2023-2025 Community Assessment and Plan
Fairfield County ADAMHS Board
Ms. Marcy Fields – Executive Director

Background and Statutory Requirements

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

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

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

Required Components of the CAP

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

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

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

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

Contents

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:** Implement evidence-based, school-based prevention programs within Fairfield County School Districts
- **Age Group(s) Strategy Trying to Reach:** Adolescents (ages 13-17)
- **Priority Populations and Groups Experiencing Disparities:** General Populations
- **Outcome Indicator(s):** First Use of Marijuana age 12+
- **Baseline:** 2.59%
- **Target:** 2.38% by 2024

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

- **Strategy:** Implement and maintain support group for depression. Increase the number of Mental Health First Aid trainings for the general community
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** People with Local Income and Low Educational Attainment, People with a Disability, Residents of Rural Areas, General Populations
- **Outcome Indicator(s):** Adult Depression (Major depressive episode) (18+)
- **Baseline:** 10.22%
- **Target:** 9.15% 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:** Provide training for screening, assessment and referral for alcohol use disorder (SBIRT, CAGE, AUDIT, etc) to address binge drinking
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** People with Local Income and Low Educational Attainment, People with a Disability, Residents of Rural Areas, General Populations
- **Outcome Indicator(s):** Adult Binge Drinking
- **Baseline:** 34.08%
- **Target:** 30% 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:** Continue with our current MAT program in the Fairfield County Jail. Enhance case management and peer support services
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** People with Local Income and Low Educational Attainment, People with a Disability, Residents of Rural Areas, People Who Use Injection Drugs, People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Percentage of individuals that follow-up with outpatient care upon release from jail
- **Baseline:** 30%
- **Target:** 50% by 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:** Complete the build of, open and implement mental health treatment programming at the STARLight Center, a crisis stabilization center that will provide short-term mental health crises treatment
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** People with Local Income and Low Educational Attainment, People with a Disability, Residents of Rural Areas, General Populations
- **Outcome Indicator(s):** Had Serious Thoughts of Suicide in the Past Year (18+)
- **Baseline:** 6.87%
- **Target:** 6.06% by 2024
- **Next Steps and Strategies to Improve Crisis Continuum:** Our first step will be to open the STARLight Center, a crisis stabilization center that will be the only CSU in Fairfield County.

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

- **Strategy:** Increase the distribution of Naloxone in Fairfield County. Increase the number of "NaloxBoxes" available in the general Fairfield County community
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** People with Local Income and Low Educational Attainment, People with a Disability, Residents of Rural Areas, General Populations
- **Outcome Indicator(s):** Unintentional Drug Overdose Deaths
- **Baseline:** 19.70%
- **Target:** 16% by 2024

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:** Build and implement permanent supportive housing for persons diagnosed with severe mental illness
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes and Low Educational Attainment, People with a Disability
- **Outcome Indicator(s):** Percentage of literally homeless individuals diagnosed with mental illness
- **Baseline:** 29%
- **Target:** 25% 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:** Implement Plans of Safe Care training to treatment providers, social service providers, primary care providers in the community; Continue to fund and provide support for a MOMS program and service coordination for pregnant women with substance use disorder through the perinatal cluster
- **Age Group(s) Strategy Trying to Reach:** Adolescents (ages 13-17), Transition-Aged Youth (ages 14-25), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** People with Local Income and Low Educational Attainment, People with a Disability, Residents of Rural Areas, Women
- **Outcome Indicator(s):** Moms misusing drugs at the time of birth
- **Baseline:** 6.53%
- **Target:** 5.80% by 2024

CAP Plan Highlights - Special Populations Cont.

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

- **Strategy:** Implement recovery support programs such as access to childcare and transportation to help alleviate barriers to parental substance use disorder treatment
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** People with Local Income and Low Educational Attainment, People with a Disability, Residents of Rural Areas
- **Outcome Indicator(s):** Percentage of children removed from home due to substance use
- **Baseline:** 64%
- **Target:** 60% by 2024

Optional: Collective Impact to Address Social Determinants of Health

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

- **Community Partners:** Local prevention coalition(s) (suicide, tobacco, Drug Free Community, etc.), Suicide Prevention Coalition, Fairfield County Opiate Task Force, law enforcement, school districts, community behavioral health providers, social service providers such as Job and Family Services, Community Action, etc.
- **Strategy:** Stigma reduction campaign; Increased training and education to community
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability, Residents of Rural Areas
- **Outcome Indicator:** TBD via future needs assessment
- **Baseline:** TBD
- **Target:** TBD

CAP Plan Highlights - Other CAP Components

Family and Children First Councils:

- **Service Needs Resulting from Finalized Dispute Resolution Process:** Not applicable. We have not had any.
- **Collaboration with FCFC(s) to Serve High Need Youth:** The Fairfield County ADAMH Board has a contract in place with the Fairfield County Family, Adult and Children First Council for the Council to provide service coordination and services to assist families when their children are experiencing multiple problems. The goal is to provide intervention as close to the home as possible, utilizing prevention practices. Referrals and coordination occur with the use of a wrap-around model. A monthly meeting with appropriate stakeholders takes place to discuss, staff and coordinate care. FCFC uses a high-fidelity wrap-around model. The ADAMH staff participate in the MSY Cluster and Perinatal Cluster.
- **Collaboration with FCFC(s) to Reduce Out-of-Home Placements:** The Multi-System Youth Committee will provide service coordination and services to assist families when their children are experiencing multiple problems. The purpose of the MSY Out-of-Home Placement Pooled Fund is to assist families with the burdensome cost of placement outside of the home. The per diem bed cost is often not covered by insurance. The ADAMH Board provides funding for Intensive Home-Based Services through the Council. FCFC refers and coordinates cases to the IHBT team. This is an intervention used to reduce out-of-home placements. The Council also provides several parenting education curriculums to the community and has a relationship with the courts and Job and Family Services to take referrals for these courses.

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 ADAMH Board and local treatment provider agency participates in monthly meetings with regional state hospital. The ADAMH Board provides financial support to a local provider agency for crisis services which includes assertive outreach and engagement for those in crisis (to include hospital "in-reach") as well as a clinician/liaison for the hospitals to contact directly for discharge planning purposes.
- **Identify What Challenges, If Any, Are Being Experienced in This Area:** Lack of communication/cooperation from private psychiatric hospital(s), Lack of access to state regional psychiatric hospital, Uninsured or underinsured ("straight" Medicaid or Medicare) patients in need of financial assistance
- **Explain How the Board is Attempting to Address Those Challenges:** We no longer have an inpatient unit in our county. We have had to partner with numerous private psychiatric hospitals in Franklin County. We have had regular meetings with hospitals in the past, but this has become increasingly difficult with their staff turnover. We host a high-risk client meeting and invite all community partners and service providers. We provide financial support to the mobile crisis team to do assertive outreach and engagement with individuals with frequent hospitalizations. We spend a significant amount of levy dollars to pay for inpatient care for patients who have "straight" Medicaid or Medicare.

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

- For future CAP's and CAP updates, we would like to hire a consultant to do a comprehensive needs assessment for Fairfield County. We have begun to have discussions with Ohio University about this. Until that takes place, we will utilize the data that is available to use through various resources such as our "Network of Care providers," the Fairfield County Health Department, Fairfield Medical Center, Ohio Department of Job and Family Services and other data sources previously listed in this report

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

As of February 2023

- https://www.fairfieldadamh.org/ADAMH-Plans-Goals.html Updates will be made to these goals and posted on our website in the near future.

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
- Availability of Specific Resources or Assets
- 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
- Youth Vaping

Top 3 Challenges for Adults

- Adult Serious Mental Illness
- Adult Heavy Drinking
- Adult Suicide Deaths

Populations Experiencing Disparities

- People with Low Income or Low Educational Attainment, People with a Disability, Residents of Rural Areas

CAP Assessment Highlights Cont.

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

Top 3 Service Gaps in the Continuum of Care

- Crisis Services
- Mental Health Workforce
- Substance Use 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
- Lack of Follow-Up After Hospitalization for Mental Illness Challenges
- Transportation

Populations Experiencing Disparities

- People with Low Income or Low Educational Attainment, People with a Disability, Residents of Rural Areas

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

Top 3 Social and Economic Conditions Driving Behavioral Health Challenges

- Poverty
- Stigma, Racism, Ableism, and Other Forms of Discriminations
- Social Norms About Alcohol and Other Drug Use

Top 3 Physical Environment Conditions Driving Behavioral Health Challenges

- Lack of Affordable of Quality Housing
- Lack of Transportation
- Lack of Broadband Access

Populations Experiencing Disparities

- People with Low Incomes of Low Educational Attainment, People with a Disability, Residents of Rural Areas

Optional: Link to Other Community Assessments:

As of February 2023

- https://www.myfdh.org/FDH-Community-Health-Assessment.html
- https://www.co.fairfield.oh.us/