

Ohio Department of Mental Health and Addiction Services (OhioMHAS)

Community Plan Guidelines SFY 2021 and 2022

Enter Board Name: Columbiana County Mental Health and Recovery Services Board

The following template will help organize the required information needed to complete the SFY 2021-2022 Community Plan. This template has been organized and streamlined to assist in the creation of a forward-looking Community Plan with a focus on identifying community priorities. These community priorities should be identified via a needs assessment process and tracked to determine success in addressing the stated priorities.

Evaluating and Highlighting the Need for Services and Supports

1. Describe the community needs assessment process that led to the identification of the local priorities the Board will address. 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 evaluating needs, evaluating strengths and challenges and setting priorities for treatment and prevention for SFY 2021-2022. [ORC 340.03 (A)(1)(a)].

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 Action 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 provider quality improvement surveys, 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 Recovery Collaborative in Columbiana County, bringing together people in recovery, peer supporters, and providers of recovery services and supports to look at ways they can better serve individuals in recovery from 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 peer center participants, K-12 school administrators, and prevention providers.

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 2021-22.

The following are the results of the most recent needs assessment activities conducted between FY 2018 to present:

MENTAL HEALTH NEEDS ASSESSMENT SUMMARY

Needs Assessment Information Relevant to Adults

- Late in 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 2019, 4,339 adults received mental health services compared to 4,030 adults in FY 2018. During both fiscal years, the top three diagnoses of persons served were: Depressive Disorders, Bipolar Disorders, and Anxiety Disorders.
- During the annual Recovery Conference held in June 2019, 23 adults with serious mental illness receiving services completed a client satisfaction survey about their experiences with their provider. The following are the results:
 - 95% of respondents agreed that services are offered in convenient locations.
 - 97% of respondents said staff always or usually treat them in a respectful/professional manner and speak to them in a way they understand
 - 95% of respondents said they feel safe coming to the Center
 - 91% of respondents said the staff always or usually understands their concerns
 - 96% of respondents agreed that staff encourages them to choose their own treatment goals
 - 86% report they can always or usually be seen as often as they like

Needs Assessment Information Relevant to Youth

- In March 2020 a meeting was held with Columbiana County Juvenile Court Magistrate and staff regarding the ongoing needs of juveniles and families involved with the court. The Magistrate and staff expressed concern about the increase and intensity of negative behaviors of the juveniles that are currently coming through the court. They have concerns around the lack of services and programs to meet the ongoing needs when these youth are at the Louis Tobin Attention Center. Also, identified concerns around lack of “enough or appropriate”

intensive services and programs to meet these needs as youth are released into the communities. Discussion centered on current programs and identifying the “gaps” of area providers being able to meet these ongoing needs due to lack of capacity, insurance and staffing barriers. The Board is planning a “Youth Summit” for early Fall to bring together providers, court staff, and other agency representatives to address areas of strength and needs for our Youth in Columbiana County.

- All 12 school districts in Columbiana County have completed a Needs Assessment in order to obtain the K-12 Prevention Funding through Ohio MHAS. In reviewing of the districts needs assessment, some common themes of needs center on social-emotional learning, school based mental health, and outreach and engagement of families of the youth that attend school in CC districts. The Board is the conveyor of the K-12 Prevention Funding and will continue to collaborate with all school districts to assist in the planning and implementation of evidence based prevention programs through the 2020-21 school year.
- The Search Institute Survey is distributed every two years to 7th, 9th, and 10th grade youth in Columbiana County schools. There were 2,314 respondents in 2018 and 2,296 in 2017. Due to COVID, no survey was conducted during the 2019-2020 school year. 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 20, The Counseling Center expanded on-site school counseling services to three additional school districts to meet the ever-growing needs for school-based mental health services.
- During FY 2019, 1,853 youth were served by the mental health system compared to 1,877 in FY 2018. The top three diagnostic categories of youth served continue to be: Attention Deficit/Disruptive Behavior Disorders, Adjustment Disorders, and Conduct Disorders.

Needs Assessment Information Relevant to Adults and Youth

- During 2019, there were 19 completed suicides compared to 18 in 2018. Twelve were due to a self-inflicted gunshot wound. Suicide completions by middle-aged men and seniors continue to rise. During the past three years, the majority of completions were by gunshot. To date, 8 suicides have been completed in 2020.

- 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 relevant to 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 currently 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 July 1, 2021.
- 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
- There were 34 drug-related deaths in 2019, up from 29 in 2018. The most prominent drugs for drug-related deaths included: fentanyl, cocaine, morphine, heroin, and stimulants. To date in 2020, there have been 26 drug-related deaths.
- Data from Ohio's EpiCenter shows a current 60-day average of one overdose encounter per day by Columbiana County residents presenting at Ohio emergency rooms, as of 9/5/2020.
- Reports from the Ohio Department of Health indicate that opioid and heroin overdose deaths rose again to 3,957 in 2019 after hitting a four-year low in 2018. According to preliminary reports from Ohio Department of Health's mortality database, as of the end of August 2020, a total of 2,071 fatal overdoses had been reported so far in Ohio for 2020, a 29.5% increase over what had been reported at this time last year.
- 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.

- An evaluation of outcomes in the Columbiana County Municipal Drug Court 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. In 2019, there were 25 participants in Drug Court, and eight graduates.
- A Drug Court was launched in February 2019 in East Liverpool Municipal Court. During 2019, there were 23 participants and four graduates.
- During FY 2018, 1,311 adults received substance use disorder services compared to 1,400 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.

Needs Assessment Information relative to 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 2,296 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 graders 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 2019 was 24, an increase when compared to the 19 served in FY 2018. The top diagnostic category of youth served continues to be Cannabis Use Disorder followed by Alcohol Use/Alcohol Induced Disorders and Substance Induced Disorders.
- 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.

MENTAL HEALTH AND SUBSTANCE USE NEEDS ASSESSMENT SUMMARY

- During FY 2020, the Community Care Team (CCT) continued to meet to address the needs of adults ages 18-59. The Community Care Team received 18 referrals. Every referral is reviewed by the CCT members and contact is attempted/made to provide the individuals with referral linkages that would meet their needs. Linkages for Case Management, PCPs, peer recovery supports, service coordination, or other community resources are offered to the individuals. Due to COVID-19 interrupting FY20, referrals were low and meetings were held virtually. Moving forward the team will continue to reach out to referral sources, such as local medical sites in order to educate doctors about the CCT and how it operates. Referral information is also being provided to these potential referral sources. CCT members are constantly reviewing how the team operates in order to increase the overall effectiveness, membership, and engagement of individuals to meet their needs.
- In February 2020, a Recovery Summit was held, bringing together a number of providers and people in recovery to discuss what is working and what isn't in recovery in Columbiana County. The needs listed included collaboration between providers, recovery housing, more social opportunities for people in recovery, more job opportunities for people in recovery, increased access to peer support and peer supporter training, and transportation. A Recovery Collaborative was suggested, but plans were put on hold due to COVID.
- An ADAPT Coalition Strategic Planning session was held in September 2019, and advisory board members identified the Coalition's most important priorities as family-based activities, vaping programs, community outreach, school programs, developmental assets survey, and law enforcement training. Among the most effective practices identified are being in schools, community events, health fairs and county events, trainings like Operation Street Smart and server training, compliance checks, Youth Coalition, drug takeback days and medication lockboxes. As funding from the Drug Free Communities grant expires in September 2020, the Coalition will be re-assessing its focus and explore alternative sources for funding.
- A Prevention Partners group was formed in August 2020, bringing together prevention providers in the county. The group will be meeting regularly to create a database of prevention services available and to formulate a strategic plan for prevention in Columbiana County,

identifying needs and filling gaps.

- Fourteen providers responded to a Provider Survey conducted in August 2020. Among the greatest mental health or substance use issues for adults identified were anxiety, unaddressed childhood trauma, stigma against seeking treatment, lack of detox facilities, transportation, lack of resources for transition-age youth, lack of personal support, generational poverty, lack of basic living skills, resistance to treatment, lack of follow-through with services, social isolation, methamphetamines, housing, no crisis stabilization unit, staff shortages lead to inability to access services, and lack of comprehensive dual disorder treatment.

The greatest mental health or substance use issues for youth identified included lack of referrals for youth treatment, lack of staff to work with this population, cultural acceptance of drug use in community, no rehab services for youth, trauma caused by the pandemic, behavioral issues, increased vaping, methamphetamines, parents with issues and no parenting skills, many living in foster care or with relatives, gender identity issues, and parents' failure to ensure youth get the treatment they need.

When asked what programs are needed but not available in Columbiana County, providers identified mentorship programs, after school programs, life skills centers (safe alternative to homeless shelters, where someone could go to make a meal, do laundry, get a shower, etc.), zero income housing in the northern part of the county, inpatient psychiatric services, crisis stabilization, victim advocacy programs, more housing, youth resource centers, prevention programs for high risk families, crisis team, dual-disorder capable prescribers, EMDR-trained staff, and Assertive Community Treatment. The biggest barriers to seeking treatment identified by staff include lack of comprehensive care in one place, lack of transportation, stigma, restrictions regarding housing, no crisis intervention, currently the pandemic is a barrier, admitting you need help, timely access to service, and lack of knowledge of available resources. The barriers to implementing new services that were identified by providers included interest, participation, childcare for parents, the pandemic, funding, hiring and retaining staff, a territorial attitude or not having a team approach to treatment, and space. Providers were in agreement that funding and staff are their biggest needs.

Among the top priorities listed by providers: better communication among agencies, respite care for children, enable recovery housing to be both profitable and improve outcomes, promote mental health as a public health concern, staff training, involving business/community leaders, crisis team/stabilization unit, programs to assist families, increased pay for staff to reduce turnover, housing, stipend-based programs to teach people to rise above poverty, incentives for employee retention, reimbursement for administrative fees, working in conjunction with PCPs and pediatricians to screen for ACEs, and implementing the "Handle with Care" program.

- In the summer of 2020, the Board participated in a peer review of the county's Crisis Intervention Team (CIT) Program. Among the recommendations made in the peer review:

- Ensure the training blocks are relevant to police work, with practical information that officers can use during a crisis call. One way to do this is to formalize the entire curriculum by including general training objectives that each course should meet, and to help presenters design their courses to meet these expectations.
 - Educate officers about anosognosia and diversity issues. Anosognosia is a condition that is related to the lack of insight that one has about their own illness. Understanding this can help officers further understand why some do not comply with treatment and why there is a risk of unpredictability during police encounters. Diversity should also be clearly integrated into all training blocks.
 - Use of force in relation to the crisis intervention encounter. While it is covered, the topic should be expanded to include education on the ethical and constitutional use of force to be used during crisis encounters, since mental health crisis calls can often involve use of force.
 - Compile and analyze evaluations. Evaluations of the training should be shared with the Steering Committee to make determinations about the program's effectiveness. The committee may be able to identify themes and characteristics about the blocks and presenters and make decisions that could improve the program.
 - Understanding the adult learner. The program should explore ways to connect to law enforcement officers who may enter the training challenged with lack of motivation and/or prior experiences that have created a preconceived notion about people with mental illness or responding to crisis calls. This can be done through expanding videos, role plays and other interactive learning opportunities through the week.
- 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.
 - 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.

2. Considering the Board’s understanding of local needs and the strengths and challenges of the local system, please identify the Board’s unique priorities in the area provided on Page 2. Please be specific about the chosen strategies for adults, children, youth, and families and populations with health equity and diversity needs in your community. OhioMHAS is still interested in any RecoveryOhio priorities Board areas may be addressing.

Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in ORC 340.03(A)(11) and 340.033.

Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Stigma Reduction	Reduce stigma related to mental health and substance use disorders	Expand and promote Mental Health First Aid (MHFA) training	Measurement indicator: Number of individuals trained Baseline data: Number trained last year 46 trained in adult MHFA 56 people trained in youth MHFA 102 total trained Target: 50 percent more than last year or 154 people
Use of Data	Use data to make informed decisions about planning and investment.	Utilize Client Perception of Care Outcomes system for board's priority population groups, reviewing current surveys used for client satisfaction and revising to include more relevant data. Paper surveys will be modified to make them more user-friendly (electronic file).	Measurement indicator: Number of surveys completed and results used by the system-wide CQI Committee and Board Committees in planning Baseline data: Number of surveys received last year - 185 Target: 50 percent more than last year or 278 surveys
Partnerships/Collaboration	Establish and maintain Prevention Partners workgroup made up of individuals and organizations providing prevention services in county.	Create a database of prevention services offered, target population, contact information, etc., and create a strategic plan for prevention services in Columbiana County	Measurement indicator: Creation of database and strategic plan Baseline data: 0 Target: Strategic Plan is completed and database is created and updated as needed
Workforce Development	Assess Workforce Development needs and provide strategies to address needs in collaboration with providers.	Conduct needs assessment to identify workforce gaps and explore strategies to improve workforce recruitment, hiring and retention, such as agreements with regional colleges and universities, stipends, and sign-on bonuses.	Measurement indicator: Completion of needs assessment and list of workforce development initiatives aimed at recruitment, hiring and retention. Baseline data: 0 Target: Completed plan for recruitment,

			hiring and retention
Faith-Based Collaboration	Continue to collaborate with the faith-based community to address the needs of persons with mental illness and substance use disorders.	Offer additional training opportunities for faith-based leaders (such as QPR and MHFA)	Measurement indicator: Number of trainings offered Baseline data: Last year's data (2 trainings) Target: 4 training opportunities
Criminal justice Collaboration	Ensure that law enforcement and other criminal justice professionals have access to adequate training and information related to behavioral health needs and interventions.	Complete all deliverables related to the CIT Support and Expansion Grant	Measurement indicator: Completion of all deliverables Baseline data: 0 Target: All deliverables completed
School-based Services	Collaborate with county school districts to identify behavioral health needs in schools and possible services to meet needs, particularly related to COVID-19	Provide materials, information, and resources about COVID-19-related stress, anxiety, depression, etc., in children to schools. Information will come from OMHAS, SAMHSA, and other sources.	Measurement indicator: Information distributed Baseline data: 0 Target: Monthly distribution

3. Describe all environmental factors that influenced the identification of the chosen priorities within the Board area. Factors could include: economic, social and demographic factors, transportation, unemployment, uninsured/underinsured population, poverty rates, housing availability, incarceration rates, etc. Note: Regarding current environmental factors, Boards may describe the continuing 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 2019 population of the county at 101,883. 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 2020 Robert Wood Johnson Health Ranking Report indicates that 22% of Columbiana County youth live in poverty, compared to 19% statewide. 52% are eligible for free lunches compared to 37% statewide. The median household income is \$44,900 compared to \$56,200 statewide. Columbiana County residents have lower educational attainment when compared to the state average. 52% 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 5.2% compared to 4.6% 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.

Our providers continue to report some issues related to Behavioral Health Redesign and Managed Care carve-in. Group mental health rates are so low that it is not profitable to provide, but rather see clients individually, even though a group format may be the most clinically appropriate. Also, not being able to provide a diagnostic assessment and evaluation and management service on the same day limits the ability to get a client started on medication immediately, and not being able to bill for an SUD individual service and E&M service on the same day limits the ability to streamline services for clients that may struggle with transportation and accurately provide needed services. Administrative time and costs are much higher due to the time it takes to

bill five payers and the irregularity of the payments. Provider enrollments are not transparent, and many times the MCPs have them entered incorrectly, causing low payments or denials, which impacts revenue. Case management billing is not revenue-friendly. If different providers are offering case management on the same day, the claims are usually denied.

4. Describe any child service needs resulting from finalized dispute resolution with county Family and Children First Council(s) [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.

5. Describe how the future outpatient service needs of persons currently receiving inpatient treatment in State Regional Psychiatric Hospitals [340.03(A)(1)(c)] are identified.

Individuals who are receiving inpatient treatment services in State Regional Psychiatric Hospitals are monitored by the hospital social workers and other staff who oversee discharge planning. The hospital holds a monthly call with staff from the county's primary outpatient treatment provider to discuss cases and discharge planning needs. A Board representative also began participating in these monthly calls as of August, 2020. If the individual is receiving outpatient services through another private provider, the hospital works with the person's CPST or other outpatient treatment staff to ensure that needs are identified and referrals are made. The Board also works collaboratively with the State hospital and treatment providers to assist in arranging and funding specific outpatient service needs prior to discharge on a case-by-case basis (especially for extended residential treatment or for transitional/ permanent supportive housing needs, such as Adult Care Facilities).

Collaboration

6. Describe the Board's planned collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public for SFY 2021-2022 that will be needed to implement funded priorities. (Note: Highlight collaborations needed to 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

In order to expand Mental Health First Aid training, we will collaborate with local businesses and agencies to train their employees. We are in the process of collaborating with a local faith-based service organization, the Way Station, to train their 8 employees. We have applied for grant funding through the Ohio Program for Campus Safety and Mental Health to provide Mental Health First Aid training at three of our

county's trade/technical schools, and have secured agreements with each of these schools. Our trainers have also undergone the training necessary through National Council/MHFA to enable them to provide virtual MHFA training when COVID restrictions prevent larger gatherings. In addition, our Adult MHFA trainer has also received certification to do MHFA for Public Safety, Higher Education, and Older Adults, and she is working on completing certification for Veterans and First Responders (EMS, Fire, etc.)

Use of Data

Client survey responses are an important source of data that can be used in needs assessment. However, the forms currently being used need updating, and providers have requested the option of offering an electronic survey to clients. The Board will collaborate with providers to update the peer survey and create a system for sharing data from electronic survey results. In addition, we will work with providers to utilize data from the state Ohio Behavioral Health Information System (OBHIS) which is being launched in October 2020.

Partnerships/Collaboration

The Board is collaborating with a number of prevention providers, including Family Recovery Center, the ADAPT Coalition, Ohio State University Extension, CASH Coalition, Counseling Center, school districts, Columbiana County Educational Service Center, Career Center, etc., to create a database of prevention services available in the county, as well as a prevention strategic plan. All prevention partners will be participating and collaborating in this process.

Workforce Development

The Board will collaborate with providers to assess workforce development needs and provide strategies to address needs. This may include collaboration or partnerships with regional colleges and universities for internship opportunities, inclusion in job databases or participation in job fairs.

Faith-Based Collaborative

In 2019, the Board created 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. One in-person training was already held, and another was canceled due to COVID-19. The Board will partner with organizations such as the Ohio State University Extension Office, Ohio Suicide Prevention Foundation, and Prevention First to make virtual or in-person training opportunities available to this group.

Criminal Justice Collaboration

In the spring of 2020, the Board received a grant from the Northeastern Ohio Medical University's Criminal Justice Coordinating Center of Excellence to expand the county Crisis Intervention Team (CIT) program. Through this grant, the Board will collaborate with local law enforcement agencies and criminal justice professionals to address training needs and interventions. As a result of this collaboration, all deliverables of the grant program will be met.

School-Based Services

Given the additional behavioral health needs that COVID-19 presents, the Board is ready to provide any materials, information, and resources that schools may need to address challenges through the school year. The information will come from OMHAS, SAMHSA and other reliable sources. The Board will collaborate with school officials to identify those needs.

Priority populations – IV drug users and pregnant women with SUD

The Board will collaborate with providers to ensure they have procedures at screening to identify these priority clients at screening and that they are given quick admission. The Board will provide assistance as needed to ensure this can be done.

Parents with SUDs who have dependent children

The Board will work with the recently-formed Ohio Children's Trust Fund (OCFT) Family Success Collaboration to identify parents with substance use disorders who have dependent children. These parents will receive assessment/services through the OCTF grant and be referred to a provider for treatment, as appropriate.

Children with SED

A collaboration meeting/discussion with a child-specific treatment team or the Case Review Team of the Columbiana County Family and Children First Council will be held to ensure effective discharge planning is in place before a child in out-of-home placement is returned to the community.

Access to peer supports

The Board will collaborate with OMHAS to offer Certified Peer Supporter training in the county. We will also collaborate with local providers to identify candidates for the peer supporter training.

Outreach to homeless persons

The Board will collaborate with the Hand-in-Hand Outreach program to maximize the number of homeless persons who are contacted. The Board will also collaborate with providers and social service organizations, as well as the Citizen Circle, the Continuum of Care (CoC), and the Community Care Team to identify homeless individuals and help them access services.

Older Adults

The Board will collaborate with the Department of Jobs and Family Services Senior Services Levy Department to provide training and education on identifying mental health needs in older adults and provide resource and referral information.

Treatment in Criminal Justice System

The Board will work collaboratively with the Columbiana County Jail staff and the providers assigned to the jail through the BH Linkages project to ensure offenders receive treatment and supports during their time in the jail, as well as supports when they are released. The Citizen Circle is also an essential collaborator to help meet the needs of these individuals upon re-entry.

Integration of behavioral health and primary care services

The Board will collaborate with primary care providers, the Community Care Team, Emergency Departments, and doctors' office staff to ensure they have information they need to provide better care of patients with mental health issues.

Recovery support services

The Board will work with providers to ensure clients are given information about peer support groups such as NAMI, PRRC, AA, or other 12-Step Programs, and are encouraged to attend. Clients will be asked on their satisfaction surveys if they attend support groups, and providers will report this information to the Board.

Promote health equity and reduce disparities across populations

The Board will collaborate with the East Liverpool/Wellsville NAACP to arrange cultural conversations to learn more about the needs of the black community with regard to substance use and mental health. The Board will also collaborate with groups and churches that serve the growing Guatemalan population in Salem to determine the needs of that group.

Prevent and/or decrease opiate overdoses and/or deaths

Columbiana County is in need of ambulatory detox services. Collaboration is necessary with a partner to bring this service to the county. Once this provider is identified, the Board will work with OMHAS to use SOR funding to create the program, adhering to any specifications of the SOR funding.

Prevention services across the lifespan

The Board is collaborating with Prevention providers across the county with the formation of the Prevention Partners group. The group will be creating a database of Prevention services and formulating a strategic plan for prevention services in Columbiana County. The plan will ensure that services are available across the lifespan.

Access to evidence-based prevention

The Board is collaborating with county school districts to create their Plans of Action for spending the K-12 Prevention funding. Schools are using evidence-based programs. The Board will be working with the districts to ensure they meet the goals in their plans of action.

Suicide prevention

The Board will collaborate with businesses, schools, organizations, churches and social services agencies to present Question, Persuade, Refer (QPR) suicide prevention training.

Inpatient Hospital Management and Transition Planning

7. Describe what partnerships will be needed between the Board and the State Hospital(s), Private Hospital(s) and/or outpatient providers for the identification of needed services and supports.

a. How will the Board coordinate the transition from the hospital to the community? (i.e.; discharge planning)

As a result of Medicaid expansion, many more individuals are able to access mental health and substance use treatment through local resources. In addition, regional crisis stabilization funding for both MH and SUD has resulted in more options for regional treatment. This has reduced the number of people needing to go to the State Hospitals, and we have increased collaboration with local Emergency

Departments (EDs). Regardless of whether the person is in a State or local hospital, coordinated discharge planning is key to the transition process. For those in the State Hospital, a Board representative is now participating in the monthly case planning calls with the hospital and a local provider representative to help facilitate effective planning. For Private Hospitals, the Board will encourage treatment team meetings and discharge planning between outpatient providers and private facilities and will offer to participate in such meetings, if needed.

The Board will also continue to develop the Community Care Team process in the county. The Community Care Team is made up of representatives from local treatment providers, hospitals, public agencies, law enforcement, etc. The team reviews complex situations for adult clients and helps to make referrals and connections in the community. With client consent, referrals can be made to the Community Care Team by anyone, including state or private hospitals or providers, to help identify services and supports and to ensure coordination of services. For youth, the Columbiana County Family and Children First Council also provides this service through Family Support Team and Case Review meetings. These collaborative meetings help to ensure that proper services and supports are in place prior to a client’s release back to their home and community. Adult and youth clients, along with their families or supports, consent to and participate in these meetings. Collaborative efforts from all of the partners will be necessary for both adults and youth in order to effectively transition individuals from public or private hospitals to outpatient services and supports.

b. Who will be responsible for this?

The Board’s Director of Treatment and Supportive Services will take the primary lead on monitoring that these planning meetings are being held and will participate in these meetings, as appropriate. The Executive Director will also be available to assist with and participate in these meetings, as needed. Staff and community representatives for both the Community Care Team and the Family and Children First Council will be active members in these processes, in conjunction with clients and their support systems.

Continuum of Care Service Inventory
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2. Complete the attached spreadsheet: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. Instructions are found on Page 10 of the Guidelines.

Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].

Alignment with Federal and State Priorities

3. The following pages of this template contains a table that provides the specific federal and state priorities for: Mental Health Block Grant (MH-BG), Substance Abuse Prevention and Treatment Block Grant (SAPT-BG), SAMHSA and OhioMHAS treatment and prevention priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board’s priorities. 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.

Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).

Priorities for COLUMBIANA COUNTY MENTAL HEALTH & RECOVERY SERVICES 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)	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	Measurement indicator: Wait time Baseline data: 100 percent Target: 100 percent will be seen within 14 days	<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: <u>Mandatory for boards:</u> 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	Measurement indicator: Wait time Baseline data: 100 percent Target: 100 percent will be seen within 14 days	<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: <u>Mandatory for boards:</u> 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 substance use disorders who have dependent children will be referred to treatment	Any family referred to the Ohio Children’s Trust Fund Family Success Collaboration will be assessed. If substance use is a concern, the parent will be connected to a provider in the community	Measurement indicator: Parents referred Baseline data: 0 Target: 100 percent of parents with an identified substance use issue will be referred for treatment	<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.)			Measurement indicator: Baseline data: Target:	<input checked="" 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)	Ensure services to youth are provided in the least restrictive and most normative environment that is appropriate and provide appropriate	Provide ongoing monitoring of youth in out-of-home placement to ensure effective discharge planning. Case Review Team will meet prior to	Measurement indicator: Cases referred to the Case Review Team for review Baseline data: 0 Target: Cases of all youth being	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

	supports to caregivers	discharge back to community to ensure effective discharge plan is in place.	discharged from out-of-home placement will be reviewed by team	
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Broaden access to peer supports	Develop a comprehensive peer support network by training more peer supporters	Measurement indicator: Increased number of peer supporters in county Baseline data: Number trained by Board last year: 0 Target: 50 percent increase	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Ensure outreach and referral for homeless persons with mental illness and/or substance use disorders in need of supportive housing	Maximize the number of homeless persons who are contacted through Hand-in-Hand Outreach Services	Measurement indicator: Number of referrals Baseline data: Number of referrals the previous year: 5 Target: 100 percent increase, or 10	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
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.	Measurement indicator: Train senior services levy workers Baseline data: 0 Target: All workers will be trained	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <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	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 program	Measurement indicator: Percentage of persons served by the project who are not re-incarcerated within six months of release from the Columbiana County Jail Baseline data: Previous year's percentage – 94% Target: 97%	<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	Increase primary care provider knowledge regarding mental health issues	Work with the Community Care Team, Emergency Departments, 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	Measurement indicator: Contacts with providers, materials distributed Baseline data: 0 Target: Primary care offices affiliated with county hospitals will be offered information and/or materials	<input 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)	Broaden access to self-help community supports	Increase peer support and/or linkages to the self-help community.	Measurement indicator: Number of persons who report participation in self-help groups (AA, NA, NAMI, PRRC) on Client Outcomes Survey Baseline data: 0 Target: 50 percent of clients surveyed will report participation	<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)	Increase cultural/ethnic awareness of minority populations in Columbiana County	Conduct cultural conversation groups in East Liverpool and Salem to learn more about the needs of black and Guatemalan individuals. Invite representatives for an open discussion of the barriers.	Measurement indicator: Number of participants and focus groups held Baseline data: 0 Target: At least two focus groups with 10 individuals each	<input 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	Provide ambulatory detox services in county	Find provider and finalize contract to begin providing service	Measurement indicator: Signed MOU for ambulatory detox services Baseline data: 0 Target: June 2021	<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	Work with partners to promote developmental assets and reduce risk factors	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 via training on developmental assets and reducing risk factors	Measurement indicator: Trainings held and number of participants Baseline data: 0 Target: 2 trainings, at least 20 participants	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe)

OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Develop Prevention Partners collaboration to identify prevention needs and resources available	Create a database of available prevention services in the county Create a Strategic Plan to guide prevention services	Measurement indicator: Database and strategic plan Baseline data: 0 Target: Database will be created, and strategic plan will be completed and implemented	<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	Support and collaborate with schools to provide evidence-based programming focused on improving social competence, behavior and resiliency in youth.	Work with schools to implement programming with the K-12 Prevention funding in the 2020-2021 school year.	Measurement indicator: District outcome goals listed in each school's plan of action Baseline data: 0 Target: 75 percent of districts will meet the outcome goals in their plans of action.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Recovery Ohio and Prevention: Suicide prevention	Increase suicide prevention awareness and empower community members to help prevent suicide.	Continue to promote and implement Question, Persuade, Refer (QPR) training	Measurement indicator: Persons trained and number of classes held Baseline data: 0 Target: One class per quarter 50 persons trained	<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			Measurement indicator: Baseline data: Target:	<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):