. Raise general public awareness of opiate addiction and the threat to life if represents. 2. Promote Recovery Helpline as a way to obtain information and access treatment. 2. Expand Jail Vivitrol program 	<ol style="list-style-type: none"> 1. Continue to provide public awareness events and continue/increase public presentation. 2. Continue marketing plan for Recovery Helpline 3. Continue to work with Common Pleas Courts and the Northwest Ohio Community Corrections Center to implement the Jail Vivitrol Program 	<p>1 met and continuing. Need to expand with targeted messaging for those already suffering.</p> <p>2 Continuing work</p> <p>3 Achieved and expanding in FY18 . Very successful so far.</p>	none	Priority
Promote Trauma Informed Care approach	<ol style="list-style-type: none"> 1. Continue to promote widespread commitment to a trauma informed community. 2. Require Trauma Informed Care (TIC) implementat 	<ol style="list-style-type: none"> 1. Finalize Trauma Informed Communities Strategic Plan and obtain approval by FCFC and the Board. 2. Promote development of trauma informed care policies, trainings, procedures and outcomes 	<p>1 accomplished and outcomes show expansion. Will continue. We are able to provide a more comprehensive report of all of the Wood County efforts & accomplishments in</p>	Partnership for more specific consultations and trainings with OMHAS and local Boards is needed.	High Priority

	ion at all contract agencies, including psychiatric hospitals.		promoting a trauma informed county.		
		Prevention Priorities			
Priority	Goal	Strategy	Progress	Barriers/ Need for TA?	Priority Continued , Modified, or Discontinu ed in SFY 2018?
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents	Continue the work of the Wood County Prevention Coalition whose goal is the priority listed. Work with local businesses to promote wellness education and prevention programs	1. Follow up on recent BGSU Masters of Organizational Development engagement to develop plan for engaging local businesses to promote a trauma informed environment, prevention, wellness, and referral to treatment and recovery supports. Methods of measuring success, referrals will be determined.	1 accomplished better outreach to local businesses via Working partners grant and project. Will continue to work with BGSU MOD for more specific business outreach this summer, for next fiscal year.	Stigma and ignorance of businesses of how to best deal with mental illness and substance abuse. We are working on this. Long way to go, yet.	Priority
Prevention: Increase access to evidence-based prevention	Expand school based training in evidence based programs, such as Good Behavior Game and Life Skills	Those school districts not implementing all prevention services will be approached to determine barriers to implementation and problem solving to rectify.	This has been occurring with great progress for PAX Good Behavior Game and Youth Mental Health First Aid.		Priority
Prevention: Suicide	1. Maintain School	1. Signs of Suicide, an evidence based suicide	Signs of Suicide in all		Priority

prevention	<p>Based prevention programs</p> <p>2. Maintain Healthy Ideas (evidenced based depression referral and suicide prevention program for older adults) provided by Wood County Committee on Aging.</p> <p>3. Other school based prevention programming, while purportedly targeting other problem behaviors are known to help reduce suicide risk, such as the</p>	<p>prevention program is now offered in all school districts by CRC.</p> <p>2. Healthy Ideas program was begun due to a collaboration between the Wood County ADAMHS Board and the WCCOA. Plan is to determine if this program needs expanding in new ways across the county.</p> <p>3. Maintain and work for expansion of Good Behavior Game and Life Skills across all school districts.</p>	<p>school districts. This continues.</p> <p>2 Healthy Ideas continues to be provided.</p> <p>Good Behavior Game and Life Skills offered almost universally, in county.</p>		
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	<p>PAX Good Behavior Game and Life Skills.</p> <p>The following goals come from the FY2017 Wood County Suicide Prevention Plan, developed by the Wood County Suicide Prevention Coalition and recently approved by the Board</p> <p>Goal 1: Raise awareness of the general population about the nature and problems of suicide, that suicide is a public health epidemic which is largely preventable, where to get help and reduce stigma as a barrier to treatment.</p>	<p>Suicide Prevention Plan strategies for each Goal and Objective.</p> <p>Goal 1, Objective 1: Develop a media campaign for universal education and prevention.</p> <p>Goal 1 Tasks –</p> <p>A. Continue administration of the Wood County Suicide Prevention Coalition website and social media account/s to serve as an essential source of local resources, education, and awareness. \$250.</p> <p>B. Coordinate a universal PowerPoint presentation regarding suicide prevention that members can utilize in the community for speaking engagements. To also include printing & material costs (including coalition brochure/trifold) \$500.</p> <p>C. Utilize Public Service Announcements (PSA), raise awareness with social media, billboards \$6,000.</p>	<p>Goal 1</p> <p>A. Website is updated on a regular basis with referral information.</p> <p>Goal 1</p> <p>B. Further developed and printed brochures and tri-folds serving youth and adult audiences with important referral information. Final development of power point presentation continues In 2017.</p> <p>Goal 1</p> <p>C. Conducted 10 month billboard campaign reaching military and middle</p>		
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	<p>Goal 2: Raise awareness of the Military Personnel and Veterans population and caregivers about the nature and problems of suicide, that suicide is largely preventable, where to get help and reduce stigma as a barrier to treatment. Intervention and referral becomes common knowledge.</p> <p>Goal 3: Increase outreach and local support to “survivors” or those who have lost someone to suicide.</p>	<p>Goal 2, Objective 1: Increase intervention and referral for military population. Task: A. Provide board contact information for development of regional resources specific to military personnel for suicide prevention and ease of access to services.</p> <p>Goal 3, Objective 1: Assist “survivors” or those that have lost someone to suicide in understanding mental health issues and depression in order to help them work through complex grief issues and societal stigmatization often faced.</p>	<p>aged white males making 44,751 average weekly impressions for 10 months.</p> <p>Goal 2. Developed a working relationship With Veteran Administration’s Social workers and their Suicide Prevention Coordinator and a Case Manager with the local Troops and Family Assistance Center. Both organizations now are actively involved and participate in the monthly Wood County Suicide Prevention meetings.</p> <p>Goal 3, Objective 1 Support local (Healing Outreach Prevention Education (HOPE)group and increase awareness of this local resource.</p> <p>Goal 3, 1</p>		
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	<p>Goal 4: Raise awareness of the youth population and caregivers about the nature and problems of suicide, that suicide is largely preventable, where to get help and reduce stigma as a barrier to treatment. Intervention and referral becomes</p>	<p>Goal 3, Objective 1 Tasks:</p> <p>A. Compile additional toolkits of informational material regarding education about suicide, depression and mental health provided by the American Foundation for Suicide Prevention as needed. Also including resources on local support groups and mental health treatment agencies that can be utilized by survivors \$250.</p> <p>B. Coordinate an Evening of Remembrance event the month of November for Suicide Survivors to attend \$500.</p> <p>Goal 4, Objective 1:</p> <p>Develop strong partnerships with youth-serving agencies and schools regarding suicide prevention. Tasks:</p> <p>A. Collaborate with youth-serving agencies regarding data collection related to youth depression and suicide.</p> <p>B. Utilize local expertise of current coalition members via a youth subcommittee of persons connected with youth/schools to understand more clearly the efforts being undertaken with youth, the needs being identified and the barriers presented.</p>	<p>Updated and distributed 50 survivor toolkits to local law enforcement, first responders, and Wood County Hospital Emergency room.</p> <p>B. November 11 2016, Evening of Hope and Remembrance event for Survivors of Suicide.</p> <p>Goal 4A School Social Counselors attend coalition meetings and give input into youth programming.</p> <p>A. The wood County ADAMHS Board Youth survey now has questions relating to suicide and data from this survey is used to develop new strategies in this area.</p> <p>Goal 4B Work with</p>		
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	<p>common knowledge.</p> <p>Goal 5: Raise awareness of the middle-aged men population and caregivers about the nature and problems of suicide, that suicide is largely preventable, where to get help and reduce stigma as a barrier to treatment. Intervention and referral becomes common knowledge.</p> <p>Goal 6: Advocate for research-based best practice screening and treatment modalities for depression and</p>	<p>C. Support the continuation of youth suicide prevention programming in Wood County schools as needed. \$2,000.</p> <p>Goal 5, Objective 1: Increase access to and intervention/referral for middle aged men population. Task:</p> <p>A. Continue to have a male presence on coalition materials distributed, website, social media and billboards in order to decrease stigma of males seeking treatment.</p> <p>Goal 6, Objective 1: Advocate with individual physicians, practitioners and mental health agencies to employ evidence-based treatment for clients at risk for suicide. Tasks:</p> <p>A. . Follow up with local physicians, pediatricians, and pharmacies regarding distribution of screening tools for risk of suicide and emphasize underlining importance of suicide assessment and evidence-based treatment. Redistribute materials and resources as needed.</p>	<p>Teen Institute through the Wood County Educational Service Center.</p> <p>Goal 5. Created billboards, refrigerator magnets and brochures specifically designed to reach high risk middle aged men population.</p> <p>Goal 6. Resources were distributed in 2016.</p> <p>Goal 7, Recovery Helpline 211 a tri -</p>		
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	<p>suicide ideation.</p> <p>Goal 7: Raise awareness of substance abuse and the opiate epidemic regarding the nature of the problem and the increased risk of this population being suicidal. To promote that substance treatment is available and that suicide is largely preventable, where to get help and reduce stigma as a barrier to treatment. Intervention and referral becomes common knowledge.</p>	<p>Goal 7, Objective 1: Increase education, access, intervention and referral of individuals addicted to substances. Tasks:</p> <p>A. Promote 211 Recovery Helpline and all Wood County service providers on all coalition materials and functions.</p> <p>B. Educate public and providers regarding causal relationship between suicide and drug use.</p>	<p>county hotline number has been added to all printed materials.</p> <p>B. This is an ongoing initiative and will be continued in the 2017-2018 grant year. Continue to increase collaboration with local coroner and present at Wood County Opiate Task Force.</p>		
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<p>Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations</p>	<ol style="list-style-type: none"> Evaluate the extent the NODS-Clip screening is still occurring at all provider agencies. Work with Healthcare organizations to implement problem gambling screening and referral processes. 	<p>During the regularly scheduled collaborative meetings a plan for these goals will be developed.</p>			
		<p>Board Local System Priorities (add as many rows as needed)</p>			
<p>Enhance and expand Crisis stabilization services</p>	<ol style="list-style-type: none"> Determine plan regarding Crisis Stabilization Unit in Wood County or choose any other alternatives. Determine feasibility of mobile crisis response teams. 	<ol style="list-style-type: none"> Board develops new strategic plan that prioritized this study and need Data collecting to continue for Director's recommendation and Board approval 	<p>1 Working for application for funding for regional Crisis Stabilization/Sub-acute Detox center in Bowling Green. 2 Moving forward on providing mobile crisis response in FY18</p>	<p>Barriers are funding for CSU/Detox center.</p>	<p>priority</p>
<p>Expand housing options for those with mental illness or substance abuse disorder</p>	<p>As prioritized in Needs Assessment surveys and our system's lack of capacity</p>	<p>Determine housing options in the county and respective financial feasibility</p>	<p>Little progress made for Mental Illness supported housing, other than discussions. Some progress on</p>	<p>As mentioned above, funding for housing is a significant barrier.</p>	<p>Priority</p>

			recovery housing, with likely growth of level 1 and 2 recovery housing in the next year or two.		
Training of clinicians in evidence based trauma informed services	Provide expert training in Evidence based services.	Training in DBT and CET are priorities for training, given the paucity of local clinicians trained this these treatments.	Dropped CET as was provided regionally and is too expensive. Planning for system wide DBT training/implementation as mentioned above.		Priority

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.

Please see the Board's new FY17-FY19 Strategic Plan with attached 18-month implementation plan.

Priority	Goal	Strategy	Measurement

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.)].