

2023-2025 Community Assessment and Plan *ADAMHS Board for Montgomery County*

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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.

<i>Continuum of Care Priorities</i>	<i>Children</i> (ages 0-12)	<i>Adolescents</i> (ages 13-17)	<i>Transition-Aged Youth</i> (ages 14-25)	<i>Adults</i> (ages 18-64)	<i>Older Adults</i> (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:** The Montgomery County ADAMHS will prioritize the allocation of funds towards school-based prevention services in schools with higher disparities as measured by 6 Ohio Department of Education indicators (% attendance, % minority population, % economically disadvantaged, graduation rate, teacher-to-student ratio, school funding per pupil). ADAMHS will work towards building a tiered funding approach based on the aforementioned disparities that allocates funding based on equitable process measures.
- **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, Residents of Rural Areas, Black Residents, White Residents, Older Adults (ages 65+), Immigrants, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System, General Populations
- **Outcome Indicator(s):** Percent of high school students who have used alcohol within the past 30 days
- **Baseline:** 6%
- **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:** Address non-crisis but urgent behavioral health needs in the community
- **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:** General Populations, General Community Program Operating in Conjunction with Primary Healthcare System
- **Outcome Indicator(s):** Scope the potential size of need; Develop an operational Behavioral Health Urgent Service by third quarter 2024
- **Baseline:** Environmental analysis across provider networks to identify opportunities to develop an operational
- **Target:** 100% by 3rd Quarter, 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 treatment providers for Montgomery County
- **Age Group(s) Strategy Trying to Reach:** Adolescents (aged 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+), Younger Adults (ages 18-634)
- **Outcome Indicator(s):** Scope the emerging increase in service needs for teens and young adults. Continue to diversity program offerings for awareness, treatment, and emerging drugs
- **Baseline:** Environmental analysis across provider networks to identify opportunities to expand youth treatment
- **Target:** 100% 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 the number of prescribers based on the DEA data 2000 waiver to allow other qualified practitioners to treat patients outside of an opioid treatment program.
- **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, Black Residents, Hispanic Residents, White Residents, Older Adults (ages 65+), Veterans, Men, Women, LGBTQ+, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of MAT prescribers in Montgomery County
- **Baseline:** Gather Baseline Data in 2023
- **Target:** TBD

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**: Finalize the buildout and expand crisis services to make Montgomery County Crisis Services the identified 988 Service Line
- **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**: General Populations
- **Outcome Indicator(s)**: % of mobile responses completed in the community
- **Baseline**: 79%
- **Target**: 80% by 2023
- **Next Steps and Strategies to Improve Crisis Continuum**: Work with the Criminal Justice system, community providers, and hospitals to divert individuals from the hospital systems and use Crisis Stabilization Units to bridge gaps.

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

- **Strategy**: Build/place harm reduction outlets into the general community
- **Age Group(s) Strategy Trying to Reach**: Transition-Aged Youth (ages 14-25), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities**: General Populations
- **Outcome Indicator(s)**: Place at least one harm reduction outlet in the community
- **Baseline**: 0
- **Target**: 1 by 2023

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 Housing
- **Age Group(s) Strategy Trying to Reach:** Transition-Aged Youth (ages 14-25)
- **Priority Populations and Groups Experiencing Disparities:** LGBTQ+, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System, Teens and Young Adults, People Re-Entering from Incarceration
- **Outcome Indicator(s):** Number of housing options in the community for populations experiencing disparity
- **Baseline:** 0
- **Target:** Open 3 new housing locations by 2026

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:** Further expansion of maternal homes to include an increased focus on disparities such as food inequity, food insecurity, housing needs, and linkage to medical care for the baby and mother; Implementation of additional peer support services to ensure proper continuity of care, recovery focus, and support as well as focus on any additional mental health needs for the mother.
- **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, Black Residents, Hispanic Residents, White Residents, Veterans, Women, LGBTQ+, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of number of moms and babies connected with permanent, supportive housing within one year of joining the program; Number of moms who are employed within one year of joining the program
- **Baseline:** Establish Baseline in 2023
- **Target:** TBD

CAP Plan Highlights - Special Populations

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

- **Strategy:** Implementation of increased peer support services for not only the family but dependent children; ensuring support for youth at schools and at home.
- **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, People with a Disability, Black Residents, Hispanic Residents, White Residents, Veterans, Men, Women, LGBTQ+, Immigrants, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of dependent youth connected to peer support and obtain the first-year baseline number of caretakers linked to services
- **Baseline:** Establish Baseline Data in 2023
- **Target:** TBD

Optional: Collective Impact to Address Social Determinants of Health

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

- **Community Partners:** Local prevention coalition(s) (suicide, tobacco, Drug Free Community, etc.), Old North Dayton Neighborhood Association, Montgomery County Educational Services Center, University of Dayton, National Conference for Community and Justice of Greater Dayton, Dayton Children's Hospital, Christian Family Fellowship Ministry Faithful in Christ Ministry, Dayton Police Department, National Alliance for Mental Illness (NAMI), Goodwill, Easter Seals, Miami Valley East End Community Services, Dayton Foodbank
- **Strategy:** Provide Information to 2,500 youth and/or individuals that have the ability to impact youth regarding the risks associated with alcohol use; Enhance the Skills of at least 20 alcohol-serving establishments by having their alcohol servers trained on safe alcohol-serving practices; Provide Support to at least seven organizations within Montgomery County to spread alcohol prevention messaging and best practices; Work with 10 locations throughout Montgomery County to decrease access to alcohol at events; Change Consequences by providing incentives to at least nine alcohol retail establishments that are adhering to best practices through store design to prevent youth alcohol use; Change the Physical Design of at least seven alcohol-serving environments within the community to promote low-risk drinking guidelines among adults and prevent alcohol use among individuals under 21; Modify Policies in 15 school buildings within Montgomery County to prevent alcohol use among youth;

Provide information to over 1,500 youth and/or individuals that have the ability to impact youth regarding the risks associated with gaming and gambling; Enhance the skillset of at least 100 youth and/or individuals that influence youth, as well as employees at ten local

businesses, to educate on the risks associated with gaming and gambling in youth and adolescents; Provide support to at least one community organization to promote gaming & gambling; Enhance barriers to keep youth from accessing gambling activities at 5 school-sponsored events throughout Montgomery County; Change consequences for ten retailers that follow best practices in terms of responsible gambling Change the Physical Design of at least 30 community spaces to minimize problem gambling, especially among youth; Revise or develop policies that follow best practices in responsible gambling in 20 community organizations;

Provide information to over 17,000 youth and individuals that have the ability to impact youth regarding the risks associated with non-prescribed pharmaceutical opioids; Enhance the Skills of 1,270 individuals to implement strategies that will reduce the use of pharmaceutical opioids; Provide Support to 9 community organizations to reduce the misuse of pharmaceutical opioids; Enhance access to medication disposal and safe storage options for 30,000 residents within Montgomery County; Change Consequences by providing incentives to 20 individuals or organizations that are community leaders in encouraging safe prescription drug use, storage, and disposal; Change the Physical Design of 20 identified high-risk environments to reduce the use of non-prescribed pharmaceutical opioids; Change Policies in at least four areas to reduce the risks associated with opioid use in community members;

Provide information to over 36,000 youth and/or individuals that have the ability to impact youth with the intent to prevent mental illness and suicide; Enhance Skills of 400 professionals, and family members to implement effective mental health promotion and mental illness prevention strategies within their schools and communities; Provide support for four local events focused on mental health promotion and suicide prevention for community members; Enhance barriers to lethal means affecting 3,500 individuals and 6 businesses to reduce overall suicide fatalities in Montgomery County; Change consequences for 70 local businesses or schools to encourage them to implement prevention programming or best practices for their staff, customers and/or students; Change the Physical Design of 28 environments to better support and promote mental wellness; Develop or revise policies in 9 school districts to prevent suicide deaths in Montgomery County

- **Priority Populations and Groups Experiencing Disparities:** People with a Disability, Black Residents, White Residents, Older Adults (ages 65+), Men, Women, LGBTQ+, General Populations
- **Outcome Indicator:** Past 30-day alcohol use in 12th graders; Past lifetime use of non-prescribed pharmaceutical opioids in 12th graders; Number of youth (7-12 grades) gamblers in the last 12 months; Number of students in 7-12th grade reporting that they had seriously considered suicide.
- **Baseline:** Past 30-day alcohol use in 12th graders - 9.4%; Past lifetime use of non-prescribed pharmaceutical opioids in 12th graders - 8%; Number of youth (7-12 grades) gamblers in the last 12 months - 14%; Number of students in 7-12th grade reporting that they had seriously considered suicide - 17%
- **Target:** By 9/29/2024, decrease past 30-day alcohol use in 12th graders - 7.4% (2% decrease); By 9/1/2023, decrease past lifetime use of non-prescribed pharmaceutical opioids in 12th graders - 6% (2% decrease); Number of youth (7-12 grades) gamblers in the last 12 months stabilized at 14%; By 9/29/2024, decrease the number of students in 7-12th grade reporting that they had seriously considered suicide - 15% (2% decrease)

CAP Plan Highlights - Other CAP Components

→ **Family and Children First Councils:**

- **Service Needs Resulting from Finalized Dispute Resolution Process:** No specific child service needs are noted.
- **Collaboration with FCFC(s) to Serve High Need Youth:** That collaborative process operates in several ways. First, Montgomery County has a core commitment to sharing resources (including staff talent, equipment and materials and dollars). It operates with a multi-system human services levy which supports mandated agencies as well as programs offered by nearly 80 community non-profits. Most of ADAMHS' collaboration with FCFC for multi-system youth is through our collective impact programming and funding alignment. Much of the coordination occurs through the County's Office of Human Services Planning and Development.
- **Collaboration with FCFC(s) to Reduce Out-of-Home Placements:** We still operate with our traditional ICAT process for high-risk, hard to serve youngsters who touch multiple systems. That process still works well for us! We also jointly agree to expenditures from the MSA funding. FCFC is a partner at the table along with Child Welfare, Juvenile Court, DDS, ADAMHS, Education and any other significant agency working with that individual. Child Welfare cases have increased significantly over the last two years, but that isn't in alignment with our philosophy to use placement as a last, well-considered option; not as a first choice. A horrific child death has resulted in increased placements. We are planning a refresher training with direct staff and a policy discussion with leadership at the partner agencies to collectively and strategically drive these numbers down.

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:** Effective housing is the critical piece. We have two separate plans that are being socialized for development to occur within two years. One is an Adam and Amanda House in the northern part of the county for young adults. We have placed this on a fast track to be operational by Q4 2024. The other plan is for a campus which will house in the northeastern part of the county which will have the capability to house/serve diverse needs safely and effectively in a three-part campus environment. We are working with a housing service and a real estate developer to actualize this planning process.
- **Identify What Challenges, If Any, Are Being Experienced in This Area:** Lack of access to private psychiatric hospital(s)
- **Explain How the Board is Attempting to Address Those Challenges:** Effective housing is the critical piece. We have two separate plans that are being socialized for development to occur within two years. One is an Adam and Amanda House in the northern part of the county for young adults. We have placed this on a fast track to be operational by Q4 2024. The other plan is for a campus which will house in the northeastern part of the county which will have the capability to house/serve diverse needs safely and effectively in a three-part campus environment. We are working with a housing service and a real estate developer to actualize this planning process.

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

- ADAMHS Board has partnered with Ascend Innovations and SAMSHA to develop data sources, collection methods, and evaluation tools to work with multiple stakeholders within Montgomery County. The timeline for the SAMSHA Learning Collaborative wraps up in August 2023 and the projects with Ascend Innovations have a tentative timeline of completion for the end of CY2023. The goal is to have a shared point of data for crisis notifications, criminal justice systems, hospital systems, and behavioral health entities to begin to have real-time data in order to reduce recidivism, increase continuity of care, and decrease frequent system engagement.

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

As of February 2023

- <https://cms6.revize.com/revize/montcoadamhs/Document Center/About Us/Plans & Reports/Impact Reports/ADAMHS 2022 Impact Report-Final.pdf>
- <https://www.youtube.com/watch?v=oUNqJQ1Kk8E>

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 Suicide Deaths
- Adverse Childhood Experiences (ACEs)

Top 3 Challenges for Adults

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

Populations Experiencing Disparities

- People with Low Income or Low Educational Attainment, Residents of Rural Areas, Black Residents, Veterans, LGBTQ+, People Involved in the Criminal Justice System, Pregnant Women, Parents with Dependent Children

Optional Disparities Narrative

Our noticeable disparities reveal themselves across multiple domains. Most evident is the level of need (gaps) that were illuminated for children, veterans and people re-entering from the criminal justice system as the pandemic increased. We realized how siloed our system of care really was. A particular data realization is the lack of logical data sharing across systems due to a variety of causes: privacy protections that work in opposition to best practice, conflicting philosophies and policies, disparate IT system sophistication, data systems that can't talk to each other and some pushback from some providers about sharing "their" data.

CAP Assessment Highlights Cont.

→ *Mental Health and Addiction Service Gaps:*

Top 3 Service Gaps in the Continuum of Care

- Substance Use Disorder Treatment Services
- 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 Follow-Up Care for Children Prescribed Psychotropic Medications

Top 3 Challenges for Adults

- Unmet Need for Mental Health Treatment
- Unmet Need for Major Depressive Disorder
- Low SUD Treatment Retention

Populations Experiencing Disparities

- People with Low Income or Low Educational Attainment, Black Residents, White Residents, Veterans, Men, LGBTQ+, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System, Parents with Dependent Children

Optional Disparities Narrative

Community trends match other regions. Stigma and a fearfulness about coming forward for services continue to be problematic. These challenges were high before the pandemic and have increased significantly since communities have returned more to in-person. Frankly, no demographic has decreased but levels of impact are now evident as different for some populations resulting from COVID, housing and employment conditions and other opportunities.

CAP Assessment Highlights Cont.

→ 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 Broadband Access
- Lack of Access to Healthy Food

Populations Experiencing Disparities

- People with Low Incomes of Low Educational Attainment, People with a Disability, Black Residents, Hispanic Residents, Older Adults (ages 65+), Veterans, Women, LGBTQ+, Immigrants, Refugees or English Language Learners, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System, Pregnant Women