

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.)

As the data in Tables 1 through 3 suggest, the “perfect storm” of negative social forces that we described in our *FY2012–FY2013 Community Plan* continues to buffet Trumbull County. Between 1990 and 2010, the total population of the county declined by more than 17,500 (–7.7 percent) while the number of residents living in poverty increased by nearly 12,000 (+45.4%). Trumbull County’s poverty rate was below the statewide rate in 1990 and 2000, but exceeded the statewide rate by more than 2 percentage points in 2010. The growth in poverty was most pronounced for children. In 2010, the county’s child poverty rate (31.4 percent) far exceeded the statewide rate for children (23.1 percent). In that year, nearly one–third (31.4 percent) of all children in Trumbull County were living in poverty.

TABLE 1

Persons in Poverty: 1990

	<i>Trumbull County</i>		<i>Ohio</i>
	<i>N</i>	<i>%</i>	<i>%</i>
All ages	25,687	11.4	12.5
Under 18	9,613	16.8	17.6
County population:	227,813		

Persons in Poverty: 2000

	<i>Trumbull County</i>		<i>Ohio</i>
	<i>N</i>	<i>%</i>	<i>%</i>
All ages	22,788	10.3	10.6
Under 18	8,287	15.4	14.0
County population:	225,116		

Persons in Poverty: 2010

	<i>Trumbull County</i>		<i>Ohio</i>
	<i>N</i>	<i>%</i>	<i>%</i>
All ages	37,359	18.2	15.8
Under 18	14,352	31.4	23.1
County population:	210,312		

Data Sources:

US Dept of Agriculture, Economic Resource Service,
http://www.ers.usda.gov/Data/Povertyrates/1989_1999/PovListpct.asp?st=OH&view=Percent
 US Census Bureau, State and County Poverty Estimates for 2010,
<http://www.census.gov/did/www/saipe/data/statecounty/data/2010.html>

Between 2005 and 2012, unemployment in Trumbull County followed the same general pattern as the statewide trend: declining between 2005 and 2007, rising sharply in 2009, then declining in 2010 and 2011, albeit to levels that were higher than in 2005 (see Table 2). And while Trumbull has followed the statewide pattern, we have had unemployment rates that were higher than the state average in every year. Trumbull's rate rose from 6.2 percent of the labor force (6,600 persons) in 2007 to 13.8 percent of the labor force (14,700 persons) in 2009. This ranked Trumbull County 13th of the state's 88 counties and first among the state's 13 urbanized counties—counties with populations over 200,000 and a civilian labor force larger than 100,000¹. This trend continued in 2010 and 2011. In 2010, only Lucas County in July and Lorain County in September had monthly unemployment rates that exceeded Trumbull's and in both cases, the difference was one-tenth of one percentage point. These trends moderated somewhat in 2011 (see Table 3) yet Trumbull County's annualized unemployment rate of 9.6 still tied for second place among urbanized counties. Some of this moderation can be attributed to the reduction in the size of the labor force. Between 2009 and 2012, Trumbull County's labor force shrank by more than 6 percent (from 107,200 to 100,400 persons). In the last five years, our county has experienced large-scale plant closings (Delphi Corporation), temporary layoffs along with permanent reductions in force (General Motors Lordstown Assembly), and numerous work force reductions and business closures (e.g., restaurants, supermarkets, automobile dealerships, etc). Declines in the size of the county's labor force and in the number of employed workers have been accompanied by increases in poverty, fatal opiate overdoses, and unprecedented utilization of state-operated psychiatric hospitals. In 2012, Trumbull County had the highest annual average unemployment rate of any of the thirteen urbanized counties (see Table 4) and in 2013 we have remained among the unemployment leaders (Table 5).

TABLE 2
Labor Market Information: Ohio and Trumbull County, 2005–2012

OHIO	2005	2007	2009	2010	2011	2012
Labor Force	5,882,000	5,947,000	5,929,000	5,864,000	5,806,000	5,747,900
Employed	5,537,000	5,611,000	5,328,000	5,279,000	5,305,000	5,334,900
Unemployed	344,000	335,000	601,000	586,000	501,000	413,000
Unemployment Rate	5.9	5.6	10.1	10.0	8.6	7.2
TRUMBULL COUNTY	2005	2007	2009	2010	2011	2012
Labor Force	105,300	106,000	107,200	104,800	101,700	100,400
Employed	98,200	99,400	92,500	92,400	91,900	92,200
Unemployed	7,100	6,600	14,700	12,300	9,800	8,100
Unemployment Rate	6.7	6.2	13.8	11.8	9.6	8.1
Unemployment Rank (13 urbanized counties)	2 (tie)	3	1	1	2	1

Data source: Ohio Dept of Job and Family Services, Current Labor Market Information, <http://ohiolmi.com/laus/current.htm>

¹ The thirteen urbanized counties in descending order of population size are: Cuyahoga, Franklin, Hamilton, Summit, Montgomery, Lucas, Stark, Butler, Lorain, Mahoning, Lake, Warren, and Trumbull

TABLE 3
Trumbull County's Unemployment Picture in 2011

<i>Month (2011)</i>	<i>Trumbull County's Unemployment Rate (%)</i>	<i>Rank (1-88)</i>	<i>Other Urbanized Counties Exceeding Trumbull's Rate*</i>
January	11.4	37	Mahoning
February	11.0	39	Mahoning
March	10.0	40	Mahoning
April	9.4	39	(none)
May	9.3	45	Lucas, Montgomery, Mahoning
June	9.8	47	Lucas, Montgomery, Stark, Mahoning
July	10.2	36	Lucas
August	9.7	34	Lucas, Montgomery
September	9.0	43	Montgomery, Lucas, Mahoning
October	9.0	42	Lucas, Montgomery, Stark, Mahoning
November	8.2	36	Montgomery, Lucas,, Mahoning
December	8.6	33	none
ANNUAL AVG	9.5	37	Lucas (Trumbull ranked #2)

*The thirteen urbanized counties in descending order of population size are: Cuyahoga, Franklin, Hamilton, Summit, Montgomery, Lucas, Stark, Butler, Lorain, Mahoning, Lake, Warren, and Trumbull

Data source: Ohio Dept of Job and Family Services, Office of Workforce Development <http://jfs.ohio.gov/releases>

TABLE 4
Trumbull County's Unemployment Picture in 2012

<i>Month (2012)</i>	<i>Trumbull County's Unemployment Rate (%)</i>	<i>Rank (1-88)</i>	<i>Other Urbanized Counties Exceeding Trumbull's Rate*</i>
January	9.2	46	Lorain, Mahoning, Lucas
February	8.9	45	Mahoning, Lucas
March	8.5	40	Mahoning, Lucas
April	7.6	44	Lucas, Mahoning, Montgomery, Stark
May	7.0	47	Montgomery, Cuyahoga, Mahoning, Butler, Lorain, Stark
June	8.1	29	Lucas
July	9.2	17	(none)
August	8.3	18	(none)
September	7.9	18	(none)
October	7.8	20	(none)
November	7.7	19	(none)
December	8.0	22	(none)
ANNUAL AVG	8.1	26	(none) Trumbull ranked #1

*The thirteen urbanized counties in descending order of population size are: Cuyahoga, Franklin, Hamilton, Summit, Montgomery, Lucas, Stark, Butler, Lorain, Mahoning, Lake, Warren, and Trumbull

Data source: Ohio Dept of Job and Family Services, Office of Workforce Development <http://jfs.ohio.gov/releases>

TABLE 5
Trumbull County's Unemployment Picture in 2013

<i>Month (2012)</i>	<i>Trumbull County's Unemployment Rate (%)</i>	<i>Rank (1-88)</i>	<i>Urbanized Counties Exceeding Trumbull's Rate*</i>
January	9.5	33	Lucas
February	8.5	31	Lucas
March	8.3	28	Lucas
April	7.6	29	Lucas
May	7.6	29	Lucas, Mahoning
June	8.1	33	Lucas, Lorain, Mahoning
July	8.5	22	Mahoning
August	7.6	26	Lucas, Mahoning
September			<i>Data not available</i>
October			<i>Data not available</i>
November			<i>Data not available</i>
December			<i>Data not available</i>
ANNUAL AVG			

*The thirteen urbanized counties in descending order of population size are: Cuyahoga, Franklin, Hamilton, Summit, Montgomery, Lucas, Stark, Butler, Lorain, Mahoning, Lake, Warren, and Trumbull

Data source: Ohio Dept of Job and Family Services, Office of Workforce Development <http://ifs.ohio.gov/releases>

Poverty and unemployment have well-established relationships with stressors and high-risk behaviors. Increases in poverty and unemployment predictably lead to increases in our community's behavioral health needs, including a wide range of substance abuse and mental health problems, which are expressed in a variety of ways. Some persons seek behavioral health services outside the ADAMHS systems (e.g., primary care physicians, clergy), some seek services from the ADAMHS system, some receive services involuntarily (e.g., "pink slips," emergency hospital admissions), while many others engage in no overt help-seeking behavior. This last category includes persons with untreated addictions or mental illness and some contemplating, attempting, or completing suicide. Finally, Trumbull County's "opiate epidemic," discussed more fully elsewhere, has exacerbated poverty and unemployment trends.

In their now-classic study of the impact on the Mahoning Valley of Youngstown Sheet and Tube Corporation's closing on "Black Monday" (September 19, 1977), Terry Buss and Stevens Redburn made an important observation:

. . . increased threats to the mental well-being of a community do not automatically dictate an increased need for the existing services of the community's mental health service providers. Although it is likely that mental health service agencies will be a useful resource for such communities, it is uncertain whether they should have the primary role in responding to an increase in mental needs produced in economic crisis.²

² Terry F. Buss & F. Stevens Redburn, *Shutdown At Youngstown: Public Policy for Mass Unemployment* (Albany: SUNY, 1983), p. 43.

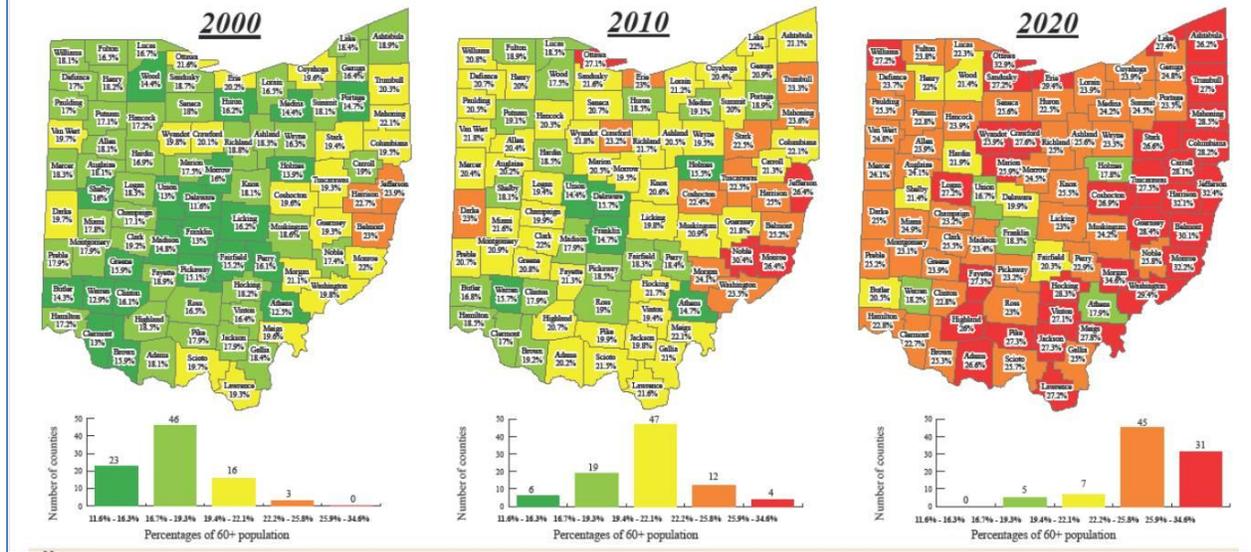
In addition to traditional outreach approaches, we have attempted to use a variety of non-traditional strategies to reach newly-distressed members of our community. These have drawn heavily on our community partnerships and in recent years have included Trumbull County's Housing Collaborative, Alliance for Substance Abuse Prevention, Transportation Planning Committee, Domestic Violence Task Force, Community Corrections Planning Board, Human Services Planning Committee, Crisis Intervention Team project, Early Childhood Mental Health Initiative, Family and Children First Council, Sahara Club (local "dry" social club), Salvation Army, the Trumbull Advocacy and Protective Network (senior service collaborative), and several community outreach events organized by United Auto Workers Local 1112 ("Throwing a Lifeline to Valley Workers").

The University of Wisconsin's Population Health Institute in collaboration with the Robert Wood Johnson Foundation maintains a system of ranking counties in each state on key public health indicators. According to their website (www.countyhealthrankings.org), the *County Health Rankings* "show the rank of the health of nearly every county in the nation and illustrate that much of what affects health occurs outside of the doctor's office. The *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, unemployment, limited access to healthy foods, air and water quality, income, and rates of smoking, obesity and teen births. Based on data available for each county, the *Rankings* are unique in their ability to measure the overall health of each county in all 50 states on the many factors that influence health, and they have been used to garner support among government agencies, healthcare providers, community organizations, business leaders, policymakers, and the public for local health improvement initiatives."

In 2013, Trumbull County ranked 71st (out of 88 counties) on *health outcomes*, a composite measure combining life expectancy/premature death, poor health physical and mental health, and low birthweight. That same year Trumbull ranked 62nd (of 88 counties) on *health factors*, a composite measure combining health behaviors (e.g., smoking, obesity, teen birth rate) clinical care (e.g., number of primary care physicians, dentists, uninsured persons), social and economic factors e.g., education, unemployment, child poverty, violent crime), and physical environment e.g., air quality, healthy food, drinking water safety). Clearly, our county appears to be relatively disadvantaged in a number of interrelated areas.

A final trend worthy of mention is a change in the age composition of the county's shrinking population. Between 1990 and 2010, the proportion of the county's population represented by youth declined slightly from about 21 percent to about 18 percent. At the other end of the life cycle, the number and proportion of persons age 65 and older increased, from less than 15 percent in 1990 to over 17 percent in 2010. As noted earlier, poverty has increased among the youth population while the size of the youth population has grown smaller. Less is currently known about poverty among older persons. It does seem certain that the proportion of the county's population 65 and over will continue to place it near the top of Ohio's 88 counties, as shown in the maps below from the Scripps Gerontology Center at Miami University. The three maps depict categorical rankings of Ohio's 88 counties based on the proportion of the population ages 60 and over in 2000, 2010 and 2020 (projected). In 2000, Trumbull was in the third category (of five) with 20.3 percent of the population 60 and over. In 2010, we had moved up to the second category with 23.3 percent of the population ages 60 and over, and by 2020 we are projected to be in the top category with 27 percent of the population ages 60 and over.

Ohio's 60+ Population by County



Source: http://www.scripps.muohio.edu/sites/scripps.muohio.edu/files/Scripps_OH_60plus_map_ver4_margin_OCT18_2011.pdf

Older persons have long been underserved by America's community mental health systems. This lack of utilization should not be taken to mean that older persons have no needs for behavioral health services. To the contrary,

Epidemiological evidence suggests that much of the psychiatric morbidity in older adults is either undetected or poorly managed by the mental health services delivery system as it is currently structured.³

Following Buss and Redburn's suggestion, this may be a time for rethinking many of our traditional outreach and service delivery strategies as the dynamics of at-risk populations in our community change and evolve.

³ Jane A. Scott–Lennox and Linda K. George, Epidemiology of psychiatric disorders and mental health services use among older Americans, in *Mental Health Services: A Public Health Perspective*, Bruce Levin & John Petrila, eds., New York: Oxford, 1996, 253-289

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)

The formal and informal needs assessment findings, which have contributed to the identification of gaps in services and/or needs of our youth population have occurred via the ASAP Opiate Task Force, a coalition which engages strategic partnerships to solve our community's substance abuse problem; Voices of Youth – a voluntary group of youth and young adults in transition who are working towards independent living; provider conversations; phone calls from the community.

One of the several needs in which funding is limited is a full spectrum of AoD prevention for children and adolescents. At this time, in our community, we have been limited in the provision of prevention services to the adolescent population. It would be a benefit to be able to provide the full continuum of prevention, from very young through the older adult population.

Another need in our community is the availability of residential AoD treatment for adolescents. We have a continuum of outpatient services available; however, it is extremely difficult for adolescents to work any type of treatment program if it means a change in lifestyle, friends, activities while still remaining in the same community, school, environment, etc. A residential program in which the teens learn and practice the skills they are being taught prior to re-entering their old environment can be helpful in their success of remaining sober.

Housing is one of the primary needs across the spectrum from young adults in transition to the older adult population. A specific housing need of those young adults in transition with young children is available units outside the urban city setting. In order to feel safe and be successful, more housing is needed in the more suburban areas, as these units are always filled with long waiting lists. The units available for young adults with children are in the city in areas that are not safe due to being crime ridden with break-ins, shootings and drug dealers. In order for our youth to work towards successful independence, they need first to be in safe environment.

An additional housing need is for persons who are sex offenders. Most of the available housing that is not cost prohibitive does not allow convicted sex offenders.

Housing is also a need for our most difficult to serve population who are currently being treated in the state regional psychiatric hospital. The common problem facing this population is finding appropriate housing at the level of care needed due to their resistance to treatment, including non-compliance with taking medication as prescribed; lack of follow-through with scheduled appointments with psychiatrists and case managers; lack of insight into their illness; lack of acceptance of illness; poor social skills; and lack of family support due to alienation of loved ones because of their medication non-compliance. Currently, there are five adult care facilities in Trumbull County who will accept consumers with a behavioral health diagnoses. While this level of care meets the needs of some consumers, the limited number of placements is a continual issue along with the

fact that other consumers need a higher level of care, which is not available in Trumbull County. This problem is evidenced by the longer lengths of stay of certain patients at Heartland Behavioral Healthcare, due to lack of placement options, along with the “revolving door” at both the local hospital psychiatric units and Heartland Behavioral Healthcare due to the aforementioned treatment issues.

Another area of outpatient service need is more local medication assisted treatment options for Trumbull County residents who have either a primary AoD issue or persons who are dually diagnosed. Many of our clients hospitalized at the state psychiatric hospital are those persons who need more intensive/long term treatment and intervention so as to help in their recovery process. The Board contracts with two local agencies, but at this time, neither are currently providing medication assisted treatment—unless the client has private insurance or pays cash— which many of the patients need in order to assist them with not returning to the streets looking to self-medicate.

The availability and payment of ongoing intensive case management for persons who are severely and persistently mentally ill continue to be an ongoing issue due to the limits of Medicaid. These intensive services, which help keep clients out of the hospital, are closely monitored and rationed. Our agencies have done an excellent job in attempting to balance the limits along with the needs of clients; however, rehospitalization occurred for many clients due to denial for additional case management units. On many occasions, agency personnel still provided services even though payment was denied, costing the agencies money and putting their financial viability at risk.

An ongoing issue faced by our older adult population is the lack of medical coverage in order for them to seek mental health and/or AoD treatment when needed. Medicare pays very poorly for any type of mental health service, which most older adults do not want to access/admit anyway, so when services aren’t covered or if there is a co-pay, many people don’t follow through. As our population continues to age, and the mental health needs of the population grow, the need for appropriate coverage and access grows as well.

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

3. In Trumbull County, our local “Core Providers” meet on a regular basis with the Board in order to discuss and problem solve various ongoing needs in our community. At this time, the Board, along with several of our agencies, have developed and submitted a proposal for a capital grant in order to assist in our need to provide more appropriate housing for our most vulnerable consumers. The planned housing facility would provide different levels of care in which we find our consumers are in need. Working collaboratively through the years on various projects has proven to be a win-win for all within Trumbull County and this philosophy continues.

The need for local Medication Assisted Treatment (MAT) availability has been an ongoing discussion with our local agencies, with collaboration discussions occurring with various other entities that are already engaged in the provision of the services or are interested in providing the service. There is mutual respect between the providers and the Board which translates into communicating openly and working together so that our system can operate as effectively and cost efficiently as possible. This helps with alleviating duplicity of services when not needed, as well as having the same services offered by several providers so as to meet the needs of the community. A partnership between the TCMHRB and our FQHC, One Health Ohio, to provide MAT to our shared clients.

3a. We would be willing to provide assistance to Board and Department partners on any area in which it was felt we could be of assistance.

4. One of our huge challenges in Trumbull County, along with many other Ohio counties at this time, is the availability of drugs, especially opiates. We have had a large number of persons who have unintentionally overdosed on drugs due to the increased potency. We are also hospitalizing a record number of residents who are dually diagnosed.

A second identified challenge within our local system of care will be funding for ongoing operations of the additional housing offering various levels of care. A capital grant has been applied for, which will help to cover the cost of the building of the facility. However, sustaining the operation of the facility is another challenge in which we will have to develop a plan of action.

Another ongoing challenge regarding funding is the coverage for older adults to obtain mental health treatment. Due to the poor coverage of Medicare, as well as the spin-down costs, many of the seniors who are in need of services continue to not seek treatment due to having a poor payer source. A partnership with our local Area Agency on Aging (AAA11), Coleman Professional Services, and the TCMHRB has been formed.

4a. The potential impacts to our system due to the challenges we face include increasing deaths due to continued opiate availability; increased state psychiatric hospitalizations/increased costs due to dually diagnosed/drug dependent individuals; continued lack of housing, which means an increase in homelessness and hospitalization recidivism; and increased suicide of the older adult population due to being underserved because of lack of payer source.

4b. We are not requesting technical assistance at this time.

5. Since the 1990's, when the Board received two grants from the Ohio Department of Mental Health to enhance services to African-American and Amish communities in Trumbull County, cultural competence has been a service-delivery priority. In the ensuing years, three general strategies have been used to operationalize this priority:

- a. Encouraging improvements in the cultural diversity of our provider network's workforce and the cultural competence of workers
- b. Creating programs targeted at reaching specific cultural populations
- c. Developing culturally competent policies, procedures, organizations, and systems of care

Today, several key programs best exemplify the incorporation of the principles of culturally competent care into routine policies and practices. These programs include: (1) FIRST Trumbull County, a program of the Best Practices in Schizophrenia Treatment (BeST) Center targeting young adults experiencing first psychotic episodes, (2) the Trumbull Intensive Community Treatment Team (TICTT), a program of Compass Family & Community Services that incorporates assertive community treatment (ACT) for adults with severe psychotic disorders, and (3) Trumbull County Family Wraparound, a program of the Trumbull County Family and Children First Council. All three recognize the importance of culture in the lives of the persons and families they serve and incorporate culture in the development and implementation of treatment and crisis plans.

Typical of these is the Strengths, Needs, and Culture Discovery (or SNCD) portion of the Wraparound facilitation process. Both an event and an ongoing process, SNDC is described as the most important step of the Wraparound process because it leads to strength-based options for meeting the needs of the youth and family that reflect the culture of the family. Ultimately the SNCD should form the foundation of a

Wraparound Plan that “looks like” and “feels like” the family, i.e., is culturally competent and therefore more likely to be a plan the youth and family will buy into and participate in.⁴

The Board and providers sponsor a limited number trainings each year that aim at understanding cultural diversity based on race, ethnicity, language, religion, gender, sexual orientation, age, or other social characteristics and enhancing the cultural competence of the workforce. Recent events have included Bridges Out of Poverty, Youth and Young Adults in Transition, and SafeZone, which teaches supportive options for LGBT Youth.

⁴ Northeast Ohio Regional Training Committee, *Welcome to Hi-Fidelity Wraparound Facilitator/Service Coordinator Training*, pp.15-25.

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 Trumbull County Mental Health and Recovery Board

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

Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Reduce the number of Trumbull County residents dying by unintentional overdose	1. Prevention programming in schools and community 2. Community Wide collaboration through ASAP coalition 3. Contracts for provision of detoxification services for indigent residents 4. Diverse outpatient treatment options 5. Participation in OACHBA Opiate Learning Collaborative	Number of unintentional overdose deaths as reported by the County Coroner's office	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory: Women who are pregnant and have a substance use disorder (NOTE:ORC 5119.17 required priority)	Decrease incidence of neo natal abstinence syndrome	1. Collaboration with the Family & Children First Council of Trumbull County 2. Parenting classes 3. Treatment	Number of women pregnant and/or parenting in treatment	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory: 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)	1. Maintain a Family Dependency Treatment Court (FDTC) to deal with these issues 2. Court protocols should incorporate evidence-based practices whenever possible	1. Create collaborative funding arrangement with County Commissioners, Children Services Board and Family Court 2. Coordinate oversight of FDTC with Trumbull County Commissioners and Prosecutor	1. Number of families served 2. Success rate	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
SAPT-BG: Mandatory (for OhioMHAS): Individuals with tuberculosis and other communicable diseases				<input checked="" type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input checked="" type="checkbox"/> Other (describe): low incidence county

MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	1. Increase the number of youth with SED who graduate from school 2. Decrease the number of youth with SED involved in the juvenile justice system	1. Prevention 2. Early Identification 3. Treatment provided in the least restrictive environment 4. High Fidelity Wraparound	1. Number of youth who are maintained in a family setting that may have moved to a treatment foster home or residential treatment center without intervention 2. Number of youth in treatment	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	1. Decrease the number of hospitalizations and recidivism rate of adults with SPMI 2. Decrease the average length of stay of difficult to place adults	1. Provide additional supportive services 2. Provide supportive housing services locally 3. Diversify placement options so as to better meet the needs of clients	1. RPH reports as to number of residents hospitalized and re-hospitalized 2. RPH report as to the average length of stay of Trumbull consumers	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH&SAPT-BG: Mandatory (for OhioMHAS): Integration of behavioral health and primary care services*	1. Create integrated treatment settings 2. Increase detection of untreated behavioral health needs 3. Increase detection of untreated physical healthcare needs 4. Increase follow through for both types of untreated needs	1. Merge access to PH services by embedding BH providers in FQHC 2. Develop effect "hand off" techniques for getting BH patients to PCP 3. Hold quarterly meetings of BH providers and FQHC to facilitate patient flows 4. Use SBIRT instrument	1. BH detection rates; compare sites using SBIRT with others 2. Detection rates for key PH problems (e.g., diabetes, blood pressure, overweight, etc.) 3. Self-assessments of PH and BH	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
MH&SAPT-BG: Mandatory (for OhioMHAS): Recovery support services for individuals with mental or substance use disorders	1. Increase the number of peer support persons who are trained in the recovery model	1. Collaborate with local agencies in sending peers to peer specialist trainings and internships	1. Increase in the number of clients working with a peer specialist	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
*Priorities Consistent OHIOMAS Strategic Plan				
Treatment: Veterans Funding from the Department of Veterans Affairs (VA) was received for 20 "transition in place" beds for homeless veterans. The Notice of Funding is for Per Diem Beds only.	1. Serve 40 people in year 2014. 2. Maintain original 40 in housing and recovery services and add another 15 individuals and their families in 2015. 3. Barriers such as income history, housing history, addiction issues, mental illness, criminal history, lack of job skills, and credit and budgeting issues will be identified and positively impacted.	1. Engage the veteran in identifying needs and setting goals to achieve stable housing, supportive services and employment. 2. Develop relationships with local landlords to ensure that once a veteran transitions in place we have another unit ready to house the next veteran. 3. Create individualized case plans via a partnership between the veteran, the	1. Tracking of each veteran's successes such as long term housing and employment will occur. 2. Weekly goals will be developed and examined to ensure ongoing progress towards completing all goals. 3. Each participant's progress will be monitored bimonthly for the purpose of documenting the fact that adequate progress is being made toward	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

	4. Housing, case management, employment, successful recovery	Veteran's Haven's case manager and the VA's Grant Per Diem Liaison.	accomplishing program and personal goals and objectives. 4. At the completion of ninety days of residency, the case managers and the program manager of Veteran's Haven will meet with the veteran in order to review his progress towards accomplishing his goals, in order to determine, if necessary, what changes need to be made and if the veteran needs to continue to be provided with program support for another ninety days.	
Treatment: Individuals with disabilities	1. Improve coordination of care for persons served by multiple systems, especially person with BH and DD issues, transition-age youth, Wraparound children and their families, and those served by local ILC	1. Participate in cross-system planning and implementation meetings 2. Provide training and support for ILC workers who may lack experience with BH issues	1. Homelessness report 2. Employment reports 3. MUI reports	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):
Treatment: Opiate addicted individuals in the state, including illicit drugs such as heroin and non-medical use of prescription drugs*	Reduce the number of Trumbull County residents dying by unintentional overdose	1. Prevention programming in schools and community 2. Community Wide collaboration through ASAP coalition 3. Contracts for provision of detoxification services for indigent residents 4. Diverse outpatient treatment options 5. Participation in OACHBA Opiate Learning Collaborative	Number of unintentional overdose deaths as reported by the County Coroner's office	<input type="checkbox"/> No assessed local need <input type="checkbox"/> Lack of funds <input type="checkbox"/> Workforce shortage <input type="checkbox"/> Other (describe):

<p>Treatment: Homeless persons and persons with mental illness and/or addiction in need of permanent supportive housing*</p>	<ol style="list-style-type: none"> 1. Locate/engage unhoused persons 2. Expand emergency accommodations 3. Increase number of formerly homeless persons in permanent supportive housing 4. Prevent homelessness among high-risk populations 	<ol style="list-style-type: none"> 1. PATH outreach program (HHCC/CCRA) 2. Apply for OHFA grant for Christy House Emergency Shelter 3. Expand Shelter Plus Care 4. CQI and Community Linkages to prioritize housing for persons leaving state hospitals and prisons 	<ol style="list-style-type: none"> 1. Quarterly PATH reports 2. Monthly Christy House utilization reports 3. Monthly S + C reports 4. Cross-tabulations of CQI and CL rosters with Christy House monthly reports 5. CL Living Arrangements scale scores 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>Treatment: Underserved racial and ethnic minorities and LGBTQ populations</p>	<ol style="list-style-type: none"> 1. Increase understanding of LGBTQ population 2. Increase trained providers 	<ol style="list-style-type: none"> 1. Provide educational training programs like SafeZone 2. Collaborate with identified organizations identified as experts 	<ol style="list-style-type: none"> 1. Increase in the number of minorities/special populations receiving treatment 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>Treatment: Youth/young adults in transition/adolescents and young adults</p>	<p>Decrease the number of young adults with a history of mental health treatment in jails, prisons and/or state hospitals</p>	<ol style="list-style-type: none"> 1. Identify barriers in the Trumbull County social services system to young adults becoming productive citizens 2. Develop and foster collaborations to remove barriers and fill system gaps. 	<ol style="list-style-type: none"> 1. Number of young adults (aged 18-25) admitted to Heartland Behavioral Healthcare 2. Number of young adults (aged 18-25) in treatment 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>Treatment: Early childhood mental health (ages 0 through 6)*</p>	<p>Prevent serious emotional disturbances</p>	<ol style="list-style-type: none"> 1. Early identification 2. Screening through the DECA 3. Collaboration with the Family & Children First Council of Trumbull County 4. Consultation in day care centers, preschools, elementary schools and in-home day care centers 5. Social & Emotional training for professionals working with young children 	<ol style="list-style-type: none"> 1. Number of youth in treatment 2. Track the number of children receiving DECA screening 3. Track the number of day care centers receiving services 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>
<p>Prevention: Adopt a public health approach (SPF) into all levels of the prevention infrastructure</p>	<p>Prevention activities in Trumbull County are data driven and occur in a meaningful, coordinated, sustainable and culturally sensitive manner</p>	<ol style="list-style-type: none"> 1. Workforce development 2. Community wide collaboration through the ASAP coalition 3. Collaboration with Trumbull County Coroner's Office 4. Information dissemination 5. regular needs assessments 	<ol style="list-style-type: none"> 1. Community need assessment completed by County Health Department and Family & Children First Council 2. PEP survey completed in schools 3. County Coroner's data 4. Data from Ohio Department of Health 	<p>___ No assessed local need ___ Lack of funds ___ Workforce shortage ___ Other (describe):</p>

<p>Prevention: Ensure prevention services are available across the lifespan with a focus on families with children/adolescents*</p>	<p>Prevention in Trumbull County addresses the needs of all Trumbull County residents in a culturally sensitive manner</p>	<ol style="list-style-type: none"> 1. Early Childhood Mental Health Consultation Program 2. Safe medication disposal campaign 3. Workforce development 	<ol style="list-style-type: none"> 1. Age and diagnosis of individuals in treatment 2. Suicide rates 3. Drug overdose rates 	<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>Prevention: Empower pregnant women and women of child-bearing age to engage in healthy life choices</p>	<p>Decrease incidence of neonatal abstinence syndrome</p>	<ol style="list-style-type: none"> 1. Collaboration with school systems for prevention programming 2. Collaboration with the Family & Children First Council of Trumbull County 	<ol style="list-style-type: none"> 1. Number of referrals to child welfare for substance related issues 2. Number of families involved with Help Me Grow 	<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>Prevention: Promote wellness in Ohio's workforce</p>	<ol style="list-style-type: none"> 1. Increase the number of potential employees 2. Decrease on the job accidents 3. Share EPA and Drug Free Workplace resources 	<ol style="list-style-type: none"> 1. Collaboration with local Regional Chamber of Commerce 2. Collaboration with Mahoning Valley Manufacturing Coalition 3. Membership by businesses, employers, and work placement programs on ASAP coalition 	<ol style="list-style-type: none"> 1. Local unemployment rate 2. Number of EAP referrals 	<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>Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations*</p>	<ol style="list-style-type: none"> 1. Integrate Problem Gambling Prevention & Screening Strategies across our system of care. 2. Decrease the frequency of problem gambling. 3. Clients will engage in the initial appointment, assessment and counseling sessions, attend recovery support groups and obtain a sponsor. 4. Prevention teams will incorporate Gambling Prevention education into their services provided to schools in Trumbull County. 	<ol style="list-style-type: none"> 1. The Trumbull County Mental Health and Recovery Board will award 40% of the funds to prevention programming and 60% of the funds to treatment. For FY14 we anticipate receiving approximately \$67,000. 2. Increase clinicians knowledge of patterns associated with process addictions and specifically problem/pathological gambling. Staff to be educated on use and interpretation of screening tool (NODS) as a part of screening process. 3. The TCMHRB will pay for training so that staff members are educated on early and progressing patterns associated with problem/pathological gambling 4. Staff to be oriented to professional 	<ol style="list-style-type: none"> 1. Awardees will be required to submit quarterly outcomes reports and status updates and assist in the completion of the ODMHAS end of year reports 2. Clients will engage in weekly counseling sessions (group and/or individual), verbalizing and demonstrating the understanding of addiction and changes needed to sustain recovery, the initiation of lifestyle changes and utilization of sober supports. 3. Clients will understand the consequences associated with gambling/problematic behaviors, identification of and engagement in sober activities and identification of 	<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>education and certification process regarding gambling treatment.</p> <p>5. The prevention services provided to students and families in these schools will focus on the environmental impact of gambling through exploring social norms and developmental issues related to the students served. Students will participate in activities stemming from evidence based curricula, which focus on education, leadership, and harm reduction.</p>	<p>the people/places/things that interfere with recovery.</p> <p>4. The SOGS tool will be re-administered at intervals throughout the course of treatment and at completion. The focus will be on a reduction in the SOGS scores over time. The goal of the program will be twofold. The first goal will be to provide a screening initiative at the agency that will assist in determining the spectrum of the problem, and getting those in need of services into proper care. The second goal will be to reduce/eliminate the costs and consequences involved with problem gambling behaviors for the clients served.</p>	
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Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Crisis Intervention Team (CIT) training for law enforcement	<ol style="list-style-type: none"> 1. Provide knowledge of mental illness & addiction to facilitate de-escalation 2. Reduce felonious assault on peace officer arrests 3. Reduce incarceration 	<ol style="list-style-type: none"> 1. Provide 40-hour training sessions at least once a year 2. Provide periodic special topic and/or refresher courses for CIT officeres 	<ol style="list-style-type: none"> 1. Implement tracking systems in selected police department 2. Arrest records

<p>Pass TCMHRB's one-mill levy (renewal) in November 2014</p>	<ol style="list-style-type: none"> 1. Increase community's knowledge of mental illness & addiction and local systems of care 2. Maintain vital funding for indigent populations and for non-Medicaid service 	<ol style="list-style-type: none"> 1. Establish speakers bureau and committee structure 2. Target priority areas 3. Communicate, coordinate, collaborate! 	<p>This one is easy: Did we get more YES votes than NO votes on Tuesday, November 4, 2014</p>
<p>Anti Stigma According to <u>Svensson, B., Markström, U., Bejerholm, U. and Östman, M.</u> Central Psychiatry, V.11; 2011, published January 2011, It has been shown that stigmatization reduces life chances for persons suffering from mental illness. The negative effects include less access to mental health services and to advances in psychiatric treatment, to psychosocial stress, to low socio-economic status and to delay in appropriate help seeking. The leaders of the Trumbull, Mahoning and Columbiana County Boards recognized the need to pool financial resources and begin an anti-stigma campaign in 2011 that continues today.</p>	<ol style="list-style-type: none"> 1. Impact negative impressions and the stigma that surrounds mental illness. 2. Reduce stigma experienced by consumers and families to increase self image, unwillingness to seek help and isolation. 3. Pool money to produce and air television commercials and create print and billboard ads. 4. Market success stories and information about our systems, programs and services on the WKBN morning news. 	<p>Through this regional partnership we will hold legislative breakfasts, create billboard, print, radio and television advertisements, create monthly news and success stories on people in recovery and programs occurring in our communities.</p>	<ol style="list-style-type: none"> 1. More people in recovery; those involved in our campaign will be tracked for success and/or recidivism 2. Life changes experienced by our consumers including going from homelessness to housing, poverty to employment and lacking support systems to family reunifications.
<p>Jail Services</p>	<ol style="list-style-type: none"> 1. Provide behavioral healthcare to inmates with mental health and addiction issues by maintaining a newly created position of jail navigator with additional ODMHAS monies made possible through legislative action. 2. Maintain position of jail counselor through levy dollars to enable the Trumbull County Jail to complete suicide assessments and ongoing crisis intervention services. 3. Maintain addiction counselors in the Trumbull County Jail to provide assessments, interventions and linkage to community resources once released. 	<ol style="list-style-type: none"> 1. Work with inmates on discharge planning to include setting up appointment with current provider or educating inmate on choices of service providers and setting up intakes 2. Work with inmates, family, physician on obtaining psychiatric medications 3. Work with inmate to provide additional community based referrals upon discharge such as DJFS, social security, housing, medical appointments, psychiatric appointments, probation, substance abuse services 4. Work with current service providers to coordinate services while in the jail 5. Work with the Access Center to provide prescreening assessment as needed 	<ol style="list-style-type: none"> 1. Track number of individuals who follow up with behavioral health appointments and services upon release 2. Track number of individuals who receive social security benefits and/or a Medicaid card upon release

		<ol style="list-style-type: none"> 6. Work with jail staff to determine when an assessment is needed 7. Provide consultation to jail staff regarding needs of mental health clients 8. Coordinate completion of social security and other entitlements as appropriate 	
Medicaid Expansion	<ol style="list-style-type: none"> 1. Expand and create a Medicaid package so that the 11,042 individuals in Trumbull County who do not have health insurance but would qualify may receive it. 2. Increase services to pregnant women in need of drug and alcohol treatment 3. Reduce the incidence of accidental drug overdoses 	<ol style="list-style-type: none"> 1. Continue to advocate for expansion by engaging other community members to reach out to their legislators, sign up for committees, attend rallies and educate others to the importance of easy access to health services. 2. Work with the local emergency departments to engage pregnant women in behavioral health services as needed. 3. Continue education, accessibility to opiates, partnership with local law enforcement and the Coroner's office to reduce the number of accidental opiate deaths as Trumbull County is currently the 7th highest in the state. 	<ol style="list-style-type: none"> 1. A fair Medicaid benefit will be developed and people will have access to it. 2. The number of babies born addicted or to drug addicted mothers will decrease as tracked by the local neonatal departments. 3. Statistics will be received by the coroner's office so that we may document the numbers of accidental drug overdoses.
Critical Incident Stress Management	To integrate Critical Incident Stress Management Debriefing into our local system. CISM is a comprehensive, integrative, multi-component crisis intervention system. The 7 core components of CISM are defined below and are summarized in TABLE 1.	<ol style="list-style-type: none"> 1. Train first responder and behavioral health teams on CISM. This will include stress management education, stress resistance, and crisis mitigation training for both individuals and organizations. 2. Critical Incident Stress Debriefing (CISD) refers to the "Mitchell model" (Mitchell and Everly, 1996) 7-phase, structured group discussion, usually provided 1 to 10 days post crisis, and designed to mitigate acute symptoms, assess the need for follow-up, and if possible provide a sense of post-crisis psychological closure. 	<ol style="list-style-type: none"> 1. Follow-up with first responders and referrals for assessment and treatment, if necessary, will be tracked. 2. The willingness of first responders to engage in the CISM model and ongoing services will be documented.

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) Crisis/sleep-off beds	There are many people who end up being intoxicated or high, state they are suicidal as they know that is how to get a bed and meal, and then are hospitalized. We have talked for many years about some type of program that would simply offer this type of resource, but have not ever had the resources or funding to develop or sustain this type of service. In addition to the sleep off beds, payment for inpatient detoxification as well as inpatient rehabilitation would be an additional priority for persons who are chemically addicted. This would assist in decreasing regional psychiatric hospitalizations (and re-hospitalizations), as well as improve outcomes for many of our clients who continue to have a difficult time with remaining in outpatient treatment/recovery.
(2) Increase Adult Care Facilities	We are extremely limited in the number of homes we have and we either have to send clients out of county or often times they remain hospitalized for an extended length of time due to lack of housing options.
(3) Inpatient Detoxification and Long Term (30 days +) Residential Treatment for Substance Abusers	Trumbull County currently ranks 7 th in the state for unintentional overdose deaths. The TCMHRB staff receive calls on a daily basis for individuals seeking residential substance abuse treatment and/or inpatient detox services. There are nearly half a million people living in the tri-County area and only one facility that provides inpatient treatment. Due to the Federal Center for Medicaid regulations, that facility can only treat 16 individuals at a time. This does not nearly meet the local need. Individuals are placed on waiting lists, at which time one Ohioan dies every six hours as a result of an accidental drug overdose. With additional resources, the Board could support providers in opening additional inpatient treatment facilities.
(4)	
(5)	
(6)	
(7)	

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.

The Trumbull County Mental Health and Recovery Board continues to recognize the importance of collaboration in maintaining an effective system of care. The Board nurtures collaborative relationships both across systems and within the behavioral health field by chairing quarterly System Integration Meetings, the Trumbull County Voices of Youth Committee, bi weekly Adult Continuous Quality Improvement meetings, the Crisis Intervention Training (CIT) Steering Committee, The Alliance For Substance Abuse Prevention (ASAP Coalition) and maintaining the contract with the County's Wraparound Coordinator. Collaboration has also occurred with the following agencies and organizations: Belmont Pines Hospital, Catholic Charities, Churchill Counseling Services, Inc., Coleman Professional Services, Community Solutions Association, Inc., Compass Family and Community Services, Forensic Psychiatric Center of NE Ohio, Glenbeigh, Greater Warren-Youngstown Urban League, Guardianship and Protective Services, Heartland Behavioral Healthcare, Help Hotline Crisis Center, Inc., Homes For Kids/ Child and Family Solutions, Inc., Humility of Mary Health Partners, Meridian Community Care, Neil Kennedy Recovery Clinic, ONE Health Ohio, PsyCare, Inc., Ravenwood Mental Health Center, Salvation Army, St. Joseph's New Start Treatment Center, SUMMA Health System, Valley Counseling Services; Area Agency on Aging 11, Columbiana County Mental Health and Recovery Services Board, Mahoning County Mental Health Board, Mahoning / Trumbull Recovery Project, Mahoning Valley Consortium for Early Care & Education, Mahoning Valley Early Childhood Planning Group, Mahoning Valley Organizing Collaborative, NEOMED, Northeast Ohio Children's Consortium, Ohio Association of County Behavioral Health Authorities, Trumbull Advocacy & Protective Network, Trumbull County Bridges out of Poverty Steering Committee, Trumbull County Child Assault Prosecution Unit, Trumbull County Child Fatality Review Board, Trumbull County Community Corrections Planning Board, Trumbull County Disaster Preparedness Teams, Trumbull County Domestic Violence Task Force, Trumbull County Family & Children First Council, Trumbull County Family Dependency Treatment Court, Trumbull County Family Wraparound Oversight Committee, Trumbull County Housing Collaborative, Trumbull County Human Services Planning Committee, Trumbull County Probate Court, Trumbull County Suicide Prevention Coalition, Trumbull County Transportation Committee.

Some of the accomplishments include:

Tri-County Anti-Stigma Campaign The Columbiana, Mahoning and Trumbull County Boards have worked jointly for two years to impact negative impressions and the stigma that surrounds mental illness. We have pooled money to produce and air television commercials and create print and billboard ads. Success stories and information about our systems, programs and services have been featured on the WKBN morning news. People in recovery speak about life changes like going from homelessness to housing, poverty to employment and lacking support systems to family reunifications.

Trumbull County Wraparound Oversight Committee- TCMHRB provides both financial and clinical support to the Oversight Committee. The committee has 17 members representing child serving agencies including schools, behavioral health agencies, respite providers, the County Board of Developmental Disabilities, child welfare, Family Court, and Job and Family Services. Members are responsible for ensuring the

appropriate and most effective use of all funds allocated to the Trumbull County Wraparound program. The successes of the Wraparound Oversight Committee include children in foster care being able to move to either biological homes, relative homes or adoptive homes, more children were able to remain in their own homes or in the homes of relatives despite being at high risk of out-of-home placement, and others who were in residential facilities at the beginning of the process, were able to move to less restrictive environments. In 2012, 34 children, with a mental health diagnosis, were able to remain in their own homes even though a level of care tool predicted all would be in a paid placement. This was achieved through the Wraparound process. Using the same level of care tool, the probable placement of 42 children involved in Wraparound in 2012 was assessed. Actual costs of treatment for these children, including Medicaid, were compared to the estimated costs if they had been in the placements predicted by the tool. The calculations show a 3.7 million dollar savings. These results confirm that collaboration through Wraparound in Trumbull County works. Not only does it save money, it provides maximum benefits for children and families.

The Family Dependency Treatment Court is another collaborative project of the Trumbull County Mental Health and Recovery Board. Family Dependency Treatment Court is a specialized docket for abuse, neglect or dependency cases where children have been or are in danger of being removed from the care of the parent(s) due to the alcohol or drug issues of the parent. Participants are referred for and receive addiction and mental health services, including counseling and case-management, medication management, if appropriate, and drug screens by provider agencies. TCMHRB shares the cost of the program coordinator with the Trumbull County Family Court and Trumbull County Children Services. This collaboration has resulted in 3 graduations in 2012, affecting 15 children.

Trumbull County Voices of Youth Committee- Representatives from stakeholder systems, including Child Welfare, Vocational Rehabilitation, Mental Health Treatment/Prevention, Education, Employment Services, Developmental Disabilities, Ohio Department of Job and Family Services, and Substance Abuse Treatment/Prevention meet on a monthly basis focusing on clinical and system barriers impeding young adults' successful transitions to independence. This committee has been able to obtain funding, through grants, fundraisers and donations, to create three programs that address needs expressed by youth and young adult representatives: transportation to and from work, positive opportunities to interact with other young and youth adults' access to household and hygiene items not covered by the Ohio Direction Card. One such project is the Voices of Youth Closet. The closet is housed at the local YWCA and is stocked with cleaning, household and hygiene items solely through fund-raising events, donations and volunteerism. The committee also provides transportation assistance for youth to get to job interviews, and to and from work for one month. If the youth maintains employment, one additional month may be submitted to cover half of the following month's transportation expenses. The goal is that by the 3rd month of employment, the youth has created a budget that allows them to cover their own transportation expenses. The newest result of the committee's collaboration is the creation of the Trumbull County Congress of Young Adults. This group meets monthly at the local library. The members choose the group's activities in this purely youth driven program. This program resulted out of discussion at a Voices of Youth Committee meeting.

The Alliance for Substance Abuse Prevention (ASAP) - Trumbull County Mental Health and Recovery Board is the sole funder of ASAP, a coalition that engages strategic partnerships to solve our community's

substance abuse problems. Its members are a network of people including health professionals, parents, educators, elected officials, merchants, business members, police, administrators, and students. ASAP has created brochures and educational materials to build community awareness. The coalition also works to reduce accessibility to opiates by partnering with TAG Law Enforcement on two drug take back events a year (collecting 534,554 pills in 3 years), and advocating for the installation of permanent medication drop off locations. There are currently four permanent drop-off locations in Trumbull County.

FIRST Trumbull County- In April 2012, the Trumbull County Mental Health and Recovery Board, Valley Counseling Services, COMPASS Family & Community Services and the Best Practices in Schizophrenia Treatment (BeST) Center in the Department of Psychiatry at Northeast Ohio Medical University (NEOMED) partnered to establish FIRST Trumbull County, a comprehensive, team-based, early identification and treatment program for individuals with schizophrenia spectrum disorders. This program continues within the county even without grant funding. Outcomes have been quite positive with the success of clients being stabilized, living in the community and involved with work programs.

The Peer Warm Line- This confidential phone line for persons suffering from mental illness to call for support is operated by Help Hotline. The Warm Line was created to offer inspiration and support, information, referrals and assistance to callers. The part-time telephone line is staffed by peers who are recovering from mental illness and have attended extensive telephone-listening training. The Peer Warm Line is collaboration between the Trumbull County Mental Health and Recovery Board, Mahoning County Mental Health Board and the Columbiana County Mental Health and Recovery Services Board.

Trumbull County Crisis Intervention Team (CIT) Training Project Established in 2006, the CIT project has provided nearly 150 police and corrections officers in Trumbull County jurisdictions with knowledge about mental illness, addiction, and the local crisis and service system and with skills to recognize and to de-escalate persons who are in crisis. The project is a unique partnership involving the TCMHRB, provider agencies, NAMI, and 24 law enforcement departments who have participated to date.

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

Trumbull County is unique in the usage of the regional state psychiatric hospital in that, although we have designated Coleman Behavioral Health as our gatekeeper, we have little to no control with admitting patients to the state-operated, Regional Psychiatric Hospital (RPH). Often times, the psychiatrist who treats the patients on the local psychiatric unit files an affidavit for a more restrictive level of care and the patients are then probated to Heartland Behavioral Healthcare by the Trumbull County Probate Court. In addition, our numbers of admissions as well as lengths of stay have increased due to Trumbull County clients being committed and placed on OPC, with specific court orders that the discharges often times have to be approved by the Probate Court.

The ongoing relationship between the TCMHRB, community providers and HBH continues to evolve with the implementation of various processes in order for all to provide the best care to Trumbull County patients in HBH. On a monthly basis, the Board and core provider agencies have a teleconference with the multidisciplinary team at Heartland Behavioral Healthcare. In addition, Trumbull County has collaborated with Mahoning County on sharing a "Behavioral Health Navigator" who attends team meetings at HBH, assists with communicating to the HBH social workers resources available in the community, and is a liaison between the community providers and Board with HBH. Having a liaison is extremely important and helpful due to the distance between Trumbull County and HBH, which poses a barrier to our providers.

It would be wonderful to be able to share some (positive) changes in utilization of HBH in the near future; however, the community and the hospital are faced with other forces in which we have no control.

Innovative Initiatives (Optional)

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

- a. Service delivery
- b. Planning efforts
- c. Business operations
- 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.

Several innovative programs within Trumbull County have been developed utilizing “Hot Spot” funding from the state. One of the programs is the development of a Behavioral Health Navigator, who provides care coordination for Mahoning and Trumbull County high-need consumers with SPMI hospitalized at Heartland Behavioral Healthcare. The Navigator is on-site at HBH at least twice a week, at which time treatment team meetings are attended, meetings with consumers occur, discussion and discharge guidance/recommendations are given to hospital social workers. These activities occur on an ongoing basis. Trumbull and Mahoning Boards are partnering in this project and have a third agency partner who is taking fiscal responsibility for the position. The supervision, evaluation and coordination of the project are split equally between the two Boards.

Another type of program that has been implemented within the last 15 months is funding for supportive housing and long-term residential treatment placement. The target population is difficult to serve/high acuity adults with SPMI who are in need of specialized housing so as to assist in a more timely discharge from the regional state psychiatric hospital as well as to decrease hospital readmissions. The Trumbull County core providers and staff at Heartland Behavioral Healthcare work with the Trumbull MHRB to identify consumers who are in need of supportive housing so as to assist them in successful transition to the community. A referral form, including ongoing sustainability plan is completed by the community agency with whom the consumer is linked. To date, there has been a successful transition of one consumer from a supportive group home placement with respite, to a more independent level of housing. In addition, this consumer, who had spent the majority of his life in and out of hospitals/institutions, has not been hospitalized since his involvement with supportive housing approximately 14 months ago. Another consumer, who had been released from DYS approximately 8 months ago, with no family supports, was provided supportive housing services and respite and has remained in the community. In addition, his respite services have been discontinued due to the positive strides he has made.

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.

1. A high acuity transitional aged youth had spent the majority of his life either institutionalized or in treatment facilities. For over a year beginning in August of 2011 through August of 2012, he had spent 299 days hospitalized at Heartland Behavioral Healthcare during 3 different admissions; 49 days jailed and 15 days at a group home, in which he was evicted, and re-hospitalized due to his combative and violent behaviors. For well over a year, with the implementation of supportive housing and intensive case management, the client has remained in the community with no hospitalizations or incarcerations. He is also making tremendous progress in his anger management skills, socialization skills and his health is improving due to increase in fitness regiment and improvement in diet (was becoming diabetic). His self-esteem has improved; he takes his medications as prescribed and attends treatment on a regular basis. He has recently moved to Washington House, which is a housing unit specifically for transitional age youth. This move has been one of the client's goals, and he has done extremely well in the transition to this level of care. He continues to work hard towards more independence and is quite proud of himself regarding the progress he has made.
2. John Doe is a former Riverbend (crisis housing and treatment center) client who is receiving services from the Trumbull County First Schizophrenia Project. He keeps in touch with his therapist at Riverbend and has remained involved with treatment, BVR for employment services, is working part time and is hopeful that he may move to full time employment status. He is also living independently in the community and considering going back to school. He has not had any re-hospitalizations.
3. Sherri is a 49 year old divorced woman with a long history of substance abuse and mental health issues. Sherri has been diagnosed with Bipolar II and Alcohol Dependence. Sherri has one adult daughter and 3 grandchildren. Sherri's daughter also has a history of substance abuse and has spent time in jail and rehabilitation facilities as a result of her disease. Sherri has been hospitalized for her mental health disorder and has had suicidal ideation. She has had several jobs in the past but has not been able to maintain them due to her alcohol use and attempts to self-medicate. Sherri has experienced homelessness and has stayed at the Warren Family Mission.

It was at this point that Sherri became involved with Coleman and wanted to engage in services. Sherri was involved with employment and case management as well as psychiatry and counseling. Sherri was not successful in her work with employment services as she was still using alcohol and could not complete her community based situational assessment. Sherri was referred for Crossroads (long term women's housing in Trumbull County) when it first opened and was an original tenant. She also became the first House Monitor and has successfully completed her job duties for 17 months. Sherri moved out of Crossroads on August 31, 2013 to her own apartment. She is maintaining the House Monitor job until a replacement is found. Sherri now has a car and insurance and a healthy relationship with her daughter. Sherri was also just approved for SSI.

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.

Over the past decade, the alcohol, drug addiction and mental health services safety net has been devastated by budget cuts. Boards across the state received \$140 million less in SFY 2013 than in SFY 2002. Too often we do not see people until they are in crisis or after their illnesses have gone untreated for too long. They then experience preventable disruptions to their lives, including family and employment issues, hospitalization or incarceration and sometimes homelessness. The expansion of Ohio's Medicaid to cover persons up to 138 percent of the federal poverty standard offers a rare opportunity. As noted earlier in this Plan, once implemented, expansion would allow us to:

- Expand and create a Medicaid package so that the 11,042 individuals in Trumbull County who do not have health insurance but would qualify may receive it.
- Increase services to pregnant women in need of drug and alcohol treatment
- Reduce the incidence of accidental drug overdoses
- Continue to advocate for expansion by engaging other community members to reach out to their legislators, sign up for committees, attend rallies and educate others to the importance of easy access to health services.
- Work with the local emergency departments to engage pregnant women in behavioral health services as needed.
- Continue education, accessibility to opiates, partnership with local law enforcement and the Coroner's office to reduce the number of accidental opiate deaths as Trumbull County is currently the 7th highest in the state.

Medicaid expansion has the potential to mitigate some of the destruction our county has experienced from the "perfect storm" discussed in the first section of the document. We hope this opportunity is fully realized and not wasted.

Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Inpatient Hospital Rehabilitation Services

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

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

A. HOSPITAL	ODADAS UPID #	ALLOCATION

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.