

# 2023-2025 Community Assessment and Plan *Ashtabula County ADAMH Board*

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## **Background and Statutory Requirements**

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

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

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

## **Required Components of the CAP**

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

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

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

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

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## 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.

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

## 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**: Promote mental and suicide prevention in the workplace by conducting outreach and education to members of the Ashtabula County Safety Council, SHRM, and local employers.
- **Age Group(s) Strategy Trying to Reach**: Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities**: Men
- **Outcome Indicator(s)**: Adult male suicide deaths in Ashtabula County
- **Baseline**: 18 Males in 2021
- **Target**: Reduce the number of male suicide deaths in Ashtabula County by 20% by CY 2024

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

- **Strategy**: Increase access to persons with cooccurring disorders in the City of Conneaut by implementing an EBP within the new Municipal Court Specialized Docket.
- **Age Group(s) Strategy Trying to Reach**: Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities**: People in the Criminal Justice System
- **Outcome Indicator(s)**: Percent of persons discharged from Renewal Court who complete successfully
- **Baseline**: The Court will begin admitting participants in February 2023
- **Target**: Court will have a 70% successfully completion rate by 2024

\*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 to Peer Supporters available during initial access to treatment services by expanding the number of Peer Supporters from 8 to 11
- **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
- **Outcome Indicator(s):** Substance Use Disorder treatment retention; Percent of individuals, ages 18 and older, with an intake assessment received one outpatient service within a week and two additional outpatient clinical services within 30 days of intake
- **Baseline:** 68.7% within 7 days and 47.48% within 30 days
- **Target:** 78% within 7 days and 57% within 30 days 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:** Develop hospital liaisons at SUD treatment providers that will assist with arranging immediate access for individuals induced with buprenorphine in the county emergency departments.
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment
- **Outcome Indicator(s):** Total number of Ashtabula County residents receiving Buprenorphine
- **Baseline:** 526 patients
- **Target:** 550 patients by 3<sup>rd</sup> quarter 2024

## 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:** Continue expansion of mobile crisis to include more responses at an individual's home or the home of a relative
- **Age Group(s) Strategy Trying to Reach:** Adolescents (ages 13-17). Transition-Aged Youth (14-25), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Appalachian Areas
- **Outcome Indicator(s):** Percentage of mobile crisis calls that occur in the community at a person's home or the home of a relative
- **Baseline:** 13% of respondents
- **Target:** 26% of respondents by 2024
- **Next Steps and Strategies to Improve Crisis Continuum:** Ashtabula County is continuing to expand mobile crisis as well as develop partnerships with local hospitals to improve discharge planning and access to after care services to reduce crisis recidivism.

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

- **Strategy:** Expansion of NaloxBoxes and Naloxone distribution in high-risk geographic areas of the county
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment
- **Outcome Indicator(s):** Unintentional overdose deaths; Number of deaths of Ashtabula County residents due to unintentional overdose, ages 18+ per 100,000 populations
- **Baseline:** 39 fatal overdoses
- **Target:** 31 fatal overdoses which is a 20% reduction 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:** The Board will provide resources for the development and sustainability of a Recovery Coalition
- **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; People with a Disability, People Involved with the Criminal Justice System
- **Outcome Indicator(s):** Persons with SUD will experience a 20% reduction of stigma in the community
- **Baseline:** 80%
- **Target:** 64% which is a 20% reduction from 2021 by 2024

## 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:** Ashtabula County MOMS participants are linked to and provided an evidence-based smoking cessation program provided by the Ashtabula County Health Department
- **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, Pregnant Women with SUD Enrolled in the MOMS Program
- **Outcome Indicator(s):** Percentage of MOMS participants who report smoking cessation at birth of child
- **Baseline:** In 2022, 37 of 39 MOMS participants used tobacco and none of them discontinued using tobacco by the completion of birth
- **Target:** 20% of participants in the MOMS program who use tobacco will discontinue the use of tobacco by birth by 2024



## CAP Plan Highlights - Special Populations Cont.

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

- **Strategy:** The Board will provide a case review for the Family Drug Court and assist in addressing the areas of need to improve outcomes
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Families Involved in the Child Welfare System and Part of the Family Drug Court
- **Outcome Indicator(s):** Percentage of people discharged from the Family Drug Court specialized docket that complete successfully
- **Baseline:** 40% completed successfully
- **Target:** 70% will complete successfully by 2025

## Optional: Collective Impact to Address Social Determinants of Health

### → **Stigma, Racism, Ableism, and Other Forms of Discrimination:**

- **Community Partners:** Local health district(s), Individuals with lived experience, County and City Health Departments, BH providers, Board Coalitions
- **Strategy:** Engage with those with lived experience to develop an anti-stigma campaign to reduce stigma and increase access to treatment targeting priority populations experiencing health disparities
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability, Residents of Appalachian Areas, Older Adults (ages 65+), People involved with the Criminal Justice System
- **Outcome Indicator:** Persons with SMI and/or SUD will experience a 20% reduction of stigma in the community
- **Baseline:** 45.5% have seen or heard of a person in our community experiencing stigma
- **Target:** 36.4% by 2025 (20% reduction)

## Optional: Collective Impact to Address Social Determinants of Health Cont.

### → **Social Norms About Alcohol and Other Drug Use:**

- **Community Partners:** Local prevention coalition(s) (suicide, tobacco, Drug Free Community, etc.), Ashtabula County Suicide Prevention Coalition members, Prevention Coalition, local BH Providers and the County and City Health Departments
- **Strategy:** Provide training in Mental Health First Aid or Question, Persuade, and Refer in areas of the county that are also experiencing high levels of health disparities
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability, Residents of Appalachian Areas, Older Adults, People Involved in the Criminal Justice System
- **Outcome Indicator:** Reduce the number of suicides that occur in the identified Health Improvement Zones by 20%
- **Baseline:** 24 suicides
- **Target:** 19 suicides by 2025

### → **Social Isolation:**

- **Community Partners:** People with lived experience/ people in recovery, Criminal Justice System, courts/specialized dockets, Prevention Coalition, Ashtabula County Substance Abuse Leadership Team
- **Strategy:** Develop and utilize a Recovery Coalition to organize prosocial activities that link people in recovery with community members and community organizations
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability, Residents of Appalachian Areas, Older Adults (ages 65+), People in the Criminal Justice System
- **Outcome Indicator:** Recovery Coalition is formed and have organized 5 prosocial activities
- **Baseline:** 0
- **Target:** 5 prosocial activities by 2025

## CAP Plan Highlights - Other CAP Components

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

- **Service Needs Resulting from Finalized Dispute Resolution Process:** There were no disputes this state fiscal year.
- **Collaboration with FCFC(s) to Serve High Need Youth:** The Board has staff that attend monthly Service Coordination meetings and Family meetings as invited. The Board Executive Director attends ACFCFC meetings when available. The Board provides the FCFC Coordinator with the Board's Community Plan. The Board also funds respite services for families through a local provider for youth working with MST and FCFC Service Coordination High-Fidelity Wraparound Process.
- **Collaboration with FCFC(s) to Reduce Out-of-Home Placements:** It does for those youth involved with MST.

### → **Hospital Services:**

- **Identify How Outpatient Service Needs Are Identified for Current Inpatient Private or State Hospital Individuals Who Are Transitioning Back to the Community:** Both the state and local private hospital develop discharge plans by reaching out to local providers. At times, the hospital staff will reach out the local MHRS Board for some assistance and guidance. The local behavioral health unit also access resources through the Multi-System Adults program and the MHRS Board's emergency assistance program run by a local provider.
- **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 state regional psychiatric hospital, Lack of communication/cooperation from private psychiatric hospital(s)
- **Explain How the Board is Attempting to Address Those Challenges:** The MHRS Board has received a HRSA RCORP BH System Reform grant with our consortium to develop evidence-based discharge planning and liaisons to work closely with the hospital social workers to improve discharge planning and decrease the time between discharge and first appointment with a mental health and/or substance use disorder treatment professional.

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

- All of our data sources are listed in our SMART Objectives. The MHRS Board has a staff person dedicated to disseminating reporting tools to providers at the beginning of a state fiscal year as well as gathering data from community partners and reminding Providers as well as Board staff when reports are due. Unless otherwise specified in the Provider contracts, reports are due on a quarterly basis. They are then reviewed by Board staff, reviewed by the Board Executive Director and reviewed by the MHRS Board members. Trends and patterns are discussed with Providers as well as the referral sources and the community.

### → **Optional: Link to The Board's Strategic Plan:**

- The Board uses the Community Plan as our strategic plan. It guides our growth through the plan and dictates which grants and new programs we will pursue.

→ **Optional: Link to Other Community Plans:**  
*As of February 2023*

- <http://ashtabulacountyhealth.com/?p=7622>

## CAP Assessment Highlights

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

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

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

→ **Mental Health and Addiction Challenges:**

***Top 3 Challenges for Children Youth and Families***

- Mental, emotional, and behavioral health conditions in children and youth (overall)
- Youth Marijuana Use
- Adverse Childhood Experiences (ACEs)

***Top 3 Challenges for Adults***

- Adult Serious Mental Illness
- Adult Suicide Deaths
- Adults with Co-Occurring Disorders

***Populations Experiencing Disparities***

- People with Low Income or Low Educational Attainment, People with a Disability, Residents of Appalachian Areas, Older Adults (ages 65+), People Involved in the Criminal Justice System

***Optional Disparities Narrative***

Refer to the attached Ashtabula County CAP Resource Document and Needs Assessment.

***Optional Assessment Findings***

Refer to the attached Ashtabula County CAP Resource Document and Needs Assessment.

## CAP Assessment Highlights Cont.

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

#### ***Top 3 Service Gaps in the Continuum of Care***

- Crisis Services
- Mental Health Workforce
- SUD Treatment Workforce

#### ***Top 3 Access Challenges for Children Youth and Families***

- Unmet Need for Mental Health Treatment
- Lack of Child Screenings: Depression and Developmental
- Lack of Child Screenings: Anxiety

#### ***Top 3 Challenges for Adults***

- Unmet Need for Mental Health Treatment
- Low SUD Treatment Retention
- Lack of Follow-Up After ED Visit for Mental Health

#### ***Populations Experiencing Disparities***

- People with Low Income or Low Educational Attainment, People with a Disability, Residents of Appalachian Areas, Older Adults (ages 65+), People Involved in the Criminal Justice System

#### ***Optional Disparities Narrative***

Refer to the attached Ashtabula County CAP Resource Document and Needs Assessment.

#### ***Optional Assessment Findings***

Refer to the attached Ashtabula County CAP Resource Document and Needs Assessment.

## CAP Assessment Highlights Cont.

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

#### ***Top 3 Social and Economic Conditions Driving Behavioral Health Challenges***

- Poverty
- Stigma, Racism, Ableism, and Other Forms of Discrimination
- Social Isolation

#### ***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, Older Adults (ages 65+), People Involved in the Criminal Justice System

#### ***Optional Disparities Narrative***

Refer to the attached Ashtabula County CAP Resource Document and Needs Assessment.

#### ***Optional Assessment Findings***

Refer to the attached Ashtabula County CAP Resource Document and Needs Assessment.

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

*As of February 2023*

- Refer to the attached Ashtabula County CAP Resource Document and Needs Assessment.