

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

Environmental Context of the Plan/Current Status

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

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 2013 Robert Wood Johnson County Health Ranking Report estimates the population of the county at 107,570. The minority population of Columbiana County is approximately four percent.

According to the U.S. Census American Community Survey, a greater proportion of Columbiana County households (60.8%) earned income and benefits under \$50,000 compared to Ohio households (52.4%). The 2013 Robert Wood Johnson Health Ranking Report indicates that 27% of Columbiana County youth live in poverty, compared to 14% statewide. 41% are eligible for free lunches compared to 37% statewide. The median household income is \$42,091 compared to \$45,803 statewide. The U.S. Census Bureau 2012 American Community Survey reported that from 2007-2011, 15.9% of Columbiana County residents lived below the poverty level compared to 14.8% statewide.

Columbiana County residents have lower educational attainment when compared to the state average. The 2012 American Community Survey reports that in Columbiana County, 15.9% of persons aged 18-24 do not have a high school diploma, compared to 14.7% for Ohio. 13% of Columbiana County residents over the age of 25 have a bachelor's degree or higher compared to 25.2% for Ohio. The 2013 Robert Wood Johnson County Health Ranking Report notes that 45% of Columbiana County residents between the ages of 25 and 44 have some post-secondary education compared to 61% for Ohio.

Columbiana County's unemployment rate has exceeded the statewide rate for at least the last 10 years. The US Bureau of Labor reports that in July 2013 Columbiana County's unemployment rate was 8.2% compared to 7.3% for Ohio. The 2013 Robert Wood Johnson County Health Ranking Report indicates that 19% of Columbiana County residents lacked health insurance compared to 18% for Ohio. 19% reported they could not see a doctor in the past 12 months due to cost compared to 13% for Ohio.

Economic conditions in Columbiana County have been generally depressed for the past three decades. The rates of unemployment, underemployment, and chronic poverty have been higher than both the national average and the State of Ohio average. Economic conditions, including employment and poverty levels can have a direct connection to an increased demand for behavioral health services. Recent studies by the Substance Abuse and Mental Health Services Administration and Mental Health America directly connect unemployment with an increase in mental health concerns or the increased use of alcohol or drugs. In addition, the loss of insurance results in more persons seeking services from non-profit community behavioral health providers as they cannot afford care in the private for profit sector. Focus groups with persons who have serious mental illness or addiction have consistently reported lack of transportation as a barrier, making it increasingly important for services to be located throughout the county. However, funding limitations have resulted in more centralized service provision and a reduction in client transportation that the providers can no longer afford to offer.

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

The Board views needs assessment as a continuous, ongoing process. The Board ensures regular input from people in recovery and stakeholders and utilizes quantitative and qualitative data. The following are the results of needs assessment activities conducted from Fiscal Year 2010 to present for mental health and alcohol and drug needs:

MENTAL HEALTH NEEDS ASSESSMENT SUMMARY
Needs Assessment Information Relevant to Adults

- A Criminal Justice Needs Assessment was conducted in the fall of 2011. Ten key informants representing all segments of the adult criminal justice system were interviewed. Participants identified the following Mental Health service needs: increased availability of evening appointments for mental health evaluations and more mental health services in the jail.
- Review of the outpatient service needs of persons currently receiving treatment in the state regional psychiatric hospitals indicates that sufficient outpatient services and recovery supports are available for most individuals; however, a small number of people who need significant monitoring, support, and supervision in order to live successfully in an independent setting lack the intensity of support needed.
- 31 adults with serious mental illness who attended the local Leading the Way to Recovery Conference in 2010 completed a survey and identified the most helpful mental health services as: Counseling, Community psychiatric supportive treatment (case management), and Psychiatry. Transportation was identified as the main barrier in obtaining services. Suggestions for increased ways to promote recovery included: more transportation, more drop-in centers and places to meet others in recovery, and more recovery projects. Services needed but not available included: parenting and relating to parents with mental illness and more public housing.
- 40 persons participated in the Mental Health Recovery Summit hosted by the MHR SB in November, 2010, representing recovering people, family members, staff of provider organizations, community members of the Recovery Steering Committee, and MHR SB Board staff. The following four priority areas were identified for the MHR SB Board to address in promoting recovery for adults with serious mental illnesses: promote independence and personal responsibility, promote a sense of meaning/purposeful existence, outreach and stigma busting, and promote health and wellness.
- Focus group results with members of the Columbiana County Chapter of the National Alliance on Mental Illness (NAMI) identified the following mental health services as vital to their family members: peer mentoring, counseling, employment, psychiatry, crisis, and community psychiatric support treatment services (case management). Supports needed, but not available included: ongoing outreach to persons who will not accept help, more crisis response, and more transportation.
- Stays at the Kendall Home and Path House have exceeded 30 days in some instances because of wait time for permanent housing. There have been lag times in apartment inspections, landlords need additional time to make repairs, or persons need extra time to acquire documentation necessary for housing. In general, there have been enough local housing units available to meet the needs of most clients. Rents have started to increase, however, due to an improved rental market in Columbiana County caused by temporary housing needs of persons in the shale and natural gas industry.

- Persons with severe and persistent mental illness (SPMI) who are diagnosed with co-occurring disorders and are difficult to engage in drug and alcohol treatment and persons diagnosed with schizophrenia or other psychotic disorders whose active symptoms of mental illness are not substantially helped by medications or other therapies have difficulty maintaining permanent housing.
- During Fiscal Year 2013, 100% of adults with urgent mental health needs were able to secure an initial psychotherapy appointment within 14 days at the Counseling Center. 92.7% of persons requesting an initial appointment without urgent needs were able to be seen within 14 days.
- Access to psychotherapy appointments at the Counseling Center improved in Fiscal Year 2013 with 61.9% of providers having a second appointment available within 14 days compared to 49.5% of providers in Fiscal Year 2012.
- During Fiscal Year 2013, 100% of adults with urgent mental health needs were able to secure an initial psychiatric appointment within 14 days at the Counseling Center. Access to non-urgent psychiatric appointments is below the Center's goal of 100%. 26% of clients were able to secure an initial appointment in Lisbon within 14 days and 40.9% could secure an initial appointment with a psychiatrist in East Liverpool within 14 days. When comparing these data to the previous fiscal year, accessibility to adult psychiatry improved in Lisbon but decreased in the East Liverpool office.
- A FY 12 review of the top utilizers of adult mental health services indicated that the most highly used service was Community Psychiatric Supportive Treatment (CPST), and the top two diagnostic categories were Schizophrenia and Bipolar Disorder.
- During Fiscal Year 2013, 274 persons with severe and persistent mental illness were employed in a competitive setting for at least one day. The Supported Employment Committee identified barriers to increased positive employment outcomes as persons without transportation, persons with a prior felony conviction, those unable to pass a drug test, and those without a high school diploma.
- The Counseling Center is partnering with the Community Action Agency Health Center to apply to become a Health Home for adults with serious and persistent mental illnesses and youth with severe emotional disturbances who are covered by Medicaid. Both agencies have participated in training and are working together to plan for this transition.
- The 2012 Columbiana County Health Needs Assessment indicated that 22.3% of adults report they do not get the social and emotional support they need. Adults also report a high number of poor mental health days (average 3.8 days within the last month when surveyed), placing Columbiana County in the bottom 25th percentile of US counties. The most frequently identified need in the mental health and substance abuse category was mental health/stress management services.
- 104 adults with serious mental illness receiving services completed the Mental Health Statistical Improvement (MHSIP) Survey in Fiscal Year 2013 with the following results:
 - 99% respondents agreed or strongly agreed that they liked the services they received at the agency
 - 91% of respondents agreed or strongly agreed that staff are willing to see them as often as they feel is necessary
 - 80% respondents agreed or strongly agreed that they are able to see a psychiatrist when they want to.
 - 88% agreed or strongly agreed that they not staff decided their treatment goals
 - 81% agreed or strongly agreed that they are encouraged to attend peer-run activities
 - 81% respondents reported they had seen a doctor, physician's assistant, or advance practice nurse other than in an emergency room for a health check-up or illness in the last year.

Needs Assessment Information Relevant to Youth

- The Search Institute Survey is distributed every two years to youth in Columbiana County schools. 7th, 9th, and 10th graders are surveyed. 10 of the 11 school districts participated in 2010, and 9 of the 11 participated in 2012. There were 1,768 respondents in 2010 and 1,212 respondents in 2012. The most recent results reflected a significant decrease (34% to 28%) of students reporting behaviors related to violence. Examples include engaging in three or more acts of fighting, carrying a weapon, and/or threatening physical harm in the past 12 months. Students who reported being frequently depressed and/or having attempted suicide reduced from 27% in 2010 to 24% in 2012. During both years, 16% of students reported having attempted suicide one or more times. In 2010, 20% of students reported feeling sad or depressed most of the time in the last month and engaging in bulimic or anorexic behavior. Both of these decreased to 17% in 2012.
- There have been no dispute resolutions with the Family & Children First Council and therefore no resultant child service needs identified by this process.
- During Fiscal Year 2013, 100% of youth with an urgent mental health need were able to obtain an initial psychotherapy appointment at the Counseling Center in a timely manner. 86.7% of youth with non-urgent mental health needs were able to obtain an initial psychotherapy appointment at the Counseling Center within 14 days.
- During Fiscal Year 2013, 100% of youth with urgent mental health needs were able to obtain an appointment with a psychiatrist in a timely manner. Access to psychiatric appointments for youth with non-urgent needs is significantly below the goal of 100% with 9.6% of youth in Lisbon and 23.1% of youth in East Liverpool able to secure an initial appointment within 14 days. These results do indicate some improvement in both locations when compared to Fiscal Year 2012.
- 113 families of youth with SED receiving services completed the Youth Mental Health Services Survey in Fiscal Year 2013 with the following results:
 - 97% of respondents reported they agree or strongly agree that their family gets the help they want for their child.
 - 99% of respondents agreed or strongly agreed that they participate in their child's treatment.
 - 96% of respondents reported they agree or strongly agree that they are satisfied with the services their child is receiving.

Needs Assessment Information Relevant to Adults and Youth

- The 2011 Columbiana County Coroner's report reflected 17 completed suicides, a decrease from 19 in 2010. 15 were male and 2 were female. The age ranges were as follows: 3 persons aged 20-29, 4 persons aged 30-39, 3 persons aged 40-49, 1 person aged 60-69, and 1 person aged 70-79. Age ranges were as follows: 1 youth under 19, 1 person 20-29, 4 persons 30-39, 5 persons 40-49, 3 persons 50-59, 1 person 60-69, 1 person 70-79, and 2 persons 80-89. Two were female and 16 were male.
- The 2012 Columbiana County Coroner's report reflected 18 completed suicides. One individual was under the age of 19, one was between 20 and 29, four were 30-39, five were 40-49, three were 50-59, one was 60-69, one was 70-79, and two were 80-89. There were two females and sixteen males. 10 of the 18 were due to gunshot wounds, three hanging, two drug overdoses, one drowning after jumping from bridge, one smoke inhalation, and one carbon monoxide poisoning.

ALCOHOL AND DRUG (AOD) NEEDS ASSESSMENT SUMMARY

Needs Assessment Information on ADULTS

- A Criminal Justice Needs Assessment was conducted in the fall of 2011. Ten key informants representing all segments of the adult criminal justice system were interviewed. Criminal Justice leaders identified the following Alcohol and Drug Treatment service needs: increased late afternoon and evening substance abuse appointments in East Liverpool; a pre-release program at the jail and a post release follow-up system; local substance abuse detox services; and sober living environments for persons with substance abuse. In addition it was noted that some persons of Hispanic descent are seen in the County Municipal Court; specialized outreach may be needed for those who need alcohol and drug or mental health services.
- AoD Provider Meetings with Board staff occur throughout the year to identify needs, trends, and to plan. During 2012 and 2013 the group reviewed characteristics of the “most in need” in the Board’s priority population of persons involved with the criminal justice system. Most in need were identified as persons who have high criminal thinking patterns, peers engaged in illegal activities, history of felonies resulting in housing and employment barriers, and poor education or employment history. A set of evidence-based principles was agreed upon, and the group discussed needing to work with clients based upon their level of AoD treatment needs and criminogenic risks. In group based treatment, it is ideal to organize group by gender and by criminogenic risk. However, both providers reported an insufficient amount of direct care staff to accomplish this. This results in persons with high AoD treatment needs and high criminogenic risks and those being served in the county jail not receiving evidence-based treatment. An evidence-based practice has been agreed upon but system changes and additional funding would be needed to implement it with fidelity.
- During 2012, the Board conducted a focus study of 424 closed cases to determine the characteristics of persons who successfully complete AoD treatment. The majority of persons who successfully completed were referred by criminal justice, used alcohol as their primary drug of choice, were in treatment between 3 and 9 months, attended at least 4 sessions post assessment, and were between the ages of 18-35. Persons who did not successfully complete were most often self-referred, addicted to opiates, and had fewer than 5 treatment sessions. Mechanisms to increase engagement and reduce no shows are being reviewed by the Board’s Quality Improvement Committee.
- During the third quarter of 2013, Ohio’s prescription drug monitoring program revealed that the number of doses per capita of opiates/pain relievers, and central nervous system depressants, including benzodiazepines, being dispensed in Columbiana County exceeds the statewide average. Doses per capita and the number of doses per patient all increased slightly when comparing the data to the third quarter of 2012.
- During 2011, a Community Readiness Survey was conducted by the ADAPT (Alcohol and Drug Abuse Prevention Team) Coalition regarding the harmful use of alcohol by persons aged 18-25. There are nine stages of community readiness to address the problem of harmful use of alcohol, ranging from “no awareness,” defined as the issue not generally recognized by the community as a problem, to “professionalization,” defined as the community having detailed knowledge of the problem along with ongoing efforts in place to address the problem for both the general populations and high risk groups. The results of the assessment indicate that Columbiana County is in the “pre-planning stage.” In this stage, some leaders and community members are aware of the issue of harmful use of alcohol by persons aged 18-25, and there is some motivation to address the issue. The assessment indicates that the Coalition should first address “community climate” with the goal of having all major segments of the community highly supportive and motivated to reduce the harmful use of alcohol by persons aged 18-25.

- During 2012, The ADAPT Coalition surveyed 583 18 – 25 year olds to collect information on their use of alcohol, their attitudes about alcohol, and their knowledge about safe versus unsafe use of alcohol. 30.8% of persons aged 18-20 and 51.1% of those 21-25 were current drinkers. 41% of females and 48.5% of males reported having one or more drinks in the past 30 days. 40.7% of persons 18-25 without a high school degree were current drinkers. Of college graduates, 63.2% were current drinkers, 42.1% were binge drinkers and 8.8% were heavy drinkers. Among those who use alcohol, 71% reported binge drinking within the previous 30 days. 94% who identified themselves as binge drinkers reporting using alcohol prior to the age of 21.
- During 2013, 215 persons aged 18-25 were surveyed by the ADAPT Coalition. 59% reported they had not had a drink in the past 30 days; 30% reported drinking 1-5 times in the past 30 days, 6% 6-10 times, and 5% 11 or more times. 61% believed youth under the age of 21 in Columbiana County get alcohol from older siblings, friends, or strangers. 40% believed they got alcohol at their homes with or without parental knowledge. 56% of those who use alcohol reported having more than 5 drinks on one occasion and 62% did not know what the American Medical Association’s guidelines are for moderate alcohol use.
- Two focus groups of 18-25 year olds were conducted in 2013, and participants identified that underage drinking is very acceptable by persons in Columbiana County, specifically to parents, siblings, and peers. 11 Kent State University students were in one focus group, and one person in our sub-target population of persons who had not completed high school participated in the other focus group. Some parents permit underage drinking in their home because they believe it is safer for their child to drink at home. The lack of other things to do in the county by young adults was identified as a contributing factor to underage drinking. Binge drinking was viewed as acceptable because participants reported that the definition given of 4-5 drinks on one occasion is not known in the community. Participants reported that most persons under the age of 21 who want to obtain alcohol are getting it from parents, older siblings, other relatives, and persons they know who are over the age of 21. Participants reported that persons under the age of 21 do not perceive risks with drinking alcohol except for some who think drinking and driving is risky. Binge drinking is not perceived as risky because having 4-5 drinks on one occasion is not viewed as having a lot to drink.
- During Fiscal Year 2013, the Counseling Center reported that 92.7% of adults requesting an initial substance abuse service appointment were able to be seen within 14 days. More adults requesting services in East Liverpool have to wait longer than 14 days for an appointment than those going to the Lisbon office.
- During Fiscal Year 2013, Family Recovery Center reported that 89% of Persons seeking AoD Outpatient Services; 97% of persons participating in the Substance Abuse Treatment Program; and 100% of those seeking Medication Assisted Treatment were seen within 10 business days. 86% of persons qualifying for the Intensive Outpatient level of care were served within 7 days.
- According to the 2012 Columbiana County Health Needs Assessment, two of top three needs identified in the mental health and substance abuse related responses were substance abuse services and tobacco cessation services. Focus group participants indicated that poverty is a driving factor in most of the substance abuse cases and that when parents are abusing substances, they are not capable of making sure their children go to school, brush their teeth, do their homework, or are exposed to pre-school. Many stakeholders feel that substance abuse is a very real and damaging health concern found in Columbiana County. They feel that action needs to be taken to bring more awareness and prevention to this topic.
- 272 adults who received AoD services in Fiscal Year 2013 completed a perception of care survey with the following results:
 - 67% of respondents reported attending self-help groups at least once a week.
 - 35% of respondents reported that a family member or friend attended at least one treatment session.

- 60% of respondents had seen a doctor, physician's assistant, or advance practical nurse, other than in an emergency room, for a health check-up or illness in the last year.
- 80% of respondents agreed or strongly agreed that when they needed services right away they were able to access them
- 73% of respondents agreed or strongly agreed that they were not likely to use alcohol and/or other drugs and 10% strongly disagreed.
- 62% of respondents agreed or strongly agreed that using alcohol and/or drugs was a problem for them and 24% strongly disagreed.
- 78% of respondents agreed or strongly disagreed that they had friends who are clean and sober and 10% strongly disagreed.
- 64% of respondents agreed or strongly disagreed that they needed to work on their problems with alcohol and/or drugs and 22% strongly disagreed.

Needs Assessment Information on YOUTH

- During Fiscal Year 2013, 77.8% of the 18 youth requesting an initial appointment at the Counseling Center were seen within 14 days.
- Evidence-based principles of working with youth in Alcohol and Drug treatment Services have been agreed upon through AoD provider treatment meetings with Board staff. However, additional planning and funding are needed to incorporate these principles into the current system of care.
- 837 adults responded to the ADAPT 2012 Community and Parent Survey. 86% think underage drinking is a problem; 79% think it is easy for underage youth to obtain alcohol; 87% think illegal drug use among youth is a problem; and 87% think illegal drug use among adults is a problem. The top four responses re: "where do youth get alcohol" were at home, adults purchasing for youth, adults hosting parties, and stealing it. The top three answers to "what would discourage adults from providing alcohol to underage youth" are fear of adult arrest, fines/penalties, and stricter law enforcement. 68% support the minimum drinking age of 21 and 8% were unsure. 44 respondents (6% of the 783 persons who answered the question) support raising it, and the most frequent suggested age was 25. 125 people (16%) recommended lowering it and the most frequent age was 18 (113 respondents). 20 of the 113 respondents believed a person should be able to drink if they are in the military or if they can enlist in the military. 68% agree that the younger a person is when he first uses alcohol, the more likely he is to develop dependency at some point in life -17% were unsure, and 15% disagreed. 87% of parents who responded reported preventing their children from drinking prior to the age of 21 was very important.

**SEARCH INSTITUTE SURVEY RESULTS RELATED TO ALCOHOL AND OTHER DRUGS:
2011 – 2013 COMPARISON**

2011: N = 1,768 Students – 10 School Districts
2013: N = 2,306 Students – 9 School Districts

(According to the Search Institute, change of 5% or greater can be considered significant.)

	7 TH GRADE		10 TH GRADE	
	<u>2011</u>	<u>2013</u>	<u>2011</u>	<u>2013</u>
Rode with a driver who had been drinking in previous 12 months	29%	30%	36%	33%
Drove after drinking in the previous 12 months	2%	3%	9%	7%
Used alcohol in the previous 30 days	12%	11%	38%	32%
Drunk in the previous two weeks	10%	6%	30%	21%
Perceives risk in having 5 or more drinks one to two times a week	54%	69%	52%	71%
Thinks parents would disapprove of regular drinking	90%	95%	78%	87%
Used tobacco in the past 30 days	6%	6%	19%	15%
Perceive risk with smoking one or more packs a day	88%	83%	91%	87%
Thinks parents would disapprove of their smoking cigarettes	95%	97%	90%	92%
Used marijuana in the past 30 days	3%	4%	19%	14%
Perceive risk with smoking marijuana once or twice a week	88%	80%	74%	67%
Thinks parents would disapprove of their smoking marijuana	97%	98%	90%	92%
Used prescription drugs in the past 30 days	*N/A	2%	N/A	7%
Perceive risk with using prescription drugs not prescribed to them	N/A	85%	N/A	90%
Thinks parents would disapprove if they used prescription drugs not prescribed to them	N/A	97%	N/A	95%

*Not measured in 2011

Needs Assessment Information Pertinent for Adults and Youth

- During 2011, the Columbiana County Coroner reported 35 deaths that were directly or indirectly related to drugs and or alcohol. Of the 35 drug related deaths, 27 were accidental. Of the 27 accidental deaths, 8 individuals were positive for ethanol, 6 were positive for cocaine, and 5 were positive for both ethanol and cocaine. The five most frequent drugs contributing to drug related deaths were Alprazolam, Cannabinoids, Cocaine, Morphine, and Oxycodone. Most decedents' ages ranged from 20-49. 26 were male and 9 were female; all were Caucasian.
- As of August 13, 2013, there have been 18 accidental drug overdose deaths in the calendar year. This exceeds the total for all of 2012, which was 16. Of these 16, 10 were males and 6 were females. The five most frequent drugs were Morphine, Heroin, Hydrocodone, Benzodiazepines, and Cocaine. 1 was 15 years old, 1 was in his 20s, 9 were in the age range of 30-39, 1 was in his forties, 2 were in their 50s, 1 in his 60s and 1 in his 70s.

2013 PROBLEM GAMBLING SUMMARY ANALYSIS OF NEEDS AND RESOURCES

Resources:

- Columbiana County lacks a location for Gamblers Anonymous; however there are meetings in contiguous counties with 25 miles of Lisbon.
- Existing resources are available to strengthen a youth's developmental assets and thereby reduce the risk of becoming a problem gambler. These include: Too Good For Drugs and Violence being taught in all Columbiana County elementary schools; Strengthening Families; and the Coordinated Action for School Health (CASH) Coalition which coordinates the Search Institute survey process and promotes developmental assets throughout schools and the community.

Needs:

- The 2012 Search Institute Survey of 7th, 9th and 10th graders revealed that 19% of the 2,306 youth surveyed reported they had gambled once or more in the past 12 months and 9% gambled three or more times in the past 12 months. The lowest assets in those surveyed were: constructive use of time via creative activities, community values youth, and having adult role models.
- The 2013 Young Adult Survey of 18-25 year olds revealed that 45% had gambled at least once in the past 12 months and 19% of the respondents gambled 3 times or more in the past 12 months. Most of those who gambled in the past 12 months reported buying lottery tickets or scratch offs. Primary places where gambling took place were casino, gas station/convenience store, or at work office pools.
- Key informants identified poverty, financial problems, and the accessibility of gambling as contributing to problem gambling issues. The majority of respondents believed that problem gambling is an important public health concern, but over half did not know where to send someone for help if they had a gambling problem.
- Ohio's Survey of Problem Gambling indicated that Ohio communities have much work to do around raising awareness about the high risk for engaging in gambling during adolescence; the risk and protective factors and warning signs of problem gambling; and how the effective prevention of problem gambling requires the efforts of all sectors of a community working together in a comprehensive effort.

3. What are the strengths of your local system that will assist the Board in addressing the findings of the need assessment? (see definition “local system strengths” in Appendix 1).

The strengths of our local system that will assist the Board in addressing the findings of the needs assessment include its expertise in mental health recovery, a system-wide Continuous Quality Improvement process, commitment to adoption and implementation of evidence-based practices, and access to knowledge, experience, and resources through its extensive collaborative relationships.

The Board’s mental health recovery mission is to ensure recovering adults, family members, mental health providers, and the community at large work together in a caring environment to provide validation, encouragement and support to those recovering from mental illness or addictions. The Board has demonstrated a firm commitment to recovery through the inclusion of a staff member, a person in recovery, who focuses solely on developing recovery leaders and promoting recovery in the community.

The Board’s Continuous Quality Improvement activities are all tied to the priorities identified in the Board’s Community Plan. This ensures the Board maintains its focus, monitors progress toward goals, and initiates corrective actions when performance is not on track. The Quality Improvement Committee includes representatives of the Board’s contract providers and persons in recovery from serious and persistent mental illness and addiction. The Board staff and contract provider staff work closely to align the Board’s priorities with those being measured by the agencies. Quarterly reports of Quality Improvement and Outcome Evaluation are provided to the Board by contract providers. This information is incorporated into the evaluation of services and permits opportunities for consultation and training as needs are identified. Through this process the Board receives and analyzes client and referral source satisfaction with services. The Board also collaborates with providers in using focus groups and key informant interviews to assist with Board with planning and evaluation. In addition, the Board conducts an annual survey of provider satisfaction and conducts ongoing needs assessment activities.

One task of the Board’s Quality Improvement Committee is to identify the need for evidence-based practices that will impact people in high priority populations. During Fiscal Year 2013, the Board provided training to all interested contract agency therapists in Trauma Informed Cognitive Behavioral Interventions. The Board also paid for ongoing consultation in this model that is required for certification in Trauma Focused CBT for Youth. During Fiscal Year 2014, the Board is providing training for substance use treatment staff in Cognitive Behavioral Interventions for Substance Abuse, which was developed by the University of Cincinnati. This will provide an evidence-based approach to AoD youth and adult treatment services, particularly for persons involved in the criminal justice system.

Collaborative relationships have enabled the Board to maximize resources and expertise in addressing local needs and issues. For example, since FY 2012, the Board has partnered with Mahoning and Trumbull Counties to implement a mass media anti-stigma campaign. The campaign features television commercials and interviews with persons in recovery from mental illness on a local television station’s morning news program. Another example is “drug take back” events, in which Family Recovery Center, the ADAPT (Alcohol and Drug Abuse Prevention Team) Coalition, the Columbiana County Drug Task Force, local police departments, county and city health departments, both community hospitals, and Heritage-WTI, a toxic waste disposal company, combine efforts to collect and dispose of drugs. These efforts are very successful because of coordinated promotion and contributions of all partners, which ensures that the cost to any one system is not prohibitive. Other examples are highlighted in the Collaboration section of this plan.

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

Columbiana County is willing to provide assistance to other Boards and/or to state departments in the following two areas: establishing a system-wide continuous quality improvement process that is data driven and tied directly to Board planning and monitoring, and establishing and sustaining a recovery based system of care for adults with serious mental illnesses.

4. What are the challenges within your local system in addressing the findings of the needs assessment? (see definition of “local system challenges” in Appendix 1).

The Board has several challenges in addressing some of the needs assessment findings. It has been difficult to attract and retain sufficient child psychiatry to address local needs. The general shortage of child psychiatry is the chief barrier rather than a lack of funding. Columbiana County lacks sober housing environments for persons in recovery from substance use disorders, particularly for males who are indigent and do not qualify for entitlements. There is no residential treatment available for persons with addictions in the county and no set aside funds for this level of care. Insufficient funding is the chief barrier in offering sober living environments and in providing access to the residential level of care.

Although the Board maintains numerous collaborations with representatives of the criminal justice system, there have been several challenges in addressing the needs of this priority population. The County lacks any Specialty Dockets at the Common Pleas level. Although judges will utilize treatment in lieu of conviction, this method does not incorporate the key evidence-based components of a specialty docket. The County has a Municipal Court Mental Health Specialty Docket that has achieved good outcomes. The Board has introduced the need for reentry services at the Community Correction Board meetings. However, we have been unsuccessful in securing leadership to move this forward. Persons with addiction or severe and persistent mental illnesses who have a felony history have found it increasingly difficult to obtain employment. Although the Ohio Department of Rehabilitation and Corrections is providing a procedure for ex-felons to obtain an Employability Certificate, the process is cumbersome and local judges have not received education about it. The Board has been working closely with local probation and parole departments to provide evidence-based treatment. The Board lacks funding to implement substance addiction treatment that separates clientele by gender AND criminogenic risk.

At times local culture can interfere with the Board addressing a specific challenge. For example, needs assessment findings revealed that in 2012, 56% of the suicides that occurred in the county were by firearm. The Suicide Prevention Coalition reviewed environmental methods to reduce the means to complete suicide. The Harvard School of Public Health provides information and materials to implement “The Gun Shop Project.” Since access to a firearm is associated with increased risk of suicide, the project developed materials with and for firearm retailers and range owners on ways they can help prevent suicides. The project shares guidelines on how to avoid selling a firearm to a suicidal customer and asks stores and ranges to display suicide prevention materials geared toward firearm owners. The Project was reviewed by the Coalition but determined that it would not be accepted by Columbiana County residents and would be perceived as the Coalition attempting to limit residents’ rights.

The lack of transportation, particularly in the evenings, has affected the accessibility of service provision. It has also affected the employment of persons with spmi or addiction as many of the jobs available are during the second and third shifts when public transportation is not available.

Although one of the brightest spots in mental health and addiction prevention, treatment, and recovery is the wealth of available research that provides direction on how services and supports should be configured to produce optimal outcomes, applying these research results to practice presents conversion challenges. Converting from current practice to evidence-based approaches involves soliciting system buy-in, training, and organizational and system changes needed to support the new approach. This involves complexity and a certain amount of upheaval, and the conversion does not occur overnight. In the meantime, the system

must continue to serve clients and meet community needs. Maintaining sufficient system stability while implementing new practices in a climate of limited funding is a challenge. The challenges the entire system will be meeting in aligning with the Affordable Care Act and adoption of a health home approach for individuals with SPMI or SED with complex health conditions who have Medicaid coverage are opportunities but also present conversion challenges.

5. Describe the Board's vision to establish a culturally competent system of care in the Board area and how the Board is working to achieve that vision (see definitions of "cultural competence" and "culturally competent system of care" in Appendix 2).

The MHRS Board has led an ongoing cultural competency initiative since 1999 and has adopted the following overarching standard for cultural competency:

Children and adults of Appalachian descent shall have access to services and supports of their choice which are respectful and understanding of their unique culture. They will be met with humility, and their dignity will be preserved by all employees. Direct service staff will be competent in identifying and utilizing Appalachian values and characteristics that will directly impact diagnosis, treatment, and recovery.

The following areas of knowledge, understanding, skills, and attitudes shall be essential components of core continuing education to ensure cultural competence among staff and to promote effective response to the service needs of individuals from the Appalachian population:

- Appalachian Hospitality
- Appalachian Values, Beliefs, and Characteristics
- Cross-Cultural Communication
- Effective Service Planning
- Culturally Competent Services
- Continuous, Culturally Relevant Quality Improvement System/Evaluation

The Board has infused cultural competency planning into all of our ongoing planning committees, and from these committees the ideas for training are sifted out. An example is the training the Board plans to host during the current biennium on "The Culture of Addiction." This recommendation came from the intra system Alcohol and Drug Planning committee. The Board commits to planning, hosting, and funding one annual training that is offered to staff of all providers, Board members, volunteers, and recovery leaders.

The MHRS Board provides orientation and training to all interns and new employees of the system. This training is also available to all volunteers and Board members within the system. Within the first ninety days of employment or internship, staff and interns receive a manual and view an accompanying video on Appalachian Cultural Competency within the Community Mental Health and Alcohol and Drug System. (Persons of Appalachian descent comprise Columbiana County's largest "subculture.") These employees also attend a workshop in which overarching principles of cultural competency are covered along with elements of effective cross-cultural communication.

The MHRS Board has established a library with printed, video, and DVD formatted materials related to cultural competency within the mental health and substance abuse fields. These media are available on site at our largest in-network provider and also available on loan from the Board.

The MHRS Board is a member of the Multi Ethnic Advocates for Cultural Competency (MACC). The MHRS Board has provided MACC with a set of our cultural competency training videos and partnered with MACC during FY 2010 to provide a workshop in Columbiana County on "Working with Gay, Lesbian, Bisexual, and Transgender People". The Board has also provided the six hour overview training "Bridges Out of Poverty," and Cultural Consideration for Treatment of Special Needs Populations. In Fiscal Year 2013, the Board provided training on "Trauma Informed Care – Implications for Persons of the Appalachian Culture" as part of the Board's comprehensive plan to infuse trauma informed care into our treatment system. The Board also partnered with Mahoning and Trumbull Counties to provide Suicide Prevention Training to persons in the tri-county area regarding youth in transition and youth who are LGBTQ.

A challenge within our system in developing and maintaining a culturally competent system is ensuring that practices and services are configured and delivered in ways that are acceptable and relevant to all persons. Intermittent challenges occur. For example, on some occasions, service recipients do not speak English. The system relies on interpreters to bridge the language barrier. During a recent criminal justice needs assessment, the Board learned of a number of persons of Hispanic descent appearing in the County Municipal Court for alcohol related offenses. The system seeks consultation through Multi-Ethnic Advocates for Cultural Competency, and when appropriate, local universities when serving an individual or family with a cultural background that is rare in Columbiana County.

Priorities

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

Priorities for Columbiana County Mental Health and Recovery Services Board

Substance Abuse & Mental Health Block Grant Priorities

***Priorities Consistent OHIOMAS Strategic Plan**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
SUBSTANCE ABUSE PREVENTION AND TREATMENT – BLOCK GRANT (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.	% of persons who are intravenous/injection drug users who are seen within 14 days of service request.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory: 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 to women who are pregnant and have a substance use disorder are identified at screening and given priority for admission.	% of women who are pregnant with a substance use disorder who receive services within 14 days of service request.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory: Parents with substance abuse disorders who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Ensure parents or guardians with substance use disorders whose use is contributing to child neglect, abuse, or dependency have timely access to needed services.	Providers will offer an assessment appointment within 14 days of referral.	% of persons offered an appointment 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: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MENTAL HEALTH – BLOCK GRANT (MH-BG) Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	1. Ensure services to youth are provided in the least restrictive and most normative environment that is appropriate and provide appropriate supports to caregivers.	a. Provide ongoing monitoring of youth in out-of-home placement to ensure effective treatment and discharge planning. b. Intensive Home Based Services and Multi Systemic Therapy are provided to youth who meet admission criteria and are at risk of out of home placement and/or continued involvement with the juvenile justice system.	a. Youth identified as high priority will be evaluated within two weeks of referral to the Mental Health Consultant b. 75% of youth served will remain in the home	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Priorities for Columbiana County Mental Health and Recovery Services Board

**Substance Abuse & Mental Health Block Grant Priorities
*Priorities Consistent OHIOMAS Strategic Plan**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		<ul style="list-style-type: none"> c. Implement the Transition to Independence Process model for transition aged youth served by the mental health system. d. Utilize the Strengthening Families Program in the provision of Wraparound Services e. Provide crisis stabilization and high fidelity wraparound services with 24/7 access to service. 	<ul style="list-style-type: none"> c. No. youth served employed/in school, have safe and stable housing, and are progressing on their Individual Service Plans. d. No. of facilitators trained, program implemented, and # families served. e. No. of youth and families served. 	
	2. Decrease involvement in juvenile justice system.	a. Provide Intensive Home Based Services using MST to high risk youth with serious emotional disturbance.	a. 75% of youth served will not be rearrested during program participation.	
	3. Increase resilience and developmentally appropriate functioning.	<ul style="list-style-type: none"> a. Ensure therapists achieve certification in Trauma Focused Cognitive Behavioral Therapy. b. Provide Family Assistants that ensure pro-social activities and connectedness with an adult role model. c. Utilize the Strengthening Families Program in the provision of WrapAround Services d. Provide crisis stabilization and high fidelity wraparound services with 24/7 access to service. 	<ul style="list-style-type: none"> a. No. therapists certified in Fiscal Year 2014. b. No. of youth served. 	
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	1. Increase competitive employment.	<ul style="list-style-type: none"> a. Ensure access to Supported Employment Services. b. Coordinate the Supported Employment Steering Committee to reduce barriers to employment and increase positive outcomes. c. 300 persons with serious mental illness or serious and persistent mental illness will work at least one day in a competitive setting. 	<ul style="list-style-type: none"> a. 175 persons served annually. b. Meeting minutes. c. No. of persons with SMI or SPMI who work at least one day in a competitive setting in Fiscal Year 2014. 	<ul style="list-style-type: none"> <input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Priorities for Columbiana County Mental Health and Recovery Services Board

**Substance Abuse & Mental Health Block Grant Priorities
*Priorities Consistent OHIOMAS Strategic Plan**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		<ul style="list-style-type: none"> d. Contract with the Opportunities for Ohioans with Disabilities Agency to provide vocational services, including those involved in the criminal justice system, and with addictions (subset of all persons with spmi and addictions served through the employment program). e. Reduce the length of time from referral to entry into the Supported Employment Program. Explore developing a referral questionnaire and Peer support to assist in program. 	<ul style="list-style-type: none"> d. 10 persons under the contract will obtain employment and retain it for at least 90 days. e. time from referral to program entry. 	
	<p>2. Implement programs that promote mental health and wellness for adults, especially for those with co-occurring health conditions.</p>	<ul style="list-style-type: none"> a. Provide information to people in recovery regarding health promotion and wellness. b. Ensure ongoing implementation of the Wellness Management and Recovery Service 	<ul style="list-style-type: none"> a. No. of 'Lunch & Funs' that promote wellness, # flyers in Recovery displays b. Provide training on the principles of wellness for providers and family members. c. Provide 2 Wellness Management and Recovery classes per year. 	
	<p>3. Decrease involvement in the criminal justice system.</p>	<ul style="list-style-type: none"> a. Explore the development of reentry services with the Community Corrections Board of Columbiana County for adult residents who have smi or addictions. b. Collaborate with all Columbiana County criminal justice entities to ensure criminal justice and juvenile justice professionals are trained in working with adults with spmi and youth with sed. 	<ul style="list-style-type: none"> a. Community Corrections Board minutes reflect discussions about reentry services. b. No. of trainings conducted and # of criminal justice staff trained. 	

Priorities for Columbiana County Mental Health and Recovery Services Board

**Substance Abuse & Mental Health Block Grant Priorities
*Priorities Consistent OHIOMAS Strategic Plan**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		c. Provide jail diversion services to persons with serious mental illness or serious and persistent mental illness. Promote the use of evidence-based practices in jail diversion services.	c. 90% of participants will not be rearrested during treatment. d. Re-arrest rates of persons served by the Mental Health Specialized Docket will be lower than those who decline participation.	
	4. Ensure access to housing, including supportive housing	a. Explore the feasibility of specialized supportive housing for those clients who have been identified as “hard to house.” b. Participate in the Continuum of Care to reduce homelessness and advocate for additional resources for persons with spmi.	a. Site is secured and financing options pursued. b. No. of additional supportive housing slots secured.	
	5. Provide empowerment opportunities by maximizing participation in peer-led recovery services.	a. Peer-led recovery activities will be available through Shining Reflections and through the Mental Health Recovery initiative overseen by the MHRS Board. b. An annual Recovery Conference will be held. c. The Board will incorporated recommendations from the Recovery Steering Committee into its planning. d. Provide ongoing peer-led group education through the provision of BRIDGES, WRAP and Wellness Management and Recovery. e. Conduct monthly “Lunch and Funs” educational programs. f. Promote the Warmline and Welcome to Recovery Outreach.	a. 80 adults will participate in peer-led services in FY 14. b. 75 participants will attend- 20 of those will be first time attendees. c. Meeting minutes d. No. participants in each program e. No. of participants and No. new participants at each event. f. Information included in Recovery Newsletters and No. of calls to Warmline	

Priorities for Columbiana County Mental Health and Recovery Services Board

**Substance Abuse & Mental Health Block Grant Priorities
*Priorities Consistent OHIOMAS Strategic Plan**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p>MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*</p>	<p>Aod Treatment and Recovery Supports</p> <p><u>Priority Populations:</u> Youth under the age of 18; young adults ages 18-25, persons of all ages involved in the criminal justice system, adults with serious mental illnesses who have co-occurring substance abuse disorders.</p> <ol style="list-style-type: none"> 1. Ensure individualized treatment planning reflects coordination with primary care. 2. Ensure persons enrolled in Medicaid Health Home are receiving non-Medicaid services and supports 	<ol style="list-style-type: none"> a. During Fiscal Year 2014 determine the baseline % of persons who have seen a doctor, physician’s assistant, or advance practice nurse, other than in an emergency room, for a health check-up or illness in the last year. b. Provide non-Medicaid services and supports to persons enrolled in the Health Home 	<ol style="list-style-type: none"> a. % who answer affirmatively to the AoD Survey question: ‘have you seen a doctor, physician’s assistant, or advance practice nurse, other than in and emergency room, for a health check-up or illness in the last year?’ b. % of Health Home participants who answer affirmatively to questions on the Adult Mental Health Survey regarding recovery supports received. 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>MH&SAPT-BG: Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders</p>	<p>Mental Health Treatment and Recovery Support Services</p> <p><u>Priority Population:</u> persons with SMI</p> <p>Provide empowerment opportunities by maximizing participation in peer-led recovery services.</p>	<ol style="list-style-type: none"> a. Peer-led recovery activities will be available through Shining Reflections and through the Mental Health Recovery initiative overseen by the MHRS Board. b. An annual Recovery Conference will be held. c. The Board will incorporated recommendations from the Recovery Steering Committee into its planning. d. Provide ongoing peer-led group education through the provision of BRIDGES, WRAP and Wellness Management and Recovery. 	<ol style="list-style-type: none"> a. 80 adults will participate in peer-led services in FY 14. b. 75 participants will attend- 20 of those will be first time attendees. c. Meeting minutes d. No. participants in each program 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

Priorities for Columbiana County Mental Health and Recovery Services Board

**Substance Abuse & Mental Health Block Grant Priorities
*Priorities Consistent OHIOMAS Strategic Plan**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
		e. Conduct monthly “Lunch and Funs” educational programs. f. Promote the Warmline and Welcome to Recovery Outreach g. Coordinate with Heartland Behavioral Health Peer Specialist to ensure persons are referred to Recovery Peer Support upon discharge.	e. No. of participants and # new participants at each event. f. Information included in Recovery Newsletter and # calls to Warmline g. No. of persons served by the Welcome to Recovery program.	
	AOD Treatment and Recovery Supports Increase the number of persons who participate in self-help groups and have the support of a family member or significant other in their recovery.	a. Stimulate the development of peer support and/or linkages to the self-help community. b. Increase the involvement of family/significant others in the treatment of persons receiving addiction services.	a. 77% of persons report attendance at self-help at least once per week. b. 55% of persons completing the AoD Survey will answer affirmatively that a family member or friend had attended at least one treatment session with them.	
Treatment: Veterans				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Individuals with disabilities	Youth Mental Health Treatment And Resiliency Services <u>Priority Population:</u> Youth with Severe Emotional Disturbances and co-occurring Developmental Disabilities Increase resilience and developmentally appropriate functioning.	a. Implement the Strong Families/Safe Communities Grant; provide crisis stabilization and high fidelity wraparound services with 24/7 access to service coordinators to high risk youth with co-occurring mental illness and developmental disabilities (MI/DD) and their families.	a. No. youth and families served by grant.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Priorities for Columbiana County Mental Health and Recovery Services Board

Substance Abuse & Mental Health Block Grant Priorities

***Priorities Consistent OHIO MAS Strategic Plan**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	Ensure the provision of Medication Assisted Treatment (MAT) to those in need of this assistance to achieve recovery	a. Provide Board funding for MAT to persons with opiate addiction who have no other funding source b. Improve client outcomes	a. No. of persons who have access to Medication Assisted Treatment through Board funding b. Percentage who complete treatment	___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):
Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*	Ensure access to housing, including supportive housing	a. Implement specialized supportive housing for those clients who have been identified as “hard to house.” b. Participate in the Continuum of Care to reduce homelessness and advocate for additional resources for persons with spmi. c. Maximize the number of homeless persons who are contacted through PATH Outreach Services. d. Maximize the number of PATH clients who secure safe, decent, and affordable permanent housing.	a. Site is secured and financing options pursued. b. # of additional supportive housing slots secured. c. # of persons contacted through Outreach Services. d. # served who secure housing.	___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):
Treatment: Underserved racial and ethnic minorities and LGBTQ populations				<input checked="" type="checkbox"/> No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):
Treatment: Youth, young adults in transition, adolescents, and young adults	Youth Mental Health Treatment And Resiliency Services Priority Population: Youth with Severe Emotional Disturbances Ensure services to youth are provided in the least restrictive and most normative environment that is appropriate and provide appropriate supports to caregivers	Implement the Transition to Independence Process model for transition aged youth served by the mental health system.	No. youth served employed/in school, have safe and stable housing, and are progressing on their Individual Service Plans.	___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):

Priorities for Columbiana County Mental Health and Recovery Services Board

**Substance Abuse & Mental Health Block Grant Priorities
*Priorities Consistent OHIOMAS Strategic Plan**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
<p>Treatment: Early childhood mental health (ages 0 through 6)*</p>	<ol style="list-style-type: none"> Participate on the FCFC Early Childhood Committee (ECC) to ensure that programming meets local needs. Improve parenting skills, child social skills, and early identification of children with social and emotional difficulties. 	<p>Board Executive Director or designee is an active participant on the Early Childhood Committee.</p> <p>Provide Incredible Years in Head Start Programs and the Community. Provide consultation and education to Head Start Staff.</p>	<p>% of ECC meetings attended</p> <p>No. of youth and families served and # of trainings conducted.</p>	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure</p>	<p>AOD Prevention Goals</p> <p><u>Priority Populations:</u> Youth Age 10 and under, People who engage or interact with youth, youth Age 11 – 17, young adults 18 – 25</p> <p>Support initiatives that demonstrate an impact on community laws, norms, and the community climate.</p>	<ol style="list-style-type: none"> Assist in recruitment of new members to enhance the effectiveness of the Alcohol and Drug Abuse Prevention Team (ADAPT) Coalition’s initiatives. Provide financial support for the ADAPT coordinator position and administrative support time. Continue to chair the Data Committee to inform the ADAPT Coalition’s decisions about initiatives. Support the implementation of the ADAPT Coalition’s Strategic Plan 	<ol style="list-style-type: none"> No. of recruitment efforts and number of membership forms that identify the Board as the referral agent. Funding and administrative support provided. Data Committee minutes. No. of goals achieved in strategic plan 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*</p>	<p>Mental Health Prevention Goals</p> <p><u>Priority Population:</u> Youth</p> <p>Promote mental health in the schools by offering support to children encountering serious stresses, modify the school environment to promote pro-</p>	<ol style="list-style-type: none"> Implement mental health education and depression screening in one grade level in all interested school districts 	<ol style="list-style-type: none"> No. schools participating in Signs of Suicide education and/or screening. 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

Priorities for Columbiana County Mental Health and Recovery Services Board

**Substance Abuse & Mental Health Block Grant Priorities
*Priorities Consistent OHIOMAS Strategic Plan**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
	<p>social behavior; develop students' skills at decision making, self-awareness, and conducting relationships; and target violence, aggressive behavior and substance use.</p> <p>AOD Prevention Goals</p> <p><u>Priority Population:</u> Youth Age 10 and Under, people who engage or interact with youth, Youth Ages 11 – 17, Young Adults Ages 18 – 25</p> <p>1. Provide evidence-based AOD Prevention Services</p> <p>2.. Provide peer led prevention services in all school districts</p>	<p>b. Provide training to school personnel in behavioral health issues.</p> <p>c. Support the efforts of the Coordinated School Health Coalition (CASH) in the promotion of mental health in the schools.</p> <p>d. Present "Change Your Mind About Mental Illness" to Columbiana County High School youth.</p> <p>a. Provide "Too Good For Drugs and Violence" program in all Columbiana County elementary schools</p> <p>b. Provide education to parents of students participating in the Too Good for Drugs and Violence Programming</p> <p>a. Peers will conduct school based substance use prevention campaigns</p> <p>b. Each school will have students who are active in the Youth Coalition</p>	<p>b. .One training during the biennium</p> <p>c.. Board participation on and consultation with the CASH Coalition</p> <p>d. 600 – 800 students receive education annually</p> <p>a. No. youth who participate and sign a 'Promise for the Future' pledge</p> <p>b. No. of parents of students enrolled in Too Good for Drugs and Violence who receive education</p> <p>a. No. of school based campaigns</p> <p>b. No. of students active in the youth coalition</p> <p>c. No. of school districts that have one or more students participating in the Youth Coalition</p>	

Priorities for Columbiana County Mental Health and Recovery Services Board

Substance Abuse & Mental Health Block Grant Priorities

***Priorities Consistent OHIOMAS Strategic Plan**

Priorities	Goals	Strategies	Measurement	Reason for not selecting
	3. Increase perception of harm regarding alcohol abuse among 18-25 year olds.	a. Implement a media campaign focused on the problems with underage use of alcohol and harm and provide education regarding the American Medical Association (AMA) guidelines for moderate alcohol use.	a. % decrease of 18-25 year olds who report binge drinking b. % increase of 18-25 year olds who report knowledge of AMA guidelines.	
Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Prevention: Promote wellness in Ohio's workforce.				<input type="checkbox"/> No assessed local need <input checked="" type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): Board provider markets Drug Free Workplace services to businesses; participating businesses purchase the services
Prevention: Integrate Problem Gambling Prevention, and Screening Strategies in Community and Healthcare Organizations. *	1. Provide a Behavioral Healthcare Workforce that Meets the problem gambling and prevention needs of Columbiana County residents.	a. Ensure local staff attends the ODMHAS Prevention Workforce Generalist training for messaging and delivery. b. Provide local training opportunities for ADAPT Coalition members and provider staff. c. Ensure a sufficient number of local staff meet the qualifications to treat persons with problem or pathological gambling.	a. No. of staff trained b. No. providers and Coalition members trained c. No. staff with certification to provide services to persons with problem or pathological gambling	<input type="checkbox"/> No. assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

Priorities for Columbiana County Mental Health and Recovery Services Board

**Substance Abuse & Mental Health Block Grant Priorities
*Priorities Consistent OHIOMAS Strategic Plan**

Priorities	Goals	Strategies	Measurement	Reason for Not Selecting
	<p>2. Provide Community Prevention Education and Awareness of Problem Gambling.</p>	<p>a. Collaborate with relevant partners such as Ohio for Responsible Gambling and utilize their media to increase understanding of problem gambling and its possible consequences.</p> <p>b. Utilize mass media, social media, and the ADAPT Coalition efforts to promote awareness of responsible gambling practices, the potential for problem gambling, the signs and symptoms, and what actions to take.</p>	<p>a. No. items distributed</p> <p>b. No. websites and social media sites that provide problem gambling prevention and intervention information.</p>	
	<p>3. Promote evidence-based practices that delay a youth's participation in gambling until legal age.</p> <p>4. Ensure Columbiana County residents with a diagnosis of pathological gambling receive treatment from professionals who have been trained in counseling for individuals with gambling addiction.</p>	<p>a. Collaborate with Family Recovery Center and the Coordinated Action for School Health Coalition to promote the "40 Developmental Assets" especially those concerning the community valuing youth, adults as role models, and planning and decision making skills.</p> <p>b. Support the evidence-based prevention program, "Too Good for Drugs and Violence" to foster developmental assets.</p> <p>a. Ensure AOD providers are incorporating evidence-based screening tools into their assessments.</p> <p>b. Once professionals are trained to provide problem gambling treatment, ensure that professionals, community members, and all county residents are aware of how to refer to or enter into treatment.</p>	<p>a. No. of activities supporting the 40 developmental assets.</p> <p>b. No. youth who complete the "too Good For Drugs and Violence" curriculum that includes the session on risk taking, and who sign a "Promise for the Future" pledge.</p> <p>a. %age of providers using the Brief Biosocial Gambling Score screening tool.</p> <p>b. No. of persons who received referral procedure information.</p>	

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Board Capacity Goals			
	1. Reduce Stigma	<ul style="list-style-type: none"> a. Educate and inform elected officials about mental health and addiction prevention, treatment and recovery. b. Present “Change Your Mind About Mental Illness” to Columbiana County High School youth. c. Promote and publish articles and photographs of persons in recovery in Columbiana County newspapers and the Board’s newsletter to show examples of people in Recovery contributing to their communities. d. Educate all mental health service providers in Recovery principles. e. Educate all Addiction service providers in Recovery Oriented System of Care principles. f. Ensure that persons in recovery are featured in the Tri County Anti Stigma Campaign. g. Establish traveling displays with Addiction and Mental Health recovery and anti-stigma materials. h. Incorporate “Stop the Judgment/Start the Healing” Banner into community education displays. i. Distribute “Myths and Facts about Addictions” and “Myths and Facts About Mental Illnesses” handouts within all community education efforts 	<ul style="list-style-type: none"> a. 4 meetings, advocacy campaigns, or events during the biennium b. 600 – 800 students receive education annually c. 8 articles or photographs per year d. 100% of new hires receive Recovery Orientation Training e. % of AOD providers educated f. Number of persons in recovery who appear on the WKBN morning news program through December 2014 g. No. of places traveling display is located h. No. times banner used i. No. handouts distributed

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

Priorities	Goals	Strategies	Measurement
		<ul style="list-style-type: none"> j. Ensure anti stigma information is incorporated into articles submitted for publication to the Salem News k. To have 2 local “Mental Health First Aid” trainers. l. Mental Health First Aid training will be provided to key groups. 	<ul style="list-style-type: none"> j. No. articles featuring anti-stigma information k. No. persons trained l. No. of local trainings held/# of persons trained
	<p>2. Promote and sustain the use of evidence-based practices and policies.</p>	<ul style="list-style-type: none"> a. Continue to provide support for existing evidence-based practices that are provided to persons in the Board’s priority population groups. Evaluate the continued support of evidence-based practices being provided based upon outcomes achieved. FY14 evidence-based practices include: Mental Health in the Schools, Wellness Management Recovery, Transition to Independence Process, Integrated Dual Diagnosis Treatment, Supported Employment, Multi Systemic Therapy, Mental Health Recovery, Trauma Focused Cognitive Behavioral Treatment, Signs of Suicide in schools, Too Good For Drugs and Violence Prevention Program, Medication Assisted Treatment, and environmental strategies used by the ADAPT Coalition b. Implement and monitor two evidence-based practices that address Board priority populations that are not currently being served by an evidence-based practice. c. Conduct cultural competency training on the Culture of Addiction. d. Utilize Recovery Oriented System of Care (ROSC) principles to guide planning and align with state department priorities. 	<ul style="list-style-type: none"> a. Board allocates \$25,000 of funding to evidence-based practices in FY14. Outcomes evaluated on an annual basis. b. Practices identified, funding plan developed, practices implemented and incorporated into the Board’s CQI process. c. One training per year plus quarterly orientation for newly hired staff, volunteers, and Board members in the system d. ROSC principles are incorporated into system planning.

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

Priorities	Goals	Strategies	Measurement
	<p>3. Increase the use of data to make informed decisions regarding planning and investment, and ensure the system has access to all relevant data in a timely way.</p>	<ul style="list-style-type: none"> a. Implement the Board’s Continuous Quality Improvement Plan. b. Provide agencies with information to improve the effectiveness and efficiency of service delivery. c. Conduct non-Medicaid reviews at the Counseling Center and Family Recovery Center, at least annually d. Conduct quarterly utilization and program reviews at Shining Reflections e. Monitor psychiatric hospitalizations and evaluate the services of any client who is admitted to a psychiatric hospital three times within six months. f. Evaluate housing access for persons residing at the PATH or Kendall Home longer than 30 days. g. Monitor and ensure access to Mental health and Addiction services. h. Utilize Client Perception of Care Outcomes System for Board’s priority population groups and utilize information to inform CQI and Board Planning. 	<ul style="list-style-type: none"> a. Quality Improvement Reports b. Heartland East Report and provider CQI Reports c. Board non-Medicaid Review reports and Corrective Action Plans d. Quarterly Follow-up Reports Counseling Center Adult Community Support Supervisor’s group report e. No. exceeding 30 day LOS f. Review completed of persons exceeding 30 days g. Intake appointment within 14 days h. No. surveys completed and reports of findings provided to CQI and the Board

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
	4. Establish and maintain partnerships with organizations that are crucial in achieving our goals.	<ul style="list-style-type: none"> a. Provide clergy with information regarding mental health and addiction and involve faith communities in anti-stigma activities b. Ensure Board participation on the county-wide Health Needs Assessment Planning Group. c. Involve Coroner's office and/or other relevant partners in the Suicide Prevention Coalition. d. Include physicians, pediatricians, hospitals, and first responders in community education activities. 	<ul style="list-style-type: none"> a. No. of clergy members agreeing to promote MH/AoD wellness b. No. of meetings attended c. No. new members d. No. of target audience attending community education activities
	5. Investigate payment methods, and institute a pilot payment program, that is focused on quality and outcomes rather than on payment for specific services.	<ul style="list-style-type: none"> a. Track the work of the Office of Healthcare Transformation Workgroup on payment reform. b. Advocate for the Ohio Association of County Behavioral Health Authorities to provide training in alternative payment methods. c. Consider Vocational Services, which has a considerable wait list, as a pilot program. 	<ul style="list-style-type: none"> a. Apply relevant principles into the Board's pilot program. b. Training provided c. Pilot program initiated
MENTAL HEALTH PREVENTION Priority Population: Individuals at risk of suicide, youth, people who interact with children including primary care physicians, pediatricians, teachers, clergy, and parents.	1. Implement the Columbiana County Suicide Prevention Coalition's Strategic Plan.	<ul style="list-style-type: none"> a. Provide public education and information regarding suicide prevention. b. Provide training for providers regarding the recognition, response, and treatment considerations for persons at risk of suicide. c. Provide gatekeeper training to a group identified by the Suicide Prevention Coalition. d. Conduct reviews of provider major unusual incidents and sentinel events that result in provider and system quality improvement. e. Obtain training in the development of a LOSS team for completed suicide postvention. 	<ul style="list-style-type: none"> a. No. articles published; print materials distributed to specified groups, and number of television commercials addressing suicide prevention that are included in the Tri County campaign b. One training during each year of the biennium c. One training during the biennium d. Quality Improvement Reports e. No. Coalition Members trained

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
		f. Provide collaboration and support to Kent State University Columbiana County branch campuses in the promotion of Suicide Prevention and Mental Health Promotion.	f. Board assist in grant writing, collaborations, and include campus initiative in Coalition activities
MENTAL HEALTH PREVENTION <u>Priority Population:</u> People who interact with children, including primary care physicians, pediatricians, teachers, clergy, and parents	Increase knowledge and awareness of adverse childhood experiences and their impact on lifelong health outcomes.	a. Provide education and information to increase awareness of adverse childhood experiences and their impact on lifelong health outcomes. b. Provide training to providers and others who interact with children regarding adverse childhood experiences	a. No. of persons or groups who obtain education and information regarding ACEs b. No. of persons trained
AOD PREVENTION GOALS AND MILESTONES <u>Priority Populations:</u> Youth Age 10 and under, People who engage or interact with youth, youth Age 11 – 17, young adults 18 – 25	Promote and support initiatives that help youth acquire development assets and reduce risk factors	Support ADAPT, Coordinated Action for School Health (CASH), Suicide Prevention Coalition, and Family and Children First Council efforts to increase assets and reduce risk factors among youth	Search institute ASSET survey will reflect increased assets and decreased risk factors
AOD TREATMENT AND RECOVERY SUPPORTS <u>Priority Populations:</u> Youth under the age of 18; young adults ages 18-25, persons of all ages involved in the criminal justice system, adults with serious mental illnesses who have co-occurring substance abuse disorders.	Increase the number of individuals who complete treatment.	a. Maximize the percent of Youth Under 18, Young Adults aged 18-25, and all persons involved in the criminal justice system that complete treatment. b. Conduct a study of persons who do and those who do not complete treatment to identify characteristics and barriers. Specifically study persons addicted to opiates, with a focus on heroin. c. Reduce by 5% from Fiscal Year 2013, the percent of persons who no-show for outpatient services.	a. 77% of youth, 69% of young adults, and 71% of all persons involved in the criminal justice system will complete treatment. b. Reasons identified and a plan implemented to address barriers to treatment completion. c. Plan to reduce no shows identified and implemented. Conduct a pilot study of results following text message reminders.
AOD TREATMENT AND RECOVERY SUPPORTS <u>Priority Population:</u> Adults with spmi and co- occurring addictions	Promote stable housing and employment	a. Refer clients in need of stable housing to residential services b. Refer clients who want to work to vocational services	a. 90% of persons referred will have stable housing. b. 80% of clients referred to vocational services will enroll.

Priorities (continued)

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

Tier 1 Priorities are those the Board would address first, in varying degrees, based on available resources. These are highlighted in yellow.

Tier 2 Priorities are those the Board would address after all priorities in Tier 1 have been evaluated, and addressed if feasible

Priority if resources were available	Why this priority would be chosen
Promote, implement, and sustain evidence-based practices for all priority populations (Board capacity)	Evidence-based practices have been shown to improve outcomes
Enhance effective alcohol and drug prevention services for underage youth and all adults who influence these youth (substance use prevention)	Remaining drug free, and alcohol free until age 21, contributes to positive adult development
Expand Mental Health services and supports in the schools (mental health prevention)	Mental health education and screening are necessary to reduce depression, suicide intent, and high risk behaviors. School staff need training and consultation in working with students who have disruptive behaviors and to identify students in need of mental health services. School-based mental health services assist with ensuring follow through when comprehensive services are recommended that are not provided in the school.
Establish sober housing, primarily for adult males (substance use treatment and recovery)	Outcome information indicates that a significant risk in not completing treatment and remaining active in a recovery program is the lack of sober supports. Men with addictions without sober support would benefit from a transitional sober living setting while establishing connections with sober supports and obtaining employment. There are currently no sober living opportunities for adult men in Columbiana County.
Ensure sufficient individual and family based treatment for children and adolescents with serious abuse or addictions (substance use treatment and recovery)	Intervening early with addiction is imperative. Research indicates that family involvement in treatment is crucial for positive outcomes.
Ensure access to residential treatment for persons with addictions (substance use treatment and recovery)	There are no residential treatment facilities in Columbiana County. Ensuring access to out of county resources for persons who cannot afford to pay for this level of care is important for those assessed to need this level of care.
Establish a recovery center in Northern Columbiana County for persons with SPMI (mental health treatment and recovery)	Accessibility is currently limited, as the sole consumer operated organization is 15 miles or farther from people who live in the northern part of the county. Public transportation is available, but limited.
Ensure sufficient Transition to Independence Facilitation services to young adults with SPMI (mental health treatment and recovery)	Providing evidence-based transition services to young adults prevents unnecessary reliance on the public mental health system and facilitates optimum social and occupational development. Current capacity is insufficient to meet the need.

Priority if resources were available	Why this priority would be chosen
Ensure sufficient in-home services and supports to youth with SED and their families/caretakers (mental health treatment and recovery)	Sufficient in-home parent and caretaker support, education, and family enrichment is necessary to ensure optimal youth development family safety, and prevention of unnecessary out of home placements
Ensure sufficient housing supports and services to adults with SPMI, including those with co-occurring addictions (mental health and substance use treatment and recovery)	Safe, decent and affordable housing is a necessary building block for recovery
Ensure sufficient employment supports and services to assist persons with SPMI and addictions to obtain and maintain employment (mental health and substance use treatment and recovery)	Supported employment is an evidence-based approach for adults with smi; employment for those with addictions who are capable of working is a key component of recovery; current capacity is insufficient.
Expand Recovery Coaching and Peer Support services (mental health and substance use treatment and recovery)	Research validates the importance of individualized peer support to many people recovering with addictions and/or mental illnesses
Ensure accessibility to office based services for all priority populations (mental health and substance use treatment and recovery)	Transportation is a barrier to these services and current solutions are inadequate. Enhanced transportation and tele-health would be explored.
Overnight respite for adults with SPMI	To prevent unnecessary inpatient hospitalization and provide support following inpatient treatment before returning home.

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

In addition to its role as a mandated member, The MHRS Board is the administrative agent for the Family and Children First Council (FCFC). The FCFC is housed at the MHRS Board office. Two of the Board’s priorities are preventing mental health and substance abuse problems among school-age youth and ensuring youth with severe emotional disturbance live in community while receiving supports and services needed for developing resiliency. Both are goals shared by the FCFC. The co-planning and collaboration that have occurred between the MHRS Board and the FCFC have yielded positive results in both of these priority areas. Blended funding has made FCFC Service Coordination available to at risk children and families that display significant risk factors for out-of-home placements. WrapAround, Family Support Team meetings and Case Reviews are designed to help families identify not only strengths but needs, including the need for drug and alcohol treatment and mental health services. Ongoing and effective collaboration between the MHRSB, FCFC and community service providers address the need for respite services, parent education and other interventions to strengthen families. The Board participates in the FCFC Early Childhood Committee to ensure that early intervention programs serve families of special needs and at risk children to promote positive health and development before children start school. The Board is part of a regional effort that was awarded a Strong Families/Safe Communities Grant, enabling the FCFC to expand High Fidelity Wrap Around and to make Wrap Around available to families 24/7. This funding will also allow for expansion of the Strengthening Families program, expansion of crisis respite resources, and provision of mentoring to youth in the target population. The existing collaboration among FCFC partners, including Juvenile Court and The Counseling Center, made sound planning for this initiative possible, as partners share needs assessment and gaps information regularly during ongoing co-planning for high need, high risk families.

The Columbiana County MHRS Board is a member of the Heartland Collaborative. The Ohio MHAS “hot spot” initiative provided the impetus to expand collaborative planning among Boards who share Heartland Behavioral Health. One positive result of this initiative is the implementation of the TIPS (Transition to Independence) Initiative. In addition to sharing training resources, The MHRS Board and its contract providers participate in a learning collaborative made up of Heartland Boards and their providers who are working on improving outcomes for youth and young adults in transition.

The Executive Director of the MHRS Board is a member of the Mahoning/Columbiana Workforce Investment Board. This provides an opportunity to advocate for employment opportunities for individuals recovering with mental illnesses or addictions within the broader workforce development system. The MHRS Board convenes a Supported Employment Steering Committee, which includes representatives from provider organizations that offer employment services, recovering people, and other stakeholders with interest and expertise in securing employment opportunities for recovering people. One member organization of this committee is the Supported Employment Coordinating Center of Excellence, which provides statewide leadership in the evidence-based model of Supported Employment. Staff of the Center of Excellence participate in Committee meetings and provide feedback and guidance for improvement. This external consultation has resulted in increasing adherence to the model, ensuring the best possible outcomes.

The MHRS Board is an active member of the Columbiana County Continuum of Care, an intersystem collaborative dedicated to preventing and ending homelessness. Three of the Board’s in-network providers, the Counseling Center, Family Recovery Center, and Help Hotline Crisis Center, are also active members. Involvement in this collaborative has resulted in securing funding for rental assistance and housing supports and services for persons recovering with addictions and severe mental illnesses. The Columbiana County Community Action Agency (CAA) is an active member of this collaborative and the lead agency in managing the Homeless Crisis Response Program (HCRP) funds made available to Columbiana County. Because of the long standing partnership between the MHRS Board and the CAA through this collaborative, some HCRP funding has been earmarked for housing needs of adults with spmi.

The CAA operates a federally qualified health center that has a community advisory group. The Chair of the MHRS Board, who is also a mental health recovery leader, serves on this advisory group. This connection has resulted in improved co-planning for individuals with mental illnesses or addictions who receive behavioral health services at a contract provider of the MHRS Board. This relationship will increase in importance as integration of physical and behavioral health services advances. The CAA operates CARTS, the public transportation system in Columbiana County, and convenes a Transportation Advisory Committee to provide input into the transportation system. The Board Recovery Assistant is a member of the Transportation Advisory Committee. This close working relationship has resulted in improvements in public transportation for recovering adults.

MHRS Board and provider leadership staff are active members of the Columbiana County Job and Family Services Planning Committee, and have been active since this group was convened following the passage of the Temporary Assistance to Needy Families “welfare to work” federal legislation. The benefits to the behavioral health system resulting from this collaboration include increased awareness of the need for attention to behavioral health issues among individuals who are moving from public assistance to financial self-reliance. MHRS Board providers have been successful in securing TANF funding to support parent education, employment, and teen pregnancy prevention. Members of this group have also provided “Bridges out of Poverty” training to staff of all health and social service organizations in the county, as well as to community leaders. This training has been provided at no cost to the MHRS Board system and has been very beneficial in increasing cultural competency among staff and leaders in the health and social service system in Columbiana County. The Board leads a collaborative process with Job and Family Services to provide ongoing monitoring of youth in out-of-home placement. A Board representative, the Executive Director of the Columbiana County Department of Job and Family Services, the Child Protective Services Supervisor, a mental health provider, and a licensed mental health expert consultant meet regularly to review youth in out of placement. The Board pays for mental health consultant to conduct on site monitoring of youth in out of home placements to ensure that effective treatment and discharge planning occur.

Staff of the MHRS Board, Family Recovery Center, and the Counseling Center have been appointed to the Community Corrections Planning Board. County Commissioners appoint members to this Board, which is required in communities in which funding is received for intensive probation services that are designed to reduce incarceration. All courts in the county, probation and parole entities, the county prosecutor’s office, the county jail, and law enforcement entities are represented on this Board. Collaboration with this group has resulted in training events for criminal justice personnel on the needs of individuals with substance abuse and mental health problems who are served in the criminal justice system. This group also serves as the Advisory Group to the Columbiana County Municipal Court Mental Health Docket (the STAR Program). Therefore, the mental health, alcohol and drug, community support, and overall recovery needs of individuals served in this specialty docket are considered by Columbiana County leaders representing all sectors of the treatment and criminal justice systems. The Board conducts periodic training on Dealing Effectively with Individuals with Serious Mental Illnesses in Criminal Justice Settings, based on the Crisis Intervention Training (CIT) model. Because of this collaboration, this training is always well attended. The Board, in conjunction with NAMI Ohio, was also able to support two law enforcement jurisdictions, Columbiana and East Liverpool, in sending officers to the 5 day CIT training in 2012.

During the current fiscal year, the Board jointly planned with probation and parole departments to align addiction treatment services with behavioral health and community corrections evidence-based practices. The Board will be providing training on Cognitive Behavioral Therapy for Substance Abuse which will partially address the need. Continued planning will occur following the training to re-tool services in a way that addresses risk and need principles.

The MHRS Board, in conjunction with Family Recovery Center, the Board’s only contracted alcohol and drug prevention provider, provided leadership in establishing the ADAPT (Alcohol and Drug Abuse Prevention Team) Coalition. This Coalition was established in March, 2008, and has representation from the following local constituencies on its Advisory Board: higher education, public education grades K – 12, community hospitals, criminal justice, county government, public health, business, civic organizations, faith-based, parents, adults in recovery from addictions, youth, child protective services, and the drug and alcohol treatment and prevention

providers. This robust collaboration was a key factor in the Coalition's success in securing federal funding through the Drug Free Communities Program to support its efforts. Building upon this success, the MHRS Board and Family Recovery Center were successful in obtaining one of the 13 competitively funded SPF SIG grants awarded in 2011. This project is addressing the harmful use of alcohol by persons aged 18-25.

The Board is a member of the Coordinated Action for School Health (CASH) Coalition which works in partnership with each of the eleven public school districts to promote healthy lifestyle choices. It is based on the Coordinated School Health Programming (CSHP) model which encompasses all facets of health - physical, mental, emotional, and social. The Coalition has representatives from schools, mental health and alcohol and drug providers, local hospitals, and the Family and Children First Council.

The Board is the lead entity in the Columbiana County Suicide Prevention Coalition which is comprised of people in recovery, mental health and alcohol and drug providers, school representatives, higher education, healthcare personnel, and the Veteran's Administration. The Coalition works to reduce stigma and target training and awareness efforts based on data and trends. The Columbiana County Suicide Prevention Coalition has also partnered with similar coalitions in Mahoning and Trumbull Counties to expand its efforts in grant seeking and training opportunities.

The Board has working relationships with the Center for Innovative Practices Coordinating Center of Excellence (CCOE), Integrated Dual Disorder Treatment CCOE and Supported Employment CCOE, and the Wellness Management and Recovery CCOE. The Board uses consultation and training services from these entities to assist providers in increasing and maintaining fidelity to these evidence-based and promising practices.

The Board system benefits from the BeST Practices in Schizophrenia Center, housed at the Northeast Ohio Medical Center. Board and provider staff have received high quality, free training and have notified the Center of its interest in exploring the implementation of Cognitive Behavioral Interventions for persons with thought disorders. The system's workforce will be enhanced through future training and consultation opportunities.

The MHRS Board and its contract providers maintain strong relationships with regional institutions of higher learning, particularly Kent State University and Youngstown State University. Interns from the human services technology program, psychology, social work, counseling, nursing, and occupational therapy are routinely placed in our organizations. These intern relationships enrich the system in many ways, one of which is staff recruitment.

The Board has consistently placed a high value on collaboration with clients and the general public. The Board solicits input from people receiving services, family members, and the general public using focus groups, interviews, and surveys. All Board Committees, Coalitions, and Initiatives include people in recovery, ensuring ongoing input into planning and programming. These include the Board's system-wide Continuous Quality Improvement Committee, Suicide Prevention Coalition, Recovery Steering Committee, Cultural Competency Steering Committee, Supported Employment Steering Committee, IDDT Steering Committee and the ADAPT Coalition.

The Board takes an active role in Leadership Columbiana County which provides ongoing development of leaders from all sectors of the community. Through this collaboration, leadership students each year are exposed to the provider organizations of the Board. The Executive Director and Recovery Assistant of the Board lead classes each year on advocacy and stigma as it relates to mental illness and addictions.

In addressing the Board's goal of reducing stigma, the Board has worked with its partners to maximize efforts. The Mahoning County Mental Health Board, the Trumbull County Mental Health and Recovery Board, and Columbiana County MHRS Board share a local television market. These Boards purchase a television campaign that includes anti stigma ads and monthly spots on the morning news show that feature people in recovery and local supports and services. This would be unaffordable for the Columbiana County MHRS Board, but is financially feasible because of the collaboration with the other two Boards. The anti-stigma campaign has included a traveling display which includes handouts on "Myths and Facts" about mental illness and addictions.

Because of the Board's extensive partnerships, display locations in churches, community centers, libraries, public buildings, and educational centers were easy to recruit. A number of Columbiana County recovery leaders provide state-wide and national leadership in stigma reduction. The Board's Chairperson is a member of the Steering Committee for the current NAMI led statewide stigma reduction campaign.

Inpatient Hospital Management

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

The MHRS Board contracts with the Columbiana County Mental Health Clinic, dba The Counseling Center for 24/7 mobile crisis services. This provider conducts screening and facilitates admission to psychiatric hospitals and residential crisis facilities. The Adult Community Support Supervisor of the Center serves as the liaison to all hospitals in which Columbiana County adults are admitted. In this liaison role, she coordinates discharge planning for all who are being referred to a Board contracted provider for follow up care and ensures communication between the hospital (or crisis facility) treatment team and the local treatment team in cases in which individuals admitted to inpatient psychiatric treatment or crisis centers are clients of the Counseling Center. Individuals who are homeless upon discharge who have spmi are admitted to either the Kendall Home, the system's emergency shelter for persons with spmi, or to the PATH House, which provides immediate access housing to homeless individuals with SPMI. Lengths of stay at both facilities average 30 days. Individuals are provided with assistance in obtaining permanent housing, needed health services and supports, and peer connections while residing at Kendall or PATH. These resources for homeless persons during the first 30 days following discharge are intended to solidify their involvement with needed community based services and supports so that readmission to inpatient psychiatric treatment is avoided whenever possible.

The MHRS Board contracts with three private hospital systems for inpatient psychiatric care and two crisis centers for crisis stabilization. The MHRS Board also uses the state psychiatric hospital system. The private contracts obligate the Board to pay a bed day rate and psychiatry fees for indigent persons without health care coverage. Regarding crisis residential care, the Board pays a reduced daily care rate for people with Medicaid coverage, and Medicaid covered services provided to Medicaid covered individuals are billed to Medicaid. When individuals need admission to an inpatient psychiatry service or crisis center, the first consideration is the most appropriate treatment setting for the individual. In cases in which all hospitals will provide equally effective treatment, pre-screeners seek admission to private hospitals for individuals with medical coverage. Individuals who are indigent, without medical coverage, whose clinical presentation is borderline and who will be experiencing a first admission are referred to private hospitals. For all others, pre-screeners seek a bed at the state hospital as the first option. At this time, the Board does not anticipate changes in utilization in FY 14 or FY 15.

Innovative Initiatives (Optional)

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

- Service delivery
- Planning efforts
- Business operations
- Process and/or quality improvement

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

The Board has been innovative in establishing a recovery oriented system of care for adults with serious and persistent mental illnesses and in establishing a system-wide quality improvement process. In Question 3a, the Board noted it would be willing to mentor others in these areas. The Board will share innovative practices with Board or State entities interested in interested in consultation.

Advocacy (Optional)

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

The Board is choosing not to respond to this optional question.

Open Forum (Optional)

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

It is the Board's intention to address Priorities noted in Question 7 with funds that are freed up should Medicaid expand.

Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	ODADAS UPID #	ALLOCATION
N/A		

B. Request for Generic Services

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

B.AGENCY	ODADAS UPID #	SERVICE	ALLOCATION
N/A			

Appendix 2: Definitions

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

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

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

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

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

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

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

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