2023-2025 Community Assessment and Plan
Preble County Mental Health & Recovery Board

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Background and Statutory Requirements

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

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

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

Required Components of the CAP

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

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

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

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

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:** Universal school based behavioral health education and assessment programming in Preble County school districts
- **Age Group(s) Strategy Trying to Reach:** Adolescents (ages 13-17), Transition-Aged Youth (14-25)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Rural Areas, General Populations
- **Outcome Indicator(s):** Percentage of students reporting with any behavioral health condition
- **Baseline:** 37.70%
- **Target:** 31% by 2024-2025 School Year

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

- **Strategy:** Increase Accessibility to Major Depression treatment services for youth and adolescents with existing contracted behavioral health provider network.
- **Age Group(s) Strategy Trying to Reach:** Adolescents (ages 13-17), Transition-Aged Youth (14-25)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Rural Areas, General Populations
- **Outcome Indicator(s):** Percentage of Students reporting Major Depression (All)
- **Baseline:** 8.50%
- **Target:** 7% by 2024-2025 School Year

**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:** Implementation or expansion of The Matrix Model for simulant use disorders within the Preble County provider network
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** General Populations
- **Outcome Indicator(s):** Methamphetamine Use in the Past Year (12+)
- **Baseline:** 0.65%
- **Target:** 0.5% 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:** Expansion of community and jail-based MAT Services within Preble County
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** People Who Use Injections Drugs (IDUs), People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Heroin Use in the Past Year (12+)
- **Baseline:** 0.35%
- **Target:** 0.25% 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:** Implement tracking of Crisis Services Quality Metric(s) from the Roadmap to the Ideal Crisis System; Increase Percentage of Preble Board area officers trained in CIT
- **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, Resident of Rural Areas, Residents of Appalachian Areas, Black Residents, Hispanic Residents, White Residents, Veterans, Men, Women, LQBTQ+, Immigrants, Refugees or English Language Learners, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System, General Populations
- **Outcome Indicator(s):** Percent of customers who receive "no force first" engagement
- **Baseline:** Establish Baseline
- **Target:** TBD
- **Next Steps and Strategies to Improve Crisis Continuum:** Implement tracking of Crisis Services Quality Metric(s) from the Roadmap to the Ideal Crisis System. Increase Percentage of Preble Board area officers trained in CIT.

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

- **Strategy:** Reduce stigma associated with substance use and co-occurring disorders
- **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):** Ratio of Mental Health Provider per Resident
- **Baseline:** Establish Baseline
- **Target:** TBD

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:** Behavioral Health workforce initiative within Preble County
- **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):** Ratio of Mental Health Provider per Resident
- **Baseline:** 1,100:1
- **Target:** 900:1 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:** Evaluate Sojourner Perinatal programming to determine existing barriers to consumers achieving successful discharges. Work with organization to enact target programming adjustments and allocate resources to increase the likelihood of a successful consumer discharge.
- **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:** Pregnant Women
- **Outcome Indicator(s):** Percentage of successful discharges (consumer met treatment goals) from Sojourner Perinatal Programing
- **Baseline:** 52%
- **Target:** 60% by 2025

CAP Plan Highlights - Special Populations

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

- **Strategy:** Evaluate peer support programming to target parents with SUD and remove barriers to access to supports
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17), Transition-Aged Youth (ages 14-25)
- **Priority Populations and Groups Experiencing Disparities:** Parents with SUD with dependent children
- **Outcome Indicator(s):** Percentage of children removed from home due to parental substance use/abuse
- **Baseline:** 42.86%
- **Target:** 35% by 2025

Optional: Collective Impact to Address Social Determinants of Health

→ ***Low Educational Attainment:***

- **Community Partners:** Educational service center(s), Schools, Job Center, Local businesses
- **Strategy:** Increase awareness of job and educational opportunities
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment
- **Outcome Indicator:** Percentage of Preble County population 25 year and older with a bachelor's degree
- **Baseline:** 11.6%
- **Target:** 17.9%

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

→ ***Lack of Transportation:***

- **Community Partners:** Transportation (such as the regional planning commission or transit authority), Community Action Partnership, Council on Aging, Regional Planning Commission, and Local transit authority
- **Strategy:** Increase access to transportation to medical and social appointments for Behavioral Health population in Preble County.
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability, Residents of Rural Areas
- **Outcome Indicator:** Preble County Stakeholders Assessment results: Lack of Transportation
- **Baseline:** 930 trips to medical appointments
- **Target:** 1,395 trips to medical and social appointments

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

- **Community Partners:** Local school district(s), Mental Health Providers, MHRB, Prevention Provider
- **Strategy:** Suspension and expulsion interventions for Preble County School Districts
- **Priority Populations and Groups Experiencing Disparities:** General Populations
- **Outcome Indicator:** Suspensions and expulsions among K-12 students; Disciplinary Incidents per Student FTE
- **Baseline:** 16.5
- **Target:** 8.5

CAP Plan Highlights - Other CAP Components

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

- **Service Needs Resulting from Finalized Dispute Resolution Process:** We have had zero dispute resolutions.
- **Collaboration with FCFC(s) to Serve High Need Youth:** Board ED is the coordinator for Preble County FCFC. The Board and the Council work collaboratively to serve high-need youth.
- **Collaboration with FCFC(s) to Reduce Out-of-Home Placements:** We work with our Wraparound Coordinator and local providers to increase services as needed to reduce out of home placements.

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:** We work with hospital personnel, local treatment providers, recovery support providers and housing providers to wrap around patients exiting the hospital systems.
- **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)
- **Explain How the Board is Attempting to Address Those Challenges:** Our staff wear many different hats and understand the importance of transition planning. We continue to reach out the private hospitals to work on good communication.

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

As of February 2023

- www.pcmhrb.org You can find our strategic plan on our website.

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
- Suspensions and Expulsions Among K-12 Students

Top 3 Challenges for Adults

- Adult Illicit Drug Use
- Adult Suicide Deaths
- Drug Overdose Deaths

Populations Experiencing Disparities

- Residents of Rural Areas, White Residents, Men

CAP Assessment Highlights Cont.

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

Top 3 Service Gaps in the Continuum of Care

- Mental Health Treatment Services
- Mental Health Workforce
- SUD Treatment Workforce

Top 3 Access Challenges for Children Youth and Families

- Unmet Need for Mental Health Treatment
- Lack of Child Screenings: Developmental
- Lack of Follow-Up Care for Children Prescribed Psychotropic Medications

Top 3 Challenges for Adults

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

Populations Experiencing Disparities

- Residents of Rural Areas, Parents with Dependent Children

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

Top 3 Social and Economic Conditions Driving Behavioral Health Challenges

- Low Educational Attainment
- Stigma, Racism, Ableism, and Other Forms of Discrimination
- Social Isolation

Top 3 Physical Environment Conditions Driving Behavioral Health Challenges

- Lack of Transportation
- Lack of Broadband
- Lack of Physical Activity

Populations Experiencing Disparities

- People with a Disability, People Who Use Injection Drugs (IDUs)