

Columbiana County Mental Health and Recovery Services Board

NOTE: OhioMHAS is particularly interested in areas identified as priorities for RecoveryOhio, including: (1) access and capacity changes for mental health and addiction services for both adults and children/youth; (2) health equity concerns for racial and ethnic minorities and people living in Appalachia or rural Ohio; (3) distinctive challenges for multisystem youth, families involved in child welfare, and for criminal justice-involved Ohioans; (4) prevention and/or decrease of opiate overdoses and/or deaths; and/or (5) suicide prevention.

Environmental Context of the Plan/Current Status

- 1. Describe the economic, social, and demographic factors in the board area that influence service delivery. Note: With regard to current environmental context, boards may describe the impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.**

Columbiana County is located in the northeastern portion of Ohio and is a designated county in the Appalachian Region. Columbiana County shares some of the physical, demographic, and social characteristics of Appalachia, including low median income, low educational attainment, and a high poverty rate. The county is primarily rural with small communities scattered throughout its 532 square miles. Aside from the county seat (Lisbon), located in the center of the county, all major population centers are located along the county perimeter. Each population center is cohesive and has its own infrastructure (for example, its own police department and school district). The county has an abundance of active civic and community service organizations and an abundance of faith-based organizations and churches. The County contrasts somewhat to other Appalachian counties in that it includes several small urban areas, including two cities with populations in excess of 11,000 persons. The U.S. Census Bureau estimates the 2017 population of the county at 103,077. According to the 2018-2019 PCSAO Factbook, the child population is 21,082. The minority population of Columbiana County is 2.5% African American, 1.6% Hispanic or Latino, 0.4% Asian, 0.2% American Indian/Alaskan Native, and 1.5% two or more races.

The 2019 Robert Wood Johnson Health Ranking Report indicates that 24% of Columbiana County youth live in poverty, compared to 20% statewide. 59% are eligible for free lunches compared to 39% statewide. The median household income is \$43,100 compared to \$54,100 statewide. Columbiana County residents have lower educational attainment when compared to the state average. 51% of adults aged 25-44 have some post-secondary education compared to 65% for Ohio. Columbiana County's unemployment rate has exceeded the statewide rate for at least the last 10 years. The percentage of persons aged 16 and over who are unemployed and seeking work is 6% compared to 5% for Ohio. Economic conditions in Columbiana County have been generally depressed for the past three decades. The rates of unemployment, underemployment, and poverty continue to be higher than the average for the State of Ohio.

The 2019 Columbiana County Community Health Needs Assessment indicated a shortage of mental health professionals in the county. According to the Health Rankings data compiled by the University Of Wisconsin School Of Public Health, the ratio of people to mental health care providers in Columbiana County is 1187:1; the State of Ohio ratio is 642:1; the national ratio is 490:1. In recent Fiscal Years, Board contract providers have experienced difficulties in hiring and

retaining sufficient staff due to workforce shortage issues. This impacts service accessibility, evidence-based practice implementation, and the ability to staff new programs as needs are identified.

With regard to Behavioral Health Redesign and the Managed Care carve-in, providers report challenges related to billing and reimbursement. Procedure-to-Procedure (PTP) edits restrict clients from getting all of their needed treatment done in one visit. With this restriction, a client cannot have individual psychotherapy by a counselor on the same day as a doctor visit (Evaluation and Management). As transportation is a barrier for many clients, it would be beneficial for them to be able to have more than one service during one visit. Recently a client was in crisis during an E&M visit, requiring additional psychotherapy, and the provider could not bill for the entire time spent treating the client due to billing limits.

One provider has stated that they are having trouble with a Managed Care Organization (MCO) not paying correctly, with more than \$10,000 in reimbursement being held up. The MCO has been notified numerous times and is aware of the issue, but over a year later, it remains unresolved. The MCO is paying UCC rates for some claims, but it is random and not consistent. Another provider reports having old claims and an open ticket with one of the MCOs. In addition, despite submitting numerous hand-prepared invoices and time-intensive spreadsheets, the MCO has continued to withhold the funds, stating they are having struggles with training their staff and with processing. These issues, which are labor-intensive and a significant staffing cost to the agency, remain unresolved.

Ongoing issues across the state and region have led to a statewide review of current managed care practices and Behavioral Health Redesign by the Ohio Department of Medicaid (ODM) and the Ohio Department of Mental Health and Addiction Services (OhioMHAS). In addition, the Boards that comprise the Heartland Regional Collaborative, along with other Board areas throughout the state, have identified a number of areas for consideration and/or improvement. These include: 1) the need for Boards to be able to obtain client level data from ODM to meet statutory mandates, 2) the need for more flexible funding options, 3) the need for creative solutions to address the shortage/lack of state hospital beds for both adults and youth, 4) the need to hold Managed Care Organizations (MCOs) for care coordination, and 5) the need to improve reimbursement rates in some BH Redesign categories.

Assessing Needs and Identifying Gaps

2. Describe needs assessment findings (formal & informal), including a brief description of methodology. Please include access issues, gaps in services and disparities, if any.

a. Needs Assessment Methodology: Describe how the board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and people living with or recovering from mental illness and addiction in assessing needs, evaluating strengths and challenges and setting priorities for treatment and prevention in SFY 2019. [ORC 340.03 (A)(1)(a)]. Describe the board's plan for on-going needs assessment in SFY 2020 if they differ from this current fiscal year.

The Board views needs assessment as a continuous, ongoing process. The Board ensures regular input from people in recovery and stakeholders, and utilizes both quantitative and qualitative data. The Board collaborates with several local health and social service planning entities in gathering its needs assessment, which include the Columbiana County Health Department, Columbiana County

Community Action Agency, Community Corrections Board, Family And Children First Council, Educational Services Center, Columbiana County Department of Job and Family Services Planning Group, Workforce Investment Board, Senior Services Levy Board, Coordinated Actions for School Health (CASH) Coalition, Suicide Prevention Coalition, and the Alcohol and Drug Abuse Prevention Team (ADAPT) Coalition. Client and family member feedback is collected via several different types of surveys. These include quarterly provider quality improvement surveys, quarterly Board Perception of Care Surveys for Mental Health and Alcohol and Drug Services, and focus groups.

The Board routinely looks for opportunities to gather feedback from various groups and will continue to do so. For example, the Board has spearheaded efforts to organize a faith-based collaborative in Columbiana County, bringing together leaders of churches and faith-based organizations to look at ways they can better serve individuals with mental illness and/or substance use disorders. One of the first orders of business for this group was to conduct a needs assessment survey to inform of any gaps in service identified by this group. Other examples of groups surveyed include school resource officers participating in a Youth Mental Health First Aid course, a county superintendents' meeting, and a PAX community training.

The Board partners with other alcohol, drug and mental health boards in the use and administration of the claims and information system supported by Stark County Mental Health and Addiction Recovery Board ("SmartCare"), via its PartnerSolutions Department. PartnerSolutions provides access to varied and sophisticated reporting on characteristics of clients served, trends in service utilization, and some client outcomes data. This reporting also helps inform the Board's planning.

This ongoing needs assessment process will be continued in SFY 2020.

The following are the results of needs assessment activities conducted from FY2017 to present:

MENTAL HEALTH NEEDS ASSESSMENT SUMMARY

Needs Assessment Information Relevant to Adults

- A Peer Services Survey was completed by 101 persons in January 2017 to identify preferences for services, locations, and communication. 50 respondents indicated they were not interested in peer services. Of those interested, all age groups expressed an interest in learning a new skill or hobby, socializing, and sharing a meal with persons in recovery. Recovery education is not a primary interest for persons over 36 years of age. Young adults reported using the internet; this became less frequent the older the population was. Older adults preferred Lisbon as a gathering location; younger adults preferred Salem. (This is in addition to the current peer gathering location in East Liverpool.) Younger adults preferred evening meeting times. As a result of the feedback obtained, the Peer Resources and Recovery Center expanded services to the Lisbon and Salem areas in Fiscal Year 2018.
- A Peer Services Committee, established following the October, 2016 Recovery Summit, notes that the transition age youth population (16 – 24 year olds) needs more specific skills to assist them in becoming employable. They have a desire to learn, but are unsure about what topics since they have not been exposed to a diverse set of topics. Many also need classes to prepare for a GED.

- During FY 2019, a survey was conducted of 10 young adults aged 18-26 who were receiving services in Columbiana County. All indicated they would be interested in and see a need for peer services specifically for transition-age individuals. The activities of most interest included: animals, holiday celebrations, living skills, support groups and money management. The preferred location for services was split between Salem and East Liverpool. Transportation would be needed for half of the individuals responding.
- During FY 2018, 4030 adults received mental health services compared to 3929 adults in FY 2017. During both fiscal years, the top three diagnoses of persons served were: Depressive Disorders, Bipolar Disorders, and Anxiety Disorders.
- During FY 2018, the Counseling Center continued to show client access problems to Psychiatric Services primarily due to a workforce shortage. In addition, both Adult and Youth CPST services had difficulty meeting their goals for access for new clients.
- 38 adults with serious mental illness receiving services completed the Mental Health Statistical Improvement (MHSIP) Survey in FY 2018. The following are the results:
 - 97% of respondents agreed or strongly agreed that they liked the services they received at the agency.
 - 95% of respondents agreed or strongly agreed that staff are willing to see them as often as they feel is necessary
 - 86% of respondents agreed or strongly agreed that they are able to see a psychiatrist when they want to.
 - 86% of respondents agreed or strongly agreed that they, not staff, decided their treatment goals
 - 91% of respondents agreed or strongly agreed that they are encouraged to attend peer-run activities
 - 97% of respondents reported satisfaction with Community Psychiatric Supportive Services.
 - 95% of respondents reported satisfaction with Counseling Services.

Needs Assessment Information Relevant to Youth

- The Search Institute Survey is distributed every two years to 7th, 9th, and 10th grade youth in Columbiana County schools. There were 2314 respondents in 2018 and 2296 in 2017. The percent of students reporting depression and the percent of students reporting they have attempted suicide continues to present a worsening picture. The percent of students feeling sad or depressed most of the time and/or having attempted suicide was: 2011 – 27%, 2013 – 24%, 2015 – 25%, 2017 - 28% and 2018- 33%. The percent of students reporting they felt sad or depressed most or all the time in the last month increased from 20% in 2011 to 26% in 2018. Decreases of 5% or more in internal assets were noted most in the area of positive identity. These included: a 5% reduction in personal power, a 7% reduction in self-esteem and 7% reduction in sense of purpose. Regarding external assets there was a 4% reduction in youth experiencing caring neighbors and a 5% reduction in youth reporting their school provides a caring, encouraging environment.
- During FY 2019, meetings with the Columbiana County Department of Job and Family Services and feedback received from Juvenile Court identified the need to provide more evidence-based mental health treatment for youth.

- During FY 2018, meetings with the Columbiana County Educational Service Center identified increasing and complex mental health needs of children in county schools. As a result, the Educational Service Center decided to hire mental health staff for certain classrooms. The Board is participating in cost-sharing with the Educational Services Center to provide appropriate supervision by an independently licensed mental health professional of the mental health staff.
- During FY 2018, The Counseling Center expanded depression and suicide awareness programming to include training and consultation related to implementation of the “Red Flags” framework in county schools.
- During FY 2018, 1877 youth were served by the mental health system compared to 1906 in FY 2017. The top three diagnostic categories of youth served continue to be: Attention Deficit/Disruptive Behavior Disorders, Adjustment Disorders, and Conduct Disorders.
- 53 families of youth with severe emotional disturbances completed the Youth Mental Health Services Survey in FY 2018. The following are the results obtained:
 - 100% of respondents reported they agree or strongly agree that their family gets the help they want for their child.
 - 100% of respondents reported participating in their child’s treatment and that they helped choose their child’s treatment goals
 - 98% of respondents indicated that services are available at times convenient for the family
 - 100% of respondents reported being treated with respect by staff and being spoken to by staff in a way they understood
 - 98% of respondents reported they agree or strongly agree that they are satisfied with the services their child is receiving.

Needs Assessment Information Relevant to Adults and Youth

- The Counseling Center reported that during FY 2018, Pharmacological Management continued to show client access problems across most sites, at least in part related to a shortage of providers in this program. To a lesser degree, both Youth and Adult CPST services had difficulty meeting their Triage goals for new clients.
- During 2018, there were 18 completed suicides compared to 14 in 2017. Twelve were due to a self-inflicted gunshot wound; five were the result of hanging, and one as a result of blunt force trauma. Sixteen were male and two were female. Two were aged 20-29, six were 30-39, one was 40-49, three were 50-59, one was 60-69, three were 80-89, and two were over the age of 90. Suicide completions by middle-aged men and seniors continue to rise. During the past three years, the majority of completions were by gunshot.
- The Community Health Needs Assessment, conducted in partnership with East Liverpool City Hospital, Salem Regional Health Center, Community Action Agency Health Centers, the Columbiana County Health Department, the Salem Health Department, the East Liverpool Health Department, the Coordinated Action for School Health Coalition, and the MHRS Board, identified mental health and substance use

treatment and recovery as the 2nd of 3 top priority health needs to address over the next three years. (The number one priority is obesity, and the number 3 priority is tobacco use/cancer prevention. Tobacco, for the purposes of the community health needs assessment, was considered separately from other drugs.)

SUBSTANCE USE NEEDS ASSESSMENT SUMMARY

Needs Assessment Information on Adults

- The Ohio Revised Code identifies the services and supports that must be available through the Board's Continuum of Care. The Board does not have Ambulatory Detox available in its service area as required by the Ohio Department of Mental Health and Addiction Services. The Board has identified a Columbiana County provider willing to provide the service and will have a contract completed by January 1, 2020.
- Approximately 70% of adults entering jails have a substance use disorder and approximately 17% have a serious mental illness. The criminal justice system is the single largest source of referral to the public substance abuse treatment system. During Fiscal Year 2019, services for female inmates were discontinued at the Columbiana County Jail, resulting in a gap in services to this high-need and high-risk population.
- There were 29 drug-related deaths in 2018 compared to 41 in 2017. Seven were female and 22 were males. Age ranges of decedents were: six 20-29, ten 30-39, eight 40-49, four 50-59, and one 60-69. The most prominent drugs for drug-related deaths in 2018 included: fentanyl, cocaine, morphine, heroin, and stimulants.
- Non-fatal overdose encounters in Columbiana County continue to rise. According to information from the Ohio Hospital Association, which tracks data from coded hospital encounters in Ohio, 201 people were treated for opioid overdoses in 2017, up from 146 in 2016 and 92 in 2015.
- 2018 reports from the Ohio Department of Health indicate that opioid and heroin overdose deaths are at a four-year low. The Ohio alliance for Innovation in Population Health reports the number of overdose deaths involving methamphetamines and amphetamines in the State of Ohio increased more than 5,000 percent over the course of the past eight years. Reports from the Columbiana County Drug Task Force indicate that methamphetamine use is on the rise.
- During FY 2019, an Opiate Hub was formed as a subcommittee of the ADAPT Coalition. The seven individuals in attendance at its initial meeting identified the following needs to decrease the supply and demand for opiates: increased outreach by the Project DAWN program to expand the distribution of naloxone; increase the disposal of unused medications; reducing stigma; and forming new partnerships with organizations like libraries and community theaters and parks to provide family and youth-focused activities and education/training. The need for an overdose response team was also discussed.

- During FY 2017, the Columbiana County Municipal Court received certification as a specialized docket Drug Court by the Ohio Supreme Court and a Drug Court Coordinator was hired with Board funds in FY 2018. An evaluation of outcomes was conducted in Fiscal Year 2019 and indicated the need for evidence-based treatment programming at a dosage significant enough to meet Drug Court standards and increase positive outcomes.
- During FY 2018, 1311 adults received substance use disorder services compared to 1400 in FY 2017. During the last three fiscal years, the top diagnostic groups served were persons with Opioid Use Disorders, followed by persons with Alcohol Use/Alcohol Induced Disorders and Cannabis Use Disorders. The number of persons served who were diagnosed with Opioid Use Disorders increased from 539 in FY 2014 to 664 in FY 2016, decreased slightly to 637 in FY 2017, and decreased to 602 in FY 2018. There was an increase in the number of persons served in FY 2018 who were diagnosed with Cocaine Use Disorders and Amphetamine Use Disorders.
- Prescription drug take-back events are offered twice a year at Columbiana County's two hospitals, sponsored by the U.S. Drug Enforcement Administration. The events are a coordinated effort of the ADAPT Coalition, the Columbiana County Drug Task Force, local law enforcement agencies, the county's health departments, the hospitals, the county Mental Health and Recovery Services Board, and Heritage Thermal Services. During the 2018 take-back event in October, 91 pounds of unused medication were collected in Salem, and 146 pounds were collected in East Liverpool. An additional total of 146 pounds of aerosol and liquid medication were collected between both sites.
- 329 adults who received SUD services in FY 2018 completed a perception of care survey with the following results:
 - 89% respondents agreed or strongly agreed that when they needed services right away they were able to access them.
 - 96% agreed or strongly agreed that the people they go to for services spend enough time with them.
 - 96% of respondents agreed or strongly agreed that they were given enough information to effectively handle their problems.
 - 90% agreed or strongly agreed that they are better able to accomplish things they want to.
 - 95% agreed or strongly agreed that they helped develop their service and treatment goals.
 - 84% of respondents agreed or strongly agreed that they had friends who are clean and sober.
 - 81% of respondents agreed or strongly agreed that they were not likely to use alcohol or other drugs.

Needs Assessment Information on Youth

- The Search Institute Survey is distributed every two years to 7th, 9th, and 10th grade students in Columbiana County schools. There were 2,314 respondents in 2018 and 2296 respondents in 2017. Comparing 2018 results to 2017 indicates a 1% increase in the percent of youth who report using alcohol 3 or more times in the last 30 days. There was a 2% reduction in the percent of students who reported driving after drinking or riding with a drinking driver 3 or more times in the last 12 months.
The percentage of students reporting their parents would disapprove of their drinking alcohol regularly increased slightly for 7th and 9th graders and remained the same for 10th graders. The perception of the perceived risk associated with drinking alcohol 1-2 times per week has increased more than 10% for each

grade since 2011. Youth reporting marijuana use in the previous 30 days decreased for 9th and 10th graders by at least 5% since 2011, and reported use by 7th grades has remained consistent at 3%. Perceived moderate or high risk with smoking marijuana once or twice a week has decreased for all grade levels and perceived peer disapproval of smoking marijuana has also decreased or remained the same.

- The number of youth receiving Substance Use Services in FY 2018 was 19, a decrease when compared to the 27 served in FY 2017. The top diagnostic category of youth served continues to be Cannabis Use Disorder followed by Substance Induced Disorders and Alcohol Use/Alcohol Induced Disorders.
- During FY 2018, Family Recovery Center expanded its “Too Good For Drugs and Violence” programs in the school to include an educational component for the prevention of marijuana abuse.
- In FY 2019, 48 individuals who serve youth, including guidance counselors, Head Start Instructors and treatment providers completed a needs assessment survey. More than half identified trauma as the greatest mental health/substance use issue youth face. Parental use of drugs was another issue frequently identified, along with a lack of parental supervision and exposure or access to drugs and alcohol. Barriers identified by this group included lack of parental involvement and lack of parental follow-through with getting their children to events or appointments. Transportation was another barrier mentioned by many, and five indicated there was some confusion with the referral process. Other barriers mentioned included apathy, stigma and financial concerns. The resources needed but not available included: mentoring programs, afterschool programs, vaping prevention education, more guidance counselors in schools, parent education programs, and support groups for youth whose parents have mental illness or substance use disorder. Barriers to implementing new programming were identified as: a lack of funding, not enough staff, not enough time, lack of transportation for activities outside of school or after school, and getting teacher and parental buy-in.

Needs Assessment Information Relevant to Adults and Youth

- Columbiana County’s Department of Job and Family Services (DJFS) reported in April 2018 that the average number of child abuse/neglect cases requiring court-ordered intervention increased by 50% from 2014 to 2017 while the average number of minors placed in foster care increased by 39.7%. The average number of child abuse/neglect cases requiring court-ordered intervention increased from 56 per month in 2014 to 84 in 2017. DJFS Director Eileen Dray-Bardon reported the increases have coincided with the growing opioid problem in the county as more children are taken away from their parents who have addiction. JFS is now finding more of the drug-related child abuse/neglect cases involve the use of fentanyl and methamphetamines. As of May 2018, 33 percent of children removed from home were removed due to parental substance use/abuse. According to the 2018-2019 PCSAO Factbook, there were 1297 grandparents raising grandchildren in Columbiana County.
- Results of ADAPT 2018 Key Informant Interviews of 13 Coalition members indicated that the biggest challenges the Coalition faces in achieving its goals include: funding, lack of parental involvement, parental drug use, normalization of alcohol and marijuana use, and lack of resources available. Members identified that some of the biggest issues youth face today include: peer pressure, social media, negative parental influence, lack of family stability and engagement, parental drug abuse, and poverty.

NEEDS ASSESSMENT SUBSTANCE ABUSE AND MENTAL HEALTH ADULTS

- During FY 2018, a Law Enforcement/Police Chief Forum attended by four Police Chiefs and one Officer was conducted. The following concerns were noted when dealing with persons who have mental health or substance abuse issues: some individuals living alone quit taking their medications and as a result have problems; Officers and hospitals are unable to get individuals into treatment facilities; need for more peer supporters to who can follow-up with individuals; need to be more proactive in helping people; if 'pink-slipped,' they are often discharged in a few hours; and often parents who are arrested have addiction problems. It was recommended that a list be provided to officers with individual names, roles, and contact information. Options for providing a Crisis Intervention Team (CIT) training in the county and sharing resource information was explored. Since the Forum, the Mental Health and Recovery Services Board has hosted two full forty-hour CIT trainings within the county and has graduated 26 CIT-trained officers.
- During FY 2018, 13 members of a Community Care Team Planning Committee representing hospitals, Community Action, DJFS, police, and behavioral health service providers met to identify behavioral health needs. The following issues were identified: non-integrated services; denial and/or minimization by those most in need of services; lack of family support; lack of access to resources due to not enough counselors or outpatient treatment; insufficient psychiatric availability; lack of knowledge of resources; job searching assistance needed and limited employment options, especially for persons with substance abuse disorders; need for more and appropriate housing options; transportation issues; difficulty accessing or referring to other supports in the community; ways to connect people with supports-peers and others; access to appropriate referrals for assessment and medication; people with undiagnosed mental health issues; isolation; not enough inpatient psychiatric beds-especially if client has Medicaid or other insurance; no crisis stabilization units-ERs and acute inpatient hospital beds are being used to house for crisis; no socialization activities- clients isolated and turning to substances out of boredom or roaming in the community and then getting into trouble with the law; difficulty placing patients in mental health facilities; concern for patient and staff safety; potential misuse of Emergency Department of patients not requiring acute services; lack of facilities and law enforcement for violent patients; improved communication between agencies; increased medication monitoring especially in the community; need more peer recovery support staff; problems with denial for services by insurance; nursing homes won't take clients if they have drug charges; limited access to primary medical care; and barriers due to HIPPA privacy and confidentiality regulations.
- During FY 2018, the Community Care Team became operational to address the needs of adults aged 18-59 with mental health or substance use disorders who are experiencing a current crisis and/or, are at risk for inpatient or residential treatment and/or, have a chronic history of unmet/recurring needs and/or, are in need of post-discharge planning when returning to the community and would benefit from Community Care Team planning and are willing to sign a consent.
- During 2019, a Faith-Based Forum was conducted with 10 faith-based leaders. Needs identified included: need for more services for youth with mental health and/or substance use issues, as well as services for children who are affected by their parents' mental illness/substance use. The group also said that there is a need for strong relapse prevention services, to ensure those in recovery don't return to the neighborhoods or social circles that would trigger relapse. Other needs indicated by this group include family counseling, shelter and employment opportunities for people in recovery, and residential

treatment. The group identified a number of barriers to accessing treatment and support, including lack of transportation, stigma, lack of awareness that they are ill, and lack of affordable, safe, quality housing. Services and resources the group would be interested in include resource guides, information for parents and children, staff training, transportation services, and a list of employers willing to hire people in recovery.

- In late 2018, stakeholder interviews and focus groups, reflecting input from more than 115 participants, were conducted as part of the Community Health Needs Assessment. Respondents identified drug addiction and mental illness as the top two health concerns that should be addressed. More than half of respondents reported that transportation is the biggest barrier to accessing services and programming. Other barriers noted were stigma, cost, and apathy. Respondents indicated a need for increased awareness about services available, more outreach locations, more services in schools, providing community education, and more supports and services for parents and non-traditional families.
- During Fiscal Year 2019, a focus group was conducted of 10 peers who attend the Peer Resource and Recovery Center. Respondents indicated the main issues that should be addressed are drug treatment and prevention and transportation to and from appointments. The biggest barrier to treatment they identified is the wait time for mental health services. Other barriers identified included transportation, lack of information about area resources, and the need to have services available at multiple locations to make it easier to participate.
- During FY 2019, the Ohio Association of County Behavioral Healthcare Authorities (OACBHA) conducted a community-wide assessment of progress in addressing components of a Recovery Oriented System of Care. Recommended next steps included: exploring strategies for tailoring services to individual needs and barriers to promote timely access, promoting sober lifestyles, and decreasing stigma associated with mental illness and addiction. Also, family members of those receiving services rated their local system of care lower than other stakeholders. The data points suggest that local systems may need to identify additional strategies to further communicate with family members.

b. Describe how the board collaborated with local health departments and their 2019 State Health Improvement Process. In your response, please include, if applicable, the following: 1) collaborative efforts specific to assessing needs and gaps and setting priorities. 2) barriers or challenges the board believes will have to be overcome moving forward that will result in complimentary public health and behavioral health plans, 3) advantages, if any, realized to date with collaborative planning efforts, 4) next steps your board plans on undertaking to further alignment of public health and behavioral health community planning.

The Board Executive Director is a member of the Columbiana County Health Partners. This steering committee has jointly completed three Community Health Needs Assessments (CHNAs) together in 2010, 2013, and 2016. With the completion of Columbiana County's 2016 CHNA and Community Health Improvement Plan (CHIP), the workgroup moved into alignment with the state of Ohio's mandate by law (ORC 3701.981) that all hospitals must collaborate with their local health departments on community health assessment and community health improvement plans. Compliance with this state mandate has continued into the recent completion of the 2019-2022 CHNA and the 2019-2022 CHIP. The 2019-2022 CHNA process assisted with the development of primary data findings from key

stakeholders and focus groups (including vulnerable populations), and the collection and integration of additional secondary data to address data gaps into the final report, including identifying key data findings. The Columbiana County CHNA was utilized as a vital tool for creating the County's CHIP. Data from the most recent CHNA was carefully considered and categorized into community priorities with accompanying strategies.

Collaboration among the partners was essential to align interests and coordinate resources with the goal of effectively promoting better health outcomes in Columbiana County by leveraging multiple perspectives, community relationships and areas of expertise. The members of the CCHP plan will use this data dynamically and over a continuum of the next three years to better serve the individuals within Columbiana County.

This report was designed to assess the health status and needs of the community; identify factors that affect population health; determine the availability of existing resources that can be mobilized to improve health status; and facilitate the development of evidence-based, population-wide interventions and measurable outcomes. The full report is also offered as a resource to individuals and groups, who are interested in using the information to become better informed regarding health care and community agency decision-making.

The health needs assessment identified mental health and substance use issues among the top community needs and key factors impacting the health of the county. Results of both the current and previous CHNAs and CHIPs were utilized in the development of the Board's SFY 19 and SFY 20 Community Plan. Identified Priorities and Action Steps included in the CHIP have been incorporated into the Board Community Plan Priorities, Goals and Strategies. Identified measurements in both plans will be utilized to assess the implementation and impact of plans and to inform current and future practices/strategies. The Columbiana County Health Department, Salem City Health Department, East Liverpool City Health Department, CCMHR SB, local hospitals, and other partners have committed to ongoing joint review/assessment of the plans, as well as continued partnering in development of new or expanded programs or services. These entities have worked collaboratively together for many years, which has resulted in a number of programs that are jointly developed and implemented.

c. Child service needs resulting from finalized dispute resolution with Family and Children First Council [340.03(A)(1)(c)].

There have been no dispute resolutions with the Family & Children First Council and, therefore, no resultant child service needs identified by this process.

d. Outpatient service needs of persons currently receiving treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)].

The outpatient service needs of persons currently receiving treatment in the state hospital do not differ significantly from the needs of other adults with serious mental illnesses, with or without addictions, who, in the course of their illnesses, need treatment in an inpatient setting from time to time. Exceptions occur when individuals' needs exceed what is possible in an outpatient setting. In addition, obtaining appropriate housing or on-going residential treatment is sometimes difficult to locate for persons coming out of the State Regional Psychiatric Hospital due to lack of resources.

e. Service and support needs determined by Board Recovery Oriented System of Care (ROSC) assessments.

The following service and support needs were determined by the Board Recovery Oriented System of Care survey (lowest scoring items, with a mean score of 4 or less):

Domain: Promoting Healthy, Safe, and Drug-Free Communities

- A sufficient array of addiction recovery support services is available throughout the community.
- Cities and townships are receptive to sober lifestyle communities (e.g. housing, self-help groups, recovery centers, peer support, etc.)
- The community formally acknowledges and celebrates the achievement of people in recovery.

Domain: Prioritizing Accountable & Outcome Driven Financing

- Appointment “no show” rates are monitored regularly and followed up on within 24 hours of the missed appointment

Domain: Locally Managing Systems of Care

- Primary care and behavioral health follow-ups are integrated as medical care follow-up.
- Partnerships exist with local businesses for individuals in recovery to reduce stigma and gain employment.

f. Needs and gaps in facilities, services and supports given the Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

We are currently working with a county provider to establish Ambulatory Detoxification services in the county, as the previously-identified provider was unable to meet this need.

g. Needs and gaps associated with priorities of the Executive Budget for 2020-2021 including crisis services, criminal justice-involved populations, families involved with child welfare, and prevention/early intervention across the lifespan.

As law enforcement is often called to respond in a crisis situation, the Board has made it a priority to offer Crisis Intervention Team (CIT) training to county police departments. While most departments agree the training is needed and worthwhile, it is often difficult for the smaller departments to cover the scheduling gaps when an officer is out completing the 40 hours of training. The Board has offered stipends to departments that send officers to the training, in an attempt to cover any costs accrued, and will continue to do so, while promoting the training as crucial and standard for all officers.

While the two hospital emergency departments (ED) in the county are often relied upon to provide care to individuals in crisis, the environment of an emergency department is not conducive to resolution of a behavioral health emergency. The opening of two Crisis Stabilization Units (CSUs) in our region, one for youth and one for adults, has helped to alleviate some of this issue. Persons in crisis can be taken from the ED to these CSUs for appropriate treatment and discharge/follow-up planning.

Continued, and even additional, funding for crisis stabilization units will further benefit persons in crisis. The Board also funds 24/7 daytime and after-hours crisis response services and will continue to do so; however, it is often difficult to maintain adequate staffing of crisis worker positions.

The Board's needs assessment has indicated a gap in training for professionals working with the adults and youth involved in the criminal justice system. Probation officers, jail employees, corrections officers, judges, prosecutors and attorneys are in need of more education to better understand mental illness and addiction. In addition, evidence-based mental health treatment for adults and youth involved in the criminal justice system should be implemented. During FY 2019, some services previously offered for female inmates at the Columbiana County Jail were discontinued, resulting in a gap in services to this high-need and high-risk population.

Providers have indicated that improved collaboration and communication are needed between the county Juvenile Court and mental health treatment providers to better meet the needs of high-risk youth. The needs assessment also indicated a need for an adult drug court liaison to provide case management and other support to clients from sentencing all the way through completion of treatment and to communicate with the courts throughout the process.

Families involved with child welfare due to parental drug use are in need of specialized services, including treatment and support for parents/caregivers with substance use disorders and trauma therapy for the children. The Board plans collaborate with the Department of Job and Family Services to determine the service needs in this area and develop a plan of action.

Data from the Coroner's Office indicates a marked increase in suicide rates among men age 25-50 and among the elderly, which suggests a need for mental health prevention services for these populations. Efforts should address the stigma related to treatment, which may prevent many men from seeking help, as well as increased outreach to seniors, who are often isolated. Data also shows that the majority of suicides are completed by gunshot, so efforts to reduce access to lethal means will be continued.

- 3. Complete Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. (Table 1 is an Excel spreadsheet accompanying this document. Instructions are found on page 10 of the Guidelines).**

| |
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| Priorities |
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- 4. Considering the board's understanding of local needs, the strengths and challenges of the local system, what has the board set as its priorities for service delivery including treatment and prevention? Please be specific about strategies for adults; children, youth, and families; and populations with health equity and diversity needs in your community.**

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 section provided. For those federal and state priorities that are not selected by the board, please check one of the reasons provided or briefly describe the applicable reason in the last column.

Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in the board's response to question 2.d. in the "Assessment of Need and Identification of Gaps and Disparities" section of the Community Plan [ORC 340.03(A)(11) and 340.033].

Priorities undertaken in SFY 2019 that the board is continuing into 2020 as well as new priority areas identified for SFY 2020 may be included.

**Priorities for Columbiana County Mental Health and Recovery Services Board
SFY 2019 & SFY 2020**

Substance Abuse & Mental Health Block Grant Priorities

| Priorities | Goals | Strategies | Measurement | Reason for not selecting |
|--|---|---|--|---|
| SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU) | Provide services to persons who are intravenous/injection drug users within 14 days of service request | Providers have procedures to ensure persons who are intravenous/injection drug users are identified at screening and given priority for admission | 100% of persons who are intravenous/injection drug users who are seen within 14 days of service request. | <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): |
| SAPT-BG: Mandatory (for boards): Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority) | Provide services to women who are pregnant and have a substance use disorder within 14 days of service request | Providers have procedures to ensure women who are pregnant and have a substance use disorder are identified at screening and given priority for admission | 100% of women who are pregnant with a substance use disorder who receive services within 14 days of service request | <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): |
| SAPT-BG: Mandatory (for boards): Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs) | Ensure parents or guardians with substance use disorders whose use is contributing to child neglect, abuse, or dependency have timely access to needed services | Collaborate with the Department of Job and Family Services to conduct a needs assessment to identify unmet treatment or parenting needs of parents with SUD and develop a plan to address these needs. Explore feasibility of participating in the Ohio START (Sobriety, Treatment and Reducing Trauma) program | Development of a plan to address the needs of parents with SUDs who have dependent children, with outcomes to be determined. | <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): |
| SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.) | | | | <input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): |

| | | | | |
|---|--|---|---|---|
| <p>MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)</p> | <p>Increase competitive employment</p> <p>Implement programs that promote mental health and wellness for adults, especially for those with SMI and co-occurring health conditions</p> <p>Broaden access to peer supports</p> | <p>Provide supported employment services to persons with SMI who require assistance obtaining and maintaining competitive employment</p> <p>Maximize the number of persons who work in a competitive setting</p> <p>Provide information to people in recovery regarding health promotion and wellness</p> <p>Provide 2 Wellness Recovery Action Plan (WRAP) classes</p> <p>Hold annual Recovery Conference</p> <p>Provide ongoing peer-led group education through WRAP</p> <p>Conduct monthly Lunch and Fun events in East Liverpool</p> <p>Promote the Peer Warm Line</p> | <p># of persons served with SMI</p> <p># of persons with SMI or SPMI receiving supported employment services through The Counseling Center who work at least one day in a competitive setting.</p> <p># of Lunch & Fun events that promote wellness, # of flyers and recovery displays</p> <p># of WRAP classes provided; # of individuals who complete classes</p> <p>100 participants with SMI and/or SUD will attend</p> <p># classes held</p> <p># of participants and # new participants at each event</p> <p>Information included in Recovery Newsletters and # of calls to Warm Line</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> |
|---|--|---|---|---|

| | | | | |
|--|---|--|--|---|
| | Increase Peer Support for Transition-aged Young Adults | <p>Expand the Peer Resource and Recovery Center (PRRC) programming to additional site(s) to accommodate more individuals</p> <p>Increase # of trained peer supporters</p> <p>Conduct needs assessment of transition-age peers to identify programming needs and best times and location for programs</p> | <p>Additional site(s) will be operational; # of adults with SMI and/or SUD who participate will increase</p> <p># of individuals trained</p> <p>Young Adult programming will be implemented based on input from needs assessment</p> | |
| MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing | Ensure access to housing, including supportive housing | <p>Maximize the number of Hornsby House residents who maintain housing stability</p> <p>Maximize the number of homeless persons who are contacted through Hand-in-Hand Outreach services</p> <p>Maximize the number of Hand-in-Hand clients who secure safe, decent and affordable permanent housing</p> | <p># who maintain residence or move to less restrictive housing setting</p> <p># of persons contacted</p> <p># served who secure housing</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> |
| MH-Treatment: Older Adults | Identify and refer older adults with mental health needs for services | Provide training and education on identifying mental health needs in older adults and available referral resources to service providers and other professionals working with this population | # of outreach and training activities aimed at identifying and referring older adults for services | <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> |

| Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant | | | | |
|---|--|--|--|--|
| Priorities | Goals | Strategies | Measurement | Reason for not selecting |
| MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment | Provide treatment to persons at the Columbiana County Jail through the Criminal Justice BH (CJBH) Linkages project | Reduce the recidivism of persons who participate in the CJBH Linkages project | % of persons served by the CJBH Linkages project who are not rearrested within six months of release from the Columbiana County Jail | <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe) |
| Integration of behavioral health and primary care services | <p>Increase primary care provider knowledge regarding mental health issues</p> <p>Implement programs that promote health and wellness for adults with addictions</p> | <p>Work with the Community Care Team, Emergency Departments (ED), primary care providers, or office staff to assess what information and/or materials they are lacking to provide better care for patients with mental health issues.</p> <p>Provide information to people in recovery regarding health promotion and wellness</p> | <p># of contacts with providers, # of materials distributed</p> <p># of Lunch and Fun events that promote wellness; flyers located in Recovery Displays; # of adults who complete Wellness Recovery Action Plan (WRAP) classes</p> | <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): |

| | | | | |
|---|---|---|--|---|
| Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT) | | | | <input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe): |
| Prevention and/or decrease of opiate overdoses and/or deaths | <p>Increase access to Naloxone</p> <p>Develop strategies for supply reduction and demand reduction through the county Opioid Hub</p> <p>Provide ambulatory detox services in county</p> <p>Ensure access to Medication Assisted Treatment (MAT) to those in need of this assistance to achieve recovery</p> <p>Determine the need and feasibility of offering methadone within the county</p> | <p>Increase awareness of free naloxone distribution for lay responders and Increase efforts of Project DAWN; provide/distribute naloxone to law enforcement and other first responders</p> <p>Distribute Deterra bags from Ohio Safe Rx Collaborative</p> <p>Sponsor Public Service Announcement (PSA) contest for high school students to discuss the dangers of drug use</p> <p>Finalize contract for ambulatory detox and begin providing service</p> <p>Provide Board funding for MAT to persons with opiate addiction who have no other funding sources</p> <p>Conduct needs assessment , recruit provider, and plan for methadone treatment facility, if needed</p> | <p>Number of naloxone kits distributed; # of naloxone community distribution sites; # of individuals trained to administer naloxone; # of overdose deaths decrease</p> <p># of bags distributed</p> <p># of contest entries; use of PSAs in marketing; reach of PSAs</p> <p>n-county ambulatory detox services to be available in FY20</p> <p># of persons receiving services with Board funding</p> <p>If need identified , develop plan to offer in-county methadone treatment</p> | <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe) |

| | | | | |
|---------------------------------------|---|---|---|--|
| Promote Trauma Informed Care approach | <p>Increase education and awareness of trauma-informed practices, which impact mental health outcomes</p> <p>Work with partners to promote developmental assets and reduce risk factors</p> | <p>Continue to offer countywide training opportunities on the impact of trauma – in community, school, faith-based organizations, criminal justice, and other social service settings</p> <p>Support Family and Children First Council’s FY20-23 Strategic Plan goal of preventing trauma, and responding effectively to youth and families negatively impacted by trauma</p> | <p># of individuals receiving training; # of training sessions provided</p> <p>To be determined by FCFC and Board</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> |
|---------------------------------------|---|---|---|--|

Prevention Priorities

| Priorities | Goals | Strategies | Measurement | Reason for not selecting |
|--|---|--|--|---|
| <p>Prevention: Ensure prevention services are available across the lifespan</p> | <p><u>Youth – Mental Health</u></p> <p>Promote mental health in the schools by offering support to children encountering serious stresses; promoting pro-social behavior; developing students’ skills at decision making, self-awareness and conducting relationships; and targeting violence, aggressive behavior and substance use</p> | <p>Implement or continue mental health education and depression screening in all interested school districts</p> <p>Provide training to school personnel in behavioral health issues</p> <p>Support the efforts of the CASH Coalition in the promotion of mental health in the schools</p> <p>Present “Change Your Mind About Mental Illness” to high school youth</p> | <p># of schools participating in Signs of Suicide education and screening or Red Flags framework</p> <p># of training sessions</p> <p>Board support of CASH mini-grants to implement evidence-based practices</p> <p># students who receive education annually</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>Youth – Substance Use Disorder (Youth age 17 and under, transition-age youth ages 18-25, and people who engage or interact with youth)</p> <p>Implement programs that increase the number of school-age youth and young adults who understand the risks and potential harms involved in substance use and gambling; include information on e-cigarettes, vaping, alcohol use, prescription drug abuse, marijuana use, heroin use & other illegal drug use</p> <p>Work with partners to promote developmental assets and reduce risk factors</p> | <p>Provide “Too Good For Drugs and Violence” curriculum in county school districts</p> <p>Recruit members for Youth Coalition</p> <p>Increase in % of 7th, 9th, and 10th grade students who perceive alcohol, tobacco, other drugs, and gambling as risky or harmful</p> <p>Reduction in % of 7th, 9th and 10th grade students who report using harmful substances within the previous 30 days</p> <p>Partner with the Alcohol and Drug Abuse Prevention Team (ADAPT) Coalition, Coordinated Action for School Health (CASH) Coalition, Suicide Prevention Coalition and Family and Children First Council on efforts to promote developmental assets and Partner with the Alcohol and Drug Abuse Prevention Team (ADAPT) Coalition , Coordinated Action for</p> | <p># of students in the Aiming High program who sign/state a “promise for the future” pledge to lead a productive and healthy life</p> <p># of students in Coalition; # of school districts involved; # of youth-led campaigns</p> <p>Comparison of 2019 results to 2017 results of Search Institute survey</p> <p>Comparison of 2019 results to 2017 results of Search Institute survey</p> <p>Comparison of 2019 results to 2017 results of Search Institute survey</p> | |
|--|---|--|---|--|

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| | <p>Adults</p> <p>Provide community education and information regarding mental health and substance use to increase awareness of prevention and treatment resources</p> | <p>School Health (CASH) and Family and Children First Council (FCFC) on efforts to promote developmental assets and reduce risks, including funding for CASH mini-grants, PSA contest, ADAPT events, etc.</p> <p>Funding, participation in, and support of community training, health fairs, opioid summit, educational events, media campaigns, written publications, etc.</p> <p>Promotion and education regarding state initiatives, such as “Be Present,” “Start Talking” and “Bringing Help, Bringing Hope”</p> | <p># of community members reached and # of awareness activities</p> <p># of community members reached and 3 of awareness activities</p> | |
| <p>Prevention: Increase access to evidence-based prevention</p> | <p>Support and collaborate with other partners to provide evidence-based programming in schools and community focused on improving social competence, behavior and resiliency in youth</p> | <p>Continue to implement the PAX Good Behavior Game(GBG) and PAX Tools in Columbiana County school districts</p> <p>Increase the number of school staff and community members trained in PAX GBG and/or PAX Tools, while improving fidelity in classrooms currently trained</p> <p>Funding for “Ruling Our Experiences (ROX) program for middle-school age girls to address social-emotional challenges, team building and coping skills</p> | <p># of students reached</p> <p># of school districts/classrooms implementing program</p> <p># of trained staff in PAX GBG and/or PAX Tools</p> <p># of community members trained in PAX Tools</p> <p># of participants in ROX</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>Support initiatives that demonstrate an impact on community laws and norms</p> <p>Provide evidence-based AOD Prevention services</p> <p>Provide Community Awareness and Education Campaign on Problem Gambling</p> | <p>Provide financial support for the ADAPT Coalition Coordinator position and administrative support time</p> <p>Board will chair Data Committee to inform the Coalition’s decision and initiatives</p> <p>Board will support the implementation of ADAPT Coalition’s Action Plan</p> <p>Provide “Too Good for Drugs and Violence” program in elementary schools</p> <p>Provide education to parents of students participating in the “Too Good for Drugs and Violence” programming</p> <p>Conduct the “Be the 95%” Gambling Prevention Awareness Campaign throughout the county</p> | <p>Funding and administrative support provided</p> <p>Data Committee minutes</p> <p># goals achieved in plan</p> <p>% of Aiming High students who sign a pledge to make health choices and avoid drugs and alcohol</p> <p>% of adults who interact with youth in the Aiming High program that increase their knowledge of factors that help youth avoid drugs and alcohol</p> <p># radio spots, # CARTS bus posters displayed, # media articles, # flyers distributed</p> | |
| <p>Prevention: Suicide Prevention</p> | <p>Increase suicide prevention awareness among youth Promote help-seeking and empower community members to help prevent suicide</p> | <p>Continue to promote and implement programs in Columbiana County schools</p> <ul style="list-style-type: none"> • Signs of Suicide (SOS) • Question, Persuade, Refer (QPR) • Red Flags | <p>All school districts will have at least one school-based suicide awareness and education program</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> |

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|--|--|--|--|--|
| | <p>Increase awareness of suicide among older adults</p> <p>Implement the Columbiana County Suicide Prevention Coalition’s Strategic Plan</p> <p>Increase awareness and reduce access to lethal means</p> | <p>Promote Mental Health First Aid and QPR training among businesses, organizations, and others who serve or routinely interact with senior citizens</p> <p>Outreach and education about mental illness to senior centers, meal delivery services and other organizations serving the senior population</p> <p>Provide funding and technical support to the Local Outreach to Survivors of Suicide (LOSS) Team</p> <p>Provide training for providers/ gatekeepers regarding the recognition, response, and treatment considerations for persons at risk for suicide (QPR)</p> <p>Track completed suicides of Columbiana County residents and make adjustments to Suicide Prevention Coalition activities based on trends</p> <p>Conduct at least one “Means Matter” event per year to distribute gun locks, educate and spread awareness</p> | <p># of trainings provided, # of people trained</p> <p># groups and individuals reached, materials distributed</p> <p># of active LOSS Team members; # calls responded to</p> <p># of trainings, # of people trained</p> <p># of completed suicides Trends identified, if applicable</p> <p># of events held and materials/gun locks distributed</p> | |
| <p>Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations</p> | | | | <p><input checked="" 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> |

| Board Local System Priorities (add as many rows as needed) | | | |
|--|---|---|--|
| Priorities | Goals | Strategies | Measurement |
| Board Local System Priority: Stigma Reduction | Reduce mental health and substance use disorders stigma | <p>Expand and promote Mental Health First Aid (MHFA) trainings</p> <ul style="list-style-type: none"> • Market and implement the training to local churches, schools, libraries, service clubs, law enforcement, chambers of commerce, city councils, college students, etc. • Continue to recruit and train MHFA instructors • Provide a minimum of three MHFA trainings per year <p>Educate and inform elected officials about mental health and addiction prevention, treatment and recovery</p> <p>Present “Change Your Mind About Mental Illness” to Columbiana County high school youth</p> <p>Publish articles and photographs in Columbiana County newspapers that provide education regarding addiction and mental illness</p> <p>Utilize Board Website and Facebook</p> <p>Distribute “Myths and Facts about Addictions” and “Myths and Facts about Mental Illnesses” handouts within all community education efforts</p> <p>Continue participation in media campaign with Trumbull County</p> | <p># of trainings held</p> <p># of individuals trained</p> <p>2 meetings, advocacy campaigns or events</p> <p># of students receiving education annually</p> <p># articles and photographs published</p> <p># social media posts, # reached</p> <p># of community education efforts where materials are distributed</p> <p># commercials aired</p> |

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| | | Continue efforts to reduce stigma among the faith-based community through the county collaborative meetings, provision of materials, and targeted trainings/events | Participants in faith-based collaborative; # of faith-based leaders/members attending training; # of targeted faith-based trainings/events |
| Board Local System Priority: Use of Data | Use data to make informed decisions about planning and investment | <p>Utilize results of system-wide Continuous Quality Improvement process in Board planning and funding decisions</p> <p>Provide agencies with information to improve the effectiveness and efficiency of service delivery</p> <p>Conduct utilization and program reviews of Peer Resource and Recovery Center</p> <p>Utilize Client Perception of Care Outcomes System for board's priority population groups</p> | <p>Board staff and Board Committee members use data in forming recommendations and funding plans, per meeting minutes</p> <p>CQI provider and Heartland East reports, quarterly summaries of Client Perception of Care surveys provided to agencies</p> <p>Results of reviews are folded into Board/Resource Center Planning process</p> <p># surveys completed and results used by the system-wide CQI Committee and Board Committees in planning</p> |
| Board Local System Priority: Partnerships/ Collaboration | Establish and maintain partnerships with organizations that are crucial in achieving our goals | <p>Collaborate with other counties in region to provide Peer Support training</p> <p>Ensure board's plan is complementary to, and reinforcing of, plans developed by other health entities represented on the county-wide Health Needs Assessment Planning Group</p> <p>Maintain Coroner's office and/or other relevant partners in the Suicide Prevention Coalition and LOSS Team</p> | <p># persons who obtain training and become certified</p> <p>Top priorities of plans align</p> <p>Continued involvement of current partners</p> |

| | | | |
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| | | <p>Recruit and retain key partners to participate in Opioid Hub to address the goal of reducing drug overdoses and deaths</p> <p>Executive Director to serve on Senior Services levy board</p> <p>Ensure representation of Opportunities for Ohioans with Disabilities, Ohio Means Jobs, mental health and addiction providers, and criminal justice personnel on the Supported Employment Steering Committee</p> <p>Collaborate with school districts to determine the best ways to use state funding for prevention and student success programming , as well as any other mental health services provided in-school</p> | <p>Partners recruited, agree to a plan, and jointly participate in implementing strategies of Hub</p> <p>Advisory meetings attended</p> <p>Meeting minutes reflect attendance and participation</p> <p>Programs implemented with board support</p> |
| Board Local System Priority: Workforce Development | Assess Workforce Development needs and possible strategies to address needs in collaboration with providers | <p>Conduct needs assessment to identify workforce gaps; Explore evidence-based proven strategies to improve workforce recruitment, hiring and retention</p> <p>As workforce development is a priority of the state budget, utilize any state programs and funding opportunities for workforce development that may become available</p> | <p>Completion of needs assessment and list of workforce development initiatives aimed at recruitment, hiring, and retention</p> <p>Participation in state programs or funding opportunities</p> |
| Board Local System Priority: Faith-Based Collaboration | Collaborate with the faith-based community to address the needs of persons with mental illness and substance use disorders | <p>Create a faith-based collaborative made up from church leaders and representatives of faith-based organizations</p> <p>Develop a resource guide of available faith-based services, including support groups, pastoral counseling, and other social services</p> | <p>Group created and meets regularly # of participants</p> <p>Resource guide created and distributed</p> |

| | | Conduct a countywide training for faith-based leaders/members and community providers | # of people attending training |
|--|--|--|---|
| Board Local System Priority: Evidence-Based Treatment | Identify evidence-based treatment gaps and training needs and assist with plan for obtaining needed training to enhance county treatment services | Along with service providers and referral sources, identify gaps in availability of evidence-based programming; determine service provider interest and feasibility of evidence-based treatment implementation; develop both long- and short-range plans with providers to increase training in evidence-base approaches | Increased number of providers trained in evidence-based treatment to address gaps |
| Board Local System Priority: Criminal Justice Collaboration (Adult & Juvenile) | <p>Assess needs within criminal justice settings for intervention, treatment, support, and/or training for both staff and persons with mental health or substance use disorders</p> <p>Ensure that law enforcement and other criminal justice professionals have access to adequate training and information related to behavioral health needs and interventions</p> <p>Provide support, consultation, and assistance to criminal justice professionals related to behavioral health, as needed</p> | <p>Meet with/survey criminal justice professionals to identify challenges faced in meeting the needs of persons with mental health and substance use disorders; prioritize needs and develop plans for meeting needs</p> <p>Provide Crisis Intervention Team (CIT) training at least once per year to local law enforcement entities; provide stipends to departments to help offset costs of sending personnel to training</p> <p>Increase knowledge and participation in “Stepping Up” Initiative activities and programs</p> <p>Identify behavioral health training needs of criminal justice professionals and help them access evidence-based criminal justice training and resources</p> <p>Continue to maintain regular contact with law enforcement, jail personnel, lawyers, judges, etc. to provide information and consultation on specific situations, topics or resources</p> | <p>Criminal justice needs for interventions, treatment resources, and training will be identified and initial plans will be developed to meet needs</p> <p>Number of law enforcement officers and staff who complete CIT training will increase</p> <p>County will actively participate in “Stepping Up” initiatives, as able</p> <p>Appropriate evidence-based training resources will be identified to help meet the needs of criminal justice professionals</p> <p># of meetings, consultations and information provided to criminal justice professionals will increase</p> |

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| | State and Board funding programs for both MH and SUD recovery and re-entry supports will be effectively utilized for eligible clients (e.g. Addiction Treatment Program, Community Transition Program, Board allocation for CJBH Initiative) | Collaborate with and provide support to county specialized drug court dockets; Board staff will participate in oversight of funded specialized drug court dockets and will participate on Drug Court Advisory Boards Providers and specialized drug court staff will be informed about availability, eligibility, and procedures for accessing recovery and re-entry supports for clients; Board will ensure available funding is utilized according to procedures | # of meetings/consultation with specialized drug court staff # of Drug Court Advisory Board meetings attended # of persons utilizing recovery and re-entry support funds will increase to help meet client needs and improve recovery outcomes |
| Board Local System Priority: School-Based Services | Collaborate with county school districts to identify behavioral health needs in schools and possible services to meet needs | Assist with needs analysis and school-based behavioral health program implementation in schools | # of additional behavioral health services/ programs implemented in county schools # of children served through new or expanded school-based behavioral health services |

Collaboration

5. Describe the board's accomplishments achieved through collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public during the past two years. (Note: Highlight collaborative undertakings that support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)

Stigma Reduction/Peer Support Services/Recovery Initiatives

In 2018, the Board collaborated with the Salem Campus of Kent State University to present "Change Your Mind About Mental Illness" to KSU students. This program is also presented annually to Columbiana County high school students.

In collaboration with OhioMHAS, the Board has provided Ohio Peer Supporter training for nearly 30 individuals in the last two years.

Each year, the Board collaborates with several providers, self-help groups, and the recovery community to host the annual Recovery Conference. The 2019 conference was attended by 110 people and included presentations from a number of providers on topics such as art and creative expression, spirituality, and stigma reduction. Information about local providers, self-help groups and social service organizations was available at 12 display tables.

In 2019, the Board has led efforts to create a Faith-Based Collaborative, which brings together faith-based leaders once a month to discuss ways to help those with mental illness and/or substance use disorders. The Board has shared a number of resources, including bulletin inserts, training information and flyers about local events and resources. A Faith-based Resource Guide is being developed, and the Board will host a training for leaders in the faith-based community in October. Ohio Rep. Timothy Ginter and the Governor's Office for Faith-Based Initiatives will be part of this training.

The Peer Resource and Recovery Center has collaborated with the Board, the Recovery Community, and other partners to expand services to additional locations within the past two years. In addition, they are looking forward to additional peer support programming for young adults to better meet their need.

Additional Recovery Housing became available in FY 19 with the opening of "Brenda's House," a recovery house for women in partnership with Family Recovery Center.

Supported Employment services have also expanded in the past two years to include increased services for both adults and youth. Collaboration with The Counseling Center, Mahoning Columbiana Training Association, Opportunities for Ohioans with Disabilities, and Ohio Means Jobs has resulted in additional vocational training, job coaching, employment skill development, and job placement services for individuals with mental health and substance use disorders.

Criminal Justice/Law Enforcement

The Board collaborated with local courts, correction centers and police departments to provide training on trauma-informed care to local law enforcement, community corrections and probation/parole staff.

The Board has sponsored two annual Crisis Intervention Team (CIT) training opportunities in FY 18 and FY 19, collaborating with the National Alliance on Mental Illness (NAMI) to provide stipends to the police departments who send an officer to the training. The training itself is a collaboration with many organizations providing a representative to share their expertise, including the Christina House domestic violence shelter, the Veterans Service Commission, the Department of Job and Family Services (Children's Services), the county Drug Task Force, the Fraternal Order of Police, the Ohio Human Trafficking Task Force, and numerous local providers. Twenty-six officers have completed the training to date and are now certified Crisis Intervention Team officers.

The Board collaborated with the Ohio Supreme Court to bring the "Stepping Up" Initiative to Columbiana County. This community effort brings together representatives from several organizations, including probation officers, attorneys, judges, Job and Family Services, corrections facilities, and providers, to safely reduce the number of incarcerated adults with mental illness by helping them access needed treatment and supports.

The Board has collaborated with, and provided funding for, the creation of a Specialty Drug Court Docket in the Columbiana County Municipal Court, as well as the creation of the "SOS Recovery Court" within the East Liverpool Municipal Court. Board staff have provided guidance and oversight of the programs.

Counseling and re-entry services are being provided at the Columbiana County Jail in partnership with the jail, The Counseling Center and the Board through a Criminal Justice Behavioral Health Linkages Grant and Board funding.

School-Based Prevention & Treatment

The Board has collaborated with county school districts and a contracted provider to add therapists in schools to assist youth with emotional and behavior disorders. Additional counselors have been added in FY20 due to increased demand from the schools. In addition, through collaboration with the Columbiana County Educational Service Center (CCESC), mental health treatment providers have been hired to provide in-school services to students identified with Serious Emotional Disturbances (SED) and to high-risk students.

The Board has also partnered with CCESC to implement the PAX Good Behavior Game in two county school districts. Plans call for the program to expand to other buildings and districts in FY 20. The Board helped to sponsor a PAX Tools training in March 2019, which was filled to capacity by professionals working with children. As of August, 2019, 144 teachers and staff have trained in the PAX Good Behavior Game, reaching 1289 students in 71 classrooms. In addition, 149 youth workers have been trained in PAX Tools.

Partnering with schools and provider agencies, prevention and early intervention programs have been expanded throughout the county, including Aiming High, Connections (SOS Suicide Awareness program), Red Flags, etc. New early childhood mental health initiatives have been implemented or expanded in public/private preschools and day care programs (e.g. Parent Cafés, Strengthening Families, Incredible Years, etc.)

Collaborative planning among the Board and the Coordinated Action for School Health (CASH) Coalition, the ADAPT Coalition, the Family and Children First Council and Family Recovery Center has yielded several achievements. These partners hosted a community training in April 2019, attended by more than 100 people

representing many different parts of the community. The purpose of the event was to increase community knowledge of evidence-based prevention and health promotion in youth. Results of the Search Institute of Student Life Survey of Assets and Risk Factors were shared, along with specific ways that schools, community coalitions, and the public at large can impact asset development and risk reduction. This collaboration has also resulted in the MHRS Board funding two mini grants per school year, administered through the CASH Coalition, that are focused on improving the social and emotional environment within schools.

Mental Health Prevention & Treatment/Suicide Prevention

The Board is the lead entity in the Columbiana County Suicide Prevention Coalition, which is comprised of people in recovery, mental health and alcohol and drug providers, school representatives, funeral home representatives, clergy, healthcare personnel and survivors of suicide. The Coalition works to reduce stigma and target training and awareness efforts based on data and trends. A result of this collaboration is the growth of the Local Outreach to Survivors of Suicide (LOSS) Team, which is comprised of volunteers. This effort has expanded collaboration with the Columbiana County Coroner's Office. In addition, for the past two years, the Coalition has applied for, and been awarded, mini-grants from the Ohio Suicide Prevention Foundation to conduct awareness events. In 2018 and 2019, the Coalition partnered with a local gun shop owner and the well-attended Rogers Community Auction to conduct a "Means Matter" event to spread the message that gun safety can help reduce suicide deaths. The grant funding was used to purchase gun locks which, along with information about reducing suicide risk, warning signs, and local resources, were distributed by Coalition members at the Community Auction. In 2018, more than 500 locks were distributed. In 2019, the Coalition distributed 640 locks.

Board staff actively participate with the county's Community Care Team, a multi-system collaborative to coordinate care for adults with complex mental health and/or substance use disorders. This may include individuals who are experiencing a current crisis, are at risk for inpatient or residential treatment, have a chronic history of unmet/recurring needs, and/or are in need of post-discharge planning when returning to the community. There must be reason to believe that the client would benefit from Community Care Team planning, and he/she must be willing to sign a Consent and Authorization for Release of Information. Together, the Care Team identifies possible services and supports that may benefit these adults and helps to ensure that assistance/referral for services is provided.

Substance Use Prevention & Treatment

The Board provides financial and in-kind support to the Alcohol and Drug Abuse Prevention Team (ADAPT) Coalition. The Coalition has representation from the following local constituencies on its Advisory Board: higher education, public education grades K-12, community hospitals, criminal justice, county government, public health, business, civic organizations, faith-based organizations, parents, adults in recovery from addictions, youth, child protective services, and the drug and alcohol treatment and prevention providers. This collaboration was a key factor in the Coalition's success in securing "year six through ten" continuation funding from the Drug Free Communities program in September 2015. This collaboration is believed to be one of the factors producing positive change in increasing youth assets and reducing youth risk factors, as measured by the Search Institute Survey of Student Life. For example, between the first survey in 2011 and the most recent survey in 2018, there was an 8% reduction in the number of students who reported alcohol use in the last 30 days or getting drunk once or more in the last 2 weeks. Significant improvement was also demonstrated in the percentage of students who think their parents would disapprove if they used alcohol regularly. For 9th and 10th graders, the percentage increased by 10 percent from 2011 to 2018. From 2011 to

2018, the percentage of 9th graders who perceive moderate to high risk with using prescription drugs that are not prescribed to them increased by 8 percent.

In partnership with the Ohio Department of Health, the Columbiana County Health Department, and Family Recovery Center, the Board has provided support for Narcan (Naloxone) distribution to first responders and to community members through the Project DAWN program.

The Board produced and distributed 1200 “Your Life Matters” cards to ambulance/EMS, police departments, hospitals and health departments for individuals who may be treated for a drug overdose or other substance abuse-related injury or condition. The purpose of the cards is to provide information about treatment and crisis resources available for persons who may be in need of help for a drug or alcohol-related problem. The cards also contain information about support for family members and other loved ones who are concerned about a person with a possible substance use problem.

Collaborative planning among the Board, the Columbiana County Drug Task Force, Family Recovery Center, the Alcohol and Drug Abuse Prevention Team (ADAPT) Coalition, and On Demand Workforce Training resulted in a community training on opioids and addiction. Fifty-seven individuals attended to learn the signs and symptoms of drug abuse; differentiating between use, abuse and dependency; proper medicine disposal; safe medication practices; dangers of opioid medications; tips for preventing youth from using opioids; what is being done in Columbiana County to fight the epidemic; and local drug trends.

Inpatient Hospital Management

6. Describe the interaction between the local system’s utilization of the State Hospital(s), Private Hospital(s) and/or outpatient services and supports. Discuss any changes in current utilization that is expected or foreseen.

Medicaid expansion has continued to allow more individuals access to mental health and substance use treatment, which has resulted in an increase in the number of adults seeking treatment through emergency departments (ED) at our local hospitals. Over the past two years, we have worked closely with hospital and ED staff to address concerns related to access of both state and private hospital beds for individuals with MH or SU disorders. Through this collaboration and communication, we have been able to identify ways to meet these needs more effectively. In addition, the regional Withdrawal Management (WM) and Crisis Stabilization funds that were received provided new and expanded options for detox and crisis stabilization, which has been extremely helpful in addressing access problems. The two regional Crisis Stabilization Units that opened up over the past two years as a result of this funding and increased WM beds have reduced some of the challenges previously encountered. Clients are no longer being held for days or weeks at a time in an ED or general hospital bed, while waiting for admission to an inpatient facility. We have also seen an increase in private hospital utilization for adults with both Medicaid and private insurance as new and expanded facilities have been developed.

Historically, Columbiana County has not had large numbers of persons utilizing the State Hospital and most of the admissions are "Forensic." At the present time, we are having no real difficulty accessing beds at the State Hospital when needed, but we have had very few civil admissions. The Heartland Regional Collaborative Boards continue to meet quarterly at Heartland Behavioral Healthcare to address any changes or concerns.

Over the past two years, I believe that communications have improved, although we still have occasional situations where a person is deemed inappropriate for admission to our regional State Hospital (Heartland BH). In these cases, I have had to contact the hospital for clarification regarding why the person was not eligible for admission. In addition, the State Regional Psychiatric Hospital has typically done little to assist in finding alternative treatment options. Lack of communication and collaboration with the community prior to discharge has also been a concern at times.

One request recently made by a county municipal judge involves establishment of a more detailed “protocol” regarding court-ordered referrals for “pink slips” and inpatient evaluations. We will be working with her and the hospital to address her concerns and the difficulties that she has had to develop a more streamline referral process for both the client and the court.

The Columbiana County Mental Health and Recovery Services Board has always provided funding for adults and youth who are in need of short and long term inpatient treatment for mental health or substance use disorders. We believe strongly in the client’s right to treatment regardless of income or insurance coverage. As a result, we often partner with other systems to pay for per diem charges or treatment expenses not covered by insurance or Medicaid and will provide funding to appropriately licensed treatment programs when no other funding source is available. Pre-approval and coordination with service providers is required.

Although we do not anticipate any specific changes in utilization over the next two years, we do expect that there will be continued needs for inpatient and hospital treatment services that we will require monitoring, funding, and attention. Inpatient and residential treatment services for youth are particularly lacking in our area, and we plan to explore additional intensive outpatient services, as well as more short-term inpatient care options for youth with serious emotional disturbances.

Community Plan 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.

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

| A. HOSPITAL | Identifier Number | 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 | Identifier Number | SERVICE | ALLOCATION |
|-----------|-------------------|---------|------------|
| | | | |

SIGNATURE PAGE

Community Plan for the Provision of
Mental Health and Addiction Services
SFY 2019-2020

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Mental Health and Addiction Services (OhioMHAS) department a community mental health and addiction services plan for its service area. The plan is prepared in accordance with guidelines established by OhioMHAS in consultation with Board representatives. A Community Plan approved in whole or in part by OhioMHAS is a necessary component in establishing Board eligibility to receive State and Federal funds, and is in effect until OhioMHAS approves a subsequent Community Plan.

The undersigned are duly authorized representatives of the ADAMHS/ADAS/CMHS Board.

ADAMHS, ADAS or CMH Board Name (Please print or type)

ADAMHS, ADAS or CMH Board Executive Director

Date

ADAMHS, ADAS or CMH Board Chair

Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].

Instructions for Table 1, “SFY 2019 -20 Community Plan Essential Services Inventory”

Attached is the SFY 19-20 Community Plan Essential Services Inventory. **Each Board’s completed SFY 2018 form will be sent in separate email should the board want to use it to update information.**

The Essential Services Inventory form included with this Community Plan requires the listing of services for which the board may not contract. This element is necessary due to current Ohio Revised Code to detail the behavioral health (BH) continuum of care in each board area.

Some additional Continuum of Care (CoC) information resources have been provided below to assist in this process, but board knowledge is vitally important given the limitations of these included CoC resources. For example, the attached resources may not address BH services provided by Children Service Boards and other key providers within the local behavioral healthcare system.

Instructions for the Essential Services Inventory

The goal is to provide a complete listing of all BH providers in the board area. However, at a minimum, at least one entity must be identified for each essential service category identified in Column A of the form.

In addition to the identification of the Essential Service Category, the spreadsheet identifies the treatment focus (Column B) and Service Location (Column C) of the service as required in Ohio Revised Code. The fourth column (Column D) provides a list of the Medicaid and Non-Medicaid services associated with each of the Essential Service Categories.

In Column E, please identify the Names and Addresses of providers who deliver the Column D Medicaid/Non-Medicaid payable services associated with each Essential Service Category and in Column F indicate by “Y” or “N” whether the Board has a contract with this agency to provide the services.

Additional Sources of CoC Information

1. Emerald Jenny Treatment Locator <https://www.emeraldjennyfoundation.org/>
2. SAMHSA Treatment Locator <https://www.findtreatment.samhsa.gov/>