

**Ohio Department of Mental Health and Addiction Services (OhioMHAS)
Community Plan Guidelines SFY 2019 and 2020**

Enter Board Name: Mahoning County Mental Health and Recovery 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.

The economic, social, and demographic factors in Mahoning County, Ohio that will influence service delivery for the Mahoning County Mental Health and Recovery Board are many. Mahoning County has a diverse population as well as an aging population. High rates of unemployment, poverty, infant mortality, and failing school systems also plague Mahoning County. The US Census Bureau Quick Facts population estimates for Mahoning County Ohio for 2018 show:

- Population estimates July 2018 is 229,642 (comparison 1990 – 264,806, 2000 – 257,560, 2010 – 238,82 and, 2015 estimate – 231,900)
- Persons 65 years and over 21% (up from 19.4% in 2015) compared to 17.1% in Ohio and 16% in the U.S.
- Persons in poverty 18.4% compared to 14.0% in Ohio. Notable is that 36.8% of those living in the city of Youngstown are living in poverty (Youngstown population 64,958).
- The variation in median household income (in 2017 dollars) from 2013 to 2017 is also telling. Ohio is \$52,407, Mahoning County is \$43,251 and the city of Youngstown is \$26,295. The population of Youngstown at 64,958 makes up approximately 28% of the Mahoning County population.
- Mahoning County has some diversity, however the population is predominately white at 80.4%, 16.1% Black, and 6.4% Hispanic. Youngstown’s population shows much more diversity with a concentration of minorities with 49.4% White, 42.8% Black and 10.8% Hispanic. In Mahoning County 2.3% reports as two or more races, while in the City of Youngstown it is 5.2%
- In Mahoning County the High School graduate or higher of persons 25+ is slightly higher than the state (89.8%) at 90.5%, however in Youngstown only 83.3% are high school graduates.

- More telling is the Bachelor's degree or higher which is 27.2% for Ohio, 23.2% for Mahoning County and only 12.2% for the city of Youngstown
- In the civilian labor force total percentage over 16 years of age is 63.1% for Ohio, 59.3% for Mahoning County and only 51.0% for the city of Youngstown. This demonstrates the lack of available employment opportunities.

Mahoning County ranks 67th in Health Outcomes out of 88 counties in Ohio by the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute ranking. Health Outcomes in this study are determined by mortality (premature death) and morbidity (poor or fair health, poor physical health days, poor mental health days, and low birth weight). Behavioral health is one of the priorities in the Mahoning County District Board of Health, Community Health Improvement Plan (CHIP). The MCMHRB participates in the planning and evaluation of the Mahoning County CHIP. The CHIP is currently being done for 2020. The Community Needs Assessment has been completed and the group is working to develop the three year plan. Mental Health and Addiction is again one of the priorities for the 2020 CHIP plan. We have also chosen two priorities that are cross cutting factors as well, those are the Social Determinants of Health and Health Equity. Both of these items are being addressed in each of the other 3 priority areas (Mental Health & Addiction, Chronic Disease, and Maternal and Infant Health) as well as on their own as they affect systems in the county.

Homelessness is also an issue in Mahoning County reviewing point in time counts from the 2018 Mahoning County Continuum of Care PIT Report shows a fluctuating issue. Mahoning County has seen a fluctuation from 223 individuals in 2011, to 368 in 2015, 262 in 2017, and in 2018 a further drop to 180. Homeless households with dependent children also have fluctuated increasing from 90 families in 2014 to 267 families in 2015, then dropping to 26 and 28 in 2017 and 2018 respectively. Chronic homeless while not showing a large increase from 2014 to 2015, 88 and 84 respectively, showed an increase from 2011 when 46 individuals were chronic homeless. However in 2017 that number significantly dropped to 16, with an increase in 2018 to 43. 2015 was the first year that youth homelessness was counted in the new manner so there is not significant historical data. In 2015 Mahoning County had 19 homeless youth, 11 in 2017 and 3 in 2018.

Medicaid expansion was, and continues to be, a significant help for the citizens of Mahoning County, the Mahoning County Mental Health and Recovery Board, as well as Mahoning County provider agencies. With Medicaid expansion agencies have been able to provide treatment services to a larger number of consumers. Medicaid expansion has allowed the MCMHRB to focus on Non-Medicaid eligible services such as recovery supports services and prevention. This has allowed the MCMHRB to provide rental assistance for persons entering ORH Certified recovery (or sober) housing, services in the Mahoning County Justice Center and Community Corrections Associations, Inc. (local community based correctional facility), services for the Mahoning County courts and peer support at the Community Center (a local drop in center). It has allowed the Board to provide greater assistance to our agencies for capital needs. These capital needs have often been "put off" over the last several years in an effort to provide more direct services to clients.

Medicaid redesign has and continues to create concerns for the Mahoning County Mental Health and Recovery Board as well as Mahoning County provider agencies. At this juncture some of the recovery support services and prevention that has been afforded to the community has not been expanded and has in some cases has been curtailed to make up for the redesign changes. The redesign has also presented challenges with planning since SFY2017, as the implementation dates continued to be changed. We do not yet fully understand the all the implications of the Medicaid redesign. When the redesign is finalized we will need to reassess our system of care to ensure we are meeting the needs of our consumers. This assessment will be an ongoing process as Medicaid redesign is implemented with adjustments are made as necessary.

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 Mahoning County Mental Health and Recovery Board participated in the Community Health Assessment conducted by The Hospital Council of Northwest Ohio (HCNO). We partnered with Mercy Health Youngstown LLC, Mahoning County Public Health, Trumbull County Combined Health District, Healthy Community Partnership Mahoning Valley, Youngstown City Health District, Mercy Health Foundation Mahoning Valley, Trumbull County Mental Health and Recovery Board, and the Warren City Health District to fund the report. HCNO conducted surveys and focus groups in Mahoning and Trumbull Counties, and produced a report for each county individually. This was completed this way as the Mercy Health CHIP needed to include both counties, while the health departments CHIPS, and ADAMH Board information needed to be county specific. HCNO ensured sampling for surveys included all populations in Mahoning County, and in fact in both counties, blacks were oversampled to ensure their voices were heard. Focus groups were also held with minority populations including blacks and Hispanics.

While this Community Health Assessment will help us to develop a multi-year plan (i.e. 3 year CHIP), we will continue to collect information from our provider agencies and consumers of services in Mahoning County to ensure that ongoing or developing needs are met. Other informal needs assessments are conducted as necessary for target populations. The MCMHRB works closely with the Mahoning County Continuum of Care (homeless), Mahoning County Sheriff's Department (correctional system), Community Corrections Association, Inc. (correctional system – local CBCF), schools, Organizacion Civica y Cultural Hispana Americana, Inc.(OCCHA - Hispanic community/Spanish speaking population),

PFLAG, other LGBTQ advocacy groups, and specialty docket courts (Mahoning County Common Pleas Drug Court, Mahoning County Common Pleas Mental Health Court, Mahoning County Common Pleas Veteran's Court, Youngstown Municipal Veteran's Court). The MCMHRB also participates in formal needs assessment and community planning of other entities, Mahoning County Continuum of Care housing planning, and Family and Children First Council's Shared Plan. The MCMHRB will also participate in other assessments as requested.

The MCMHRB did develop an SFY2019 to SFY2020 Strategic plan that in fact aligns with many of the gaps identified in the formal Health Needs Assessments.

Mahoning County Mental Health & Recovery Board Strategic Plan SFY 2019-2020

Mission Statement:

Our mission is to support and improve the quality of life for all residents of Mahoning County, by instilling hope through an accessible system of mental health and recovery services, through prevention, education, and advocacy.

Vision Statement:

To ensure excellence in mental health and recovery services and enrich the lives of all residents of Mahoning County.

Value Statements:

- We believe treatment works...people recover
- We believe tax payer money should be used effectively
- We believe every individual and family has value and deserves to be treated with dignity
- We believe our partners provide comprehensive and quality services
- We believe that we are the voice of hope

Goal:

To provide high-quality, recovery-oriented continuum of care for mental health and addiction services that meets community and consumer needs.

Strategic Action Plan:

1. Ensure strong and viable contract agencies

Deliverables:

- Outcome reports
- Clinical Audits
- Financial Audits

2. Monitor access to mental health and addiction services

Deliverables:

- Agency Service Plans
- Waiting Lists

- Psychiatric Appointment Availability
- Detox Bed Availability
- Housing Access

3. Provide prevention, awareness and training opportunities

Deliverables:

- Sponsor Continuing Education
- Fund Prevention Programs
- Participate in Community Programs – Advertising

4. Improve customer satisfaction and quality of care

Deliverables:

- Client Satisfaction Surveys
- Board Satisfaction Survey
- Audits
- Best Practices/Evidence-Based Treatment

In the CHNA/CHIP process, the gaps for each priority area have also been identified and strategies are being finalized to address each of them. For the mental health priority area there were 12 identified gaps. After review by MCMHRB and provider agencies some of the identified gaps are in fact an education gap, not a gap in services. The seven remaining gaps we are developing strategies to address. The gaps identified by the CHNA/CHIP workgroup tie into the MCMHRB Strategic plan as follows:

- Lack of mental health and substance abuse providers (including prescribers & Spanish speaking providers) - Strategic plan #2
- Stigma and how it is a barrier to treatment - Strategic plan #2 & 3
- Lack of mental health education, particularly in youth - Strategic plan #3
- Lack of community mental health/suicide awareness and resources - Strategic plan #2 & 3
- Lack of detox and inpatient addiction treatment beds/facility - Strategic plan #2
- Lack of data (HIPAA protocol for Overdose Fatality Review) - Strategic plan #1
- Lack of education on alcohol/binge drinking - Strategic plan #3

The four being done -

- Lack of quality mental health services for incarcerated individuals – BJ/JJ grant services in the Mahoning County Justice Center and in CCA (local CBCF)
- Lack of continuum of care and coordination between child and adult services – all Alta (child clients) are receiving a warm hand off to Compass Family and Community Services if continuation of services are necessary as adult.
- How to address and assess ACE's – Mahoning County group currently meeting monthly to develop a trauma informed plan for the entire community. Schools, treatment, law enforcement, courts, pastors, etc. have all come together to address trauma across the lifespan.
- Increased awareness of trauma for law enforcement – Part of the trauma planning, also addressed in CIT training and we have a CISM team that responds to first responders that have experienced a critical incident.
- Lack of health coverage – Medicaid expansion has made this almost non-existent. Public needs to be made aware that if they have private insurance that does not

cover behavioral health services, they may still receive those services, funded by the MCMHRB as indigent services.

- 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 Mahoning County Mental Health and Recovery Board participated in the Community Health Assessment conducted by The Hospital Council of Northwest Ohio (HCNO). We partnered with Mercy Health Youngstown LLC, Mahoning County Public Health, Trumbull County Combined Health District, Healthy Community Partnership Mahoning Valley, Youngstown City Health District, Mercy Health Foundation Mahoning Valley, Trumbull County Mental Health and Recovery Board, and the Warren City Health District to fund the report. HCNO conducted surveys and focus groups in Mahoning and Trumbull Counties, and produced a report for each county individually. This was completed this way as the Mercy Health CHIP needed to include both counties, while the health departments CHIPS, and ADAMH Board information needed to be county specific.

The MCMHRB Executive and Associate Directors were involved from the beginning planning for this Health Needs Assessment. Specific questions were selected for the survey that pertained to alcohol and other drug abuse, depression, and other mental health issues. After the survey and focus groups were conducted by HCNO, the data and draft reports were shared with the partners. We were able to supply, and suggest additional secondary data to be added to the outcomes of the survey. HCNO continued to adjust the report based on this information and issued the final report for each county.

The MCMHRB continues to be part of, and provider agency representatives have been added, to the planning as we continue to work with HCNO to develop the CHIP, including identifying gaps and priorities for Mahoning County. The five priority areas that have been selected are 1) Mental health and addiction; 2) Chronic disease, 3) Maternal and infant health, 4) Social determinants of health, and 5) Health equity. The final two priorities are cross cutting factors as well, both of these items are being addressed in each of the other 3 priority areas as well as on their own as they affect systems in the county. The gaps for each priority area have also been identified and strategies are being finalized to address each of them.

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

No agency has initiated the dispute resolution process. Needs of the children and families served by the Council are considered in planning

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

In Mahoning County the expansion of Mercy Health Youngstown acute care inpatient psychiatric unit from 16 to 24 beds, establishment of a 14 bed geropsychiatric inpatient unit and increase partial hospitalization and intensive outpatient programs has been of benefit within the system. The opening of Generations, a 72 bed inpatient psychiatric hospital has further alleviated any challenges with availability of appropriate in patient treatment. The MCMHRB has been working closely with the Staff at Heartland Behavioral Healthcare Hospital and other Ohio MHAS Staff members to reduce the number of long term patients in Heartland. It is an ongoing priority to place consumers in the most appropriate, least restrictive level of care. MCMHRB is working hard with local partners, such as developmental disabilities and community provider agencies, to find local appropriate placement, living arrangements, treatment and community supports for persons currently receiving treatment at Heartland Behavioral Healthcare Hospital.

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

The MCMHRB has participated in the ROSC assessment in the past with results ranging from 2.93 to 4.5 on each question. These outcomes are considered in the planning for the Board.

- 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)].

The Continuum of Care requirements that were enacted by the legislature have not placed any undue burden on the system of care in Mahoning County. Mahoning County has traditionally enjoyed a very robust continuum of services in our community. The only service in the legislation that was not available in Mahoning County was Ambulatory Detoxification services. Sub-Acute Detoxification has been available for many years in our community, as has medication assisted treatment. Meridian Health Care a leader in Medication assisted treatment has been planning for ambulatory detoxification and so was able to apply for licensure and receive a license in a very short time frame. With their licensure, Mahoning County is now in compliance with the continuum of care as enacted by the legislature, and still continues to have services outside of the required continuum.

- 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.

Several of our needs and identified gaps fall under these Executive Budget 2020-2021 priorities. In the SFY2018 & 2019 biennium we were able to benefit from the regional crisis funds to establish a 16 bed regional crisis stabilization unit.

- 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).

Priorities

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 (enter name of Board)				
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)	IVDU admitted within 14 days without interim services IVDU admitted within 120 days with interim services	IVDU given priority for services whenever possible	90% Capacity Quarterly Reporting	<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)	Pregnant women admitted within 14 days with interim services	Pregnant women given priority for services	90% Capacity Quarterly Reporting Agency reporting of admissions/waiting list	<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)	Parents with dependent children under investigation for parental neglect or abuse be admitted to services within 30 days	Parents with dependent children under investigation for parental neglect or abuse given priority for services whenever possible	Agency reporting of admissions/waiting list	<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.)	Individuals with tuberculosis and other communicable diseases will be admitted to services within 30 days	Individuals with tuberculosis and other communicable diseases given priority for services whenever possible	Agency reporting of admissions/waiting lists	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	To develop a comprehensive array of services in the recognition and treatment of children with emotional and behavioral issues along with the strengthened supports for families. To improve protective factors and reduce behavioral concerns	Classroom Connections Child Consultation Camp Challenge School Based Depression Awareness and Suicide Prevention Program All of these programs educate and work with children to address risk factors, promote family unification, and address challenging behaviors.	For each program: • Number of clients served Each program will then measure one or more of the following: • Number of hours of service • Improvement as reported by family or teachers • Number of children referred for services	<input 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>Promote Recovery, implement most effective treatments, build capacity and utilize evidence based practices</p>	<ul style="list-style-type: none"> • Promote BeST Practice and other EBP • Reduce the symptoms of psychotic illness. Improve individual and family functioning, reduce the chance of relapse and promote and improve the long term course of the illness, and decrease overall cost of treatment. • Improve access to mental health services for co-occurring consumers • Support creation of sub-acute detoxification beds for co-occurring consumers • Increase utilization of crisis stabilization unit • Increase availability and utilization of mental health treatment for consumer currently incarcerated in local facilities as well as address their needs on re-entry to the community <p>Continue to support stabilization and transition from transitional beds at Burdman Home back to independent placement in the community</p>	<ul style="list-style-type: none"> • Number of individuals participating in EBP • Number of consumers who have an improvement in functioning; number of relapses; number of consumers and family who are educated and demonstrate an understanding of the illness • Increase training for providers on understanding co-occurring disorders and how to treat • Converting 6 to 8 beds at the CSU to provide sub-acute detoxification service • Number of consumers that are admitted to the CSU • Number of consumers who receive mental health treatment in a local jail facility; number of consumers who receive re-entry planning and support upon release <p>Number of consumers who are stabilized at the Burdman Home and transitioned to independent living</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing</p>	<p>Affordable quality housing is available for every consumer on demand</p>	<ul style="list-style-type: none"> • Form Housing specialist action planning team • Inventory available housing by category • Develop central housing intake process <p>Identify all available housing funding resources</p>	<ul style="list-style-type: none"> • Members of housing team; number of meetings; agendas • Inventory of housing by category completed and reported • Central housing intake process developed <p>Inventory of all available housing funding resources developed</p>	<p><input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):</p>
<p>MH-Treatment: Older Adults</p>				<p><input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds</p>

				<input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)
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	To provide MH/SUD treatment to individuals in the Criminal Justice system	Increase availability and utilization of MH/SUD treatment for consumer currently incarcerated in local facilities as well as address their needs on re-entry to the community	Number of consumers who receive MH/SUD treatment in a local jail facility; number of consumers who receive re-entry planning and support upon release	<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				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	<ul style="list-style-type: none"> • Provide certified Recovery Housing • Provide Peer support services 	<ul style="list-style-type: none"> • Continue providing rental assistance for ORH Certified recovery houses • Peer Recovery Supporters are employed at 6 contract agencies and active with clients 	<ul style="list-style-type: none"> • Number of persons provided with rental assistance • Number of Peer Recovery Supporters employed within contract agencies • Number of clients served by Peer Recovery Supporters 	<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)	This will still be addressed as part of cultural competency vision of the MCMHRB and through the local CHIP plans in a number of systems throughout the community.			<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	Reduce the number of opiate overdoses and/or deaths	Working with the Prescription Drug Overdose Coalition (Part of a grant from ODH to the Mahoning County District Board of Health) Drug Overdose Death Review Committee	<ul style="list-style-type: none"> • Number of persons who experience an unintentional opiate overdose • Number of overdose deaths 	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

		Communication strategies developed by ODH as part of grant and “take Charge Ohio” campaign		
Promote Trauma Informed Care approach	Ensure Mahoning County has trauma aware systems of care and appropriate treatment for those who have experienced trauma	Create a Trauma Informed County System Ensure there are certified treatment options for those who have experienced trauma	Number of community resources identified as trauma aware as part of our trauma plan Number of community treatment providers that have trauma trained and/or certified counselors who can address the needs of the community members	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

Prevention Priorities

Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Provide prevention services across the lifespan	Provide prevention messages and/or programming geared to the phases of the lifespan	# of prevention messages and or programs geared to children, adolescents, young adults, parents/families, and older adults	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Increase access to evidence-based prevention				<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input checked="" type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Suicide prevention	Participate on the Mahoning County Suicide Prevention Coalition	Assign a staff member as representative to the coalition, and support their work with the coalition partners	Number of meeting attended Number of projects participated in	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	Problem Gambling prevention to be a part of existing AOD prevention programming	Provide training and resources for adding problem gambling prevention to existing prevention programs	# of programs that incorporate problem gambling prevention	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Board Local System Priorities (add as many rows as needed)

Priorities	Goals	Strategies	Measurement
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Collaboration and Cooperation for Quality, Continuity and Capacity	Complete system of care imaging campaign and create systems and processes that assure service and workforce capacity.	<ul style="list-style-type: none"> • Continue collaborative marketing approach • Continue collaborative staffing recruitment and retention approach • Identify gaps in BH system of care with community stakeholder input 	<ul style="list-style-type: none"> • Number of messages/media hits • Number of staff positions filled and retained • Number of stakeholder input opportunities created
Access to services for non-English speaking persons	Ensure access to service for those whose primary language is not English	Continue to provide translation services as needed Continue to recruit professionals that speak multiple languages	Number of translation services funded Number of clinicians recruited that speak another language

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?)

The MCMHRB has experienced great success with collaboration since our merger of the ADAS and CMH Boards in February 2015. Some of our more recent successes are:

- We are currently working with Joyce Starr and Kim Kehl of OhioMHAS, and Judge Teresa Dellick, Mahoning County Juvenile Justice center to coordinate planning to become a Trauma Informed County. We have undertaken this work as an informal collaboration with the Juvenile Justice Center. We are seeing approximately 100 persons a month attend our planning meetings. We have developed a mission, and vision, and goals. Our workgroups are working on priorities and timelines for actions plans. We are working to develop the systems and support in Mahoning County to have our schools, churches, businesses, etc be trauma aware. We are also working toward having the community aware of the resources we have in clinicians, and agencies to treat those who have experienced trauma. While this is still an ongoing project in the approximately 6 months we have been meeting and working on this, we have developed champions in our school districts, churches, law enforcement, and our courts.
- Media campaign and branding involving the MCMHRB and 10 of our contract agencies. The campaign is for the "Preferred Network of Care" and includes 11 commercial spots that each highlight a partner agency. All commercials start with a brief intro by MCMHRB Executive Director, Duane Piccirilli and end with a screen with all the participating agencies logos under the "Preferred Network of Care" banner. These commercials have been well received by the viewing audience and are mentioned to us often when we are at public events. It is a formal arrangement via contracts, as all commercials are purchased through Compass Family and Community Services to allow for additional PSA spots to be utilized to spread the message even further.
- Currently working with the Common Pleas Domestic Relations Court Judge to provide some navigation services for her court. She is seeing families (adults and children) who are living with mental health and addiction issues. Many times these issues are an integral part of any divorce and affect the entire family. We are working to ensure that all of the persons that come before her or are affected by the cases she hears have access to services.

The MCMHRB also continues to have ongoing collaborative success with partnership formed as separate boards. These ongoing collaborations are also a testament to the community acceptance of the merger. Some of them are as follows:

- Participation in the Mahoning County and City of Youngstown Health Districts Community Health Improvement Plan. Behavioral Health is a priority of the current plan. MCMHRB also participates on the M/Y Baby First (Birth Equity Outcomes Team) with these partners to address the high infant mortality rate in Mahoning County.

- Member since inception of the Coalition for a Drug Free Mahoning County. The Coalition currently provides a training series for the community. The Coalition also received a Drug Free Community Grant and is currently implementing programming related to that grant.
- Invited by YUMADAOP to be a member of the Coalition for Health Promotion. This is a community drug free coalition focused on the inner city of Youngstown and minority population. This coalition has applied for a DFC grant for FFY2017.
- Active member of Family and Children First Council.
- Active member of the Mahoning County Continuum of Care
- Specialty Docket Courts – continuing with Mahoning County Common Pleas Drug Court, Mahoning County Common Pleas Mental Health Court and have been invited to be a member of planning team for the Mahoning County Common Pleas Veterans Court, which plans to begin operations August 2016.
- Ongoing “Stop the Stigma” campaign with Trumbull and Columbiana County Boards.
- Ongoing Crisis Intervention Team (CIT) trainings for local law enforcement. Included this year is a mini-session for Mercy Health Hospital Security force based on the CIT model.
- Developed and functioning Crisis Response Team with appropriate community partners
- Developing a LOSS Team with appropriate community partners
- Continuation of pooled funding arrangement through the Family and Children First Council. It includes Mahoning County Children Services Board, Mahoning County Board of Developmental Disabilities, Mahoning County Mental Health and Recovery Board, Mahoning County Juvenile Justice, Mahoning County Board of County Commissioners and Mahoning County Job and Family Services as investment partners. This funding provides for a Family and Children First Service Coordinator to utilize as needed to provide services for multi-system children and their families as determined by the clinical team that reviews each case. This is a formal arrangement with MOU’s in place to ensure access to services through MCFCF and information sharing on individual cases. This program is all about continuity of care for our most vulnerable multi-system children and families.
- Continuation of the IROCS (Incarceration to Release-Offender Coordinated Service program. This program is funded by a CJ/BH Linkages provided by OhioMHAS. This collaboration includes Mahoning County Mental Health and Recovery Board, the Mahoning County Sheriff’s Department, Community Corrections Association, Inc., Turning Point Counseling Services, TASC a program of Meridian Health Care, Catholic Charities Regional Agency and Flying High, Inc. These providers provide screening, assessment and treatment for MH and SUD in the facilities (county jail and CBCF), pre-release planning for participating consumers, and peer support services upon release. This multi-disciplinary team meets weekly to review potential participants and current consumers. This program has the full support of the partners and has been recognized locally by the Sheriff’s Department and Mahoning County Board of Commissioners, and Statewide, by the SteppingUp Coalition. This is also a formal arrangement to ensure access and information sharing among agencies while the participant is incarcerated. Releases are also procured from each client to ensure continuity of care and information sharing upon release. It is important to have information sharing between the Peer Supporter and any Counseling or other treatment staff that are working with the client upon release.

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.

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

The Board contracts for indigent bed days with two hospitals Mercy Health located in Youngstown as well as Summa Health System in Akron. These contracts are utilized for those clients not appropriate for Heartland Behavioral Health Care Hospital as well as when Heartland does not have a bed available. For consumers at Mercy Health a staff member attends the daily team meetings and Board representation is at the probate court hearings to facilitate community options. The probate court is instrumental in implementing Board request for force medications and Assisted Outpatient Treatment (AOT). The AOT process with attorneys and an independent expert evaluator to address the needs of high utilizers as needed. Part of the evaluation is to assess for need of comprehensive wraparound services for stability in the community. If the consumer is deemed appropriate for treatment stabilization and community monitoring for consumers presenting at or ready for release from the hospitals.

The MCMHRB continues to actively work with Heartland Behavioral Health staff and other OhioMHAS staff as needed to address the large number of Mahoning County residents currently at Heartland Hospital. It has been determined in the past that the large number of clients can be mostly attributed to forensic clients. The MCMHRB staff continues to work with local courts and local providers to allow these consumers to return to the community once appropriate housing, services and supports are in place. The MCMHRB is still utilizing a Navigator to attend Heartland treatment team meetings, meet with consumer, and discuss and advise on discharge planning for these clients.

The MCMHRB continues to support and fund the Community Support Network to provide high intensity services in the community for consumers returning from the hospital or who are high utilizers. CSN staff meets with consumers both in the hospital and upon return to the community. They provide medication monitoring, assessment, individual counseling and CPST services for these consumers. The MCMHRB conducts a bi-monthly Clinical Issues meeting to review and implement system wide treatment plans for consumers. CSN and the Hospital Navigator both participate in this meeting. This allows services to be coordinated for high utilizers to attempt to prevent re-admissions to the hospital. Member of the Clinic Issues group also participate in the Heartland Case Review Team meetings to discuss all Mahoning County consumers and facilitate the services needed to assist in transitioning consumers back to the community. The members of the Clinic Issues group are Clinical Supervisors from each provider, guardian supervisor, housing coordinator, VRP3 representative, AOD supervisor to IDDT, payeeship representative, local hospital emergency

and psychiatric unit liaison coordinator, Compass Supervisor, CSN, homeless shelter, children supervisor

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

The MCMHRB funds local guardianships program for mental health consumers involved with the probate court. Attorney fees are also included. Cases are presented at the Clinical issues meetings on Thursday to assist with transitioning consumers from local and state hospitals.

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

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 waiver 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.

Mahoning County Mental Health and Recovery 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/>