Ohio Department of Mental Health and Addiction Services
Community Plan – SFY 2021 and 2022

Stark County Mental Health and Addiction Recovery

<table>
<tr><td>Evaluating and Highlighting the Need for Services and Supports</td></tr>
<tr><td>1. Describe the community needs assessment process that led to the identification of the local priorities the Board will address. Describe how the Board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers, and people living with or recovering from mental illness and addiction in evaluating needs, evaluating strengths and challenges, and setting priorities for treatment and prevention for SFY 2021-2022. [ORC 340.03 (A)(1)(a)]. If the Board's service and support needs were determined by the Board's Recovery Oriented System of Care (ROSC) assessment, how will these identified service and support needs be addressed by the Board?</td></tr>
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Community Needs Assessment

Stark County Mental Health and Addiction Recovery (StarkMHAR) works closely with key stakeholders in the community to assist in the development of local priorities. Although StarkMHAR does not have a specific community assessment plan for our organization, StarkMHAR works collaboratively with the Stark County Health Department on the Stark County Community Health Needs Assessment (CHNA) Advisory Committee and Community Health Improvement Plan (CHIP). StarkMHAR also co-leads the Mental Health Community Health Improvement Plan as one of the four health priorities determined by the CHNA. According to the CHNA, mental health was identified as one of the top community concerns, particularly around drug overdoses, suicide rates, and depression. The CHNA and Mental Health CHIP committees are comprised of community stakeholders from multiple sectors, including local health departments, education, healthcare systems, behavioral health care agencies, parks and recreation departments, social service organizations, managed care organizations, local foundations, and several others who provide insight and contribute to the development of plans. StarkMHAR is working to develop an ongoing needs assessment process that will adequately collect and measure Stark County's needs to better determine priorities.

The three goals of the Mental Health CHIP are 1.) Stark County will have zero suicides, 2.) All residents will have seamless access to mental health services through integrated health, and 3.) Stark County will have zero unintentional overdose deaths. Within the second goal "all residents will have seamless access to mental health services through integrated care", there are three key measures identified which contribute to StarkMHAR's local priorities. These measures are reducing wait list times for initial behavioral health assessment and services, increasing the mental health workforce by 20 licensees while also reducing staff turnover by 7%, and enhancing the system to assist individuals in behavioral health crisis. As previously mentioned, these measures are identified in StarkMHAR's local priorities as workforce development, process improvement, and access (waitlist and behavioral health crisis).

StarkMHAR's most recent Strategic Plan, developed for 2017-2021, has 6 overarching goals which include: expand and diversify services throughout the county, create a resiliency and recovery oriented system of care, integrate physical & behavioral health to improve health outcomes, improve behavioral health for justice-involved clients, promote strategic system efficiencies and workforce capacity, and build upon and enhance public awareness of behavioral health as essential to community health. The plan was developed with cross system partners, people receiving behavioral health services, community members, and behavioral health provider agencies. The Board's local system priorities, as broken down on page 4 of this Community Plan, are

also included in the StarkMHAR strategic plan. Workforce development and access have been consistently measured and addressed as part of this plan since its inception in 2017. These initiatives along with process improvement were also identified by community stakeholders and local foundations, as they have been funded for a four-year project with a dedicated staff person.

In 2016, StarkMHAR was awarded a 4-year SAMHSA System of Care Expansion Grant. This provided StarkMHAR the opportunity to put forward a strategic plan outlining the needs that were identified during the Planning Grant received prior. A core principle of the grant was the inclusion of voices of Stark County family and youth. To ensure these voices were heard and that organizations providing services were also hearing them, StarkMHAR took the following measures:

- The creation of an SOC Leadership Advisory Committee, which included system partners, provider agencies, community partners, and family members. This group has met quarterly to hear and provide input about progress of the grant objectives as well as address any additional needs.
- The creation of the Stark County Cultural Competence Committee (SC3C) as a forum to address the cultural and linguistic competence of the system partners, provider agencies, and the community at large. This committee meets bimonthly to address health equity and the needs of minority populations. The diversity of the membership, especially those with lived experience, provides integral information as to the needs of various minority communities (African American, Latinx, LGBTQ+, etc.) and strategizes services that are/would be effective in meeting those needs.
- The completion of a Cultural and Linguistic Competence (CLC) Organizational Self-Assessment by Stark County's funded providers and StarkMHAR itself. The information from the assessment is being used to guide the creation of diversity plans within each participating agency so that they are better prepared in addressing the needs of the community's diverse populations.
- The completion of a Group Level Assessment (GLA) at the beginning of Year 3 of the SOC Expansion Grant with various grant stakeholders. This was facilitated by representatives of the University of Cincinnati to identify the progress of the grants goals and objectives and to formulate a collaborative effort in identifying remaining or new needs that should be addressed in moving forward.
- The coordination of various family & youth surveys and focus groups throughout the grant through the efforts of the SOC Family Engagement Coordinator (FEC) and the Young Adult Coordinator (YAC). The FEC also worked in collaboration with the Ohio Children's Trust Fund (OCTF) to conduct focus groups with families. The information gathered through these efforts have resulted in the creation of support/connect groups to address the need for such groups.
- Facilitation of various trainings to provider agencies and the community at large throughout the grant's term. These trainings always include a portion on the evaluation that asks for desired/needed future topics, which helps drive planning for future trainings.
- The facilitation of a Listening Tour with the African American pastors of Stark County in which the pastors discussed the topic of mental health and their congregations' needs. This resulted in the creation of an African American Pastors' Round Table and subsequently an Advisory Committee.
- The coordination of a Family and Youth Needs Assessment facilitated by the University of Cincinnati in 2020 with youth, family, and staff from four local providers. Much like the CLC OSA, the information gathered from this assessment will be used with each provider agency to address the effectiveness of their family and youth engagement.

Additionally, StarkMHAR completed a ROSC assessment in SFY17. Although results were incorporated into planning and the annual RFP process, the development of Stark County's ROSC did not continue further.

During SFY20, StarkMHAR reactivated this project, contracted with a consultant specializing in supporting ROSC development in communities, and recently finished a rapid assessment phase. This assessment included site visits with two provider agencies in the county as well as meetings with a number of peer supports and People with Lived Experience. The in-person site visit was cut short due to the COVID-19 outbreak reaching Stark County which led to the two remaining provider agencies having virtual site visits with the consultant. Some of the key findings from the rapid assessment are 1.) a need for increased clarity and diversity of peer services in the county, 2.) closer alignment of treatment services with a recovery focused orientation, 3.) more preparatory groundwork done with treatment providers for integration of peer support services, and 4.) an adapted approach to initiative roll-outs, communication, and contracts with providers to continue improving relationships. These results will be considered in future StarkMHAR planning. StarkMHAR will continue working with consultants as we move forward with development of a change management team in SFY21 and creation of additional work groups to engage Stark County residents in continued assessment and planning to streamline our resiliency and recovery oriented system of care.

> 2. *Considering the Board's understanding of local needs and the strengths and challenges of the local system, please identify the Board's unique priorities in the area provided on **Page 4**. Please be specific about the chosen strategies for adults, children, youth, and families and populations with health equity and diversity needs in your community. OhioMHAS is still interested in any RecoveryOhio priorities Board areas may be addressing.*
>   a. *Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in ORC 340.03(A)(11) and 340.033.*
>   b. *Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(-ies).*

StarkMHAR's local priorities are workforce development, process improvement, and access that were developed in partnership with local foundation partners and behavioral health provider agencies. The local priorities of workforce development and access are also identified in RecoveryOhio priorities under workforce development and treatment and recovery support. There are other priorities through SAMHSA and OhioMHAS that overlap with RecoveryOhio priorities that StarkMHAR is also addressing that are outlined throughout this document.

Board Local System Priorities			
Priorities	**Goals**	**Strategies**	**Measurement**
Workforce Development	1. Reduce staff turnover across the system.	Development & implementation of agency retention plans.	**Measurement indicator:** Rate of staff turnover **Baseline data:** SFY20 data – 10% rate of staff turnover **Target:** Reduce staff turnover to 7%
	2. Increase staff engagement	Completion of Gallup surveys by identified treatment providers.	**Measurement indicator:** Number of agencies reporting increase in staff engagement per Gallup. **Baseline data:** TBD – distribution to occur in SFY21 **Target:** 66% of agencies reporting increase in staff engagement per Gallup.
	3. Exhibit process improvement through reduction in claim denials	Track claim denials with the 3 largest treatment providers.	**Measurement indicator:** Number of claim denials **Baseline data:** 29% identified by one provider **Target:** Reduction to 3%
Access	1. Reduction of no shows/cancellations	1. Implementation of MTM Same Day Access and Just-in-Time products at 3 largest treatment providers. 2. Implementation of appointment reminder systems.	**Measurement indicator:** The number of days between intake and first prescriber appointment. **Baseline data:** 5 days **Target:** 3 days by end of community plan
	2. Increase access to crisis services.	Work with local hospitals, treatment providers and community partners to identify and address gaps within the existing crisis care continuum.	**Measurement indicator:** Increase mobile response service requests as diversion from higher level of care. **Baseline data:** SFY20 – 1312 **Target:** SFY21 – 1600

Social & Demographic factors: Stark County is approximately 576 square miles and has a current estimated population of 371,574. It is the 7th largest of 88 counties in Ohio and is one of the few counties in the United States to border 8 other counties. It is an area of geographical and economic contrasts. The southeast region of the county is considered the upper tip of Appalachia. The southwest portion is primarily rural and merges into the Amish communities of adjacent counties. In the north, the landscape becomes more urban with industrial, commercial, healthcare, and educational centers. The mixture of urban, suburban, and rural areas makes the county unique. Stark County's population is 88% white, 7.9% African American and 2.1% Hispanic/Latinx. Most of the non-white residents live in the three largest cities in Stark County. The mixture of urban, suburban, and rural areas makes the county unique.

Poverty Rates: The US Census Bureau reports the number of people living in poverty across the county (14.3%) is slightly higher than the national average of 12.3%; however, the poverty rate in the three largest cities is substantially higher than the national average. In Massillon 17.7% of people live in poverty while 23.9% of people living in Alliance fall below poverty level. Most significant, in Canton, the county seat and largest city in the county, 31.7% of residents currently live below poverty level.

Economics & Unemployment rate: According to data gathered by the Ohio Department of Job and Family Services in cooperation with the Bureau of Labor Statistics, U.S. Department of Labor, Stark County's unemployment rate was 5.9% as of March 2020, 16.2% as of April 2020, 12.7% as of May 2020, and 10.8% in June 2020. It is likely these rates will continue to fluctuate as the COVID-19 pandemic continues.

Housing & Homelessness: An estimated 1,281 people experienced homelessness in Stark County in 2018. Nearly 20% of households in Stark County spend more than 30% of their income on housing. 88% of people in the Canton Massillon region spend more than 45% of their income on housing and transportation combined. The Stark Metropolitan Housing Authority's 2018 Housing Needs of Families on the Waiting List showed that the combined total of households on all waiting lists was 9,992. There is a need for more affordable housing (housing costs that are less than 30% of average incomes). Also, much of the remaining affordable housing stock does not pass housing quality inspections, and/or is located in unsuitable environments for families with children, or for persons in recovery.

Incarceration Rates: The Stark County Sheriff's Office reports having booked 9,827 individuals throughout 2019. Of those individuals 74% were male and 26% were female; 68% were white, 30% were African American, .01% were Hispanic/Latinx and the remaining 1.99% fit into an Asian/Pacific Islander or Unknown category. The average time served was 19.22 days. It should be noted that at this time, the information system used by the Sheriff's office does not capture gender identity beyond male/female and so, does not necessarily reflect individuals who identify as transgender or non-binary.

Uninsured/Underinsured population: StarkMHAR provided funding for behavioral health care for 5,040 unduplicated individuals at agencies in Stark County in SFY20. Of that 5,040, the number of uninsured individuals receiving treatment services for SFY20 was 4,636 and the number of underinsured individuals was 404. Services paid for by StarkMHAR funding are those that cover the lifespan. Prevention and treatment services are provided in area schools to ensure students can more easily access a full range of behavioral health services and to ensure schools have the support and voice of the behavioral health system in boosting prevention efforts. StarkMHAR funds behavioral health treatment services for adults in the community covering an array of diagnoses and levels of care. Additionally, StarkMHAR's efforts to close gaps for people in the SUD and MH recovery communities allows those in need to access a wide range of supports spanning from outpatient to recovery residences and residential facilities.

Suicide Prevention: Stark County experienced a youth suicide cluster starting in August 2017 that lasted through March 2018. As a result of the cluster, the Stark County Health Department (SCHD) requested assistance from the CDC to gain understanding and to receive recommendations for prevention. StarkMHAR worked closely with the SCHD and the Stark County Educational Service Center (ESC) to facilitate this process. An Epi-Aid was completed by the CDC and the final version was released in May 2019. The Epi-Aid, along with the CDC Technical Package on Suicide Prevention has continued to inform our local prevention efforts. One specific recommendation is continuing the Northeast Ohio Youth Health Survey (NOYHS) for students to understand the impact of prevention efforts. Due to the COVID-19 pandemic, the survey was not able to be completed this April 2020, however, efforts to complete it will resume in the school year to come. The general community was surveyed in April 2020 for feedback on the perceptions of suicide, awareness of suicide prevention programming, and stigma and barriers to treatment. The 2020 Stark Poll should be released soon, and this will also assist in guiding efforts in 2021.

Opiates: According to the Ohio Department of Health Ohio Drug Overdose Data: General Findings, Stark County had a drug overdose rate in 2018 of 22.3 per 100,000 and in 2013-2018 a rate of 21 per 100,000 which places Stark County as the 61st county of 88. Stark County experienced a rise in overdose deaths in 2019 after 2 years of decreasing deaths. StarkMHAR partners with Stark County Health Department (SCHD) for their Overdose Prevention Grant and Community Health Needs Assessment, this is an item that will continue to be tracked and measured. The SCHD also leads the Stark County Overdose Fatality Review (OFR) which explores overdose deaths. The OFR has shown that while opiate overdoses are rising again, that the number of cocaine related overdoses are also increasing. This team will continue to meet quarterly to track trends and review opportunities for strategies on addressing overdose deaths. The full impact of COVID-19 on opiate use and overdose data is unknown currently.

Prevention: Stark County has been supporting the implementation of prevention services in the community and continues to seek new and innovative options to address broad aspects of behavioral health rather than addressing mental health prevention and substance use prevention separately and potentially unequally. In addition to collaborating with other county systems in an effort to effectively leverage funds to enhance the county's prevention endeavors and ensure appropriate funding, prioritization, and availability of those funds, StarkMHAR continually reviews models for prevention to ensure service delivery and prevention options address the diverse needs of the community. Following the suicide contagion, StarkMHAR has been better positioned to influence and increase cross-county system buy-in about the importance of prevention efforts across the lifespan. For example, one local school implemented several different new prevention options which in turn significantly decreased the use of consultation services and funding in that school.

The prevention efforts of Drug Free Stark County (DFSC) focused on environmental strategies, which are one of the key components to reduce substance use especially in youth populations. Some of these environmental strategies include compliance checks done by the Stark County Sheriff's office, Drug Take Back Day coordination, and the permanently placed medication disposal boxes at 18 sites across the county. DFSC supported the creation of a video on Box Breathing and collaborated with the Stark County Suicide Coalition to create and promote a Safe Home Campaign as well. Several of the activities typically held annually by DFSC have been postponed or cancelled due to COVID. However, StarkMHAR was able to reach out to local school districts during the shutdown and distributed over 10k items to families in those districts. As previously referenced in the section labeled "Suicide Prevention", the 2020 Stark Poll will guide additional prevention efforts in Stark County.

Cultural & Linguistic Competency and Trauma-Informed Care:
In response to racism being recognized as a public health crisis, StarkMHAR recognizes the need to call for equal rights and treatment, and for an end to systematic bias and institutional racism that negatively impacts Black lives in Stark County and across the U.S. StarkMHAR has committed to establishing a system that promotes access, health equity, and ensures trauma-informed care in all aspects of service delivery, and is committed to listen to consumers, staff, and any citizen of Stark County and realize that more work needs to be done in this area. We are in the process of forming a workgroup made up of board members, staff, and community members that will analyze the value of current services, create a multi-year plan to expand successful and/or emerging services, and devise a way to measure their impact.

StarkMHAR has been committed to supporting Stark County providers in a resiliency & recovery-oriented paradigm shift that fully incorporates Cultural & Linguistic Competency (CLC) and Trauma-Informed Care (TIC). Both of these sets of standards will continue independent and interdependent of the new workgroup addressing racism. StarkMHAR uses the National Standards for Culturally and Linguistically Appropriate Services (CLAS standards), which is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. The TIC work that StarkMHAR does expands opportunities for Stark County residents to receive trauma-informed interventions by enhancing efforts for practitioners, facilities, and agencies to become competent in trauma-informed practices. TIC is an approach that explicitly acknowledges the role trauma plays in people's lives. TIC means that every part of an organization or program understands the impact of trauma on the individuals they serve and promotes cultural and organizational change in responding to the consumers/clients served.

Continued Impact of Behavioral Health Redesign: Stark County agencies are still struggling to adapt processes and keep up with requirements that have come from BH Redesign. As discussed elsewhere in this Community Plan in sections covering "Workforce Development", StarkMHAR is working with local foundations to identify areas of growth potential in local agencies and support those agencies in better adapting to changes due to redesign and the managed care roll-out. The overall local impact of BH Redesign has led to the development of our Continuous Improvement Initiative, which will address process improvement, productivity, workforce, and evaluation & data collection in the Stark County system.

One specific impact has been finding ways to support local fiscal encoders in increasing efficiencies to handle the great increase in the number of codes used for all services. This issue continues to overwhelm and challenge leadership at our provider agencies.

A specific positive outcome of the impact of BH Redesign was the collaboration of a specific local behavioral health provider with Mercy Medical Center beginning in April 2019. Prior to the project, clinician error rate was 15% per week; however, since implementing the strategies identified by the Project Management team this rate has dropped to just 1% per week. The agency has also seen a significant decrease in claim denial rates since improving internal processes. In October 2018, 29% of claims were denied. When the project began in April 2019, the denial rate had dropped to 11% and by August 2019 the denial rate was even lower at 3%. The proposed 3-year program will provide non-profit behavioral health agencies throughout the county the opportunity to participate in process improvement activities that examine topics such as Revenue Cycle Management and Accounts Payable Management.

4.	*Describe any child service needs resulting from finalized dispute resolution with county Family and Children First Council(s) [340.03(A)(1)(c)].*

There were no disputes filed with the Stark County Family Council in SFY20.

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

StarkMHAR facilitates a weekly Hospital Utilization meeting. Behavioral health providers, along with representatives from Heartland Behavioral Healthcare Hospital (HBH) attend the Hospital Utilization meeting in which the group discusses the status and discharge planning of individuals placed in HBH on a civil commitment. If an individual presents with a readmission within 30 days, the Hospital Utilization group holds an additional separate meeting to further identify gaps in care and treatment needs to better support the recovery of the individual. StarkMHAR, HBH leadership, and Crisis Services representatives also attend a quarterly meeting to address any larger system needs.

Collaboration
6. *Describe the Board's planned collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public for SFY21-22 <u>that will be needed to implement funded priorities</u>. (NOTE: Highlighted collaborations needed to support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)*

Stark County Family Council: StarkMHAR has been and will continue to be part of a local government partnership that supports the Stark County Family Council (SCFC). This partnership also includes Stark County Job & Family Services, Stark County Family Court, Stark County Board of Developmental Disabilities, Stark County Educational Service Center, Stark County school districts, as well as community health & human service agencies, and family & youth who work together to achieve more and close gaps in care for Stark County's neediest families from birth to age 21. Out of Family Council, the following are collaborative efforts:
- Service Review Collaborative (SRC) – A collaborative panel of expert administrators and clinician partners who provide individual case insight to coordinate and streamline services for multi-system involved youths and their families.
- Service Coordination Committee (SCC) – A collaborative group of county system leaders formed with the purpose of developing, maintaining, and evaluating the collaborative processes and services described within Stark County's Service Coordination Mechanism.

- <u>CARE Team</u> – CARE Teams are implemented in individual school-based environments to address obstacles facing at-risk students and their families such as physical health, substance abuse, physical abuse, housing, nutrition, and poverty.

Pre-K through 12th grades: StarkMHAR has partnered & will continue doing so with Stark County school districts to provide consultation, treatment, prevention, and early childhood mental health (ECMH) services in school settings in order to support students and families in easily accessing services. StarkMHAR also works collaboratively with the local Educational Service Center through iCare and ESC prevention services. Our funded providers have started working with some of the school districts within the county to provide the Georgetown Model Early Childhood Mental Health Consultation in Pre-K settings. StarkMHAR is working to expand those services throughout SFY20 and SFY21. Currently, StarkMHAR is contracted with 16 of the 17 local school districts to provide mental health consultation and treatment services, as well as behavioral health prevention services. The ECMH consultation, treatment, and behavioral health prevention services established in Stark County have allowed StarkMHAR to start a continuum of care that will be expanded in the upcoming years.

As part of that continuum of care, the **StarkMHAR System of Care Team**, or SOC, will also continue to be very active with other county systems and the community. Their efforts regularly include consultation with SCFC, parent supports, and work with youth/people with lived experience and their family members from culturally diverse backgrounds. Another of SOC's accomplishments is the Stark County Cultural Competence Learning Community & Committee (SC3C), which pulls in a number of diverse community members, other systems, and people with lived experience, all of whom provide insights and share ideas about accessing and improving existent services and ways to create/build new services to better meet needs of our community. SC3C leadership is always looking to include new members in the group to bring more diversity of perspective and awareness of more minority groups in the community. Besides providing regular training and presentations about CLC constructs, the SOC team organized and presented a panel discussion training series called the Population Focused Learning Series, which featured speakers/panelists from a variety of minority groups that comprise much of Stark County's diversity. Among topics for SFY19 & 20 were: Deaf and Hard of Hearing Culture & Community, Asian Culture & Community, Mayan Culture & Community, New American Culture & Community, and Transgender Culture & Community. Additionally, along with other StarkMHAR employees who work with the local health departments on shared initiatives, one of the SOC team members will continue involvement with the THRIVE coalition, part of the Stark County Health Department.

K-12 Prevention Funding from OhioMHAS: K-12 Prevention Funds are currently supporting the relationship with Stark County school districts, allowing StarkMHAR to encourage districts to better understand and implement prevention services as well as gain better access to behavioral health prevention through selective, indicated, and universal strategies.

United Way: StarkMHAR continues to work closely with United Way of Greater Stark County to coordinate behavioral health strategies in Stark County by participating in the Health Impact Council. Additionally, StarkMHAR and United Way collaborate to streamline efforts around funding these strategies, to allow for maximum utilization of local funds from both organizations, as well as state and federal funds in order to provide an enhanced continuum of care throughout the community.

Suicide Prevention Coalition: StarkMHAR has and will continue partnering with the Stark County Health Department as a subcontractor for the Child Injury Prevention Grant through the Ohio Department of Health.

One of the strategies is partnering with local emergency departments regarding lethal means restriction and utilizing Counseling on Access to Lethal Means (CALM) training, which is an evidenced-based model. Hospitals have begun to work on their implementation plans. StarkMHAR will continue to assist the hospitals in moving their implementation plan forward as well as supporting hospitals in adapting policies and procedures to incorporate lethal means education as part of safety planning with individuals at risk of suicide.

The Stark County Suicide Prevention Coalition has been focused on building its awareness and presence in the community. Through its efforts with strategic planning and creating workgroups, there is work being done at various levels. This includes rebuilding the structure and function of the coalition, exploring gaps in data, and identifying way to fill these gaps. The coalition is working to ensure every coalition member is trained in evidenced based suicide prevention and will work to train as many community members in evidence-based gatekeeper training as possible. The coalition also has been focused on lethal means education and partnered with the Drug Free Stark county to create the resource "Steps Towards a Safer Home." https://starkmhar.org/prevention-resources/safe-home/

StarkMHAR also continues to partner with behavioral health providers on the adoption of the Zero Suicide framework. Agencies are adopting the use of consistent suicide risk screening and assessment, safety planning, and working to provide safer suicide care using evidenced based treatments specific for suicide ideation.

Stark County Opiate & Addiction Task Force: StarkMHAR continues to function as the county opiate hub per ORC 340.30 and continues to collaborate with numerous sectors and organizations in the community as part of the hub through the Opiate and Addiction Task Force. Additionally, StarkMHAR will continue to partner with the Stark County Health Department with their Overdose Prevention Grant from the Ohio Department of Health, work collaboratively with Canton City Health Department for their syringe exchange program, as well as work with community partners to maximize access to naloxone. StarkMHAR continues to support all aspects of substance use prevention, treatment, and recovery through the entire continuum of care.

Recovery-Oriented System of Care: Our work to reinvigorate and further develop our ROSC has included people with lived experience who are recovering from mental health &/or substance use disorders. We will continue to increase the opportunities provided to them to participate and share their experiences as we move forward with our ROSC. Additionally, the public will be able to participate in a number of the ROSC-related activities in our community.

Crisis Intervention Team (CIT)/Stepping Up: StarkMHAR will continue to collaborate with representation from courts, probation/parole, jail, first responders, behavioral health providers, advocacy, and emergency departments as part of the countywide CIT Steering Committee effort to coordinate crisis response, the goal of which is decreasing the number of individuals with mental illness who are sent to the Stark County Jail. StarkMHAR is currently developing a Memo of Understanding that will outline information sharing, protocols & procedures, and accessing services. Since the 2004 inception of our CIT trainings, we have trained a total of 845 individuals, 719 of whom are law enforcement officers. More recently, StarkMHAR developed CIT awards, which also includes the CIT Officer of the Year and a CIT Champion. One of the biggest successes in this work is the implementation of a CIT Form within our Criminal Justice Information System. This allows officers to include behavioral information in their report for each encounter in the system, from which law enforcement departments in the county can access data for themselves, as well as aggregate county data which in turn helps guide the work of the CIT Steering Committee.

Workforce Development Initiative: StarkMHAR will continue partnering with behavioral health providers, local foundations, local universities, and Ohio Means Jobs to address the workforce needs identified in Stark County. Out of this, several local grants have been awarded to meet with clinical and fiscal workforce needs facing our behavioral health providers, as described in section 1 & 3 of this document. Our **Continuous Improvement in Behavioral Health** grant project is also underway currently. The CIBH project is a culmination of efforts by multiple local foundations, partnerships, and systemwide data analysis to support providers in the Stark County behavioral health system in improving agency infrastructure in continued response to managed care in Ohio. The project will benefit the community by empowering provider agencies to continue providing services to Stark County's most vulnerable and at-risk populations as managed care expectations continue to change. Among efforts in this project are an expansion of previous *workforce development*; *process improvement* incorporating Six Sigma into our system; *productivity* which includes the use of several MTM products; and *leadership* development for agencies and boards. Our data and evaluation will be handled by the Kent State University College of Public Health.

Behavioral Health Access and Integration: As Mental Health Access has been identified as a priority health need in Stark County since the 2012 Community Health Needs Assessment, three of Stark County's systems (Behavioral Health, Physical Health, and Education) are addressing this issue towards increasing community capacity by supporting and funding a position, the Chief Integration Officer (CIO). The CIO will lead a Behavioral Health Access and Integration Collaborative that would coordinate a county-wide initiative to address the barriers for Behavioral Health access with relation to the social determinants of health, while creating and implementing targeted interventions to increase access points through integrated care.

Housing System Collaborations: StarkMHAR works in collaboration with community housing providers and community behavioral health providers to ensure individuals can access the appropriate level of care throughout their mental health and/or SUD recovery. We provide funding assistance to support people who would benefit from recovery housing and residential facilities. Additionally, StarkMHAR has developed a unique system to empower people to stay housed. Community partners such as the Homeless Navigation team, Stark Metropolitan Housing Authority, property managers, and behavioral health service providers work together regularly to promote housing opportunities and prevent people from experiencing homelessness. Residents of Stark County's Permanent Supportive Housing units can access this Housing Promotion system and its creative resource development.

Other outreach: StarkMHAR's marketing team will continue to have a vibrant presence in various forms of media in Stark County. StarkMHAR employees from the leadership, clinical, and SOC departments are often featured on radio, newspaper, and social media. We regularly advertise via several different platforms and collaborate to explore new ways to reach a wider audience. In particular, StarkMHAR has run a "Stigma Squasher" campaign to engage with a wide age range, especially youth and young adults, in an effort to reduce stigma associated with mental health concerns and treatment among young people and their parents/trusted adults. Another recent initiative is creating a Safe Home environment, which means restricting all access to lethal means and other potentially harmful substances and/or items.

Inpatient Hospital Management and Transition Planning

7. *Describe what partnerships will be needed between the Board and the State Hospital(s), Private Hospital(s), and/or outpatient providers for the identification of needed services and supports.*
    a. *How will the Board coordinate the transition from the hospital to the community? (i.e., discharge planning)*
    b. *Who will be responsible for this?*
    c. *Discuss any planned changes in current utilization that is expected or foreseen.*

StarkMHAR will continue to lead a Crisis Protocol Committee which includes partner Heartland Behavioral Healthcare Hospital (HBH) and is attended by local hospitals, first responders, and behavioral health providers. This committee focuses on the crisis response in the county.

StarkMHAR will continue to partner with several local entities on a hospital utilization committee (see question #5) that addresses discharge planning needs of individuals. StarkMHAR funds a Behavioral Health Navigator (BHN) at a local emergency room to divert hospitalizations. StarkMHAR also funds a Transitional Care Coordinator (TCC) who supports the discharge needs of high-risk individuals who have been in psychiatric hospitalization and who need additional cross-system assistance until a successful soft hand-off occurs with a community treatment provider. StarkMHAR's Forensic Coordinator oversees these programs, partnerships, and committees, with support from StarkMHAR's Manager of Programs and Evaluation.

HBH is currently under renovation; once complete, it is anticipated that utilization will be impacted. Additionally, there is a new psychiatric hospital in Canton, Ohio that is expected to open this spring, which could impact utilization at the state hospital and offer other opportunities for future partnerships.

Continuum of Care Service Inventory
8. *Complete the attached spreadsheet: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area.* *Continuum of Care definitions found in the Ohio Revised Code [ORC 340.03(A)(1)].* **- See Excel document -**

Alignment with Federal and State Priorities

9. *The following pages contain a table that provides the specific federal and state priorities for: Mental Health Block Grant (MH-BG), Substance Abuse Prevention and Treatment Block Grant (SAPT-BG), and SAMHSA and OhioMHAS treatment and prevention priorities.*
    a. *Please complete the requested information only for those federal and state priorities that are the same as the Board's priorities. For those federal and state priorities that are not selected by the board, please check one of the reasons provided or briefly describe the applicable reason in the last column.*
    b. *Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).*

Priorities for Stark County Mental Health and Addiction Recovery

Substance Abuse & Mental Health Block Grant Priorities

Priorities	Goals	Strategies	Measurement	Reason not selected
SAPT-BG: Mandatory for OhioMHAS: Persons who are intravenous/injection drug users (IDU)	Reduce use and promote harm reduction strategies.	Monitor number of clients referred for IDU services on monthly Waiting List Reports. Funded agencies provide AoD (especially IDU) clients with information on communicable diseases, including TB services due to the risk of drug use, especially with needles. Waiting List Report to include the number of IDU clients who were admitted to the needed LOC within 24 hours of the initial assessment.	**Measurement indicator:** Waiting List Reports from funded providers **Baseline data:** From SFY20 – 269 persons who are IDU were admitted to the needed level of care within 24 hours of initial assessment. **Target:** 100% of people who are IDU are admitted to the appropriate level of care	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory for boards: Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)	Maintain immediate access to services for individuals who are pregnant and have a substance abuse disorder.	StarkMHAR-funded agencies track this priority population on their Waiting List and report: 1. The average number of calendar days from date of initial contact to the date of initial assessment, within 14 days. 2. The number of clients who were admitted to the needed LOC within 24 hours of the initial assessment. 3. The number of clients who receive interim services within 48 hours.	**Measurement indicator:** Waiting List Reports from funded providers **Baseline data:** From SFY20 1. Average number of calendar days from date of initial contact to date of initial assessment is 5.33 days 2. 4 Clients were admitted to needed LOC within 24 hours of initial assessment 3. 0 clients received interim services within 48 hours **Target:** 1. Same-day initial diagnostic assessment 2. 100% of people are admitted to appropriate LOC within 24 hours of initial assessment Interim service linkage within 48 hours as needed	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory for boards: Parents with SUDs who have dependent children (NOTE: ORC 340.03 (A)(1)(b) & 340.15 required consultation with County Commissioners and required service priority for children at risk of parental neglect/abuse due to SUDs)	Parents with SUDs who have dependent children will be prioritized at the time of intake to support timely access to services	StarkMHAR-funded agencies track as a priority population on their Waiting List and report: 1. The number of parents, guardians, or custodians with substance abuse disorders who have dependent children at risk of parental neglect/abuse 2. The average number of calendar days from date of referral for appointment to date of initial diagnostic assessment (should not exceed 14 days). *StarkMHAR also receives information about trends, numbers, outcomes, & support strategies from Stark County DJFS and is represented in multiple countywide efforts to support this population.*	**Measurement indicator:** Waiting List Report from funded providers **Baseline data:** From SFY20 1. 144 parents, guardians, or custodians with substance abuse disorders who have dependent children at risk of parental neglect/abuse were referred 2. 8.62 calendar days was the average from the date of referral for appointment to date of initial diagnostic assessment **Target:** 1. 100% of parents, guardians, or custodians with SUDs who have dependent children at risk of parental neglect/abuse are referred. 2. Same-day initial assessment	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
SAPT-BG: Mandatory for OhioMHAS: Individuals with tuberculosis and other communicable diseases (e.g., AIDS.HIV, Hepatitis C, etc.)	Individuals will receive diagnosis & treatment of tuberculosis & other communicable diseases, & risk of transmission of these diseases will be reduced.	Funded agencies track as a priority population on their waiting list reporting the # of clients referred for TB services. Agency contracts and intake materials specify 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.	**Measurement indicator:** Waiting List Report from funded providers **Baseline data:** From SFY20 – 9 clients were referred to TB services. **Target:** 100% of people with tuberculosis & other communicable diseases will be referred to TB services.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

MH-BG: Mandatory for OhioMHAS: Children with Serious Emotional Disturbances (SED)	Expand & diversify services throughout the county related to serving children and youth with SED to help them remain in their community.	Among the child and youth-serving agencies in Stark County, review the youth continuum of services to identify any gaps and create a plan to address them to increase numbers served.	**Measurement indicator:** Number of people who are 17 and under in StarkMHAR-funded treatment and consultation programs. **Baseline data:** SFY20: Board funded – 2918; Medicaid – 5,233 **Target:** SFY21 – Increase both totals by 10%	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
		Monitor waiting lists.	**Measurement indicator:** Wait List reports average from youth serving funded providers **Baseline data:** From SFY20 – Diagnostic Assessment: 6.91 days **Target:** Same-day initial assessment (DA)	
MH-BG: Mandatory for OhioMHAS: Adults with Serious Mental Illness (SMI)	Expand and diversify services throughout the county related to serving adults with SMI to help them remain in their community.	Among the adult-serving agencies in Stark County, review the adult continuum of services to identify any gaps and create a plan to address them to increase numbers served.	**Measurement indicator:** Number of people who are 18 and up in StarkMHAR-funded treatment programs. **Baseline data:** SFY20: Board funded – 4,527; Medicaid – 11,432 **Target:** SFY21 – Increase both totals by 10%	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
		Monitor waiting lists	**Measurement indicator:** Wait List reports average from adult serving funded providers **Baseline data:** From SFY20 – Diagnostic Assessment: 5.35 days **Target:** Same-day initial assessment (DA)	
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Create a resiliency and recovery-oriented system of care.	**PATH Program (run by local provider agency)** 1. Outreach to contact people experiencing homelessness in the community by use of creative engagement strategies, linkage, and provision of personal care items. 2. Assess needs of people experiencing homelessness and provide case management & linkage to community behavioral health services.	**Measurement indicator:** Number of people enrolled in PATH services. **Baseline data:** SFY20 – 230 people **Target:** SFY21 – 140 people *results possibly impacted by COVID* **Measurement indicator:** Number of PATH-enrolled people linked to and receiving behavioral health services. **Baseline data:** SFY20 – 123 people **Target:** SFY21 – 107 people *results possibly impacted by COVID*	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
		Increase the number of people residing in Permanent Supportive Housing (PSH) who retain their housing.	**Measurement Indicator**: Number of PSH residents who retain their housing. **Baseline data**: SFY20 – 81% **Target**: SFY21 – 90% *results possibly impacted by COVID*	
MH-Treatment: Older Adults	N/A	StarkMHAR will re-examine this area once the workforce development projects are well underway to be able to address the needs of this population.	**Measurement indicator:** **Baseline data:** **Target:**	__ No assessed local need __ Lack of funds **X_ Workforce shortage** __ Other (describe)

Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	**Goals**	**Strategies**	**Measurement**	**Reason not selected**
MH/SUD Treatment in Criminal Justice system – in jails, prisons, courts, assisted outpatient treatment	Improve behavioral health for justice-involved clients.	1. Work with Family Court to implement a StarkMHAR funded youth drug court 2. Work with local partners to develop a youth respite as part of the crisis continuum, rather than arrest	**Measurement indicator:** Number of Diversion Programs (This indicator captures both strategies listed.) **Baseline data:** 12 **Target:** 14	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
		Work with Probate Court and local providers to increase number of individuals in Outpatient Commitment	**Measurement Indicator:** Number of individuals in Outpatient Commitment. **Baseline data**: SFY20 – 1 **Target:** SFY21 - 20	
Integration of behavioral health and primary care services	Complete assessment on barriers to accessing treatment services.	Complete an assessment that determines the barriers to accessing behavioral health care and the integration of physical and behavioral health.	**Measurement indicator:** Completed assessment **Baseline data:** No data **Target:** Assessment that highlights next steps to improve access to care and integration of physical and behavioral health.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Recovery support services for individuals with mental illness or substance use disorders; (e.g. housing, employment, peer support, transportation)	Create a resiliency and recovery-oriented system of care.	Create practice alignment, prepare system stakeholders, and a clear vision for Certified Peer Support Specialists working in Stark County	**Measurement indicator:** Number of Peers employed by StarkMHAR funded providers **Baseline data:** 36 in 2017; 19 in SFY19 **Target:** 44 for SFY21 *results possibly impacted by COVID*	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	Create a resiliency and recovery-oriented system of care.	Funded providers (newly funded) will complete an Organizational Self-Assessment and Yearly Measurement Tool (YMT) as part of their ongoing Cultural & Linguistic Competency (CLC) efforts, per the CLAS standards.	**Measurement indicator:** Increase number of organizations that have completed the CLC Organizational Self-Assessment & the Yearly Measurement Tool. **Baseline data:** SFY20 – 0 provider organizations **Target:** SFY21 – – 6 organizations *results possibly impacted by COVID*	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
		Funded providers will complete a Diversity Plan based on their Organizational Self-Assessment results and notify StarkMHAR upon completion, per the CLAS standards.	**Measurement indicator:** Number of provider agencies with completed Diversity Plans **Baseline data:** SFY20 – 1 organization **Target:** SFY21 – 5 additional organizations (in addition to StarkMHAR) *results possibly impacted by COVID*	
Prevention and/or decrease of opiate overdoses and/or deaths	Build upon and enhance public awareness of behavioral health essential to community health.	1. Work with Opiate & Addiction Task Force and community partners to enhance treatment and recovery support services 2. Increase harm reduction efforts (naloxone distribution and syringe exchange program) 3. Prevention onset of addiction; reduce use of prescription and illicit drugs	**Measurement indicator:** Overdose Deaths **Baseline data:** 2016-2018 Overdose average- 93.3 deaths **Target:** Reduction of 25% by December 2022 (70 deaths)	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

Promote Trauma Informed Care approach	Create a resiliency and recovery-oriented system of care.	Continue the work of the Stark County Trauma-Informed Care Network and increase capacity for additional organizations to access/participate.	**Measurement indicator**: Increase number of organizations involved in TIC work **Baseline data**: SFY20 – there were 14 organizations **Target**: SFY21 – 2 additional organizations will join TIC Network efforts *results possibly impacted by COVID*	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
		Support agencies in adopting TIC missions, policies, procedures, and environmental changes.	**Measurement indicator**: TIC Network involved organizations will improve scores on Self-Assessment tool. **Baseline data**: From SFY20, 5 organizations increased their score on their self-assessment **Target**: SFY21 – 2 additional organizations will increase their self-assessment score *results possibly impacted by COVID*	
		Implement a train the trainer model for self-care and how providers/organizations respond to others (co-workers & consumers).	**Measurement indicator**: Train Trauma Responsive Care trainers at local organizations **Baseline data**: SFY20 – 8 organizations were trained **Target**: SFY21 – 2 additional organizations will be trained *results possibly impacted by COVID*	

OhioMHAS Prevention Priorities				
Priorities	**Goals**	**Strategies**	**Measurement**	**Reason not selected**
Prevention: Ensure prevention services are available across the lifespan	Ensure prevention services are available throughout the continuum of care for both adults and youth.	Identify and/or develop braided funding opportunities related to implementation of evidenced-based prevention services.	**Measurement indicator:** Increase in braided funded options in the county. **Baseline data:** SFY20 data – 0 options **Target:** SFY21 – 10 options	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
		Increase number of youth who receive prevention services.	**Measurement indicator**: Increase numbers of youth served. **Baseline data**: SFY20 data – 800 youth served **Target**: SFY21 – 1100 youth served *results possibly impacted by COVID*	
Prevention: Increase access to evidence-based prevention	Increase community prevention strategies that include a parent component in schools and high-risk areas of the county.	1. Implement a Strengthening Families curriculum pilot in one school district. 2. Implement a Strengthening Families curriculum pilot in concert with community partners/grassroots organizations.	**Measurement indicator:** Number of families engaged in Strengthening Families programming in the county. **Baseline data:** SFY20 – no data (new program) **Target:** SFY21 – 9 families *results possibly impacted by COVID*	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Recovery Ohio & Prevention: Suicide prevention	Build upon and enhance public awareness of behavioral health essential to community health.	Work with community partners and provider agencies to develop public education, awareness, and implement suicide intervention best practices around suicide prevention.	**Measurement indicator:** Number of youth (7th-12th grade) suicides in Stark County **Baseline data:** 4.7 deaths by suicide (2017-2019 average) **Target:** 25% decrease by December 2022 **Measurement indicator:** Number of adult suicides in Stark County **Baseline data:** 66.7 deaths by suicide (2017-2019 average) **Target:** 10% decrease by December 2022	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
		Engage cross-system partners and organizations in Zero Suicide efforts.	**Measurement indicator**: Number of organizations that participate in quarterly Zero Suicide meetings **Baseline data**: SFY20 – 10 organizations **Target**: SFY21 – 13 organizations	
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community & Healthcare Organizations	N/A	N/A	**Measurement indicator:** **Baseline data:** **Target:**	<u>X</u> **No assessed local need** __ Lack of funds __ Workforce shortage __ Other (describe):

Community Plan Appendix 1: Alcohol & Other Drugs Waivers

A. Waiver Request for Ambulatory Detoxification or Medication-Assisted Treatment
N/A

ORC 340.033 allows for a process to request a time-limited waiver under section 5119.221 for the Revised Code for ambulatory detoxification and medication-assisted treatment. As stated in ORC 5119.221, the director may provide a time-limited waiver if both of the following apply:
- The board seeking the waiver has made reasonable efforts to make ambulatory detoxification and medication-assisted treatment available within the borders of the board's service district.
- Ambulatory detoxification and medication-assisted treatment can be made available through a contract with one or more providers located not more than thirty (30) miles from your board's service area.

To complete your waiver request for review, please include below, a brief overview of your board's "reasonable efforts" to provide ambulatory detoxification or medication-assisted treatment and attach a copy of the contract(s) with the identified provider(s) that has agreed to provide this service to your area. This information will be forwarded to the director as part of the waiver review and approval process.

B. Waiver Request for Inpatient Hospital Rehabilitation Services
N/A

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

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

A. HOSPITAL	Identifier Number	ALLOCATION

C. Request for Generic Services
N/A

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

B. AGENCY	Identifier Number	SERVICE	ALLOCATION

- Please see Signature Page attachment -

Community Plan for the Provision of
Mental Health and Addiction Services
SFY 2021-2022

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Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) Board, Alcohol and Drug Addiction Services (ADAS) Board and Community Mental Health Services (CMHS) Board is required by Ohio law to prepare and submit to the Ohio Mental Health and Addiction Services (OhioMHAS) department a community mental health and addiction services plan for its service area. The plan is prepared in accordance with guidelines established by OhioMHAS in consultation with Board representatives. A Community Plan approved in whole or in part by OhioMHAS is a necessary component in establishing Board eligibility to receive State and Federal funds and is in effect until OhioMHAS approves a subsequent Community Plan.

The undersigned are duly authorized representatives of the ADAMHS/ADAS/CMHS Board.

_____Stark County Mental Health and Addition Recovery – StarkMHAR_____
ADAMHS Board Name

_____   _____
ADAMHS Board Executive Director   Date

_____   _____
ADAMHS Board Chair   Date

[Signatures must be original or if not signed by designated individual, then documentation of authority to do so must be included (Board minutes, letter of authority, etc.)].