2023-2025 Community Assessment and Plan
Mahoning County Mental Health & Recovery Board

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Background and Statutory Requirements

The new Community Assessment and Plan (CAP) process is designed to better support policy development, strategic direction, strategic funding allocation decisions, data collection and data sharing, and strategic alignment at both the state and community level. This planning process balances standardization and flexibility as the Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards identify unmet needs, service gaps, and prioritize community strategies to address the behavioral health needs in their communities. Included in these changes is an increased focus on equity and the social determinants of health that are now imbedded in all community planning components.

Based on the requirements of Ohio Revised Code (ORC) 340.03, the community ADAMH Boards are to evaluate strengths and challenges and set priorities for addiction services, mental health services, and recovery supports in cooperation with other local and regional planning and funding bodies. The boards shall include treatment and prevention services when setting priorities for addiction services and mental health services.

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) has redesigned the CAP to support stronger alignment to the 2021-2024 OhioMHAS Strategic Plan, and to support increased levels of collaboration between ADAMH Boards and community partners, such as local health departments, local tax- exempt hospitals, county Family and Children First Councils (FCFCs), and various other systems and partners. The new community planning model has at its foundation a data-driven structure that allows for local flexibility while also providing standardization in the assessment process, identification of disparities and potential outcomes.

Required Components of the CAP

Assessment – OhioMHAS encourages the ADAMH Boards to use both quantitative and qualitative data collection methods and to partner with other organizations, such as local health departments, tax-exempt hospitals, county FCFCs, community stakeholders, and individuals served to conduct the assessment. During the assessment process, ADAMH Boards are requested to use data and other information to identify mental health and addiction needs, service gaps, community strengths, environmental factors that contributes to unmet needs, and priority populations that are experiencing the worst outcomes in their communities (disparities)

Plan – ADAMH Boards develop a plan that identifies local priorities across the behavioral health continuum of care that addressed unmet needs and closed service gaps. The plan also identifies priority populations for service delivery and plans for future outpatient needs of those currently receiving inpatient treatment at state and private psychiatric hospitals.

Legislative Requirements – This new section of the CAP is reserved to complete and/or submit statutorily required information. The use of this section may vary from plan-to-plan.

Continuum of Care Service Inventory – ADAMH Boards are required to identify how ORC-required continuum of care services (340.033 and 340.032 Mid-Biennial Review) are provided in the community. This information is to be completed via an external Excel spreadsheet.

Contents

CAP Plan Highlights – Continuum of Care Priorities and Age Groups of Focus

The CAP Plan priorities section is organized across the behavioral health continuum of care and two special populations. Each of the Plan continuum of care priority areas will be defined on the following pages. The information in this CAP Plan will also include the Board's chosen strategy identified to address each priority, the population of focus, identification of potential populations experiencing disparities, the chosen outcome indicator to measure progress ongoing, and the target the Board is expecting to reach in the coming years.

For each identified strategy, the Board was requested to identify the age groups that are the focus for each identified CAP Plan strategy. These age groups include Children (ages 0-12), Adolescents (ages 13-17), Transition-Aged Youth (ages 14-25), Adults (ages 18-64), and Older Adults (ages 65+). The table below is an overview of which ages are the focus of each priority across the continuum of care.

Continuum of Care Priorities	**Children** (ages 0-12)	**Adolescents** (ages 13-17)	**Transition-Aged Youth** (ages 14-25)	**Adults** (ages 18-64)	**Older Adults** (ages 65+)
Prevention	●	●			
Mental Health Treatment			●	●	●
Substance Use Disorder Treatment			●	●	●
Medication-Assisted Treatment			●	●	●
Crisis Services	●	●	●	●	
Harm Reduction				●	●
Recovery Supports				●	●
Pregnant Women with Substance Use Disorder			●	●	
Parents with Substance Use Disorder with Dependent Children	●		●	●	

CAP Plan Highlights – Continuum of Care Priorities

→ ***Prevention***: *Prevention services are a planned sequence of culturally relevant, evidenced-based strategies, which are designed to reduce the likelihood of or delay the onset of mental, emotional, and behavioral disorders. **

- **Strategy:** Implement SEL programming (PBIS, PAX or other) in one school district. Track progress & outcomes in this district for comparison to other districts.
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17)
- **Priority Populations and Groups Experiencing Disparities:** General Populations
- **Outcome Indicator(s):** Number of students impacted Reduce absenteeism Reduce disciplinary referrals
- **Baseline:** TBD
- **Target:** 10% reduction in absenteeism & disciplinary referrals by 2025

→ ***Mental Health Treatment***: *Any care, treatment, service, or procedure to maintain, diagnose, or treat an individual's condition or mental health.*

- **Strategy:** Decrease stigma in seeking behavioral health services among populations experience disparities.
- **Age Group(s) Strategy Trying to Reach:** Transition-Aged Youth (ages 14-25), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** Black Residents, Hispanic Residents, Men
- **Outcome Indicator(s):** Received mental health treatment in past year, adults; Percent of adults, ages 18 and older, who received treatment or counseling from a mental health professional when needed during the past 12 months.
- **Baseline:** 18.79%
- **Target:** 2% increase by 2025

**All definitions of the BH Continuum of Care are from Ohio Revised Code (ORC) and Ohio Administrative Code (OAC)*

CAP Plan Highlights – Continuum of Care Priorities Cont.

→ ***Substance Use Disorder Treatment***: *Any care, treatment, or service to treat an individual's misuse, dependence, and addiction to alcohol and/or legal or illegal drugs.*

- **Strategy:** Decrease stigma in seeking behavioral health services among populations experience disparities.
- **Age Group(s) Strategy Trying to Reach:** Transition-Aged Youth (ages 14-25), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** Black Residents, Hispanic Residents
- **Outcome Indicator(s):** Number of Fatal Overdoses; Number of Non-Fatal Overdoses
- **Baseline:** 152
- **Target:** 5% decrease in deaths by 2025

→ ***Medication-Assisted Treatment***: *Alcohol or drug addiction services that are accompanied by medication that has been approved by the USDA for the treatment of substance use disorder, prevention of relapse of substance use disorder, or both.*

- **Strategy:** Decrease stigma of MAT
- **Age Group(s) Strategy Trying to Reach:** Transition-Aged Youth (ages 14-25), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, Black Residents, Hispanic Residents, People Who Use Injections Drugs (IDUs)
- **Outcome Indicator(s):** Ohio Buprenorphine Prescriptions per 100,000 residents
- **Baseline:** 24.82K
- **Target:** 2% increase by 2025

CAP Plan Highlights – Continuum of Care Priorities Cont.

→ ***Crisis Services***: *Any service that is available at short notice to assist an individual to resolve a behavioral health crisis or support an individual while it is happening.*

- **Strategy:** Work to develop Mobile Response & Stabilization Service (MRSS) Team that can lead emergency response efforts for mental health-related crisis calls. In Year 1, form action group to assess current conditions and identify next steps toward developing MRSS team. In Years 2 and 3, implement MRSS training and next steps as identified in Year 1.
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17). Transition-Aged Youth (14-25), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, Resident of Rural Areas, Black Residents, Hispanic Residents, Older Adults (ages 65+)
- **Outcome Indicator(s):** Percent of crisis calls that are resolved without having to dispatch police
- **Baseline:** TBD
- **Target:** 3% decrease in law enforcement involvement in calls by 2025
- **Next Steps and Strategies to Improve Crisis Continuum:** We are still building workforce to make coverage possible.

→ ***Harm Reduction***: *A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use.*

- **Strategy:** Make fentanyl test strips available
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** People Who Use Injection Drugs (IDUs)
- **Outcome Indicator(s):** Have fentanyl test strips available through at least one program
- **Baseline:** 0
- **Target:** Distribute strips to at least 10 IVDU in year 1 and increase by 10% in years 2 and 3 by 2025

CAP Plan Highlights – Continuum of Care Priorities Cont.

→ ***Recovery Supports***: *Services that promote individual, program, and system-level approaches that foster health and resilience (including helping individuals with behavioral health needs to "be well," manage symptoms, and achieve and maintain abstinence).*

- **Strategy:** Increase number of ORH certified recovery housing beds
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** Persons in Recovery
- **Outcome Indicator(s):** Number of beds available in Mahoning County in ORH Certified Houses
- **Baseline:** 72
- **Target:** 10% increase in beds available by 2025

CAP Plan Highlights - Special Populations

Due to the requirements of the federal Mental Health and Substance Abuse and Prevention Block Grants, the Board is required to ensure that services are available to two specific populations: Pregnant Women with Substance Use Disorder, and Parents with Substance Use Disorder with Dependent Children.

→ ***Pregnant Women with Substance Use Disorder:***

- **Strategy:** Support CSB in Plans of Safe Care for all Pregnant women with SUD
- **Age Group(s) Strategy Trying to Reach:** Transition-Aged Youth (ages 14-25), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Women, People Who Use Injection Drugs (IDUs)
- **Outcome Indicator(s):** Plans of safe care training for all professionals working with pregnant women with SUD
- **Baseline:** 15
- **Target:** 100 professionals trained by 2025

CAP Plan Highlights - Special Populations Cont.

→ ***Parents with Substance Use Disorder with Dependent Children:***

- **Strategy:** Support CSB START program
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Transition-Aged Youth (ages 14-25), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Parents Diagnosed with SUD and Their Children/Families
- **Outcome Indicator(s):** Educate all professionals working with SUD clients with dependent children on CSB START Program.
- **Baseline:** 15
- **Target:** 100 individuals trained by 2025

CAP Plan Highlights - Other CAP Components

→ ***Family and Children First Councils:***

- **Service Needs Resulting from Finalized Dispute Resolution Process:** None.
- **Collaboration with FCFC(s) to Serve High Need Youth:** The Mahoning County Mental Health and Recovery Board Executive Director serves on the Mahoning County FCFC Council as required by law. He currently serves as the vice-chair of the FCFC. The Clinical Director participates in service planning meetings for high-need/multi-system youth. The MCMHRB Clinical Director works with the FCFC Director and providers to ensure that youth receive the appropriate care.
- **Collaboration with FCFC(s) to Reduce Out-of-Home Placements:** The MCMHRB participates on all planning meetings with FCFC. All planning for high-need/multi-system youth is undertaken to avoid out of home placements whenever possible. Multiple service providers are utilized to allow the children and their families to receive care in Mahoning County. Day services, respite care, and in home care are all utilized to avoid out of home placements.

CAP Plan Highlights - Other CAP Components Cont.

→ ***Hospital Services:***

- **Identify How Outpatient Service Needs Are Identified for Current Inpatient Private or State Hospital Individuals Who Are Transitioning Back to the Community:** MCMHRB Clinical Director participates in meeting with the State Hospital for any patients that are being transitioned back to the community. The Clinical Director ensures that the local agencies that will be providing ongoing services for the client are on any necessary calls. Bi-weekly case review meetings are held in Mahoning County, led by the MCMHRB Clinical Director. These meetings review any high-need/multi system adult in the community. All providers that serve the clients being discussed are included in the calls. All client needs are reviewed including treatment and recovery supports, as well as any social needs (i.e. housing, food, peer support, payee, guardian, etc.). Individuals that have received services in a private hospital are included in the case review calls when they are identified by the hospital. Any treatment agency can bring a discussion of a high-need/multi-system adult to the case review meeting. These meetings are also utilized to prevent hospitalization of these individuals when possible.
- **Identify What Challenges, If Any, Are Being Experienced in This Area:** Lack of communication/cooperation from private psychiatric hospital(s)
- **Explain How the Board is Attempting to Address Those Challenges:** MCMHRB continues to reach out to private psychiatric hospitals in the area. As these hospitals usually have referred patients to a local provider, allowing these providers to bring the patient to the attention of the case review provides the opportunity to support these clients in the community.

→ ***Optional: Data Collection and Progress Report Plan:***

- Data for the objectives will be tracked on an ongoing basis. We have utilized this process with the Community Health Improvement Plan with our Public Health partners for many years.

→ ***Optional: Link to Other Community Plans:***

As of February 2023

- We participate in the CHA/CHNA conducted as a group between Mercy Health, Mahoning County Public Health, Youngstown Public Health, Mahoning County MHRB, Trumbull County Public Health, Warren City Public Health, Trumbull County MHRB. The plan we worked on this past year 2023-2025 has required some changes and will be publicly released to the community on 2/9/23. Once published we will provide the link to the final plan.

CAP Assessment Highlights

As part of the CAP Assessment process, the Board was required to consider certain elements when conducting the assessment. Those elements included identifying community strengths, identifying mental health and addiction challenges and gaps, identifying population potentially experiencing disparities, and how social determinants of health are impacting services throughout the board area. The Board was requested to take these this data and these elements into consideration when developing the CAP Plan.

→ ***Most Significant Strengths in Your Community:***

- Collaboration and Partnerships
- Engaged Community Members
- Creativity and Innovation

→ ***Mental Health and Addiction Challenges:***

Top 3 Challenges for Children Youth and Families

- Mental, Emotional, and Behavioral Health Conditions in Children and Youth (overall)
- Youth Suicide Deaths
- Adverse Childhood Experiences (ACEs)

Top 3 Challenges for Adults

- Adult Suicide Deaths
- Drug Overdose Deaths
- Mental Health and Substance Use Disorder Conditions Among Adults (overall)

Populations Experiencing Disparities

- People with Low Income or Low Educational Attainment, Residents of Rural Areas, Black Residents, Hispanic Residents, Men, People Involved in the Criminal Justice System

Optional Disparities Narrative

Specific quantitative data on the populations that experience disparities are not readily available. However, during the work in the community as well as information collected for the Community Health Improvement Plan needs assessment the above populations have been identified as experiencing disparities in outcomes. These disparities are related to a number of community factors, including populations less likely to seek treatment for behavioral health needs due to cultural factors, populations less likely to have the resources (including transportation, childcare, time off work) to attend treatment, populations more likely to live in areas of the county that experience more violence, those who live more than half an hour travel from facilities.

CAP Assessment Highlights Cont.

→ ***Mental Health and Addiction Service Gaps:***

Top 3 Service Gaps in the Continuum of Care

- Crisis Services
- Mental Health Workforce
- SUD Treatment Workforce

Top 3 Access Challenges for Children Youth and Families

- Unmet Need for Mental Health Treatment
- Unmet Need for Major Depressive Disorder
- Lack of School-Based Health Services

Top 3 Challenges for Adults

- Lack of Follow-Up After ED Visit for Mental Health
- Lack of Follow-Up After ED Visit for Substance Use
- Uninsured Adults

Populations Experiencing Disparities

- People with Low Income or Low Educational Attainment, Residents of Rural Areas, Black Residents, Hispanic Residents, Men, People in the Criminal Justice System

Optional Disparities Narrative

Specific quantitative data on the populations that experience disparities are not readily available. However, during the work in the community as well as information collected for the Community Health Improvement Plan needs assessment the above populations have been identified as experiencing disparities in outcomes. These disparities are related to a number of community factors, including populations less likely to seek treatment for behavioral health needs due to cultural factors, populations less likely to have the resources (including transportation, childcare, time off work) to attend treatment, populations more likely to live in areas of the county that experience more violence, those who live more than half an hour travel from facilities.

CAP Assessment Highlights Cont.

→ ***Social Determinants of Health:***

Top 3 Social and Economic Conditions Driving Behavioral Health Challenges

- Poverty
- Violence, Crime, Trauma, and Abuse
- Attitudes About Seeking Help

Top 3 Physical Environment Conditions Driving Behavioral Health Challenges

- Lack of Affordable of Quality Housing
- Lack of Transportation
- Food Insecurity

Populations Experiencing Disparities

- People with Low Incomes of Low Educational Attainment, Residents of Rural Areas, Black Residents, Hispanic Residents, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System

Optional Disparities Narrative

Information collected for the Community Health Improvement Plan needs assessment the above populations have been identified as experiencing disparities in these social determinants of health. Housing for behavioral health clients have been identified as a challenge as well. The MCMHRB has partnered with Terry Russell and his initiative with NAMI Ohio to enhance housing for mental health consumers around the state. The Board and the foundation are partnering to hire a consultant to conduct a housing inventory and plan for Mahoning County to provide various levels of housing, as needed, by behavioral health consumers throughout our county.

Optional Assessment Findings

Collaboration comment - Relationships with some of the entities vary greatly. With 14 School Districts in the county, we have some districts that invite us in and work closely for planning for their students and others that express no desire for help. With a variety of municipal, county, and common pleas courts in the county again interactions vary from basic networking to collaboration with Common Pleas Drug Court. Children Services level of involvement varies by program area, i.e., we provide collaboration with their START program, cooperation for shared FCFC cases.

→ ***Optional: Link to Other Community Assessments:***

- We participate in the CHA/CHNA conducted as a group between Mercy Health, Mahoning County Public Health, Youngstown Public Health, Mahoning County MHRB, Trumbull County Public Health, Warren City Public Health, Trumbull County MHRB. The plan we worked on this past year 2023-2025 has required some changes, and will be publicly released to the community on 2/9/23. Once published we will provide the link to the final plan.