

**Ohio Mental Health and Addiction Services (OhioMHAS)
Stark County Mental Health and Recovery
Community Plan Update for SFY 2021-2022**

Needs Assessment Update

- 1. Please update the needs assessment submitted with the SFY 2021-2022 Community Plan, as required by ORC 340.03, with any new information that significantly affects the Board's priorities, goals, or strategies.*

New evaluation process information is of particular interest and importance to the Department regarding: (1) child service needs resulting from finalized dispute resolution with Family & Children First Councils (ORC § 340.03(A)(1)(c)) (2) outpatient service needs of persons receiving treatment in state Regional Psychiatric Hospitals (ORC § 340.03(A)(1)(c)); and (3) consequences of opiate use, e.g., overdoses and/or deaths.

There is no new information or evaluation process information related to child service needs coming from finalized dispute resolution with Family & Children First Councils or with regards to outpatient service needs of persons receiving treatment in state Regional Psychiatric Hospitals.

Stark County has seen an increase in Opiate use since the start of calendar year 2021, however, and the following information included is from calendar year 2020 through June 2021.

Since 2011, Stark County has worked to address the opiate epidemic in our county through local and state collaborations. From calendar year 2016 through 2018, we saw a decrease in overdose deaths. However, in 2019 overdose deaths began to increase; there were 103 deaths, 77 of which were opioid related. Then in 2020 we saw the largest number of deaths since 2016 with 131 deaths. Opioids were involved in 102 deaths, 70 involved a stimulant, and 55 involved both an opioid and a stimulant. Unfortunately, the data for 2021 is not trending down either. Current data through June 2021 indicates that we have experienced 85 overdose deaths this far. Opioids have been present in 57 of the deaths; stimulants have been present in 46 of the deaths; and both an opioid and stimulant were present in 33 of the deaths.

According to 2020 data obtained from the Stark County Coroner's office, males in Stark County made up 62.6% of those who died by overdose, whereas females represented 37.4%. The age groups with the highest overdose deaths are 35 to 44 and 25 to 34 years. When breaking down deaths by race, 110 who died by overdose were white, 19 were black, and 2 identified as multi-racial or other; one individual also identified as Hispanic/Latinx. So far in 2021, these data points look similar to 2020. It is also important to note that based on data from the Stark County Health Department, since 2017, death rates per capita for African Americans have more than doubled. In 2020, the death rate for Caucasian decedents was 33.48 while the rate for African American decedents was 69.11; in 2017 the African American overdose death rate was 26.2.

Efforts to reduce and prevent overdose deaths over the past several years include increasing access to Naloxone kits across community systems, educating people about appropriate drug disposal options like Deterra® pouches, seeking grants to improve access to services across the county and boost educational

efforts, increasing opportunities for people with lived experience to help others with their recovery, Canton City Health Department’s SWAP (syringe exchange) program, implementation of Medication Assisted Treatment (MAT) at several sites across the county, as well as an opiate hotline.

As part of an effort to address rising overdoses across the state, in May 2021 StarkMHAR received funding and an allocation of naloxone kits from OhioMHAS to distribute to targeted zip codes based on ER visit and coroner data. Providers that have been trained to distribute naloxone have hosted nearly two dozen pop-up distribution sites over a one-month period and distributed nearly 175 kits. We continue to distribute our allocation and are in discussion about where to place NaloxBoxes at businesses in the county for more consistent access to this life-saving measure.

In addition to enhancing access to naloxone, StarkMHAR is working on an overdose response plan that prioritizes harm reduction strategies, outreach to high-incident zip codes, public awareness efforts, and re-engaging individuals who have left treatment. Of note, strategies specifically aimed at the African American community to date include: a public roundtable to gather feedback from the community; working with local barbershops to implement The Confess Project & distribute fentanyl test strips; targeted marketing within the community about harm reduction & treatment; and ensuring that connections that already exist between the behavioral health system and the African American community are fully engaged in the response plan.

The 2020 Drug Take Back Day in Stark County was cancelled due to the pandemic, but one is scheduled for September 2021. These efforts are supported by the Stark County Opiate & Addiction Task Force (OATF) which consists of partners from numerous organizations throughout the community including law enforcement, criminal justice, education, treatment and recovery support providers, prevention providers, medical professionals, health departments, Jobs and Family Services, persons and families with lived experience, and many others. The OATF also acts as the local county opiate hub as per state statute.

Current Status of SFY 2021-2022 Community Plan Priorities

2. Please list the Board, Block Grant, and State priorities identified in the SFY 2021-2022 Community Plan. Briefly describe any progress in achieving the related goals and strategies in Column 4 and indicate in the last column if the Priority is “Continued,” “Modified”, or “Discontinued” for SFY 2022.

If the SFY 2021-2022 Community Plan addressed any activities in the identified RecoveryOhio priority areas, OhioMHAS is particularly interested in an update or status report of these areas.

Board Local System Priorities					
Priority	Goal	Strategy	Progress	Barriers/Need for TA?	Priority Continued, Modified, or Discontinued in SFY 2022?
Workforce Development	Reduce staff turnover across the system.	Development & implementation of agency retention plans.	Measurement indicator: Rate of staff turnover Baseline data: SFY20 data – 10% rate of staff turnover Target: Reduce staff turnover to 7% Progress/Update: As of June 2021 – 7.97%; Continue to track quarterly	Barriers – This number was significantly impacted by COVID-19, especially in Q3 & Q4 of SFY20. TA – No	Continued
	Increase staff engagement	Completion of Gallup surveys by identified treatment providers.	Measurement indicator: Number of agencies reporting increase in staff engagement per Gallup. Baseline data: TBD – distribution to occur in SFY21. Target: 66% of agencies reporting increase in staff engagement per Gallup. Progress/Update: Distribution of baseline Gallup Q12 survey occurred in April 2021. Second Q12 to be distributed in October 2021. Comparison can occur at that time.	Barriers – No TA – No	Continued
	Exhibit process improvement through reduction in claim denials	Track claim denials with the 3 largest treatment providers.	Measurement indicator: Number of claim denials Baseline data: 29% identified by one provider. Target: Reduction to 3% by this one provider. Progress/Update: Averages at or below 3% per provider report.	Barriers – No TA – No	Continued
Access	1. Reduction of no-shows & cancellations	1. Implementation of MTM Same Day Access (SDA) and Just-in-Time (JIT) products at 3 largest treatment providers. 2. Implementation of appointment reminder systems.	Measurement indicator: The number of days between intake and first prescriber appointment. Baseline data: 5 days Target: 3 days by end of community plan Progress/Update: As of the end of SFY21 – One agency has implemented both SDA and JIT and reports being at an average of 10.39 days. A second agency is preparing to implement SDA & reports they an average of 55.41 days. The third agency previously implemented SDA but is not going to implement JIT and they average at 25.97 days.	Barriers – High turnover in med/som departments across the system negatively impacts wait times. Agencies report a number of staff “Agency hopping” from one employer to another. Difficulty finding appropriate candidates during searches. COVID-19 has also had an impact as more people have sought services even as prescribers have left the system. TA – No	Continued
	2. Increase access to crisis services.	Work with local hospitals, treatment providers and community partners to identify and address gaps within the existing crisis care continuum.	Measurement indicator: Increase mobile response service requests as diversion from higher level of care. Baseline data: SFY20 – 1312 (adult & youth combined) Target: SFY21 – 1600 Progress/Update: Adult – 1793; Youth – 523	Barriers – Access to inpatient when needed and long emergency department hold times for adults for admissions. TA – No	Continued

**Priorities for Stark County Mental Health and Addiction Recovery
Substance Abuse & Mental Health Block Grant Priorities**

Priority	Goal	Strategy	Progress	Barriers/Need for TA?	Continued, Modified, or Discontinued in SFY 2022?
<p>SAPT-BG: Mandatory for OhioMHAS: Persons who are intravenous/injection drug users (IDU)</p>	<p>Reduce use and promote harm reduction strategies.</p>	<p>Monitor number of clients referred for IDU services on monthly Waiting List Reports. Funded agencies provide AoD (especially IDU) clients with information on communicable diseases, including TB services due to the risk of drug use, especially with needles. Waiting List Report to include the number of IDU clients who were admitted to the needed LOC within 24 hours of the initial assessment.</p>	<p>Measurement indicator: Waiting List Reports from funded providers Baseline data: From SFY20 – 269 persons who are IDU were admitted to the needed level of care within 24 hours of initial assessment. Target: 100% of people who are IDU are admitted to the appropriate level of care. Progress/Update: 274 persons with IDU were admitted within 24 hours (total SFY21 data)</p>	<p>Barriers – No TA – No</p>	<p>Continued</p>
<p>SAPT-BG: Mandatory for boards: Women who are pregnant and have a substance use disorder (NOTE: ORC 5119.17 required priority)</p>	<p>Maintain immediate access to services for individuals who are pregnant and have a substance abuse disorder.</p>	<p>StarkMHAR-funded agencies track this priority population on their Waiting List and report:</p> <ol style="list-style-type: none"> 1. The average number of calendar days from date of initial contact to the date of initial assessment, within 14 days. 2. The number of clients who were admitted to the needed LOC within 24 hours of the initial assessment. 3. The number of clients who receive interim services within 48 hours. 	<p>Measurement indicator: Waiting List Reports from funded providers Baseline data: From SFY20</p> <ol style="list-style-type: none"> 1. Average number of calendar days from date of initial contact to date of initial assessment is 5.33 days. 2. 4 Clients were admitted to needed LOC within 24 hours of initial assessment. 3. 0 clients received interim services within 48 hours. <p>Target:</p> <ol style="list-style-type: none"> 1. Same-day initial diagnostic assessment 2. 100% of people are admitted to appropriate LOC within 24 hours of initial assessment. <p>Interim service linkage within 48 hours as needed.</p> <p>Progress/Update:</p> <ol style="list-style-type: none"> 1. 14.3 average calendar days (total SFY21 data) 2. 5 clients were admitted (total SFY21 data) 3. 1 client received interim services (total SFY21 data) 	<p>Barriers – No TA – No</p>	<p>Continued</p>

<p>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)</p>	<p>Parents with SUDs who have dependent children will be prioritized at the time of intake to support timely access to services</p>	<p>StarkMHAR-funded agencies track as a priority population on their Waiting List and report:</p> <ol style="list-style-type: none"> 1. The number of parents, guardians, or custodians with substance abuse disorders who have dependent children at risk of parental neglect/abuse. 2. The average number of calendar days from date of referral for appointment to date of initial diagnostic assessment (should not exceed 14 days). <p><i>StarkMHAR also receives information about trends, numbers, outcomes, & support strategies from Stark County DJFS and is represented in multiple countywide efforts to support this population.</i></p>	<p>Measurement indicator: Waiting List Report from funded providers. Baseline data: From SFY20</p> <ol style="list-style-type: none"> 1. 144 parents, guardians, or custodians with substance abuse disorders who have dependent children at risk of parental neglect/abuse were referred. 2. 8.62 calendar days was the average from the date of referral for appointment to date of initial diagnostic assessment. <p>Target:</p> <ol style="list-style-type: none"> 1. 100% of parents, guardians, or custodians with SUDs who have dependent children at risk of parental neglect/abuse are referred. <p>Same-day initial assessment</p> <p>Progress/Update:</p> <ol style="list-style-type: none"> 1. 110 parents, guardians, custodians were referred (total SFY21 data) 2. 10.1 average calendar day wait (total SFY21 data) 	<p>Barriers – No</p> <p>TA – No</p>	<p>Continued</p>
<p>SAPT-BG: Mandatory for OhioMHAS: Individuals with tuberculosis and other communicable diseases (e.g., AIDS, HIV, Hepatitis C, etc.)</p>	<p>Individuals will receive diagnosis & treatment of tuberculosis & other communicable diseases, & risk of transmission of these diseases will be reduced.</p>	<p>Funded agencies track as a priority population on their waiting list reporting the # of clients referred for TB services. Agency contracts and intake materials specify need to provide AoD (especially IVDU) clients with information on communicable diseases, including TB services due to the risk of drug use, especially with needles.</p>	<p>Measurement indicator: Waiting List Report from funded providers. Baseline data: From SFY20 – 9 clients were referred to TB services. Target: 100% of people with tuberculosis & other communicable diseases will be referred to TB services. Progress/Update: 2 clients were referred through SFY21</p>	<p>Barriers – No</p> <p>TA – No</p>	<p>Continued</p>
<p>MH-BG: Mandatory for OhioMHAS: Children with Serious Emotional Disturbances (SED)</p>	<p>Expand & diversify services throughout the county related to serving children and youth with SED to help them remain in their community.</p>	<p>Among the child and youth-serving agencies in Stark County, review the youth continuum of services to identify any gaps and create a plan to address them to increase numbers served.</p>	<p>Measurement indicator: Number of people who are 17 and under in StarkMHAR-funded treatment and consultation programs. Baseline data: SFY20: Board funded – 2,918 Target: SFY21 – Increase total by 10% Progress/Update: SFY21: Board funded – 3843 *we are missing Q4 data from one participating agency.</p>	<p>Barriers – COVID-19 was a barrier for many individuals with regards to their services.</p> <p>TA – No</p>	<p>Continued</p>

(Continued)	(Continued)	Monitor waiting lists.	<p>Measurement indicator: Wait List reports average from youth serving funded providers.</p> <p>Baseline data: From SFY20 – Diagnostic Assessment: 6.91 days</p> <p>Target: Same-day initial assessment (DA)</p> <p>Progress/Update: 11.8 average days wait (through June 2021)</p>	<p>Barriers – Agency reported to StarkMHAR in May that “agency has slowed down intakes and has been placing clients on a waitlist due to the inability to serve all clients after intake.” Increased need for counselors in counseling and MST programs identified throughout the SFY.</p> <p>TA – No</p>	Continued
<p>MH-BG: Mandatory for OhioMHAS: Adults with Serious Mental Illness (SMI)</p>	<p>Expand and diversify services throughout the county related to serving adults with SMI to help them remain in their community.</p>	<p>Among the adult-serving agencies in Stark County, review the adult continuum of services to identify any gaps and create a plan to address them to increase numbers served.</p>	<p>Measurement indicator: Number of people who are 18 and up in StarkMHAR-funded treatment programs.</p> <p>Baseline data: SFY20: Board funded – 4,527</p> <p>Target: SFY21 – Increase total by 10%</p> <p>Progress/Update: SFY21: Board funded – 3,034</p>	<p>Barriers – COVID-19 was a barrier for many individuals with regards to their services. Some could not access telehealth either due to lack of technology, negative symptoms that prevented their buy-in, or could not utilize public transportation due to safety concerns. Conversely when agencies resumed in-person services, some individuals were concerned for safety about in-person or transportation.</p> <p>TA – No</p>	Continued
		Monitor waiting lists	<p>Measurement indicator: Wait List reports average from adult serving funded providers.</p> <p>Baseline data: From SFY20 – Diagnostic Assessment: 5.35 days</p> <p>Target: Same-day initial assessment (DA)</p> <p>Progress/Update: 5.15 average days wait (through June 2021)</p>	<p>Barriers – Agency reported to StarkMHAR in May that “We continue to search for counselors and LISWs to assist with the assessment and outpatient wait-times.”</p> <p>TA – No</p>	Continued

MH-Treatment: Homeless persons and persons with mental illness and/or addiction in need of supportive housing	Create a resiliency and recovery-oriented system of care.	PATH Program (run by local provider agency) 1. Outreach to contact people experiencing homelessness in the community by use of creative engagement strategies, linkage, and provision of personal care items. 2. Assess needs of people experiencing homelessness and provide case management & linkage to community behavioral health services.	Measurement indicator: Number of people enrolled in PATH services. Baseline data: SFY20 – 230 people Target: SFY21 – 140 people <i>*Results possibly impacted by COVID.</i> Progress/Update: 119 people have been enrolled as of the end of SFY21. Measurement indicator: Number of PATH-enrolled people linked to and receiving behavioral health services. Baseline data: SFY20 – 123 people Target: SFY21 – 107 people <i>*Results possibly impacted by COVID.</i> Progress/Update: 76 people have been connected to & are receiving services as of the end of SFY21.	Barriers – COVID-19 had an impact on the ability of the PATH Program to connect safely with individuals and for those individuals to connect with/receive services. TA – No	
		Increase the number of people residing in Permanent Supportive Housing (PSH) who retain their housing.	Measurement Indicator: Number of PSH residents who retain their housing through StarkMHAR-funded agencies. Baseline data: SFY20 – 81% Target: SFY21 – 90% <i>*Results possibly impacted by COVID.</i> Progress/Update: SFY21 – 97.89%; COVID-19 had an impact on housing retention based on the housing moratorium from the federal government. Will likely negatively impact next reporting cycle.	Barriers – No TA – No	
MH-Treatment: Older Adults	N/A	StarkMHAR will re-examine this area once the workforce development projects are well underway to be able to address the needs of this population.	Measurement indicator: Baseline data: N/A Target:	N/A	N/A
MH/SUD Treatment in Criminal Justice system – in jails, prisons, courts, assisted outpatient treatment	Improve behavioral health for justice-involved clients.	1. Work with Family Court to implement a StarkMHAR funded youth drug court. 2. Work with local partners to develop a youth respite as part of the crisis continuum, rather than arrest	Measurement indicator: Number of Diversion Programs (This indicator captures both strategies listed.) Baseline data: 12 Target: 13 Progress/Update: 13 programs. Drug court was implemented in SFY21, however Supreme Court de-certified program due to programmatic differences. Respite is on hold because provider was unable to recruit respite homes due to competing efforts for foster home recruitment.	Barriers – Respite families were originally recruited through an agency foster care program. The overall shortage of foster care parents impacted this particular model. We will explore other models. Drug court was implemented in SFY21, however Supreme Court de-certified program due to programmatic differences. TA – No	Discontinued. Respite on indefinite hold. Met target on strategic plan of 13.

(Continued)	(Continued)	Work with Probate Court and local providers to increase number of individuals in Outpatient Commitment	<p>Measurement Indicator: Number of individuals in Outpatient Commitment. Baseline data: SFY20 – 1 Target: SFY21 – 20; modifying to 10 Progress/Update: Currently at 4, had 7 participants enrolled at some point throughout SFY21. We will not meet the target this SFY21, however significant progress has been made regarding communication and relationships between court, provider, and attorney. Also, a new rule passed the Ohio house and senate that will give APRN’s the ability to sign the affidavit for OPC which will remove a barrier that required only docs could complete the affidavit.</p>	<p>Barriers – Challenges with community referrals due to shortage of prescribers that are permitted by code to complete affidavits and testify; continued education with RPH regarding the OPC process, criteria, comfort in referrals</p> <p>TA – Yes; education to RPHs on the value of OPC and addressing any of their concerns in referring individuals; if any information/guidance comes out regarding H.B. 7.</p>	Continued
Integration of behavioral health and primary care services	Complete assessment on barriers to accessing treatment services.	Complete an assessment that determines the barriers to accessing behavioral health care and the integration of physical and behavioral health.	<p>Measurement indicator: Completed assessment. Baseline data: No data Target: Assessment that highlights next steps to improve access to care and integration of physical and behavioral health. Progress/Update: No assessment has been completed to date. However, in SFY22, we will utilize facilitated conversations with the community at large to discuss and determine what are the barriers to accessing treatment services from the Social Determinants of Health lens. We will host two large community stakeholder conversations and 20-25 small focus group conversations (leaders, SOC partners, physical health providers, BH providers, legislative, foundations, consumers, community based organizations, CHWs/HVs, public health, etc.) throughout Stark County.</p>	<p>Barriers – Lack of participation in the conversations and/or focus groups. Resurgence of COVID-19 pandemic.</p> <p>TA – No</p>	Continued
Recovery support services for individuals with mental illness or substance use disorders; (e.g., housing, employment, peer support, transportation)	Create a resiliency and recovery-oriented system of care.	Create practice alignment, prepare system stakeholders, and a clear vision for Certified Peer Support Specialists working in Stark County	<p>Measurement indicator: Number of Peers employed by StarkMHAR funded providers. Baseline data: 36 in 2017; 19 in SFY19 Target: 44 for SFY21 <i>*Results possibly impacted by COVID.</i> Progress/Update: There are currently 24 certified Peers being reported as of the end of SFY21. 13 are currently employed as PSS; there are at least 8 open positions at this time as well. SFY21 data is incomplete at this time, although several new Peer positions were added in SFY22. Additionally, StarkMHAR is piloting a Peer Project to boost numbers and decrease barriers to job success for peers in our system.</p>	<p>Barriers – StarkMHAR has learned that Peer Support Specialists have an opportunity to make more money at non-contracted agencies where pay is based on productivity. Additionally, a number of Peers in the community who were in PSS roles have been flipped to case management positions to the benefit of the agencies at which they work. There are also some gaps in reporting which have been identified and will be addressed in SFY22.</p> <p>TA – Possibly</p>	Continued

Promote health equity and reduce disparities across populations (e.g., racial, ethnic & linguistic minorities, LGBT)	Create a resiliency and recovery-oriented system of care.	Funded providers (newly funded) will complete an Organizational Self-Assessment and Yearly Measurement Tool (YMT) as part of their ongoing Cultural & Linguistic Competency (CLC) efforts, per the CLAS standards.	<p>Measurement indicator: Increase number of organizations that have completed the CLC Organizational Self-Assessment & the Yearly Measurement Tool.</p> <p>Baseline data: SFY20 – 0 provider organizations</p> <p>Target: SFY21 – 6 organizations</p> <p><i>*Results possibly impacted by COVID.</i></p> <p>Progress/Update: 7 organizations have completed the CLC-OSA</p>	<p>Barriers – In addition to COVID-19, lack of follow through (& possible buy-in) by agencies to complete the OSA. More than 50% of the organization did not have 50% of their Staff complete it.</p> <p>TA – Possibly</p>	Continued
		Funded providers will complete a Diversity Plan based on their Organizational Self-Assessment results and notify StarkMHAR upon completion, per the CLAS standards.	<p>Measurement indicator: Number of provider agencies with completed Diversity Plans</p> <p>Baseline data: SFY20 – 1 organization</p> <p>Target: SFY21 – 5 additional organizations (in addition to StarkMHAR)</p> <p><i>*Results possibly impacted by COVID.</i></p> <p>Progress/Update: All 6 organizations are still currently working on their Diversity plans.</p> <p><i>*StarkMHAR is host to the Stark County Cultural Competence Learning Community (SC3C) comprised of representatives from organizations and community members who come together to share strategies, create initiatives, discuss wins and challenges regarding the advancement of cultural competence and humility.</i></p>	<p>Barriers – in addition to COVID-19, the timing of the development of Human Resources-focused subcommittee of SC3C* which will support providers in implementing strategies to support a diverse workforce.</p> <p>TA – No</p>	Continued
Prevention and/or decrease of opiate overdoses and/or deaths	Build upon and enhance public awareness of behavioral health essential to community health.	<ol style="list-style-type: none"> 1. Work with Opiate & Addiction Task Force and community partners to enhance treatment and recovery support services. 2. Increase harm reduction efforts (naloxone distribution and syringe exchange program) 3. Prevention onset of addiction; reduce use of prescription and illicit drugs 	<p>Measurement indicator: Overdose Deaths</p> <p>Baseline data: 2016-2018 Overdose average- 93.3 deaths</p> <p>Target: Reduction of 25% by December 2022 (70 deaths)</p> <p>Progress/Update: The average from 2018-2020 was 103 (2018 = 75, 2019 = 103, 2020 = 131). The rate of Black decedents has more than doubled the rate for White decedents in Stark County since the start of 2020 .</p>	<p>Barriers – In addition to COVID-19, SWAP was closed for about 4 months. There was a rumor detox was closed. Fentanyl-laced meth and cocaine has been more of an issue</p> <p>TA – No</p>	Continued

Promote Trauma Informed Care approach	Create a resiliency and recovery-oriented system of care.	Continue the work of the Stark County Trauma-Informed Care Network and increase capacity for additional organizations to access/participate.	<p>Measurement indicator: Increase number of organizations involved in TIC work.</p> <p>Baseline data: SFY20 – there were 14 organizations.</p> <p>Target: SFY21 – 2 additional organizations will join TIC Network efforts</p> <p><i>*Results possibly impacted by COVID.</i></p> <p>Progress/Update: We are still at 14 organizations at this time. They are in the process of embedding the CALMER Training into their onboarding processes.</p>	<p>Barriers – When asked, provider agencies reported that COVID-19 led to expansion of TIC work being put on hold.</p> <p>TA – No</p>	Continued
		Support agencies in adopting TIC missions, policies, procedures, and environmental changes.	<p>Measurement indicator: TIC Network involved organizations will improve scores on Self-Assessment tool.</p> <p>Baseline data: From SFY20, 5 organizations increased their score on their self-assessment.</p> <p>Target: SFY21 – 2 additional organizations will increase their self-assessment score</p> <p><i>*Results possibly impacted by COVID.</i></p> <p>Progress/Update: 7 organizations increased their scores on the TIC Self-Assessment.</p>	<p>Barriers – The assessment tool we previously used was proprietary and we are unable to extend the use of it to any additional providers. We will be changing to the TIC self-assessment used in our RFP process.</p> <p>TA – No</p>	Continued
		Implement a train the trainer model for self-care and how providers/organizations respond to others (co-workers & consumers).	<p>Measurement indicator: Train Trauma Responsive Care trainers at local organizations</p> <p>Baseline data: SFY20 – 8 organizations were trained.</p> <p>Target: SFY21 – 2 additional organizations will be trained</p> <p><i>*Results possibly impacted by COVID.</i></p> <p>Progress/Update: We are still at 8 organizations at this time. This was put on hold due to provider request in response to the pandemic.</p>	<p>Barriers – Provider agencies requested that train the trainers efforts be put on hold due to their COVID-19 response efforts.</p> <p>TA – No</p>	Continued

<p>Prevention: Ensure prevention services are available across the lifespan</p>	<p>Ensure prevention services are available throughout the continuum of care for both adults and youth.</p>	<p>Identify and/or develop braided funding opportunities related to implementation of evidenced-based prevention services.</p>	<p>Measurement indicator: Increase in braided funded options in the county. Baseline data: SFY20 data – 0 options Target: SFY21 – 10 options Progress/Update: Plan for SFY22 was to have school districts mirror current school-based consultation. StarkMHAR will discuss potential for implementing match in SFY23.</p>	<p>Barriers – No TA – No</p>	<p>Discontinued</p>
		<p>Increase number of youth who receive prevention services.</p>	<p>Measurement indicator: Increase numbers of youth served. Baseline data: SFY20 data – 800 youth served. Target: SFY21 – 1100 youth served <i>*Results possibly impacted by COVID.</i> Progress/Update: Prevention increases for SFY21 were more community-based and family-focused for SFY21. There were some BH prevention updates in the school setting. Number of youth served by 4th quarter SFY21 - 1365</p>	<p>Barriers – Besides COVID-19, early on, some schools were reducing the number of individuals in building, which delayed start of prevention programs; some schools canceled these services for the year. TA – No</p>	<p>Continued</p>
<p>Prevention: Increase access to evidence-based prevention</p>	<p>Increase community prevention strategies that include a parent component in schools and high-risk areas of the county.</p>	<ol style="list-style-type: none"> 1. Implement a Strengthening Families curriculum pilot in one school district. 2. Implement a Strengthening Families curriculum pilot in concert with community partners/grassroots organizations. 	<p>Measurement indicator: Number of families engaged in Strengthening Families Programming (SFP) in the county. Baseline data: SFY20 – no data (new program) Target: SFY21 – 9 families <i>*Results possibly impacted by COVID.</i> Progress/Update: SFP was fully implemented in one local school district. Currently at least 4 other SFPs are occurring in community settings across the county. <ol style="list-style-type: none"> 1. Families served in school setting – 5 2. Families served in community setting – 16+ families and more to be served before the end of SFY21. </p>	<p>Barriers – Besides COVID-19, the school district attempted virtual implementation of SFP, which was not successful. Some providers had difficulty identifying families appropriate for referral to the program. TA – No</p>	<p>Continued</p>

Recovery Ohio & Prevention: Suicide prevention	Build upon and enhance public awareness of behavioral health essential to community health.	Work with community partners and provider agencies to develop public education, awareness, and implement suicide intervention best practices around suicide prevention.	Measurement indicator: Number of youth (7 th -12 th grade) suicides in Stark County Baseline data: 4.7 deaths by suicide (2017-2019 average) Target: 25% decrease by December 2022 Progress/Update: 3 youth suicide deaths from 7/1/2020 – YTD Measurement indicator: Number of adult suicides in Stark County Baseline data: 66.7 deaths by suicide (2017-2019 average) Target: 10% decrease by December 2022 Progress/Update: 51 adult suicide deaths from 7/1/2020 – YTD Of note, there were 57 suicide deaths in CY2020, which is a 14.5% decrease from CY2019.	Barriers – COVID-19 has been a barrier to providing education. Increased isolation, depression, and anxiety among youth. TA – No	Continued
		Engage cross-system partners and organizations in Zero Suicide efforts.	Measurement indicator: Number of organizations that participate in quarterly Zero Suicide meetings Baseline data: SFY20 – 10 organizations Target: SFY21 – 13 organizations Progress/Update: SFY21 – 11 organizations	Barriers – COVID-19 has been a barrier for implementation. TA – No	Continued
Prevention: Integrate Problem Gambling Prevention & Screening Strategies in Community & Healthcare Organizations	N/A	N/A	Measurement indicator: Baseline data: N/A Target:	N/A	N/A

New Priorities for SFY 2022 (if applicable)

3. **If applicable**, please add new Block Grant, State or Board priorities for SFY 2022 that were not reflected in the previous Community Plan for SFY 2021-2022. [The Department is especially interested in new priorities related to the following areas identified as priorities for RecoveryOhio priority areas, including: (1) access and capacity changes for mental health and addiction services for both adults and children/youth; (2) health equity concerns for racial and ethnic minorities and people living in Appalachia or rural Ohio; (3) distinctive challenges for multisystem youth, families involved in child welfare, and for criminal justice-involved Ohioans; (4) prevention and/or decrease of opiate overdoses and/or deaths; and/or (5) suicide prevention]. Please add the priority to the matrix below and complete the appropriate cells. If no new priorities are planned, please state that the Board is not adding new priorities beyond those identified in item 2 above.

Priority	Goal	Strategy	Measurement
			Measurement indicator: Baseline data: Target:
			Measurement indicator: Baseline data: Target:
			Measurement indicator: Baseline data: Target:

SIGNATURE PAGE
Community Plan Report 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/ADAS/CMHS Board.

Stark County Mental Health and Addiction Recovery

ADAMH Board Name (Please print or type)

ADAMH Board Executive Director

Date

ADAMH Board Chair

Date

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