2022

Mahoning-Trumbull

Community Health Improvement Plan –

Trumbull & Warren

August 2022

MERCYHEALTH Foundation Mahoning Valley

Healthy Community Partnership Mahoning Valley

Public Health Prevent. Promote. Protect.

Trumbull County Public Health
Mahoning County Public Health
Warren City Health District
Youngstown City Health District

Mahoning County Mental Health & Recovery Board

TRUMBULL COUNTY Mental Health and Recovery Board

SIGNATURES

This plan has been approved and adopted by the following individuals:

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ACKNOWLEDGMENTS

The Mahoning Trumbull Community Health Partners (MTCHP) is a collaborative effort started in 2021, among health and human services agencies in the two counties. MTCHP expresses gratitude to all the partners and community members who contributed their time, expertise, and passion to this project.

CONTRACTORS

The North Carolina Institute for Public Health at the UNC Gillings School of Global Public Health in Chapel Hill was contracted to provide facilitation and development services for the Mahoning Trumbull Community Health Needs Assessment and Community Health Improvement Plan.

ACRONYMS USED IN THIS REPORT

CHIP	Community Health Improvement Plan
CHNA	Community Health Needs Assessment
CHOS	Community Health Opinion Survey
MTCHP	Mahoning Trumbull Community Health Partners
NCIPH	North Carolina Institute for Public Health
LGBTQIA+	Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex, Asexual
SHIP	State Health Improvement Plan

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FOREWORD

Dear Mahoning and Trumbull County Community Members,

In keeping with our shared goal of improving community health through collaboration and community action, it is the pleasure of Mahoning Trumbull Community Health Partners (MTCHP) to present the 2022-2024 Mahoning Trumbull Community Health Improvement Plan (CHIP). This plan will serve as a roadmap to improving the health and well-being of all residents of our two counties.

The CHIP process was conducted in four sessions with both health and human service organizations as well as community members and facilitated by the North Carolina Institute for Public Health at the UNC Gillings School of Global Public Health. The collaborative process involved many weeks of work with many community contributors. Using data from the 2022 Mahoning Trumbull Community Health Needs Assessment (CHNA), a Results-Based Accountability model was utilized to guide the partnership in the development of purpose statements, population-level indicators, organizational-level strategies, and performance measures that will serve as the blueprint for improving health outcomes in our community over the next three years.

The CHIP is meant to be concise, accessible, data-driven, feasible, up-to-date, and equitable with established metrics to track our progress and hold us accountable for our strategies. As such, this plan is a "living document" that will be monitored and implemented over the next three years. The plan will be reviewed at least annually to reflect our progress and new areas of need, and changes made as needed. To that end, by addressing our most significant health challenges through a comprehensive, collaborative approach, we can ensure the residents of Mahoning and Trumbull counties that our available resources are most effectively utilized to improve the health of our communities.

We would like to thank our partners and engaged community members for their dedication to this effort and invite everyone to stay active in this process as we go forward in bettering our communities in the coming years.

Sincerely
Mahoning Trumbull Community Health Partners

INTRODUCTION

WHAT IS A CHIP?

Through the CHIP, the community establishes a shared set of priorities, and identifies appropriate projects, programs and policies that will be implemented to advance these priorities. The CHIP is a collaborative process, drawing on organizations and community members varied expertise and experiences to inform the planning process and identify and uplift community resources and assets. This CHIP sets forth the strategic plan for improving health and well-being in Mahoning and Trumbull counties from 2022-2024.

According to the Centers for Disease Control and Prevention, a CHIP is a "long-term, systematic effort to address public health problems based on results of community health." {CDC}
assessment activities and the community health improvement process."

WHY IS A CHIP IMPORTANT?

The CHIP establishes common priorities and courses of action in order to improve community health. A CHIP can serve as a roadmap guiding many different entities and organizations to contribute to the selected priority area improvements and, in turn, grow the community's health. While Mahoning and Trumbull counties have previously worked separately to formulate and implement their CHIP, the 2022 process is especially important because the Mahoning and Trumbull Community Health Partners (MTCHP) collaborative brought together partners across both counties to work together, leveraging overlapping resources and assets to address opportunities shared by both counties.

HOW IS A CHIP DEVELOPED?

The MTCHP collaborative represents Mahoning County Public Health, Trumbull County Combined Health District, Warren City Health District, Youngstown City Health District, the Mercy Health Foundation Mahoning Valley, the Mahoning Mental Health and Recovery Board, the Trumbull Mental Health and Recovery Board, and Healthy Community Partnership- Mahoning Valley. Many other health and human service organizations engaged in the CHNA and CHIP processes. Community members in both Mahoning and Trumbull counties were specifically invited to participate in the CHIP, with over 50 community members joining the hybrid community meeting that set the stage for the proceeding priority-focused planning meetings. The process was facilitated by the North Carolina Institute for Public Health at the UNC Gillings School of Global Public Health using a Results-Based Accountability™ (RBA) approach for improvement planning.

Results-Based Accountability™

HOW WILL THE CHIP BE IMPLEMENTED?

Through the CHIP process, community partners selected evidence-based and community-appropriate program or policy strategies. Each priority area has multiple strategies outlined in its Action Plan. Next, community partners identified organizations and individuals who will be responsible for coordinating and supporting the implementation of these interventions, as well as the timeline for implementation. Finally, the CHIP establishes a plan to track the impact of the proposed interventions over time.

*TBD (to be determined) notes within the original action plans here will be resolved in early meetings of the workgroups to further refine planned work.

IMPORTANT CONSIDERATIONS

PHAB REQUIREMENTS

The Public Health Accreditation Board is the national accrediting body for public health departments. PHAB accreditation demonstrates that health departments meet a common set of standards, have the capacity to conduct and deliver core public health services, and are working to improve services, value and accountability to their stakeholders. Mahoning County Health Department received PHAB re-accreditation in 2021, and Trumbull County Combined Health District received initial accreditation in 2019. In order to receive or maintain their accreditation status, health departments must fulfill a variety of requirements, including completing a Community Health Assessment and CHIP in alignment with PHAB accreditation standards (specifically 1.1 for Assessment and 5.2 CHIP) {Reaccreditation Guide}. While PHAB standards specify that CHIP should be completed at least every five years, Ohio state law requires CHIPs to be developed every three years {ORC 3701.981}. A checklist of how this CHIP meets PHAB requirements can be found in the Appendix 1.

THE IMPORTANCE OF LANGUAGE AND EQUITY

In developing priorities, the MTCHP desired a strong CHIP focus on incorporating health equity and addressing root causes of issues throughout the process. To assist, the Vibrant Valley Health Equity Project revised the previous CHIPs with a health equity lens and provided feedback and suggestions on improving the process (ECO, personal communication, April 4, 2022). Suggestions and how they were addressed included:

Add an iterative process to verify that language aligns with intent of strategy, realistic expectation for who is in charge so it can continue in the face of staff succession.
Within the process, utilizing RBA guided the group in clearly linking strategy to population-level purpose and indicators. The action plans clearly define who is the lead agency, who are contributing agencies, and who is the lead for monitoring/evaluation.

Identify different roles for accountability partners and champion organizations so that we can reduce the burden of CHIP strategy implementation.
The action plans clearly define who is the lead agency, who are contributing agencies, and who is the lead for monitoring/evaluation.

Consider limiting the number of CHIP strategies, mapping/organizing all strategies, or culling strategies when needed.
Only three priorities were chosen for this CHIP, with a total of 11 main strategies, many of which align with local organization strategic plans.

WHAT IS HEALTH EQUITY?

While the term health equity is used widely, a common understanding of what it means is lacking.

According to the Robert Wood Johnson Foundation, "health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care." {Robert Wood Johnson}

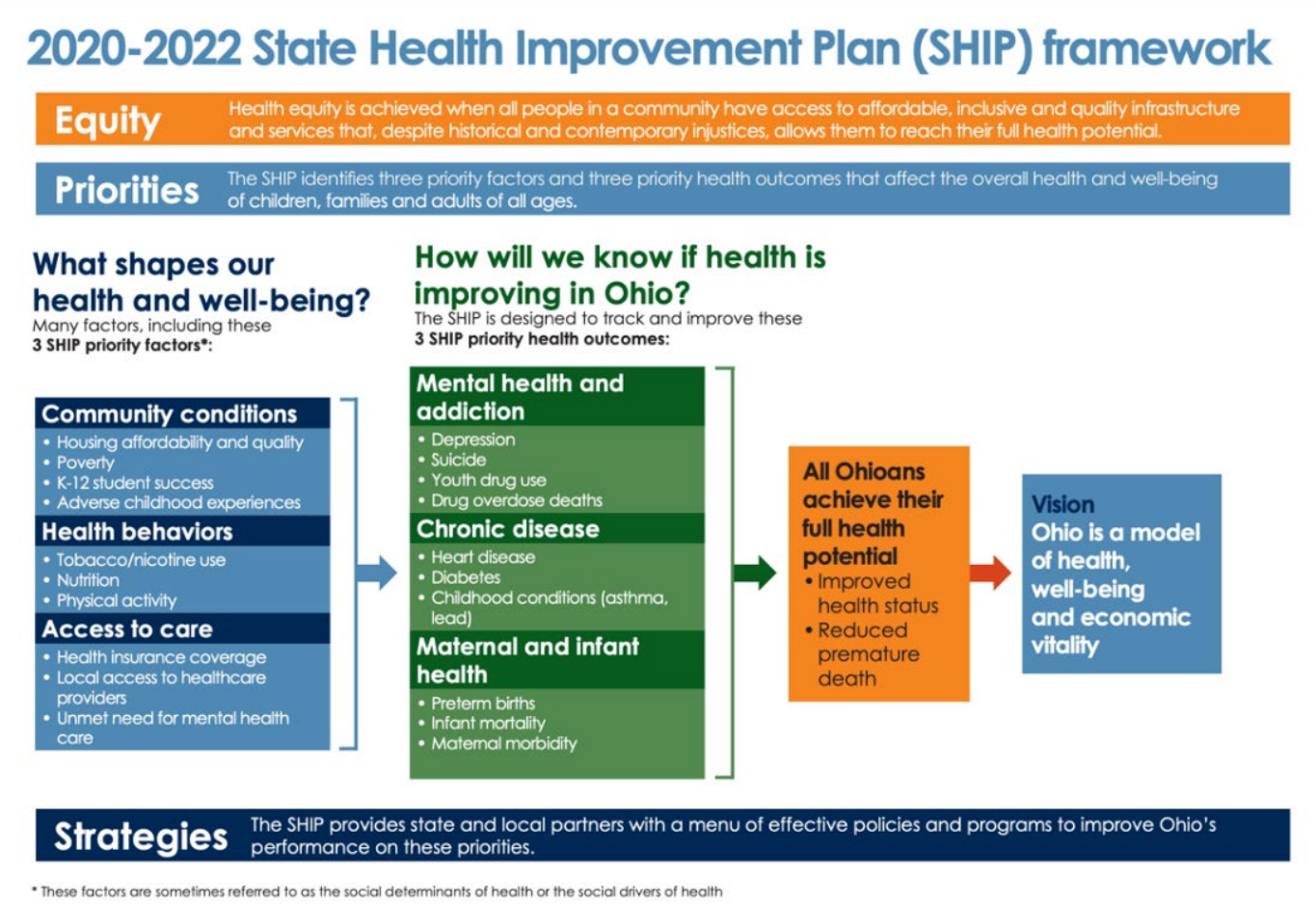
Be as specific as possible when referring to target population.
How each strategy addresses health equity is included in the action plans. A concerted approach was made in developing purpose statements that also took health equity into strong consideration.

There is continuing opportunity to continue to address health equity throughout the next three years and community organizations, partners, and individuals are encouraged to identify issues and contribute to these improvements during annual evaluation.

ALIGNMENT WITH SHIP

The Ohio State Health Improvement Plan (SHIP) 2020-2022 was created as a roadmap to respond to the challenges and opportunities identified in the 2019 State Health Assessment. Just as the CHIP guides local health improvement at the county level, the Ohio Department of Health and other agencies utilize the SHIP to organize entities across the state to guide policy, programmatic, and funding efforts to improve the health of Ohioans. The 2020-2022 SHIP vision is that the state of Ohio is a model of health, well-being and economic vitality. (Ohio Department of Health, 2020)

The Ohio Department of Health and other agencies utilize the SHIP to organize entities across the state so that the work being done is complimentary and that "everyone is rowing in the same direction"; the SHIP is intended to guide policy and funding decisions. In order to achieve its statewide goals, the state recommends CHIP strategic planning at the local level align with several aspects of the SHIP.



ALIGNMENT GUIDANCE

The Ohio Department of Health offers guidance to local health departments undertaking the CHIP process to ensure local goals can be tracked and contribute to statewide progress. The following items indicate the areas of alignment between the Mahoning and Trumbull CHIP and the Ohio SHIP 2020-2022. (Ohio Department of Health, 2020)

Identify at least one priority factor and at least one priority health outcome. Selection of community conditions is strongly recommended. Priorities should be informed by the CHNA and/or CHA.

Priority factors	Priority health outcomes
✓ Community conditions	✓ Mental health and addiction
☐ Health behaviors	☐ Chronic disease
✓ Access to care	☐ Maternal and infant health

Select at least one health indicator for each identified priority factor and priority health outcome.

Priority factors		
Community Conditions and Safety		
Topic	Indicator name (per SHIP)	Indicator CHIP
Housing affordability and quality	CC1. Affordable and available housing units	Percent of population cost-burdened by housing (spending more than 30% of income on housing), stratified by homeowners and renters
Poverty	CC3. Adult poverty	Percent of population living below the poverty line
Access to Care		
Screening (*does not align with example topic)	*does not align with SHIP topics/indicators	Percent of Mahoning and Trumbull County population accessing recommended preventive screenings: Cervical cancer screening among women ages 21-65
	*does not align with SHIP topics/indicators	Percent of Mahoning and Trumbull County population accessing recommended preventive screenings: Cholesterol screening among adults 18+
	*does not align with SHIP topics/indicators	Percent of Mahoning and Trumbull County population accessing recommended preventive screenings: Colorectal cancer screening among adults 50-75
	*does not align with SHIP topics/indicators	Percent of Mahoning and Trumbull County population accessing recommended preventive screenings:

		Mammography among women ages 50-74
Priority health outcome		
Mental Health and Substance Use		
Topic	Indicator name (per SHIP)	Indicator CHIP
Depression	MHA 2. Adult depression	Average number of mentally unhealthy days reported in past 30-days
Drug overdose deaths	MHA7. Unintentional drug overdose deaths	Unintentional drug overdose mortality
	MHA7. Unintentional drug overdose deaths	Incidence of emergency department visits for suspected drug overdose

Select at least one strategy for each priority factor and priority outcome

See the action plans for strategies – each priority factor and outcome include at least one strategy.

Equity: Whenever possible, identify priority populations for objectives and select strategies likely to reduce disparities and inequities. Resources should be allocated and tailored to communities where need is greatest.

Health equity and root causes of inequities were a key part of the initial discussion with community members during the hybrid session. Additionally, each action plan was examined and revised using an equity lens by the MTCHP workgroup members, with guidance from the Vibrant Valley Health Equity Project. Members worked to identify priority populations, tailor interventions to alleviate inequities, and allocate resources where they are most needed.

COMMUNITY PARTNERS

Developing and implementing the CHIP with a wide and diverse array of partners and engaged community members is critical to its relevance to the community and its success. This process engaged not just the MTCHP, but a multitude of other health and human services agencies across the two counties, as well as a number of community members. These agencies and individuals are listed in Appendix 2.

It should also be noted that engaging with community coalition and community-based organizations is crucial to implementation of CHIP strategies, though expectations for their level of involvement/ responsibilities should not be assumed as they are often under-resourced.

IMPORTANT DEFINITIONS

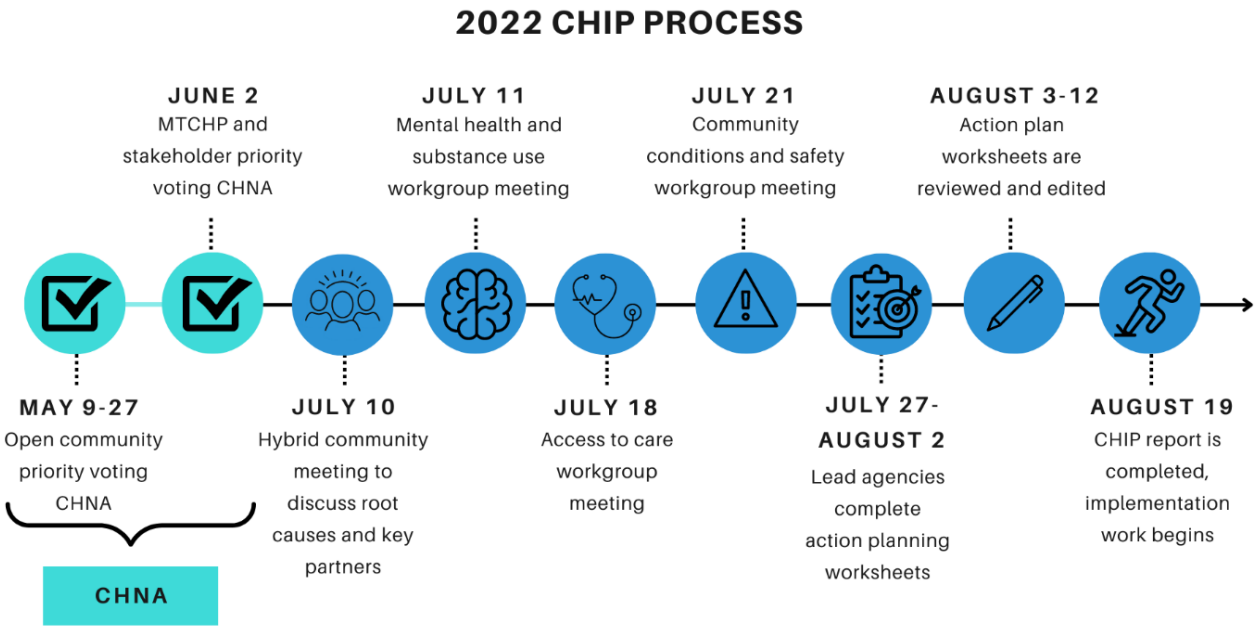
According to Community Catalyst, "*a **coalition** is an alliance of individuals and/or organizations working together to achieve a common purpose. When this type of allicance forms to address the needs and concerns of a particular community, it is often referred to as a community coalition.*"

A **community-based organization** is defined by the US Department of Health and Human Services as, "*a public or private non-for-profit resource hub that provides specific services to the community or targeted population within the community that works to address the health and social needs of populations. These organizations are trusted entities that know their clients and communities, want to be engaged, and have the infrastructure/systems in place to work on various community issues.*"

COMMUNITY HEALTH IMPROVEMENT PROCESS

The CHIP Process was conducted in July and August of 2022. After the completion of the CHNA, the MTCHP members participated in a Results-Based Accountability Workshop. In early July, the MTCHP hosted a hybrid meeting (online and in-person in Youngstown and Warren) for community members to discuss their vision for the future of health in Mahoning and Trumbull counties as it related to the three priority areas. The community discussed their vision for each priority in three years, what root causes they identify with each priority, and what key partners are currently involved with addressing the issue or where partner gaps were in planning and implementing intervention and policy changes. This discussion was synthesized by NCIPH and provided to each of the priority area working groups.

Subsequently, the MTCHP held three meetings, with each meeting focused on one of the priority topic areas. In these topic-specific meetings, MTCHP partners built on the community discussions and applied the RBA framework to identify/refine population-level purpose statements and indicators and organizational-level strategies and performance measures. Each workgroup included dedicated time to discuss equity concerns related to the strategies they generated. After each meeting, the lead agency responsible for each intervention or policy developed an action plan, including timeline and evaluation/monitoring strategy. An initial draft of the action plans was shared with the working groups and interested community partners for feedback before being incorporated into the CHIP.



COMMUNITY HEALTH NEEDS ASSESSMENT SUMMARY

ABOUT

The Community Health Needs Assessment is a systematic process for evaluating community health in which data is gathered and analyzed that describes the state of health and wellbeing within a community. During this process, community members and the assessment team work to identify community needs, areas for improvement, resources, and strengths. Using this information, priority areas are selected to be the focus of strategic planning, ensuring a data and community-informed approach to health improvement. The community assessment process and the final report set the stage for the CHIP by promoting collaboration and resource sharing between local leaders, community-serving organizations, and community members as they work to improve community health in the priority areas.

COMMUNITY INVOLVEMENT

Community members across counties were engaged in this assessment process in a variety of ways. Community members were invited to take the Community Health Opinion Survey, participate in Community Conversations, attend assessment data presentations, and vote during prioritization. Community Conversations were held among specific populations in the counties who historically have been underserved and underrepresented. These conversations groups were: community members experiencing homelessness, Black/African American community members, community members in rural areas, LGBTQIA+ community members, and Latinx community members.

Community Prioritization Voting was conducted online from May 9th to May 27th, 2022 and was open to all adults living in Mahoning and Trumbull County. In total, 844 community members participated, 591 from Mahoning and 253 from Trumbull County. In both counties, a disproportionate number of respondents were women (76%). Regarding race and ethnicity, 83% of participants identified as White, compared to 10% Black/African American, and 3% Hispanic/Latino. While these demographics roughly align with the racial/ethnic makeup of Trumbull County, Black/African American and Hispanic/Latino voices were underrepresented in priority voting in Mahoning County. The top five priorities selected by respondents in Mahoning and Trumbull County were mental health, community safety, access to care, access to healthy food and physical activity, and substance use. There was considerable alignment in priorities among respondents in both counties, apart from substance use, which was voted as a priority by 25% of respondents in Mahoning County (making it #5 in ranked priorities) compared to 37% of respondents in Trumbull County (making it #2 in ranked priorities). Among respondents who identify as Black/African American, community safety, community conditions, and education were more often selected as priorities. Among Hispanic/Latino respondents, access to care, community conditions, and mental health were more often selected.

On June 2nd, 2022, the steering group and additional community stakeholders met to review the prioritization voting and relevant data and to cast votes live as community representatives using the Mentimeter voting platform. Thirty-five community stakeholders in attendance cast votes. The most votes were cast for mental health, followed by community safety, access to care, and community conditions. Further discussion suggested consensus around combining mental health and substance use as a single priority, acknowledging that there is alignment in services and existing efforts, although strategies to approach each will differ. Stakeholders also emphasized the need to center the voices of those most affected by poor outcomes in the priority selection, as well as to address root causes of health disparities.

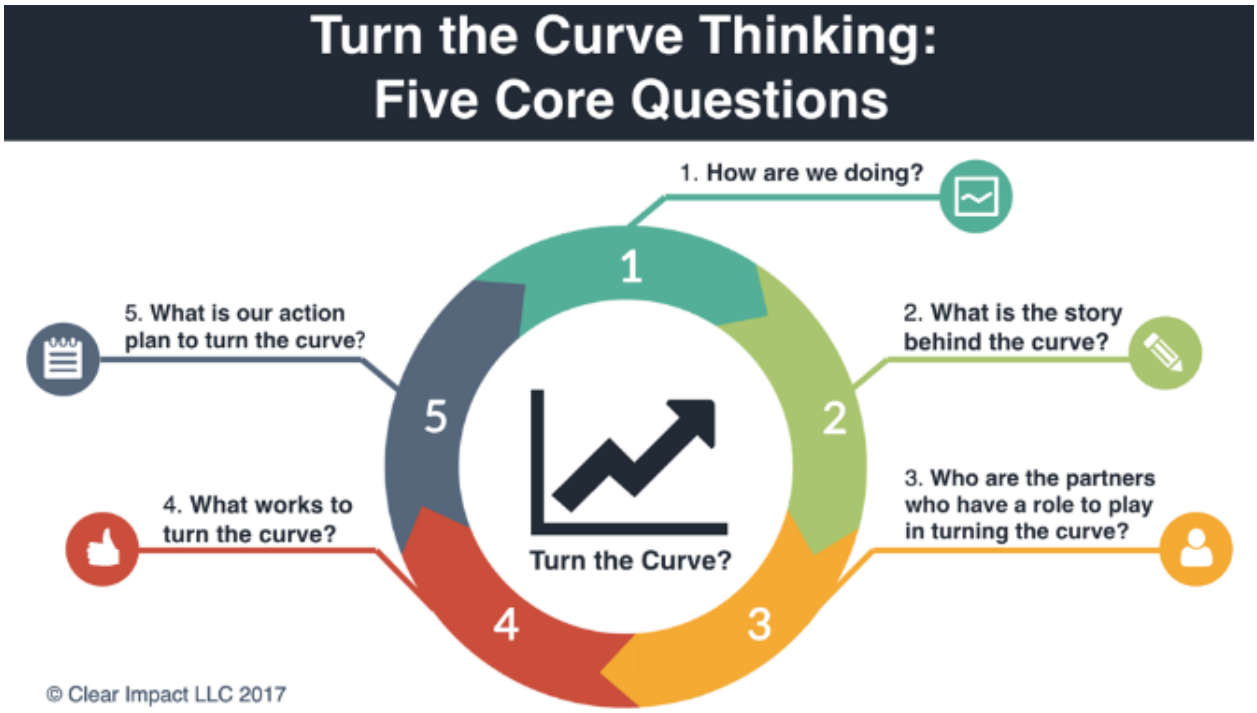
After reviewing the community voting, the stakeholder voting, the relevant data, and the reflections from the prioritization meeting, the CHNA leadership synthesized the priority areas into three: mental health and substance use, community conditions with an emphasis on community safety, and access to care. Health

equity was also identified as a cross-cutting issue to incorporate into the community health improvement planning process in all three priorities.

RESULTS BASED ACCOUNTABILITY

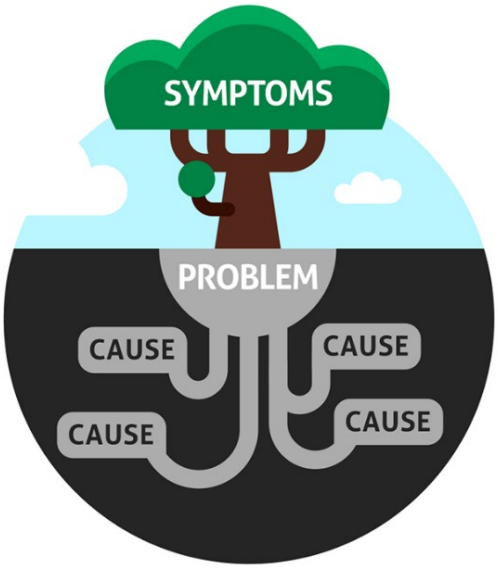
NCIPH facilitated a Results-Based Accountability™ (RBA) approach to the CHIP strategic planning. RBA is a methodology for problem-solving developed by Mark Friedman and Clear Impact LLC {Clearimpact website}. RBA is a simple approach that starts with determining the desired end-state and works backward to identify the best means of achieving that vision. RBA ensures decision-making is data-driven and transparent.

"Turn the curve thinking" is foundational to RBA. Turning the curve for CHIP means first understanding the current state of the community's health, and exploring the contributing factors driving the data, then using this information to generate partnerships and strategies that, when applied will change the trajectory of the health outcomes.



In this case, the desired end-state was a happier and healthier community in Mahoning and Trumbull counties. By examining the current data collected in the Community Health Needs Assessment, community partners gained a picture of the state of health in both counties and the contributing factors to current trends. In community meetings, participants discussed best practices and evidence-based solutions that have been successful at influencing the root causes and brainstormed how these efforts could be best applied in Mahoning and Trumbull counties. After selecting the most appropriate strategies, plans were made for strategy implementation, a lead entity or person was selected to be responsible for the effort's coordination, a timeline was set, supportive partners were identified, and action steps were proposed. Continuous monitoring and assessment are an essential part of the RBA process to see if there is new

data, additional information on best practices, or new potential partners. Communities participating in RBA are encouraged to meet regularly for status updates and to track their progress.



RBA works to turn the curve by leveraging the work being done by existing partners and by identifying new partners that serve the community's common goals. A key concept of RBA relevant here is the concept of Population and Performance Accountability which demonstrate the complementary and collaborative efforts of many partners to total improvement and which also set a framework for measuring progress.

- Population accountability: A group of partners takes responsibility for the well-being of the population. In this case the MTCHP partners and community organizations and members who participated in the CHIP process.
- Performance accountability: A single partner is responsible for the well-being of their customer population rather than the whole. For instance, a hospital may be responsible for looking after patients within its own catchment area

These two concepts are important because entities participating in broader population health improvement can do so in ways that align with their programmatic responsibilities. While performance accountability can be a contributing part of population accountability, it is important to distinguish if an aim is for accountability for the whole population or a client population because this has an impact on the language used to evaluate progress.

While data-informed and partner-driven action are necessary to turn the curve, the progress must be measured constantly to determine the effectiveness of the interventions. In Population Accountability, Results are measured by key Indicators. In Performance Accountability, organizational efforts or programs make contributions that serve their clients and are quantified by Performance Measures. The performance measures identify the quantity and quality of effort and determine the effect the intervention has had on the clients.

To learn more about Results-Based Accountability™ visit https://clearimpact.com/results-based-accountability/ (Belflower Thomas, 2022).

COMMUNITY INVOLVEMENT IN CHIP

Community involvement was an essential part of shaping the CHIP. As part of the CHNA 844 community members voted on a set of 12 priorities to select the top five most important, the community selections provided the base for the MTCHP prioritization discussion and final voting. On July 10th a hybrid CHIP meeting was hosted with in-person locations in Youngstown and Warren, with an option to join online. NCIPH facilitated the community discussion and synthesized using Google Jamboards. As part of the activity community members generated Results Statements for each of the priority areas, discussed the story behind the priorities, and brainstormed existing and needed partners.

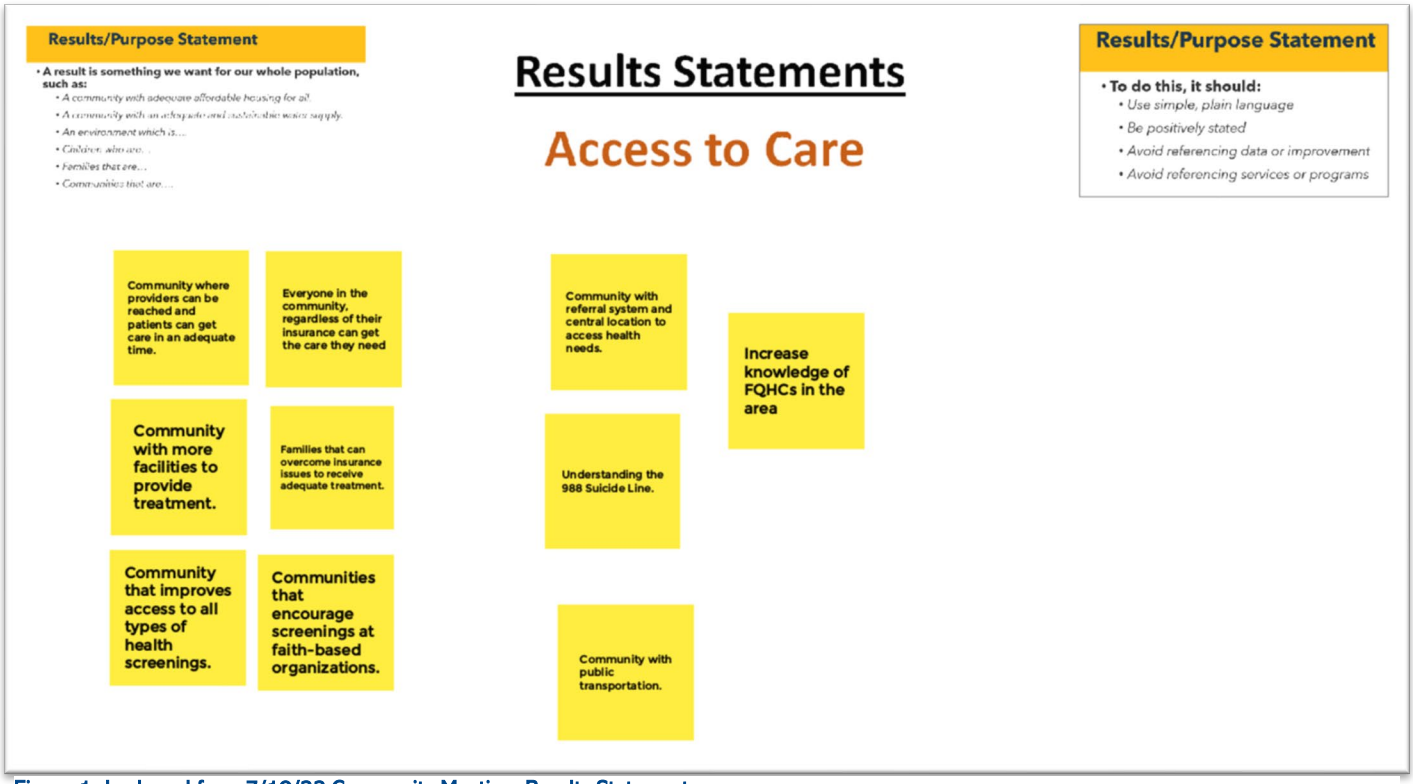


Figure 1: Jamboard from 7/10/22 Community Meeting, Results Statements.

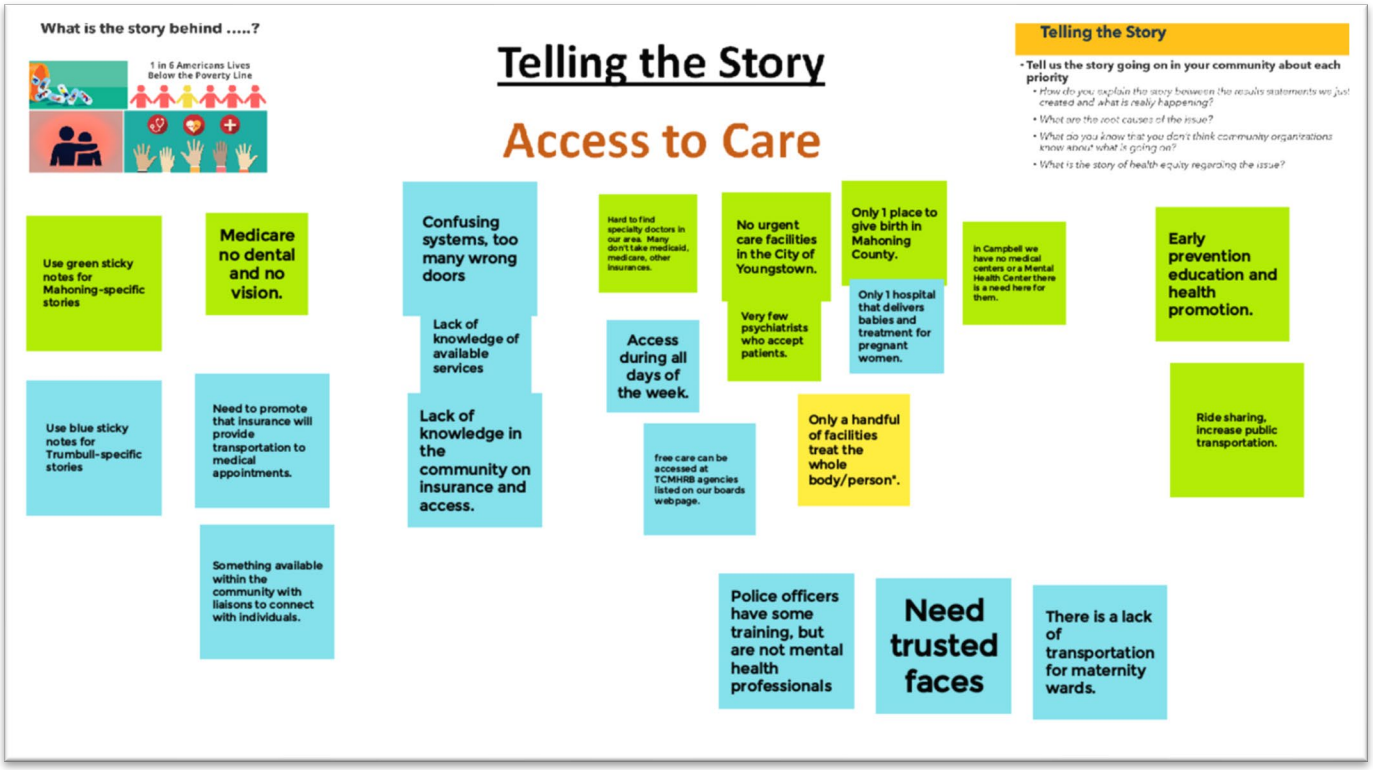


Figure 2: Jamboard from 7/10/22 Community Meeting, Story Behind the Curve

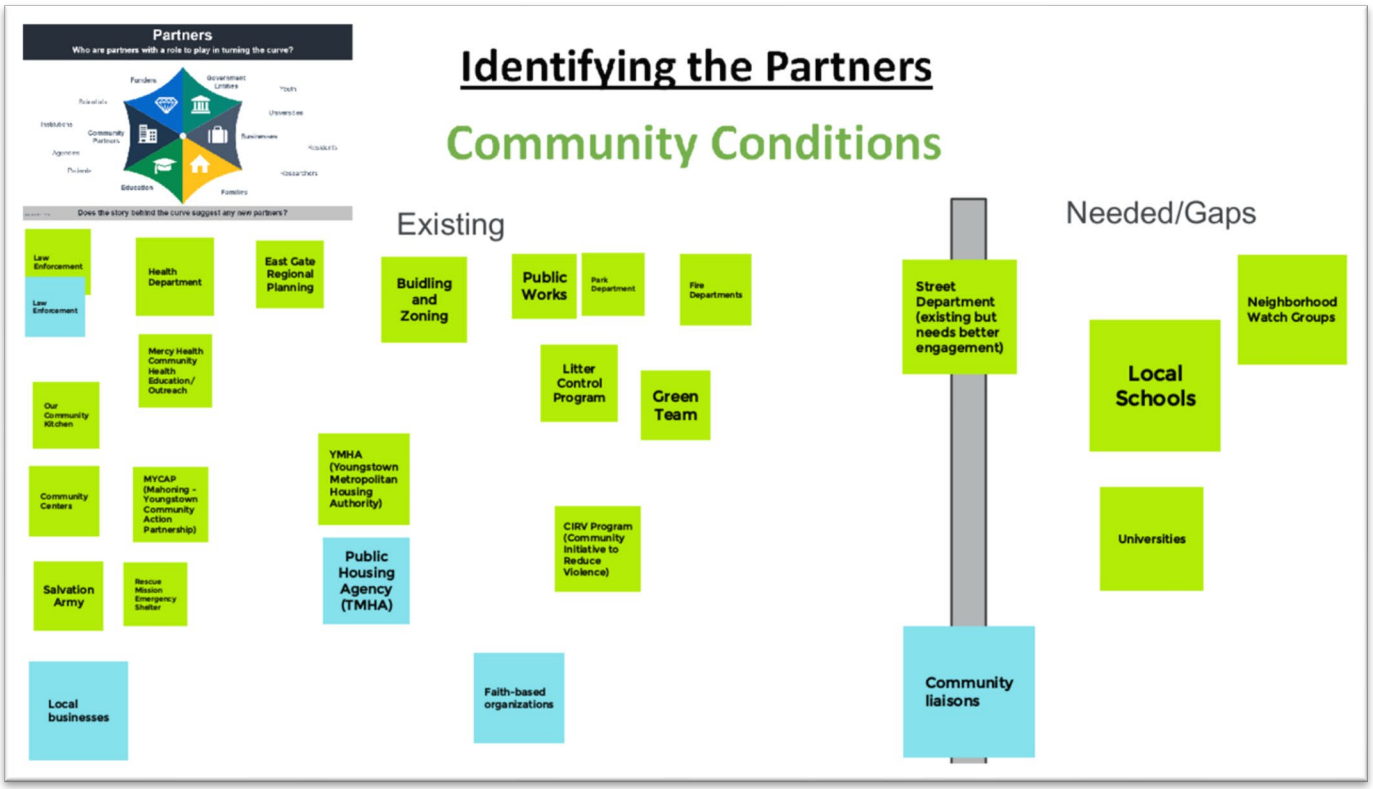


Figure 3 Jamboard from 7/10/22 Community Meeting, Identifying Partners

A community free of stigma around mental health & substance use where there are no barriers to accessing and utilizing affordable, culturally relevant, holistic care when and where and how they need it.

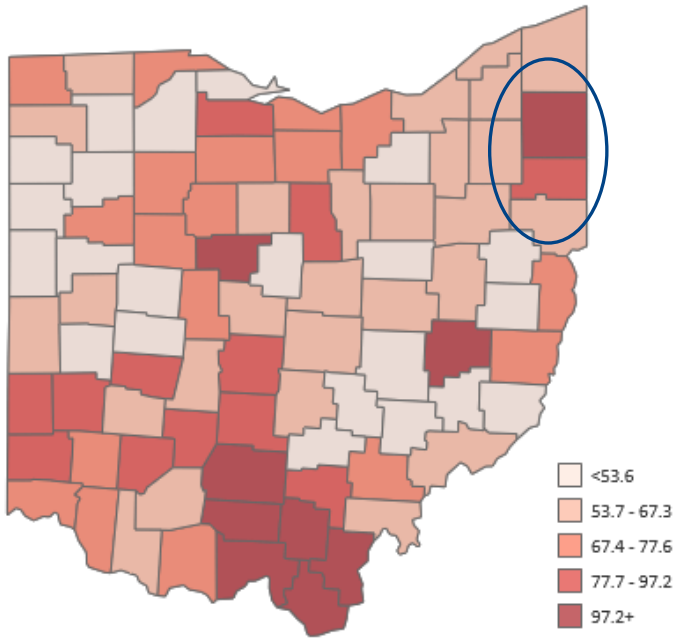
POPULATION-LEVEL INDICATORS:

1. Incidence of emergency department visits for suspected drug overdose (Ohio Department of Health EpiCenter, data available to health departments)
2. Unintentional drug overdose mortality (Ohio VDRS) (Ohio Department of Health, 2021)
3. Average number of mentally unhealthy days reported in past 30-days (County Health Rankings & Roadmaps, publicly available) (University of Wisconsin Population Health Institute, 2022)

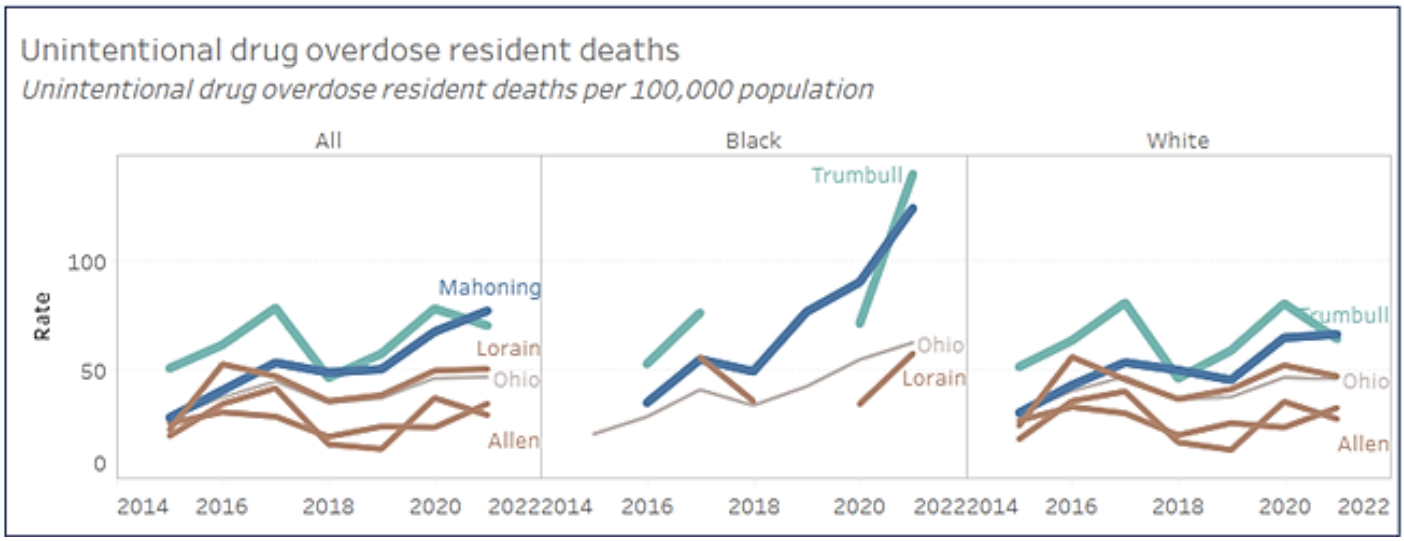
These population-level indicators will be used as the best overall proxies for Mental Health and Substance Use state-of-being at the Mahoning and Trumbull county-level. Though they may not be directly applicable to each strategy, they will provide a population-based measure for tracking overall Mental Health and Substance Use throughout the next three years.

HOW ARE WE DOING?

Emergency Department Visits for Suspected Drug Overdose Rates per 10,000 ED Visits by Year



Overdose Incidence:
In 2021, Mahoning County reported a rate of 78.9/10,000 emergency department visits for suspected drug overdoses compared to 112.6 for Trumbull County. This trend has been consistent since at least 2017. Mahoning County has higher overall numbers of people experiencing overdose, but relative to its population size, Trumbull has a higher rate.



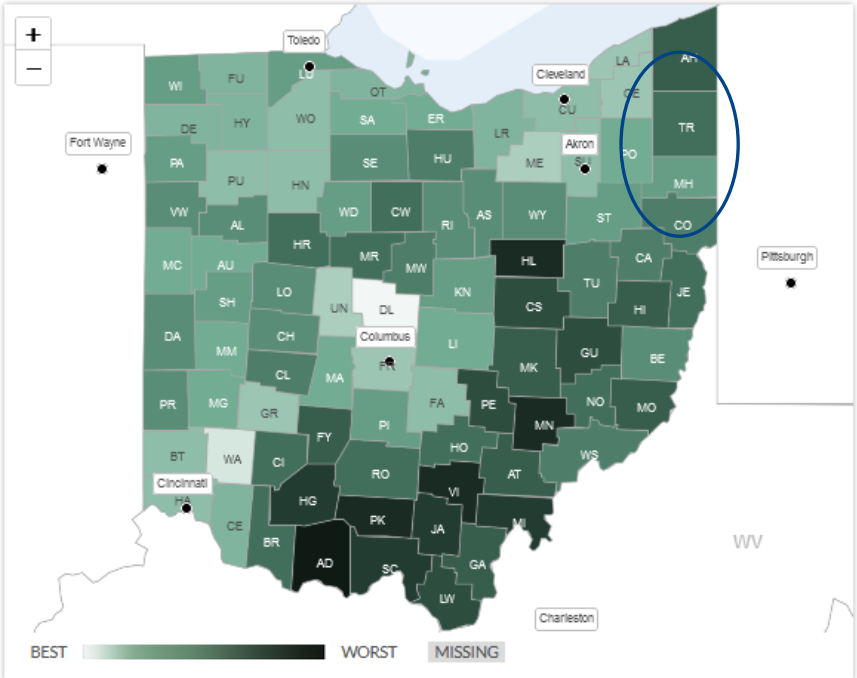
Overdose Deaths:
Mahoning and Trumbull overdose death rates are higher than in peer counties and the state of Ohio. There is a notable increase in the overdose death rate among Black/African Americans in recent years.

Poor Mental Health Days

Average number of mentally unhealthy days reported in past 30 days (age-adjusted).

The 2022 County Health Rankings used data from 2019 for this measure.

Map | Data | Description | Data Source



Mental Distress:
2019 BRFSS data indicate that the average number of mentally unhealthy days reported in the past 30 days for Mahoning County was 5.3 and was 5.6 for Trumbull County. The state average was 5.2 days.

WHAT IS THE STORY BEHIND THE CURVE, INCLUDING ROOT CAUSES?

- Existing coalitions of service providers and stakeholders
- Narcan distribution
- Strong faith communities

What is helping?

- Stigma around mental health and substance use
- Lack of trust in service providers
- Limited availability of services (waitlists)
- Lack of affordable options (insurance and cost barriers)
- Decreased community connectivity

What is Hurting?

- Continued and perhaps increased lack of community connection and trust between service providers and community members
- Limited resources, yet influx of funding coming for Behavioral Health as result of Opioid Settlement

What might be coming in the near future?

- Primary data collection about barriers to care

What research/data is stilled needed to better address?

WHO ARE THE PARTNERS WHO HAVE A ROLE TO PLAY IN ADDRESSING THIS ISSUE?

Sector	Entities
School Systems	Teachers
	Coaches
	School nurses
	Bus drivers
	Administrators
	School counselors
	Secretaries
Faith Communities	Neighborhood churches
	Salvation Army
	Basement Ministries
Hispanic/Latinx outreach	OCCHA
Substance Use/Mental Health Providers	Alta Behavioral Health
	Cadence Care Network
	ONE Health Ohio/RISE Recovery
	Mahoning County Mental Health & Recovery Board
	Trumbull County Mental Health & Recovery Board
	Meridian Health Services
	Brightview
	Coleman Health Services
	COMPASS Family and Community Services
	Valley Counseling Services
	TRAVCO
	New Day Recovery
	On Demand Counseling
	First Step Recovery
	Parkman Recovery
	Glenbeigh
	Belmont Pines
	New Start
	YUMADAOP
Higher Ed	Kent State University Trumbull
	Eastern Gateway Community College
	Youngstown State University
Law enforcement	Police and Sheriff's departments
Re-entry	Coleman Health Services
Healthcare	Trumbull County Combined Health District
	Warren City Health Department
	Trumbull Regional Medical Center
	Mercy Health
Community outreach	Community Educator- Mercy Health
	Community organizers
	Parent Advocacy Connection- NAMI
	NAMI
	Family and Children First Council

	Amish communities
	Community Liaisons from MH providers
	Barber shops and beauty salons
	NAACP Trumbull Chapter
	Medical Society Alliance
	Trumbull Neighborhood Partnerships
	United Way Trumbull County
	SCOPE
Referral Services	211 Help Network
Coalitions	ASAP (Alliance for Substance Abuse Prevention)
	Trumbull County Suicide Prevention Coalition
LGBTQIA+ Support	Full Spectrum Community Outreach
Politicians	Public officials
Social Services	TMHA
	Children Services
	Developmental Disabilities
	Direction Home of Eastern Ohio
Military	Youngstown Air Reserve Station

WHAT ARE SOME OF THE THINGS THAT COULD WORK TO ADDRESS THIS ISSUE?

- Harm reduction strategies HHS Resources
- Narcan distribution
- Needle exchange
- CIT Training for Police officers NAMI Resources
- Mental Health First Aid MHFA Resources
- Assertive Community Treatment Case Western Resources
- Permanent Supportive Housing SAMHSA Resources
- Barbershop and Salon Interventions Systematic Review
- Directory of resources for specific populations (e.g. this resource for women of color, or LGBTQ+-affirming providers, as suggested in community conversations)
- Set up satellite sites for delivering mental health and recovery services
- at community sites (such as churches)

Mental Health & Substance Use - MHSU

A community free of stigma around mental health & substance use where there are no barriers to accessing and utilizing affordable, culturally relevant, holistic care when and where and how they need it.

Indicators

Population Level

1. Incidence of emergency department visits for suspected drug overdose
2. Unintentional drug overdose mortality
3. Average number of mentally unhealthy days reported in past 30 -days

Strategies

Program Level

MHSU1 Leverage community coalitions to expand evidence -based practices, especially in community -based settings

MHSU2 Implement Crisis Intervention Team (CIT) training with local police jurisdictions

<table>
<tr><td colspan="2">STRATEGY MHSU1: Leverage community coalitions to expand evidence-based practices, especially in community-based settings</td></tr>
<tr><td colspan="2">Sub-Strategy MHSU1a Empower and support coalition members to get trained in evidence-based practices to implement trainings and provide education.</td></tr>
<tr><td colspan="2">Trumbull Agency Lead: Trumbull County Mental Health and Recovery Board
Mahoning Agency Lead: Mahoning County Mental Health and Recovery Board (suicide), Mahoning County Public Health (overdose)</td></tr>
<tr><td colspan="2">Timeline: January 2023-December 2025</td></tr>
<tr><td>Methods:
1. Training and education provided through Alliance for Substance Abuse Coalition.

2. Suicide Prevention Coalition to explore future training opportunities.</td><td>Assisting Agencies/Groups:
• Trumbull County Alliance for Substance Abuse Prevention, Overdose Fatality Review Committee, and Suicide Prevention Coalition

• Mahoning County Overdose Prevention Coalition, Suicide Fatality Review Board, Suicide Prevention Coalition, Overdose Fatality Review Board Coalition for Drug Free Mahoning County, and Coalition for Health Promotion (YYMADAOP)</td></tr>
<tr><td>Performance Measures:
How much?
• # of trainings held
• # of persons trained

How well?
• % of attendees who find training relevant and informative by utilizing a pre/post survey,
• # of evidence based practices put in use.</td><td>Monitoring & Evaluation:
Lead: Coalition leaders

Plan for Tracking Progress: Annually at Coalition meetings</td></tr>
</table>

<table>
<tr><td colspan="2">STRATEGY MHSU1: Leverage community coalitions to expand evidence-based practices, especially in community-based settings</td></tr>
<tr><td colspan="2">Sub-Strategy MHSU1b Develop a Youth Prevention Advisory Board.</td></tr>
<tr><td colspan="2">Trumbull Agency Lead: Trumbull County Mental Health and Recovery Board (TCMHRB)
Mahoning Agency Lead: Mahoning County Mental Health and Recovery Board (suicide), Mahoning County Public Health (overdose)</td></tr>
<tr><td colspan="2">Timeline: January 2023-December 2025</td></tr>
<tr><td>Methods:
1. Alliance for Substance Abuse Prevention and Suicide Prevention Coalition to partner to develop.</td><td>Assisting Agencies/Groups:
• Trumbull County Alliance for Substance Abuse Prevention, Overdose Fatality Review Committee, and Suicide Prevention Coalition

• Mahoning County Overdose Prevention Coalition, Suicide Fatality Review Board, Suicide Prevention Coalition, Overdose Fatality Review Board Coalition for Drug Free Mahoning County, and Coalition for Health Promotion (YYMADAOP)</td></tr>
<tr><td>Performance Measures:
How much?
• Year 1 (2023): # of meetings where ASAP takes action steps towards developing a youth advisory board.
• Year 1 (2023): Development of the Youth Prevention Advisory Board.
• Years 2 & 3 (2024 & 2025): # of youth evidence based prevention strategies implemented by the advisory board.
How well?
• # of districts/students involved each year (expansion).</td><td>Monitoring & Evaluation:
Lead: Assigned individual within the (TCMHRB).

Plan for Tracking Progress: Annually</td></tr>
</table>

<table>
<tr><td colspan="2">STRATEGY MHSU1: Leverage community coalitions to expand evidence-based practices, especially in community-based settings</td></tr>
<tr><td colspan="2">Sub-Strategy MHSU1c Increase marketing to increase access to mental health and recovery care.</td></tr>
<tr><td colspan="2">Trumbull Agency Lead: Trumbull County Mental Health and Recovery Board
Mahoning Agency Lead: Mahoning County Mental Health and Recovery Board (suicide), Mahoning County Public Health (overdose)</td></tr>
<tr><td colspan="2">Timeline: January 2023-December 2025</td></tr>
<tr><td>Methods:
1. Utilize coalition members to assist in marketing programs and services in the community.</td><td>Assisting Agencies/Groups:
• Trumbull County Alliance for Substance Abuse Prevention, Overdose Fatality Review Committee, and Suicide Prevention Coalition

• Mahoning County Overdose Prevention Coalition, Suicide Fatality Review Board, Suicide Prevention Coalition, Overdose Fatality Review Board Coalition for Drug Free Mahoning County, and Coalition for Health Promotion (YYMADAOP)</td></tr>
<tr><td>Performance Measures:
How much?
• # of different marketing platforms used,
• # of dollars spent on marketing,
How well?
• Participating agencies survey those seeking care as to how they found out about the service they are seeking, and that data is used to properly divert the necessary resources into the most effective marketing programs based upon this survey.</td><td>Monitoring & Evaluation:
Lead: Marketing Researcher/Data analyst within TCMHRB

Plan for Tracking Progress: Annually</td></tr>
</table>

<table>
<tr><td colspan="2">STRATEGY MHSU1: Leverage community coalitions to expand evidence-based practices, especially in community-based settings</td></tr>
<tr><td colspan="2">Sub-Strategy MHSU1d Coalitions will track their membership and work to ensure that membership reflects the demographics of community they serve.</td></tr>
<tr><td colspan="2">Trumbull Agency Lead: Trumbull County Mental Health and Recovery Board
Mahoning Agency Lead: Mahoning County Mental Health and Recovery Board (suicide), Mahoning County Public Health (overdose)</td></tr>
<tr><td colspan="2">Timeline: January 2023-December 2025</td></tr>
<tr><td>Methods:
1. Each coalition will procure annual or biannual demographic data of the communities they serve so that members can have an accurate baseline for comparison to membership.

2. Each coalition will review its active membership and track participating members and new members each time they meet.

3. Each coalition will report its planning and activities in their meeting minutes.</td><td>Assisting Agencies/Groups:
• Trumbull County Alliance for Substance Abuse Prevention, Overdose Fatality Review Committee, and Suicide Prevention Coalition

• Mahoning County Overdose Prevention Coalition, Suicide Fatality Review Board, Suicide Prevention Coalition, Overdose Fatality Review Board Coalition for Drug Free Mahoning County, and Coalition for Health Promotion (YYMADAOP)</td></tr>
<tr><td>Performance Measures:
How much?
• # of members of each coalition
• # of new members of each coalition
How well?
• How well demographics of coalition members match communities served
• Coalition average attendance</td><td>Monitoring & Evaluation:
Lead: Coalition Chairs

Plan for Tracking Progress: Quarterly</td></tr>
</table>

<table>
<tr><td colspan="2">STRATEGY MHSU1: Leverage community coalitions to expand evidence-based practices, especially in community-based settings</td></tr>
<tr><td colspan="2">Sub-Strategy MHSU1e Collect, review, and track data to inform evidence-based practices and interventions.</td></tr>
<tr><td colspan="2">Trumbull Agency Lead: Trumbull County Mental Health and Recovery Board
Mahoning Agency Lead: Mahoning County Mental Health and Recovery Board (suicide), Mahoning County Public Health (overdose)</td></tr>
<tr><td colspan="2">Timeline: January 2023-December 2025</td></tr>
<tr><td>Methods:
1. Overdose Fatality and Incidence Data as well as suicide data to be collected monthly.

2. Overdose and Fatality Reviews will meet quarterly to review cases.

3. Overdose Prevention and Suicide Prevention will meet quarterly to review data, programming currently in community, and to identify programming gaps.</td><td>Assisting Agencies/Groups:
• Trumbull County Alliance for Substance Abuse Prevention, Overdose Fatality Review Committee, and Suicide Prevention Coalition

• Mahoning County Overdose Prevention Coalition, Suicide Fatality Review Board, Suicide Prevention Coalition, Overdose Fatality Review Board Coalition for Drug Free Mahoning County, and Coalition for Health Promotion (YYMADAOP)</td></tr>
<tr><td>Performance Measures:
How much?
• # of overdose fatalities,
• # of suicide deaths,
• # of identified programming gaps.
How well?
• # of implementation strategies used to reduce programming gaps,
• % reduction in overdose deaths,
• % reduction in suicide deaths.</td><td>Monitoring & Evaluation:
Lead: Associate Director MCMHRB

Plan for Tracking Progress: Annually</td></tr>
</table>

<table>
<tr><td colspan="2">STRATEGY MHSU2: Implement Crisis Intervention Team (CIT) training with local police jurisdictions for officers with previous CIT training.</td></tr>
<tr><td colspan="2">Sub-Strategy MHSU2b Explore possibility of providing a joint refresher course.</td></tr>
<tr><td colspan="2">Trumbull Agency Lead: Trumbull County Mental Health and Recovery Board</td></tr>
<tr><td colspan="2">Timeline: January 2023-December 2025</td></tr>
<tr><td>Methods:
1. Offer a CIT refresher course once (1) per year.</td><td>Assisting Agencies/Groups:
• TBD</td></tr>
<tr><td>Performance Measures:
How much?
• # of officers and chaplains trained
• # of departments trained
How well?
• Presenter ratings
• Increased knowledge of MH/SU disorders, community resources, and de-escalation skills as measured by officer pre/post test scores and Day 5 comments
• % of officers enrolled who complete course</td><td>Monitoring & Evaluation:
Lead: TCMHRB’s Director of Planning and Evaluation

Plan for Tracking Progress: Annually</td></tr>
</table>

<table>
<tr><td colspan="2">STRATEGY MHSU2: Implement Crisis Intervention Team (CIT) training with local police jurisdictions for new officers who have yet to train in CIT.</td></tr>
<tr><td colspan="2">Sub-Strategy MHSU2a Provide Patrol Officer 40-hour training at least twice (2) times per year.</td></tr>
<tr><td colspan="2">Trumbull Agency Lead: Trumbull County Mental Health and Recovery Board
Mahoning Agency Lead: Mahoning County Mental Health and Recovery Board</td></tr>
<tr><td colspan="2">Timeline: January 2023-December 2025</td></tr>
<tr><td>Methods:
1. Build upon success in training since 2006, building upon past curricula, incorporating CIT core elements, and utilizing volunteer presenters from community agencies.

2. Each training will include 20 officers and optional two police chaplains.</td><td>Assisting Agencies/Groups:
• Local police jurisdictions</td></tr>
<tr><td>Performance Measures:
How much?
• # of officers and chaplains trained
• # of departments trained
How well?
• Presenter ratings
• Increased knowledge of MH/SU disorders, community resources, and de-escalation skills as measured by officer pre/post test scores and Day 5 comments
• % of officers enrolled who complete course</td><td>Monitoring & Evaluation:
Lead: TCMHRB’s and MCMHRB’s Director of Planning and Evaluation

Plan for Tracking Progress: Annually</td></tr>
</table>

Additional Mental Health and Substance Use Sub-Strategies Ongoing in Mahoning County

<table>
<tr><td colspan="2">STRATEGY MHSU1: Leverage community coalitions to expand evidence-based practices, especially in community-based settings</td></tr>
<tr><td colspan="2">Sub-Strategy MHSU1f Provide Mental Health First Aid Training</td></tr>
<tr><td colspan="2">Mahoning Agency Lead: Mahoning County Mental Health and Recovery Board (suicide)</td></tr>
<tr><td colspan="2">Timeline: January 2023-December 2025</td></tr>
<tr><td>Methods:
1. Conduct at least two youth and three adult trainings per year.

2. Recruit and provide training to 5 barber/stylists in Years 2 and 3.</td><td>Assisting Agencies/Groups:
• Mahoning County Overdose Prevention Coalition, Suicide Fatality Review Board, Suicide Prevention Coalition, Overdose Fatality Review Board Coalition for Drug Free Mahoning County, and Coalition for Health Promotion (YYMADAOP)

• Trumbull County Alliance for Substance Abuse Prevention, Overdose Fatality Review Committee, and Suicide Prevention Coalition</td></tr>
<tr><td>Performance Measures:
How much?
• # of training session held
• # of barbers/stylists trained
How well?
• TBD</td><td>Monitoring & Evaluation:
Lead: Associate Director MCMHRB

Plan for Tracking Progress: TBD</td></tr>
</table>

<table>
<tr><td colspan="2">STRATEGY MHSU2: Implement Crisis Intervention Team (CIT) training with local police jurisdictions</td></tr>
<tr><td colspan="2">Sub-Strategy MHSU2c Work with Mahoning County Dispatch to develop a system to measure how many 911 calls request a CIT trained officer and how many call a CIT officer is dispatched based on the situation.</td></tr>
<tr><td colspan="2">Mahoning Agency Lead: Mahoning County Mental Health and Recovery Board</td></tr>
<tr><td colspan="2">Timeline: January 2023-December 2025</td></tr>
<tr><td>Methods:
1. CIT Coordinators and leadership will meet with 911 dispatch to determine feasibility of tracking data.</td><td>Assisting Agencies/Groups:
• Mahoning 911 Dispatch</td></tr>
<tr><td>Performance Measures:
How much?
• TBD
How well?
• TBD</td><td>Monitoring & Evaluation:
Lead: MCMHRB’s Director of Planning and Evaluation

Plan for Tracking Progress: TBD</td></tr>
</table>

How do these strategies address the cross-cutting priorities of addressing health equity and root causes of substance use and poor mental health?

MHSU1

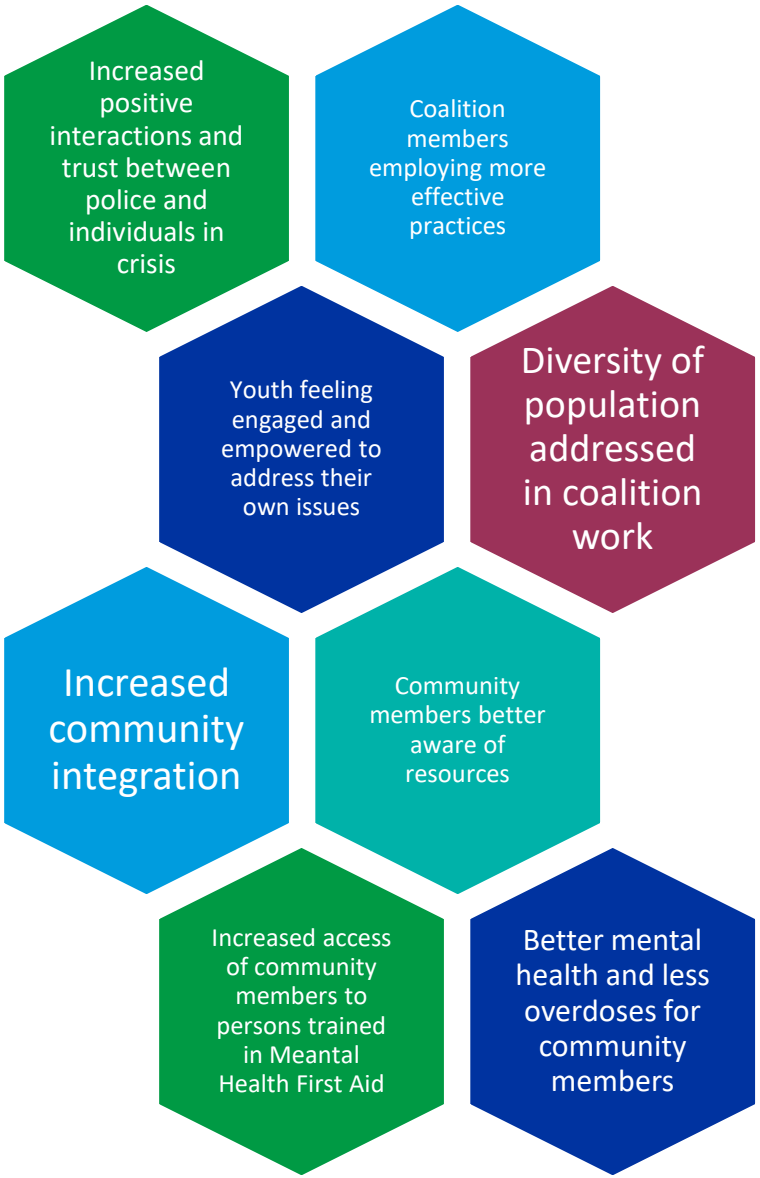
- Coalitions include all sectors of the community and can review data to determine any disparities and create plans to address these disparities.

MHSU2

- Based on research to date, CIT training can be considered an EBP for improving officers' cognitive and attitudinal outcomes, including knowledge, attitudes, and self-efficacy. Additionally, evidence supports CIT as an EBP for officers' behavioral intentions and decision-making. There is growing evidence of CIT's effectiveness for impacting officers' behavior in terms of actual use of force and call resolutions, including several studies with strong comparison groups. Depending on the criteria used, CIT may be considered an EBP for these outcomes. https://www.citinternational.org/page-18451.

- More trained police officers can better serve the community. They are more equipped to refer to services, rather than putting people in the criminal justice system. Training diverse officers can allow equity response throughout the community.

How will we know that we are better off around Mental Health and Substance Use in our communities?



ACCESS TO CARE

A community that meets the needs of each individual with services that are high-quality, accessible, effective, and well-communicated for all, and delivered in an equitable way by addressing barriers to care.

POPULATION-LEVEL INDICATORS:

Percent of Mahoning and Trumbull County population accessing recommended preventive screenings: (Centers for Disease Control and Prevention, 2021)

- Cervical cancer screening among women ages 21-65
- Cholesterol screening among adults 18+
- Colorectal cancer screening among adults 50-75
- Mammography among women ages 50-74

These population-level indicators will be used as the best overall proxies for Access to Care state-of-being at the Mahoning and Trumbull county-level. Though they may not be directly applicable to each strategy, they will provide a population-based measure for tracking overall Access to Care throughout the next three years.

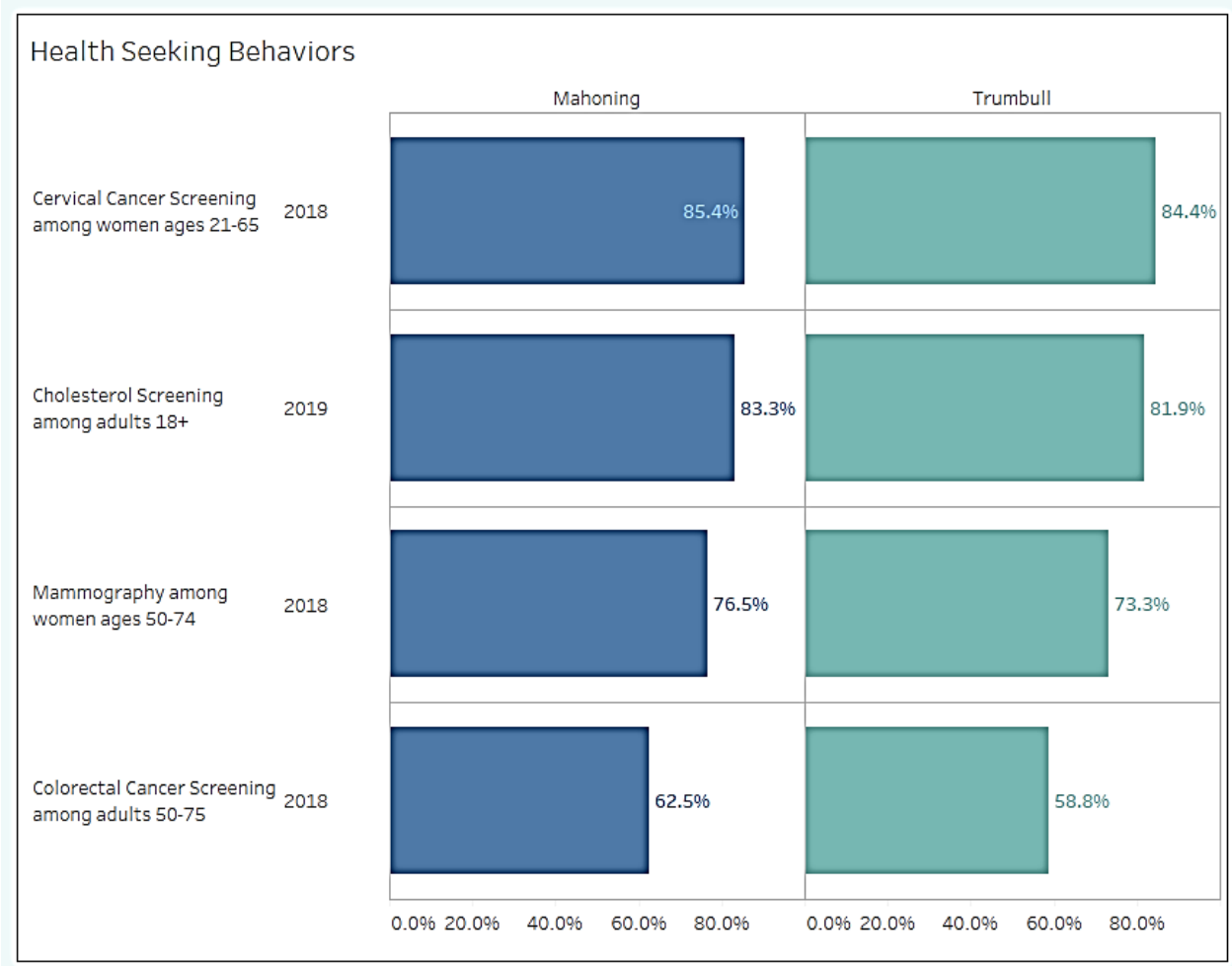
HOW ARE WE DOING?

Cervical Cancer Screening among women ages 21-65:
Mahoning 85.4%, Trumbull 84.4% (2018)

Cholesterol Screening among adults 18+:
Mahoning 83.3%, Trumbull 81.9% (2019)

Colorectal Cancer Screening among adults 50-75:
Mahoning 62.5%, Trumbull 58.8% (2018)

Mammography among women ages 50-74:
Mahoning 76.5%, Trumbull 73.3% (2018)


Health Seeking Behaviors
Mahoning
Trumbull
Cervical Cancer Screening among women ages 21-65
2018
85.4%
84.4%
Cholesterol Screening among adults 18+
2019
83.3%
81.9%
Mammography among women ages 50-74
2018
76.5%
73.3%
Colorectal Cancer Screening among adults 50-75
2018
62.5%
58.8%
0.0% 20.0% 40.0% 60.0% 80.0%
0.0% 20.0% 40.0% 60.0% 80.0%

WHAT IS THE STORY BEHIND THE CURVE, INCLUDING ROOT CAUSES?

- Major healthcare providers (Mercy, Steward, Health departments, FQHCs)
- Mahoning Valley Pathways HUB
- Home visiting programs in Warren and Trumbull County
- Family Planning/Reproductive Health program with Trumbull/ Steward Health
- Resource Mothers program with Mercy Health

What is helping?

- Accessibility problems: locations, hours of operation, red tape, limited availability of local service-providers or appointments
- Transportation barriers
- Cost/insurance hurdles
- Unequal treatment of patients

What is Hurting?

- Policies that impact access to care and health equity (Medicaid access, gender-affirming care, funding)

What might be coming in the near future?

- More frequent data collection on barriers to care
- Data tools for visualizing accessibility of services

What research/data is stilled needed to better address?

WHO ARE THE PARTNERS WHO HAVE A ROLE TO PLAY IN ADDRESSING THIS ISSUE?

Mercy Health
Trumbull County Combined Health District
Mahoning County Combined Health District
Warren City Health District
Youngstown City Health District
VA Hospital
Steward Health
Kent State University Trumbull Campus
Eastern Gateway Community College
Youngstown State University
Churches/pastors in every neighborhood
Faith-based organizations
OneHealth

WHAT ARE SOME OF THE THINGS THAT COULD WORK TO ADDRESS THIS ISSUE?

- Mahoning Valley Pathways HUB
- Home visiting programs in Warren and Trumbull County
- Family Planning/Reproductive Health program with Trumbull/Steward Health
- Resource Mothers program with Mercy Health
- Mobile clinic Warren/Trumbull County
- Barber shop and beauty salon outreach

Access to Care

A community that meets the needs of each individual with services that are high-quality, accessible, effective, and well- communicated for all, and delivered in an equitable way by addressing barriers to care.

Indicators

Percent of population accessing recommended preventive screenings:

- Cervical cancer screening among women ages 21-65
- Cholesterol screening among adults 18+
- Colorectal cancer screening among adults 50-75
- Mammography among women ages 50 -74

Population Level

Strategies

AC1 Increase culturally congruent connection to services for Mahoning Valley residents in high Social Vulnerability Index areas

AC2 Utilize partnerships to increase screenings in underserved areas and populations

AC3 Develop stronger data tools to measure access to care (mapping, surveying, others)

AC4 Facilitate provision of data and identification of community champions for policies that promote access to care (e.g. retaining Medicaid expansion)

Program Level

<table>
<tr><th colspan="2">STRATEGY AC2: Utilize partnerships to increase screenings in underserved areas and populations</th></tr>
<tr><td colspan="2">Sub-Strategy AC2a Mercy Community Health will provide screenings to at-risk and underserved populations to provide early detection, education, and prevention of chronic diseases.</td></tr>
<tr><td colspan="2">Agency Lead: Mercy Health</td></tr>
<tr><td colspan="2">Timeline: Continuously at health events, community outreach, and on-site medical mobile clinics</td></tr>
<tr><td>Methods:
1. Staff from Community Health and Mercy Health will provide screenings to all individuals requesting screening.

2. Mercy’s Community Health will provide schedules to organizations and community members to list time, date, and location of Medical Mobile Clinic.

3. Abnormal or positive screening results will be shared with clients and clients instructed to follow-up with PCP.

4. If no PCP, clients will be given a list of available clinics/providers to contact to follow their care.

5. Screeners will provide follow-up to abnormal or positive screenings to assist with additional resources as necessary.</td><td>Assisting Agencies/Groups:
• 4 health districts</td></tr>
<tr><td>Performance Measures:
How much?
• # of screenings by type (A1c, cholesterol, blood pressure, CO2 monitoring, BMI)
How well?
• Increase in % of screenings in underserved communities and/or with at-risk populations</td><td>Monitoring & Evaluation:
Lead: TBD

Plan for Tracking Progress: TBD</td></tr>
</table>

<table>
<tr><td colspan="2">STRATEGY AC2: Utilize partnerships to increase screenings in underserved areas and populations</td></tr>
<tr><td colspan="2">Sub-Strategy AC2b Increase the availability of health screenings in underserved areas in Trumbull County through community partnerships.</td></tr>
<tr><td colspan="2">Trumbull Agency Lead: Trumbull County Combined Health District</td></tr>
<tr><td colspan="2">Timeline: Years 1-3</td></tr>
<tr><td>Methods:
1. Partner with TCAP to utilize community health workers to identify individuals and make subsequent referrals to healthcare facilities for Breast Cancer and Colon cancer screenings.

2. Partner with Monument of Faith Church to offer information dissemination regarding the importance of various health screenings during faith-based services. Afterwards, the screenings discussed during services will be offered to individuals in attendance.

3. Partner with local health care provider to utilize a more traditional healthcare setting for offering a multitude of health screenings under the Title 10 service banner in an effort to increase its utilization by offering on -site health screenings in predetermined locations within identified underserved areas.

4. Implement the Pathways Hub services into Trumbull County through partnerships with the Mahoning County Public Health District and TCAP. Community Health Workers with TCAP will be trained and utilized to identify and offer Pathway Hub services to individuals within Trumbull County and the TCCHD will act as a referral agent refer individuals to TCAP and the Pathways Hub who are need of those services.</td><td>Assisting Agencies/Groups:
• TCAP (Van Nelson)
• Monument of Faith Church (Bishop Herron)
• Mahoning County Public Health District</td></tr>
<tr><td>Performance Measures:
How much?
• # of health screenings including BMI, A1C, cholesterol, blood pressure, breast and cervical cancer,</td><td>Monitoring & Evaluation:
Lead: Jenna Amerine, TCCHD

Plan for Tracking Progress: Jenna Amerine, Annually.</td></tr>
</table>

• # of individuals with chronic illness and pregnant moms who receive assistance for nutrition, dental, and medical services including preventative services. How well? • 5% increase in screenings in underserved communities and/or with at-risk populations per year.	

<table>
<tr><td colspan="2">STRATEGY AC4: Facilitate provision of data and identification of community champions for policies that promote access to care (e.g. retaining Medicaid expansion)</td></tr>
<tr><td colspan="2">Sub-Strategy AC4a Monitor attempts by parties in Ohio to weaken or rescind expansion of Ohio Medicaid under the ACA</td></tr>
<tr><td colspan="2">Trumbull Agency Lead: Trumbull County Mental Health and Recovery Board (TCMHRB)</td></tr>
<tr><td colspan="2">Timeline: Continuous monitoring of Ohio Medicaid and ACA</td></tr>
<tr><td>Methods:
1. Monitor news releases from state and national policy organizations (e.g. Center for Community Solutions, Healthy Policy Institute of Ohio, Bazelon Center for Mental Health Law), trade associations (e.g. Ohio Association of County Behavioral Health Authorities and Family Service Providers) regarding rescinding or weakening Medicaid (e.g. establishing work requirements, medical savings account requirements).</td><td>Assisting Agencies/Groups:
All agencies and partners</td></tr>
<tr><td>Performance Measures
How much?
• # of individuals eligible for Medicaid within Trumbull County.

How well?
• # of eligible individuals who successfully gain access to and receive Medicaid coverage,
• % of eligible individuals getting Medicaid.
*The gap between the how much and how well metric will be measured on an annual basis (through %) and compared with previous years to further measure how well we are doing with this measure.</td><td>Monitoring & Evaluation:
Lead: TCMHRB

Plan for Tracking Progress: Annually</td></tr>
</table>

STRATEGY AC4: Facilitate provision of data and identification of community champions for policies that promote access to care (e.g. retaining Medicaid expansion)	
Sub-Strategy AC4b Counter any attempts to weaken or rescind expansion of Ohio Medicaid with information campaigns targeting the public, state legislators, and other officials	
Agency Lead: Vibrant Valley Health Equity Project	
Timeline: As needed per AC4a	
Methods: 1. Feature data on access to care in Ohio before and after Medicaid expansion with special focus on uninsured rates and high-risk populations.	**Assisting Agencies/Groups:** All agencies and partners
Performance Measures How much? • How well? •	**Monitoring & Evaluation:** Lead: TBD Plan for Tracking Progress: TBD

Additional Access to Care Sub-Strategies Ongoing in Mahoning County

<table>
<tr><th colspan="2">STRATEGY AC1: Increase culturally congruent connection to services for Mahoning Valley residents in high Social Vulnerability Index (SVI) areas</th></tr>
<tr><td colspan="2">Sub-Strategy AC1a Train 50% of active non-HUB community health workers in Mahoning Valley in the PCHI model to serve in high SVI areas</td></tr>
<tr><td colspan="2">Mahoning Agency Lead: Mahoning County Public Health</td></tr>
<tr><td colspan="2">Timeline: Yearly goals (1-3)</td></tr>
<tr><td>Methods:
1. Connect with Community Health Worker (CHW) agencies to connect them to the HUB; train CHWs in HUB strategy.

2. Deploy new HUB-trained CHWs; recruit new CHWs from high SVI areas and continue to train 50% of non-HUB CHWs each year.

3. Evaluate impact and set new priorities.</td><td>Assisting Agencies/Groups:
• TBD</td></tr>
<tr><td>Performance Measures:
How much?
• # of Community Health Workers enrolled in HUB
• # of new community-based organizations connected to the HUB
• # of pathways completed, by jurisdiction

How well?
• Ratio of completed pathways for new HUB CHWs</td><td>Monitoring & Evaluation:
Lead: TBD

Plan for Tracking Progress: TBD</td></tr>
</table>

<table>
<tr><td colspan="2">STRATEGY AC1: Increase culturally congruent connection to services for Mahoning Valley residents in high Social Vulnerability Index (SVI) areas</td></tr>
<tr><td colspan="2">Sub-Strategy AC1b Implement a policy to sustain funding for at least two CHWs/high SVI census tract by end of Year 3</td></tr>
<tr><td colspan="2">Mahoning Agency Lead: Mahoning County Public Health</td></tr>
<tr><td colspan="2">Timeline: Yearly goals (1-3)</td></tr>
<tr><td>Methods:
1. Explore funding options at state level

2. Advocate for policies to support sustainable funding of CHWs

3. Policies in place at the state/local level to sustain funding for CHWs in high SVI areas</td><td>Assisting Agencies/Groups:
• TBD</td></tr>
<tr><td>Performance Measures:
How much?
• $ funds dedicated to CHWs
• # of CHWs funded by jurisdiction/ population
• Policy for sustainable funding of CHWs

How well?
• TBD</td><td>Monitoring & Evaluation:
Lead: TBD

Plan for Tracking Progress: TBD</td></tr>
</table>

<table>
<tr><th colspan="2">STRATEGY AC3: Develop stronger data tools to measure access to care (mapping, surveying, others)</th></tr>
<tr><td colspan="2">Sub-Strategy AC3a Develop a team to explore options to use current available data tools to utilize resource integration capabilities of geospatial technologies for the creation of analytical and descriptive solutions for health-related information and provide the public, media, and other potential partners with developed data tools.</td></tr>
<tr><td colspan="2">Mahoning Agency Lead: Mahoning County Public Health</td></tr>
<tr><td colspan="2">Timeline: Years 1-3</td></tr>
<tr><td>Methods:
1. Diverse team of experts will be convened to discuss data tool development, current and readily available data, and potential threats such as budget constraints.

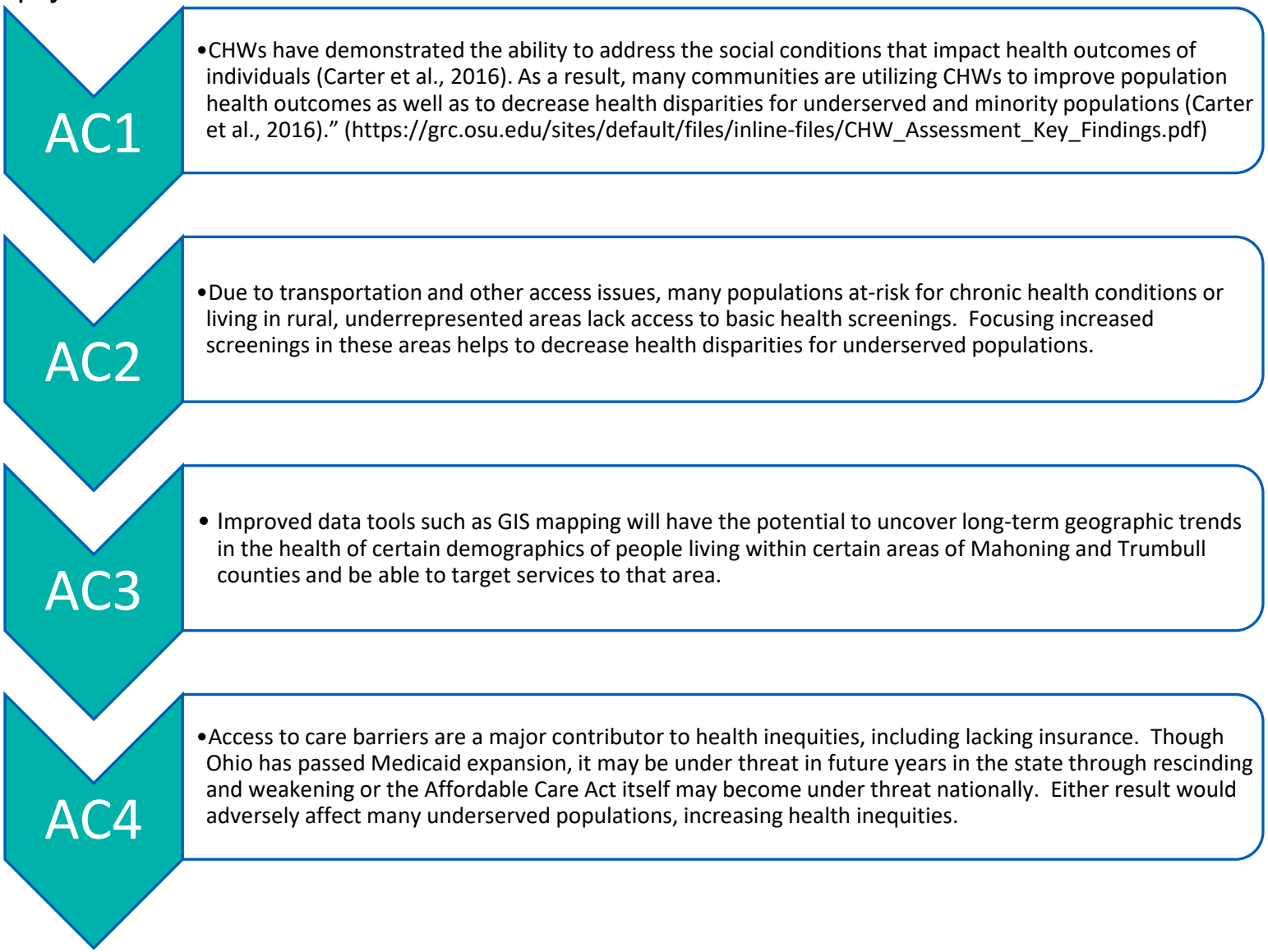
2. Team develops data tools/ dashboards and promotes widely.

3. Team continues to explore best available data tools to inform the public and healthcare industry</td><td>Assisting Agencies/Groups:
• Dan Bonacker
• Youngstown City Health District
• Eastgate
• Mercy Health
• One Health Ohio
• Southwood’s Health
• Mahoning County GIS Department
• private medical agencies
• Help Network
• community members</td></tr>
<tr><td>Performance Measures:
How much?
• # of new data tools developed/used
• # of agencies and community partners contributing useful data

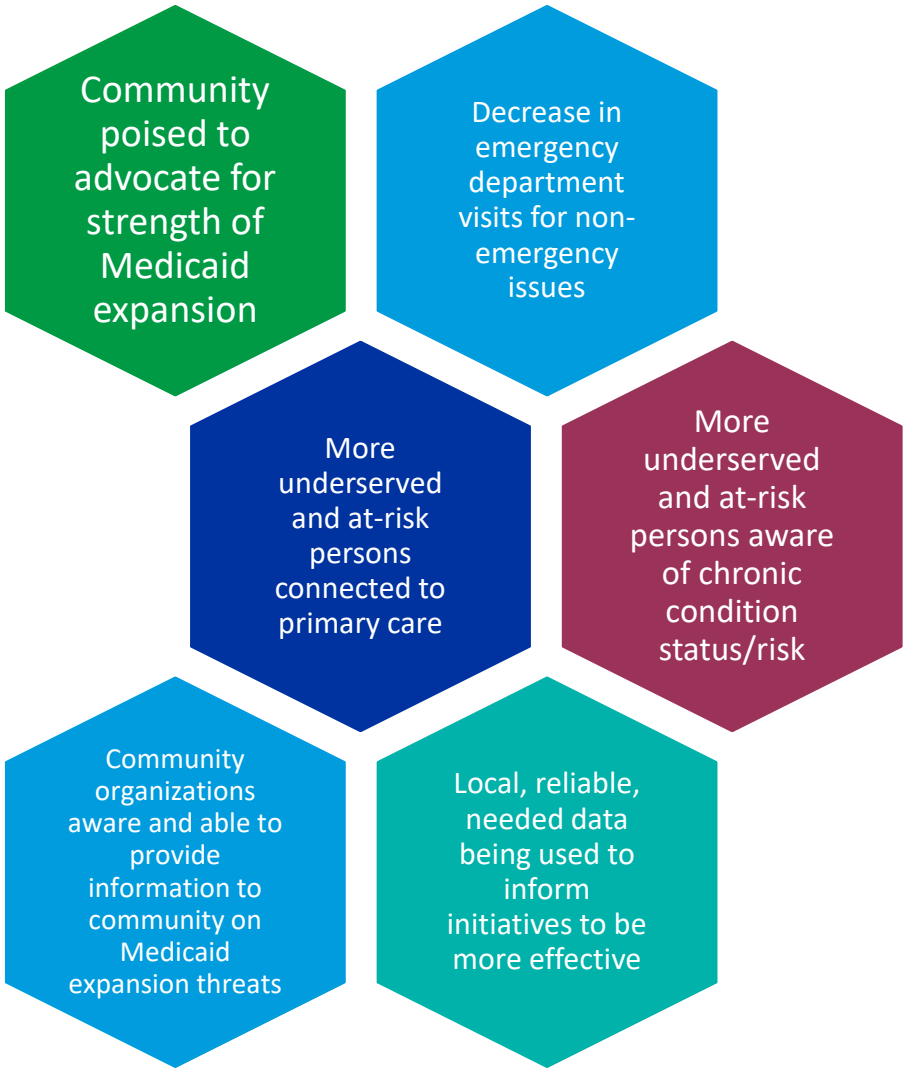
How well?
• # of community members accessing new data tools
• # of health agencies accessing data to address population health needs with a focus on underserved areas and populations</td><td>Monitoring & Evaluation:
Lead: Mahoning County Public Health; Youngstown City Health District

Plan for Tracking Progress: Quarterly updates</td></tr>
</table>

How do these strategies address the cross-cutting priorities of addressing root causes of lack of access to care in the community and health equity?



How will we know that we are better off around Access to Care in our communities?



A thriving region where organizations and individuals work together in trusting, community-driven relationships to crate a safe, healthy, prosperous, and inclusive environment.

POPULATION-LEVEL INDICATORS:

1. Percent of population living below the poverty line (U.S. Census Bureau, 2022)

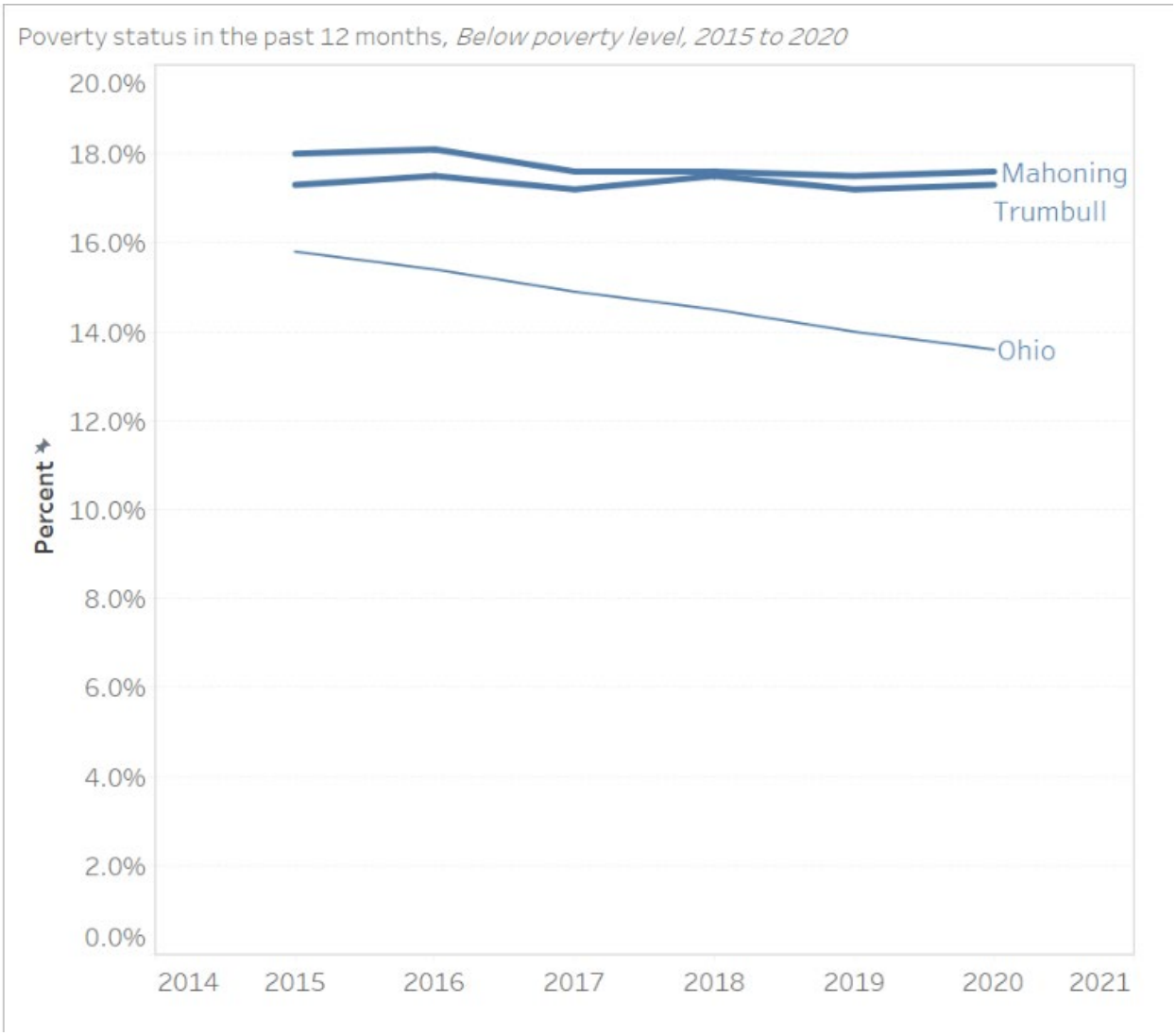
2. Percent of population cost-burdened by housing (spending more than 30% of income on housing), stratified by homeowners and renters (U.S. Census Bureau, 2022)

These population-level indicators will be used as the best overall proxies for Community Conditions & Safety state-of-being at the Mahoning and Trumbull county-level. Though they may not be directly applicable to each strategy, they will provide a population-based measure for tracking overall Community Conditions & Safety throughout the next three years.

HOW ARE WE DOING?

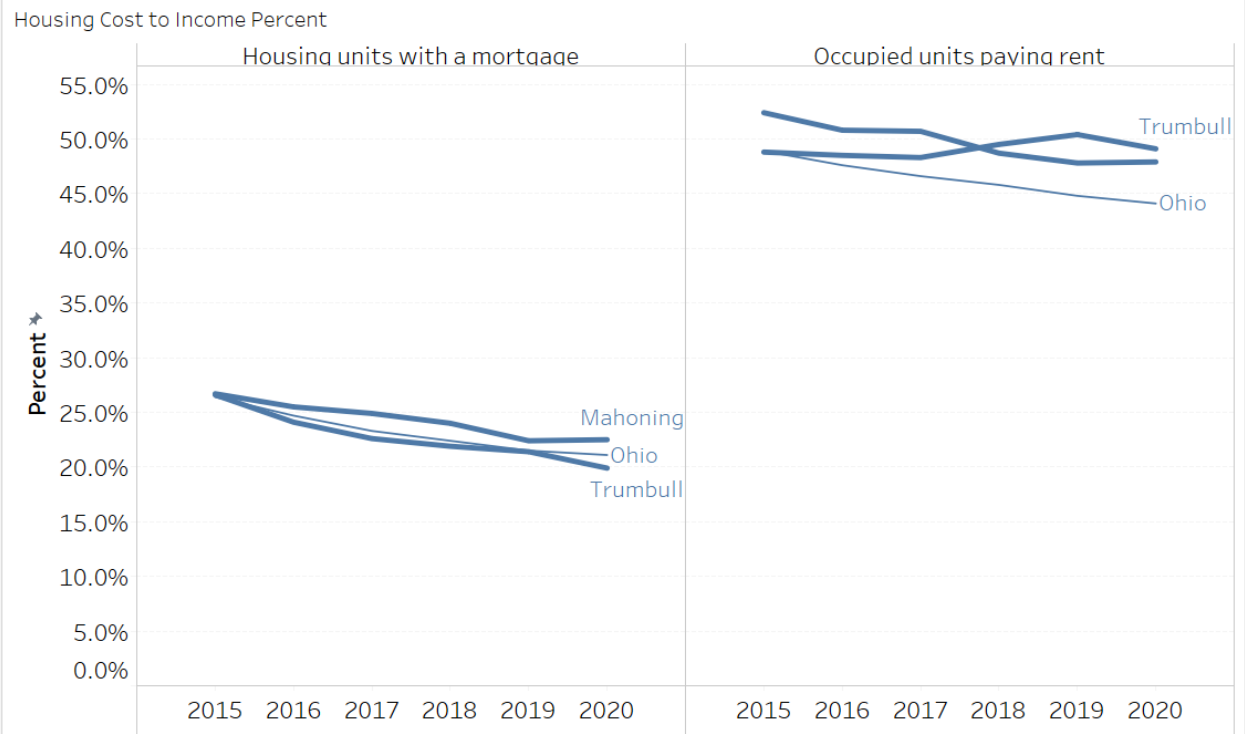
POVERTY STATUS

Mahoning and Trumbull have similar poverty levels in 2020 estimates, with 17.6% of people living below the federal poverty level in Mahoning and 17.3% in Trumbull. About one in three people live below 200% of the poverty line in both counties: 36.3% in Mahoning and 36.6% in Trumbull. A breakdown of the poverty status by race and age reveals even greater disparities, among groups and between counties. In Mahoning County, 37.6% of Black/African American community members and 36.9% of Hispanic/Latino community members were living below the poverty level in 2020 estimates, and 38.0% of Black/African American and 37.9% of Hispanic/Latino community members in Trumbull County. These are higher percentages than in peer counties and the state. In contrast, 11.7% of non-Hispanic White community members were living below the poverty level in 2020 estimates in Mahoning County and 14.4% in Trumbull County.


Poverty status in the past 12 months, *Below poverty level, 2015 to 2020*
20.0%
18.0%
16.0%
14.0%
12.0%
10.0%
8.0%
6.0%
4.0%
2.0%
0.0%
Percent
Mahoning
Trumbull
Ohio
2014
2015
2016
2017
2018
2019
2020
2021

HOUSING COSTS

About one in five homeowners spend 30% or more of their income on housing, but nearly half of all renters spend 30% or more.



WHAT IS THE STORY BEHIND THE CURVE, INCLUDING ROOT CAUSES?

- Community-based organizations and non-profits
- Existing coalitions and partnerships

What is Helping?

- Lack of economic opportunity
- Neighborhood blight
- Violence and crime
- Lack of trust between police and communities
- Staffing shortages on police force
- Redlining and systemic barriers to housing
- Resource shortages for housing enforcement efforts

What is Hurting?

- Continued systemic barriers
- Lack of funding
- Unintended consequences of some initiatives

What might be coming in the near future?

- More locally-sourced housing data, particularly on vacant or abandoned residencies
- Mapping of concentrations of vacancies and green space
- Data to quantify and monitor jobs with livable wage and benefits

What research/data is stilled needed to better address?

WHO ARE THE PARTNERS WHO HAVE A ROLE TO PLAY IN ADDRESSING THIS ISSUE?

Health Departments
Mercy Health
Community Initiative to Reduce Violence
Mahoning County Healthy Homes & Lead Hazard Control Program
Mahoning-Youngstown Community Action Partnership
Trumbull Mahoning Housing Authority
Community Development Corporations
Land Banks
Our Community Kitchen
Creating Healthy Communities Coalition
Eastgate Regional Planning
Rescue Mission Emergency Shelter
Salvation Army
Parks Department
Public Works
Fire Departments
Universities
Schools
Neighborhood Watch
Street Department
Law enforcement
Child welfare agencies
Green Team
Trumbull County Land Bank
City of Warren, Community Development Dept.

WHAT ARE SOME OF THE THINGS THAT COULD WORK TO ADDRESS THIS ISSUE?

What is Working Now

- Residential rental lead ordinances
- Rental registry programs and relationship building with landlords
- Active transportation plans accounting for sidewalk improvements and multi-modal connectivity
- Action plans for Parks and Recreation Departments and stewardship agreements
- Food hubs and food delivery programs

What is Working, but Needs Improving

- Lead inspection and monitoring programs led by county or state authorities
- Increase networking with large funders/foundations to invest in local initiatives
- Additional arts and cultural programs
- Reviving a local version of the Ohio Benefits Bank to connect people with needed economic resources
- Policies to support minority- and LGBTQ-owned businesses in governmental contracts

Additional Research Needed

- Housing retrofit program using hemp materials
- Housing resources for co-living spaces for group homes

Community Conditions & Safety - CCS 1

A thriving region where organizations and individuals work together in trusting, community-driven relationships to create a safe, healthy, prosperous, and inclusive environment.

Indicators

Population Level

1. Percent of population living below the poverty line
2. Percent of population cost -burdened by housing

Strategy

Program Level

CCS1 Address housing quality issues
CCS2 Expand public transit access and connectivity, including pedestrian access
CCS3 Increase greenspace and safe parks
CCS4 Increase access to healthy food

<table>
<tr><td colspan="2">STRATEGY CCS1: Address housing quality issues</td></tr>
<tr><td colspan="2">Sub-Strategy CCS1f Target ongoing nuisance rental properties and assess fines and penalties to unresponsive owners.</td></tr>
<tr><td colspan="2">Trumbull Agency Lead: Warren City Health District
Mahoning Agency Lead: City of Youngstown Code Enforcement</td></tr>
<tr><td colspan="2">Timeline: Year 1: 1, 2, 4 in Methods</td></tr>
<tr><td>Methods:
1. If fines not paid, these will be assessing to the tax duplicate.

2. City code Enforcement will also proactively inspect and resolve zoning violations.

3. The City of Youngstown will also appoint a receiver to abate properties in disrepair.

4. Spot Blight Eminent Domain will be used to acquire nuisance properties and all occupied, tax-delinquent slum rental nuisance properties will be foreclosed on.</td><td>Assisting Agencies/Groups:
• City of Warren, Community Development Department</td></tr>
<tr><td>Performance Measures:
How much?
• # of fines assessed to ongoing nuisance complaints for rental properties
• The appointment of a Receiver
• # of properties acquired through Spot Blight Eminent Domain
• # of foreclosed on tax-delinquent rental nuisance properties

How well?
• % of ongoing nuisance complaints resolved
• % of Spot Blight Eminent Domain eligible properties acquired
• % of foreclosure eligible properties foreclosed on</td><td>Monitoring & Evaluation:
Lead: Mahoning County Public Health and Youngstown City Health District will work with partner agencies

Plan for Tracking Progress: Data will be collected on an agreed frequency for programs that are developing plans in the first year. All other programs will report data back on a quarterly basis to Mahoning County Public Health. All data and metrics will be displayed on a public facing dashboard. The Continuous Quality Improvement method, also known as CQI, will be used when data/metrics indicate possible needs for program improvements.</td></tr>
</table>

STRATEGY CCS2: Expand public transit access and connectivity, including pedestrian access	
Sub-Strategy CCS2a Advocating to elected officials and the community for the expansion of a public transportation system	
Trumbull Agency Lead: Healthy Community Partnership (HCP)'s Active Transportation Action Team	
Timeline: August 2022 – December 2023	
Methods: 1. TCCHD will research public transportation options and present data and information to County Commissioners to advocate for the need of expanding the public transportation system. Hosting public meetings/town halls to gain feedback from the community on how best to expand public transportation. 2. HCP's Active Transportation Action Team has been working with local public transit officials to secure commitments for permanent expansion into Trumbull County. 3. We will continue working with TCCHD and our partners on this effort as well as efforts related to promoting the use and benefits of transit through Safe Street demonstration projects along well-used transit corridors. Safe Street demonstrations will also include measures that promote safety for pedestrians and cyclists in addition to transit users. These demonstrations are also opportunities for data collection through surveys and other tools. 4. HCP and our partners will also continue to advocate for the extension of the "free fare" initiative for fixed routes throughout the region.	**Assisting Agencies/Groups:** • CHC Coalition • TCCHD
Performance Measures: How much? • # of public transportation expansion activities implemented • # of public transportation users (riders) How well? • # of residents who were impacted by having the use of a public transportation system surveyed through the WRTA • $ invested/ committed to support public transportation	**Monitoring & Evaluation:** Lead: Mike Salamone, or Dean Harris Plan for Tracking Progress: Annual review and reporting with HCP and partners involved.

<table>
<tr><td colspan="2">STRATEGY CCS3: Increase greenspace and safe parks</td></tr>
<tr><td colspan="2">Sub-Strategy CCS3a TCCHD and partners will implement projects through funding under the Creating Healthy Communities (CHC) grant and grant opportunities with HCP. The CHC Program will work with community members and jurisdictions by reviewing Active Transportation Plans to implement bike infrastructure and safety at parks.</td></tr>
<tr><td colspan="2">Trumbull Agency Lead: HCP Action Team for Parks and Greenspace</td></tr>
<tr><td colspan="2">Timeline: January 2023 – December 2023</td></tr>
<tr><td>Methods:
1. TCCHD will partner with Trumbull Neighborhood Partnership and HCP to improve bicycle infrastructure and access to the bike trail in Warren.

2. TCCHD will partner with Niles City and HCP to improve bicycle infrastructure and access to the Niles Wellness Center and Waddell Park.

3. TCCHD will partner with HCP to improve safety of parks and encouraging physical activity opportunities at local parks.

4. Additionally, HCP’s Parks and Greenspaces Action Team is working with the City of Youngstown to implement recommendations based on a recent City Parks Assessment and actions from City Council to prioritize investments in “neighborhood parks” throughout the city. Attention will be given to bringing these parks up to safe standards by focusing on the basics like facility/equipment maintenance, sidewalk repair and accessibility, lighting and other security enhancements, and so on.</td><td>Assisting Agencies/Groups:
• Trumbull Neighborhood Partnership
• Niles City
• City of Youngstown
• City of Warren
• TCCHD</td></tr>
<tr><td>Performance Measures:
How much?
• # of bicycle improvements implemented
• # of people impacted by improvements from CHC Program quarterly reports
• # of neighborhood parks improved

How well?
• Increase in bike transportation and access to local parks
• Increase in residents’ perception of safety in and around neighborhood parks</td><td>Monitoring & Evaluation:
Lead: CHC Project Director (Kris Kriebel)

Plan for Tracking Progress: Reports from HCP Action Team for Parks and Greenspace</td></tr>
</table>

<table>
<tr><td colspan="2">STRATEGY CCS4: Increase access, affordability, and consumption of healthy foods.</td></tr>
<tr><td colspan="2">Sub-Strategy CCS4a Implement the recommendations of Food Security Strategic Plans.</td></tr>
<tr><td colspan="2">Trumbull Agency Lead: Healthy Community Partnership, Healthy Food Retail Action Team</td></tr>
<tr><td colspan="2">Timeline: January 2023 thru December 2025.</td></tr>
<tr><td>Methods:
1. Implement the recommendations of the Warren Community Food Security Strategic Plan and the Trumbull County Food Security Strategic Plan with an emphasis on developing the local food economy through expansion of growers, distributors, and sellers of local produce.

2. Complete and release the Trumbull County Food Security Strategic Plan.

3. Expand purchasing incentives for fresh, local produce to increase consumption rates.</td><td>Assisting Agencies/Groups:
• TCCHD
• City of Warren
• Trumbull Neighborhood Partnership</td></tr>
<tr><td>Performance Measures:
How much?
• # of plan recommendations that are implemented.

How well?
• # of incentives offered,
• % increase in fresh produce sold by weight or piece, (Compared on an annual basis) and overall or aggregate of all fresh produce sold within all establishments participating within the plan(s).</td><td>Monitoring & Evaluation:
Lead: HCP Healthy Food Retail Action Team chair

Plan for Tracking Progress: Reports from the HCP Healthy Food Retail Action Team.</td></tr>
</table>

Additional Community Conditions and Safety Sub-Strategies Ongoing in Mahoning County

<table>
<tr><th colspan="2">STRATEGY CCS1: Address housing quality issues</th></tr>
<tr><td colspan="2">Sub-Strategy CCS1a Assist homeowners with home repairs within the cities of Campbell, Struthers and Countywide. The home repair program will only assist eligible homeowners with repair replacement of electrical, plumbing, heating or mechanical systems or elimination of other threats to health and safety</td></tr>
<tr><td colspan="2">Mahoning Agency Lead: Mahoning County Healthy Homes & Lead Hazard Control</td></tr>
<tr><td colspan="2">Timeline: TBD</td></tr>
<tr><td>Methods:
1. Mahoning County Healthy Homes and Lead Hazard Control program will fully rehab up to 9 eligible homes to Ohio Residential Rehabilitation standards.

2. The program will also assist up to 100 homes over the three-year period within target areas that have very high socioeconomic and environmental risk factors that demonstrate the prevalence of lead exposure. Those factors include age of housing, high poverty and crime, low proficiency scores, and concentrated ethnicity.</td><td>Assisting Agencies/Groups:
• Trumbull Neighborhood Partnership (TNP)
• Youngstown Neighborhood Development
• Mahoning County Public Health
• Youngstown City Health District
• Warren City Health District
• City of Warren, Community Development Department</td></tr>
<tr><td>Performance Measures:
How much?
• # of eligible homes rehabbed to Ohio Residential Rehabilitation standards
• # of program eligible homes mitigated from lead hazards

How well?
• TBD</td><td>Monitoring & Evaluation:
Lead: Mahoning County Public Health and Youngstown City Health District will work with partner agencies

Plan for Tracking Progress: Data will be collected on an agreed frequency for programs that are developing plans in the first year. All other programs will report data back on a quarterly basis to Mahoning County Public Health. All data and metrics will be displayed on a public facing dashboard. The Continuous Quality Improvement method, also known as CQI, will be used when data/metrics indicate possible needs for program improvements.</td></tr>
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<table>
<tr><td colspan="2">STRATEGY CCS1: Address housing quality issues</td></tr>
<tr><td colspan="2">Sub-Strategy CCS1b Develop and implement a multi-tiered program to reduce at home environmental triggers for high-risk pediatric asthma patients.</td></tr>
<tr><td colspan="2">Mahoning Agency Lead: Mahoning County Public Health</td></tr>
<tr><td colspan="2">Timeline: See Methods</td></tr>
<tr><td>Methods:
1. Year 1 - The managing pediatric asthma program/plan will be developed by the multiagency partnership

2. Year 2 and Year 3 – Implementation of the program within the Mahoning County and Youngstown city</td><td>Assisting Agencies/Groups:
• Youngstown City Health District
• Akron Children’s Hospital
• Mahoning County Healthy Homes Program</td></tr>
<tr><td>Performance Measures:
How much?
• # of high risk clients identified in the Akron Children’s Hospital High Risk Asthma Clinic
How well?
• Point increase in client’s self-assessment scores of symptoms
• Percent decrease in hospital admissions among clients
• Percent decrease in ED visits among clients</td><td>Monitoring & Evaluation:
Lead: Mahoning County Public Health and Youngstown City Health District will work with partner agencies

Plan for Tracking Progress: Data will be collected on an agreed frequency for programs that are developing plans in the first year. All other programs will report data back on a quarterly basis to Mahoning County Public Health. All data and metrics will be displayed on a public facing dashboard. The Continuous Quality Improvement method, also known as CQI, will be used when data/metrics indicate possible needs for program improvements.</td></tr>
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<table>
<tr><td colspan="2">STRATEGY CCS1: Address housing quality issues</td></tr>
<tr><td colspan="2">Sub-Strategy CCS1c Develop a radon detection (testing) and remediation (mitigation) program in conjunction with the existing Lead Hazard Control Program.</td></tr>
<tr><td colspan="2">Mahoning Agency Lead: Mahoning County Healthy Homes and Lead Hazard Control Program</td></tr>
<tr><td colspan="2">Timeline: see Methods</td></tr>
<tr><td>Methods:
1. Year 1 - Mahoning County Health Homes and Lead Hazard Control Program will develop a plan / program to address Radon detection and mitigation.

2. Year 2 and Year 3 – Mahoning County Healthy Homes and Lead Hazard Control Program will implement radon detection/mitigation program.</td><td>Assisting Agencies/Groups:
• TBD</td></tr>
<tr><td>Performance Measures:
How much?
• # of homes tested and referred for mitigation due to radon exceedances

How well?
• % of homes fully mitigated from radon within the program</td><td>Monitoring & Evaluation:
Lead: Mahoning County Public Health and Youngstown City Health District will work with partner agencies

Plan for Tracking Progress: TBD</td></tr>
</table>

<table>
<tr><td colspan="2">STRATEGY CCS1: Address housing quality issues</td></tr>
<tr><td colspan="2">Sub-Strategy CCS1d Identify the abandoned properties in Warren and address.</td></tr>
<tr><td colspan="2">Trumbull County Agency Lead: City of Warren</td></tr>
<tr><td colspan="2">Timeline: January of 2023 thru December of 2025.</td></tr>
<tr><td>Methods:
1. Identify abandoned properties in city as well as vacant properties that have trash and debris that need to be removed as well as nuisance grass.

2. Unsecured first floor windows and doors will be secured to prevent entry to abandoned properties while they await demolition.

3. The Litter Control Division of the Warren City Health District and Environmental Service Department will work to remove trash and debris on vacant properties.

4. In addition to trash and debris removal, grass will be maintained at vacant lots and owners who get nuisance complaints will be assed grass cutting fines.

5. The City of Warren will also coordinate with the Trumbull County Land Bank to raise funding to demolish the remaining abandoned properties.</td><td>Assisting Agencies/Groups:
• Warren City Health District
• City of Warren, Engineering Planning & Building
• City of Warren, Environmental Service/Sanitation
• Trumbull County Land Bank
• Trumbull Neighborhood Partnership
• Trumbull County Building Department?</td></tr>
<tr><td>Performance Measures:
How much?
• # of abandoned properties boarded up
• # of properties clean of trash and debris
• # of tall grass nuisance complaints

How well?
• % of total abandoned properties that have been boarded
• % of total vacant properties that have been cleaned of trash and debris
• % of vacant properties with grass nuisance resolution</td><td>Monitoring & Evaluation:
Lead: Warren City Health District will work with partner agencies

Plan for Tracking Progress: Monthly review with HCP and partners involved with the exception of the third bullet point under how well, in which the % will be derived from an annual report generated by Warren City Health District. Reported annually.</td></tr>
</table>

<table>
<tr><td colspan="2">STRATEGY CCS1: Address housing quality issues</td></tr>
<tr><td colspan="2">Sub-Strategy CCS1e Develop a financially sustainable, performance-based rental licensing and inspection regime.</td></tr>
<tr><td colspan="2">Agency Lead: City of Warren</td></tr>
<tr><td colspan="2">Timeline: January of 2023 thru December of 2025.</td></tr>
<tr><td>Methods:
1. An additional code inspector may be hired to assist with the inspection process.

2. The city will make rental permitting and inspection a requirement through partnerships.

3. Tenant counseling programs will be offered to ensure tenants are aware of their rights by year 3.

4. A plan will be developed to make all rental units lead-safe by year 3.

5. A risk mitigation fund will also be developed to incentivize landlords to provide housing to tenants they otherwise would not provide rentals by year 3.</td><td>Assisting Agencies/Groups:
• Warren City Municipal Court
• Trumbull Metropolitan Housing Authority
• Trumbull County and City of Warren Land Banks
• Social Services Agencies</td></tr>
<tr><td>Performance Measures:
How much?
• # of rental properties inspected,
• # of rental properties permitted,
How well?
• % of total rental properties that are licensed,
• % of total rental properties that are inspected.</td><td>Monitoring & Evaluation:
Lead: Warren City Health District will work with partner agencies

Plan for Tracking Progress: Monthly review with HCP and partners involved, and reported annually.</td></tr>
</table>

<table>
<tr><td colspan="2">STRATEGY CCS1: Address housing quality issues</td></tr>
<tr><td colspan="2">Sub-Strategy CCS1f Target ongoing nuisance rental properties and assess fines and penalties to unresponsive owners.</td></tr>
<tr><td colspan="2">Agency Lead: Warren City Health District</td></tr>
<tr><td colspan="2">Timeline: Year 1: 1, 2, 4 in Methods</td></tr>
<tr><td>Methods:
5. If fines not paid, these will be assessed to the tax duplicate.

6. City code Enforcement will also proactively inspect and resolve zoning violations.

7. Spot Blight Eminent Domain will be used to acquire nuisance properties and all occupied, tax-delinquent slum rental nuisance properties will be foreclosed on.</td><td>Assisting Agencies/Groups:
• City of Warren, Community Development Department
• City of Warren, Building Department
• Trumbull County Land Bank</td></tr>
<tr><td>Performance Measures:
How much?
• # of fines assessed to ongoing nuisance complaints for rental properties
• # of properties acquired through Spot Blight Eminent Domain
• # of foreclosed on tax-delinquent rental nuisance properties

How well?
• % of ongoing nuisance complaints resolved
• % of Spot Blight Eminent Domain eligible properties acquired
• % of foreclosure eligible properties foreclosed on</td><td>Monitoring & Evaluation:
Lead: Warren City Health District will work with partner agencies

Plan for Tracking Progress: Monthly review with HCP and partners involved, and reported annually.</td></tr>
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<table>
<tr><td colspan="2">STRATEGY CCS1: Address housing quality issues</td></tr>
<tr><td colspan="2">Sub-Strategy CCS1g Eliminate the practices of “spot zoning” and “substitution zoning” and revise and consistently enforce policies to ensure community residences are safe, quality and equitable places to live.</td></tr>
<tr><td colspan="2">Mahoning Agency Lead: City of Youngstown</td></tr>
<tr><td colspan="2">Timeline: Year 1</td></tr>
<tr><td>Methods:
1. TBD</td><td>Assisting Agencies/Groups:
• TBD</td></tr>
<tr><td>Performance Measures:
How much?
• The elimination of spot zoning
• The elimination of substitution zoning
• # of policy revisions to ensure consistent enforcement

How well?
• Consistency of policy enforcement</td><td>Monitoring & Evaluation:
Lead: Mahoning County Public Health and Youngstown City Health District will work with partner agencies

Plan for Tracking Progress: Data will be collected on an agreed frequency for programs that are developing plans in the first year. All other programs will report data back on a quarterly basis to Mahoning County Public Health. All data and metrics will be displayed on a public facing dashboard. The Continuous Quality Improvement method, also known as CQI, will be used when data/metrics indicate possible needs for program improvements.</td></tr>
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<table>
<tr><td colspan="2">STRATEGY CCS1: Address housing quality issues</td></tr>
<tr><td colspan="2">Sub-Strategy CCS1h Develop resources to address the emergency repairs and home improvements needed in local housing.</td></tr>
<tr><td colspan="2">Trumbull Agency Lead: City of Warren</td></tr>
<tr><td colspan="2">Timeline: see Methods</td></tr>
<tr><td>Methods:
1. Sources of funding will be identified and utilized within Year 1. These sources may include HOME Investment Partnerships Program, Community Development Block Grants, Ohio Housing Trust Fund, and Direction home of Eastern Ohio.
2. Introduce a lead abatement program into Trumbull County through a collaboration with Mahoning County. Mahoning County based lead abatement services will enter into agreement (MOU, etc.) with TNP and provide those services. The TCCHD will act as referral agent by receiving the information for the homes that are in need of lead abatement from the Ohio Department of Health and referring them to TNP.
3. In Year 2, use established funds to make emergency improvements.

4. In year 3, move families in deplorable conditions into new safe spaces</td><td>Assisting Agencies/Groups:
• City of Warren, Community Development
• Trumbull Neighborhood Partnership (TNP)
• Warren Redevelopment & Planning
• Trumbull County Planning Commission
• TCAP
• Trumbull County Combined Health District (TCCHD)
• Mahoning County Public Health District lead abatement service agents.</td></tr>
<tr><td>Performance Measures:
How much?
• Amount of funds for home improvement and emergency repairs of low-income homeowners
• # of residents that received post-purchase financial counseling
• # of residents who received credit assistance
• Amount of funds sourced for home repair guarantee fund
• # of residents successfully relocated from deplorable housing conditions
• # of homes within Trumbull County that receive lead abatement services,

How well?
• Length of time low-income homeowners have to wait for repairs</td><td>Monitoring & Evaluation:
Lead: Trumbull County Public Health and Warren City Health District will work with partner agencies

Plan for Tracking Progress: Monthly review and reporting with HCP and partners involved</td></tr>
</table>

<table>
<tr><td colspan="2">STRATEGY CCS1: Address housing quality issues</td></tr>
<tr><td colspan="2">Sub-Strategy CCS1i Address how low or unestablished credit holds back many households in Youngstown from purchasing homes, with many are stuck in a cycle of unaffordable rent and low-quality housing.</td></tr>
<tr><td colspan="2">Mahoning Agency Lead: City of Youngstown</td></tr>
<tr><td colspan="2">Timeline: Year 1: #1-4 and Year 2, 3: #5</td></tr>
<tr><td>Methods:
1. The city will provide free housing counseling to these families to give them the knowledge and tools to qualify for a mortgage and purchase the home of their choice.

2. The city will also offer down payment assistance and first-time homebuyer assistance to incentivize buying homes in the city.

3. Monies will be needed to initiate this program will be raised from banks and foundations.

4. A partnership with CHN will be established to develop lease-purchase housing units in Youngstown.

5. The city will also work to develop a significant supply of quality housing to attract new homeowners.</td><td>Assisting Agencies/Groups:
• Banks
• Foundations
• CHN</td></tr>
<tr><td>Performance Measures:
How much?
• # of residents who received free housing counseling
• # of residents who partook in down payment assistance
• # of residents enrolled in the IDA program
• # of residents receiving assistance from the CHN Housing Partnership
• # of quality houses to attract new homeowners

How well?
• Supply of quality housing</td><td>Monitoring & Evaluation:
Lead: Mahoning County Public Health and Youngstown City Health District will work with partner agencies

Plan for Tracking Progress: Data will be collected on an agreed frequency for programs that are developing plans in the first year. All other programs will report data back on a quarterly basis to Mahoning County Public Health. All data and metrics will be displayed on a public facing dashboard. The Continuous Quality Improvement method, also known as CQI, will be used when data/metrics indicate possible needs for program improvements.</td></tr>
</table>

STRATEGY CCS1: Address housing quality issues

Sub-Strategy CCS1j Extend the Community Reinvestment Area (CRA) to cover the entire city of Youngstown.

Mahoning Agency Lead: City of Youngstown

Timeline: TBD

Methods:

1. The Youngstown Metropolitan Housing Authority will administer project-based Housing Choice Vouchers to provide income-based tenants to rent the property of their choice.
2. A housing trust fund will be established to provide gap financing for housing developments.
3. A fund will be established to rehabilitate existing housing units to be lead safe.
4. Engage healthcare providers, insurers, and health foundations to fund housing improvements to reduce the disparities.
5. A program will be developed to assist new and existing developers to better understand, navigate, and undertake real estate development in Youngstown.
6. With increased development a pipeline will also be developed for housing projects.
7. Through a partnership with Mahoning County Landbanks vacant lots will be used for new development in the city.
8. The city will use all available tools and strategies to increase the supply of market rate and market ready housing for sale and rent in Youngstown neighborhoods.

Assisting Agencies/Groups:

- Youngstown Metropolitan Housing Authority
- Mahoning County Lead Hazard and Healthy Homes
- Mahoning County Landbanks

Performance Measures:

How much?

- Extension of the CRA to cover the whole city
- # of housing choice vouchers distributed
- Amount of funds available in Housing Trust Fund
- # of redeveloped properties deemed lead-safe
- Amount of funds available from local healthcare providers, insures, and health foundations dedicated to housing
- # of small developers to develop properties
- # of vacant lots identified for redevelopment

How well?

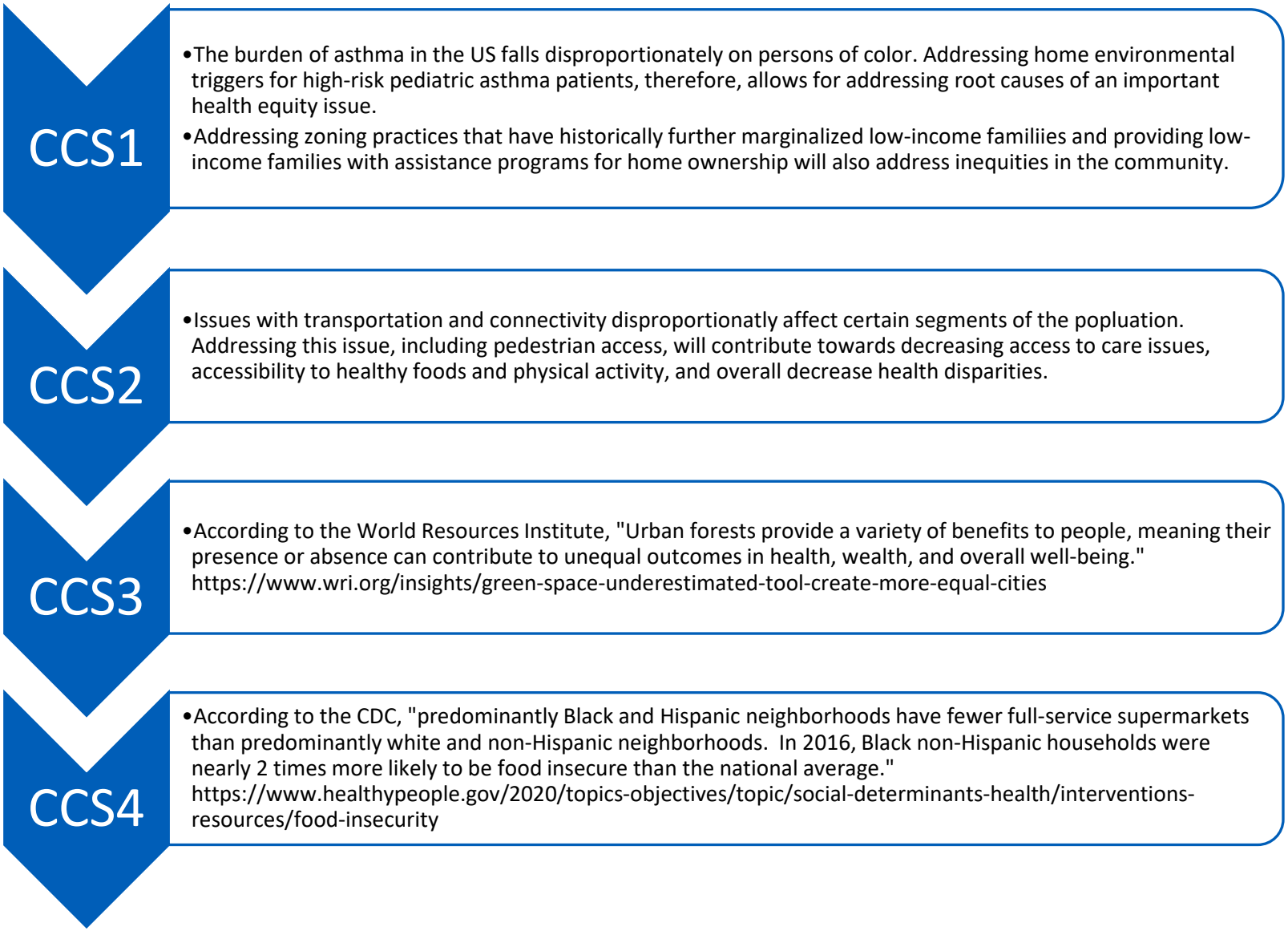
- TBD

Monitoring & Evaluation:

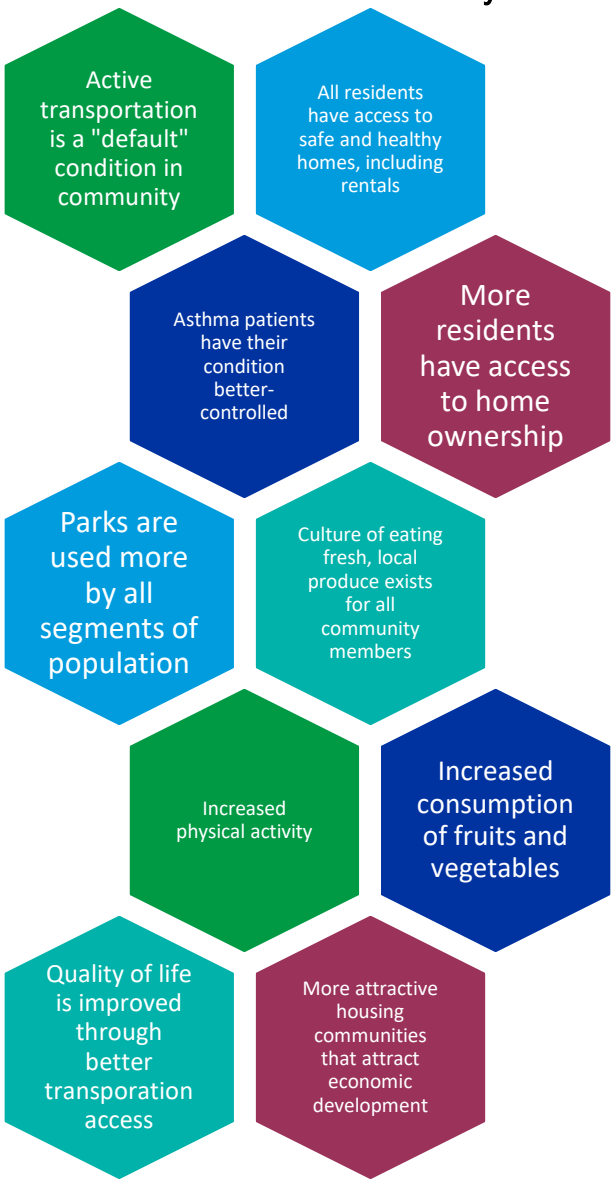
Lead: Mahoning County Public Health and Youngstown City Health District will work with partner agencies

Plan for Tracking Progress: Data will be collected on an agreed frequency for programs that are developing plans in the first year. All other programs will report data back on a quarterly basis to Mahoning County Public Health. All data and metrics will be displayed on a public facing dashboard. The Continuous Quality Improvement method, also known as CQI, will be used when data/metrics indicate possible needs for program improvements.

How do these strategies address the cross-cutting priorities of addressing health equity and root causes of poor community conditions and lack of safety?



How will we know that we are better off around Community Conditions in our area?



GET INVOLVED

Community members are invited to get involved and join MTCHP and community partners in implementing the CHIP.

1. Identify a priority to be involved with
2. Identify a Sub-strategy to support
3. Contact the Agency Lead for the selected strategy

Sub-strategy	Lead Agency	Contact
Mental Health and Substance Use		
MHSU1a	Mahoning County Mental Health and Recovery Board (suicide), Mahoning County Public Health (overdose), Trumbull County Mental Health and Recovery Board	
MHSU1b	Mahoning County Mental Health and Recovery Board (suicide), Mahoning County Public Health (overdose), Trumbull County Mental Health and Recovery Board	
MHSU1c	Mahoning County Mental Health and Recovery Board (suicide), Mahoning County Public Health (overdose), Trumbull County Mental Health and Recovery Board	
MHSU1d	Mahoning County Mental Health and Recovery Board (suicide), Mahoning County Public Health (overdose), Trumbull County Mental Health and Recovery Board	
MHSU1e	Mahoning County Mental Health and Recovery Board (suicide), Mahoning County Public Health (overdose), Trumbull County Mental Health and Recovery Board	
MHSU1f	Mahoning County Mental Health and Recovery Board (suicide)	
MHSU2a	Mahoning and Trumbull County Mental Health and Recovery Boards	
MHSU2c	Mahoning County Mental Health and Recovery Board	
MHSU2b	Trumbull County Mental Health and Recovery Board	
Access to Care		
AC2a	Mercy Health	
AC2b	Trumbull County Combined Health District	
AC4a	Trumbull County Mental Health and Recovery Board (TCMHRB)	
AC4b	Vibrant Valley Health Equity Project	
AC1a	Mahoning County Public Health	
AC1b	Mahoning County Public Health	
AC3a	Mahoning County Public Health	

Community Conditions and Safety		
CCS1f	Warren City, City of Youngstown Code Enforcement	
CCS2a	Trumbull County Combined Health District, Healthy Community Partnership (HCP)'s Active Transportation Action Team	
CCS3a	Trumbull County Combined Health District	
CCS4a	Healthy Community Partnership (HCP)'s Health Retail Action Team	
CCS1a	Mahoning County Healthy Homes & Lead Hazard Control	
CCS1b	Mahoning County Public Health	
CCS1c	Mahoning County Healthy Homes and Lead Hazard Control Program	
CCS1d	City of Youngstown	
CCS1e	City of Youngstown	
CCS1g	City of Youngstown	
CCS1h	City of Youngstown	
CCS1i	City of Youngstown	
CCS1j	City of Youngstown	

REFERENCES

Bibliography

Belflower Thomas, A. (2022, June). *The Basics of Results-Based Accountability™*. Presented at the RBA Training 6/1/2022.

Centers for Disease Control and Prevention. (2021). PLACES: Local Data for Better Health, County Data 2021 release | Chronic Disease and Health Promotion Data & Indicators. Retrieved March 1, 2022, from https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb

ECO. (2022, April 4). *Memo: VVHEP Core Planning Team's Recommendations for Upcoming CHIP Process*.

Ohio Department of Health. (2020). *2020-2022 State Health Improvement Implementation Basic Guidance for Local Health Departments and Hospitals in Ohio*. Retrieved from https://odh.ohio.gov/static/SHIP/2020-2022/SHIP-Basic-Guidance-April2020.pdf

Ohio Department of Health. (2021). Ohio Public Health Information Warehouse: Mortality . Retrieved March 1, 2022, from https://publicapps.odh.ohio.gov/EDW/DataBrowser/Browse/Mortality

U.S. Census Bureau. (2022). 2016-2020 American Community Survey 5-year Estimates. Retrieved April 1, 2022, from https://data.census.gov/cedsci/all?d=ACS%205-Year%20Estimates%20Data%20Profiles

University of Wisconsin Population Health Institute. (2022). County Health Rankings & Roadmaps 2022. Retrieved June 15, 2022, from https://www.countyhealthrankings.org/app/ohio/2022/measure/outcomes/147/data

APPENDICES

1. CHIP ALIGNMENT WITH PHAB STANDARDS AND MEASURES

Community Health Improvement Planning for PHAB Accreditation
(Based on Standards & measures for Reaccreditation Version 2022)

Community Health Improvement Planning			
STANDARD 5.2 Develop and implement community health improvement strategies collaboratively.			
• The purpose of a CHIP is to describe how the health department and community will work together to improve community health • The CHIP can be used to set priorities, allocate resources and develop and implement projects, programs and policies • CHIP development and implementation must include participation from community stakeholders and partners • Planning process is community-driven and collaborative • The CHIP will address the needs of community residents in the Health Department's jurisdiction			
Measure	Requirement	Notes	Completion Notes
5.2.1.A	Adopt a community health plan	A health improvement plan looks at population health across the jurisdiction. While programs in the health department may have program-specific plans, those plans do not fulfill the purpose of the health improvement plan to address the jurisdiction's priorities.	Full plan
5.2.1.A	a. At least two health priorities.		Three priorities were chosen
	b. Measurable objective(s) for each priority.	Establishing one or more measurable objective(s) for each of the health priorities will enable the CHIP collaborative to determine if progress is being made towards addressing each priority. The objectives could be contained in another document.	At least one population - level indicator was developed for each priority
	c. Improvement strategy(ies) or activity(ies) for each priority.	Improvement strategy(ies) or activity(ies) may be evidence-based, practice-based, promising practices, or may be innovative to meet the needs of the population.	Multiple strategies were developed for each priority

		National guidance (e.g., the National Prevention Strategy, Guide to Community Preventive Services, and Healthy People 2030) could be used as sources of strategies or activities,	
	C i. Each activity or strategy must include a timeframe **and** a designation of organizations or individuals that have accepted responsibility for implementing it.	For i: Time-framed strategies or activities may be contained in another document, such as an annual work plan. If communities are using innovation processes (e.g., design thinking) or quality improvement processes, the CHIP or workplan may describe the timelines for putting in place the process rather than specific actions. Designation of responsible parties may include, assignments to staff or agreements between partners. Agreements do not need to be formal.	Lead organizations as well as contributing organizations as well as a general timeframe were developed for each strategy
	C ii. At least two of the strategies or activities must include a policy recommendation, one of which must be aimed at alleviating causes of health inequities.	For ii: CHIP will include recommendations related to policy—either new policies or changes to existing policies. The CHIP will include at **least two** policy recommendations. One of those policy recommendations is designed to alleviate causes of health inequities. Policy recommendations may be developed by involving communities impacted by health inequities in the identification, development, and implementation of policy changes to improve conditions impacting their health.	Policy change strategies and sub-strategies are identified in AC4 and CCS1. Both strategies aim at alleviating causes of health inequities.
	d. Identification of the assets or resources that will be used to address at least one of the specific priority areas.	Assets and resources could be, but are not limited to, those identified as part of the CHA process. It is not necessary to include an asset or resource for each priority area. They may be included as part	Lead organizations as well as contributing organizations and resources were identified

		of the CHIP, as an addendum, or in a separate document (as long as the link to the CHIP is indicated).	for each strategy
	e. Description of the process used to track the status of the effort or results of the actions taken to implement CHIP strategies or activities.	This may be included as part of the CHIP, as an addendum, or in a separate document.	Monitoring and evaluation information was developed for each priority
5.2.2A	Encourage and participate in collaborative implementation and revision of the community health improvement plan.	Effective CHIP should not be stagnant, but dynamic to reflect the evolving needs of the population served. Health departments should continuously work with multi-sector partnerships to evaluate and improve the community health improvement plan.	Information for implementation of the CHIP is presented on p. 7.
	The CHIP process must address the jurisdiction as described in the description of Standard 5.2.		This CHIP covers the jurisdictions of Mahoning and Trumbull counties as well as the towns of Warren and Youngstown, with representation from each health department on the MTCHP.
	If the plan was adopted less than a year before it was submitted to PHAB, the health department may provide implementation from an earlier CHIP.	(Documentation must demonstrate the linkage between the activity or strategy and the prior CHIP. Although the prior CHIP may be more than 5 years old, the implementation must have occurred within 5 years.)	N/A
	1. Implementation of a community health improvement plan (CHIP) strategy or activity, including:	The intent of the requirement is to provide documentation of the implementation of a (CHIP) strategy or activity, rather than a full review of progress on all CHIP strategies or activities. The example could be of a success or unsuccessful implementation,	TBD in 2023

		including what was learned based on the implementation of a specific community health improvement strategy or activity. The example could include a news article, meeting materials, excerpt of an annual report, a grant that was received, or presentation demonstrating how the strategy or activity was implemented.	
	1a. Which CHIP priority the example addresses. (This may be indicated in the Documentation Form.)		TBD in 2023
	1b. The health department's role in the implementation.	The health department does not need to have led the strategy, but the health department's role will be indicated to show how the department participated in implementing the strategy.	TBD in 2023
	1c. Results of the strategy or activity.	What was accomplished as a result of the activities	TBD in 2023
	2. Community health improvement plan (CHIP) strategy or activity that was revised, in collaboration with partners.	Provide a specific example demonstrating how the CHIP is a living document that continues to evolve after it is released. An example about how a strategy or activity from one cycle of the CHIP was improved in the second cycle **would not** meet the intent of the requirement Changes will be developed in collaboration with partners and stakeholders involved in the planning process. The intent is that at least some of the partners involved in the CHIP (e.g., one of the workgroups) are engaged when making changes. It is not necessary for the entire CHIP partnership to be involved. Documentation could include, for example, an addendum to the CHIP showing the revision, meeting minutes or a presentation showing the change, or a revised workplan.	TBD in 2023

5.2.3 A	Address factors that contribute to specific populations' higher health risks and poorer health outcomes.	The purpose is to assess the health department's efforts to address factors that contribute to specific populations' higher health risks and poorer health outcomes, inequities, as well as to build environmental resiliency. Differences in populations' health outcomes are well documented. These differences in health outcomes require engagement of the community in strategies that develop community resources, capacity, and strength.	TBD in 2023
	1. Implementation of one strategy, in collaboration with stakeholders, partners, or the community, to address factors that contribute to specific populations' higher health risks and poorer health outcomes, or inequities. The documentation must define the health department's role in the strategy as well as the roles of stakeholders, partners, or the community	Could be related to a CHIP strategy but does not have to be. The Health Department does not have to have led the strategy. A plan would not be sufficient for this requirement. Documentation could include, for example, a press release; report to the governing entity or the community; or other document that outlines efforts, achievements, or implementation updates.	TBD in 2023
	2. Efforts taken that contribute to building environmental resiliency.	Efforts may be led by the health department, or the health department might participate in efforts in partnership with others. Could include successful or unsuccessful examples.	TBD in 2023

2. COMMUNITY PARTNERS

MTCHP PARTNERS

Organization	Representative
Mahoning County Public Health	Ryan Tekac
Mercy Health	Leigh Greene
Trumbull County Combined Health District	Frank Migliozzi
Warren City Health District	John May
Youngstown City Health District	Erin Bishop
Health Community Partnership	Sarah Lowry
Environmental Collaborative	Courtney Boyle
Mahoning County Mental Health & Recovery Board	Brenda Heidinger
Trumbull County Mental Health & Recovery Board	April Caraway

COMMUNITY STAKEHOLDERS

The following community stakeholders contributed to the CHIP process.

Representative	Organization
Golie Stennis	Access Health Mahoning Valley
Jodi Mitchell	Aetna OhioRISE Health Equity Specialist for NE Ohio
Sarah Brown	AmeriHealth Caritas Ohio
Allic Bora	Bright View Health
Doug Franklin	City of Warren, Mayor
Sarah Lowry	Community Foundation of the Mahoning Valley
Traci Hostetler	Educational Service Center of Eastern Ohio
Courtney Boyle	Environmental Collaborative
Rachel Evans	Green Tree Counseling
John Gargano	Job and Family Services
Colleen Kosta	Mahoning County Government
Phillip O. Puryear	Mahoning County Government
Duane Piccirilli	Mahoning County Mental Health & Recovery Board
Michelle Edison	Mahoning County Public Health
Tracy Styka	Mahoning County Public Health
Erica Horner	Mahoning County Public Health
Leigh Greene	Mercy Health
Stephanie Oakes	Mercy Health - Community Outreach
Mirta Pacheco Arrowsmith	Mercy Health - Hispanic Program
Doris Bullock	Mercy Health - Stepping Out Program
Bishop David Herron	Monument of Faith Church of God in Christ
Bobbe Reynolds	Northeast Homeowners & Concerned Citizens Association

Mandy Shina	OneHealth Ohio
Stephanie Bardash	OneHealth Ohio
Hannah Haynie	OneHealth Ohio
Rev. Gayle Catinella	St. John's Episcopal Church, Youngstown Ohio
Jenna Amerine	Trumbull County Combined Health District
Daniel Bonacker	Trumbull County Combined Health District
Frank Migliozzi	Trumbull County Combined Health District
Jessica King	Trumbull County Land Bank
John Myers	Trumbull County Mental Health & Recovery Board
Lauren Thorp	Trumbull County Mental Health & Recovery Board
Miles Jay	Trumbull Neighborhood Partnership
Lydia Walls	Trumbull Neighborhood Partnership
Lisa Ramsey	Trumbull Neighborhood Partnership
Cheryl Strother	Warren City Health District
Rose Leonhard	Warren City Health District
John May	Warren City Health District
Eric Merkel	Warren Police Department, Chief
Erin Bishop	Youngstown City Health District
Adam Lee	Youngstown City Scape
Nicolette Powe	Youngstown State University
Dr. Nicole Kent-Strollo	Youngstown State University
Junious Williams	Organization?
Sydney Williams	Community Member
Miquel	Community Member
Christopher Colven	Community Member