Ohio Department of Mental Health and Addiction Services

Community Plan Guidelines SFY 2021 and 2022

Trumbull County Mental Health and Recovery Board

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

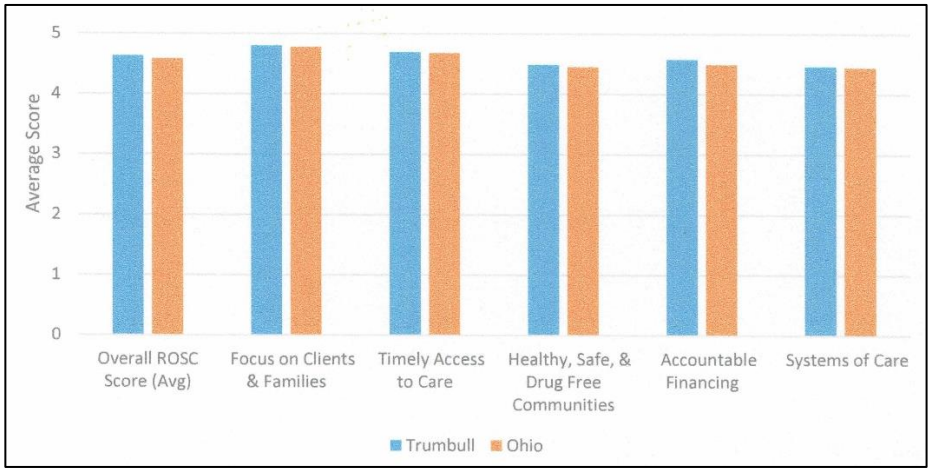
Evaluating and Highlighting the Need for Services and Supports

1. *Describe the community needs assessment process that led to the identification of the local priorities the Board will address. Describe how the Board engaged local and regional planning and funding bodies, relevant ethnic organizations, providers and people living with or recovering from mental illness and addiction in evaluating needs, evaluating strengths and challenges and setting priorities for treatment and prevention for SFY 2021-2022. [ORC 340.03 (A)(1)(a)].*

    a. *If the Board's service and support needs were determined by the Board Recovery Oriented System of Care (ROSC) assessment, how will these identified service and support needs be addressed by the Board?*

Past Community Plans have incorporated findings from ROSC surveys. As illustrated below, findings from the 2018 administration suggest strong parallels between Trumbull County and statewide response patterns, with both groups emphasizing the need to focus on clients and families and on timely access to care.

	Trumbull	Ohio
Number of Participants	87	2822
Overall ROSC Score (Avg)	4.63	4.58
Focus on Clients & Families	4.80	4.78
Timely Access to Care	4.69	4.68
Healthy, Safe, & Drug Free Communities	4.49	4.45
Accountable Financing	4.57	4.49
Systems of Care	4.46	4.44



In their now–classic guide, the ODMH Needs Assessment Task Group described six basic approaches for assessing community needs; three they characterized as "data oriented" and three as "perception oriented" (see box). As noted in past *Community Plans*, we use all six approaches in our ongoing efforts to identify, understand and address our community's changing behavioral health needs.

Basic Needs Assessment Approaches[1]

Data Oriented	Perception Oriented
1. Demographic / Social indicators	4. Key informants
2. Rates under treatment	5. Community forums
3. Epidemiological studies	6. Community surveys

Demographic / social indicators Most of the information included in our response to Item #3 (below) on changes in population size and composition, poverty, unemployment, and health, exemplifies this approach. Data are drawn from the US Census, several Federal and State agencies, and private foundations/research centers (Robert Wood Johnson, Scripps), among other sources. We also receive and review quarterly reports from provider agencies that describe services rendered and outcomes that were realized.

Rates under treatment We are a member of the Partner Solutions administrative services organization, which processes enrollment and claims for Medicaid and non–Medicaid payment systems for 12 ADAMHS Boards representing 15 counties in northeastern Ohio and nearly 15 percent of the state's total population. Partner Solutions also provides its members with a wide variety of reports on the characteristics (demographic, diagnostic, etc.) of persons receiving services, service encounters (e.g., frequency, duration), etc. This resource also allows us to develop time–series pictures to quantify trends being reported by community members. Table 1 shows that between 2010 and 2019, the number of adults receiving treatment for schizophrenia increased by nearly 28 percent, from 668 persons in FY2010 to 852 FY2018. During the same period, the number of county residents receiving treatment for opiate use disorders increased by more than 150 percent, from 438 persons in FY2010 (230 fewer than those with schizophrenia) to 1,649 (928 more than those with schizophrenia) in FY2017. FY2018's decline in persons receiving opiate treatment may be at least a partial artifact of data sharing issues between ODM, OhioMHAS, and ADAMHS Boards. This decline notwithstanding, the data in Table 1 suggest that "epidemic" was appropriate to describe the explosive growth of opiate and other drug addiction.

We also utilize Rates Under Treatment approaches in monitoring capacity and encounters in state psychiatric hospitals residential facilities, recovery houses, emergency shelter, and other facilities.

[1] Needs Assessment Task Group, *The Mental Health Needs Assessment Puzzle: Guide to a Planful Approach,* Columbus: Ohio Department of Mental Health, 1984.

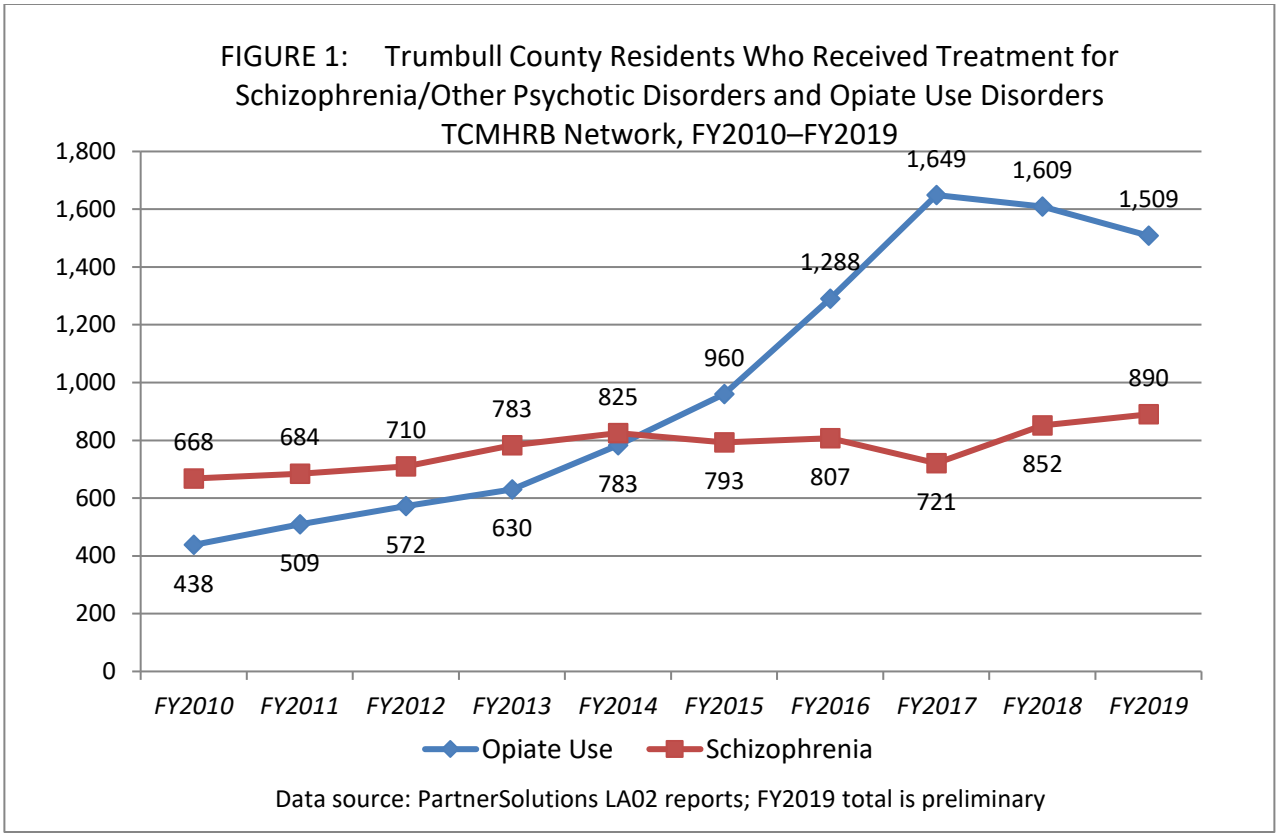


Figure 2: 2019 Toxicology Results for Fatal Overdoses

Data source: Trumbull County Coroner's Office

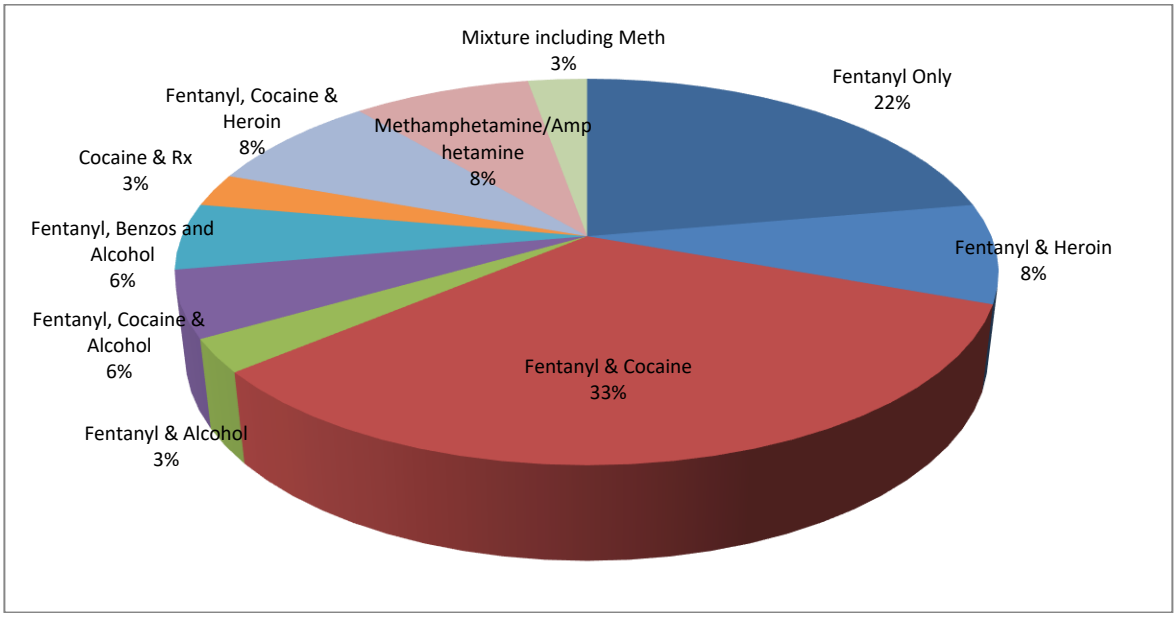
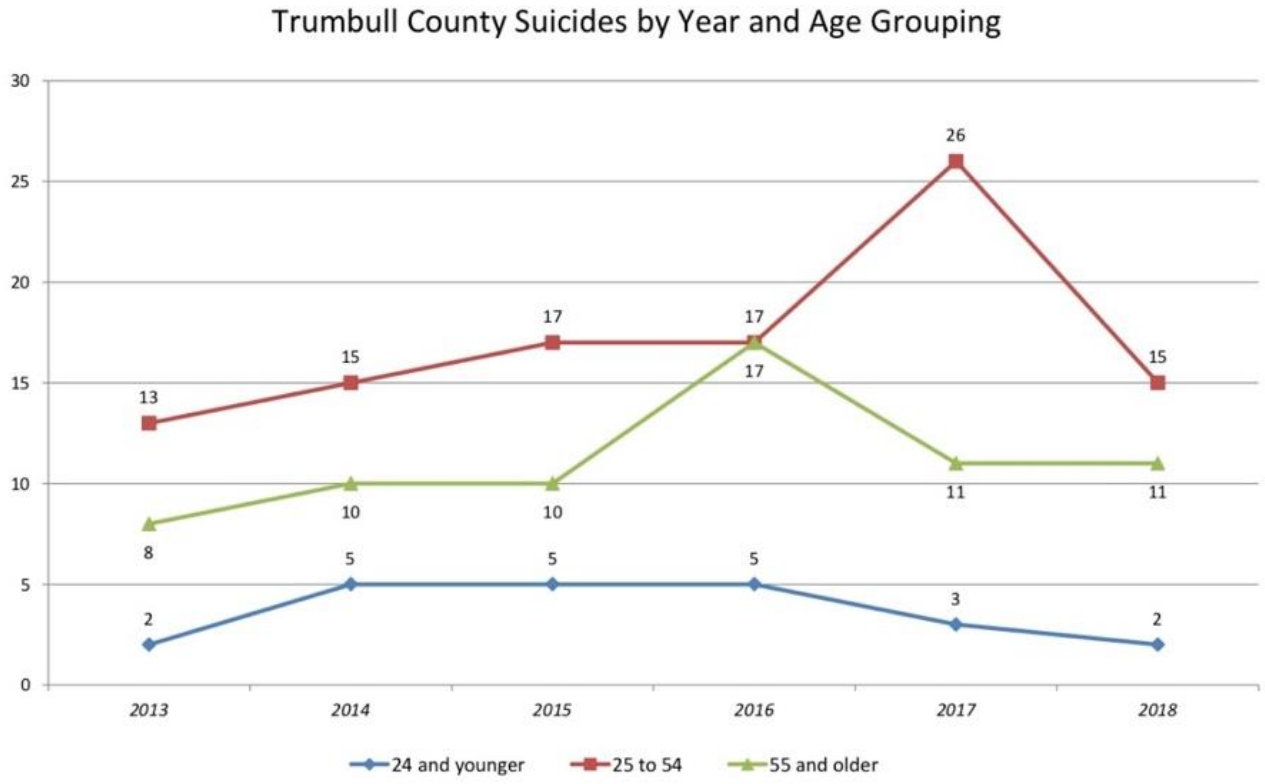


Figure 3



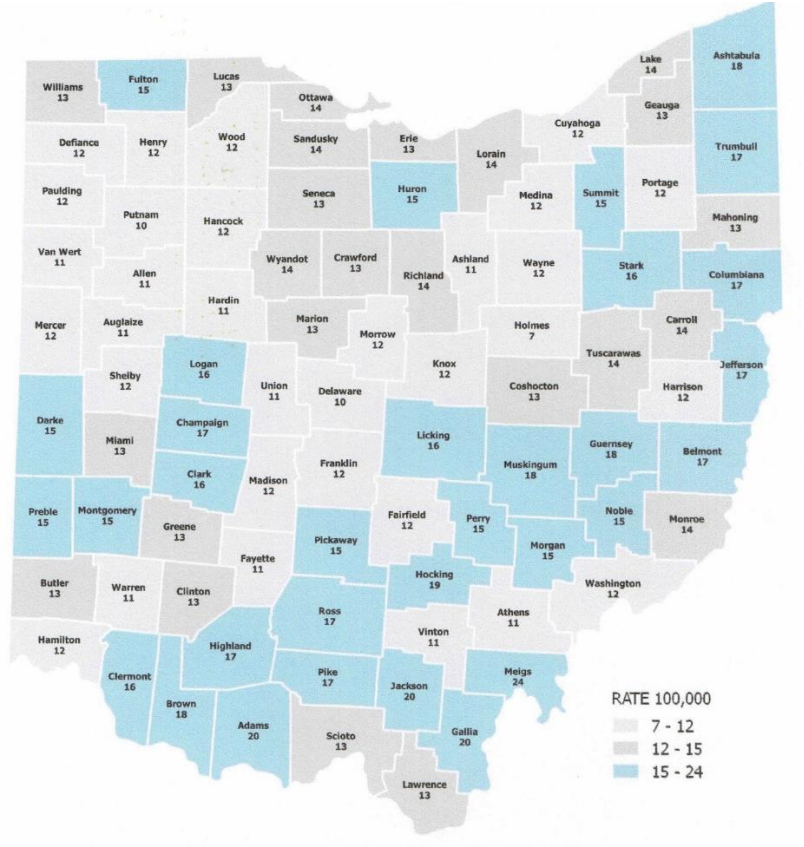
Epidemiology This approach is concerned with establishing the *incidence* (new cases occurring in a specific geographic area and period of time) and *prevalence* (total number of cases in a specific geographic area and point in time) of social and health–related phenomena. The COVID-19 pandemic has given American society a crash course in the meaning and measurement of incidence and prevalence. Epidemiological findings can appear superficially similar to those from Rates Under Treatment analyses because both can be expressed as frequencies and rates and because both can be organized into standardized time periods (e.g., days, months, years). The major difference is that epidemiological findings cover *all* cases and not just that portion that is seen in treatment systems. Determining the true incidence or prevalence of schizophrenia, heroin addiction, or COVID-19, for example, is much more challenging (and costly) than determining whether or not the number of people receiving treatment for these disorders is increasing or decreasing. As a consequence, true epidemiologies are beyond the capacity of most ADAMHS boards. Differences between true prevalence and rates-under-treatment indicators have been discussed frequently as the global COVID-19 pandemic impacts human populations.

Our best incidence and prevalence data come from two community partners. First, the Trumbull County Coroner's Office maintains very thorough records on all deaths due to drug poisoning and suicides. From these records we are able to see clear patterns related to race, sex, and age, and also of substances involved in fatal overdoses. From these findings it seems clear that "opiate epidemic" may be a misleading label. Based on the Coroner's data, calling what we are experiencing an "opiate and other drugs" epidemic may be more accurate. This finding has policy and budgetary implications. For example, some grants can only be used to provide treatment for opiate abuse. The data in Figure 2 show that a significant proportion of persons would not be eligible for opiate-only funding. The data in Figure 3 indicate that suicide has been a middle-age phenomenon in Trumbull County.

Figure 4 is a map of the state with suicide rates per 100,000 population for the period 2009– 2018. The map is taken from *Suicide in* Ohio*: Facts, Figures, and the Future,* a 2019 report from the Mental Health and Addiction Advocacy

Center, Ohio Alliance for Innovation in Population Health, Ohio University, and Ohio Suicide Prevention Foundation. Rates are divided into three groups: low (7 – 12 per 100,000, medium (12 – 15 per 100,000), and high (15 –24 per 100,000). Trumbull County's rate of 17 per 100,000 population places us in the highest group.

Figure 4 Average Annual Suicide Rates per 100,000 Population, Ohio Counties 2009 – 2018



The second major sources of local incidence and prevalence data comes from the Trumbull County Combined Health District and Warren City Health District. During FY2019-20, we participated extensively in the development of the Districts' Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP). While focusing primarily on physical health issues and trends, the CHA contains some very important behavioral health indicators. For example, these items from the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS):

Adults who rated their mental health as "fair" or "poor" on four or more days in the past month:

United States 23%
Ohio..... 24%
Trumbull County 29%
Warren City..... 34%

Adults who were limited in some way because of physical, mental, or emotional problems:

United States 21%
Ohio..... 21%
Trumbull County 28%
Warren City..... 34%

More will be said of this partnership in later sections.

Key informants First among the perception–based techniques is the use of "people who are particularly knowledgeable and articulate—people whose insights can prove particularly useful in helping . . . [to] understand what is happening."[2] Question 6 (below) describes the many collaborative groups and efforts of which the Board is a part. We are continuously acquiring new information, data, and insights from our network's providers of direct services, colleagues in parallel systems (Developmental Disabilities, Children Services, schools, Probate Court, Jail and Juvenile Court authorities, Health Department), members of community coalitions like the Alliance for Substance Abuse Prevention, Human Services Planning Committee, Local Community Corrections Board, Family and Children First Council, Veterans Assistance Program, Trumbull Advocacy and Protective Network (local senior citizens' "cluster"), consumers and family members including persons in recovery and those with lived experience of severe and persistent mental illnesses, recovery housing operators, NAMI Ohio and NAMI Mahoning Valley, law enforcement, county commissioners, etc. Of particular value in the wake of behavioral health redesign has been our Core Provider Meetings. These monthly meetings bring together executives, supervisors and administrators from provider agencies, along with staff from the TCMHRB to share "hard" information from diverse sources, e.g., state authorities, provider and board association), as well as impressions and rumors regarding enrollment, billing codes, provider credentialing, claims processing, certification, accreditation and related issues.

"The danger in using key informants is that their perspectives will be distorted and biased . . . data obtained from informants represent perceptions, not truths."[3] The dangers in *not* attending to the perceptions of key informants include being out of touch and unaware of new developments affecting the system of care.

Community Forum Defined as "an open town meeting set up to discuss mental health problems and services in the community,"[4] community forums are another important source of perception-based information from diverse stakeholders. Regular meetings, both in-person and on-line, of the Alliance for Substance Abuse Prevention (ASAP) feature a roundtable discussion of whatever is on attendees' minds, including information on new substances, services, policies, events, etc. The Family and Children First Council provides a similar opportunity for participation and input at its meetings. ASAP sponsored an annual *Hope for Recovery from Addiction* event that was targeted toward families of persons with substance use disorders. This event provided multiple opportunities for individuals in recovery, family members, and other stakeholders to provide input and feedback on treatment, prevention, access, and other issues. ASAP's annual *Drug Summit* also provided open-forum opportunities. Regrettably, both events have been cancelled due to the COVID-19 pandemic. We hope to resume them in the future.

Community Survey In the words of the Needs Assessment Task Group, "A community survey can provide information about community awareness of services, willingness to use services, barriers to receiving services, and . . . can help to gauge the intensity of the perceived needs."[5] In FY2016 and 2018, we administered the Recovery Oriented System of Care (ROSC) survey to stakeholders in our network via Internet (SurveyMonkey) and paper forms (see Item 1a, on page 1). Findings were summarized more fully in our FY2017 Community Plan.

As noted earlier, members of the Board's staff were heavily involved in the FY2019 Community Health Needs Assessment (CHNA) and Community Health Improvement Plans (CHIP) processes of the Health Districts in Trumbull

[2] Michael Quinn Patton, *Qualitative Evaluation and Research Methods, 2/e*, Newbury Park: Sage, 1990, p. 263.
[3] *Ibid*, p. 264.
[4] Needs Assessment Task Group, *Op cit*., p. 11.
[5] Ibid, p. 13.

and Mahoning Counties. As part of the process, a major community survey was conducted. More will be said of the findings in the next section.

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 pages 8 to 11. Please be specific about the chosen strategies for adults, children, youth, and families and populations with health equity and diversity needs in your community. OhioMHAS is still interested in any RecoveryOhio priorities Board areas may be addressing. Please address goals and strategies for any gaps in the Ohio Revised Code required service array identified in ORC 340.03(A)(11) and 340.033. ***Identify at least one measurement indicator, and subsequent baseline data, that will be used to track progress towards meeting the identified priority(ies).***

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
(1) Persons residing in crisis, emergency, residential, supportive, recovery, and similar housing arrangements, who are at high risk for COVID-19 NOTE: There are 593 beds in 37 facilities of these types in Trumbull County.	Keep residents, staff, family members, and community members safe and healthy Keep facilities operating	Provide PPE, cleaning supplies, information, support Keep communication channels open Ensure safe distancing by reducing capacity at shelters and small group homes	Measurement indicator: Quantity and frequency supplies are located and distributed to RHs, ACFs, etc. Baseline data: prior to April 2020--none Target: PRN Measurement indicator: Recovery house and residential provider information exchanges (meetings, etc.) Baseline data: RH monthly, ACF: seldom Target: monthly and PRN Measurement indicator: Number of positive COVID-19 cases reported in residential, supportive, recovery, and similar housing arrangements in Trumbull County, including staff and residents Baseline data: Weekly capacity reports Target: Less than 10 % of target population
(2) Permanent housing for homeless individuals and families	Move homeless individuals and families from sheltered situations to permanent housing arrangements	Work with COC's coordinated entry and local prioritization group	Measurement indicator: LOS in homeless shelter Baseline data: 2019 38% were > 30 days Target: < 30 days

Board Local System Priorities (add as many rows as needed)			
Priorities	Goals	Strategies	Measurement
Priorities from 2021-22 CHIP (3) Improve behavioral health outcomes	Reduce suicides and unintentional drug overdose deaths	Create advocacy plan, Advocate to state and local policy makers Support prevention activities of Trumbull County Suicide Prevention Coalition Provide staff and financial support to the Alliance for Substance Abuse Prevention (ASAP) coalition	Measurement indicator: Suicide rate Baseline data: 22.9 per 100K (2017) Target: substantial reduction Measurement indicator: fatal overdose rate Baseline data77.9 per 100K (2017) Target: substantial reduction
Priorities from 2021-22 CHIP (4) Improve behavioral health outcomes: mental health first aid	Mental health first aid	Provide trainings (youth and adult) at least four times per year	Measurement indicator: Reduce self-reported suicidal ideation rate Baseline data: 5% of adults surveyed (2018) Target: substantial reduction
Priorities from 2021-22 CHIP (5) Improve behavioral health outcomes: CIT training for law enforcement	CIT training for law enforcement	Provide 40-hour training at least annually	Measurement indicator: annual training completed Baseline data: One or more trainings have been held annually since 2006 Target: maintenance of effort
Priorities from 2021-22 CHIP (6) Improve social competence, behavior, and resiliency in youth	Implement evidence-based programs in schools	Introduce PAX Good Behavior Game, Second Step, and other evidence-based programs to disadvantaged school districts Allocate funds to Cadence Care Network to assign social workers to interested school districts	Measurement indicator: Pre- and post-tests will measure risk and protective factors Baseline data: na Target: improvement

		Work with schools to maximize the use of K – 12 prevention funding	
(7) Persons residing in crisis, emergency, residential, supportive, recovery, and similar housing arrangements, who are at high risk for COVID-19 NOTE: There are 593 beds in 37 facilities of these types in Trumbull County.	Keep residents, staff, family members, and community members safe and healthy Keep facilities operating	Provide PPE, cleaning supplies, information, support Keep communication channels open Ensure safe distancing by reducing capacity at shelters and small group homes	Measurement indicator: Quantity and frequency supplies are located and distributed to RHs, ACFs, etc. Baseline data: prior to April 2020--none Target: PRN Measurement indicator: Recovery house and residential provider information exchanges (meetings, etc.) Baseline data: RH monthly, ACF: seldom Target: monthly and PRN Measurement indicator: Number of positive COVID-19 cases reported in residential, supportive, recovery, and similar housing arrangements in Trumbull County, including staff and residents Baseline data: Weekly capacity reports Target: Less than 10 % of target population
(8) Permanent housing for homeless individuals and families	Move homeless individuals and families from sheltered situations to permanent housing arrangements	Work with COC's coordinated entry and local prioritization group	Measurement indicator: LOS in homeless shelter Baseline data: 2019 38% were > 30 days Target: < 30 days
(9) Priorities from 2021-22 CHIP Improve behavioral health outcomes	Reduce suicides and unintentional drug overdose deaths	Create advocacy plan, Advocate to state and local policy makers	

		Support prevention activities of Trumbull County Suicide Prevention Coalition Provide staff and financial support to the Alliance for Substance Abuse Prevention (ASAP) coalition	Measurement indicator: Suicide rate Baseline data: 22.9 per 100K (2017) Target: substantial reduction Measurement indicator: fatal overdose rate Baseline data77.9 per 100K (2017) Target: substantial reduction
(10)Priorities from 2021-22 CHIP Improve behavioral health outcomes: mental health first aid	Mental health first aid	Provide trainings (youth and adult) at least four times per year	Measurement indicator: Reduce self-reported suicidal ideation rate Baseline data: 5% of adults surveyed (2018) Target: substantial reduction
(11) Priorities from 2021-22 CHIP Improve behavioral health outcomes: CIT training for law enforcement	CIT training for law enforcement	Provide 40-hour training at least annually	Measurement indicator: annual training completed Baseline data: One or more trainings have been held annually since 2006 Target: maintenance of effort
(12) Priorities from 2021-22 CHIP Improve social competence, behavior, and resiliency in youth	Implement evidence-based programs in schools	Introduce PAX Good Behavior Game, Second Step, and other evidence-based programs to disadvantaged school districts Allocate funds to Cadence Care Network to assign social workers to interested school districts Work with schools to maximize the use of K – 12 prevention funding	Measurement indicator: Pre- and post-tests will measure risk and protective factors Baseline data: na Target: improvement

3. Describe all environmental factors that influenced the identification of the chosen priorities within the Board area. Factors could include: economic, social and demographic factors, transportation, unemployment, uninsured/underinsured population, poverty rates, housing availability, incarceration rates, etc. Note: Regarding current environmental factors, Boards may describe the continuing impact of Behavioral Health Redesign including Medicaid Managed Care carve-in.

As the data in Tables 3 through 7 suggest, the "perfect storm" of negative social forces that we first described in our *FY2012–FY2013 Community Plan* continues to buffet Trumbull County. Between 2000 and 2019, the total population of the county declined by more than 26,000 from 225,116 to 197,974, a reduction of 11.8 percent. The 2018 estimate by Ohio's Development Service Agency represented the first time our county's population fell

TABLE 3

Persons in Poverty: 2000

	Trumbull County		*Ohio*
	N	*%*	*%*
All ages	21,844	9.9	9.8
Under 18	8,199	15.3	14.1
County population:	**225,116**		

Persons in Poverty: 2010

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

Persons in Poverty: 2018

	Trumbull County		*Ohio*
	N	*%*	*%*
All ages	34,413	17.6	13.8
Under 18	10,261	25.7	19.2
County population:	**198,539**		

Data Sources: US Census Bureau, Small Area Income and Poverty Estimates (2000, 2010, 2018)
http://www.census.gov/did/www/saipe/index.html

Ohio Development Services Agency, 2019 Ohio County Population Estimates, https://development.ohio.gov/files/research/P5007.pdf

below 200,000 since the Census of 1950. At the same time that the population of Trumbull County was shrinking, the number and proportion of persons living in poverty was increasing—from 9.9 percent (N=21,844) in 2000 to 17.6 percent (34,413) in 2018. Between 2000 and 2018 the county's poverty rate has exceeded the statewide rate by a steadily increasing margin—barely one-tenth of one percent in 2000, nearly 2.5 percent in 2010, to 3.8 percentage points in 2018. The growth in poverty was most pronounced for children. In 2010, the county's child poverty rate (31.4%) far exceeded the statewide rate for children (23.1%). In that year, nearly one–third (31.4 percent) of all

children in Trumbull County were living in poverty. Although child poverty rates at both state (19.2%) and county (25.7%) levels declined in 2018, our rate was still more than six percentage points higher than the state's rate.

TABLE 4
Unemployment: Ohio and Trumbull County, 2009–2019

OHIO	***2009***	***2010***	***2011***	***2012***	***2013***	***2014***	***2015***	***2016***	***2017***	***2018***	***2019***
Unemployment Rate	10.1	10.0	8.6	7.2	7.5	5.8	4.9	5.0	5.0	4.6	4.1
TRUMBULL COUNTY	***2009***	***2010***	***2011***	***2012***	***2013***	***2014***	***2015***	***2016***	***2017***	***2018***	***2019***
Unemployment Rate	13.8	11.8	9.6	8.1	9.3	7.2	6.5	6.7	7.2	6.2	6.1
Trumbull County's Unemployment Rank Among Ohio's 15 largest counties / CLFs)	1	1	2	1	1	1	1	1	1	1	1

Source: Ohio Department of Job and Family Services, Local Area Unemployment Statistics http://ohiolmi.com/laus/laus.htm

Between 2009 and 2018, unemployment in Trumbull County followed the same general pattern as the statewide trend: declining between 2009 and 2012, rising again in 2013, then declining in 2014, holding steady around 5 percent in 2015-16-17, and declining again in 2018 (see Table 4). While Trumbull County has generally followed the statewide pattern, our unemployment rates were higher than the state average in every year. In 2009, Trumbull's annualized unemployment rate was the highest among the fifteen Ohio counties with the largest populations and civilian labor forces (CLFs[6]). This dubious distinction continued from 2010 through 2019, interrupted only in 2011, when Lucas County's annualized unemployment rate exceeded ours by two–tenths of one percentage point. In that ten–year span, Trumbull County's labor force shrank by over 18 percent (from 107,200 to 87,700 persons) as we 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, retailers, automobile dealerships, etc.). General Motors' decision to completely shut down its Lordstown Assembly Plant was announced in 2019. Lordstown was one of Trumbull County's largest employers and idling over 1,400 hourly workers, has had repercussions locally and nationally.

In the June 2020 ranking of the unemployment rates of Ohio's 88 counties, Trumbull's 13.6 percent unemployment was third highest in the state, exceeded only by Cuyahoga (15.2%) and Lorain (13.7%). According to the U.S. Department of Labor, a Labor Surplus Area is a city or county with an annual average unemployment rate of 20 percent or more above the national unemployment rate during the previous two years. Currently eleven cities and fifteen counties in Ohio are so designated. Of these, only Trumbull County has both a city (Warren) and the balance of the county designated as LSAs. Employers located in LSAs may be given preference in bidding on federal procurement contracts.

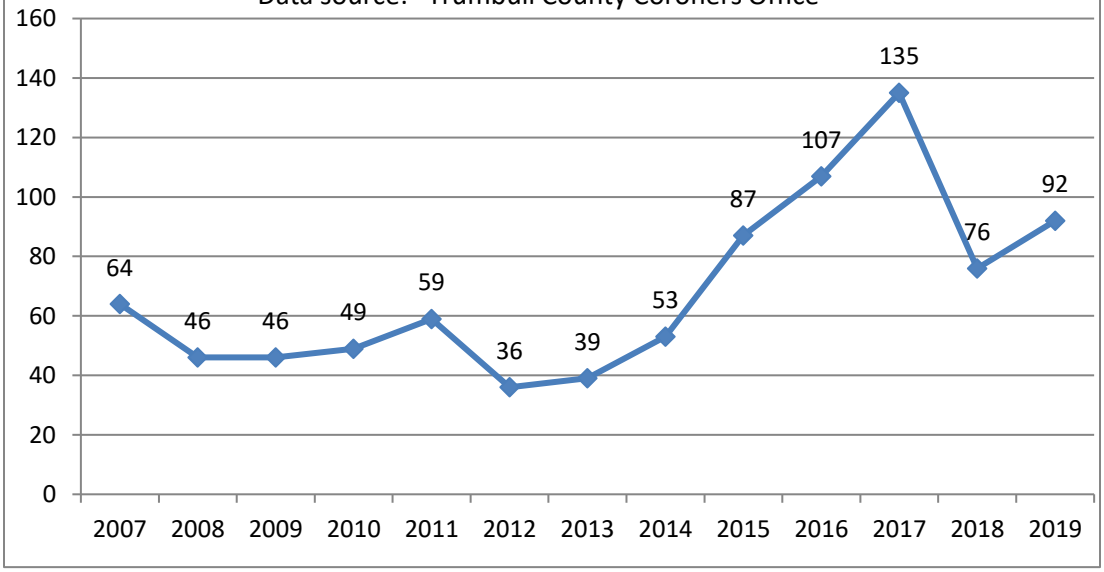
Poverty and unemployment have well-established relationships with stressors and high-risk behaviors. Increases in poverty and unemployment predictably lead to increases in our community's behavioral health needs, including a wide

[6] The fifteen counties with the largest overall populations and Civilian Labor Forces (2018) in descending order of CLF size are: Franklin, Cuyahoga, Hamilton, Summit, Montgomery, Lucas, Stark, Butler, Lorain, Lake, Warren, Mahoning, Clermont, Delaware, and Trumbull.

range of substance abuse and mental health problems, which are expressed in a variety of ways. While many persons—over 12,000 in FY2019—received behavioral health services through our provider network, some seek services outside our system (e.g., primary care physicians, clergy), some seek and/or receive services involuntarily or in crisis situations (e.g., emergency hospital admissions, probates, Narcan revivals), while many others engage in no overt help–seeking behavior. This last category would include persons with untreated substance use or mental health disorders and persons contemplating, attempting, or completing suicide. In addition, Trumbull County's opiate and other drugs epidemic has exacerbated poverty and unemployment trends. The data displayed in Table 3 show a steady increase in fatal drug overdoses in the county between 2012 and 2017 which may be showing signs of abatement. (Trends in county deaths by overdose and by suicide are discussed in greater detail in subsequent sections.) Finally, the COVID-19 pandemic has exacerbated many of the social forces already at work in the county, e.g., poverty, unemployment, addiction, and suicide.

TABLE 5: Accidental Drug Related Deaths: Trumbull County

Data source: Trumbull County Coroners Office



In their study of the impact on the Mahoning Valley of the abrupt closing of Youngstown Sheet and Tube Corporation on "Black Monday" (September 19, 1977), Terry Buss and Stevens Redburn make 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.[7]

In addition to traditional outreach approaches, we have used a variety of non–traditional strategies to reach distressed members of our community. These have drawn heavily on our community partnerships, discussed in detail elsewhere, and in recent years have included Trumbull County's Housing Collaborative, Alliance for Substance Abuse Prevention,

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

Domestic Violence Task Force, Community Corrections Planning Board, Human Services Planning Committee, Family and Children First Council, and many other partnerships.

The University of Wisconsin's Population Health Institute in collaboration with the Robert Wood Johnson Foundation maintains a system of county rankings 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, access to healthy foods, air and water quality, income, and rates of smoking, obesity and teen births. Based on data 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 the 2020 rankings, Trumbull County ranks 71st out of 88 Ohio counties on *health outcomes*, a composite measure combining life expectancy/premature death, poor physical and mental health, and low birthweight. Four of the state's 15 largest counties ranks below Trumbull on this measure. In 2016, our rank was 65th. We rank 75th on *health factors,* down from 72 in 2016, 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). Only one other county among Ohio's fifteen largest, ranks below Trumbull on *health factors*.

The relationship between socioeconomic status and a wide variety of health indicators is well established in the fields of medical sociology and public health. As noted in one classic text

> Social class inequities have been found for so many causes of sickness and death and have proved so enduring that it is plausible to infer that a generalized susceptibility to disease is a condition of lower–class life.[8]

A health disparity is a health difference that is closely linked with social, economic, or environmental disadvantage. Minority populations have long been associated with health disparities. African Americans comprise the largest minority group in Trumbull County representing approximately 8.3 percent of the total population. As noted earlier, staff from the TCMHRB participated in the development of The Trumbull County and Warren City Combined Health Districts' FY2020 County Health Assessment and Improvement Plan. In the course of that project we learned about local health disparities based on race. These include generalized ratings of overall health and mental health, obesity, oral health and, perhaps most disturbing, infant mortality. Tables 6 and 7 summarize this information. The target rate established by the federal government's *Healthy People 2020* initiative is 6.0 per 1,000 live births. Trumbull County's overall rate is 8.1, which is higher than Ohio's rate (7.2), or the US rate (5.9). Within Trumbull County the rate for whites is 6.1; for African Americans, the rate is 18.1.

[8] Mervyn W. Susser, et al., *Sociology in Medicine, 3/e,* New York: Oxford University Press, 1985, pp. 253-254.

FIGURE 6

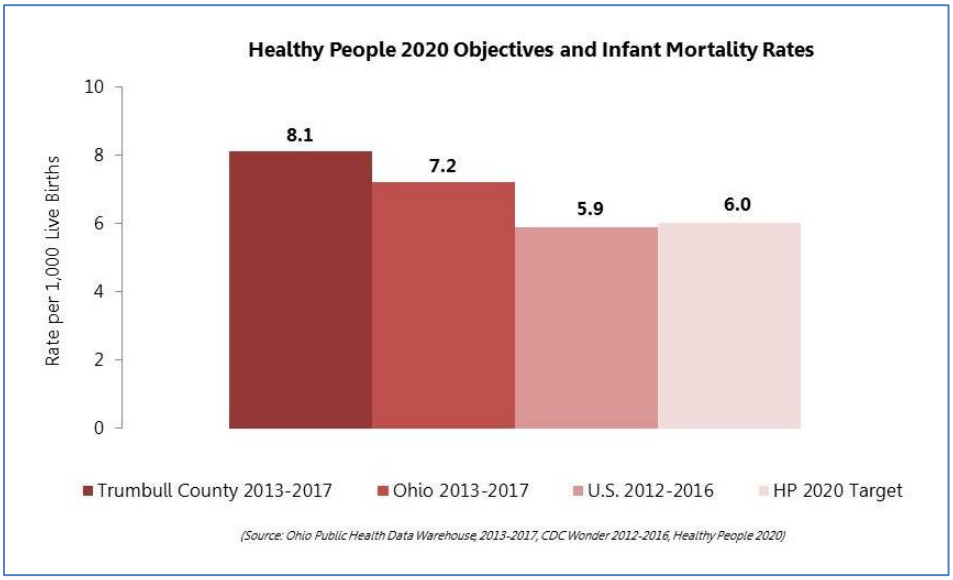
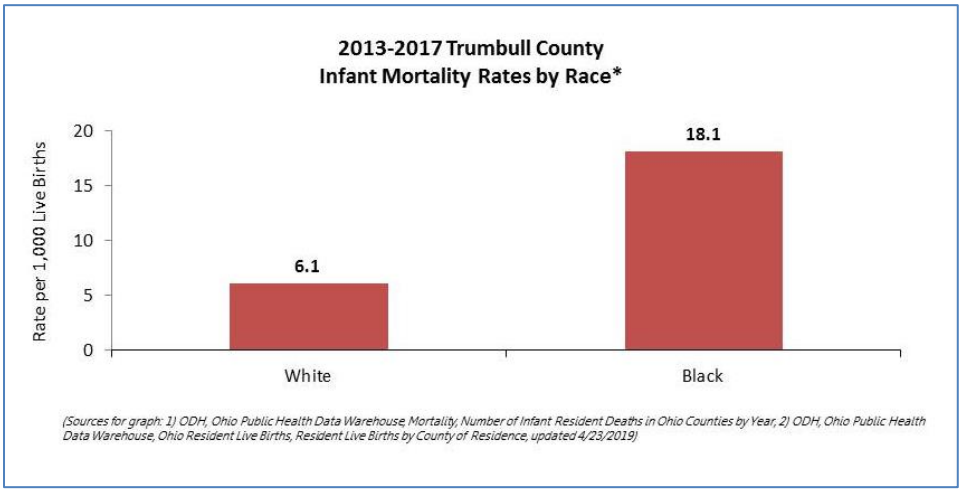
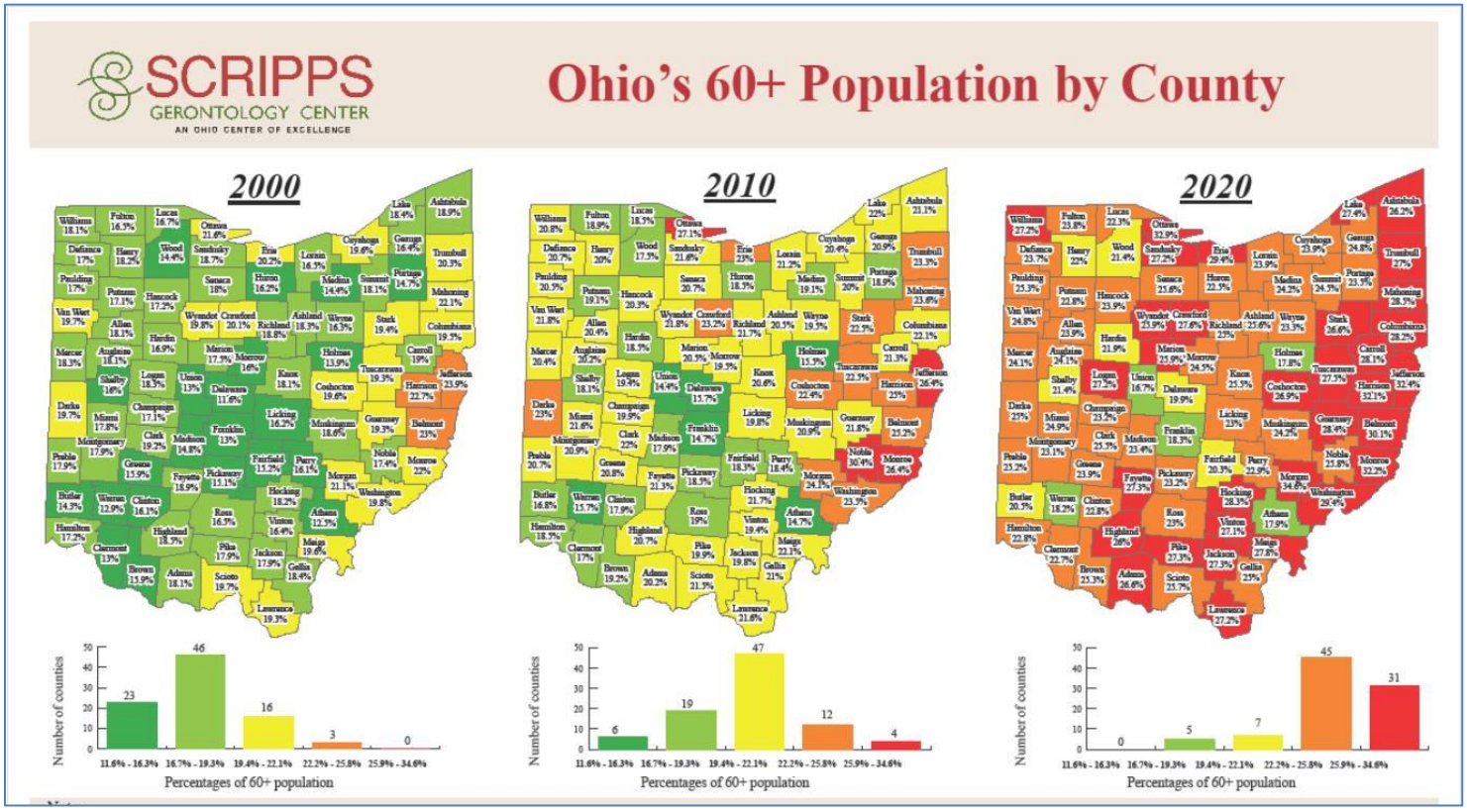


FIGURE 7



Another trend worthy of mention is the 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. The Scripps Gerontology Center at Miami University ranked 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 had reached the top category with 27 percent of the population ages 60 and over.



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.[9]

Following Buss and Redburn's suggestion, we have been retooling many of our traditional outreach and service delivery strategies as the dynamics of at–risk populations in our community evolve and change.

Finally, the pandemic brought about by COVID-19, has had a profound impact on the health and well-bring of residents of the county, as it has on communities worldwide. In Governor Mike DeWine's initial ranking of the state's 88 counties in July 2020, Trumbull was one of seven counties in the Level Three (RED) category. There were no counties in Level Four (PURPLE) and all 80 other counties were Level Two (ORANGE) or Level One (YELLOW). The following activities were initiated or expanded during the second half of FY2020 in response to the pandemic:

[9] 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

Trumbull County Mental Health and Recovery Board
Expenditures and Advances Due to Covid-19 Pandemic

Advanced up to 50% of available contract budget:

Contracted Provider Name:	Advanced Amount	Used to date	Balance
Compass FCS	$317,407.84	$317,407.84	$0.00
Coleman Professional Services	$225,993.98	$165,063.31	$60,930.67
Neil Kennedy Recovery Center	$9,313.57	$194.95	$9,118.62
Meridian Healthcare	$28,990.83	$28,990.83	$0.00
Cadence Care Network/aka Homes for Kids	$83,921.57	$83,921.57	$0.00
First Step Recovery	$65,332.16	$31,059.82	$34,272.34
FSR Parkman	$42,555.35	$26,139.28	$16,416.07
Salvation Army (all from Crisis Flex Funds)	$30,000.00	$30,000.00	$0.00
Total to Date	**$803,515.30**	**$682,777.60**	**$120,737.70**

SOR expenditures covered by existing grant:		
Meridian for MAT program		$65,087.15
Glenbeigh for GPRA for the recovery homes		$1,445.96
Meridian for GPRA for the recovery homes		$996.54
Recovery Housing: Allocated $64,000 from SOR Grant		
Foster House/John Dailey	$14,665.00	
Nikki's House	$2,000.00	
Wellspring/J&D Associates	$3,585.00	
Valkyrie	$2,880.00	
Keys to a Second Chance	$1,000.00	
Total issued to Recovery Housing to Date		$24,130.00
Total SOR grant expenditures to date		**$91,659.65**
Cost of Equipment to work from home:(Levy)		
Laptops - 8 HP 14 inch	$2,206.32	
Splash top - 10 licenses	$544.50	
Webroot - 12pcs/2yrs	$89.98	
Zoom online Conferencing for Meetings	$160.02	
IT Laptop Setup Service & Troubleshooting	$1,820.00	
Total Equipment costs to date		**$4,820.82**
PPEs, Cleaning Supplies & Services:(Levy)		
OH Pharm Svc -150 32oz bottles of cleaner	$694.50	
OACBHA 25 Temporal thermometers	$945.25	
OACBHA 500 KN95 masks	$1,015.00	
PS - Cleaning wipes, 4 lg containers &2 bottles of cleaning spray	$15.80	
VP - Lysol Cleaning Wipes-10 containers	$24.02	
LT - Clorox wipes - 20 large containers, 2 temporal thermometers	$204.61	
IRC - Nitrile Gloves 24 boxes	$217.77	
Serv Pro - Christy House-professional cleaning on 4/9/20	$858.48	
Mileage cost for collecting and distributing PPE (529.4 @.575)	$304.41	
Total PPE costs to date		**$4,279.84**
Running Total of extra Expenditures due to Covid-19 Pandemic		**$100,760.31**

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

We have had no such disputed cases.

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.

The primary mechanism for identifying outpatient service needs of persons currently receiving inpatient treatment in State Regional Psychiatric Hospitals is our Continuous Quality Improvement (CQI) process and structure. Twice monthly, on the second and fourth Thursdays, clinicians and supervisors from our core provider agencies, community hospitals, and Board staff meet to review civil and forensic cases in state hospitals along with those in community inpatient, crisis stabilization, residential treatment, assertive community treatment, outpatient commitment, and related levels of care. The agenda of each CQI meeting includes the following guiding principles:

Continuous Quality Improvement

Ongoing betterment of products, services, or processes through incremental and breakthrough enhancements.

Goals

To decrease the number of local and state hospital readmissions
To identify gaps in service
To generate suggestions in order to fill gaps

As recently as FY2014, we had over 300 annual admissions to Heartland Behavioral Healthcare. For the period FY2017-18-19, we averaged 87 admissions to HBH and in FY2020 that number was reduced to 41. FY2020's 23 civil discharges had an average (mean) length of stay (LOS) of 24.1 days, while the 14 forensic discharges in FY2020 had a mean LOS of 46.9 days. Beginning in FY2019, Trumbull County experienced a reversal in the number of state hospital civil admissions compared to previous years. This change is due mostly to a new Chief of Psychiatry at Trumbull Regional Medical Center and his understanding of the state hospital system. He has been a strong advocate for treating Trumbull County residents in our local psychiatric unit, even for longer lengths of stay, if need be. Rarely has he filed a motion to transfer a patient to Heartland Behavioral Healthcare. In addition, the Mahoning Valley is now home to Generations Behavioral Healthcare, a 78-bed private psychiatric hospital. The Board does not have a contract with the hospital and they primarily receive admissions from nursing homes from around the state.

As we have undergone these changes in local inpatient psychiatric hospitalizations, the community has also worked to improve outpatient services so as to provide more care and support for residents in the community. We have added enhanced detox, extended AOD residential, assertive community treatment, and recovery house services to our systems of care. In addition, we have formed another strong partnership with the judge and magistrates at Trumbull County's Probate Court on Outpatient Commitment procedures, including standardized reporting and the use of status hearings. The biggest gap of our community services continues to be prescriber availability. With the decrease in medical students going into the psychiatric field and older psychiatrists retiring,

available psychiatric hours/services continue to decline. Our providers have been working on the hiring and training of nurse practitioners in order to fill the gap, but they too remain a highly sought-after group of professionals.

As noted in our last Community Plan, one of our most successful collaborations continues to be the availability of Horizon House in Mahoning County, which was developed to meet the needs of SPMI residents who were hospitalized at the state psychiatric hospital and need a higher level of care and longer length of stay (average length of stay being 6 months) than what is traditionally offered in the community. The persons referred to Horizon House have not been able to maintain in the community and need more intensive treatment for a longer period of time. Trumbull County budgets for the use of four (4) beds each fiscal year and we have found success with many of our residents who have stayed at the facility. It is a very costly level of care, however, at $259.81 per client per day. If a client stays for an entire year, the cost to the Board is $94,830.65 for one client. While there is a cost savings at the state level because these clients typically do not have to return to the state hospital, it is an enormous and unsustainable level of care for our community.

In addition to this level of care, a recently identified service need/level of care in our community is that of residential treatment. It has been identified by our providers that a facility is warranted in our county for adults who experience a serious and persistent mental disorder that impedes their ability to function in a less supervised community residence, but do not require inpatient treatment. The goals and objectives would be to provide a safe, supervised, supportive, but realistic living environment where individuals can work toward achieving specific personal goals. Symptom remission and personal recovery would be paramount. To help facilitate this, the provider would partner with other community service providers and stakeholders, including addiction service providers, to afford the clients the best possible chance at remission and recovery. A facility like this exists in Mahoning County (Burdman Home) and due to the increase in the number of SPMI adults diagnosed in Trumbull County, a similar type of program would be beneficial. Similar to the above, however, it is a level of care that would be impossible for the Board to afford without permanent financial support by the state.

Collaboration

6. Describe the Board's planned collaborative efforts with other systems, people living with mental illness or addiction, family members, providers, and/or the general public for SFY 2021-2022 <u>that will be needed to implement funded priorities</u>. (Note: Highlight collaborations needed to support a full continuum of care. Are there formal or informal arrangements regarding access to services, information sharing, and facilitating continuity of care at a systems level?)

   As part of the Trumbull County Continuum of Care, the TCMHRB continues to focus on collaborative efforts with various behavioral health systems, people living with mental illness or addictions, family members, providers, and/or the general public. Highlighted below are just a few of the Board's collaborative undertakings during the past two years:

   <u>The Alliance for Substance Abuse Prevention (ASAP):</u> The Trumbull County Mental Health and Recovery Board provides oversight of and funding for ASAP, a community coalition that engages strategic partnerships to solve our community's substance abuse problems. Its members are a network of people including, but not limited to, health professionals, parents, educators, elected officials, merchants, business

members, police, administrators, faith leaders, persons in recovery and students. ASAP creates and distributes educational materials, hosts community awareness and education events, advocates for prevention and recovery supports and fosters collaborative relationships to change social norms in Trumbull County. The coalition also works to reduce accessibility to prescription medications for nonmedical use by partnering with the Trumbull County Sheriff's office and TAG Law Enforcement Task Force on drug take back events (collecting over 1 million pills in 7 years), and advocating for the installation and use of permanent medication drop off locations. There are currently 16 permanent medication disposal sites in the County, a 33% increase over 2 years. The Coalition also collaborates with the local public housing authority, Mobile Meals, and senior centers to provide Deterra medication disposal bags to seniors and individuals with a disability. Over 1000 bags have been distributed in the past 1-2 years.

School-Based Programming: One of the hallmarks of Trumbull County is its collaborative spirit. Examples of strong collaborative partnerships can be found in the school-based programming that TCMHRB funds and oversees, including Early Childhood Mental Health Consultation, school-based AOD Prevention Services, school-based Mental Health/Resiliency services, School Social Work, and PAX Good Behavior Game training. In FY2020 the Board funded ECMH services in twenty childcare centers. TCMHRB contracts with four provider agencies: Alta Behavioral Healthcare, Cadence Care Network, PsyCare and Valley Counseling to provide the services. These agencies, along with several other early childhood entities, meet monthly to review programming, share information and plan accordingly. The Children's Program Coordinator of TCMHRB facilitates these meetings. The Board also contracts with three provider agencies: Compass Family and Community Services, Cadence Care Network and Meridian Healthcare to provide school-based AOD prevention services, Mental Health/Resiliency services and School Social Work. In FY2020 prevention staff and school social workers provided programming in sixteen Trumbull County School districts. The Children's Program Coordinator also leads a monthly cross-system prevention meeting to review school-based services, barriers, and needs. In Fiscal Year 2020 the Board also worked to expand PAX GBG implementation/training and the newly developed PAX Tools training. As a result of the K-12 Prevention Education Initiative, twenty-one Trumbull County school districts have entered into partnership agreements with TCMHRB to implement or expand prevention education in the 2020-2021 school year.

Family Wraparound: Another long-standing example of community collaboration can be found in the Trumbull County Family Wraparound program, an initiative of the Trumbull County Family and Children First Council that supports the complex needs of multi-system youth and their families. In State Fiscal Year 2020 there were over eighty families enrolled in this strength-based planning process. The Trumbull County Mental Health and Recovery Board has been a strong supporter of this process since it first came to Trumbull County, twenty-six years ago. The TCMHRB is the fiscal agent of the Trumbull County Family and Children First Council and the Board contributes to the Wraparound Pooled Fund, a key element in the ongoing success of this program. The Children's Program Coordinator provides cross-system Wraparound coaching, maintains Wraparound enrollment for the county and chairs the Family Wraparound Oversight Committee, a collaboration of the agencies that provide Wraparound Facilitation, a Parent Peer Supporter and several other child-serving agencies. The Children's Program Coordinator has also been part of the Statewide Wraparound Coaching/Leadership Team for the past five years and has served as an ENGAGE Wraparound Coach, providing technical assistance and coaching to communities throughout the state.

Our system of care is built on a foundation of behavioral health providers who are experts at providing clinical and supportive services for individuals with a vast range of mental health and substance use disorders. All behavioral health services thought to be essential for recovery are in place in our community and are being promoted and utilized. This range of services includes numerous evidence-based and best practices, including supported employment, counseling, psychiatric, assertive community treatment, high-fidelity wraparound, medication assisted treatment, critical time intervention, crisis intervention team, and the FIRST Episode Psychosis program. The network also provides supportive services, including social and recreational, homeless outreach and crisis sheltering, prevention, housing assistance, recovery housing, and other services, which enhance and magnify the impact of treatment and clinical care.

The issues that continue to face individuals and families that utilize our systems of care frequently fall into multiple categories and cut across conventional boundaries. Each of our network providers communicates, coordinates, and collaborates with other network providers, both at micro/case and macro/systems levels. Continuous Quality Improvement meetings are held twice a month with core providers, hospitals and the forensic center so that the best care may be provided to our highest need mental health clients in the least restrictive environment. Community treatment plans are put in place so that entities use the same clinical protocols that will be most beneficial to those clients with the highest acuity and most challenging needs. Monthly agency director meetings are held where systems information is shared, and Director level communication is constant. It is well understood within the community that Trumbull County providers are known for positive working relationships with each other and with the board. Because of this, gaps are identified and filled and duplications in services are at a minimal.

Communication, coordination, and collaboration extend beyond our provider network to include our extended network of community partnerships and cross-system collaborations. We are actively involved in both the Heartland Behavioral Healthcare Center and regional meetings as well as at the state and local level. The Trumbull County Mental Health and Recovery Board only has nine staff members (including the FCF Council Coordinator) yet their involvement locally and throughout the state mirrors much larger Boards.

Our community partners fall into two general categories:

Contract Agencies

Alta Behavioral Healthcare
Cadence Care Network
Coleman Professional Services
Compass Family and Community Services
Family and Senior Support Services
First Step Recovery
Forensic Psychiatric Center of NE Ohio
Foster Living
Glenbeigh
Greater Warren-Youngstown Urban League -Christy House

Guardianship and Protective Services
Heartland Behavioral Healthcare
Help Network of NE Ohio
J & D Associates (Wellspring)
Jewish Family Services
Keys 2 a 2nd Chance
Meridian Healthcare
Neil Kennedy Recovery Centers
NAMI Mahoning Valley
Nikki's House
OnDemand Drug Testing and Work Solutions
ONE Health Ohio
Parkman Recovery Center (FSR Parkman)
PsyCare, Inc.
Ravenwood Mental Health Center
Robbin's House
The Sahara Club
The Salvation Army
Serenity Place
Travco Behavioral Health
Trumbull Regional Medical Center/Steward Health
Valkyrie Agency
Valley Counseling Services

Community Partners
Alliance for Substance Abuse Prevention/Opiate HUB
Belmont Pines Hospital
Catholic Charities Regional Agency
Columbiana County Mental Health & Recovery Board
Direction Home of Northeast Ohio (formerly AAA11)
Girard Municipal Court
Hopewell
Mahoning County Mental Health & Recovery Board
Mahoning Valley Consortium for Early Care & Education
Mahoning Valley Early Childhood Planning Group
Mercy Health
Newton Falls Municipal Court
Northeast Ohio Community Alternative Program (NEOCAP)
Ohio Association of County Behavioral Health Authorities
Trumbull Action Group Drug Task Force
Trumbull Advocacy & Protective Network
Trumbull County Board of Developmental Disabilities

Trumbull County Child Assault Prosecution Unit
Trumbull County Child Fatality Review Board
Trumbull County Children Services
Trumbull County Commissioners
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 Drug Court
Trumbull County Family Court
Trumbull County Family Wraparound Oversight Committee
Trumbull County Housing Collaborative
Trumbull County Juvenile Drug Court
Trumbull County Human Services Planning Committee
Trumbull County Adult Justice Center
Trumbull County Opiate Death Review Board
Trumbull County Probate Court
Trumbull County Sheriff's Office
Trumbull County Suicide Prevention Coalition
St. Joseph's New Start Treatment Center
United Way of Trumbull County

The Trumbull County Suicide Prevention Coalition has had a strong resurgence with multiple collaborative partners as we work to decrease the number of suicides in Trumbull County. We have a very solid ongoing relationship with our Coroner's office, which provide us with the most up to date information about suicide completions. With this information, we have been able to strategically plan our prevention activities based upon the demographics of those persons who complete suicides the most. We have adopted the "Man Therapy" marketing campaign with billboards, coasters, posters, magnets, and information sheets. We retrieve data from the website about the number of persons in our county who have accessed the website, by geographic location. We know that the billboard campaign is having an impact as website hits have increased in areas where these were placed. In addition to this marketing campaign, we work with local law enforcement, pawn shops, gun ranges, CCW instructors and the community in a gun lock campaign. We are the first county coalition nationally to request and obtain gun locks directly from the National Shooting Sports Foundation, the same organization that developed the "Project ChildSafe." We have developed and attached cards to the gun locks and pass them out to whoever has a gun(s) without locks. We will give (for free) as many locks as the person has guns. To date, we have distributed over 600 gun locks throughout the county and we have also had donations for gunlocks from our local sheriff as well as from local police departments. With COVID 19 this program has been sidelined but we will get it up and running again as soon as possible. We are also distributing the Crisis Text Line information to local schools, organizations, agencies, parents, at community health fairs, etc.

Coleman Behavioral Health has been the leader of this initiative. They have dedicated an employee that serves as Chair of the coalition and Coleman is also a recipient of the Zero Suicide grant. Other wonderful collaborative

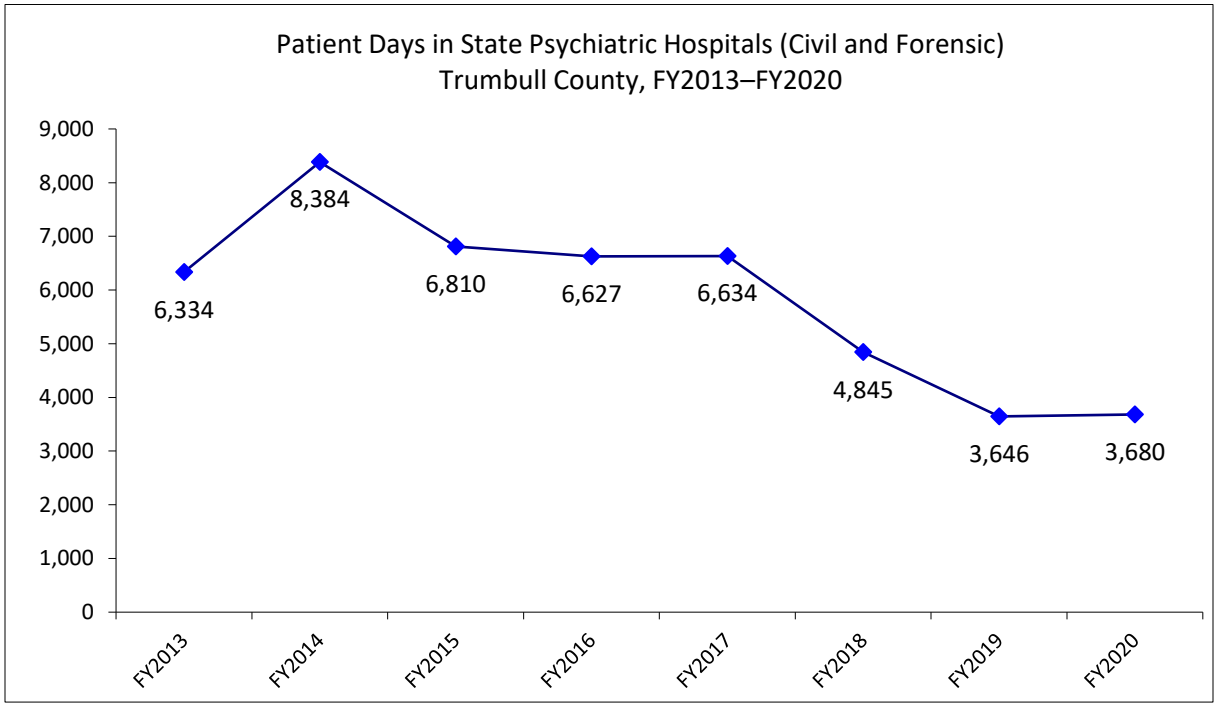
partners in our coalition currently include the local library, air base, mental health and substance use disorder agencies, local general hospitals, private psychiatric hospitals, community members and police officers.

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?

Item #5 (above) described our Continuous Quality Improvement structures and processes, along with trends in admissions and lengths of stay for civil and forensic patients. Figure 8 shows the trend line for our use of state hospital days over the past eight years. Utilization dropped from a peak of 8,384 civil and forensic days in FY2014 to approximately 3,600 days in FY2019 and FY2020. This reduction of more than 50 percent is due to many factors in addition to CQI, including our partnerships with the psychiatry departments in community hospitals, and the expansion of key services such as assertive community treatment. Another important partnership involves treatment agencies, board staff, and the Trumbull County Probate Court which oversees persons with severe and persistent mental illness who are placed on outpatient commitment. We have

Figure 8



developed several standardized forms for initiating, monitoring, extending, and terminating outpatient commitments (see page 26 for an example). Transitions from state hospital to community are monitored via CQI. In addition to community CQI partners, hospital social workers are key players in this process. Although it is a shared process involving multiple stakeholders, the board is ultimately responsible for this transition.

OPC STATUS REPORT UPDATE

(Checkmark the type of report below)

_____ Complete within 3 days of discharge from hospital

(replacement of interim treatment plan) **and**

_____ Complete every 30 days for individuals on 90 Day OPC **or**

_____ Complete quarterly for individuals on a 2 Year OPC

Client Name:

Date of report:

Agency:

Provider name:

Date(s) of Services provided and frequency:

Client response to services:

PROVIDER SIGNATURE: _____ DATE: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

AGENCY NAME, ADDRESS AND PHONE NUMBER:

Continuum of Care Service Inventory (see attachment)

8. Complete the attached spreadsheet: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area. Instructions are found on Page 38 of these guidelines.

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

Alignment with Federal and State Priorities

9. The following pages of this template contains a table that provides the specific federal and state priorities for: Mental Health Block Grant (MH-BG), Substance Abuse Prevention and Treatment Block Grant (SAPT-BG), SAMHSA and OhioMHAS treatment and prevention priorities. Please complete the requested information only for those federal and state priorities that are the same as the Board's priorities. For those federal and state priorities that are not selected by the board, please check one of the reasons provided or briefly describe the applicable reason in the last column.

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

Priorities for Trumbull County Mental Health and Recovery Board				
Substance Abuse & Mental Health Block Grant Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
SAPT-BG: Mandatory (for OhioMHAS): Persons who are intravenous/injection drug users (IDU)	Reduce the number of unintentional drug overdoses	1. Prevention programming in schools and community 2. Community Wide collaboration through ASAP coalition/ County Opiate Hub/ County Overdose Fatality Review Committee 3. Contracts for provision of detoxification services and recovery housing for indigent residents 4. Diverse outpatient treatment options 5. Increase accessibility to Medication Assisted Treatment 6. Promotion and funding of Project DAWN 7. Increase availability of interventions available to inmates at the Trumbull County jail 8. Fund peer support for indigent individuals at First Step Recovery	1. Number of schools receiving prevention services from TCMHRB contract provider agencies. 2. Number of participants in ASAP community awareness activities. ASAP meeting and event attendance. Number of active Opiate Hub and Overdose Fatality Review Committee members. 3. Availability of full continuum of care as evidenced by the completion of the Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area 4. Number of patients receiving MAT 5. Number of Project DAWN kits distributed 6. Number of unintentional overdose deaths	__ 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)	Decrease incidence of neo natal abstinence syndrome and fetal alcohol spectrum disorder	1. Collaboration with the Family & Children First Council of Trumbull County 2. Increase access to treatment 3. Promote M.O.M.S. Project 4. Participate in Trumbull County M.O.M.S Coalition 5. Increase awareness and professional development of NAS and FASD	1. Number of babies diagnosed with neo natal abstinence syndrome 2. Number of pregnant women on MAT 3. Number of participants in M.O.M.S. Project 4. Number of trainings and people trained in NAS and FASD	__ 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)	1. Decrease in number of youth involved with the child welfare system due to parental SUD 2. Parents with SUDs complete treatment and achieve recovery	1. Continue collaborative funding arrangement with Children Services and Family Court to maintain the Trumbull County Family Dependency Treatment Court (FDTC) 2. Maintain active participation on FDTC Steering Committee 3. Ensure court protocols incorporate evidence-based practices 4. Maintain active involvement on the Trumbull County Children Services Steering Committee for the QIC and START grants (Trumbull-SUD Initiative)	1. Number of children maintained in the biological parents' home 2. Number of reunified families 3. Number of FDTC graduations 4. Number of families enrolled in the QIC and START grants	__ 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.)	Decrease the number of cases of persons with communicable diseases	1. Partner with the Trumbull County Combined Health District and Warren City Health Departments to reduce incidences of communicable diseases 2. Promote awareness that the Warren City Health Dept. offers HIV and HepC testing and counseling 3. Promote awareness that the Summit County Health Dept provides assistance to patients with syphilis	1. The number of residents with TB, AIDS, HIV, Hep A, B and C 2. The number of outreach/educational efforts about services available	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Children with Serious Emotional Disturbances (SED)	1. Ensure that MH treatment is accessible to all children 2.Decrease the number of youth with SED involved in the juvenile justice system 3. Decrease out of home placements for youth with SED	1. School-Based Prevention PreK-12 2. Fund OhioMHAS Certified agencies to provide treatment to indigent or under-insured children 3. Fund CPST position in Juvenile Court 4. Multi-Systemic Therapy 5. High Fidelity Wraparound 6. Continue collaborative funding arrangement for Wraparound Pooled Fund with Children Services, Board of DD and Family Court	1. Number of youth served with TCMHRB funding 2. Number of children, families and childcare providers engaged in the Trumbull County Early Childhood Mental Health Consultation Initiative 3. Preschool expulsion rates 4. MST Ultimate Outcomes 5. Number of Wraparound-involved youth maintained in their home	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-BG: Mandatory (for OhioMHAS): Adults with Serious Mental Illness (SMI)	1. Decrease the number of hospitalizations 2. Decrease hospital recidivism rates 3. Decrease the average length of stay of	1. Provide additional supportive services 2. Provide supportive housing services locally	1. Number of hospitalizations 2. Rate of hospital recidivism 3. Hospital length of stay	__ No assessed local need __ Lack of funds __ Workforce shortage

	difficult to place adults 4. Ensure that MH treatment is accessible to all residents	3. Diversify placement options so as to better meet the needs of clients 4. Fund OhioMHAS Certified agencies to provide treatment to indigent or under-insured individuals	4. Treatment utilization	__ Other (describe):
MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	1. Locate/engage unhoused persons 2. Improve emergency accommodations 3. Increase number of formerly homeless persons served in permanent supportive housing 4. Prevent homelessness among high-risk populations 5. Implement Coordinated Entry and Diversion for homeless individuals/families 6. Reduce the number of homeless veterans	1. Work with PATH outreach program (Help Network of NE Ohio & Catholic Charities Regional Agency) 2. Expand Continuum of Care Vouchers 3. CQI and Community Linkages to prioritize housing for persons leaving state hospitals and prisons 4. Recommendation to Access Points for information and referral (Christy House, Catholic Charities, Emmanuel Care Center) 6. Utilization of VASH vouchers for chronically Homeless Veterans & VA specific housing 7. Utilize State Crisis Funds to contract with Coleman Professional Services for the employment of 2 housing navigators	1. Apply for additional Continuum of Care vouchers. 2. Number of persons served with Continuum of Care vouchers and PSH 3. Monitor Christy House utilization for LOS and re-admissions by primary provider and utilization of Diversion Tool by housing providers to steer individuals towards alternative forms of support, before emergency shelters 4. Number of persons referred by each Access Point 5. Number of veterans served through VASH Vouchers and VA Specific housing	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
MH-Treatment: Older Adults	1. Ensure that MH treatment is accessible to all older adults 2. Decrease suicidal behaviors in older adults	1. Fund OhioMHAS Certified agencies to provide treatment to indigent or under-insured individuals 2. Support the activities of the Trumbull County Suicide Prevention Coalition	1.Number of suicides by older adults 2.Number of older adults receiving treatment at a TCMHRB contract agency	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe)
Additional Priorities Consistent with SAMHSA Strategic Plan and Reported in Block Grant				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
MH/SUD Treatment in Criminal Justice system –in jails, prisons, courts, assisted outpatient treatment	1. Improve transition, engagement and integration for persons returning to community from prisons / jail 2. MH/SUD Treatment professionals are available in the Trumbull County Jail	1. Provide local oversight of Community Transition program 2. Fund MAT and Peer Support in the jail utilizing SOR funding 3. Fund the Coleman Jail Navigator position in the jail	1. Number of persons served and re-incarcerations 2. Number of clients who comply with treatment	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

	3. Maintain partnerships with agencies, hospitals, and Probate Court in providing AOT	4. Continue to have agencies provide services to clients on AOT and complete reports as required by court systems		
Integration of behavioral health and primary care services	Maintain partnerships with One Health, our local FQHC, and Meridian Healthcare to provide integrated primary and behavioral health care.	1. Continue to pay co-pays of indigent patients at OneHealth who also receive behavioral health services at core provider agencies 2. Indigent care will be provided via levy funds	1. The number of persons benefiting by the co-pays will be counted 2. Robert Wood Johnson County Health Rankings will improve 3. The number of persons receiving integrated services will increase	__ 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)	1. Increase the number of Certified Peer Recovery Supporters 2. Increase the number of <u>employed</u> Certified Peer Recovery Supporters 3. Increase accessibility to quality recovery housing 4. Increase the number of employed people in recovery	1. Host Peer Recovery Supporters trainings as needed 2. Provide funding to Compass Family and Community Services to hire peer supporters 3. Provide funding for peer support at the Salvation Army drop in center 3a. Contract with only Recovery House operators with homes certified by Ohio Recovery Housing (ORH) 3b. Meet regularly with recovery housing operators providing education about behavioral health supportive services in the community 3c. Provide rent stipends to recovery houses for indigent Trumbull County residents 3d. Utilize SOR grant funds to provide rent stipends to individuals financially impacted by COVID-19 3e. Utilize ATP funds to provide rent stipends for eligible criminal justice involved individuals 3f. Provide funding for Recovery House monitors to encourage individuals with long term sobriety to remain in the recovery house 3g. Allocate funds to contracted recovery houses for attendance at the ORH Annual Conference	1. Number of trained and Certified Peer Recovery Supporters 2. Number of employed Peer Recovery Supporters in Trumbull County 3a. Number of recovery houses in contract with TCMHRB 3b. Number of 12 step meetings held in FY20 3c. Number of residents receiving rental stipends in recovery houses 4a. Number of individuals referred for employment/educational services 4b&4c. Number of individuals enrolled in educational programming or employment services	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		4a. Contract with Cadence Care Network to provide respite to grandparents raising grandchildren due to parental addiction 4b. Allocate funds to Help Network to employ a Special Navigator to assist families with a child(ren) with a mental illness access resource 4c. Network with Employment/Educational agencies that provide transportation services to/from programming 4d. Provide rent support to the Sahara Club (sober club) to reduce barriers to individuals seeking sober supports 4e. Allocate funds to support the Warmline at Help Network 4f. Allocate funding to support the community drop-in center at the Salvation Army 4g. Provide funds to support the BRIDGES and WRAP programs at Help Network 4h. Allocate funds to support NAMI Mahoning Valley 5. Utilize ATP funding to purchase supported employment for eligible criminal justice involved individuals 5a. Allocate levy funds to purchase supported employment from Coleman and Compass		
Promote health equity and reduce disparities across populations (e.g. racial, ethnic & linguistic minorities, LGBT)	1. Increase understanding of various populations and issues 2. Increase trained providers	1. Collaborate with identified organizations identified as experts 2. Provide and share opportunities for educational/training programs	1. Number of providers working with different populations 2. Number and types of various training programs provided	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Prevention and/or decrease of opiate overdoses and/or deaths	Reduce the number of unintentional drug overdoses by Trumbull County residents	1. Purchase prevention programming in schools and community from OhioMHAS certified agencies 2. Community Wide collaboration through ASAP coalition/ County Opiate Hub/ County Overdose Fatality Review Committee	1. Number of schools receiving prevention services 2. Number of participants in ASAP community awareness activities. ASAP meeting and event attendance.	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe

		3. Contracts for provision of detoxification services and recovery housing for indigent residents 4. Diverse outpatient treatment options across the continuum of care 5. Medication Assisted Treatment is accessible to all county residents 6. Promotion and funding of Project DAWN 7. Maintain availability of interventions available to inmates at the Trumbull County jail	Number of active Opiate Hub and Overdose Fatality Review Committee members 3. Availability of full continuum of care as evidenced by the completion of Table 1: Inventory of Facilities, Services and Supports Currently Available to Residents of the Board Area 4. Number of patients receiving MAT 5. Number of Project DAWN kits distributed 6. Number of unintentional overdose deaths	
Promote Trauma Informed Care approach	Establish Trumbull County as a Trauma Informed Community of Caring	1. Provide staff support to the Trumbull County Trauma Informed Steering Committee 2. Provide trainings to enhance understanding of the lifelong impact of untreated adverse childhood experiences 3. Expand the use of the community wide trauma screening tool (ACES)	1. Number of meetings attended 2. Number of trainings provided 3. Number of agencies who adopt and implement the ACES screening tool	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe
OhioMHAS Prevention Priorities				
Priorities	Goals	Strategies	Measurement	Reason for not selecting
Prevention: Ensure prevention services are available across the lifespan	Prevention in Trumbull County addresses the needs of all Trumbull County residents in a culturally sensitive manner	1. Contract with OhioMHAS certified agencies to make prevention programming available to all Trumbull County schools 2. Early Childhood Mental Health Consultation accessible to all childcare centers in Trumbull County 3. Coordinate safe medication disposal events and information dissemination 4. ASAP summer track meet 5. PRIDE Surveys 6. Community-wide education regarding responsible gambling	1. Number of Trumbull County schools receiving prevention programming 2. Number of children, families and daycare centers engaged in the Trumbull County Early Childhood Mental Health Initiative 3. Amount of medications dropped off at safe disposal collection sites 4. Number of youth and families who participate in the ASAP track meet	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

		7. Work with schools to maximize the use of K-12 prevention funding 8. Host regular meetings with prevention providers and stakeholders to coordinate services 9. Distribute DeTerra medication disposal bags	5. Number of schools that administer the PRIDE surveys to their students 6. Number of units of gambling prevention provided 7. Number of schools with completed K-12 Prevention Plans of Action 8. Number of DeTerra bags distributed	
Prevention: Increase access to evidence-based prevention	1. Increase in the number of school districts implementing evidence-based prevention activities 2. Increase the number of certified prevention specialists 3. Increase in number of individuals trained in evidence-based prevention practices	1. Fund certified prevention agencies to provide evidence-based prevention practices within schools including youth-led prevention initiatives 2. Provide funding to TCMHRB contract agencies for staff to pursue gambling prevention education (i.e. attend state-wide gambling conference) 3. Provide funding to TCMHRB contract agencies for staff to participate in professional development activities 4. Include prevention education at ASAP 2021 Drug Summit 5. Work with schools to maximize the use of K-12 prevention funding	1. Number of school districts utilizing prevention services through TCMHRB contract providers 2. Number of certified prevention specialists employed by TCMHRB contract providers 3. Number of units of prevention activities provided 4. Number of prevention trainings held 5. Number of participants in prevention trainings	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):
Recovery Ohio and Prevention: Suicide prevention	1. Increase awareness that suicide is a public health problem in order to reduce stigma and increase individuals' ability to seek help. 2. Identify any negative suicide trends on an ongoing basis and provide information, education and training to decrease/alleviate the trends.	1. Develop and implement a public awareness campaign 2. Work with the County Coroner's office to obtain data on completed suicides 3. Develop workshops and training materials for direct care providers, interested parties and professionals based upon trends identified through use of local data 4. Provide outreach to first responders	1. Number of persons viewing Man Therapy website 2. Decrease in completed suicides	__ No assessed local need __ Lack of funds __ Workforce shortage __ Other (describe):

Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community and Healthcare Organizations	1. Decrease the frequency of problem gambling. 2. Increase number of clients engaged in gambling treatment, attending recovery support groups and obtaining a sponsor. 3. Increase in gambling prevention activities	1. Contract agencies to integrate problem gambling screening questions in their diagnostic assessment 2. Promote activities to build public awareness regarding what is problem gambling and how to engage in services 3. Provide funding to increase gambling treatment capacity 4. Integrate gambling prevention into all prevention activities 5. Provide funding to increase workforce capacity	1. Number of certified gambling treatment providers 2. Units of gambling prevention provided 3. Number of clients in gambling treatment	__ 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

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

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

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	ID NUMBER	SERVICE	ALLOCATION

SIGNATURE PAGE

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

Each Alcohol, Drug Addiction and Mental Health Services (ADAMHS) 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 Board.

Trumbull County Mental Health and Recovery Board

April J. Caraway, Executive Director — Date: 8-19-2020

Thomas Harwood, Board President — Date: 8-19-2020

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.).

Attached is the SFY 2021-2022 Community Plan Essential Services Inventory**. Each Board's completed SFY 2019-2020 form will be sent in separate email should the board want to use it to update information.**

The Essential Services Inventory form included with this Community Plan requires the listing of services for which the board may not contract. This element is necessary due to current Ohio Revised Code to detail the behavioral health (BH) continuum of care in each board area.

Some additional Continuum of Care (CoC) information resources have been provided below to assist in this process, but board knowledge is vitally important given the limitations of these included CoC resources. For example, the attached resources may not address BH services provided by Children Service Boards and other key providers within the local behavioral healthcare system.

Instructions for the Essential Services Inventory

The goal is to provide a complete listing of all BH providers in the board area. However, at a minimum, at least one entity must be identified for each essential service category identified in Column A of the form.

In addition to the identification of the Essential Service Category, the spreadsheet identifies the treatment focus (Column B) and Service Location (Column C) of the service as required in Ohio Revised Code. The fourth column (Column D) provides a list of the Medicaid and Non-Medicaid services associated with each of the Essential Service Categories.

In Column E, please identify the Names and Addresses of providers who deliver the Column D Medicaid/Non-Medicaid payable services associated with each Essential Service Category and in Column F indicate by "Y" or "N" whether the Board has a contract with this agency to provide the services.

Additional Sources of CoC Information

1. **SAMHSA Treatment Locator https://www.findtreatment.gov/**