

# 2023-2025 Community Assessment and Plan

## *Wood County ADAMHS Board*

Ms. Amanda Kern – 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.

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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.

<i>Continuum of Care Priorities</i>	<b>Children</b> (ages 0-12)	<b>Adolescents</b> (ages 13-17)	<b>Transition-Aged Youth</b> (ages 14-25)	<b>Adults</b> (ages 18-64)	<b>Older Adults</b> (ages 65+)
<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 #1:** Develop a school and/or community-based program to increase positive attitudes towards help-seeking.
- **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, Residents of Rural Areas, Hispanic Residents
- **Outcome Indicator(s):** Adults reporting stigma as reason for not utilizing mental health programming in the Wood County Health Survey.
- **Baseline:** 5%
- **Target:** 3%
  
- **Strategy #2:** Implement community and school-based programs such as Kids Shop and WRAP for kids to address Wood County’s top reported ACES: Experiencing separation or divorce in their household; parent or household member experienced mental illness; experienced emotional abuse to prevent further behavioral health issues in the youth that could stem from experience the ACE.
- **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, Residents of Rural Areas, Hispanic Residents
- **Outcome Indicator(s):** 1: Wood County youth (grades 7-12) reporting ACES and suicidal thoughts and attempt in the Wood County Youth Survey; Indicator 2: NAMI Wood County utilization data as reported in the Wood County ADAMHS Board Outcomes Report.
- **Baseline:** Youth with 4+ ACES: 63% reported having thought about suicide; 28% reported attempting suicide
- **Target:** Youth with 4+ ACES: No greater than 58% will report having thoughts about suicide; No greater than 23% will report attempting suicide

*\*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.

- **Strategy #3:** Reduction in the use of vaping tobacco & marijuana through implementing evidence-based programs such as “Catch my Breath” and “Stanford Tobacco Prevention Toolkit”.
- **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, Residents of Rural Areas, Hispanic Residents
- **Outcome Indicator(s):** 7th-12th graders report of vaping tobacco and marijuana in the Wood County Youth Survey
- **Baseline:** Nicotine, 7<sup>th</sup> Grade: 4.4%; 8<sup>th</sup>:6.7%; 9<sup>th</sup>:8.4%; 10<sup>th</sup>: 12.7%; 11<sup>th</sup>:13.8%; 12<sup>th</sup>: 18.1%; Marijuana, 7<sup>th</sup>:1.3%; 8<sup>th</sup>:2.9%; 9<sup>th</sup>: 3.8%; 10<sup>th</sup>:5.8%; 11<sup>th</sup>: 8.7%; 12<sup>th</sup>:11.8%
- **Target:** Nicotine, 7<sup>th</sup> Grade: 4%; 8<sup>th</sup>:6%; 9<sup>th</sup>:7.5%; 10<sup>th</sup>: 11.5%; 11<sup>th</sup>:12.5%; 12<sup>th</sup>: 16.5%; Marijuana, 7<sup>th</sup>:1.3%; 8<sup>th</sup>:2.5%; 9<sup>th</sup>: 3.5%; 10<sup>th</sup>: 5.5%; 11<sup>th</sup>: 8%; 12<sup>th</sup>:11%

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

- **Strategy #1:** Increase access and utilization of mental health services for adults by opening a Crisis Stabilization Unit, adding an access point to county 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:** People with Low Incomes or Low Educational Attainment, Residents of Rural Areas, Hispanic Residents
- **Outcome Indicator(s):** Indicator 1: Wood County participants that report mental health issues that need treatment and that they found a specific program; Indicator 2: Received mental health treatment in past year, adults. Percent of adults, ages 18 and older, who received treatment or counseling from a mental health professional when needed during the past 12 months
- **Baseline:** Indicator 1: 90%; Indicator 2: 20.03%
- **Target:** Indicator 1: 92%; Indicator 2: 20.5%

## CAP Plan Highlights – Continuum of Care Priorities Cont.

- **Strategy #2:** Increase access and satisfaction of school-based 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:** People with Low Incomes or Low Educational Attainment, Residents of Rural Areas, Hispanic Residents
- **Outcome Indicator(s):** Indicator 1: The level of satisfaction experienced by the schools about mental health services provided onsite at their schools; Indicator 2: Numbers of students served in school-based programming; Indicator 3: The number of schools that received mental health services; Indicator 4: The percentage of children participating in school-based services that report an improvement in child functioning
- **Baseline:** Indicator 1: TBD, currently in progress; Indicator 2: Number of students served in schools: 1315 students; Indicator 3: Number of schools provided services: 10; Indicator 4: Student and parent report of improvement in functioning: Baseline TBD.
- **Target:** Indicator 1: 60% average satisfaction rating among schools; Indicator 2: 1500 students served; Indicator 3: 10 schools; Indicator 4: 70% of students and parents report improvement in functioning
  
- **Strategy #3:** Increase the mental health workforce in Wood County by sending a survey of strategies to providers and then advocating to implement one of the strategies during the first year of the plan, based on board approval.
- **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 with Low Incomes or Low Educational Attainment, Residents of Rural Areas, Hispanic Residents
- **Outcome Indicator(s):** Mental health workforce (MH profession shortage areas). *Percent of Ohioans living in a MH professional shortage area.*
- **Baseline:** Total mental health care HPSA: 111; Percentage of need met: 40%; Practitioners needed: 109
- **Target:** Total mental health care HPSA: 111; Percentage of need met: 50%; Practitioners needed: 91

## 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 #1:** Increase client engagement in SUD treatment through the development of SUD navigator positions
- **Age Group(s) Strategy Trying to Reach:** 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 with Low Incomes or Low Educational Attainment, Residents of Rural Areas, Hispanic Residents, Veterans, People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Indicator 1: Unmet need, illicit drug use treatment. Percent ages 12 and older needing but not receiving treatment for illicit drug use in the past year (NSDUH); Indicator 2: Wood County participants that report in the Wood County Health Survey needing drug and alcohol abuse treatment and they found a specific program; Indicator 3: The number of clients reported as being served by the SUD navigator positions as reported in the Wood County ADAMHS Board Outcomes Report
- **Baseline:** Indicator 1: 7.78%; Indicator 2: 100% (drug abuse) 100% (alcohol abuse); Indicator 3: TBD. This is a new program beginning in SFY 23
- **Target:** Indicator 1: 6.82%; Indicator 2: 98%; Indicator 3: 200 clients
  
- **Strategy #2:** Retaining people in SUD treatment: County-wide training for clinicians and stakeholders in best practices for motivating clients for change and engagement in treatment services.
- **Age Group(s) Strategy Trying to Reach:** 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 with Low Incomes or Low Educational Attainment, Residents of Rural Areas, Hispanic Residents, Veterans, People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Indicator 1: Training roster indicating the number of people trained; Indicator 2: The percentage of outpatient program participants that remained in treatment for 90 days as reported in the Wood County ADAMHS Board Outcomes Report
- **Baseline: Strategy One:** Indicator 1: N/A; Indicator 2: 74% (only included outcomes from two agencies, all will be included in future numbers).
- **Target:** Indicator 1: TBD; Indicator 2: 75%

## CAP Plan Highlights – Continuum of Care Priorities Cont.

→ **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 #1:** Increase utilization and understanding of the engagement of clients in MAT in Wood 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, Residents of Rural Areas, People Who Use Injections Drugs (IDUs), People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Indicator 1: Substance Use Disorder treatment services (MAT); Percent of Ohio counties with at least one MAT provider (Or number of MAT providers within a county); Indicator 2: The number of Clients engaged in MAT services in Wood County as reported in the Wood County ADAMHS Board Outcomes Report; Indicator 3: The number of providers with MAT services in Wood County or surrounding areas that are not funded by the Wood County ADAMHS that provide client utilization numbers to the board for system planning as reported in the Wood County ADAMHS Board Outcomes Report
- **Baseline: Strategy One:** Indicator 1: 10 professionals qualified to provide MAT per 100,000 residents; Indicator 2: 154 clients; Indicator 3: 0
- **Target: Strategy One:** Indicator 1: 15 professionals qualified to provide MAT per 100,000 residents; Indicator 2: 300 clients per year; Indicator 3: 2 providers.
  
- **Strategy #2:** Develop a link for Methadone treatment for Wood County residents.
- **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, Residents of Rural Areas, People Who Use Injections Drugs (IDUs), People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Outcome Indicator(s): Indicator 1: Substance Use Disorder treatment services (MAT); Percent of Ohio counties with at least one MAT provider (or number of MAT providers within a county); Indicator 2: Number of clients served by methadone providers located in or collaborating with Wood County as reported in the Wood County ADAMHS Board Outcomes Report
- **Baseline:** Indicator 1: 10 professionals qualified to provide MAT per 100,000 residents; Indicator 2: 154 clients. Indicator 3: 0
- **Target:** Indicator 1: 15 professionals qualified to provide MAT per 100,000 residents; Indicator 2: 300 clients per year. Indicator 3: 2 providers.



## 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 #1:** Open Crisis Stabilization Unit for adults
- **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 Involved in the Criminal Justice System
- **Outcome Indicator(s):** Availability of Crisis Stabilization beds in the county and utilization of those beds for adults as identified in Wood County ADAMHS Board contracts and outcomes report
- **Baseline:** Indicator 1: N/A as program is still in development. Indicator 2: N/A as program is still in development
- **Target:** Indicator 1: One contract; Indicator 2: 8 clients per day
- **Next Steps and Strategies to Improve Crisis Continuum:** We will continue to evaluate the needs relating to the crisis continuum following the implementation of the Crisis Stabilization Unit for adults.
  
- **Strategy #2:** Increase access to crisis beds for youth by conducting a targeted needs assessment followed by the development and implementation of a strategic plan
- **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 Involved in the Criminal Justice System
- **Outcome Indicator(s):** Completed youth crisis needs assessment and strategic plan
- **Baseline:** Not applicable
- **Target:** One needs assessment and 1 strategic plan focused on youth crisis beds

## CAP Plan Highlights – Continuum of Care Priorities Cont.

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

- **Strategy**: Implement Narcan Vending Machines to increase the availability of Narcan to Wood County residents.
- **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
- **Outcome Indicator(s)**: The number of people registered to receive Narcan.
- **Baseline**: N/A, program beginning in SFY 23
- **Target**: 250 people receiving Narcan units by 2025

→ **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 #1**: Housing: Increase access to housing for individuals with behavioral health needs by conducting a targeted needs assessment followed by developing and implementing a strategic plan
- **Age Group(s) Strategy Trying to Reach**: Children (ages 0-12), Adolescents (ages 13-17), Transition-Aged Youth (ages 15-25), 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, Men, Women
- **Outcome Indicator(s)**: Completed housing needs assessment and strategic plan
- **Baseline**: 1 needs assessment was completed and indicated a broad need for housing
- **Target**: 1 needs assessment and 1 strategic plan focused on housing for those with behavioral health issues

## CAP Plan Highlights – Continuum of Care Priorities Cont.

- **Strategy #2:** Transportation: Increase utilization of NETplus transportation through the implementation of an advertising campaign that includes a notification process for issues with the service and resolution support.
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17), Transition-Aged Youth (ages 15-25), 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, Men, Women
- **Outcome Indicator(s):** Number of transports provided through NETplus in a fiscal year as reported to the ADAMHS Board by Wood County JFS
- **Baseline:** 29 (decrease noted due to the pandemic, previous fiscal years reported 212 transports)
- **Target:** 250 transports

## 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:** Monitor access and utilization of Chrysalis, a treatment program that offers services to pregnant and postpartum women with addiction.
- **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, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of Wood County clients served as reported in the Wood County ADAMHS Board Outcomes Report
- **Baseline:** 79
- **Target:** 25 by 2025

## CAP Plan Highlights - Special Populations Cont.

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

- **Strategy #1:** Collaborate with JFS to serve families at risk of out-of-home placement
  - **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17), 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, Women, People Who Use Injection Drugs, People Involved in the Criminal Justice System
  - **Outcome Indicator(s):** The number of families identified by JFS staff and served by the liaison that engaged in recommended services as reported in the Wood County ADAMHS Board Outcomes Report
  - **Baseline:** 91%
  - **Target:** 90% by 2025
- 
- **Strategy #2:** Monitor access and utilization of Devlac Hall, monthly parenting class.
  - **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17), 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, Women, People Who Use Injection Drugs, People Involved in the Criminal Justice System
  - **Outcome Indicator(s):** The number of families that received parenting education as reported in the Wood County ADAMHS Board Outcomes Report
  - **Baseline:** Unknown
  - **Target:** 50% by 2025

## CAP Plan Highlights - Other CAP Components

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

- **Service Needs Resulting from Finalized Dispute Resolution Process:** To the board's knowledge, the county has not had any finalized dispute resolutions with the county FCFC.
- **Collaboration with FCFC(s) to Serve High Need Youth:** The ADAMHS Board executive director attends the monthly FCFC meetings as a voting member. This meeting provides fiscal and service coordination updates.
- **Collaboration with FCFC(s) to Reduce Out-of-Home Placements:** The ADAMHS Board pays an annual membership to finance service coordination to reduce out-of-home placements. If out-of-home placement is necessary due to a behavioral health crisis, the ADAMHS board provides funding based on our contracts.

## 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 Wood County ADAMHS Board contracts with a provider to implement a Hospital Liaison position that assists in coordinating outpatient treatment and follow-up upon their release.
- **Identify What Challenges, If Any, Are Being Experienced in This Area:** 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 (beds are consistently full)
- **Explain How the Board is Attempting to Address Those Challenges:** The board is working on streamlining contract challenges with private hospitals. Additionally, the board is working to increase communication with hospitals to increase cooperation and collaboration.

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

*As of February 2023*

- [https://woodcountyhealth.org/wp-content/uploads/2022/03/2021-Wood-County-Community-Health-Assessment\\_33022.pdf](https://woodcountyhealth.org/wp-content/uploads/2022/03/2021-Wood-County-Community-Health-Assessment_33022.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
- 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 Depression
- Adverse Childhood Experiences (ACEs)

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

- Adult Serious Mental Illness
- Adult Depression
- Adult Substance Use Disorder

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

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

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

Economic conditions. Poor mental health outcomes for individuals with incomes below \$25,000 tended to be about twice as frequent as those with incomes over \$25,000. ▪ 15% of men, compared to 11% of women, reported feeling sad or hopeless for 2+ weeks in a row. ▪ People who experienced 3+ ACEs were significantly more likely to have mental health needs and other unhealthy behaviors than individuals who experience no ACEs.

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

According to the Needs Assessment conducted by Crescendo, 4.9% of Wood County Residents reported having 14 or more poor mental health days in the past 30 days. This is marginally higher than national statistics (4.7%) and state (4.8%). Additionally, the report discussed suicide fatalities in which Wood County presented the highest percentage of suicide deaths per 100,000 in the northwest Ohio region. The Community Health Assessment reviewed mental health data compared to previous years. In general, mental

health reports indicated worse mental health outcomes than in previous assessments. The assessment can be viewed at the following link: ▪ Full report: <https://woodcountyhealth.org/wp-content/uploads/2022/03/2021-Wood-County-Community-Health-Assessment-33022.pdf>

## 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 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
- Low SUD Treatment Retention
- Lack of Follow-Up After ED Visit for Substance Use

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

- People with Low Income or Low Educational Attainment, Residents of Rural Areas, Hispanic Residents, Veterans, People Who Use Injection Drugs, People Involved in the Criminal Justice System

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

Through the experience of the agency's behavioral health providers, it has been much more challenging to connect patients to care when they have a disability or limited English fluency. The programs that support these needs are less numerous than those that need them.

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

In the 2021 Needs Assessment conducted by Crescendo, a workforce shortage was identified in Wood County at a higher rate than in other places in the state. Per the report, there is one counselor for every 580 residents, whereas statewide, the rate is 1:380 and in neighboring Lucas County, the rate is 1:310. Richmond County is a comparison county for county size and geography, and their rate was reported as 1:260. The workforce shortage in Wood County is significant.

## CAP Assessment Highlights Cont.

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

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

- Violence, Crime, Trauma, and Abuse
- Attitudes About Seeking Help
- Family disruptions (divorce, incarceration, parent deceased, child removed from home, etc.)

#### ***Top 3 Physical Environment Conditions Driving Behavioral Health Challenges***

- Lack of Affordable Housing
- Lack of Transportation
- Lack of Physical Activity

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

- People with Low Incomes of Low Educational Attainment, Residents of Rural Areas, Hispanic Residents, Veterans, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System, Pregnant Women

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

Geographic locations and transportation issues.

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

*As of February 2023*

- [https://woodcountyhealth.org/wp-content/uploads/2022/03/2021-Wood-County-Community-Health-Assessment\\_33022.pdf](https://woodcountyhealth.org/wp-content/uploads/2022/03/2021-Wood-County-Community-Health-Assessment_33022.pdf)