Ohio Department of Mental Health and Addiction Services (OhioMHAS)
2023-2025 Community Assessment and Plan (CAP) Template:

PLAN

Overview
This is the second of three sections in the Community Assessment and Plan (CAP) Template. The Plan section of the CAP Template will serve as the Board's 2023-2025 Community Plan and is designed to be completed by ADAMH Boards and returned to OhioMHAS every three years.

Template

Board name	Stark County Mental Health and Addiction Recovery
Date	1/27/2023

Key

▲	Pre-populated data provided by OhioMHAS
✱	Question that all Boards are required to answer
Optional	Question that Boards may choose to answer, but are not required to answer

1. ✱**Counties.** Please describe how your Community Plan applies to the area served by your Board:
   - ☐ **Our Board serves one county**
   - ☐ Our Board serves more than one county, and our Plan covers all counties together
   - ☐ Our Board serves more than one county, and we have developed a separate Plan for each county. *Repeat each of the sections below for each county and indicate the county.*

2. ✱**Priorities**

Use the findings from the Assessment section of the CAP to guide selection of a strategic set of priorities for your Community Plan. Briefly describe your community's priority strategies, priority populations and priority outcomes using the table below.

You will identify nine priorities total: **Seven** that are specific to each aspect of the continuum of care (prevention, mental health treatment, substance use disorder (SUD) treatment, Medication-Assisted Treatment (MAT), crisis services, harm reduction and recovery supports) in which one must be focused on youth, and **two** priorities specific to the required priority populations (pregnant women with SUD and parents with SUD with dependent children). You may also choose to identify collective impact priorities to address the social determinants of health (See table on Page 6). See the table below for additional instructions and an example.

Continuum of care	Strategy	Age group	Priority populations and groups experiencing disparities	Outcome Indicator(s)
Prevention	Selective and indicated school and community behavioral health prevention education programming across the county.	☒ Children (ages 0-12) ☒ Adolescents (ages 13-17) ☒ Transition-aged youth (14-25)	☒ People with low incomes or low educational attainment ☒ People with a disability ☒ LGBTQ+ ☒ Black residents ☒ Hispanic residents ☒ Immigrants, refugees or English language learners ☒ People involved in the criminal justice system	Percent of youth who demonstrate an improvement in ability to develop healthy interpersonal skills. Percent of youth who maintain substance use abstinence, reduce substance use, or experience a reduction in suicide risk behaviors (program type dependent).
Mental health treatment	Access and Workforce initiatives.	☒ Children (ages 0-12) ☒ Adolescents (ages 13-17) ☒ Transition-aged youth (14-25) ☒ Adults (ages 18-64) ☒ Older adults (ages 65+)	☒ People with low incomes or low educational attainment ☒ People with a disability ☒ LGBTQ+ ☒ Black residents ☒ Hispanic residents ☒ People involved in the criminal justice system	Percentage of individuals who were seen for a DA with same day access (0 days wait time). Percentage of individuals who were seen for their 1st session after DA within 10 working days. Ratio of population to mental health providers.
Substance use disorder treatment	Access and Workforce initiatives.	☒ Adolescents (ages 13-17) ☒ Transition-aged youth (14-25) ☒ Adults (ages 18-64)	☒ People with low incomes or low educational attainment ☒ People with a disability ☒ LGBTQ+ ☒ Black residents ☒ Hispanic residents ☒ People involved in the criminal justice system	Percentage of individuals who were seen for a DA with same day access (0 days wait time). Percentage of individuals who were seen for their 1st session after DA within 10 working days. Ratio of population to mental health providers.

Medication-Assisted Treatment (MAT)	Medication-Assisted Recovery programs.	☒ Adults (ages 18-64)	☒ People with low incomes or low educational attainment ☒ People with a disability ☒ LGBTQ+ ☒ Black residents ☒ Hispanic residents ☒ People involved in the criminal justice system	Unintentional drug overdose deaths. Number of deaths due to unintentional drug overdose (raw number). MAT retention. Percent of individuals, ages 12 and older, with an intake assessment who received one outpatient service within a week and two additional outpatient clinical services within 30 days of intake.
Crisis services	Mobile Crisis – Youth	☒ Children (ages 0-12) ☒ Adolescents (ages 13-17) ☒ Transition-aged youth (14-25)	☒ People with low incomes or low educational attainment ☒ People with a disability ☒ LGBTQ+ ☒ Black residents ☒ Hispanic residents ☒ Immigrants, refugees or English language learners ☒ People involved in the criminal justice system	Percent of crisis customers who have welcoming and hopeful customer experience. Percent of crisis calls that are resolved without having to dispatch police. Percent of mobile crisis team encounters resolved in the field without ER or policy transport.
	Mobile Crisis – Adult	☒ Transition-aged youth (14-25) ☒ Adults (ages 18-64) ☒ Older adults (ages 65+)		
	Urgent Care/drop-off center	☒ Transition-aged youth (14-25) ☒ Adults (ages 18-64) ☒ Older adults (ages 65+)		
Harm reduction	Naloxone & Fentanyl Test Strips	☒ Transition-aged youth (14-25) ☒ Adults (ages 18-64) ☒ Older adults (ages 65+)	☒ General community	Unintentional drug overdose deaths. Number of deaths due to unintentional drug overdose (raw number).
	Gun locks & Collaboration with local gun shops			Number of suicide deaths due to firearm (raw number).

Recovery supports	Access & Workforce initiatives.	☒ Adults (ages 18-64)	☒ People with low incomes or low educational attainment ☒ People with a disability ☒ LGBTQ+ ☒ Black residents ☒ Hispanic residents ☒ People involved in the criminal justice system	Percent of individuals served who were linked with services within 7 days of initial contact. Percent of individuals served who stayed linked with services past 7 sessions. Percent of individuals served whose families were also engaged collaboratively in the recovery process.
Mental Health & Substance Use Treatment	Access & Workforce initiatives.	☒ Transition-aged youth (14-25) ☒ Adults (ages 18-64)	☒ Pregnant individuals with SUD ☒ People with low incomes or low educational attainment ☒ People with a disability ☒ LGBTQ+ ☒ Black residents ☒ Hispanic residents ☒ People involved in the criminal justice system	Percentage of pregnant individuals who were admitted to the needed LOC within 24 hours of the initial assessment. Percentage of pregnant individuals who needed & received interim services within 48 hours of the initial assessment.
Mental Health & Substance Use Treatment	Access & Workforce initiatives.	☒ Transition-aged youth (14-25) ☒ Adults (ages 18-64)	☒ Parents with SUD with dependent children ☒ People with low incomes or low educational attainment ☒ People with a disability ☒ LGBTQ+ ☒ Black residents ☒ Hispanic residents ☒ People involved in the criminal justice system	Percentage of parents (or guardians or custodians) with SUD who are referred from a public children services agency. Percentage of parents (or guardians or custodians) with SUD who complete their initial DA within 2 weeks of referral.

3. ✱**SMART objectives**

SMART objectives are specific, measurable, achievable, realistic, and time bound. Develop at least one SMART objective for each of the priorities in table 2.

Continuum of care	Outcome indicator	Data source	Baseline year	Baseline	Target year	Target
Prevention	Percent of youth who demonstrate an improvement in ability to develop healthy interpersonal skills	Provider Agency Reports	2021	90%	2025	98%
	Percent of youth who maintain substance use abstinence, or reduce substance use, or experience a reduction in suicide risk behaviors (program type dependent).	Provider Agency Reports	2021	75%	2025	90%
Mental health treatment	Percentage of individuals who were seen for a DA with same day access (0 days wait time).	Provider Agency Reports	2023 – New	TBD	2025	TBD
	Percentage of individuals who were seen for their 1st session after DA within 10 working days.	Provider Agency Reports	2023 – New	TBD	2025	TBD
	Ratio of population to mental health providers.	County Health Rankings and Roadmaps (CHRR)	2021	320:1	2025	300:1
Substance use disorder treatment	Percentage of individuals who were seen for a DA with same day access (0 days wait time).	Provider Agency Reports	2023 – New	TBD	2025	TBD
	Percentage of individuals who were seen for their 1st session after DA within 10 working days.	Provider Agency Reports	2023 – New	TBD	2025	TBD
	Ratio of population to mental health providers.	County Health Rankings and Roadmaps (CHRR)	2021	320:1	2025	300:1

Medication-Assisted Treatment (MAT)	Unintentional drug overdose deaths. Number of deaths due to unintentional drug overdose, per 100,000.	Coroner's report	2020	64.08	2025	60
	MAT retention. Percent of individuals, ages 12 and older, with an intake assessment who received one outpatient service within a week and two additional outpatient clinical services within 30 days of intake.	Provider Agency Reports	2023 – New	TBD	2025	TBD
Crisis services	Percent of crisis customers who have welcoming and hopeful customer experience.	Provider Agency Reports	2023 – New	TBD	2025	TBD
	Percent of crisis calls that are resolved without having to dispatch police.	Provider Agency Reports	2023 – New	TBD	2025	TBD
	Percent of mobile crisis team encounters resolved in the field without ER or police transport.	Provider Agency Reports	2023 – New	TBD	2025	TBD
Harm reduction	Unintentional drug overdose deaths. Number of deaths due to unintentional drug overdose, per 100,000.	Stark County Overdose Fatality Review Committee	2020	64.08	2025	60
	Number of suicide deaths due to firearm (raw number).	Stark County Coroner's Office	2018	39	2025	30
Recovery supports	Percent of individuals served who were linked with services within 7 days of initial contact.	Provider Agency Reports	2023 – New	TBD	2025	TBD
	Percent of individuals served who stayed linked with services past 7 sessions.	Provider Agency Reports	2023 – New	TBD	2025	TBD
	Percent of individuals served whose families were also engaged collaboratively in the recovery process.	Provider Agency Reports	2023 – New	TBD	2025	TBD

Strategy for pregnant women with SUD	Percentage of pregnant individuals who were admitted to the needed LOC within 24 hours of the initial assessment.	Provider Agency Reports	2021	26%	2025	100%
	Percentage of pregnant individuals who needed & received interim services within 48 hours of the initial assessment.	Provider Agency Reports	2021	0%	2025	100%
Strategy for parents with SUD with dependent children	Percentage of parents (or guardians or custodians) with SUD who are referred from a public children services agency.	Provider Agency Reports	2023 – New	TBD	2025	100%
	Percentage of parents (or guardians or custodians) with SUD who complete their initial DA within 2 weeks of referral.	Provider Agency Reports	2021	72%	2025	100%

4. **Optional: SMART objectives for priority populations and groups experiencing disparities**

To monitor progress toward achieving equity, you can develop SMART objectives using disaggregated data (if available for your community).

Priority population or group experiencing disparities	Outcome indicator	Data source	Baseline year	Baseline	Target year	Target
Black Residents	Unintentional drug overdose deaths per 100,000.	Overdose Fatality Review Committee	2019	50.7	2025	40.5
People involved in the criminal justice system	Percentage of individuals who stayed engaged in treatment or recovery services post-jail via their Jail Liaison.	Provider Agency Reports	2022	53%	2025	58%
LGBTQ+ Community	Percent of LGBTQ+ youth who indicate they attempted suicide during the past twelve months (Q31).	OHYES	2023	TBD	2025	TBD

Optional: Collective impact to address social determinants of health	Strategy	Key partners	Priority populations and groups experiencing disparities	Outcome indicator
Lack housing that is affordable for individuals who have behavioral health needs and are on a fixed income.	Collaboration with the Homeless Continuum of Care of Stark County (HCCSC)	HCCSC members StarkMHAR Clinical Landlord Groups Fair Housing SMHA	☒ People with low incomes or low educational attainment ☒ People with a disability ☒ LGBTQ+ ☒ Black residents ☒ Hispanic residents ☒ People involved in the criminal justice system	Develop a plan with the HCCSC for individuals in the county who have Behavioral Health challenges, are experiencing homelessness, and are on a fixed income.
Stigma, racism, ableism, and other forms of discrimination	Media campaigns addressing stigma and access to services.	Media outlets with access to desired audience(s)	☒ People with low incomes or low educational attainment ☒ People with a disability ☒ LGBTQ+ ☒ Black residents ☒ Hispanic residents ☒ Immigrants, refugees or English language learners ☒ People involved in the criminal justice system	Click Through Rate (CTR) is at or better than national average for StarkMHAR's 4 chosen types of media outlets.
	Barbershop Program aimed at connecting members of the Black community with BH system awareness & decreasing stigma.	Local Barbershops		Percentage of individuals who engage in conversations about mental illness, substance use, and resources.
	Collaboration between Stark County behavioral health system Human Resources directors consultation with Enlightened Solutions.	Funded provider agencies Enlightened Solutions		Percentage of funded providers implementing DEI hiring constructs.
	Create plan to address LGBTQ+ behavioral health needs in Stark County.	Behavioral health providers		Creation of plan is completed.

5. **Family and Children First Councils (FCFC)**
   - Describe any child service needs resulting from finalized dispute resolution with county FCFC(s) [340.03(A)(1)(c)]
     a. Stark County Family Council had no disputes filed.
   - Describe your collaboration with the county FCFC(s) to serve high-need/multi-system youth & to reduce of out-of-home placements (IFAST/MST)
     a. The **Service Coordination Committee** (SCC) is made up of the executives of the public, child serving systems in Stark County: Stark County Family Council, Stark County Mental Health & Addiction Recovery, Stark County Family Court, Stark County Department of Job & Family Services – Children's Services, Stark County Board of Developmental Disabilities, Stark County Educational Service Center, and a representative of the Family Advisory Committee. The purpose of this committee is to develop, maintain and evaluate the collaborative processes and services described within Stark County's Service Coordination Mechanism. It works to ensure an efficient, effective continuum of care that operates seamlessly across systems and to ensure that the needs of children (birth through 21) with complex, multiple needs are met as described in Ohio Revised Code 121.37. The committee meets monthly, based on need.
     b. The **Service Review Committee** (SRC) consists of administrators and clinicians from the aforementioned organizations. The activities of the SRC supports the county's Service Coordination Mechanism in close connection with the Service Coordination Committee. Its activities focus on 1) reviewing service requests for children with complex, multi-system needs; 2) authorizing the purchase of needed services; and 3) reviewing individual cases that need more restrictive placement settings. The primary goal of the SRC is to mobilize community resources to address individual needs, ensuring that identified children are receiving the most appropriate level of service intensity. The committee meets weekly, based on need.

6. **Hospital services.**
   - Boards are required to identify how future outpatient treatment/recovery needs are identified for private or state hospital patients who are transitioning back to the community.
     a. StarkMHAR will continue to partner with several local entities on a weekly hospital utilization committee that addresses discharge planning needs of individuals. StarkMHAR funds a Behavioral Health Navigator (BHN) at a local emergency room to divert hospitalizations. StarkMHAR also funds an AOT monitor, who helps determine appropriate referrals for the outpatient commitment program through local probate court. StarkMHAR's Forensic Coordinator oversees these programs, partnerships, and committees, with support from StarkMHAR's Manager of Programs and Evaluation.
   - Boards are required to identify what challenges, if any, are being experienced in this area. Boards are provided with a dropdown list of potential challenges to choose from.
     a. The dropdown list includes:
        i. Lack of communication/cooperation from state regional psychiatric hospital
        ii. Lack of communication/cooperation from private psychiatric hospital(s)
        iii. Lack of need for hospitalization,
        iv. Lack of access to state regional psychiatric hospital
        v. Lack of access to private psychiatric hospital(s)

vi. N/A

vii. Other – lack of communication from Probate court; consistency county to county within court system

- Boards are required to explain how the Board is attempting to address those challenges.
    a. StarkMHAR has been a recipient of the state indigent dollars, which has allowed our local crisis provider to contract with private psychiatric hospitals and divert individuals to private inpatient care when there is a waitlist for the state hospital.
    b. StarkMHAR and the AOT monitor participate in the statewide AOT monitor's group run by the Treatment Advocacy Center. Stark's AOT monitor also continues to work collaboratively with other counties and problem solve issues and discrepancies in process as they occur.

7. **Optional: Data collection and progress report plan.** Briefly describe plans to evaluate progress on the SMART objectives described above. OhioMHAS encourages Boards to develop a plan that includes data sources, data collection methods, partners involved in evaluation, a data collection timeline and a plan for sharing and using evaluation results.
    - StarkMHAR will evaluate progress on SMART objectives through ongoing monthly and quarterly reporting and tracking mechanisms which are already established. StarkMHAR has made note of several adjustments to be made to current reporting formats used by funded providers so that these formats better align with our Indicators and SMART objectives as identified on this CAP. Other data sources referenced in the CAP are already built into our reporting mechanisms or will be added in order to comprehensively monitoring progress. These efforts line up with ongoing continuous quality improvement work, both within StarkMHAR's structure and within our funded provider agencies and updates on the CAP progress will be built into the Continuous Quality Improvement committee agenda (the CQI committee is comprised of StarkMHAR and funded provider staff; meets quarterly). Additionally, the Program and Evaluation committee, comprised of StarkMHAR staff and Board members, routinely reviews and discusses the CAP and receives regular updates from the Continuous Improvement Manager and the Quality Improvement Coordinator, both of whom are directly involved in evaluation of funded programs and CAP objectives.

8. **Optional: Link to the Board's strategic plan.** Insert link(s) to your Board's most recent strategic plan, impact report or other documents that are relevant to your plan. https://starkmhar.org/about/about-starkmhar/

9. **Optional: Link to other community plans.** Insert link(s) to any local or regional community improvement plans that are relevant to your Board, such as a local health department Community Health Improvement Plan (CHIP) or hospital Community Health Needs Assessment- Implementation Strategy (CHNA-IS).
https://cms7files1.revize.com/starkcountyoh/Stark%20CHA%20Report%202022%20FINAL%209-22-22_Posted20220928.pdf
https://cms7files1.revize.com/starkcountyoh/2021%20CHIP%20Evaluation_Posted20220928.pdf