

Priority Topic: Mental Health & Addiction

- Reduce suicide deaths (SD)
- Reduce depression prevalence (DP)
- Reduce unintentional drug overdose deaths (OD)
- Reduce past-year drug dependence or abuse among ages 12+ (DD)

Cross-Cutting Factor	Strategy	Outcome (Strategy Outcome and Health Outcome)	Baseline	2019 Target	Responsible Partner(s)
Social Determinants of Health	Smoke-Free Policies				
	MHA1. MHA1.. Smoke-free policies (including maintenance of smoke-free workplace law and increased policy adoption for multi-unit housing, schools and other settings)	MHA1a: SFWP Law – Annual # of Violations	316 (2016)	300	ODH, LHD
		MHA1b: 100% TF School Districts	54 (2016)	150	ODH, TFOA
		MHA1c: 100% TF College Campus	TBD	25% over BL	ODH, TFOA
		MHA1d: % Public Housing Units SF	8% (2015)*	70%	ODH, HUD
		MHA1e: SF or TF Outdoor Spaces	TBD (2016)	5% over BL	ODH, TFOA
		MHA1f: Tobacco 21	TBD (2016)	5% over BL	ODH, TFOA
		MHA1HO(29): Percent of youth that report someone smoking in the home while the youth was present	25.1% (2015)	23.80%	ODH, TFOA
		MHA1HO(29): Percent of adults with any exposure to secondhand smoke within past 7 days (including home, car, public spaces, etc.)	40.5% (2015)	38.50%	ODH, TFOA
	MHA1HO30: Percent of adults with exposure to secondhand smoke at home within past 7 days	14.8% (2015)	14.10%	ODH, TFOA	
Affordable, quality housing					
MHA2. MHA2. Strengthen the continuum of community housing options for people in recovery.	MHA2. # of individuals in stable housing at time of discharge from treatment	TBD			

Early Childhood education and support					
MHA3:	MHA4. Support mental health consultants who are available to work with teachers, staff and families of at-risk children in preschools and other early learning settings.	MHA3a. # of classroom supported statewide	TBD		
		MHA3b: #'s of teachers/students served	TBD		
		MHA3c: # of Assessments conducted	TBD		
		MHA3d: # of consultation visits	TBD		
		MHA3e: # of hours of Observations, Training and Mentoring	TBD		
		MHA3f: # of referrals to community resources (by type)	TBD		
		MHA3(HO): Decreases in youth problems behaviors	TBD		
		MHA3(HO): Increases in teacher self-efficacy and competence across at risk populations	TBD		
		MHA3(HO): Decrease family and teacher distress	TBD		
		MHA3(HO): Improve teacher interactions with families	TBD		
		MHA3(HO): Increase teachers understand of trauma and its effects on infants and young children	TBD		
		MHA3(HO): Increase parent use of EBP positive parenting model (Triple P)	TBD		
		MHA3(HO): Increase children retain in classrooms	TBD		
		MHA3(HO): Reduction in expulsion	TBD		
		MHA3(HO): Increase in children's school readiness though improved scores on resiliency and protective factors (KRA,ELA)	TBD		
		MHA3(HO): Improved classroom environments	TBD		
		MHA3(HO): Children demonstrate positive behaviors and social emotional foundation skills maintained	TBD		
		MHA3(HO): Sustained improvements in family and child interactions	TBD		
		MHA3(HO): Reduce staff turnover in early learning programs that receive ECMH consultant support, PD and training	TBD		
		MHA3(HO): Reduce expulsions in pre-school and kindergarten	TBD		

Public Health, Prevention and Health Behaviors	School-based health with behavioral health services and Multi-tiered Systems of Support (MTSS) that include universal prevention programs to promote mental wellbeing and prevent alcohol, tobacco or other drug use					
	MHA4.	MHA4. Multi-tiered Systems of Support (PBIS) Training	MHA4: Number of trainings conducted	TBD		ODE, OHMAS, ODH
	MHA5.	MHA5. Support school-based social and emotional learning through school climate training.	MHA5HO(23): Percent of students who are chronically absent	TBD		ODE, OHMAS, ODH
	MHA6.	MHA6. School-based alcohol/other drug prevention programs including youth-led prevention. Develop curriculum on opiate prevention and pilot in schools.	MHA6a: Number of evidence-based program implemented	TBD		Ohio Association for Health, Physical Education, Recreation and Dance; ODH; OHMAS
			MHA6b: HOPE curriculum pilot tested and disseminated.	TBD		
	Specific drug overdose interventions: Training and Access to Naloxone					
	MHA9.	MHA9. Increase the number of Project DAWNS (Community based naloxone distribution sites)	MHA9a. Number of Project DAWN sites	58	63	ODH, LHD
			MHA9b. Number of Naloxone Kits Distributed	5,428		
			MHA9c. Number of reversals reported	308		
			MHA9HO(7): Unintentional Drug Overdose Mortality Rate	TBD		
	MHA8.	MHA8. Naloxone Awareness Campaign and ensure access to naloxone in high risk counties	MHA8a: Number of Naloxone Awareness Campaign Flights Implemented	2	4	ODH, Project DAWNS programs, and LHDs
			MHA8b: Number of high risk counties allocated naloxone kits	29	29	
MHA8c: Number of website hits			TBD			
MHA8HO(7): Unintentional Drug Overdose Mortality Rate			TBD			

State Action Plan
Mental Health and Addiction

	MHA9. Expand comprehensive community-based efforts to address prescription drug abuse and overdose from 8 counties to 13 by 2017.	MHA9a: Number of counties funded to implemented drug overdose prevention grants	8 (2016)	13	ODH, Ohio Injury Prevention Partnership
		MHA9b: Number of policy or system changes implemented by programs	0 (2017)	20	
		MHA9HO(178): Opioid doses per capita	58.9 doses per capita (2015)		
		MHA9HO: Unintentional Drug Overdose Emergency Department Rate (TBD)	TBD		
Specific suicide prevention strategies					
	MHA10. Strengthen community substance abuse and addiction prevention services, including those specifically provided in school settings as well as suicide prevention efforts.	MHA10a: # of schools implementing evidence-based prevention programs	TBD		
		MHA10b: # of communities implementing evidence-based prevention strategies	TBD		
		MHA10c: # of individuals trained on evidence-based practices associated with suicide prevention through department funded efforts	TBD		
		MHA10d: Volume of crisis text line use	TBD		
Strengthen healthcare workforce to improve access to services					
Healthcare System and Access	MHA11. Ensure access to Naloxone training for all appropriately licensed first responders; sustain and expand statewide and local distribution efforts.	TBD	TBD		ODH, LHD
	MHA12. Implement and develop a social marketing campaign to engage and educate prescribers on appropriate prescribing practices to support positive prescriber interactions with patients by raising awareness of appropriate prescribing practices among the general public.	MHA12a: Number of social marketing campaigns implemented	0	1	ODH, OMHAS, GCOAT, LHDs, Ohio Injury Prevention Partnership
		MHA12b: Number of printed materials distributed	0	TBD	
		MHA12c: Number of website hits	0	TBD	
		MHA12HO(178): Opioid doses per capita dispensed	58.9 doses per capita (2015)		
MHA12HO: Average Morphine Equivalent Doses (MED)	52.6 (2016, Q3)				

State Action Plan
Mental Health and Addiction

MHA13.	MHA13. Develop and implement a community/clinical linkage model to connect the reentry population with treatment and naloxone in high risk communities.	MHA13a: Number of projects implemented	0	2	ODH, OMHAS, GCOAT, LHDs
		MHA13b: Number of high-risk offenders identified for program	(TBD)- in process of collecting data		
		MHA13c: Number of target population being provided naloxone kits upon release	(TBD)- in process of collecting data		
		MHA13d: Number of referrals made	(TBD)- in process of collecting data		
		MHA13e: Number of agencies accepting referrals	(TBD)- in process of collecting data		
		MHA13f: Average wait for treatment	(TBD)- in process of collecting data		
		MHA13HO: Percent of overdose decedents recently released from an institution			
MHA14.	MHA14. Develop and implement a quality/process improvement system that integrates prescribing guidelines into primary care offices	MHA14. Pilot project completed	0	1	ODH, Ohio Injury Prevention Partnership, Prescription Drug Action Group
Access to and use of tobacco cessation services					
MHA15.	MHA15. Intensive tobacco cessation services for people with behavioral health conditions through Quit Line special protocol, and testing alternative approaches for this population through demonstration projects.	MHA15a: Quitline protocol for individuals with severe mental illness			
		MHA15b: Demonstration projects funded focusing on cessation interventions with individuals with severe mental illness			
Infrastructure to collect accurate data about access, outcomes and disparities					
MHA16.	MHA16. Complete the Health Professional Data Warehouse using the minimum dataset through the eLicensure project.	MHA16a. Number of health professional licensure boards participating in eLicensure and providing minimum dataset data.			ODM, ODH, DAS, LHD
MHA17.	MHA17. Promote the increased utilization of the Ohio Violent Death Reporting System (OH-VDRS) to assess the burden of suicide and evaluate the effectiveness of interventions.	MHA17a: Number of data reports completed	2 (2017)	6 by 2019	ODH, OHMAS, Suicide Prevention Foundation
		MHA17b: Number of programs (partners) utilizing OH_VDRS data to evaluate or target interventions	0 (2017)	5	

State Action Plan
Mental Health and Addiction

MHA18.	MHA18. Implement enhanced overdose surveillance of opioid fatalities in (OHVDRS)	MHA18a: Enhanced surveillance of opioid fatalities implemented in Ohio Violent Death Reporting System	0	Surveillance Implemented	ODH, Coroners, LHD
		MHA18b: Non fatal Drug Overdose surveillance implemented in Epi Center	0	Surveillance Implemented	
MHA19.	MHA19. Conduct analysis of OARRS data and death data to identify risk factors and high risk behaviors (Public Health Surveillance with OARRS)	MHA19a: Number of analysis completed	0 (2017)	1	ODH, State Pharmacy Board
		MHA19b: Number of programs that document use of analysis	0	13 programs	
Modernize Medicaid and increase access to coverage					
MHA20.	MHA20. Modernize the Medicaid behavioral health benefit and align with current health care payment standards that will support coordination of benefits and integrate behavioral and physical health care.	TBD	TBD		
Pay for value through PCMH, episode-based payments, managed care organizations and quality measurement					
NHA21.	MHA21. Ohio Medicaid will expand Medicaid rehabilitation options for individuals with the highest intensity needs, including assertive community treatment for adults with SPMI and significant support needs, intensive home based treatment for youth with serious emotional disorders, and residential treatment for substance use disorders.	TBD	TBD		
MHA22.	MHA22. Move all Medicaid reimbursed behavioral health services into managed care effective January 1, 2018. Ohio Medicaid will add behavioral health services to Ohio's current Medicaid managed care plan contracts and require the health plans to provide care coordination including, when appropriate, coordination provided by qualified community behavioral health providers. Providers in the new network will include community behavioral health organizations, inpatient hospitals, clinics, and specialty practitioners.	TBD	TBD		

Workforce Pipeline Programs				
MHA23.	MHA23. Address gaps in workforce capacity through workforce development initiatives that support recruitment and retention in the community behavioral health system.	TBD	TBD	TBD