2023-2025 Community Assessment and Plan
Mental Health & Recovery Board of Wayne & Holmes Counties

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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.

Contents

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:** Collaboration with criminal justice system to expand Assisted Outpatient Treatment Program in Wayne County Probate Court
- **Age Group(s) Strategy Trying to Reach:** Transition-Aged Youth (14-25), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Rural Areas, People Involved in the Criminal Justice System, General Populations
- **Outcome Indicator(s):** Number of individual enrollments in Assisted Outpatient Treatment Program
- **Baseline:** 0
- **Target:** 4 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 data collection strategies to monitor workforce shortages and their related impact on availability and accessibility on mental health and substance use disorder treatment programs
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17), Transition-Aged Youth (ages 14-25), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** General Populations
- **Outcome Indicator(s):** Agency data will assist to understand staffing turnover and retention; consumer data will identify accessibility of existing programs
- **Baseline:** 0
- **Target:** 2 data collection strategies by 2025

**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:** Distribute and promote naloxone and the 24-hour Treatment Navigator
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17), Transition-Aged Youth (ages 14-25), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** People Who Use Injections Drugs (IDUs), General Populations
- **Outcome Indicator(s):** Number of resource distribution for 24-hour Treatment Navigator number and naloxone
- **Baseline:** 0
- **Target:** 8,000 distributed resources 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:** Maintain contractual relationship with providers offering Medication Assisted Treatment services
- **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 Who Use Injections Drugs (IDUs), People Involved in the Criminal Justice System, General Populations
- **Outcome Indicator(s):** Number of contracted providers
- **Baseline:** 0
- **Target:** 2 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:** Promote and distribute resources related to Wayne and Holmes Counties 24/7 crisis services
- **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 and Low Educational Attainment, Resident of Rural Areas, People Who Use Injections Drugs (IDUs), General Populations
- **Outcome Indicator(s):** Increase utilization of local 24/7 crisis lines
- **Baseline:** No baseline data available
- **Target:** 3% increase by 2025
- **Next Steps and Strategies to Improve Crisis Continuum:** Plans for continued crisis continuum strategies include maintaining existing 24-hour crisis lines, the Crisis team, and crisis stabilization programming. The Board will continue regional partnerships to assure continued awareness of and access to services located outside of the Board area. Expansion of crisis services has included increasing staffing of the Crisis team. growth of the MRSS program being housed at The Counseling Center, and utilization of Multi-System Adult funding to eligible residents experiencing a crisis. The Board intends to continue collaboration with local courts, law enforcement, and behavioral health providers to identify and engage individuals in Assisted Outpatient Treatment to provide structured support to achieve and maintain recovery within the community. One component of this strategy is to standardize the frequency of communication between sectors to establish a shared awareness of individuals at risk for crisis in order to plan and implement strategies to best support them and coordinate services to identify and fill gaps.

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

- **Strategy:** Campaign to increase awareness of naloxone distribution and how to obtain naloxone
- **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, Residents of Rural Areas, People Who Use Injection Drugs (IDUs), General Populations
- **Outcome Indicator(s):** Increased access to naloxone distribution
- **Baseline:** 325
- **Target:** 400 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:** Maintain partnership and funding agreement with MOCA House Recovery Program through National Alliance on Mental Illness of Wayne and Holmes Counties
- **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, Residents of Rural Areas, General Populations
- **Outcome Indicator(s):** Number of individuals who participate in the MOCA House Recovery Program
- **Baseline:** 232 in-person visits per month
- **Target:** 232-255 in-person visits per month 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:** Assure, via contractual relationships with providers, that pregnant women with substance use disorder are given priority in access to treatment and services
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17), Transition-Aged Youth (ages 14-25), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** Women, People Who Use Injection Drugs (IDUs)
- **Outcome Indicator(s):** Number of contracted providers
- **Baseline:** 0
- **Target:** 5 by 2025

CAP Plan Highlights - Special Populations Cont.

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

- **Strategy:** Promotion of Family Dependency Drug Court to encourage parental enrollment into the program.
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17), Transition-Aged Youth (ages 14-25), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** Older Adults (ages 65+), Men, Women, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of individuals enrolled in Family Dependency Drug Court
- **Baseline:** 24
- **Target:** 24-26 by 2024

CAP Plan Highlights - Other CAP Components

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

- **Service Needs Resulting from Finalized Dispute Resolution Process:** Wayne County: We have not had any disputes in greater than five years; no complaints have been filed against service coordination or any other FCFC involved programs which would trigger the dispute resolution process. Holmes County: Same as above.
- **Collaboration with FCFC(s) to Serve High Need Youth:** Wayne County: The WHMHRB has served as the AA for the Wayne County FCFC since its inception; prior to the creation of the FCFC, collaboration between the MHRB and key stakeholders was coordinated via the local Children's Cluster. Because of its role as the Administrative Agent, the MHRB cannot be elected to the Executive Council for Wayne County FCFC. Representatives of the MHRB attend FCFC meetings including full council, Resource and Grants Management, Planning, Prenatal to 5 (ECCC), and Family Advisory Council. MHRB is represented at weekly Diversion meetings to plan for the use of pooled/shared funds. WHMHRB provides consultation and support to challenging cases, including support to the local Crisis team and participation in case-specific conferences with the care team, local Emergency Department, and families (ex: Better Alternatives Together [BAT] Meetings, conferences with OhioRISE CME).

  WHMHRB has directed Crisis Flex Funds to support access to Asha House, a stepdown/respite home located in Wooster, OH and coordinated by Wayne County FCFC. The WHMHRB also maintains an active role in the Wayne-Holmes Resilience Network, which seeks to enhance existing relationships between child-serving entities (courts, schools, providers, etc.) with a focus on trauma-informed and resilience-oriented strategies. Holmes County: The WHMHRB holds a position on the Executive Council for Holmes County FCFC. A representative of the Board attends ECCC, Detention and Treatment, Community Care Board, and full Council meetings in Holmes. MHRB is represented at monthly Service Funding meetings to plan for the use of pooled/shared funds. WHMHRB provides

consultation and support to challenging cases, including support to the local Crisis team covering Holmes County. The WHMHRB also maintains an active role in the Wayne-Holmes Resilience Network, which seeks to enhance existing relationships between child-serving entities (courts, schools, providers, etc.) with a focus on trauma-informed and resilience-oriented strategies.

- **Collaboration with FCFC(s) to Reduce Out-of-Home Placements:** Wayne County: The WHMHRB had previously applied for and been awarded BHJJ grant funding to support the provision of MST by Child & Adolescent Behavioral Health, located in Stark County. When the terms of the grant required the application be submitted by the Juvenile Court, the WHMHRB assisted with collecting needed application materials and continued its participation in ongoing BHJJ/MST meetings. Unfortunately, workforce issues resulted in the cessation of the MST program as Child & Adolescent Behavioral Health was unable to fill the Wayne County/Holmes County positions. The WHMHRB has continued to collaborate with the FCFC to develop and support strategies to reduce out-of-home placements such as securing regional funding to dedicate towards the cost of care at the Therapeutic Stabilization Center (TSC) housed on the Wooster campus of The Village Network..

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 WHMHRB, in collaboration with local providers, has identified barriers for those who are transitioning back into the community from inpatient psychiatric hospitalizations. Current initiatives in place include; monthly case review video conference calls with Heartland Behavioral Healthcare to discuss individuals currently hospitalized and their discharge plans, weekly Jail Severe Mental Illness meetings to identify those who are utilizing both our hospital and criminal justice systems to develop continuity of care, collaboration among key providers, and establish a sustainable plan upon release from jail or the hospital, and priority availability of psychiatric and counseling appointments for individuals being released from an inpatient setting. Collaboration with multiple agencies through coalitions, task forces and partnerships allow for discussion of gaps for individuals who are transitioning from an inpatient hospital setting back into the community. A program that Wayne County is revamping is the Assisted Outpatient Treatment (AOT) Program through Probate Court to assist individuals with severe mental illness who may have a history of inpatient hospitalizations. The WHMHRB expects to contract with a provider to hire an AOT Monitor. Included in this role would be coordination with state and private hospitals to refer appropriate individuals into the program. Another identified objective is to augment our procedure of tracking individuals who are civilly committed to make sure appointments for outpatient care are available and accessible upon discharge. The development of a Crisis Stabilization Unit is also being explored as an option for a step down from an inpatient stay, or an alternative for an inpatient stay for those who are appropriate.
- **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), Lack of access to private psychiatric hospital(s), Lack of access to state regional psychiatric hospital, lack of Covid + psychiatric hospitals

- **Explain How the Board is Attempting to Address Those Challenges:** The WHMHRB has been working to increase communication with state and private hospitals to educate on the availability of Assisted Outpatient Treatment Program in Wayne County for individuals who may be appropriate for referral into the program directly from a hospital setting. The hiring of an AOT Monitor will assist in this role. Every other month a meeting with key stakeholders addresses significant needs within the community; including but not limited to, workforce shortages, high utilizers in the community, jail and hospital settings, and exploration of a crisis stabilization unit. Collectively the Board and multiple agencies are working to address gaps and challenges within our system through increased collaboration and encouragement of continuity of care. WHMHRB has utilized indigent hospital funds to assist in placing individuals without insurance, if this funding suspends WHMHRB will begin to see a significant increase in longer stays in our Emergency Room Departments.

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

As of February 2023

- https://mha.ohio.gov/static/SupportingProviders/ApplyforFunding/ForCurrentAwardees/2021/Wayne-Holmes.pdf

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
- Availability of Specific Resources or Assets

→ ***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
- Adverse Childhood Experiences (ACEs)

Top 3 Challenges for Adults

- Adult Serious Mental Illness
- Drug Overdose Deaths
- Mental Health and Substance Use Disorder Conditions Among Adults (overall)

Populations Experiencing Disparities

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

CAP Assessment Highlights Cont.

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

Top 3 Service Gaps in the Continuum of Care

- Mental Health Treatment Services
- Crisis Services
- Mental Health and Substance Abuse Disorder 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 School-Based Health Services

Top 3 Challenges for Adults

- Unmet Need for Mental Health Treatment
- Unmet Need for Major Depressive Disorder
- 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 Rural Areas, Older Adults (ages 65+), Veterans, LGBTQ+, 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
- Violence, Crime, Trauma, and Abuse
- 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
- Lack of Access to Health Food

Populations Experiencing Disparities

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