

**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.)

Stark County has an estimated population of 375,087. The population is predominantly Caucasian (89.1%), with an African American population of 7.7%. Approximately 2.2% of the population identifies themselves as multiracial. There is a small percentage (1.7%) of the county's population that identify as Hispanic or Latino. English is the predominant language, with 3.6% of residents reporting that another language is spoken at home. The City of Canton within Stark County has significantly more diversity when compared to the county and the other cities within the county: African American (24.2%), Persons reporting two or more races (4.8%), Hispanic or Latino (4.8%).

Stark County includes 17 school districts – each with their own superintendent, boards, and multiple school buildings filled with students with a diverse range of behavioral health needs. Stark County is home to Walsh University, Malone University, Mt. Union University, Stark State College, and hosts satellite sites for Kent State University and Ashland University. Among residents above 25 years of age, 87.8% have a high school diploma and 20.4% have a Bachelor's degree or higher. The high school graduation rate is similar to that of the state rate (87.4%). However, the percentage of higher education degrees in the county is lower than that of the state (24.1%). The median household income (2006-2010) is \$44,941, which is below the state median of \$47,358. The five year (2006-2010) estimated percentage of the county population below poverty level is 12.7%. This is similar to the estimated state percentage (14.2%).  
*Note:* Data sources include the 2010 Census and the 2006-2010 American Community Survey.

Per the Ohio Department of Job & Family Services, Stark County's jobless rate was 7.2% in Oct/Nov 2013, which is up from 6.4% last year. The City of Canton's jobless rate was at 8.4% in November, which is up from 7.5% last year. In 2012, United Way's 2-1-1 answered 37,533 Stark County calls. United Way's 2-1-1 online database has received over 23,000 hits. In 2012, United Way's 2-1-1 provided Emergency Assistance to 569 individuals. The top two most requested resources from United Way's 2-1-1 help line were for food at 17% and rent at 14% of total calls last year. Between January and July 2012, United Way's 2-1-1 help line answered 16,396 calls. Between January and July 2013, United Way's 2-1-1 answered 18,424 calls which is an increase of 2,028.

The 2011 Stark County Health Needs Assessment found that the greatest proportion (31.3%) of individuals interviewed responded that availability of health care insurance was the greatest unmet need, followed by affordability of health care and health insurance (14.5% of respondents). Over 10% of persons interviewed indicated that there were medical services needed in the past year that they were unable to get. 13.3% of respondents indicated that they are without health insurance. More than one-quarter, 28.6%, of respondents receive most of their healthcare from someone other than a primary care or family doctor. These include the emergency room (8.4%), a hospital clinic (7.7%) and an urgent care center (6.3%). These percentages are expected to be impacted as the Affordable Care Act is implemented.

## Assessment of Need and Identification of Gaps and Disparities

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

**Stark County Family Council:** The director of our Family Council reports that there has not been a dispute filed since 2008. The Family Council's Strategic Planning Retreat in April 2013 brought together a broad range of community stakeholders and led to the identification of 6 prioritized needs: Health Care, Improved Family Stability and Functioning, Coordinated System of Care, Trauma (Adverse Childhood Experiences) and Resiliency, School Success, Youth Choose Healthy Behaviors and Successfully Transition into Adulthood. MHR SB has participated in this Strategic Planning process. The strategic plan to address the prioritized areas is nearing completion. Each area will have action steps that demand attention from the MHR SB and our local behavioral health providers. Also, the Family Council director reports that the following issues have emerged thru the Family Council Service Coordination Committee, Service Review Collaborative, and Resiliency Committee in which MHR SB participates:

- Need for school based MH and other social services and supports to meet needs of all 17 school districts
- Supports needed to address challenges when transitioning from child to adult serving MH service systems
- Need to bolster Youth and Parent engagement
- Need cross system training on trauma's impact on developmental process, trauma informed care and resiliency principles
- Hi Fidelity Wraparound expansion
- Families don't know who to call for help when seeking/exploring possible resources

**State Hospital Bed Day Utilization Meeting:** Initiated in 2008, this weekly meeting is comprised of agency clinical directors/supervisors, Heartland Behavioral Healthcare representative as available, the hospital & community liaison, and board staff. Admissions and length of stays are reviewed, community services and support options are offered, and systemic needs, trends, and resources are addressed to facilitate successful discharges into the community, better utilization of our Crisis Stabilization unit for step downs, and to prevent re-hospitalizations. Recent trends include: increase in AoD related admissions with co-occurring suicidal ideation, AoD related psychosis (ie-bath salts and K2) admissions, increase in new non-linked individuals, increase in behavioral health related visits to local emergency rooms, emergency rooms focusing on decreasing length of time persons presenting with behavioral health symptoms are in the emergency room, closure of local private hospital psychiatric unit, continued challenge with obtaining appropriate level of care housing to support discharge, increase in MI/DD individuals that are no longer living in ICFMR and development center level of care, and decrease in access to nursing home level of care approvals.,

**SFY 2013 Non Medicaid AND Medicaid Mental Health and AoD Services Data** Data obtained from Heartland East Reporting Services indicate that providers in the Mental Health and Recovery Services system provided services to 15,916 persons in SFY 2013 which is an increase from SFY 2011 (12,913 persons). Demographics of the persons receiving mental health services indicate that 50.63% of the people were female (53.84% in SFY11) and 49.37% were male (46.16% in SFY11), 80.75% were White (77.93% in SFY11), 17.76% were Black (16.90% in SFY11), .35% were multi-racial (1.41% in SFY11) and .67% were Hispanic (.75% in SFY11). .17% were of unknown race (2.55% in SFY11) and .06% were other (.45% in SFY11). Of the 4,415 children served (3,622 in SFY11), 1,545 were ages 0-9 (1,241 in SFY11), 1,277 were ages 10-13 (1,100 in SFY11), 1,593 were ages 14-17 (1,281 in SFY11). 1,961 were ages 18-24 (1,609 in SFY11). 3,213 were ages 25-34 (2,429 in SFY11), 2,446 were age 35-44 (1,931 in SFY11), 2,318 were ages 45-54 (1,998 in SFY11), 1,329 were ages 55-64 (1,105 in SFY11) and 234 were over 65 years of age (219 in SFY11).

The top four diagnostic categories for the 11,501 adults receiving treatment services were depressive disorders – 3,165

(2,966 in SFY11), bipolar disorders – 2,673 (2,475 in SFY11), anxiety disorders – 1,636 (1,428 in SFY11) and alcohol use disorders – 1,453 (1,491 in SFY11). The top four most common primary diagnostic groups for children receiving services were adjustment disorders – 1,517 (1,179 in SFY11), conduct disorders – 1,424 (1,138 in SFY11), attention deficit/disruptive disorders – 913 (755 in SFY11) and anxiety disorders – 735 (468 in SFY11). The average cost for treatment for adults with schizophrenic/other psychotic disorders was \$2,161 (\$2,676 in SFY11), and for children and youth with post-traumatic stress disorder was \$2,214 for 421 clients (\$2,262 and 300 clients in SFY11). Children and youth received services for conduct disorders at an average cost of \$1,692 for 1,424 clients (\$2,244 for 1,138 clients in SFY11). 93.45% of the people receiving mental health services pay zero towards the cost of their care (88.29% in SFY11).

The top diagnostic categories for adults receiving alcohol and drug treatment services were alcohol use disorders (1,453 – decrease from 1,491 in SFY11), Opioid Use Disorders (881 - increase from 617 in SFY11), and cannabis use disorders (680 – decrease from 811 in SFY11). The average cost for treatment for a person with an alcohol use disorder in Stark County is \$918 (down from \$979 in SFY11).

The most common primary diagnostic group for youth receiving alcohol and drug treatment services is cannabis use disorders (110 – down from 173 clients in SFY11). The average cost to treat youth with a cannabis use disorder was \$1,000 (increase from \$603 in SFY11).

**SFY 2013 Non Medicaid Specific Mental Health Services Data** obtained from Heartland East Reporting Services from the MACSIS system indicates that providers in the Mental Health and Recovery Services system provided mental health services to 5,325 persons who did not have Medicaid or other mental health coverage. 87.23% of the people receiving mental health services pay zero towards the cost of their care. Demographics of the persons receiving mental health services indicate that 48.64% of the people were female and 51.36% were male, 81.71% were White, 16.04% were Black, .71% were multi-racial and .62% were Hispanic. .45% were of unknown race and .47% were other. Of the 352 children served, 87 were ages 0-9, 97 were ages 10-13, 168 were ages 14-17. Of the 4,973 adults served, 630 were ages 18-24, 1,209 were ages 25-34, 1,067 were age 35-44, 1,266 were ages 45-54, 701 were ages 55-64 and 100 were over 65 years of age.

The top four Non Medicaid diagnostic categories for adults receiving mental health treatment services were depressive disorders (1,646), bipolar disorders (1,324), anxiety disorders (787) and V codes (668). The top four most common primary diagnostic groups for children receiving non Medicaid mental health treatment services were adjustment disorders (121), conduct disorders (85), anxiety disorders (66), and attention deficit/disruptive disorders (53). While the average cost for treatment for adults with schizophrenic/other psychotic disorders was \$1,309, children and youth with post-traumatic stress disorder was \$351 (18 children), more children and youth received services for conduct disorders at an average cost of \$1,465 per person (85 children).

**SFY 2013 Non Medicaid Alcohol and Other Drug (AoD) Services Data** obtained from Heartland East Reporting Services from the MACSIS system indicate that 2,358 adults and 51 youth received alcohol and drug treatment services. 69.66% of the clients were male and 30.34% were female. 83.64 % were White, 14.32% were Black, .50% were Hispanic, 1.16% were Multi-racial, and .37% were Other. The largest age group receiving services were 25-35 year olds (805) followed by 18-24 year olds (475), 35-44 year old (473), 45-54 year old (435), 55-64 year old (150) and 20 people 65 years of age or older.

The top four diagnostic categories for adults receiving alcohol and drug treatment services were alcohol use disorders (1,118 - decrease from 1,491 in SFY11), opioid use disorders (621 - increase from 617 in SFY11), cannabis use disorders (417 – decrease from 811 in SFY11), and cocaine use disorders (153). Adults with amphetamine use disorders receiving alcohol/drug treatment were the highest average cost of \$4,040, followed by inhalant use disorders with an average cost of \$2,296. The average cost for treatment for an adult with an alcohol use disorder in Stark County is \$870 (down from

\$979 in SFY11). 85.72% of the people receiving AoD treatment services pay zero towards the cost of the care (increased from 85.21% in SFY11). Only .75% (18 clients) paid for all the cost of their treatment (decrease from .77% [31 clients] in SFY11) paid for all the cost of their treatment.

There were 50 Stark County AoD clients between the ages of 14 and 17 served in SFY 2013 (decrease from the 215 served SFY11). The top four most common primary diagnostic groups for youth receiving alcohol and drug treatment services are cannabis use disorders were 20 (down from 173 clients in SFY11), V codes were 12 (decrease from 67 in SFY11), substance induced disorders (3), and Adjustment Disorders were 2 (down from 33 in SFY11). Youth with conduct disorders receiving treatment services had the highest cost per client at \$1,465, with opioid use disorders at an average cost per client of \$1,096. The average cost to treat youth with a cannabis use disorder was \$360 (decrease from \$603 in SFY11).

**Suicide Statistics and Trends for Stark County:** Stark County has lost 61 individuals (December count) to suicide in 2013. Stark County saw an increase in suicides from 2011 to 2012, from 49 to 56 people. 41 males in 2011 and 45 males in 2012 suicided, while 8 females in 2011 and 11 females in 2012 suicided. For 2012, the highest suicide rates fall into 3 age categories: 15-24 year olds (12 people), 35-44 year olds (12 people), and 55-64 year olds (12 people). There was a significant increase from 6 suicides in 2011 to 12 suicides in 2012 in the 15-24 year olds age group. No one age 14 and under suicided in either 2011 or 2012, but there was a suicide of a 12 year old male in 2013. All but 4 of the suicides in 2011 and 2012 were Caucasians. In 2012, the method utilized to suicide in the male population most frequently was gunshot (25 people), followed by hanging (14 people). For the female population, the method varied: 4 overdoses, 3 gunshot, 2 hanging, and 2 carbon monoxide.

**Violence and Drug Related Gangs:** Per the Canton Police Department, there are 12-15 gangs operating in the city of Canton. Their focus and their crimes are primarily drug related, but Canton has seen an increase in gun related violence and deaths due to gang activity. Gang members range in age from age 11 through mid 40's. The Canton community is concerned about the effects of the trauma on the children and families in the neighborhoods impacted.

There were 2,378 victims of Domestic Violence in Stark County in 2011. Areas with significant numbers of Domestic Violence victims were: 868 reported by the Stark County Sheriff's Department, 532 reported by the Canton Police Department, 203 reported by the Alliance Police Department, 139 reported by the Jackson Police Department, and 119 reported by the Perry Police Department. (2011 Domestic Violence Report, Ohio Bureau of Criminal Identification and Investigation). Stark County is home to 21 police departments.

Crime continues to be problematic within the county. In 2011, there were 684 inmates commitment to the Department of Rehabilitation and Corrections from Stark County alone. Of those 684, 29.1% were committed for non-violent crimes; whereas, 42.5% were committed due to a felony four or five, and 20.3% of the 684 commitments were due to a community control violations (Ohio Department of Rehabilitation and Correction, Stark County Snapshot- 2011).

According to 2011 statistics, there were a total of 1,164 violent crimes and 12,295 crimes against property. There were 14 reported murders within the county, 12 of them being from the City of Canton. Contributing to other violent crimes, there were 18 recorded rapes, 54 recorded robberies, 468 reported Aggravated Assaults and 3,799 reports of Burglary. Additionally, there were 3799 reports of Larceny, 511 reports of Motor Vehicle Thefts and 70 cases of Arson. The City of Canton contributes the highest amounts of recorded crimes, both violent and non-violent offenses; whereas, Massillon and Alliance follow with significant rates of crime as well. (Office of Criminal Justice Services, *Crime by County 2011 Statistics*)

During 2011, 737 of those committed previously within the county were released. 36.9% of those released from

incarceration were released on PRC/Parole, 18.9% were released on Judicial Release, and 44.2% were released due to an expiration of their sentence (Ohio Department of Rehabilitation and Correction, *Stark County Snapshot- 2011*).

Effective re-entry efforts are a significant concern for our community. Many individuals are released from prisons with basic needs and concerns not having been met, in which community resources can assist. Stark County's Re-entry program was developed in 2005 in order to reduce recidivism. In order to do this, Re-entry provides transitional support with judicial oversight to felony offenders re-entering Stark County after incarceration. These supports include assistance with employment and housing, connections to programs and services that provide mentoring, anger management, AoD treatment and mental health services. In 2009, the Re-entry Court assisted 55 individuals. The number continues to rise each year, as 64 were served through the program in 2010, 88 in 2011, 63 in 2012, and 113 thus far in 2013.

Upon reviewing current trends, there is a need for a drug court within the municipal court level. Chance provides services to felony offenders with substance abuse needs at the common pleas level due to the high rate of offenses related to substance abuse.

**Prescription Drugs/Heroin Related Deaths:** From the Stark County's Coroner's office: From January 1 through October 5, 2013, there have been 37 deaths from accidental drug overdoses with 18 deaths specific for heroin. There are 12 cases not included in this number, pending outcomes of toxicology reports so actual numbers may be higher. Out of the confirmed drug overdose deaths: 65 % male; 35% female; 92% Caucasian; Average age: 39 years. Out of the Heroin specific deaths: 72% male; 28% female; 89% Caucasian; Average age: 34.5 years Stark County has plenty of unused medications that are being disposed of: Stark County's Drug Take Back Day Collection Amounts are: 4/13/13 = 5582 pounds; 10/26/13 = 2459.5 pounds; total disposed of in 2013 = 8041.5 pounds. Ten Prescription Drug Drop Box Collection Boxes were installed on 5/1/13. Total amount collected as 11/5/13 = 1458.1 pounds. Stark County has been identified as a "hot spot" for heroin.

**Alcohol Related Issues:** From Stark County Safe Communities Coalition/Stark County Highway Patrol, our Fatal Crash Review from January 1 through November 14, 2013, there were a total of 23 fatal crashes with 9 (39%) alcohol related and 11 (48%) alcohol and drug related. Drugs identified included: cocaine (1/11 deaths), marijuana (4/11 deaths) opiates (2/11 deaths), benzodiazepine (1/11 deaths), other (3/11 deaths). Out of the 32 Stark County business establishment compliance checks in February/March 2013, 14 sold to minors and 43.8 % businesses were out of compliance.

#### **IV Drug Users (IVDU) Wait List Monitoring (SFY13 Waiting List Data)**

- For IVDU clients, average number of calendar days from date initial contact was made to date of initial assessment (should be no more than 24 hours): **2.32**
- # of clients admitted to the needed LOC within 24 hours of the initial assessment? **5.85**
- # of clients who received interim services? (should receive interim services within 48 hours) **2.33**

#### **Women who are pregnant and have a substance use disorder (SFY13 Waiting List Data)**

- For pregnant clients, average number of calendar days from date initial contact was made to date of initial assessment (should be no more than 24 hours): **1.72**
- # of clients admitted to the needed LOC within 24 hours of the initial assessment? **2.50**
- # of clients who received interim services? (should receive interim services within 48 hours) **0.00**

**The 2011 Stark County Health Needs Assessment:** MHR SB serves on the Stark County Community Health Needs Assessment (CHNA) Advisory Committee which is made up of a variety of health and social services agencies and volunteers in the community that include Access Health Stark County; Affinity Medical Center; Alliance Community Hospital; Alliance City Health Department; Aultman Health Foundation; Canton City Health Department; Canton Community Clinic; Mercy Medical Center; Prescriptions Assistance Network of Stark County; Stark County Family Council;

Stark County Health Department; Stark County Jobs & Family Services; Stark County Medical Society; Stark County Mental Health & Recovery Services Board; United Way of Greater Stark County; and Western Stark Clinic.

The top five health-related issues identified as part of this Community Health Needs Assessment: 1) Access to Health Insurance Coverage and Health Care 2) Obesity and Lack of Healthy Lifestyle Choices 3) Prescription Drug Misuse 4) **Large Need for Mental Health Services** 5) Access to Dental Care

<http://www.starkhealth.org/assessments/2011StarkHealthNeedsAssessment.pdf>

The 2012 Stark County Community Health Improvement Plan included a formalized health indicators data gathering, data analyzing and prioritization process. From this process, Mental Health Wellness was identified within the top 3 community needs to focus efforts. For more information:

<http://www.starkhealth.org/pdfs/Stark%20County%20Health%20Improvement%20Plan%202012.pdf>

**Minority Health Disparities:** MHR SB serves on and has participated in the strategic planning efforts of the Stark County Minority Health Coalition, Collaborative Agency Network (a representation of the smaller community based organizations and non-profits), and the Stark County T.H.R.I.V.E. Coalition (addressing infant mortality disparities). Information has been gathered formally by the Ohio Commission on Minority Health's Local Conversation Report:

<http://www.mih.ohio.gov/LocalConversationReports.aspx>. In 2011, it was reported that "38.5% of the African Americans surveyed had no health insurance. African Americans also reported receiving their healthcare services in the emergency room almost twice as often as did Caucasians in the sample - 12.6% compared to 7.6%." (2011 Stark County Health Assessment). Further in the same report, it found that it is "more likely that African Americans will use free clinics or public health clinics than white patients."

**College Campuses:** Through Ohio's State Incentive Grant, Stark County embarked on a Strategic Prevention Framework Needs Assessment (SPF-SIG). Key findings from the campus survey that are driving the 2014 Strategic Plan include: 61% of current students aged 18-20 report current use of alcohol (using in past 30 days). 67% of 18-20 year olds that do not disapprove of someone their age having 1-2 drinks/day of an alcoholic beverage. 77% of 18-20 report said often or sometimes their friends encouraged them to get drunk. 48% of underage respondents report experiencing harmful effects of alcohol. Of those experiencing harmful effects of alcohol, 29% of 18-20 year old respondents reported having a hangover within the past 2 months and 18% reported vomiting from drinking within the past 2 months.

**Housing Gaps:** Housing for offenders is a significant concern in Stark County. Depending on their offenses, offenders often find it challenging to identify housing they can rent, or housing programs that will serve them. Upon a discussion with the probation/parole department of Stark County, they report that anywhere from 20-30 individuals that are on probation or parole lack long-term housing in any given month. Specific individuals that have a higher rate of difficulty include those individuals with a sex offender's status, and those individuals with arson charges. Housing gaps also continue for our young adults who need housing options with on site supports tailored to the needs and interests of their age group. At Stark County's 1/27/13 Point in Time Count, 56 individuals were identified as homeless without shelter (63 in 2012) while 247 individuals were staying in an emergency shelter facility (207 in 2012) and 219 persons were in transitional housing (212 in 2012). The numbers of precariously housed with family/friends were up in 2013's count at 481 (365 in 2012) while the numbers in permanent support housing also increased from 410 in 2012 to 433 in 2013. Some challenges as reported in the November 2013 CoC focus groups was the increasing lack of affordable housing (some related it to oil/gas industry and improving economy) which is coupled by continued hold on the Section 8 waiting list. MHR SB and United Way's 211 have received an increase in calls this past year related to homelessness and eviction risks due to inability to afford the rent.

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

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

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 2*).

### WORKFORCE DEVELOPMENT

**Education and Training Committee:** The Education and Training Committee of the MHR SB works actively with board staff to ensure that trainings are available to support workforce development needs in MHR SB priority areas. MHR SB approved a board staffing re-organization in order to create a training coordinator position. This has increased our ability to organize quality, CEU/RCH approved, and cost effective (all at minimal cost or free) training opportunities available to our county as well as our Hot Spot regional partners. MHR SB has used grant funding to support the cost of many of our trainings.

**Motivational Interviewing (MI):** MHR SB continues to contract (with SAMHSA grant funding) with Jeremy Evenden from The Center for Evidence Based Practices out of Case Western Reserve University to provide training and consultation in motivational interviewing to supervisors and clinicians throughout our system of care.

**Transition to Independence Process (TIP):** MHR SB is home to 2 certified TIP trainers/consultants who provide 2-3 TIP trainings per year along with a quarterly learning collaborative and agency consultations.

**Ethics and Supervision Trainings:** MHR SB provides the mandatory trainings our workforce needs in the areas of ethics and supervision.

**Workforce Development Committee:** The Education and Training Committee of the MHR SB implemented this sub-committee which includes board members, board staff, and agency representatives for the development and implementation of training for CPST workers and case managers. This committee worked collaboratively with the provider agencies to create a training schedule that includes networking opportunities and continuing education credits. Trainings are conducted by provider personnel and are provided free of charge to our provider agency personnel.

**Trauma Steering Committee & Task Force:** MHR SB participates on this cross system Trauma Steering Committee and Task Force led by the Honorable Family Court Judge Michael Howard that support collaborative efforts to improve cross system trauma informed efforts and access to evidence based trauma treatment. Focus has been related to children experiencing trauma, but recent discussions and strategies have recognized the need to better support and address parents/caregivers in relation to trauma.

**Workforce Initiative Association (WIA) Youth Council:** MHR SB participates in this council in order to support employment policies, practices, and coordination of efforts that support local youth employment and training. A representative of WIA also serves as an active member of our SPF-SIG Committee. Building on this partnership could support our workforce efforts as well as access to employment for our consumers.

## CLIENT ACCESS TO SERVICES

**Waiting List Management:** In accordance with the Board's Service Contract and compliance with the state of Ohio, agencies report to the MHR SB the status of their waiting list for mental health and/or AOD MHR SB-funded programs on a monthly basis. Information to be reported includes the total number of clients waiting for a DA during the month, the average number of calendar days from the date of the first client call for appointment to the date of the scheduled initial DA appointment, as well as any comments the agencies are willing to disclose about their waiting lists. This agency waiting list data is then compiled into a single database where waiting list data is compared across all agencies. This data is also presented to our Program & Evaluation Committee.

**Phone Inquiry Trend Monitoring:** The MHR SB monitors the amount, and types of phone calls and requests that it receives from clients and the community seeking services or those people having challenges accessing services. These are reviewed by the clinical department and compared to other sources of data to determine if they are representative of emerging trends or isolated incidents. Emerging trends are addressed as they arise.

**School Based Services:** MHR SB is committed to ensuring that children, youth, and their families have access to the evidence supported prevention and early intervention in the schools. Because Stark County has 17 school districts, this effort demands strong coordination of efforts and shared funding. MHR SB participates on the executive committee and the monthly roundtables as a key partner in the iCARE Mission: "To develop, implement, evaluate, and sustain the CARE Team model in partnership with the Stark County community". MHR SB and school based behavioral health (mental health and AoD) prevention and treatment providers are actively networking and generating collaborative solutions and trainings in partnership with the Stark County Educational Service Center's (SCESC) iCARE work. A strong example of this partnership was the development of the Opiate Addiction Toolkit for teachers, students, and parents that can be found on our website as well as on the website of many of our local schools. A MHR SB representative visits school districts and buildings with the SCESC's iCARE representative to train in the CARE team model, educate on the behavioral health options available within our system of care, and assess the behavioral health support needs of the districts and buildings. We are working diligently on the development of MOU's and shared funding and in kind resource plans to support the right amount and type of site based school based services to meet individualized district and building needs.

**Family Council:** MHR SB participates as a key partner on the Executive Team, Service Coordination Committee, and Service Review Collaborative where cross system planning and pooled funding are convened for our children and families. MHR SB also participates on Family Council's Early Childhood Coordinating Committee, Autism Committee, and Resiliency Committee. These venues help MHR SB make more strategic local programming and funding decisions that address service gaps in coordination with the other systems and partners that serve children and families.

### **Criminal Justice Partnerships:**

**Community Linkage** is in partnership with Ohio Mental Health and Addiction Services. Individuals with severe mental illness are identified while incarcerated in the state prison system. Prior to their return to the community, an assessment is completed. The Board works to coordinate and link that individual to community mental health services in order to ensure a seamless transition from incarceration to the community. In 2011, Stark County provided coordination of services to 29 individuals returning from incarceration. In 2012, 40 with severe mental illness returned to the community through the Community Linkage Program. As of December 4<sup>th</sup>, 2013, the numbers stayed consistent this year with a total of 39 individuals linked through this program thus far..

The *Jail Liaison* is a position funded by the Mental Health and Recovery Services Board. This position exists in order to assist clients of our provider agencies with collaboration and support while incarcerated at the Stark County Jail. Once identified

as a client of our mental health programs, the Jail Liaison will reach out to the offenders to support coordination of care. During the 1<sup>st</sup> quarter of SFY14, 324 offenders were booked into Stark County Jail that were also clients within our provider agencies. Of those 324, only 16 were rearrested during the first quarter (3 due to a municipal court bench warrant, 8 due to new misdemeanor offenses, 1 due to a new felony charge and 4 due to a probation violation). It appears that the Jail Liaison position has been instrumental in reducing recidivism at the Stark County Jail.

Along with Stark County Common Pleas Court, Stark County Adult Probation Department, the Crisis Intervention and Recovery Center, and other community partners, the MHR SB partners to provide the *H.O.P.E. (Helping Offenders Psychologically and Emotionally) Program* to offenders within the common pleas court that have identified mental health concerns. The H.O.P.E. Program has served numerous individuals since its inception in 2002. In 2011, the program provided services to 94 individuals. In 2011, 48 individuals attended the H.O.P.E. Program. In 2013 thus far, H.O.P.E. provided supervision and treatment to 58 offenders. If this program was not in existence, offenders with significant mental health needs may have been incarcerated and not have received the intensive services they needed for recovery.

*Polaris* is another mental health docket that the MHR SB supports. Polaris offers supervision and care coordination to those offenders currently involved in Canton Municipal Court. The Canton Municipal Court has applied for certification of the Polaris Program through the Ohio State Supreme Court as a specialized mental health docket. In October of this year, Polaris reported that there were 36 individuals currently enrolled in the Program. This program provides low level offenders with mental health and/or co-occurring substance related disorders a chance to engage in treatment and supervision. If successful, individuals will have a chance to clear their charge, providing them with better opportunities with employment and housing.

The Common Pleas Court solely supports the *Chance Program* that serves individuals with drug offenses or drug-driven charges. In the first quarter of SFY 2014, The Chance Program has served 40 offenders, compared to 47 served within the entire SFY in 2013. In a conversation with Judge Taryn Heath from Stark County Common Pleas court, it was reported that more than 50% of the offenses seen through the courts are drug offenses or drug related offenses. The Chance Program provides treatment and supervision to offenders of low-level felonies. Upon successful completion of Chance, individuals will have a chance to clear the charge from their record, providing them with more options for employment, housing, and programming.

**Crisis Intervention Team (CIT):** Crisis Intervention and Recovery Center receives funding from the MHR SB to support this important law enforcement training. In 2013, 42 law enforcement personnel (including campus security officers) received CIT training. In 2012, 42 law enforcement personnel were trained. These numbers have increased from 2011 when 23 law enforcement personnel were trained. Training evaluations continually show very positive ratings.

**Marketing, Communications, and Advocacy:** MHR SB is working diligently on efforts to get information about the services available as well as stigma reducing messaging out to the community. MHR SB has realized a significant increase in the number of media stories (broadcast and newspaper), both local and regional, on a variety of topics generated through press releases (internal) and calls from media to us (external). Our clinical director's "voice" has been added to our Facebook strategy. Her blogging-style community conversation has been a fresh addition to our Social Media presence. MHR SB is currently building out sections of our website needing updates: clinical resources, AoD Coalition, Suicide Coalition, Stark County Homeless Collaborative. MHR SB is restructuring our Home page navigation bar to add a tab for Prevention, folding the appropriate programs under that section. MHR SB produced a very successful Recovery Week series of events including the 2013 anti-stigma conference, the Jordan Burnham school event, a parental awareness event and two pre-conference clinical trainings. MHR SB sponsored and presented at many community events, particularly in the minority market sector. MHR SB has a Marketing Innovation Committee (MIC) which is partnering with local ad agencies through concept development. MHR SB has developed and executed a calendar of events; Stark County Fair, Jordan

Burnham event, Hidden in Plain Sight, Fall Drug Take Back Day, The Anonymous People viewing, Malone Health Fair, Rotary presentations (2), Project Homeless Connect, SOLACE, etc. MHR SB has received the Canton Regional Chamber of Commerce's 2013 Community Salute Award. MHR SB is beginning to embrace the voice and ideas of young people. MHR SB had the opportunity to serve as a guest writer on this important topic on September 23, 2013 in the Canton Repository: <http://www.cantonrep.com/article/20130923/NEWS/309239847/0/SEARCH>. Our SPF-SIG grant provided funding for young adult consultants who are also undergraduate public health students that help MHR SB reach the high school and college age generation through social media outlets such as twitter, instagram, and facebook. They also help MHR SB create engaging graphic design and messaging on promotional materials, and design engaging activities that bring young people to our tables and events. MHR SB is currently working on development of a social media application(app) with input from our young people

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

MHR SB of Stark County is willing to provide assistance to other boards as requested in any of our areas addressed within this plan.

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 2*).
  - a. What are the current and/or potential impacts to the system as a result of those challenges?

***Challenges Are Impacting Today's Behavioral Health Organizations:***

One of our oldest and largest organizations in Stark County that provided an array of social services and behavioral health services closed this past year due to financial challenges. MHR SB worked with the closing organization as well as the organization assuming the clients to ensure a smooth transition. Three of our largest behavioral health organizations will be losing their long serving executive directors to retirement in the next 2 years. Organizations are considering different merger possibilities to increase their ability to survive in the rapidly changing behavioral health arena.

Our behavioral health organizations are struggling under the pressures of the rapidly changing funding environment coupled with the increasing complexity of consumer needs. Agency boards and directors need equipped with enhanced leadership and management skills for rapid implementation of outcome-based care vs. the productivity model, culturally competent/specialized care vs. generalized care, integrated care vs. individual silos care, evidence-based practices vs. generalized/experimental practices, data driven decisions vs. uninformed decisions, impact of Affordable Care Act, electronic health record implementation, as well as social media policies and procedures. Today's behavioral health environment demands more collaborative and innovative solutions than what was necessary in previous years. Medicaid limits and Medicaid match reimbursement managed by state vs. local board, cash flow challenges related to longer wait for reimbursement and banks taking fewer risks with use of lines of credit, is a new reality as voiced by providers. Agency directors and program managers are also struggling with implementing evidenced-based practices due to reluctance to decrease productivity demands to support their staff in receiving the proper training and supervision, as well as their lack of administrative time to change policies and procedures to align with the evidence based practice recommendations. Agencies are also struggling with time and attention to implementing and utilizing new funding opportunities such as with Money Follows the Person and Health Homes – they are entrenched and comfortable with billing units of productivity. Reimbursement rates have remained flat while organizational healthcare and utility costs have increased.

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

Provide regular updates to local boards related to Medicaid expansion, Managed Care, Health Homes and Affordable Care Act so that MHR SB can be informed to support and guide from a local perspective.

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*).

MHR SB is committed to establishing a culturally competent system of care. Areas of focus in this area are the following:

**1) Increase capacity to engage, decrease stigma, and effectively serve the African American and Hispanic/Latino populations**

At our 2011 Administrators Conference, the MHR SB staff facilitated a cultural diversity session with our providers that included distributing an individual organizational assessment (Georgetown University's National Center for Cultural Competence Organizational Assessment Tool) as well as system wide assessment activity of our cultural competence. Significant gaps were identified in relation to lack of policies and procedures specific to cultural competence within our organizations, minimal diversity on their boards, minimal access to culturally diverse staffing and written materials for our consumers. Following this conference, MHR SB funded a pilot project with our Stark County Urban League in partnership with one of our behavioral health providers for on-site service delivery at the Urban League as well as community marketing and education in relation to mental health stigma in the our urban African American communities. For our 2012 Administrators Conference, the MHR SB brought in a speaker from the National Center for Cultural Competence to provide a keynote as well as facilitate a break-out session with our agency administrators. In 2012, MHR SB funded an additional pilot that involves a partnering a grassroots, neighborhood based organization with a behavioral health organization to improve outreach and outcomes for this neighborhood's underserved population. Also in 2012, MHR SB joined the board Stark County Minority Health Coalition and sponsored Terrie Williams, a nationally recognized speaker on stigma in the African American population, for their Annual April Minority Health Month dinner. In 2013, MHR SB has continued to represent on the Stark County Minority Health Coalition and recently participated in the development of their strategic plan. MHR SB also participates on the Collaborative Assistance Network (CAN) which is a collaboration of smaller community based organizations throughout Stark County. MHR SB is also participating on the Stark County T.H.R.I.V.E. Coalition addressing infant mortality disparities that was recently organized by the Canton Health Department.

Recognizing the role of behavioral health stigma and access to culturally responsive services and supports to the overall health and criminal justice disparities will be a continued area of data gathering, needs assessment review, and identifying strategic collaborative solutions with our cross system as well as our grassroots, health, and criminal justice partners.

Strengthening policies, procedures to support stronger board and workforce diversity and the overall cultural responsiveness of our system of care will be an area of focus in the upcoming years. MHR SB is reviewing strategies to support our system in utilizing the CLAS organizational assessment and implementation tools available through

National Center for Cultural Competence.

Learning Collaborative with Minority Leaders and Organizations: MHR SB has initiated a Lunch & Learn with interested minority leaders and organizations to 1) Strengthen relationships and opportunities for collaborative learning and efforts 2) Serve as a vehicle to assess the needs and gaps of the minority community in relation to behavioral health care 3) Serve as a vehicle to communicate behavioral health system information, updates and tools to the minority, underserved community. 3) Provide behavioral health related Technical Assistance to strengthen our minority based organizations.

Funding Behavioral Health Partnerships with Urban League and neighborhood based organizations in underserved areas: MHR SB has funded 3 behavioral health partnerships between Urban League and Community Services of Stark County, Inc in the SE area of Canton, Stark Social Workers Network and Community Services of Stark County, Inc in the NE area of Canton, and Monroe Neighborhood Center and Quest Recovery Services in the NE area of Canton. MHR SB is also working in partnership with the Canton City School district to ensure that our school based providers serving the school buildings in the underserved neighborhoods are helping families get connected to the neighborhood behavioral health stigma reducing efforts and services available to them.

### **Develop capacity and improved system configuration to support age/developmental specific specialization**

Early Childhood: MHR SB has developed a strong partnership with our Early Childhood Resource Center (ECRC) and participates on the Early Childhood Coordinating Committee that is chaired by the director of the ECRC. MHR SB is looking at strategies to ensure that our mental health funding and programming at Child & Adolescent Behavioral Health and Community Services of Stark County for Early Childhood are part of a strong continuum of options that support parents, childcare centers, and our other early childhood partners such as the health departments, children's services, medical community, and DD. MHR SB continued an on-site presence at Children's Services after the ODMH DJFS grant ended. MHR SB has also continued funding on site consultation to low income childcare centers after ODMH funding was no longer mandated. MHR SB recently received Race to the Top funding to support a regional ECMH consultant that is employed by Child & Adolescent Behavioral Health.

Youth and Young Adults in Transition: MHR SB recognizes that the emerging adulthood stage of development demands specialized services and supports in order for them to be engaged and achieve strong outcomes that serve as prevention for our adult system. MHR SB has 2 certified Transition to Independence Process (TIP) trainers/consultants on staff. MHR SB has hosted 2 rounds of TIP trainings per year since 2008 along TIP consultation to agencies. The SHELTER and REACH programs at Community Services of Stark County, Inc. have been re-certified as full fidelity TIP Model programs upon completion of their fidelity review this past summer. A MHR SB staff member is now trained to provide TIP fidelity organizational and program reviews and is reviewing how mini fidelity reviews can be used as part of our Care Management Reviews with programs that are serving this age group. MHR SB also provided funding to agencies through a mini RFI process to support TIP informed strategies. MHR SB is interested in this age population receiving services and supports that are TIP informed.

MI/DD MHR SB formed a MI/DD training and consultation partnership with our Development Disabilities Board in SFY2010. MHR SB Board staff and DD Board staff meet weekly to address systemic challenges and provide a venue for cross system case consultation and trainings that support our agency providers in better serving individuals in our system that have co-occurring development disabilities. This partnership has been further strengthened with the recent OhioMHAS and Developmental Disability's Safe Families/Safe Communities grant award.

Older Adults: MHR SB has funded Lenzy Family Institute to provide outreach services to older adults in low income areas.

Culture of Poverty: MHR SB is actively considering lessons learned from Culture of Poverty trainings as well as the SAMHSA Treatment for the Homeless grant outcomes as we continue to work to promote, fund, and implement improved engagement and treatment strategies that reflect understanding and respect for the culture of poverty.

### 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 (enter name of Board)				
Substance Abuse & Mental Health Block Grant Priorities *Priorities Consistent OHIOMAS Strategic Plan				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>SAPT-BG:</b> Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Reduce use and promote harm reduction strategies.	Monitor # of clients referred for TB services on monthly waiting list reports.  Agencies funded provide AoD (especially IVDU) clients with information on communicable diseases, including TB services due to the risk of drug use, especially with needles.	Monthly Waiting List Report from funded providers.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG:</b> Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Maintain immediate access to services for women who are pregnant and have a substance abuse disorder	Funded agencies track as a priority population on their waiting list reporting: 1) average number of calendar days from date of initial contact to date of initial assessment within 24 hrs. 2) # of clients that were admitted to the needed LOC within 24 hrs of the initial assessment. 3) # of clients that receive interim services within 48 hours.	Monthly Waiting List Report from funded providers.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>SAPT-BG:</b> 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)			Not Currently Measured.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<p><b>SAPT-BG:</b> Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases</p>	<p>Individuals will receive diagnosis and treatment of tuberculosis and other communicable diseases and risk of transmission of the communicable diseases will be reduced.</p>	<p>Funded agencies track as a priority population on their waiting list reporting the # of clients referred for TB services.</p> <p>Agency contracts and intake materials specify the need to provide AoD (especially IVDU) clients with information on communicable diseases, including TB services due to the risk of drug use, especially with needles.</p>	<p>Monthly Waiting List Report from funded providers.</p>	<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>
<p><b>MH-BG:</b> Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)</p>	<p>Ensure that children with SED have access to an array of services and support options to remain in their home and community.</p>	<p>1) Continue active participation on the Family Council Executive Committee, Service Coordination Committee, Service Review Collaborative, Early Childhood Coordinating Community, Autism Committee.  2) Continue funding and monitoring non-Medicaid components of Hi Fidelity Wraparound in partnership with Community Services of St Co and Family Council.  3) Safe Families/Safe Communities Grant to provide crisis access to wraparound and family support.  4) Continue funding non-medicaid components of MST in partnership with Family Court and Children's Services.  5) Continue active participation on the iCare Executive Committee and Roundtable to share costs and improve coordination of school based services.  6) Continue contract with Dr. Anju Mader to assess and build stronger partnerships between local</p>	<p>Decrease in residential treatment and hospitalizations</p> <p>Increase on site behavioral health access in school buildings throughout Stark County.  Increase funding and in kind care coordination with school districts.  Decrease waiting list for child psychiatry.</p>	<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>

		pediatricians and child psychiatrists to manage wait lists and increase access to best practice child psychiatric prescription practices.		
<b>MH-BG:</b> Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	Ensure that adults with SMI have access to the services and supports they need to remain in their community.	<ol style="list-style-type: none"> <li>1)ACTT/IDDT</li> <li>2)Jail Liaison</li> <li>3)Municipal Mental Health Court (Polaris)</li> <li>4)Common Pleas Mental Health Court (HOPE)</li> <li>5)Criminal Justice &amp; Behavioral Health Linkages Grant</li> <li>6)Hospital/Community Liaison and Bed Day Management Committee</li> <li>7)Local Hospital Collaborative (Community Care)</li> <li>8)Monitor wait list data</li> <li>9)Provide trainings in EBP strategies</li> <li>10) Supported Employment Access</li> </ol>	<p>Decrease in state hospitalizations  Decrease in jail utilization  Decrease in recidivism  Increased employment  Increased housing options and decreased evictions/homelessness</p>	<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	Support efforts to improve coordination of care opportunities between behavioral health and primary care services.	<p>SAMHSA grant funded a nurse position at Basic Accommodations, Hunter House and Refuge of Hope to help identify and monitor physical health conditions and provide health education for our homeless</p> <p>Contracted with Dr. Anju Mader (Hot Spots funded) to increase collaboration between pediatricians and child psychiatrists – acting as a navigator – for continuity of care and to decrease wait list – provide consults and CME</p>	<p>Increase in access to primary care for individuals served through SAMHSA grant.</p> <p>Catalogue coordinated and integrated local efforts</p>	<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>

		<p>trainings – follow up with families. Dr Mader has provided an assessment of our child psychiatric access realities and has created a mental health referral card prescription pad.</p> <p>Support agencies in their planning and implementation of partnerships with neighborhood health centers.</p>	# of trainings provided and # of audience members	
<b>MH&amp;SAPT-BG:</b> Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	<p>Improve and increase continuum of best practice housing options and supports for adult and youth &amp; young adult in transition consumers.</p> <p>Increase capacity of trained peer support specialists, recovery coaches, and system navigators available for consumers.</p> <p>Increase partnerships for post secondary education and employment opportunities for our consumers.</p> <p>Improve and increase partnerships with families of consumers.</p>	<p>Continue our Peer Learning Collaborative and provide funding as available to support our agencies to train, hire and supervise peers.</p> <p>Support development of a Wellness Center</p> <p>Continue to support our Consumer Operated Peer Support Centers and Peer Run Respite</p> <p>Continue to monitor outcomes with our funded Supported Employment programs.</p> <p>Continue to support our local NAMI and reinforce the importance of family involvement through funding and trainings.</p>	<p># of trained and hired peers</p> <p>Progress of Wellness Center development</p> <p># served at Peer Support Centers and Respite (PTO)</p> <p>Supported Employment Outcomes (PTO)</p> <p>NAMI outcome reporting (PTO)</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
<b>Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant</b>				
<b>*Priorities Consistent OHIOMAS Strategic Plan</b>				
<b>Treatment:</b> Veterans	Ensure Stark County Veterans have access to the behavioral health services and supports they need in partnership with the VA.	Continue partnership with Common Pleas Honor Court Assign MHRSB staff to research needs/gaps and participate on	TBD	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

		committees focused on veterans. Monitor behavioral health resources available such as access to Tri Care insurance panel within our system of care.		
<b>Treatment:</b> Individuals with disabilities	Individuals will have access to the full array services in our mental health and Aod treatment systems regardless of their disability.	Continue weekly MI/DD Consultation meetings  Continue to partner with DD on shared training opportunities for our workforce  Service contract with providers specifies need to serve clients regardless of their disability	Improved outcomes with the MI/DD population  Workforce trained to serve MI/DD population  Utilize the National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care Organizational Assessment Tools at MHR SB and provider organizations.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
<b>Treatment:</b> Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	Increase capacity to treat the increased numbers of opiate addicted individuals in Stark County	Increased capacity for medication assisted treatment (MAT) through funding the use of bupenorphine (Suboxone) at Quest Recovery Services  Participate in a state NIATX study to examine barriers to medication assisted treatment and increase the use of bupenorphine.  Increased # of beds and better access for our Detox Unit  Participated in RSC Project for Increased treatment funding to serve this population.	Increased # of opiate addicted individuals will have access to best practice treatment approaches.  Decrease # of deaths related to opiate overdoses.	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<p><b>Treatment:</b> Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*</p>	<p>Ensuring a continuum of safe, affordable, and supportive housing options are available to correspond with level of care needs, the housing first model, and CSH best practices.</p>	<p>The MHR SB has assigned a staff member to role of monitoring and improving our continuum of housing options for our consumers.</p> <p>MHR SB is reviewing lessons learned from the SAMHSA Treatment for the Homeless grants.</p> <p>The MHR SB will continue to lead the MIAA- Mental Illness and Addiction Subcommittee of the Homeless Continuum of Care.</p>	<p>Homeless Hotline provides data collection regarding the housing and shelter numbers for our community.</p> <p>Kent State University provides data collection for the MHR SB in regards to the REACH/CABHI grant with documenting the SPMI and SMI population along with the Transitional age youth.</p>	<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>
<p><b>Treatment:</b> Underserved racial and ethnic minorities and LGBTQ populations</p>	<p>Decrease the disparities gap amongst underserved populations.</p>	<p>Financially support partnerships and stigma reduction/education and outreach activities between our behavioral health providers and our Urban League and neighborhood based organizations in the underserved communities.</p> <p>Support MHR SB provider organizations in reviewing their organizational policies, staffing plan and culture to support a diverse and culturally responsive workforce and service options.</p> <p>Facilitate Lunch and Learn Collaborative Meetings with community grassroots and minority providers to identify underserved populations and look for areas of better coordination and collaboration.</p>	<p>Utilize the National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care Organizational Assessment Tools at MHR SB and provider organizations.</p>	<p><input type="checkbox"/> No assessed local need  <input type="checkbox"/> Lack of funds  <input type="checkbox"/> Workforce shortage  <input type="checkbox"/> Other (describe):</p>

		<p>Provide Technical Assistance (TA) to current and interested minority providers to increase their success in our system of care.</p> <p>Catalogue and market behavioral health services and supports that specialize in meeting the needs of the LGBTQI (in partnership with the LGBTQI Advisory Committee of the Domestic Violence Project), ESL, and hard of hearing populations.</p>	Resource list to be made available	
Priorities	Goals	Strategies	Measurement	Reason for not selecting
<b>Treatment:</b> Youth/young adults in transition/adolescents and young adults	Youth and Young Adults in Transition in Stark County will be served by organizations and a workforce utilizing the Transition to Independence Process (TIP).	<p>Continue providing Transition to Independence Process (TIP) Model Implementation trainings and TIP consultations to our agencies and cross system partners.</p> <p>Provide TA and pilot funding to support our agencies to re-organize their staffing and amend their policies/procedures to improve engagement and outcomes of this age group.</p>	<p># of TIP trainings provided.</p> <p># of supervisors and direct care staff trained.</p> <p>Review of youth and young adult charts during Care Management Reviews TIP fidelity and Quality Improvement measures for programs implementing TIP.</p> <p>Monitoring #'s and outcomes of this age group served within organizations</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
<b>Treatment:</b> Early childhood mental health (ages 0 through 6)*	Parents/Caregivers of children ages 0-6 will have access to evidence supported prevention and early intervention strategies throughout Stark County.	<p>Child &amp; Adolescent Behavioral Health serves as the early childhood liaison to our county and neighboring counties with the RTTT work in partnership with OhioMAS</p> <p>MHR SB, along with our child serving agencies, serves on the Early Childhood Coordinating Committee of Family</p>	<p>Review outcomes of our RTTT work.</p> <p>Review PTO outcomes of MHR SB's Early Childhood providers.</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>

		<p>Council and will continue to look address gaps and better coordinate our services.</p> <p>Continue to closely monitor our early childhood funding and outcomes utilized by Child &amp; Adolescent Behavioral Health and Community Services of Stark County</p>		
<p><b>Prevention:</b> Adopt a public health approach (SPF) into all levels of the prevention infrastructure</p>	<p>Build on knowledge, experience, and tools gained from the Strategic Prevention Framework State Incentive Grant (SPF SIG)</p>	<p>Train prevention specialists, key internal staff, and interested stakeholders in the SPF.</p> <p>Use the SPF for SFY14 Suicide Prevention Coalition work and Youth AoD Prevention work</p> <p>Identify other areas in our system that would benefit from the SFP</p>	<p>#’s and positions trained in SPF</p> <p>Availability of an SFP informed needs assessment, logic model, and strategic plan for our Suicide Prevention and AoD Prevention Coalitions.</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
<p><b>Prevention:</b> Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*</p>	<p>Map and coordinate youth AoD and MH prevention activities</p>	<p>Host AoD and MH prevention meetings</p> <p>Map activities available throughout county and identify gaps and opportunities for collaboration/coordination</p> <p>Train prevention partners in the Strategic Plan Framework (SPF) and begin the needs assessment stage of SPF</p> <p>Participate on Family Council Resiliency Committee</p>	<p>Comprehensive Map of county prevention services will be available</p> <p>SPF Needs Assessment will be completed.</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p> <p><input type="checkbox"/> Other (describe):</p>
<p><b>Prevention:</b> Empower pregnant women and women of child-bearing age to engage in healthy life choices</p>	<p>Partner with organizations and committees for collaborative needs assessment and strategies</p>	<p>Participation on Infant Mortality Committee</p>	<p>Outcomes of committee work</p>	<p><input type="checkbox"/> No assessed local need</p> <p><input type="checkbox"/> Lack of funds</p> <p><input type="checkbox"/> Workforce shortage</p>

		Participation on Early Childhood Coordinating Committee	Outcomes of committee work	__ Other (describe):
<b>Prevention:</b> Promote wellness in Ohio's workforce	Follow goals and strategies as listed in our Community Health Needs Assessment (CHNA) Health Improvement Plan			__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
<b>Prevention:</b> Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*	Implement a gambling prevention and treatment strategy.	Continue to fund and implement screenings and treatment at both Quest and Stark County TASC.  Continue utilizing the SPF-SIG model to assess community readiness, develop a logic model and strategic plan for gambling prevention and treatment.	Convenience survey data  GIS Mapping  Kent State Survey data	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
<b>Prevention:</b> Opiate/Other Prescription Drug Abuse	Continue efforts to educate public about dangers of opiate/prescription drug abuse	Implement the "Out of Reach" presentation  Develop a Stark County specific "Hidden in Plain Sight" presentation  Continue collaboration with Stark County Schools to promote National Drug Facts Week,  Maintain and update Opiate Tool Kit presence	

	<p>Continue efforts to decrease home and community access to opiates and other prescription drugs that have the potential for abuse.</p>	<p>community webpage on MHR SB and school websites Participate in the April 2014 Drug Take Back Day; Continued use of social media messages on facebook and twitter.</p> <p>Continue promoting drug collection boxes in collaboration with Stark – Tuscarawas – Holmes Waste Management District, Walgreens and other community partners.</p>	
<p><b>Prevention:</b> Underage Alcohol Abuse</p>	<p>Decrease underage drinking in Stark County</p> <p>Continue to support collaborative efforts of our Anti-Drug Coalition</p>	<p>Continue partnership with Stark County Sheriff’s department and Safe Communities Coalition to fund/conduct regular compliance checks and TIPS trainings</p> <p>Continued utilization of BOLO ad campaign</p> <p>Further development of underage drinking panel presentation</p> <p>Regular BOLO alerts to schools during peak party times</p> <p>Continued use of social media messages</p> <p>Installation of alcohol prohibited signage at Massillon City Schools Tiger Stadium with plans to offer signage to other school districts.</p> <p>YouthChoose</p> <p>Young People Matter</p>	
<p><b>Prevention and Awareness:</b> FASD Committee</p>	<p>Increase community awareness of FASD for both prevention and early intervention.</p> <p>Increase access to education and support for parents/caregivers of with FASD.</p>	<p>Maintain the newly established Stark County Family and Community FASD Resource Center and Lending Library October 2013</p>	

		<p>Continue family and teacher training “Triumph Through the Challenges of FASD”</p> <p>Continue to make FASD prevention and awareness presentations available in the schools</p> <p>Maintain the Stark County Family FASD Support Group.</p>	
Trauma Awareness	<p>Participate on Trauma Steering Committee and Trauma Task Force</p> <p>Catalogue our trauma trained workforce</p> <p>Provide trainings and funding to support trauma informed care and best practice treatment approaches</p>	<p>Resource list of providers trained in the various trauma treatment modalities</p> <p># of trauma related trainings provided.</p> <p>Amount of funding allocated to trauma specific efforts</p>	
Mental Health First Aid	<p>2 MHRSB staff members completed Mental Health First Aid train the trainer training</p> <p>Trained staff members will provide 1 training per quarter to the community</p>	<p># of trainings completed</p> <p># of community members trained</p> <p>Training evaluations</p>	
Persons involved in Criminal Justice System with mental illness and/or substance abuse	<p>Focus on collaboration with providers and the courts, probation officers, etc., all in the effort of keeping individuals with mental health issues out of the jails and prisons and connected to treatment.</p>	<p>Decrease #'s of consumers in jail or prison</p> <p>Decrease recidivism of consumers</p>	
<p>Enhance the work of the Suicide Prevention Coalition</p> <p>Reduce the number of suicides in Stark County</p>	<p>The Suicide Coalition will implement the Strategic Prevention Framework (SPF) this upcoming year with the assistance of the Bureau of Prevention Services at Ohio MHAS and the Ohio Suicide</p>	<p>Decrease #'s of suicides in Stark County</p>	

	<p>Prevention Foundation.</p> <p>Increase the Coalition membership to include young people and other key constituents to better represent our community</p> <p>Re-design the Coalition webpage.</p>	<p>Review of SPF informed Community Wheel related to Coalition membership</p> <p>Review of webpage enhancement</p>	
<p>Communication: Develop a multi-pronged marketing and communications strategy to promote the work of and issues related to the MHRSB and behavioral health in Stark County.</p>	<p>Develop and implement a plan utilizing media, PR, website, social media, events, public speaking opportunities and other promotion to continue building awareness.</p>		
<p>Awareness and Stigma Reduction: Establish a county-wide awareness campaign based on faces of recovery that promotes mental health wellness and substance abuse prevention</p>	<p>Develop and implement a marketing and communications plan to continue building behavioral health awareness.</p>		

**Priorities (continued)**

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

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

## Collaboration

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

**Homelessness and Housing:** The MHR SB initiated MIAA- Mental Illness and Addiction Subcommittee of the Homeless Continuum of Care of Stark County which meets bi-monthly to encourage greater access to safe, decent, and affordable community based housing and support services including permanent supportive housing for individuals with moderate to severe mental health and alcohol and/or drug use issues and transitional age youth, ages 18-25. MIAA has successfully reached out to area landowners and property managers. The Professional Housing Providers organization in Stark County has been sending their representative to MIAA meetings. Membership now includes housing representatives from ICAN, Regional Planning, Professional Housing Providers, YWCA, Adult Care Facilities, and Mental Health and Alcohol and/or Drug supportive services staff along with current clients from the CABHI grant. Clients who participated in the MIAA meetings reported their experiences in living in area shelters. As a result of their conversations in the MIAA meetings with committee members, the Continuum of Care has established a review committee to look into the policies and "rules" of shelters in Stark County. It is hoped that this committee will be able to work with area shelters to review established rules from a trauma informed and client centered lens. MIAA-Mental Illness and Addiction Committee along with the Mental Health and Recovery Services Board of Stark County developed a "Housing Promotion" Committee. This committee is formed to help negotiate and monitor housing evictions in housing agencies funded by the Mental Health and Recovery Services Board. The Mental Health and Recovery Services Board of Stark county has introduced a "Monthly Housing Report Form" to MHR SB funded housing providers in Stark County. This form is monitored on a monthly basis by the program coordinator at the MHR SB and is reported to the MIAA committee. The form documents the client flow in housing, with a list of evictions, pending evictions, openings, and reasons for move outs. In the event that the supportive housing staff and housing agency agree that an individual should be evicted or is in danger of being evicted, the MIAA committee has developed procedures to dialogue with housing providers and permanent supportive housing staff regarding the reason behind the eviction, ideas to keep the individuals successfully housed, and to assist the mental health and/or AOD provider develop a housing plan for the individual. The goal is to keep the client housed in appropriate housing that meets his or her needs. In the next several months, MIAA will continue to explore concerns in housing and area needs for housing. MIAA is interested in developing a "Hoarding Learning Collaborative". This collaborative is expected to be a resource for the county and provide informational and supportive services to those who are struggling with the issue of hoarding. Future goals would be to further define this committee and to provide interested members with consultation time from experts in the field. MHR SB is also home to the Homeless Hotline for the community. The homeless hotline has created a real time homeless bed inventory and is actively working on a central intake for homeless access.

**Opiate Task Force:** This task force includes representatives from the coroner's office, hospitals, schools, behavioral health agencies, police departments, courts as well as local parents and young people to address our rising opiate abuse epidemic. Active sub-committees include OARRS, Policy/Legislation, Treatment, Environmental/Community Strategies, Medical/Pharmacology, and Community Education Toolkits & Information. Some work tasks/outcomes of this Task Force include: Developed an overdose risk profile by completing a mortality review; Created a Surviving Our Loss and Continuing Everyday (SOLACE) Group; Strategized ways to decrease the impact of opiates on the community; Hosted a series of well attended town hall meetings across the county to increase awareness of the opiate/prescription drug problem that included press; advocacy efforts including support of legislation, collecting data to make informed decisions and reporting

programs/providers that are not utilizing best practices for preventing or treating prescription abuse.

**School Based Services:** MHR SB participates on the executive committee and the monthly roundtables as a key partner in the iCARE Mission: “To develop, implement, evaluate, and sustain the CARE Team model in partnership with the Stark County community”. MHR SB and school based behavioral health (mental health and AoD) prevention and treatment providers are actively networking and generating collaborative solutions and trainings in partnership with the Stark County Educational Service Center’s (SCESC) iCARE work. A strong example of this partnership was the development of the Opiate Addiction Toolkit for teachers, students, and parents that can be found on our website as well as on the website of many of our local schools. A MHR SB representative visits school districts and buildings with the SCESC’s iCARE representative to train in the CARE team model, educate on the behavioral health options available within our system of care, and assess the behavioral health support needs of the districts and buildings. We are working diligently on the development of MOU’s and shared funding and in kind resource plans to support the right amount and type of site based school based services to meet individualized district and building needs. We have strengthened our financial and comprehensive behavioral health plan in full partnership with our county’s largest urban school district. Canton City Schools is matching the funding MHR SB is providing to support the cost of non Medicaid consultation and prevention level services to ensure that each of their 23 school buildings has access to an on-site behavioral health liaison.

### 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 MHR SB funded a *Hospital & Community Liaison* position that is employed by the Crisis Intervention & Recovery Center. The Crisis Intervention & Recovery Center has our Crisis Stabilization Unit, our 24 hour hotline, and our health officers. This position is responsible for facilitating communication and coordination between the consumer, the state and private hospitals, and the appropriate community behavioral health provider to ensure smooth and timely discharge planning. This position attends treatment team meetings at the state hospital and provides strong coordination of care between the consumer, state hospital, and community providers. This position facilitates the following hospital/community provider meetings with MHR SB staff support:

**State Hospital Bed Day Utilization Meeting:** Initiated in 2008, this weekly meeting is comprised of agency clinical directors/supervisors, Heartland Behavioral Healthcare representative as available, the hospital & community liaison, and a board staff. Admissions and length of stays are reviewed, community services and support options are offered, and systemic needs, trends, and resources are addressed to facilitate successful discharges into the community, better utilization of our Crisis Stabilization unit for step downs, and to prevent re-hospitalizations.

A portion of bed day costs savings incurred in 2010 and 2011 were put into the creation of a “Community Strategies Flex Fund Account” at MHR SB that can be accessed by the *Hospital & Community Liaison* as well as community agency supervisors to support individualized needs of consumers (that are not funded through Medicaid or other community resources) to support successful discharges from the hospitals and/or to prevent re-hospitalizations. Flex Funds have paid for solutions such as hotel stays while waiting on a housing plan and a respite provider for a few hours per week to support a young adult consumer to remain in his family home. Though Stark bed days have increased in the past year

and savings have not been realized as in past years, MHR SB has maintained this Flex Fund Account.

The MHR SB has seen an increase in the number of DD clients presenting at the state hospital in relation to their system's decreased use of ICFMR's, Developmental Centers, and lack of individual waiver access. MHR SB continues our weekly MI/DD meetings with the DD system in order to brainstorm solutions for individual consumers and develop systemic solutions. The MHR SB has also seen an increase in admissions from nursing homes. The MHR SB is interested in better utilization and partnership with the HOME Choice program and providers to identify and transition our behavioral health consumers who could be better served in the community, out of the nursing homes who are not able to manage the psychiatric symptoms and behaviors of our consumers. The MHR SB has also struggled with access to high level of care housing options for a few consumers that formerly would have accessed a nursing home, but are no longer eligible and are unable to be safe and successful in our typical adult care facilities. MHR SB is working on creative options with DD providers to provide 1 on 1 staffing for such consumers in their own homes/apartments while our ACT Team works with them to decrease this high level of care. MHR SB is also working with our hot spot regional boards on developing and sharing possible housing options for our harder to house populations that demand specialized options. MHR SB is also working with our Children's Services to better transition their young people out of residential treatment centers in order to avoid hospitalizations that tend to occur with such transitions.

**Forensic Monitoring:** MHR SB contracts with the Crisis Intervention & Recovery Center for forensic services while a board staff is assigned the role of the Forensic Monitor. The Forensic Monitor participates in the ODMH Forensic Monitor meetings/trainings, meets monthly with staff at Heartland Behavioral Health and CIRC's Forensic Team to review inpatient forensic cases, and reviews/signs forensic risk assessments and progress reports both while in the hospital and when on community release. CIRC's Forensic Team engages with the patients while they are in the hospital and begins to transition them into the community as approved on Level IV and V. Once conditional release is granted, the forensic team works closely with the client to follow their treatment and court plans, with oversight from the Forensic Monitor. MHR SB plans to continue to work with our county's forensic consumers to assure they are able to transition back into the community once their level of care needs warrant this transition in partnership with the state hospital and the courts.

**Collaborative Care Meetings:** Bi-monthly, our Hospital & Community Liaison and Board representative meet with our five local hospital representatives (social workers and/or nurses), provider agency representatives for case consultation and local managed care companies for coordinated care plan development for our "high utilizers" of emergency rooms and psychiatric units at our local private hospitals. A joint release of information was developed by all members so that care planning can occur with the permission of the client. Specific cases are then brought forth by either the hospital staff or by provider agency staff with concerns. While the data collection has not been formalized yet (but will be made easier with electronic health records), all parties agree that they have seen a decrease in the number of people seeking emergency room services for non-emergent care, an increased access to behavioral health services for clients when appropriate, and improved collaborations with community partners. Finally this group is also used to identify solutions to challenges of cross system collaboration that has lead to decrease utilization of hospital services, better coordination of care and overall cost savings to Stark County. Current challenges have been related to closure of a local private psychiatric unit and increased pressures of our local emergency rooms to decrease length of time that behavioral health patients are in their emergency rooms which is coupled with the decreasing state and local hospital bed access and increasing presenting needs of the patients in need of beds due to the decreased use of nursing homes and developmental centers. Our local emergency rooms are reporting an increase in behavioral health related patients that is actively being researched and problem solved in partnership.

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

- a. Service delivery

***Strategically Applying for Grant Opportunities:***

MHR SB of Stark County aggressively seeks funding to align with the community, provider, and agency needs.

***Strategic Prevention Framework State Incentive Grant (SPF SIG):*** MHR SB was awarded this ODADAS SAMHSA grant to support our efforts to: 1) Decrease the number of 18-25 year olds engaged in ***high risk alcohol use*** 2) Decrease the number of 18-25 year olds misuse of prescription medications- ***opiate focus*** at the following college campuses: University of Mount Union, Kent State University Stark, and Stark State College. We are in our 3<sup>rd</sup> year of this 3 year grant and we have formed a strong Young People Matter Coalition that has county wide visibility through a marketing campaign, mobile website and social media, and has been adopted at Mount Union University as a permanent student led organization called Young People Matter. This grant has informed our system regarding how to implement the Strategic Prevention Framework (SPF), taught us new and improved marketing and engagement strategies for young adult college students, has given us the opportunity to hire young adult Public Health students as our consultants, and has improved our partnership possibilities with our local colleges. We have a Strategic Prevention Framework (SPF) training scheduled in January as we prepare to use the SPF framework for some of our other board priorities.

***Center for Substance Abuse Treatment (CSAT) Treatment for the Homeless Grant:*** MHR SB completed their fifth year of this five year \$2.5 million grant which is serves homeless individuals identified as “serial inebriates” (adults who frequent jails, hospitals, emergency services due to substance use who also have a mental illness, excluding quadrant IV clients) and transitional age youth and young adults. Additionally, the grant project, entitled “SHELTER”, which has enabled MHR SB to sponsor a great deal of trainings in Motivational Interviewing, the TIP model, and trauma, and has given MHR SB the opportunity to identify gaps in services and the workforce development training needs of provider agencies. For example, through the SHELTER Project, the MHR SB was able to receive technical assistance which identified and helped address the significant local housing challenges for the clients/consumers served in the behavioral health system. Preliminary findings indicate that people who receive appropriate supports will utilize less costly treatment services and recover more quickly. The Shelter Project is served 50 transitional age youth/young adults and “serial inebriates” per year and has been transitioned for sustainability: SHELTER staff that served the co-occurring disorders are now on site with no cost extension grant funding and local foundation funding at Hunter House, a 48 unit “wet” Permanent Supportive Housing building in partnership with Freed Housing/Stark Metropolitan Housing Authority. SHELTER staff that served the 18-25 year olds are working alongside our homeless hotline to ensure TIP informed engagement and connection to the housing, services and supports they need are seamless with funding from the MHR SB.

***Center for Substance Abuse Treatment (CSAT) Cooperative Agreement to Benefit Homeless Individuals Grant:*** This is a three year grant that builds upon the success of the CSAT ***Treatment for the Homeless grant- SHELTER Project***. The same evidenced based practices that were used in the Shelter Project are being used in the REACH Project, except with our most severely mental ill/dual diagnosed clients with chronic homelessness. The TIP Model, IDDT, WRAP and Motivational Interviewing is used in conjunction with intensive community based services to engage and support the clients ability to live in a variety of housing settings. Both models include the use of assertive outreach, peer support and intensive case management to address the needs of the clients served. While the SHELTER Project is focused predominately on direct service and workforce development and training, Project REACH is designed to bring community partners together to find solutions to the funding challenges for supportive housing, while serving the most vulnerable populations. and

Project REACH is serving 40 people per year. The outcomes have been promising on both projects with a significant decrease in mental health symptoms, alcohol and drug use, and increased retention in housing. Both of these projects are serving as a means to pilot a different service delivery model and discussions are occurring on how to implement these models on a larger scale.

**Ohio Departments of Mental Health and Addiction Services (OhioMHAS) and Developmental Disabilities (DODD) Strong Families, Safe Communities Grant:** Stark MHRBS applied and was awarded this grant in partnership with Columbiana, Wayne, Holmes, and Portage County Mental Health Boards, Developmental Disability Boards, Family and Children First Councils, and our local behavioral health organizations to provide a specialized wraparound crisis response team in each county to serve approx twenty 8-24 year olds who present with significant safety risks to themselves or others due to their mental illness and developmental disabilities. Trainings and consultation will build on work that is already being implemented in our individual counties and our Hot Spot Region. Services and Supports will include: 24/7 Access to Hi Fidelity Wraparound Services, which includes youth and family driven Crisis and Safety Planning and Family Support Specialists, Shared County Trainings for our Wraparound Facilitators and Family Support providers in Hi Fidelity Wraparound, Transition to Independence Process (TIP), Strengthening Families Model, Co-Occurring Mental Illness & Developmental Disabilities, and Trauma Informed Care, access to MI/DD “virtual telemedicine room” consultation through Wright State University. (thanks to Wayne/Holmes), Improved coordination of care (building on our resources and expertise) between DD and MH providers, Increased respite training and access to be shared across counties, TIP informed crisis line marketing and mental health promotion dissemination strategies (websites, facebook, apps, texting)..

**Ohio Department of Mental Health and Addiction Services (OhioMHAS) for Criminal Justice and Behavioral Health Linkages Grant:** The grant was written in order to create services from adults returning from prison with mental illness and transitional age youth and young adults incarcerated at the Stark County Jail. The community linkage team will be responsible for outreaching, tracking and monitoring the individuals that are returning to the community from prisons, as this is an area that would benefit from further oversight. Historically, transitional age adults have struggled to make transition from youth to adulthood, often leading to criminal justice involvement. The Jail Liaison position that has been created through this grant would provide strength based assessments and support while incarcerated to help facilitate a smooth plan back into the community and monitoring to ensure follow through with services. These two grant-funded positions are expected to provide support to these two targeted areas, which have been identified previously as needed populations to improve services. These programs have been projected to begin in July 2014.

**Ohio Department of Health:** This grant was written and recently awarded to implement Project DAWN (Deaths Avoided with Naloxone) -Stark County. This harm reduction strategy will offer overdose education and take home naloxone kits to individuals at risk for opioid overdose at 2 sites: Crisis Intervention and Quest.

**MHRBS distributes Request for Proposals (RFP) when funding allows for Pilot Projects in Priority Areas** that align with community/consumer needs. This past year, MHRBS funded proposals to support Transition to Independence (TIP) informed strategies.

b. Planning efforts

A major strength that MHRBS brings to addressing the findings of our needs assessment is that we continually ask the following questions in all our internal and external meetings discussions and decision-making tables: **“WILL IT BE GOOD FOR OUR CONSUMERS?”**, **“IS IT THE RIGHT SERVICE AT THE RIGHT TIME FOR THE RIGHT DURATION?”**, **“WILL IT LEAD TO A WELCOMING, CLIENT CENTERED, RECOVERY ORIENTED, TRAUMA INFORMED, DEVELOPMENTALLY APPROPRIATE,**

## ***CULTURALLY COMPETENT SYSTEM OF CARE?" (Dr. Kenneth Minkoff)***

Our MHRSB strategic plan lists *"Promote collaborations and incentivize agency exploration of partnerships to affect cost savings and enhance quality"* as a service strategy. The directors and management staff of our local behavioral health organizations participate in a variety of venues hosted by MHRSB to ensure two-way communication of trends and issues are discussed and opportunities for better coordinated care, trainings, efficiencies, and possible collaborations are identified. Such venues include: attendance at our monthly board meetings, monthly agency directors meetings, and special topic meetings/committees.

MHRSB has obtained local foundation grant funding to support systemic planning needs identified:

**Sisters of Charity Succession Planning Grant:** Three of our large organizations will transition new executive directors or CEOs in next 2-3 years. This grant funding will ensure an efficient, effective and smooth transfer of senior management at these organizations and reduce the potential impact of this loss to the Stark County Behavioral Health System of Care in order to minimize any concomitant disruption to services to the thousands of Stark County citizens served by these organizations. The Deliverables of the grant include: 1) Departure defined succession plan training to a combined group of board members from all three agencies 2) A strategic partnership and shared services opportunities training to a combined group of board members from all three agencies to be followed by a facilitated review and discussion of potential individual agency partnerships 3) A facilitated development and planning meeting to determine action plans for each agency 4) A transition overlap of retiring executive directors with newly named agency directors

**Austin Bailey System Reconfiguration Grant:** To assess the Stark County behavioral health care system to determine if the current processes for allocating resources is the most effective and efficient possible resulting in the best outcomes for consumers. Specific attention will be paid to three core areas and focus groups will be formed for each area to examine: 1) System Access—client accessibility to services including how long clients wait for appointments and how the creation of a one-stop wellness center would improve system. 2) Psychiatric Services—the financial state of service providers and how lost resources and lost productivity affect the system. 3) Wellness and Recovery Center—the viability of creating a one-stop center for clients to access multiple services at one location and improve overall care. Deliverables include: Hire Dr. Michael Gillette and two facilitators to: 1) review current allocation process 2) establish inclusionary and exclusionary criteria 3) establish priority population areas 4) ensure community and client involvement 5) Engage contract agencies and consumers in focus groups to develop system reconfiguration plan.

### c. Business operations

**Electronic Health Records:** Sisters of Charity has been our funding partner for the NextGen Electronic Health Records project which has allowed behavioral healthcare agencies associated with the Mental Health and Recovery Services Board of Stark County to improve access to services for clients, reduce potential duplication and allow for greater practice efficiencies. The first phase of NextGen Electronic Practice Management (EPM) was implemented for the five largest behavioral healthcare practices in Stark County in July and August of 2012. This component of implementation has allowed for greater efficiencies by streamlining workflow between the front and back-end office functions as well as improving billing and revenue cycle management for the Stark County Behavioral Healthcare providers. NextGen has provided a common client platform for the providers, allowing a shared master patient index (MPI) and a secured enterprise system. The next phase of implementation for NextGen will involve the implementation of the actual electronic health record (EHR) as well as expanding our enterprise to allow additional Stark County providers that want to implement the (EPM) component. It will require Health Information Technology (HIT) to support the work done by

medical and clinical staff in a variety of office based and natural environment settings like home, schools, jails, hospital emergency rooms, etc. Scanners, laptops and electronic signature pads are examples of the kind of hardware that will be required in order to electronically access, enter, and manage client information and treatment. Also included within the next phase of implementation is the planning for the regional Health Information Exchange (HIE) and Telepsychiatry. These exchanges allow for timely access to patient/client health information in order to improve coordination, effectiveness, quality, and efficiency of care between multiple physical and behavioral health providers, hospitals, etc. Integration of behavioral and physical medicine records would enable the system to avoid duplication, expedite client care cost effectively, and allow for better consumer involvement and care coordination. This proposal would double the behavioral health system's ability to provide integrated care through the use of technology.

\*The MHRBSB continues to seek funding for the HIT/EHR project. Proposals have been submitted to four additional local foundations in the amount of \$630,000. The Board also intends to submit a \$100,000 request to a final local foundation in March.

d. Process and/or quality improvement

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

**Performance Target Outcome (PTO) Framework:** All programs and services seeking funding from MHRBSB are required to submit a Request for Investment (RFI) that includes the PTO framework prior to SFY allocation approvals. Then, quarterly PTO reports, along with quarterly quality assurance reports, are required to be submitted for MHRBSB review so that the agency, program and our board has opportunities to review results and learning.

### 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.

MHRBSB is proud of our strong partnership with our Developmental Disabilities system. We host weekly MI/DD consultations to collectively share our expertise and resources to better serve our individuals with both mental illness and a developmental disability. This past year we celebrated our successful partnership on designing and financial supporting an individualized community housing/ supportive service plan for a 19 year old female who struggled with frequent calls to 911 and visits to the local emergency rooms and state hospital for suicidal thoughts and attempts. Her behavior and risks, coupled with her young age limited options for safe supportive housing options available in our community to support her discharge from the state hospital. She was not successful in previous Adult Care Facility options and her family was unable to care for her in their home. DD found her eligible for their system while she was in the state hospital and agreed to share the cost of a DD provider with the MHRBSB in order to cover the \$500 day cost to staff her in own apartment 24/7. This was necessary in order to support a timely hospital discharge plan while the Medicaid waiver was in the application process. We hosted weekly case consultations between the DD Board and MHRBSB representatives, the DD provider staff, and the MH counselor and CPST occurred before and during her transition. Dad was supported (he was reluctant at first) to serve as her

guardian and engage in father/daughter quality time. Life and coping skills were intensely taught and reinforced. She learned to call the Crisis Center to talk when she was feeling anxious instead of calling 911 or self harming. Local hospital care plans were developed so that the Emergency rooms were informed of what to do and who to call if she arrived at the hospital. Over a 6 month period of time, she was found not eligible for DD as had learned the life and communication skills where she was deficient – her significant mental health symptoms previously overshadowed her skills and abilities. As a team her 24/7 support was gradually decreased over a 6 month period. She is now living successfully on her own with only counseling and CPST services and Crisis line support. This young adult now has an opportunity for a successful future with skills and supports tailored to her needs and the lives independently without unnecessary reliance on our local and state hospitals for her daily care.

**Open Forum (Optional)**

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

**Appendix 1: Alcohol & Other Drugs Waivers**

**A. Waiver Request for Inpatient Hospital Rehabilitation Services**

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

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

A. HOSPITAL	ODADAS UPID #	ALLOCATION

**B. Request for Generic Services**

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

B.AGENCY	ODADAS UPID #	SERVICE	ALLOCATION

## Appendix 2: Definitions

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

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

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

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

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

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

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

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