2023-2025 Community Assessment and Plan
ADAMHS Board of Mercer, Van Wert, & Paulding Counties

Ms. Sandy Goodwin – Executive Director

Background and Statutory Requirements

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

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

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

Required Components of the CAP

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

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

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

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

Contents

Background and Statutory Requirements 1
Required Components of the CAP 1
CAP Plan Highlights – Continuum of Care Priorities and Age Groups of Focus 3
CAP Plan Highlights – Continuum of Care Priorities 4
CAP Plan Highlights - Special Populations 7
Pregnant Women with Substance Use Disorder: 7
CAP Plan Highlights - Special Populations Cont. 8
Parents with Substance Use Disorder with Dependent Children: 8
Family and Children First Councils: 8
Hospital Services: 9
CAP Assessment Highlights 10
Most Significant Strengths in Your Community: 10
Mental Health and Addiction Challenges: 10
Top 3 Challenges for Children Youth and Families 10
Top 3 Challenges for Adults 10
Populations Experiencing Disparities 10
Optional Disparities Narrative 10
CAP Assessment Highlights Cont. 11
Mental Health and Addiction Service Gaps: 11
Top 3 Service Gaps in the Continuum of Care 11
Top 3 Access Challenges for Children Youth and Families 11
Top 3 Challenges for Adults 11
Populations Experiencing Disparities 11
Social Determinants of Health: 11
Top 3 Social and Economic Conditions Driving Behavioral Health Challenges 11
Top 3 Physical Environment Conditions Driving Behavioral Health Challenges 11
Populations Experiencing Disparities 11

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

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

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

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

CAP Plan Highlights – Continuum of Care Priorities

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

- **Strategy:** Pilot wellness check screenings for adults at risk of developing behavioral health disorders, including alcohol use disorder
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Rural Areas, Men
- **Outcome Indicator(s):** Perceptions of great risk from having 5 or more drinks of an alcoholic beverage once or twice a week
- **Baseline:** 37.92%
- **Target:** 40% by 2025

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

- **Strategy:** Develop and implement systemic strategies to improve behavioral health workforce recruitment and retention. Develop internship collaboration with 1 local university. Implement student debt relief program following internship at the provider level.
- **Age Group(s) Strategy Trying to Reach:** Transition-Aged Youth (ages 14-25), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Rural Areas
- **Outcome Indicator(s):** Percentage of Community Behavioral Health positions filled with contracted providers; Number of internships to employee hirings.
- **Baseline:** TBD
- **Target:** TBD

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

CAP Plan Highlights – Continuum of Care Priorities Cont.

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

- **Strategy:** Increase access and participation in Ohio Supreme Court Certified Specialized Docket Drug Courts.
- **Age Group(s) Strategy Trying to Reach:** Adolescents (ages 13-17), Transition-Aged Youth (ages 14-25), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, Residents of Rural Areas, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of Participants in Specialized Dockets; Number of Specialized Dockets
- **Baseline:** 57 participants; 4 specialized dockets
- **Target:** 64 participants; 5 specialized dockets by 2025

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

- **Strategy:** Increase local access to MAT by increasing local number of prescribers. Result will be increased number of individuals receiving MAT locally in Mercer, Van Wert, Paulding region
- **Age Group(s) Strategy Trying to Reach:** Transition-Aged Youth (ages 14-25), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Rural Areas, People Who Use Injections Drugs (IDUs), People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of individuals receiving MAT within the Mercer, Van Wert, and Paulding region
- **Baseline:** TBD
- **Target:** Increase utilization 10% from Baseline by 2025

CAP Plan Highlights – Continuum of Care Priorities Cont.

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

- **Strategy:** Develop a community crisis committee with multiple community organizations that regularly interface with individuals with severe and persistent mental illness and moderate to severe substance use disorders. Utilize this committee to collaborate and improve services to the above populations and more effectively manage crisis.
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17). Transition-Aged Youth (14-25), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability, Resident of Rural Areas
- **Outcome Indicator(s):** Number of Counties with an active Crisis Committee
- **Baseline:** 0 crisis committees
- **Target:** 2 crisis committees by 2025
- **Next Steps and Strategies to Improve Crisis Continuum:** Promote community awareness for 988, continue to promote and create community awareness for 988, study crisis transportation and unmet community needs. Create a crisis committee to better collaborate with community partners.

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

- **Strategy:** Develop partnerships across Board region to distribute Deterra bags and educate on safe drug disposal; Expand access to Narcan through training and community partnerships.
- **Age Group(s) Strategy Trying to Reach:** Transition-Aged Youth (ages 14-25), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability, Residents of Rural Areas, People Who Use Injection Drugs (IDUs)
- **Outcome Indicator(s):** Combined Unintentional Overdose Death Rate and Suicide Death Rate (per 100,000)
- **Baseline:** 30
- **Target:** 25 (6% decrease) by 2025

CAP Plan Highlights – Continuum of Care Priorities Cont.

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

- **Strategy:** Expand clubhouse services to increase reach of sober recovery support for teens, adults, and families, including alcohol use.
- **Age Group(s) Strategy Trying to Reach:** Transition-Aged Youth (ages 14-25), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Rural Areas, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Utilization of Clubhouse services with datapoints to be determined
- **Baseline:** TBD
- **Target:** Increase Utilization of Clubhouse Services by 10% by 2025

CAP Plan Highlights - Special Populations

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

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

- **Strategy:** Ensure local community partners have understanding and referral information to MOMs programs and specific resources for women with SUD.
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, Residents of Rural Areas, Women
- **Outcome Indicator(s):** Board specific data, community partner awareness of MOMs program via survey
- **Baseline:** TBD
- **Target:** TBD

CAP Plan Highlights - Special Populations Cont.

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

- **Strategy:** Increase family supports and services through MRSS, school-based recovery supports for children of parents with SUD, and clubhouse-based services with family specific support services.
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability
- **Outcome Indicator(s):** Number of participants in family sober social events through provider Clubhouse and MRSS Utilization
- **Baseline:** TBD
- **Target:** TBD

CAP Plan Highlights - Other CAP Components

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

- **Service Needs Resulting from Finalized Dispute Resolution Process:** There are no disputes.
- **Collaboration with FCFC(s) to Serve High Need Youth:** The Board attends scheduled FCFC meetings including business and clinical services coordination meetings. The Board contributes financially on an annual basis to the FCFC to fund wrap around services for FCFC MSY. The Board also provides input on local resources and state initiatives that serve MSY children and families. The Board also participates when asked in Emergency Meetings when a higher level of care (residential) is being requested by a youth's family or JFS.
- **Collaboration with FCFC(s) to Reduce Out-of-Home Placements:** Collaboration and referral to respite care, IHBT, and MRSS. Local probation, outpatient providers, Due to our rural nature and low population our community does not have capacity to support a MST team. We do however have a strong, established MRSS team that has expanded their footprint from 1 county that started in 2020 to 3 counties in 2022. IHBT has also expanded from 1 to 3 counties. Having intensive, community-based treatment options in each community is the Board's main strategy for Information sharing regarding respite resources for high needs kids has been critical as well. The ADAMHS Board attends monthly clinical staffing meeting and emergency team meetings.

CAP Plan Highlights - Other CAP Components Cont.

→ ***Hospital Services*:**

- **Identify How Outpatient Service Needs Are Identified for Current Inpatient Private or State Hospital Individuals Who Are Transitioning Back to the Community:** The Board is reliant on private psychiatric hospitals for discharge planning and connecting back to local providers for outpatient mental health. Our state hospital only admits persons from our local jails due to lack of civil bed availability and in all cases in the past several years these individuals return to the local community jail upon release from the State Hospital. The Board pays our local providers to provide crisis services in our jails as well as psychiatric telehealth in all 3 jails to mitigate crisis and decrease referrals to the state hospital. Both Providers in all 3 counties have court liaison services that collaborate with court systems to get individuals with behavioral health disorders into treatment.

  At this time, the Board is reliant on private inpatient psychiatric hospitals to connect individuals back to the local outpatient treatment provider. In FY 2022 the Board had 7 indigent patients who were Board funded for psychiatric hospital care throughout 5 private psychiatric hospitals. All of these hospitals are located in Columbus which is 2 hours from our catchment area. Communication with these hospitals has been extremely challenging. A couple of strategies the Board is looking at implementing to address these issues with private psych hospitals is to develop relationships with hospital staff in regard to discharge planning and better coordination of care with connection back to local providers.
- **Identify What Challenges, If Any, Are Being Experienced in This Area:** Lack of Board capacity to staff a transition planning liaison, Lack of communication/cooperation from private psychiatric hospital(s)
- **Explain How the Board is Attempting to Address Those Challenges:** The Board is utilizing various grant and state funding opportunities to shore up gaps. Multi System Adult funding is being used to shore up gaps by providing additional care coordination and supports to keep individuals living successfully in the community. The Board is also piloting a crisis committee in one of our 3 counties to staff how our system of care can better address the needs of individuals at risk of being incarcerated or hospitalized due their mental illness.

CAP Assessment Highlights

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

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

- Collaboration and Partnerships
- Faith-Based Communities
- Social Support and Positive Social Norms

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

Top 3 Challenges for Children Youth and Families

- Mental, Emotional, and Behavioral Health Conditions in Children and Youth (overall)
- Youth Depression
- Children in Out-of-Home Placements Due to Parental SUD

Top 3 Challenges for Adults

- Adult Depression
- Adult Substance Use Disorder
- Adult Heavy Drinking

Populations Experiencing Disparities

- People with Low Income or Low Educational Attainment, People with a Disability, Residents of Rural Areas, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System

Optional Disparities Narrative

The geographic make-up of the 3-county region is rural with over 95% being Caucasian. Due to how spread out the service area is and the relatively small size of the overall population, identifying clear disparities based on race or demographics is nearly impossible. Identified gaps listed above are identified by community partners and key stakeholders and collected via an electronic survey. Access to care is driven by the rural layout of the region. Lack of formal public transportation and limited availability of subsidized community-based housing are 2 of the main social determinants of health driving health outcomes. The above identified disparities primarily come from stakeholder data and Board staff observation based on participation in community planning groups and CHIP collaboratives.

CAP Assessment Highlights Cont.

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

Top 3 Service Gaps in the Continuum of Care

- Medication-Assisted Treatment
- Mental Health Workforce
- SUD Treatment Workforce

Top 3 Access Challenges for Children Youth and Families

- Unmet Need for Mental Health Treatment
- Unmet Need for Major Depressive Disorder
- Lack of Child Screenings: Anxiety

Top 3 Challenges for Adults

- Unmet Need for Mental Health Treatment
- Unmet Need for Outpatient Medication-Assisted Treatment
- Lack of Follow-Up After Hospitalization for Mental Illness Challenges

Populations Experiencing Disparities

- People with Low Income or Low Educational Attainment, People with a Disability, Residents of Rural Areas, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System

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

Top 3 Social and Economic Conditions Driving Behavioral Health Challenges

- Poverty
- Social Norms About Alcohol and Other Drug Use
- Family Disruptions (divorce, incarceration, parent deceased, child removed from home, etc.)

Top 3 Physical Environment Conditions Driving Behavioral Health Challenges

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

Populations Experiencing Disparities

- People with Low Incomes of Low Educational Attainment, People with a Disability, Residents of Rural Areas, People Involved in the Criminal Justice System