

**Ohio Mental Health and Addiction Services (OhioMHAS)
Community Plan Guidelines SFY 2014**

Environmental Context of the Plan/Current Status

1. **Describe the economic, social, and demographic factors in the Board area that will influence service delivery. (NOTE: There will be an opportunity to discuss the possible effects of Medicaid expansion upon your local system in question #12.)**

Mahoning County is located in the northeastern part of Ohio and has a current population based on 2012 estimate of 235,145 (comparison to 1990 (264,806), 2000 (257,560) & 2009 (236,735- Percentage change from 2000, decrease of 8.7% compared to 1.7% increase in Ohio, which reflects a gradual decline which may be attributed to the economic environment of declining employment opportunities, affordable housing and poverty levels. Mahoning county has a diversified population comprised of white (81%), black or African American (16%) Asian (0.8%), two or more races (1.9%), Hispanic or Latino (5.0%)

Service delivery is always impacted by the needs of mental health consumers in the county. The Mahoning County Mental Health Board "Mission Statement" reflects the Boards determination to identify and implement strategies through programing to address the various populations listed below. MCMHB Mission Statement- "The mission of the Mahoning County Mental Health Board is to establish mental health and recovery from mental illness as a cornerstone of health in Mahoning County, assuring access to quality mental health services for residents of Mahoning County at all levels of need and life stages. Many more programs that address specific populations have been identified throughout this community plan along with the partnerships established with other systems for a collaborative approach through shared expertise and resources to serve consumers.

Mahoning County Mental Health Board approved funding for CSH 'Youngstown/Mahoning County Estimating the Need Assumptions and Numbers.

- City of Youngstown's **population decreased to 65,404 or 20.3% since 2000**
- Percentage below poverty level (2011): Youngstown (33.8%), Mahoning County (17.1%) and Ohio (14.8%)

Ratio of Income to Poverty Level:

-Below 50% of poverty level: 15,478 (6.6%)

-50% to 99% of poverty level: 24,280 (10.4%)

-100% to 149% of poverty level: 23,284 (10.0%)

-150% to 199% of poverty level: 23,751 (10.2%)

-200% of poverty level or more: 146,325 (62.8%)

Note: People who live in extremely poor areas, be it urban or suburban, shoulder a double burden (Kneebone) – not only do they struggle with their own poverty, but their surrounding communities have fewer job opportunities, lower-performing schools, higher crime rates, and more public-health problems. The report findings make it clear that local, state, and national policies, from land use and economic

development to providing safety-net services, need to be reconsidered from a regional perspective to address the situation.

Note: In 2010, a family of 3 was considered at or below 100% of poverty with an annual household income of \$18,310.

Note: In 2009, the number of children receiving Help Me Grow services **INCREASED 27%**.

- In Mahoning County, where poverty for families with children is 51.1%, it would be anticipated that the number of children with serious to minor mental health problems would be greater than the national average.

- **Brookings Institute Report: Youngstown leads nation with poverty rate of 49.7% (November 3, 2011 Vindy.com)**

The No. 1 rating from the Brookings Institute compares the poorest living conditions in major cities and whether they also live in an extremely poor neighborhood where the poverty rate exceeds 40%. Roughly half of poor Youngstown lives in such neighborhoods- (20 percent in an average city).

- Youngstown has the largest concentrated poverty among core cities in the United States 100 largest metropolitan areas
- Per Metropolitan Housing Authority in Youngstown there is a waiting list of about **600 applicants** on a waiting list that would take about a year to clear out.
- Metropolitan statistics area of which Youngstown is a part consisting of Mahoning, Trumbull and Mercer counties is ranked just 16 from the bottom of the poverty barrel.
- According to U.S. Census data for 2005-09, and in 2010, the overall poverty rate in Youngstown Metropolitan Area jumped from 14.8 percent to 17.2 percent.
- Children Services Board and Juvenile Justice Center: Crossover Youth Model (Georgetown University Center for Juvenile Justice Reform): Goal- reduction in the disproportionate representation of females and African-Americans. US: 12% general population & 25% Foster Care. Ohio: 12% general population & 35% Foster Care. **Mahoning: 16% general population & 59% Foster Care.**
- Median Household income (2011): Youngstown (\$24,880), Mahoning County (\$40,570) and Ohio (\$48,071)
- Household Income;

- Less than \$10,000	9,410	9.5%
- \$10,000 to \$19,999	15,130	15.3%
- \$20,000 to \$29,000	13,258	13.4%
- \$30,000 to \$39,999	11,574	11.7%
- \$40,000 to \$49,999	9,849	9.9%
- \$50,000 to \$59,999	8,210	8.3%

- \$60,000 to \$74,999	10,231	10.3%
- \$75,000 to \$99,999	9,762	9.9%
- \$100,000 to \$149,999	7,994	8.1%
- \$150,000 to \$199,999	1,941	2.0%
- \$200,000 or more	1,665	1.7%

- Per CSH facts for needs assessment: **39.7% of all Youngstown household and 60.9% of all renters are extremely low or very low income**
- 10 Year Plan to end Homelessness: total homeless as reported in the 2007 PIT was 249- that number dropped by 2011 to 209 but has since **increased back to 227 in 2013.**
- **January 2013 Point in Time Count:** (Note: During the 2011 Point-in-Time (PIT) Count, 13,003 Ohioans were reported in Cincinnati/Hamilton County CoC (26.5% increase) with Youngstown/Mahoning County CoC (21.9%). Youngstown/Mahoning County had decrease in homelessness between 2009 and 2010, but **increases in 2011 effectively wiped out the years' declines.**
 - 227 people homeless
 - 95 single adults
 - 129 persons (adults and children) in families were homeless
 - 3 unaccompanied youth
 - 42 persons were chronically homeless (18.5% of all persons counted as homeless)
 - 121 single and families members were in emergency shelter
 - 16 veterans were either homeless, in emergency shelters or in transitional housing
 - HMIS: 848 people in Mahoning County experienced homelessness in 2012
 - 107 people experienced more than one shelter stay in Mahoning County in 2012

NOTE: COHHIO UPDATE: Coalition on Homelessness and Housing in Ohio (November 15, 2013)

Homeless Report- 12,325 total people were homeless in Ohio in 2013 during the Point-in-Time Count at the end of January. This was the smallest number recorded in the PIT Count since statewide reporting an analysis began in 2008. This represents a roughly 12% decrease in total homelessness between 2012 and 2013. However, the vast majority of this decrease can be attributed to the Ohio Balance of State Continuum of Care (BOSCO), which reported a 25% decrease in total homelessness (removing the Ohio BOSCO from the calculation shows a 4% decrease in total homelessness for the remaining eight CoCs in Ohio

Total Homelessness by CoC- FY 2013

- Akron/Barberton/Summit CoC:	862
- Canton /Massillon/Alliance/Stark CoC:	522
- Cincinnati/Hamilton CoC:	1,326
- Cleveland/Cuyahoga CoC:	2,129
- Columbus/Franklin CoC:	1,488
- Dayton/Kettering/Montgomery CoC	1,041
- Toledo/Lucas CoC:	900
- Youngstown/Mahoning CoC:	227
- BOSCOC	3,830
- TOTAL	12,325

- Cold Weather Program (24th year) is designed to provide additional focus on individuals who are homeless or at risk of becoming homeless during the difficult winter months between December 1st to March 30th for FY13.. In some cases individuals have “burned their bridges” to other available transitional housing and/or are unable to be placed or refused such assistance in a placement facility. There were a total of 551 homeless individuals that were seen 5,829 , a 16% decrease from previous year,(Duplicated number of children bed stays 68 & women bed days 134) times during the winter months which included 72 transportation assistance. The assistance through this program along with PATH and provider liaison to the Rescue Mission provide a valuable service to the most needy in the worst weather conditions.
- Per Capita income: Youngstown (\$14,996), Mahoning County (\$23,261) and Ohio (\$25,618)
- 33 of 40 census tracts are majority low-income tracts
- 15.8% or 36,145 people in Mahoning County have a disability (Census Bureau 2012)
- High school graduates or higher, percent of persons age 25+: (2007-2011) – Mahoning (87.9%) vs. Ohio (87.8%). Bachelor’s Degree or higher, percent of persons age 25+ (2007-2011) - Mahoning (20.9%) vs. Ohio (24.5%).
- NOTE: 58 percent of children with severe emotional disturbance do not graduate from high school (Coalition for Health Communities- Titled: “BROKEN”).
- Veteran’s, 2007-2011: Mahoning (20,988) – Ohio (914,971)
- ODRC reports that 391 offenders were released in Mahoning County in 2012. Utilizing statistical information from the Ohio Department of Mental Health and Addiction Service’s Community Linkage data, 12% (47persons) were homeless and 19% (75persons) had no designated placement upon release. Per funded Special Projects by the Board: Number of mental health services provided in the jail FY11: 1162

assessments/reviews & FY12 1178 (per jail annual medical statistical Summary FY11- 1003 inmates with axis I diagnosis and 1159 inmates on psychiatric medication& FY12:1491inmates with axis I diagnosis and 1,487 inmates on psychiatric medication).

- According to the Ohio Mental Health and Addiction Services, there are 8 Adult Care Facilities with ninety-seven beds
- Mahoning County Mental Health Board “Annual Report Fiscal Year 2012: **11,689** consumers served by Board funded providers.
- All consumers that participate in various programs are not necessarily run through MACSIS. Per Heartland East for Fiscal Year 13: Profile for Mahoning County Mental Health Board; All Clients: 9,532 (6,140 adults & 3,392 children) served –of those that were Medicaid (4,274 adults & 3,351 children) and Non- Medicaid (2,422 adults & 54 children).
- Sojourner House: Women battered shelter- FY12: 73 women for 2023 bed days & 69 children for 2982 bed days. FY13: 104 women for 2420 bed days & 110 children for 2896 bed days
- Daybreak Facility: (Children Runaway Shelter) provided days of care in FY12: 2426 & FY11: 2390.
- Problem Area Statistics for Mahoning County for FY:12 & FY:13. Calls to Help Hotline Crisis Center – indicators of the economic, social, and demographic factors in the Board area- MCMHB funding in access of 1ml to provide a safety net of services that impact the lives of mental consumers in need of services. Only a few examples.

	FY12 (calls 139633)	FY13(calls126476)
- Alcohol/Drugs:	4907	4880
- Children Services:	6605	7197
- Counseling:	14215	12257
- Domestic Violence:	398	245
- Essential Needs:	2047	2436
- Food:	2228	2312
- Homeless:	5,060(cold weather program)	5,829 (cold weather program)
	5,398(homeless related calls)	3,524 (homeless related calls)
Total:	10,458	9,353
- Housing:	2562	1781
- Mental Health:	26679	28611

- Senior Citizen Serv.:	4371	3264
- Suicide:	6621	6223
- Transportation:	805	669
- Utilities:	2248	2422

The economic forecast continues to impact consumers of Mahoning County with respect to mental health and recovery services. The number of consumers noted above by Heartland East identified along with their current mental conditions is a social factor that impacts the local resources considerably with regard to non-Medicaid services that are identifiable through this Heartland East Report but barely scratches the surface when considering additional resources through local levy/Federal/State/Foundation/Grants... funding. Additional funded programs are an essential part of the local Behavioral Health Care system for sustaining consumers in the community with recovery supports, prevention, educational and consultation. A few programs are:

- Children school programs: UPSTREAM, Classroom Connections, Camp Challenge, After School
- Guardianship
- Rape Counseling
- Suicide Intervention/Education
- Consumer Drop-in-Center (Peer Support)
- Recovery Grant: B.R.I.D.G.E.S & WRAP
- Project for Assistance from Homelessness (PATH) (federal)
- Payeeship
- Forensic Services, Probate Liaison, Re-Entry Grants, Jail Counseling...
- Felony Mental Health Court
- Crisis Stabilization Unit
- VRP3 Employment Services

Medicaid expansion hopefully will provide residents with quality coverage, reducing the burden of uncompensated care, reducing the population of uninsured and injecting significant resources into the local economy. The MCMHB will be able to divert funds previously used to provide services to this population to fill gaps in the Network of Care such as housing, specialty dockets, jail, and emergency onsite services as well as prevention and educational opportunities. Projections suggest this could mean almost 1.7 million dollars for Mahoning County which could go a long way to helping the most vulnerable in our county. This could add another 275,000 additional Medicaid recipients to the on-rolls in the state of Ohio.

Assessment of Need and Identification of Gaps and Disparities

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gap issues and disparities, if any. (NOTE: ORC 340.03 requires service needs review of: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils; and, (2) outpatient service needs of persons currently receiving treatment in state Regional Psychiatric Hospitals)

Needs assessments are completed in a variety of methods: Target populations with mental health include homeless, correctional system, co-occurring, schools, forensic, veterans....for SMD & SED.

The MCMHB will continue to review the access issues based on all the data reports submitted through the various programs. Access for consumers with various payer source types will be inclusive of the indigent population, thus affording a greater capacity to receive services. Capacity objectives are defined based on needs assessments and workforce availability to assure access to behavioral health care. Access goals and objectives will be subject to flexibility in budgetary changes as an ever decreasing/elimination of a funding stream will impact programming. The MCMHB mission is to continue ongoing needs assessments for all aspects of services to maximize efforts through partnerships with local, regional and state organizations in an effort to maximize the best outcomes, increase funding and evidence based services.

The mission of the MCMHB is to provide mental health resources to those individuals who do not have insurance or are underinsured and thus do not have access to affordable, integrated care. The MCMHB's 2 levies (**most recent passed on November 5 as a Renewal at 70%**) provides the Board with the wherewithal to plug gaps in federal and state funding and provide a comprehensive network of care in Mahoning County. Without the levies core services to the underinsured would severely limited. Every decision made by the MCMHB is targeted at plugging the gaps in the system in the most efficient and cost effective manner possible. Business operations are guided by the principle of "do more with less" and seek to increase access to service for Mahoning County residents.

Budget hearings are held annually where provider inputs are reviewed for funding considerations to expand services based on increasing access and capacity needs (e.g. Daybreak Runaway shelter and Sojourner House Domestic Violence Shelter received new funding based on proposed need increases). Special Projects data are reviewed for any continual and/or additional funding based on outcome performance indicators.

Consumer Surveys conducted by the MCMHB and local providers are reviewed for input regarding quality of services. Local provider "Accessibility/Availability Survey" focuses on whether appointment times are convenient, staff is accessible in emergencies and offices are conveniently located.

The MCMHB reviews the annual Performance Improvement (PI)/Quality Assurance Reports from providers to determine what areas of focus need further consideration.

Special Projects Formal Review Process: Indicators: Project Need and Background, Project Measurable Objectives, Mental Health Services Outcomes, Project Evaluation, Facilities and Equipment Available, Project Staffing, Demographics/Descriptive Information, Expenditures, and Non-Discrimination Provision are submitted annually to the MCMHB for review and continual funding considerations.

Access- Gaps- Disparities Issues identified for children programming is reflected in the lack of home based services. The Family Children First Council under the Service Coordination Committee affords services to youth such as WRAPAROUND and Respite but due to the lack of pooled funding is limited to number of persons served.

Youth in transition housing needs. Based on data from The Ohio Longitudinal Transition Study (Annual State Report-Spring 2012) "Financial & Independent Living" a greater percentage of children are residing with parents after graduation which

reinforces the importance of working with families who often become the primary service coordinator for their children. This is considerably more important when that support system is no longer in place and children have been experiencing emotional difficulties throughout their adolescences. See housing mini grant & MCHOP in strengths and challenges

Access/gaps/disparity Issues:

The MCMHB has tracked an increasing number of days throughout the year where local and state hospitals have reported no bed availability. The Regional Psychiatric Hospital reported an average capacity of 98% with 68% consisting of forensic consumers. Despite the closure of multiple Regional Psychiatric hospitals over the years – OhioMHAS reports the total number of bed availability has not decreased. The development of the CLEAR Unit at Heartland Behavioral Health Hospital is one attempt to transition forensics back to the community.

The MCMHB will be meeting with the Regional psychiatric hospital in December (2013) due to the FY13 Collaborative Board Bed Day Report- Compares Three Year Day Rate to Actual Bed Days where we stand as of May 31, 2013 at: Actual days 11,406, Annualized FY13 Days 12,2013, and Annualized Days Over or Under 3yr Avg 3,723. (September 30, 2013 the numbers were 2,774, 11,006 and 1,273 which is representative of the new three year cycle that started July 2013). The numbers are indicative of larger counties such as Franklin, Stark and Cuyahoga but concerning when comparison to per capital.

(Note: per previous date found in Acute Care Crisis in Ohio Report – general hospital average one or two times a month with no local bed availability in the past – Currently, with the closure of one psychiatric unit at Forum and the reduction of beds at Humility of Mary, the lack of local bed availability is a weekly occurrence.

Hospitalizing a person with mental illness costs 3-5 times more per year than treating them in the community (ODMH/ODJFS Data per Ohio Association of County Behavioral Health Authorities)

The MCMHB has contracted with CSH Supportive Housing Institute to conduct a needs assessment for affordable housing in Mahoning County. Early data suggests a need of **83 units** of Permanent Supportive Housing currently exists. (Transitional housing currently runs with a waiting list for individuals who could benefit from permanent housing). (In the spirit of the Olmstead Act- clear affordable housing options are need and not segregated housing).

The MCMHB composites data from all access points (local, regional and state) through identification of consumer needs with the emergency services (24/7 prescreening) into the hospitals and the Crisis Stabilization Unit. Additional access and capacity data is composited regarding AOD, housing, correctional, medication, vocational and any other outpatient services needed to establish and maintain recovery in the community and prevent readmissions for hospitalization. (Note: Heartland Behavioral Health data regarding counties has identified Mahoning Count as 3% readmission rate within 30 days which is 2nd best in the collaborative).

MCMHB has utilized Heartland East to provide data regarding population data which can assist the Board in reviewing services and cost for individual consumers. The data is helpful for reviews for indigent dollars spent for identification of the highest utilizers and manager care approach for Benefits Limits. **Note: The data allows the MCMHB staff/auditors to determine samples of claims for audit purpose of indigent funds for accountability. Note: The data is helpful in submitting information for certain grants when needed.**

Strengths and Challenges in Addressing Needs of the Local System of Care

In addressing questions 3, 4, and 5, consider service delivery, planning efforts, and business operations when discussing your local system. Please address client access to services and workforce development. (see definitions of "service delivery," "planning efforts" and "business operations" in Appendix 2).

- a. **What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment? (see definition "local system strengths" in Appendix 2).**

Strengths to address gaps in services:

- The MCMHB provides funding to the local eighteen beds Crisis Stabilization Unit to divert consumers from local emergency rooms, walk in emergencies, step-downs from hospitals.... To provide an alternative of least restriction with psychiatric stabilization services for voluntary consumers and decrease the length of stay at the hospitals. The Crisis Stabilization Unit in FY12: 3,613 & FY13: 3,728 bed days. The average Co-occurring population of consumers identified was at least 60% and non-Medicaid at about 43%.
- The MCMHB provided funding to local provider for the renovations of transitional housing facility (21 bed capacity- BGI) which assists in temporarily housing mental health consumers along with wraparound clinical and support services. Referrals from hospital emergency rooms, Crisis Stabilization Unit, Regional Psychiatric Hospital forensic visits, re-entry from incarceration or participants in the Felony Mental Health Court and Step-down from local/state hospitals is essential in increasing access and capacity of consumers needing transitional housing and mental health services.(Year to date data comparison: (YTD): Bed days-FY12: 6,170 & FY13: 6,053. Admissions: FY12: 58 & FY13: 57Capacity: FY12: 80.3% & FY13: 79%
- MCMHB provides funding for multiple programs in the Behavioral Health Care System to identify and address the specific consumer needs and high risk populations: Permanent Supportive/Transitional housing to Outpatient Services with multiple "Specialized Projects" for court diversion programs to jail crisis services, guardianship, payeeship, IDDT, Recovery Programs (B.R.I.D.G.E.S. & WRAP), MC-HOP housing assistance program, VRP3 employment services, PATH & CoC for homeless, Depression Awareness in the schools, Behavioral Health Counseling services in Alternative Schools, Forensic Monitoring, Felony Mental Health Court, Community Corrections Association Consultation/Crisis Counseling, Rape Counseling, PANDA, Bereavement, Potential Development..... are just a few but all part of the Board's Strategic Plan to promote and develop a Network of Care from childhood to adults built on collaboration with other systems and a continuous evaluation process to address needs and expand resources to identify and provide services for consumers in Mahoning County.
- Many educational workshops for consumers and specialized services such as group home operators, committee meetings, advertisement media, health fairs, clinical trainings, both state and regional collaborations, TA from CCOEs, NAMI associations, various local foundations, consumer surveys....are all operations/programming that provide input and feedback to issues not only addressing access but outcomes on effective programming. Along with the second year of three counties (Mahoning, Columbiana and Trumbull) collaboration on the Anti-stigma campaign.

The MCMHB has been working diligently to further expand its capacity in the Behavioral Health Care System through multiple venues to decrease gaps/increase access to services.

- The MCMHB has expanded its local hospital collaboration by having a provider staff person attend the daily team meetings at the local hospital and representation at all the probate court hearings to facilitate transitioning consumers to a lesser restrictive setting. The MCMHB also implements Outpatient Civil Commitment (OPC)

process with attorneys and independent expert evaluators to address the needs of “frequent fliers or high utilizers” for a comprehensive wraparound services for continual stability in the community. The MCMHB continues to support the Community Support Network (CSN) to provide community outreach services. This program is essential when managing forensic consumers involved with the courts. A CSN staff person is also available to complete reviews at the Regional Psychiatric hospital one day every two weeks. They work closely with the new navigator position described above. CSN has also been designated as a add on provider for consumers involved with Felony Mental Health Court due to the MCMHB expansion of the program.

- The MCMHB has expanded its Behavioral Health Care System through the use of levy funds to develop contracts and **Continuity of Care agreements** with the local hospital (Humility of Mary) and in Akron with SUMMA (ST. Thomas) in assuring access specifically for indigent consumers that require inpatient psychiatric care. These facilities along with Laurelwood/Akron General/Trumbull Memorial are accessible to consumers with payer sources as well.
- The weekly Clinical Issues meeting with all providers has been expanded to include a phone conference with the Regional Psychiatric Hospital to discuss both civil and forensic consumers. The monthly Systems meeting also address systemic issues and serves to provide the most recent updates for local and state issues.
- The OhioMHAS 505 Hot Spot (10.6 million) has afforded the HBH Collaborative the opportunity to establish new projects. **NEW FY12:** MCMHB in collaboration with Trumbull County established a NAVIGATOR position that does on-site reviews at the Regional State Hospital to assist in transitioning consumers back to the community with services in place. The continuation of Community Support Network, Crisis Stabilization Unit, Burdman transitional housing, Case Reviews with HBH, MCMHB Clinical & Systems meetingall greatly impact the ability to move consumers into lesser restrictive settings thus affording a more better quality of life.
- The 505 Heartland Collaborative initiatives are focusing on: psychiatric access enhancement through Tele-Psychiatry at three locations thus focusing on the reduction of access time (six weeks) to psychiatric care, Transition Age Youth Project called Transition to Independence Process (TIP) Model which is an Evidence-Based Practice and Health Home/Integrated Care Management Navigation Services (Navigator). The MCMHB has further submitted areas of focus for the remaining funds to core services related to Housing (MC-HOP) and Intensive Case Management Team (CSN).
- The addition of second provider to focus on the Integrated Dual Diagnosis model which is an Evidence-Based Practice located at the facility that houses the Crisis Stabilization Unit were it was identified earlier as a co-occurring rate of admissions around 50% of consumers. This process has been expanded throughout the agency incorporating techniques such as Motivational Interviewing and Staging....
- Intensive Home Base is still under consideration for Medicaid service. **(NEW)** MCMHB in conjunction with local provider (Homes for Kids) are supporting a multi-county (Mahoning & Trumbull) grant through BH/JJ Initiative (Department of Youth Services) to establish a high-fidelity MST model to services high end children in their homes. (NOTE: MCMHB (originally submitted a provider proposal under the Criminal Justice and Behavioral Health Linkage Grant but wasn't successful which would have established a MST program to address the needs of children in the home). Another grant was submitted by Mahoning County for a local provider (The Village Network) for the same population but different strategies. Both grants have been supported by the local JJC System. We believe that the community lacks a high intensity, in-home family-child counseling service that offers

mobile crisis response on a 24 hour 7 days a week basis. This service is needed to provide an alternative to out of home placements of children which, when made, reduces the ability to work with families in their natural home environment. The result is referrals to inpatient and residential settings.

- Ex-Offender Mental Health Stop Gap Program (Re-Entry Mini Grant) was utilized to establish a Navigator for mental health consumers coming out of the State prisons and linkage to mental health and recovery services in the community (**3rd renewal**). Local levy funds are utilized for the county jail- consumers whose entitlements have been terminated during incarceration may result in a hardship for access in services. Meetings were held with jail administrators to determine what current needs are not being met. **NEW: MCMHB has accepted two proposal in FY13 to establish groups (med/som & anger management) on jail site. The MCMHB has also met with the local Forensic office to explore funding competency restoration in the local jails which may divert or lessen the LOS at Regional Psychiatric Hospitals.**
- Housing Mini-Grant was utilized to secure a full time Housing Specialist and assist with subsidizing housing cost for target population (SMD) for the hard to place individuals due to legal history. The sustainability of initiative is now carried through the funding of the MCMHB- **which increased slots to accommodate the loss of the grant (Aging Out of Foster Care Youth with Severe and Persistent Mental Illness- (11/13/12 to 6/30/13) not renewed) through the Mahoning County Housing Opportunity Program MC-HOP.** A portion of the grant help fund a grant writer to apply for Shelter Plus Care vouchers (**NEW: Fiscal Year (FY) 2012 Continuum of Care (CoC) Program application was approved for \$79,697 which should be available in early January 2014.** (This should help with some of the gap issues in housing for the needed population described in section 1 for economic and social factors).
- The MCMHB has been working closely with OhioMHAS and the Supportive Housing Institute CSH to establish a permanent supportive community-based housing. **NEW (FY12): MCMHB has provided funding (\$12,004-CSH contribution \$10,000-total \$22,044) for a HOUSING NEEDS ASSESSMENT as part of the overall process to go along with extensive training in Columbus on housing strategies, site visits, project oversight and other activities.**
- **New:** MCMHB and local providers have been meeting over the past year with One Health Ohio Community Medical and Dental Center with plans to build a facility on site to provide integrated behavioral and medical care for consumers. (Placed on hold)

The MCMHB Mission and Strategic Plan address the need to reduce gaps and disparity for all mental health consumers in Mahoning County. The MCMHB Ways & Means Committee and Program and Planning Committee which meet on a monthly basis reviews issues that are voted on in the Full Board Meeting to help promote services for Mahoning County consumers. Additionally the Boards Special Projects for all funded projects are reviewed with providers and consideration for continual or expanded funding are discussed during Budget Hearings.

a. **Identify those areas, if any, in which you would be willing to provide assistance to other boards and/or to state departments.**

The MCMHB has developed a Behavioral Health Care system that is built on collaboration with local mental health providers, stakeholders, Regional Collaborative, and OhioMHAS initiatives. The MCMHB has multiple collaborative projects with neighboring counties that helps expand resources and provide programming to

address a larger number of consumers.

- i. Crisis Stabilizations beds noted above for diversion or step-down from hospitalization have established contracts with both Trumbull and Columbiana. Mahoning County has a reciprocity agreement with Trumbull's Riverbend which in turn also provides greater access capacity and services to immediate crisis for consumers that are out of county.
- ii. Project for Assistance in Transitioning from Homelessness (PATH) is a federally funded program that is a collaborative with Trumbull County. Reported data from PATH, Continuum of Care (CoC), local shelter (Rescue Mission), waiting list from Metropolitan Housing,
- iii. Warm-Line was initiated on May 1, 2012 which is a peer-to-peer telephone reassurance program shared between Mahoning, Trumbull and Columbiana. This service is housed at the Help Hotline Community Center which is funded through the MCMHB.
- iv. Recovery Services which entail B.R.I.D.G.E.S. and Wellness Recovery Action Plan (WRAP) is a collaborative between Mahoning and Trumbull Counties. The steering committee meets quarterly to review developments in the community.
- v. Suicide Coalition Steering Committee in a joint venture between Mahoning, Trumbull and Columbiana which sponsors multiple in-services and trainings for the tri-county area. Carolyn Givens has provided assistance through Ohio Suicide Prevention Coalition. This Planning Effort helps educate providers, consumers and stakeholders around the issues of suicide
- vi. Tri-County Mental Health Campaign Anti-Stigma Campaign with Trumbull, Mahoning and Columbiana
- vii. Tri- county Suicide Prevention in partnership with local universities (Kent State University Youngstown State University) through gatekeeper training and resource information dissemination. (FY13)
- viii. Help Hotline Crisis Center is located in Mahoning County and services all emergency crisis calls 24/7 for Mahoning, Trumbull and Columbiana, as well as, Region 5 which consist of multiple state with regard to the National Suicide Prevention Line.
- ix. 505 Hot Spot- Navigator- Collaboration between Trumbull and Mahoning County in addressing the consumers at the Regional Psychiatric Hospital for transitioning back to the community.

The Mahoning County Mental Health Board, as a member of the Heartland Collaborative, is receptive in collaborating with other Boards to expand and improve on the local Behavioral Health Care System. We have received valuable information from other Boards, as well as, Ohio MHAS.

b. What are the challenges within your local system in addressing the findings of the needs assessment?

(see definition of “local system challenges” in Appendix 2).

One of the ongoing challenges has been the capacity of local and Regional State Psychiatric hospitals. The issue of lack of bed availability has become more common on a monthly basis than in past years. The Clinical Issues meeting held weekly, Case Reviews with Heartland Behavioral Health, implementation of a Navigator that goes to Heartland twice a week and the use of a CSN staff person once every two weeks at the State Hospital are all attempts to address the ongoing capacity issue. This capacity issue has developed concerns for the local jail when forensic consumers are delayed access and treatment. The MCMHB is attempting to work with the local Forensic Center to explore additional options such as Competency Restoration at the local jail.

The MCMHB and local providers have been working closely with Supporting Housing Institute (CSH) to explore the possibility of enhancing the communities permanent supportive housing capacity through extensive training in Columbus, local meetings with providers and developers, Metropolitan Housing, and Continuum of Care. The housing committee has been able to secure **Shelter Plus Care vouchers** (10) and assurances by Metropolitan Housing to add in their five year plan and additional 40 vouchers to help support the housing initiative.

The Children Services Board and Juvenile Justice Center has rolled out what they call Youth Crossover which address the identification of children in both system and the systems collaboration to address their needs. MCMHB and local providers (Village Network and Home for Kids) have submitted proposal (support of Judge Dellick at JJC) through DYS for the Criminal Justice and Behavioral Health **Grants**. The goal is to address the challenges to youth through intensive home treatment.

The ongoing need of mental health consumers involved with the Criminal Justice System is a very big challenge due to the increasing number and the limited treatment afforded when incarcerated. The MCMHB through the **Re-Entry grant** has provided a Navigator to address the Linkage Packets for mental health consumers coming out of State prisons. On the local front we have multiple initiatives such previously mentioned the Regional Psychiatric Hospital navigator (**505 Hot Spot funds**) where our forensic monitor goes to the State Hospital 2x a week, Felony Mental Health Court where additional funds were added to increase capacity from 20 to 30 consumers, providers go on site at the local jail to provide screenings and crisis counseling (18 hrs a week), a **grant** from the Criminal Justice and Behavioral Health Initiative (OhioMHAS) for 16 hrs at Community Corrections (Cognitive Behavioral Therapy), and forensic monitor.

The need for OhioMHAS is address the collaboration concerns with Developmental Disabilities Department on consumers who fall at the high end of moderate spectrum and are unable to access waivers for assistance. Behavioral challenges with consumers experiencing DD issues has caused concern within the system due to options such as residential care (Luthern) or Regional Psychiatric Hospital (HBH) being utilized due to lack of treatment supports to be maintained in the community (home). The Family and Children First Council under Service Coordination has multiple members (AOD, MH,DD,CSB,providers (Belmont Pines...)) that utilizes inpatient psychiatric care down to WRAPAROUND & RESPITE to assist the development of community based plans.

The integration of Behavioral Health (Health Homes) and Physical health is still difficult to define due to unforeseeable changes in the future due to issues such as Medicaid Expansion AND THE Affordable Care

Act.

The MCMHB is a split Board with a separate ADAS Board which limits the ability to share resources to meet the needs of consumers identified as Co-Occurring. Individual with primary AOD issues may have difficulty accessing inpatient treatment for detox... due to funding issues and limited capacity resulting in waiting lists. The MCMHB provides funding to Meridian , a primary AOD provider, to assist with indigent individuals that are co-occurring in accessing an evidence based model (IDDT) program called COT.

The need to increase bi-lingual counselors to address the growing populations such as Hispanics.

a. What are the current and/or potential impacts to the system as a result of those challenges?

- The expansion of Permanent Supportive Housing has been an ongoing endeavor for the past two years. The partnership with CSH Housing Institute and guidance from housing experts at OhioMHAS have been beneficial in helping the local Board explore options in developing more units to help house consumers. HMIS Data has indicated that our county is experiencing an increase in homelessness compared to previous years. MCMHB has hired a grant writer to seek out alternative funding to support housing such as Shelter Plus Vouchers. Due to the low scoring from the CoC some bonus money was lost. The system has been absorbing a greater number of consumers through the Crisis Stabilization Unit and Burdman transitional housing to meet the housing needs of consumers- waiting list or lack of available beds is a common reoccurrence.
- Children that are served in multiple systems such as DD, MH, JJC, MH and AOD require a sharing of knowledge and resources to identify strategies to address the complex behaviors and supports needed by the family to help maintain them in the home. The reduction in out of home placements is a collaborative effort through enhancing the in home services such as Intensive Home Based Treatment and expansion of services such as WRAPAROUND and Respite (FCFC). Behavioral health and JJC grant options (**through DYS**) are being explored to further address the needs of children. Many grants that are offered (Children Aging Out of Foster care -Youth in Transition- are limited and not renewed & Race-to-the Top- Early Learning Challenge) have a positive impact with positive outcomes. *The MCMHB and stakeholders recently attended meeting(12/3/13) "Crossover Youth Model" held by collaborating partners Children Services Board and Juvenile Justice Center. The sharing of data is important factor to identify shared individuals to develop intervention strategies. A major discussion centered around the lack of pulled funds to assist in cost not covered under Medicaid or any other third party source (e.g. short term need for residential care).*
- The constant struggle with finding adequate bed capacity is an ongoing issue. The Regional Psychiatric hospital run at near capacity and local beds are limited with constant closures or reduction in capacity. Regional options are explored such as SUMMA but all such options afford limited input to care due to the distances from the county. The local options for step-down or diversion are greatly impact on a regular basis due to the demand for services.
- The number of consumers involved with the legal system- despite having Felony Mental Health Court, on site jail services, forensic monitor, re-entry navigator from state prisons - the impact of forensic consumers in the Regional Psychiatric Hospital for a county the size of Mahoning is comparable to some of the larger counties is an ongoing concern.
- Dual Diagnosed (DD/MH) consumers that do not qualify for the waiver system may fall through the cracks. The

MCMHB & MCBDD have collaborated on a very limited number of cases for cost sharing in treatment- a majority of cases that fall in the upper moderate and mild ranges are accessing mental health services but the limited cross training expertise results in marginal outcomes.

b. Identify those areas, if any, in which you would like to receive assistance from other boards and/or state departments.

Regional Psychiatric Hospitals- management of forensic population

Children Services through MST for multi-system kids

Better collaboration with Developmental Disabilities services

The use of telemedicine

Permanent Supportive Housing- alternative funding strategies to help consumers with housing cost- (e.g. Section 8 is never accessible except on a lottery basis at times- HAP was discontinued- children aging out of foster care was a one year grant)

Re-Entry mini grants are only applicable to State Correctional Facilities and not local jails where many of the consumers requiring mental health care are limited to access of services

CSN/MCMHB has met with the local commissioners regarding delays at Job & Family Services

All resources are valuable and having forensic consumers at Regional Psychiatric Hospital come for community visits and given possible consideration of extended stay at local provider transitional housing counts against Board days at the hospital and the local treatment cost

c. Describe the Board's vision to establish a culturally competent system of care in the Board area and how the Board is working to achieve that vision (see definitions of "cultural competence" and "culturally competent system of care"

Cultural Competence is a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services.

- Transition to Independence Process (TIP) training through Stark County for both Trumbull & Mahoning stakeholders and providers. Learn and develop new strategies to address the needs of children with mental health issues transitioning to the adult system. Development of a better understanding that children in schools system need earlier identification for mental health needs and supports to complete an education preparing them to transition to adulthood. Barriers to independent housing, employment opportunities, work skills, parenting,- need to be addressed. Longitudinal Studies shared at the Mahoning County Educational "Regional Transitional Council" reflect an increasing need to address these issues where a greater number of kids are remaining in the parents homes if allowed..
- **"Cultural Competency:** The Mahoning County Juvenile Court has long been aware of the cultural issues that face the population which it serves. While it serves the suburban areas of Poland, Canfield, Boardman and Austintown (amongst others), it also serves the urban population of Youngstown. The City of

Youngstown has a high unemployment rate, a low educational success rate and a high degree of poverty. It is no secret that most of these issues involve minorities. This court was concerned about overrepresentation of minorities in the juvenile justice system so it agreed to take part in the first Disproportionate Minority Contact study, conducted by the State of Ohio. The results showed that, once a minority youth entered the Mahoning County Juvenile Justice System, they were treated the same as a non-minority, taking into account factors such as complaints filed, youth incarcerated and youth committed to the Ohio Department of Youth Services. As part of this court's ongoing efforts to ensure equality within its system, it has agreed to participate in a new study headed by the University of Cincinnati that will again review minority involvement within the Juvenile Justice System to ensure cultural and racial equality. To further address the needs of this population the MCMHB is collaborating with Trumbull Board to support a grant from Homes for Kids to implement MST and another grant from Mahoning by The Village Network to also focus on JJC kids through Trauma CBT, co-occurring (ICT Model) and Parent Project".

- Recovery Steering Committee with providers and consumers meet quarterly to discuss latest developments in the field. Collaborative between Trumbull & Mahoning with meeting being held at alternating sites. Consumer experience along with the latest developments in the mental health field results in more effective programs.
- Ongoing workshops for LGBTQ (related to teen suicide), Human Trafficking, Suicide Prevention, Safe Zone, Motivational Interviewing, Recovery Coaching, Opiate Summit, Integration of behavioral health and physical health, Mental Health First Aid, Peer Specialist, Trauma Focus Therapy, High Fidelity WrapAround, Mahoning County Corrections Planning Committee, Adult Care Facilities (ACF) trainings in MH issues, DSM-V, along with many breakfast/luncheon meetings for Homeless coalition (COOHIO),FCFC project review updates, Tri- County Coalition Family Violence Prevention, Victims of Crime- plus Regional Meetings such as HBH training on emergency/ medical clearance/forensic/navigator.....
- May is Mental Health Month incorporates a number of workshops and activities throughout the month for both providers and consumers. Also throughout the year various activities such as participating in health fairs (Canfield Fair), graduating ceremonies (BRIDGES, MH Court, AOD, ..), picnics, breakfast, holiday parties, NAMI walk, Cold Weather Walk, and many more events are held annually to bring providers, stakeholders, consumers and the general public together for increased awareness of mental health in Mahoning County. This allows a forum for the development of cultural awareness through empowerment of consumers.
- Tri-County Mental Health Campaign-Anti-Stigma for past two years to increase public awareness. The increasing number of aggressive incidents involving consumers throughout the US is unfairly targeting mental health as a basis to violence despite all the research. Along these lines the MCMHB has continued to support the Crisis Intervention Team (CIT) trainings to develop cultural awareness regarding mental health with law enforcement entities. (listed below)
- MCMHB staff participate in numerous steering committees to further update/promote providers of on-going mental health collaborative- Mahoning County Family and Children First Council Services Coordination Steering Committee, Re-Entry coalition, Mahoning County Suicide Prevention Coalition, Recovery Committee, YSU Community Counseling Advisory Committee ,HBH Collaborative, Continuum of Care Executive and General Committees, Northeast Ohio Children's Consortium, Felony Mental Health Program Committee, MCESC Regional Council, Bridges Out of Poverty, CSB Transitioning Committee, Tri-County Family Violence Prevention Coalition,

Mahoning County Child Fatality Review Committee, SPARK Committee, Help Hotline Community Center Advisory Council,....Are all examples of community involvement with stakeholders to develop policies, community awareness, workforce development, shared resources, and partner to promote an effective culturally competent system of care for Mahoning County.

- MCMHB & Providers annual consumer satisfaction surveys for consumers and families for input into experiences with the Behavioral Health System.
- MCMHB is a certified member of Culture of Quality standards (three year certification)
- Organizations such as Organizacion Civica Y Cultural Hispania Americana (OCCHA) and Youngstown Hearing & Speech Center are vital in not only bridging cultural barriers but improving access to services when needed.
- MCMHB participates in the local providers Director's Meeting
- MCMHB monthly System's Meeting with numerous stakeholders are distribute information from Ohio Association of County Behavioral Health Authorities news articles "Behavioral Health: Developing a Better Understanding", Up To The Minute News Articles, Behavioral Health " e-Update", Ohio MHAS Hospital Services and Kids Committees, Also speakers from various organizations are invited to discuss topics of interest such as Care Source, Social Security, Job & Family Services, Cambridge Hospital, Meridian program for AOD, Veterans services....
- Crisis Intervention Team (CIT): training held at Youngstown State University and sponsored by the MHCMHB for local law enforcement agencies. To date 203 officers have under gone the training. The curriculum includes presentations from experts in their fields along with role play and site visits such as local hospital psychiatric unit. This allows officers to increase their awareness of mental health and learn strategies to address incidents involving consumers.
- MCMHB in conjunction with local provider have partnered with Northeast Ohio Medical Center to implement First Schizophrenia Project through the BEST Center. The program is designed to promote recovery and improve the lives of as many individuals with schizophrenia and build capacity of local systems in delivery of state-of-the-art care to consumers and their families.
- MCMHB and local providers are working with One Health Ohio Community Medical and Dental Center to identify collaborations that can best address the upcoming changes to Medicaid Expansion and The Affordable Care Act which has a goal of integration of Behavioral and Physical Health.

The partnerships developed through these committees increases the systems awareness of effective practices (Evidence Based) being utilized in the community and by the various different systems, as well as, promoting discussions on needs/gaps that exist and what strategies can be developed to address them.

Priorities

6. **Considering the Board's understanding of local needs, the strengths and challenges of your local system, what has the Board set as its priorities for service delivery including treatment and prevention and for populations? Below is a table that provides federal and state priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board's priorities, and add the Board's unique priorities in the space provided. For those federal priorities that are mandatory for the OhioMHAS and not selected by the Board, please check one of the reasons provided (e.g., no assessed local need, lack of funds to meet need, lack of necessary professional staff) or briefly describe the applicable reason.**

Priorities for Mahoning Mental Health Board				
Substance Abuse & Mental Health Block Grant Priorities *Priorities Consistent OHIOMAS Strategic Plan				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	NA			<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe):
SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	NA			<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe):
SAPT-BG: Mandatory: Parents with substance abuse disorders 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)	Identification, reduction, and prevention of problematic use, abuse, and dependence on alcohol and drugs	Screening, Brief Intervention, and Referral to Treatment (SBIRT) as an evidence based practice, Brief Intervention is a time-limited, patient-centered strategy that focuses on changing behavior by increasing insight and awareness regarding substance use.	Number of screenings and linkages to treatment.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	<p>To develop a comprehensive array of services in the recognition and treatment of children with emotional and behavioral issues along with the strengthened supports for families preservation. The goal is to improve protective factors and reducing behavioral concerns.</p> <ul style="list-style-type: none"> -12 million youth suffer from a mental illness, but 	<p>Classroom connections</p> <p>Early Childhood Mental Health Consultations</p> <p>Camp Challenge- therapeutic Outdoor programming for emotionally</p>	<p><u>Measurable goals: To provide a wide range of service programs to afford children access to Behavioral Health.</u></p> <p><u>Classroom Connections</u></p> <p>School _____ Non Clients _____ Clients _____</p> <p>Total _____</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

	<p>2/3 do not receive treatment</p> <ul style="list-style-type: none"> • 1 million youth suffer from depression, but 60-80% of these receive no treatment • 63% of youth who die by suicide exhibit psychiatric symptoms for more than a year before suicide, 76% in the three months prior to completion • Half of all 10-16 year old boys and girls with high levels of aggression are depressed. <p><u>Classroom Connections Program</u> is to not only address the mental health needs of the youth that are served, but also to reduce disruptive and problematic behaviors that interfere with learning, including reducing classroom removals (suspensions, expulsions, etc.). Thus, measureable objectives include the following:</p> <p><u>Child Consultation:</u> To develop resiliency skills in pre-school aged children to offset risk factors. (“Resiliency Skills” is defined as initiative, attachment to others, self-control, overall behavioral functioning, social skills, etc.), as measured by pre and post Devereux Early Childhood Assessment (DECA) scores.</p> <p>To reduce the use of, and prevent,</p>	<p>handicapped youth</p> <p>After School: The philosophy behind the program is consistent with the <u>Search Institute’s Developmental Assets Model.</u> The Developmental Assets are 40 common sense, positive experiences and qualities that help influence choices young people make and help them become caring, responsible adults. Because of its basis in youth development, resiliency, and prevention research and its proven effectiveness, the Developmental Assets framework has become one of the most widely used approach to positive youth development in the United States. On one level</p> <p>School-Based Depression Awareness & Suicide Prevention Program-Linkages: To sustain education and/or screening services in 26 schools, serving approximately 3,500 per year. Outcome: Twenty three schools were served this year. Students educated were 3,654.</p>	<table border="0"> <tr> <td>Campbell</td> <td>29</td> <td>76</td> <td>105</td> </tr> <tr> <td>Pace</td> <td>15</td> <td>49</td> <td>64</td> </tr> <tr> <td>44 Non Clients</td> <td>125 Clients</td> <td colspan="2">169</td> </tr> </table> <p>Students Total 447 hours of services were delivered to those students in the above listed schools.</p> <p><u>Child Consultation:</u> During fiscal year 2013, a total of 1,000 hours of Early Childhood Mental Health Consultation was provided to:</p> <ul style="list-style-type: none"> • 238 children (Not all children had pre and post DECA’s) • 25 preschool teachers and administrators • 18 Centers • 8 parents <p><u>Camp Challenge: Social Skills Survey (Pre Post Parent measure)</u></p> <p>Results indicate that twenty-two clients (58%) improved by an average of 19% on the Social Skills Survey, while two remained the same.</p> <p>Fourteen clients decreased by an average of 11% on the Social Skills Survey</p>	Campbell	29	76	105	Pace	15	49	64	44 Non Clients	125 Clients	169		
Campbell	29	76	105													
Pace	15	49	64													
44 Non Clients	125 Clients	169														

	<p>challenging behaviors in pre-school aged children. (“Challenging Behaviors” is defined as aggression, defiance, disruptiveness, etc.), as measured by pre and post Devereux Early Childhood Assessment (DECA) scores.</p> <p><u>Camp Challenge</u>: The fundamental goal of Camp Challenge is to increase the social, personal, family and school success of children who are at risk for failure in these areas due to possession of one or more of a combination of behavioral disorders, family dysfunction, academic deficiencies and economic disadvantages.</p> <p>The goal of the Camp Challenge I.O.P. <u>After- School Program</u> is to provide an opportunity for students attending the Mahoning County school systems, with special emphasis on Youngstown City Schools to:</p> <ul style="list-style-type: none"> • To provide opportunity for behaviorally disordered youth with serious social skills and self-regulation deficits whom are not responding to traditional school based interventions and or individual and family based counseling and are academically 		<p>63% of the camp clients improved or stayed the same, 37% declined</p> <p><u>Ohio Youth Problem Severity Scale Survey – (Pre Post Parent measure)</u></p> <p>Results indicated that twenty-three clients (60%) improved by an average of 46% on the Ohio Scale, and again, two remained the same</p> <p>Thirteen clients (34%) decreased, by an average of 33% on the Ohio Scale.</p> <p>66% of the camp clients improved or stayed the same, while 34% decreased.</p> <p><u>After School program</u> provided mental health services to 48 children between the ages of 6 to 12 years old, who because of behavioral and emotional problems , were failing in school and often disciplined and removed from class. Teachers reported a significant improvement in their student’s “ready to learn” behaviors and reduction in disciplinary referrals.</p> <p><u>Linkages:</u></p> <p>To engage 100% of students and their families who have been identified by screening as positive for depression/suicide risk in post-screening</p>	
--	--	--	---	--

	<p>underachieving to participate in the program during the academic year.</p> <ul style="list-style-type: none"> • To provide these youth access to a highly effective program which combines the therapeutic effects of 5 approaches of best practices for behaviorally challenging/disordered youth: <ul style="list-style-type: none"> ○ Professionally guided experiential therapies ○ Token Economy based behavioral modification ○ Group Counseling 		<p>follow-up conferences.</p> <p>Outcome: During the year there have been 104 positive screenings and 759 negative screenings completed. 100% of those screened positive received follow-up conferences/clinical interviews. Additionally, 100% of those negatively screened received brief post screen interviews as well.</p> <p>To refer 100% of students/families receiving post follow-up screening, who are in need of outpatient or school based counseling.</p> <p>Outcome: After positive post screening interviews, 104 students were found to be positives and 100% of them were referred for further assessment and service, with the exception of those already in, or that had successfully completed treatment, or a parent that was non- interested.</p> <p>To engage 100% of referred youth into outpatient school and/or community based counseling.</p> <p>Outcome: Of the 104 positive screenings, 56 are engaged in treatment, 22 are in the process of setting up treatment, 18 are already in treatment, 4 were positive but successfully completed treatment prior to the clinical interview,</p>	
--	--	--	--	--

			and 4 are not interested in treatment.	
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	<p>1) Promote recovery, implement most effective treatments, build capacity, and utilize evidence based practices</p> <p>2) To reduce the symptoms of psychotic illness, to improve individual and family functioning, to reduce the chance of relapse, to promote and improve the long-term course of the illness and to decrease the overall cost of treatment</p> <p>3) To afford access to mental health services for co-occurring consumers</p> <p>4) Crisis stabilization Unit and hospitalization for treatment in least restrictive setting.</p> <p>5) Jail Services/MH Court/Forensic/Community Corrections Association (CCA); afford mental health treatment for consumers incarcerated (Board funded). Also to address the mental health needs of incarcerated consumers being released from State Correctional System (Re-entry Grant)</p> <p>6) Transitional Beds at Burdman Home- (21). To provide appropriate continual stabilization for transition to more independent placement in the community.</p>	<p>1) To promote BeST Practice: First Episode Psychosis. Establish evidence based practices, such as family psychoeducation and supportive employment/education</p> <p>2) Board provides funds for indigent consumers at local AOD provider in support of evidence based practice IDDT (called COT-Co-occurring Treatment)</p> <p>3) Access to 19 bed Crisis Stabilization Unit (medically cleared), local hospital indigent bed fund and Regional Psychiatric Hospitalization for co-occurring consumers – Mahoning County Mental Health Board provides capped indigent funding for inpatient psychiatric stabilization of which many co-occurring consumers present and treated for psychiatric needs</p> <p>4) Individual/group counseling in the county jail. Diversion to Felony Mental Health Court. Board forensic navigator assist in referrals and monitoring of forensic population. Re-entry navigator for State Correctional facilities</p> <p>5) To assure transitioning back into the community for consumers needing further monitoring for stabilization, visit for forensic consumers coming out of Regional Psychiatric Hospital, housing for homeless, step-down from CSU...</p>	<p>1) Number of individuals enrolled, number of consumers report a decrease in negative symptoms & positive symptoms, number re-hospitalized, number consumers transitioned to less intensive care. 12/3/12 to 6/30/13- total of 22 referrals, 12 currently active and 1 terminated due to not willing to engage.</p> <p>2) Number of consumers accessing the program- FY12- total number of clients treated 220- FY13=317 (Total Board funded 69) plus other medicare clients who received MHB funds to pay for non-LISW provided services 23. Quarterly reports performance indicators- Decrease hospitalization(1 on CSU), Increase/Retained Employment or Return to/Stay in School (124 expressed vocational interest), and Decrease in Arrest/Incarceration (2 arrests and 5 incarcerations). FY13 – 191 consumers</p> <p>Clinical audit for Board funded expenditures are conducted annually for quality assurance.</p> <p>3) 60% of consumers receiving inpatient psychiatric stabilization on the CSU have a co-occurring condition. FY12: 3,613 bed days & FY13: 3,728</p> <p>4) Provide two new groups for mental health consumers in the jail- Anger Management and Med/Som Educational for FY 14. Crisis counselor provides 16 hr a week at the jail, as well as, assessments for diversion to the Felony</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

			<p>Mental Health Court. MH Court was expanded from 20-30 to services more consumers. Measurements base on CARES Program FY12: referred 40, served 25, graduated 6, current 16. FY13: referred 48, served 15, graduated 4, current 21 CCA FY 12: 87 consultations FY13: 171 consultations 5) Bed days-FY12: 6,170 & FY13: 6,053. Admissions: FY12: 58 & FY13: 57 Capacity: FY12: 80.3% & FY13: 79%</p>	
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	Collaboration with Ohio Health One. To provide access to mental health consumers with co-morbidity conditions that can be addressed through proper medical care.	Establish health care professionals at local mental health agency Currently dialogue on construction a health clinic at provider location site	Number of consumers access health care	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH&SAPT-BG: Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	<p>To engage consumers in programs to enhance their awareness of mental health issues and involved in activities that empower them. To provide a support network. Provide recreational, socialization, and educational programming for mental health consumers Increase recreational and socialization activities at the Center by 205 Schedule educational opportunities for mental health consumers based on stated needs</p>	<p>1)BRIDGES 2)WRAP 3)PEER WARM LINE 4) Peer Support Services 5) Community Center</p> <p>Strategies are designed to assure that consumers are not only getting educational information regarding their mental conditions but actual experience through participation in programs. The Community Center has many active consumers that help manage the daily activities. Programs such as those noted above are ALL managed by consumers in line with the philosophy of future Peer Support. These programs are funded through</p>	<p>1)FY13 two classes were held with a total of 23 graduates 2)FY12 two classes were held with a total of 25 graduates/FY13 one class was held with 13 graduates 3) May 2012 to December 31, 2012- 116 calls of which 40 were from Mahoning County. January 2013 to October 31, 2013- 186 calls, 87 calls from Mahoning County 4)Services are provided to approximately 40 consumers daily— consumer complete need surveys for input to the Center</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

		the MCMHB in part if not all.		
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
*Priorities Consistent OHIO MAS Strategic Plan				
Treatment: Veterans	To provide mental health provider to interact with Veterans system. Facilitate linkage to mental health resources for specialized interventions to address mental health conditions (eg. PTSD)	Local provider attends Veterans Court and access mental health services as needed. Local providers set up informational booths at local Methodist Church where veterans on each Thursday have access to food, clothing and information for housing and employment.	Number of veterans successfully completing the Veterans Court. Number of veterans afforded housing through local provider.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Individuals with disabilities	<p>15.8% or 36,145 people in Mahoning County have a disability (Census Bureau 2012)</p> <p>To provide workforce development for individuals with disabilities and life/economic challenges.</p> <p><u>Overview - Vocational Rehabilitation Public & Private Partners (VRP3)</u></p> <p>Mahoning County Mental Health Board (MCMHB), Opportunities for Ohioans with Disabilities (OOD) and Compass Family and Community Services collaborate to increase employment services for individuals with persistent mental health disabilities. This helps to fill a gap</p>	<p>To afford access to housing, employment, financial entitlements, support services</p> <p>Example- VRP3</p>	<p><u>Results FY12</u></p> <p>In FY12 164 new consumers with severe and persistent mental illness completed applications for help in skills training and employment services through the VRP3 program in Mahoning County. There were a total of 402 consumers who were served with a vocational service throughout the year. 59 of the consumers served were employed at area business, 44 of which had achieved 90 days of job retention before the end of the fiscal year.</p> <p><u>Results FY13</u></p> <p>In FY13 158 new consumers with severe and persistent mental illness</p>	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

	<p>left by reduced numbers of RSC staff in the state that provide these services while also providing a more integrated community approach to recovery.</p> <p>The dollars leveraged by the mental health board were used as federal match monies to bring to Ohio revenue in federal monies that would have been lost to other states without these agreements. Every dollar provided by the mental health board generated \$3.69 in federal money for vocational rehabilitation services in Mahoning County. This contract significantly increases the number of persons with severe and persistent mental illness that have the opportunity to receive vocational rehabilitation services each year of the contract. Compass is working closely with the county behavioral health agencies as well as the city and county schools and CSB to generate referrals and to provide integrated services.</p>		<p>completed applications for help in skills training and employment services through the VRP3 program in Mahoning County. There were a total of 266 consumers who were served with a vocational service throughout the year. 30 of the consumers served were employed at area business, 22 of which had achieved 90 days of job retention before the end of the fiscal year.</p>	
--	--	--	---	--

<p>Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*</p>	<p>NA</p>			<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*</p>	<p>To collaborate with multiple resources and providers on the continuum for mental health stability and affordable housing To secure funding through the Coc for Shelter Care Plus Vouchers to assist consumers in obtaining more affordable housing. Partnership with Supportive Housing Institute (CSH) in training a team from Mahoning to better understand the concepts of housing for mental health consumers. To partner in the development of a 40 unit PSH facility. Board funded NEEDS ASSESSMENT of housing availability in county through CSH- develop an appropriate and up to date housing inventory in Mahoning to determine the number of units needed for support of homeless or at risk of homelessness for mental health consumers Provide staff at Rescue Mission to facilitate engaging homeless individuals that need linkage to mental health services- provide brief crisis & counseling treatment for mental health consumers in homeless shelter. Provide Cold Weather Program from December 1 to March 30th for most vulnerable consumers in the worst</p>	<p>1)Project for Assistance Transition from Homelessness (PATH) 2)Continuum of Care (CoC) 3)MCHOP-Mahoning County Housing Opportunity Program (Levy Funds) 4)Rapid Rehousing 5)Burdman Group 6)Crisis Stabilization Unit 7)Housing Mini Grant (THOP)- employ Housing Specialist to provide support & training to other community agencies, liaison to landlords, counselors and case managers to assist in identifying and secure housing for target population and maintain a housing inventory To contract with a grant writer to secure application for S+P=C vouchers 8) Rescue Mission-homeless shelter- Strategies are designed to maximize consumer involvement within the mental health system. PATH workers are consumers and are also involved with the local Rescue Mission Shelter where they assist the provider liaison person- unlike my experience at the PATH meeting in Columbus where some programs are attached to provider agencies with the CPST system. A vision ahead of its time when looking at Peer Support down the road.</p>	<p>1) PATH: 90% homeless individuals to mental health and/or co-occurring disorders to appropriate mental health facilities. 100% refer for benefits. 75% follow-up to ensure linkage. FY 12: screened 567, enrolled 205 and linked to resources 409. FY13: number screened 641, enrolled 170 and linked to resources 466. Per Board Annual Report- 5,832 homeless outreach contacts 2)2013 Gap Analysis- Unmet needs: PSH for singles was 79 and FC was 94 3) FY13: 18 consumers were placed on MCHOP. 44 applications were taken: 8 consumers were transtioned off. 5) Bed days-FY12: 6,170 & FY13: 6,053. Admissions: FY12: 58 & FY13: 57 Capacity: FY12: 80.3% & FY13: 79% 6) the Crisis Stabilization Unit (FY:12: 3,613 crisis bed days & FY13: 3,728 crisis bed days)(Note: FY12: out of the 721 admissions a 52% or 378 were identified as co-occurring) (Note: out of the 721 admissions a 49% or 351 were identified as non-Medicaid) 7) Number of youth that secure affordable housing-10 8) 200 referrals to mental health provider on site fiscal year 2012-2013. 47/126 were linked to mental health</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>

	months.		<p>provider and completed intake process, 5/126 referred to AOD, 10/126 referred for psychiatric evaluation, 27/126 referred back to AOP providers, and 4/126 referred for hospitalization. 111/126 received brief counseling, 3/126 crisis intervention, 35/126 consultation, and 14/126 received CPST.</p> <p>Cold Weather Program - 2011-2012 Cold Weather Project the total number served was 6869 with a total of 86 taxi rides provided.</p>	
<p>Treatment: Underserved racial and ethnic minorities and LGBTQ populations</p>	<p>1)LGBT Youth & Suicide Risk Prevention - provide positive support to all struggling to understand LGBT issues - provide appropriate resources and referral to agencies - Sign up as many partners through Safe Zone to provide a positive and free environment from harassment and physical abuse. 2)establish a network of agencies that focus on minorities such as OCCA- Organizacion y Cultural Hispana America (Mahoning County Profile 2012: Hispanic- 10,750 (4.5%) 3) Access to mental health services for minority children in a variety of settings</p>	<p>1)Multiple trainings for workforce (Safe Zone Ally Trainings) 2)Provide interpretation services at any provider location 3) Counseling, medication, cpst, Linkages, Camp Challenge, classroom connection, consultation, SPARK, RACE-TO-THE-TOP, After School</p>	<p>1)Nearly 40% of the 1.6 million homeless youth are LGBT 81.9% were verbally harassed (e.g. called names or threaten) in the past year because of their sexual orientation and 63.9% because of their gender expression 38.3% were physically harassed (e.g. pushed or shoved) in the past year because of their sexual orientation and 27.1% because of their gender expression 18.3% were physically assaulted (e.g. punched, kicked, injured with a weapon) in the past year because of their sexual orientation and 12.4% because of their gender expression Two trainings were held- (May with 125 participants & September with 21 participants. Attendees included school personal, guidance counselors, clinicians...</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p>Treatment: Youth/young adults in transition/adolescents and young adults</p>	<p>1) To engage youth/young adults for stable housing. Stable housing is essential for youth to pursue interests such as education, employment and maintain mental health services for ongoing stability. 2) Transition to Independence Process (TIPS) strategies for engagement- actively develop and maintain an array of developmentally appropriate services and supports for youth and young adults. To minimize risk factors such as criminal involvement, early parenting, co-morbidity and substance abuse. (Emotional and/or behavioral difficulties (EBD)) 3)Linkage to the adult system for SED population in need of continuity of care mental health services 4)Provide early identification and effective strategies for stability in the home environment (WRAPAROUND) 5) Identification of young adults with schizophrenia/psychosis FY 14: implement "Youth Mental</p>	<p>1)THOP- affordable housing based on low income (one year grant)- Youth Aging Out of Foster Care 2) Transition to Independence Process (TIPS)- strategies- engage youth and young adults prior to entering the adult system for continuity of care 3)FAMILY BRIDGES- transitioning from child provider to adult provided 4)FCFC- Service Coordination- system collaboration with DD.MH.JJC and CSB for early intervention 5)FIRST Program- to provide a spectrum of interventions from mental health services, vocational, subsidized housing, transitional residential care... (Strategies are designed to engage younger consumers with mental health issues across multiple systems, as well as, meeting the multiple needs to assure supports are available to assist in their recovery). The FIRST Program is designed based on early detection and treatment to address issues that may become</p>	<p>2)Number of consumers that utilize service for both access and on-going treatment needs through Board sponsored interpretation services 3) 112 male Hispanics & 79 female Hispanics. 460 male African American & 273 female African American. Other 36 male & 22 female accessed a variety of services at children provider 1)Number of youth that secure affordable housing-10 (20 referrals)- amount of rental assistance, utilities paid, participate in Recovery classes, all referred to The Center for Workforce Development and all linked with adult mental health providers. All referrals were from Children Services Board for a well-coordinated collaboration for the mini-housing grant of \$27,000 2) Number of professionals attending the trainings. Number of youth in the THOP program that maintained housing, employment and/or education and remained in treatment. 3)Number of youth that are transitioned and engaged in adult services through FAMILY BRIDGES Program between child and adult providers FY 12: 17 FY13: 26 4) Number of youth provided with respite and WRAPAROUND services through service coordination. 5) FIRST Program in FY13 had 22 referrals with 12 currently active cases with only one being discharged due</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

	<p>Health First Aid”</p> <p>6) Students in the Educational System that have been involved with the mental health system should be afforded opportunities of support to pursue employment training and programs. Employment and housing are considered essential tools in the process of recovery.</p>	<p>compounded later in life if untreated. The psych educational component along with strong family involvement are cornerstones in consumers being engaged and responsive to treatment.</p> <p>6)Vocational Rehabilitation Public & Private Partnerships (VRP3)- comprehensive vocational evaluation, summer work program, community based assessment, transition work training program, job placement/job coaching, career exploration, post secondary educational support and employment</p>	<p>non-compliance. From start date 11/1/2013; Quantity of services 1,692.6 for 72,164.30 of which 798.3 units for \$51,019.39 was non-Medicaid (e.g. Residential care \$42,279.21) Board funded.</p> <p>6) Outcomes for mental health students (July1, 2012 – June 10, 2013) were a total number of students served-111- compared to 87 the previous year;</p> <ul style="list-style-type: none"> - diagnostic assessments: 20 -comprehensive vocational evals: 22 - summer work program: 15 - community based assessment: 15 - job readiness training: 7 -Job placement/coaching: 39 -career exploration: 8 Post- secondary educational support: 8 - employment: 23 - miscellaneous: 19 <p>Students may receive multiple services. MCMHB provides matching funds in the amount of 10,00 for current year and 20,000 previous year.</p> <p>32</p>	
<p>Treatment: Early childhood mental health (ages 0 through 6)*</p>	<p>Address the mental health needs of children that have experienced trauma through identification of high needs programs for which professional development and training will be provided in areas of social and emotional health.</p> <p>Race To The Top: focuses on meeting the social, emotional and behavioral (SEB) needs of young children (BIRTH</p>	<p>ECMHC- Early Childhood Mental Health Consultants- trainings are based on understanding childhood resiliency and increasing protective factors for children in their early care setting and at home.</p>	<p>Anticipated outcomes- improve family engagement, reduce expulsion rates from early child care settings and early linkage and referral to behavioral health services to prevent escalation and worsening of possible emotional or behavioral symptoms</p> <p>1st quarterly report</p> <ul style="list-style-type: none"> >number of EC sites visited – 3 >number of meetings attended – 1 	<ul style="list-style-type: none"> ___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):

	TO 8) and their families. The goal is to train and support early care providers and parents.		> number of contacts with other EMCH consultants/providers – 6 >number of requests for follow-up support -2	
Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure	Reduce stigma, improve mental health literacy, and empower individuals Participants gain a better recognition of mental health disorders, better understanding of treatments, more confidence in providing help to others, improve mental health for themselves, lessened stigmatizing attitudes and decrease social distance from people with mental disorders	Mental Health First Aide (United States Department of Health and Human Resources identified this as a “best practice” public education program) MCMHB is currently funding a series of four trainings in Youth Mental Health First Aide.	Number of trainings and participants	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*	Linkages: Depression Awareness Psychological First Aide Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Screenings in schools and linkage to mental health services for school students.	FY 12: Child provider produces 1,754 units of service in prevention/education, while Help Hotline produced 1,979 units of prevention and education	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Promote wellness in Ohio's workforce	EAP Program Anti-Stigma Campaign			<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Priorities (continued)

7. What priority areas would your system have chosen had there not been resource limitations, and why? If you provide multiple priority areas, please prioritize.

Priority if resources were available	Why this priority would be chosen
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
(12)	
(13)	
(14)	
(15)	

Collaboration

8. Describe the Board's accomplishments achieved through collaborative efforts with other systems, consumers and/or the general public during the past two years.

The Mahoning County Mental Health Board collaborates with a wide variety of other service systems and community entities to develop an efficient, comprehensive prevention and treatment behavioral health system to maximize resources and improve outcomes. The MCMHB mission is to serve adults with severe and persistent mental health illness and youth with serious emotional disturbance (SED) in community settings whenever appropriate, resulting in better clinical outcomes and potentially lesser cost. The following are descriptions of collaborations and key partnerships: ("Our remedies oft in ourselves do lie") True partnership is a reflection of building trust by actively being involved with all systems to afford access to mental health consumers- MCMHB provides representation and leadership in all our collaborative efforts.

- Ex-Offender Re-Entry Mini Grant was renewed for the past three years due to the collaborative efforts among APA, mental health providers for access to services, entitlements, housing and employment. This grant was made possible through the implementation of a local steering committee in collaboration with the Mahoning County R-Entry Task Force which is made up of multiple local law enforcement agencies. A Steering Committee was developed to review the process on a quarterly basis (FY11: 15 referrals and 11 served & FY12: 21 referrals and 18 served)
- The MHB along with Community Corrections Association and local provider was awarded funds through the Criminal Justice and Behavioral Health Linkage to enhance currently Board funded services at CCA- to be implemented FY14
- Family and Children First Council - a collaboration among multiple systems such as Developmental Disabilities, Juvenile Justice, Mental Health, Addiction Services and Children Services. The Service Coordination Steering Committee made up of clinical representatives from the systems has been broadened to include multiple providers and kid systems to enhance the collaboration of cost sharing and identification of appropriate level of care for services. Service Coordination Steering Committee meets every second Tuesday of the month at CSB offices.
- The Mahoning County Mental Health Board as an active member of the local continuum of care which has partnered with various local housing systems to establish housing for consumers. The Board was awarded a one year grant for transitioning youth (Aging Out of Foster Care Youth with severe and persistent mental illness) that provided housing to 6 (261 total contacts) children in the CSB foster care system. In FY14 the MCMHB through a local provider will be receiving funding through Shelter Plus Care vouchers to expand the assistance to consumers for housing.
- The Board has partnered with CSH Supportive Housing Institute for certified

training for Board & provider staff for an ongoing venture to establish housing units through Ohio MHAS capital funds and other funders. This is to enhance the current Mahoning County Housing Opportunity. The Board approved funding for a housing needs assessment to be done by CSH. (Permanent Supportive Housing (PSH) is an evidence based practice that when prioritized for specific populations who are homeless, can result in positive housing outcomes, cost effectiveness of behavioral health system serving these populations and improve health and wellness of the population living in PSH.

- The MHCMH in collaboration with Northeast Ohio Medical University: Department of Psychiatry (Best Practices in Schizophrenia Treatment (BeST) Center) collaborated with local provider to implement FIRST: A Comprehensive Treatment Program for Individuals Who Have Had a First Episode of a Psychotic Illness. From 12/3/12 to 6/30/13 there were a total of 22 referrals with 12 active and 1 discharged from the program due to non-compliance.
- The MCMHB in collaboration with One Health Ohio: Community Medical and Dental Center and local provider have established on site services for the integration of behavioral and physical health services at provider location. Current discussions are underway to possibly build an independent facility for Ohio Health adjacent to the provider location.
- Crisis Intervention Team training: The Board sponsored 11 classes since 2006 (last class held was October 7, 2013) for a total of 203 law enforcement personnel trained. This collaborative is for all area law enforcement officers, jail personnel, EMT, Humane Society, Correctional Officers, Ohio State Patrol...
- Felony Mental Health Court: The court, which is funded by the MCMHB, originates from Judge Maureen Sweeney's court. Created in 2006, the Felony Mental Health Court was the first mental health court in the State of Ohio. The program, which requires a two year commitment, was created in an effort to divert mentally ill individuals into needed treatment where they and the community be better served. In addition to helping the over populated situation in jails and prisons, the mental health court saves taxpayers dollars by facilitating work programs, thus keeping participants from being dependent on the welfare, hospital and criminal justice systems. 33 graduates to date
- Mahoning County and Trumbull County Mental Health Boards collaborative through the 505 Hot Spot funds for Navigator position to the Regional Psychiatric Hospital. (See inpatient hospital management below).
- Recovery Services & MH Court: The collaboration between Felony Mental Health Court and the providers Recovery and Wellness programs affords many court participants the ability to learn about mental health issues and strategies to address such needs. Since 2000, 200 consumers have graduated from the program

(BRIDGES)-(The Building Recovery of Individual Dreams and Goals through Education and Support). Also there were FY12: 13 graduates from the WRAP (Wellness Recovery Action Plan). Participants from court in program were during the past two years-9). Note: The Recovery Committee which consist of staff from Mahoning and Trumbull Boards, NAMI, consumers, Trumbull probate court liaison, Help Hotline Recovery coordinator & Clinical Supervisor and guest speakers meet on a quarterly basis at alternating Board sites.

- Stigma Campaign “Breaking Down Barriers”: The Tri-County Anti-Stigma Campaign “Stop the Judgment Start the Healing”, is a multifaceted approach to reducing the stigma surrounding mental health issues. The MCMHB joined forces with Trumbull and Columbiana ADAMH Boards to launch a media campaign that brought these issues to the forefront in our communities. Television ads, morning show appearances and newspaper articles have run for the past year helping to launch mental health concerns into local public awareness.
- Peer Warmline: A new joint project funded by the MCMHB, Trumbull and Columbiana ADAMH Boards, The Margaret Clark Foundation, and The Ridgecliff Foundation. Trained peers in recovery provide support to individuals who are coping with mental health, alcohol or drug issues. This serve is housed at the MCMHB Community Center. (Note; Some consumers from the Felony MHC have also served on the Peer Warmline). This year to date total Warmline calls are 88, 63 of those are Mahoning
- Through our local children provider the MCMHB provides funding for multiple school programs- Depression Awareness Screenings: FY12 – served 28 different schools for approximately 4,240 students & FY13: served 23 schools for approximately 3,654. Also Camp Challenge, After- school Projects, ACLD Learning Center, PANDA, Potential Development.... Special project reports are required to be submitted to the Board for review annually and discussed in budget hearings for renewal.
- Increased competitive employment (VRP3): Mahoning County Mental Health Board provides local matching dollars to secure vocational rehabilitation grant (VRP3) FROM THE Ohio Rehabilitation Service Commission which allows the local provider, to provide consumers with diagnosed severe mental health disability, the opportunity to secure employment which assist in the ongoing recovery process. This collaborative allows partnership with local businesses and for the children accessing these funds the partnership is with the schools through Mahoning County Educational Service Center.
- The Mahoning County Mental Health Board contracts with local provider for daily bed per diem up to 18 beds on the Crisis Stabilization Unit. This facility has established multiple county contracts for overflow for Columbiana and Trumbull County when necessary. The services provided to indigent consumers is audit

annually by Board staff.

- Mahoning County Mental Health Board staff attends multiple regional meetings such as Heartland Collaborative, Northeast Ohio Children Consortium (NEOCC), and Northeast Ohio: Regional Meeting for Integrated Treatment. These collaborative are a networking process to share information that can be brought back to our systems for possible implementation.
- The MCMHB attends quarterly Regional Transitional Council meetings with representatives from various school districts, along with Trumbull and Columbiana, regarding current activities and new initiatives on educational services in the county. The MCMHB provides match funding for VRP3 to school age children.
- MCMHB is a member of the local Suicide Prevention Coalition consisting of seventeen community stakeholders and providers that focus primarily on sharing resources and trainings to enhance the system ability to address awareness and capacity building for suicide. Multiple workshops are sponsored throughout the year with providers and stakeholders.
- Clinical Issues & System Meetings are held on Thursday of each month for clinical staff from multiple providers to address treatment issues and facilitate services throughout the continuum of care. This function is run by Board's staff
- The MCMHB sponsors the local guardianship program for mental health consumers involved with the probate court. Attorney fees are also include.
- MCMHB contracts with the SUMMA Health Care System in Akron for overflow from the local hospital due to limited bed capacity in the county. (indigent)
- MCMHB in collaboration with the facilities at Youngstown State University for training local law enforcement in Crisis Intervention Team (CIT) – 2003 trained to date.

Inpatient Hospital Management

9. Describe the interaction between the local system's utilization of the State Hospital, Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that you expect/foresee

The Mahoning County Mental Health Board offers a comprehensive behavioral health system to address the needs of consumers that may require continuity of care for psychiatric stabilization and services **in the least restrictive**

setting.

The Board contracts for INDIGENT BED DAYS with both the local hospital (usage: Humility of Mary: FY12: 500 bed days & FY13: 600 bed days and Regionally- SUMMA; FY12: 102 & FY13: 50)- staff member attends the daily team meetings (locally) and Board representation is at the probate court hearings to facilitate community options. The probate court is instrumental in implementing Board request for force medications and Outpatient Civil Commitments (Outpatient Civil Commitment (OPC) process with attorneys and independent expert evaluator to address the needs of “frequent fliers or high utilizers” for a comprehensive wraparound services for continual stability in the community) that are deemed appropriate for treatment stabilization and community monitoring for consumers representing at the hospitals.

The MCMHB will be meeting with the Regional psychiatric hospital in December (2013) due to the FY13 Collaborative Board Bed Day Report- Compares Three Year Day Rate to Actual Bed Days where we stand as of May 31, 2013 at: Actual days 11,406, Annualized FY13 Days 12,2013, and Annualized Days Over or Under 3yr Avg 3,723. (September 30, 2013 the numbers were 2,774, 11,006 and 1,273 which is representative of the new three year cycle that started July 2013). The numbers are indicative of larger counties such as Franklin, Stark and Cuyahoga but concerning when comparison to per capital.

(The Regional Psychiatric Hospital (Heartland Behavioral Health: FY12: 3,011 & FY: 12,459- increase due to the addition of forensic count). NOTE: Based on data from Heartland Behavioral Healthcare Report for Mahoning Admissions “**30 DAY READMISSION RATE**” – Mahoning County averages 3% for re admission which is a reflection of the commitment to provide interventions and services to keep consumers from being readmitted within 30 days.”

To address the needs of consumers at the Regional Psychiatric hospital the Board employs multiple strategies: Due to the 505 Hot Spot funds the position of Navigator-(The navigator is currently on-site at HBH at least twice a week, at which time treatment team meetings are attended, meetings with consumers occur, discussions and discharge guidance/recommendations are given to the hospital social workers- this position is combined with the local forensic position. (This collaborative is a joint venture with Trumbull County Board).

The Board continues to support Community Support Network that coordinates with the navigator and local community providers to service the most high utilizers FY12: 1,354 medication, 43 diagnostic assessments, 39 individual counseling and 5,360 CPST & FY13: 1007 medication, 45 diagnostic assessments, 221 individual counseling and 4,709 CPST – CSN staff member presents to state hospital twice a month. Both parties attend the weekly Clinical Issues Meeting sponsored by the Board to review and implement system wide treatment plans for consumers. Members of the Clinical Issues Committee meeting also participate on the second Thursday of each month with the Heartland Case Review team to discuss all county consumers and facilitate services required to assist in transitioning back to the community. Members on the committee are Clinical Supervisors from each provider, guardian supervisor, housing coordinator, VRP3 representative, AOD supervisor to IDDT, payeeship representative, **local hospital emergency SW and psych unit liaison** coordinator, Burdman Supervisor, CSN, homeless shelter, children supervisor..... (Note: Nationally, more than 6.4 million visits to the emergency rooms in 2010, or about 5 percent of total visits, involved patients whose primary diagnosis was a mental health condition or substance abuse. That is up 28 percent from just four years earlier, according to the latest figures from the Agency for Healthcare Research and Quality in Rockville, Md. By one federal estimate, **spending by a general hospital to care for these patients is expected to nearly double to 38.5 billion in 2014, from 20.3 billion in 2003.** ***(The New York Times: December 25, 2013)***

Consumers at any hospital are afforded a step-down ability through either the Crisis Stabilization Unit (FY:12: 3,613 crisis bed days & FY13: 3,728 crisis bed days)(Note: FY12: out of the 721 admissions a 52% or 378 were identified as co-

occurring) (Note: out of the 721 admissions a 49% or 351 were identified as non-Medicaid) or Burdman Group Transitional Housing (residential care bed days FY12: 6,170 & FY13: 6,053). Both serve to stabilize consumers as a step-down or diversion to hospitalization, as well as, transitioning forensic consumers through community visits prior to conditional releases back to the community.

The Board staff has also been discussing with the Forensic Office the ability to do Competency Restoration in the local jails or community. The Board funds multiple programs in the county jail to assist with inmates requiring in-house psychiatric care, as well as , coordinate the need both local and state hospitals for inpatient stabilization when needed.

The MCMHB sponsors (funds) the local guardianship program for mental health consumers involved with the probate court. Attorney fees are also include. Cases are presented at the Clinical issues meetings on Thursday to assist with transitioning consumers from local and state hospitals.

The Board has also worked closely with Trumbull Courts for consumers presenting to Trumbull Memorial hospital due to the decreased bed availability in Mahoning County to assist with treatment issues and transfers when necessary to the Regional Psychiatric Hospital for Mahoning County residents presenting at their hospital. A clinical staff person and Board staff will at times attend Trumbull probate hearings to facilitate local county resources in lieu of continual hospitalization.

Innovative Initiatives (Optional)

10. Many boards have implemented innovative programs to meet local needs. Please describe strategies, policy, or programs implemented during the past two years that **increase** efficiency and effectiveness that you believe could benefit other Ohio communities in one or more of the following areas?

- a. Service delivery
- b. Planning efforts
- c. Business operations
- d. Process and/or quality improvement

Please provide any relevant information about your innovations that might be useful, such as: how long it has been in place; any outcomes or results achieved; partnerships that are involved or support it; costs; and expertise utilized for planning, implementation, or evaluation.

Advocacy (Optional)

11. Please share a story (or stories) that illustrate the vital/essential elements you have reported on in one or more of the previous sections.

Open Forum (Optional)

12. Please share other relevant information that may not have been addressed in the earlier sections. Report any other emerging topics or issues, including the effects of Medicaid Expansion, which you believe are important for your local system to share with the Departments or other relevant Ohio Communities.

Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

Funds disbursed by or through OhioMHAS may not be used to fund inpatient hospital rehabilitation services. Under circumstances where rehabilitation services cannot be adequately or cost-efficiently produced, either to the population at large such as rural settings, or to specific populations, such as those with special needs, a Board may request a waiver from this policy for the use of state funds.

Complete this form providing a brief explanation of services to be provided and a justification for this requested waiver. **Medicaid-eligible recipients receiving services from hospital-based programs are exempted from this waiver as this waiver is intended for service expenditure of state general revenue and federal block funds.**

A. HOSPITAL	ODADAS UPID #	ALLOCATION

B. Request for Generic Services

Generic services such as hotlines, urgent crisis response, referral and information that are not part of a funded alcohol and other drug program may not be funded with OhioMHAS funds without a waiver from the Department. Each ADAMHS/ADAS Board requesting this waiver must complete this form and provide a brief explanation of the services to be provided

B.AGENCY	ODADAS UPID #	SERVICE	ALLOCATION

Appendix 2: Definitions

Business Operations: Shared Resources, QI Business Plan, Financial Challenges, Pooled funding, Efficiencies, Strategic Planning, Contracts, Personnel Policies, etc.

Cultural Competence: (Ohio's State Inter-Departmental Definition) Cultural competence is a continuous learning process that builds knowledge, awareness, skills and capacity to identify, understand and respect the unique beliefs, values, customs, languages, abilities and traditions of all Ohioans in order to develop policies to promote effective programs and services.

Culturally Competent System of Care: The degree to which cultural competence is implemented as evidenced by the answers to these questions:

- Is leadership committed to the cultural competence effort?
- Are policies and procedures in place to support cultural competence within the system, including policies and procedures to collect, maintain and review caseload cultural demographics for comparison to the entire community?
- Are the recommended services responsive to each adult, child and family's culture?
- Is the client and family's cultural background taken into account in determining when, how, and where services will be offered?
- Is staff reflective of the community's racial and ethnic diversity?
- Is staff training regularly offered on the theory and practice of cultural competence?
- Are clients and families involved in developing the system's cultural competence efforts?
- Does Behavioral Health staff interact with adults, children and families in culturally and linguistically competent ways?
- Is staff culturally sensitive to the place and type of services made available to the adult, child and family?
- Does the system of care reach out to the diverse racial, ethnic, and cultural groups in the community?

Local System Strengths: Resources, knowledge and experience that is readily available to a local system of care.

Local System Challenges: Resources, knowledge and experience that is not readily available to a local system of care.

Planning Efforts: Collaborations, Grant opportunities, Leveraging Funds, Data Collection (e.g., Key Performance Indicators, Outcomes), Trainings

Service Delivery: Criminal Justice, School Based or Outreach, Crisis Services, Employment, Inpatient/Residential Services, Housing, Faith Communities, etc.