2023-2025 Community Assessment and Plan

MHRS Board Serving Belmont, Harrison, and Monroe Counties

Ms. Lisa Ward – Executive Director

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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:** Increase funding allocation by 5% for community-based prevention programming. • Activity 1. Strategy 1: Contract with selected provider for an increase of at least 5% for the expansion of community-based prevention services. (Baseline is $126,192.00) • Activity 2: Strategy 1: Increase the number of persons trained in QPR by 50% (Baseline is 41) • Activity 3: Strategy 1: Monitor monthly reporting of community prevention services provided by contract provider.
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Appalachian Areas, Men, Women, LGBTQ+
- **Outcome Indicator(s):** Number of provider contracts; Number of persons trained in QPR
- **Baseline:** 1 provider contract and 41 persons trained in QPR
- **Target:** 2 contracts and 80 persons trained in QPR by 2024

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

- **Strategy 1**: Increase the number of mental health treatment providers by 1 provider in the three-county region.
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Appalachian Areas, Veterans, Men, Women, LGBTQ+, People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of mental health providers
- **Baseline:** 10 mental health service contracted providers
- **Target:** 11 mental health service providers by 2025

**All definitions of the BH Continuum of Care are from Ohio Revised Code (ORC) and Ohio Administrative Code (OAC)*

CAP Plan Highlights – Continuum of Care Priorities Cont.

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

- **Strategy 2**: Increase access to mental health treatment services within 14 days of initial request for service
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Appalachian Areas, Veterans, Men, Women, LGBTQ+, People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Average number of mentally unhealthy days for adults' ages 18 and older, reported in the last 30 days
- **Baseline:** Belmont 5.3; Harrison 5.6; Monroe 5.5
- **Target:** Each county equals the same or greater than the state average of 5.0; US 4.4 days

→ ***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 access to substance abuse services within 14 days of initial request for service.
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Appalachian Areas, Men, Women, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of days waiting for service
- **Baseline:** 14-day wait
- **Target:** 10-day wait by 2025

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 2**: Increase the utilization rate of the residential care and sober living facilities under contract with the Board
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Appalachian Areas, Men, Women, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of individuals participating in recovery support services and activities
- **Baseline:** 3
- **Target:** 85% utilization rate by 2025

- **Strategy 3**: Increase the number of recovery support contract services in the three-county region
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Appalachian Areas, Men, Women, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of recovery support providers
- **Baseline:** 4
- **Target:** 1 additional provider by 2025

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 MAT access in the outpatient system and the criminal justice system
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Appalachian Areas, Men, Women, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of outpatient substance use treatment facilities under contract offering methadone/buprenorphine maintenance or naltrexone treatment; Unmet need of illicit drug use treatment access (MAT) in the criminal justice system.
- **Baseline:** 10 outpatient providers in criminal justice system
- **Target:** 1 additional outpatient provider in criminal justice system by 2025

- **Strategy 2:** Increase education and advertising to promote medication assisted services/supports.
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Appalachian Areas, Men, Women, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of advertising campaigns promoting medication assisted services/supports
- **Baseline:** 0
- **Target:** 4 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 1:** Develop a mobile crisis response team for youth and adults in the three-county region
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Transition-Aged Youth (14-25), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Resident of Appalachian Areas, Men, Women, LGBTQ+, People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of mobile crisis teams
- **Baseline:** 0
- **Target:** 1 by 2025
- **Next Steps and Strategies to Improve Crisis Continuum:** Decrease the total number of youth and adults from the service district from completing suicide or dying by overdose by 10%. Develop and place under contract local crisis stabilization services to address current gaps in our local continuum of care. Based on the analysis of the current crisis service array in Belmont, Harrison and Monroe Counties, and input from key community stakeholders, in collaboration with TBD Solutions the MHRB will be working to implement the following strategies to improve the behavioral health crisis continuum: 1.Build a four-chair, secured 23-Hour Observation Unit in Belmont County to provide walk-in crisis support while diverting individuals from the emergency departments and jails. 2. Build a four-bed adult Crisis Stabilization Unit (CSU) in Belmont County as a diversion or stepdown from psychiatric hospitalization. The CSU will allow for individuals in crisis to access care in a recovery-oriented environment without leaving the region. 3.Develop a crisis metrics portfolio to assess and improve crisis system performance. The region could more effectively utilize performance metrics in system accountability or for ensuring quality care transitions. 4. Develop a regional short term youth crisis stabilization unit in collaboration with 3 other Board areas.

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 2:** Develop a crisis stabilization unit that includes 23-hour chairs
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Transition-Aged Youth (14-25), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Resident of Appalachian Areas, Men, Women, LGBTQ+, People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of available 23-hour chairs in CSU
- **Baseline:** 0
- **Target:** 4 by 2025

- **Strategy 3:** Develop a regional short-term crisis stabilization unit for youth
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Transition-Aged Youth (14-25), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Resident of Appalachian Areas, Men, Women, LGBTQ+, People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of short-term CSU unit beds for youth
- **Baseline:** 0
- **Target:** 4 by 2025

- **Strategy 4:** Develop a 3.7 withdrawal management program for adults
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Transition-Aged Youth (14-25), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Resident of Appalachian Areas, Men, Women, LGBTQ+, People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of 3.7 withdrawal management programs for adults
- **Baseline:** 0 3.7 withdrawal management
- **Target:** 4 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 5:** Embed a behavioral health care coordinator in at least one of the three the local emergency rooms to enhance follow-up and aftercare.
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Transition-Aged Youth (14-25), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Resident of Appalachian Areas, Men, Women, LGBTQ+, People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of behavioral health care coordinators
- **Baseline:** 0
- **Target:** 1 by 2025

- **Strategy 6**: Increase in crisis hotline utilization by local residents.
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Transition-Aged Youth (14-25), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Resident of Appalachian Areas, Men, Women, LGBTQ+, People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of calls received by crisis hotline
- **Baseline:** 1,871 calls
- **Target:** 20% increase by 2025

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 1:** Increase harm reduction education and prevention training annually
- **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:** Residents of Appalachian Areas, Veterans, Men, Women, LGBTQ+
- **Outcome Indicator(s):** Number of training events; Number of individuals reached
- **Baseline:** 5 events; 50 individuals
- **Target:** 10 events; 7,350 individuals by 2025

- **Strategy 2:** Increase gambling education and awareness
- **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:** Residents of Appalachian Areas, Veterans, Men, Women, LGBTQ+
- **Outcome Indicator(s):** Number of adults ages 18 and older who identify as Low Risk on the OhioMHAS Problem Gambler gambling survey
- **Baseline:** 8
- **Target:** 10% increase by 2025

- **Strategy 3:** Contract with Student Services to increase gambling education and awareness
- **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:** Residents of Appalachian Areas, Veterans, Men, Women, LGBTQ+
- **Outcome Indicator(s):** Number of individuals impacted by Student Services
- **Baseline:** 50
- **Target:** 75% increase in the reach of Student Services by 2025

CAP Plan Highlights – Continuum of Care Priorities Cont.

→ ***Recovery Supports***: *Services that promote individual, program, and system-level approaches that foster health and resilience (including helping individuals with behavioral health needs to "be well," manage symptoms, and achieve and maintain abstinence).*

- **Strategy:** Increase the number of recovery support contract services in the three-county region
- **Age Group(s) Strategy Trying to Reach:** Transition-Aged Youth (ages 14-25), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Appalachian Areas, Men, Women, LGBTQ+, People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of recovery support contractors
- **Baseline:** 4
- **Target:** 1 additional by 2024

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:** Increase community program awareness on the established services
- **Age Group(s) Strategy Trying to Reach:** Adolescents (ages 13-17), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Appalachian Areas, Women, LGBTQ+, People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of infants born experiences neonatal abstinence syndrome
- **Baseline:** 45
- **Target:** 20% decrease by 2025

CAP Plan Highlights - Special Populations

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

- **Strategy 1:** Increase the number of service providers by 1 in the three-county region that have services to address this population
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17) Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Appalachian Areas, Men, Women, LGBTQ+
- **Outcome Indicator(s):** Number of service providers addressing this population
- **Baseline:** 2
- **Target:** 1 additional by 2024

- **Strategy 2:** Increase access to services
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17) Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Appalachian Areas, Men, Women, LGBTQ+
- **Outcome Indicator(s):** Number of children entering in the foster care system due to their parents' substance use disorder
- **Baseline:** Belmont 6.0; Harrison 16.8; Monroe 7.3
- **Target:** < than 5% children placed into foster care by 2024

- **Strategy 3:** Increase the number of social media campaigns around addiction and recovery
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17) Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Appalachian Areas, Men, Women, LGBTQ+
- **Outcome Indicator(s):** Number social media campaigns
- **Baseline:** 1
- **Target:** 3 by 2024

CAP Plan Highlights - Other CAP Components

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

- **Service Needs Resulting from Finalized Dispute Resolution Process:** There have not been any dispute resolutions with county FCFC to report on.
- **Collaboration with FCFC(s) to Serve High Need Youth:** The Board attends all three counties Family and Children's First Council Meetings each month. The Board's Associate Director of Treatment and Recovery Supports plays a significant role in advocating for access to services that will best fit the family's needs. In cases of multisystem youth, the Board shares in the cost of treatment, recovery supports, and/or residential placement, if necessary, by collaborating with our local DJFS, Board of DD, and Juvenile Court. The MHRB also contributes local funding to a local respite provider and funds a local MRSS Team as a diversion to out of home placements for multi-system youth. Not only do we support direct services, but we also collaborate with our FCFC by assisting with trainings for staff and the Executive Director sits on the Executive Council in all three counties. The Board's Director, System of Care is the current Coordinator of the Harrison County FCFC and is the lead liaison with Ohio Rise for our region.
- **Collaboration with FCFC(s) to Reduce Out-of-Home Placements:** As stated in the previous question, the MHRB collaborates with our county FCFCs to reduce the number of out of home placements by supporting local providers for a variety of services and supports to keep youth in their homes. For instance, we have a collaboration with the Board of DD and the Department of Job and Family Services to fund a respite program for youth. This program was started with grant money but has been totally supported by our collaboration for the last 4 years. In addition, the MHRB partnered with The Village Network to fully fund and support the development of an IHBT service which resulted in the agency becoming certified and now being reimbursed by Medicaid within 12 months. Due to the success of this partnership, the Board in FY 23 has funded the start up a MRSS team in Belmont County, with the expectation of that team becoming certified in the future. We also partner with the FCFCs to purchase behavioral and recovery supports from Kendall Behavioral Solutions to offer opportunities for families and youth to receive a continuum of services and supports right within their home, including mentoring. All these services and supports have proven to be very successful as demonstrated by the significant drop in the number of children placed out of the home for all three counties between FY 21 and FY 22.

CAP Plan Highlights - Other CAP Components

→ ***Hospital Services:***

- **Identify How Outpatient Service Needs Are Identified for Current Inpatient Private or State Hospital Individuals Who Are Transitioning Back to the Community:** Care Coordination for individual's future treatment needs after being discharge from a private or state psychiatric hospital is one area that has been identified as needing improvement for our local Board area. Currently, our provider agencies meet monthly with the team of social workers from the state regional hospital monthly and the Board's Associate Director of Treatment and Recovery Supports. We recognize that this is not comprehensive enough to cover the number of people being admitted to private psychiatric hospitals from our local emergency rooms since our Board area does not have any local inpatient beds to refer to within our catchment area. The board is currently working with TBD Solutions and our provider agencies to identify ways to improve care coordination and follow-up, as well as meeting with local emergency room departments to explore opportunities to collaborate by allowing a provider agency to place a care coordinator in the emergency room to assist and work alongside of their medical team when individuals present with behavioral health issues.
- **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, Lack of access to private psychiatric hospital(s)
- **Explain How the Board is Attempting to Address Those Challenges:** The MHRB has been completed an in-depth crisis assessment with strategic recommendations in FY 22. We are now beginning to work on the implementation phase with TBD Solutions. In our three-county service district there are no private inpatient psychiatric beds and furthermore, we do not have access to a crisis stabilization unit nor 23-hour observation chairs. This often results in many people in crisis being boarded in emergency rooms for several days and /or arrested on a misdemeanor charge and detained at the local county jail in lieu of treatment. The Board has developed several single case agreements with several private inpatient units in the Columbus area for those individuals who are indigent and need of immediate hospitalization. When providers can access inpatient beds for community residents, the distance between the individual, their family, and their local treatment providers presents challenges for seamless care coordination. Although we have a very strong relationship with our regional psychiatric hospital, unfortunately the beds are usually filled with forensic admissions and the wait time has recently been up to fifteen days for an open bed. The MHRB plans to send out an RFP in the Spring of 2023 for the development of four crisis stabilization beds and four 23-hour chairs for the catchment area. In addition, we are partnering with local providers and other community partners for the opportunity to develop a regional psychiatric hospital by supporting an application being submitted for the Appalachian Community Grant. All these efforts are at the forefront and continue to be a challenged due to the current workforce shortage.

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

As of February 2023

- Please note: In the spring of FY23, we will be developing our new strategic plan.

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
- Colleges and Universities
- Faith-Based Communities

→ ***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
- Children in Out-of-Home Placements Due to Parental SUD

Top 3 Challenges for Adults

- Adult Depression
- Adult Substance Use Disorder
- Adult Suicide Deaths

Populations Experiencing Disparities

- Residents of Appalachian Areas, Older Adults (ages 65+), LGBTQ+, People Involved in the Criminal Justice System

Optional Disparities Narrative

The Mental Health and Recovery Board of Belmont, Harrison, and Monroe Counties serves three rural Appalachia Counties with limited infrastructure and resources. The communities within the three counties suffer from consistent higher poverty and lower employment than the rest of the state. The unemployment rate in the three counties is consistently higher than the state average and affordable housing and available transportation also continue to be on-going issues. In 2022, the Mental Health and Recovery Board conducted a Needs Assessment for the service area and several unmet disparities were noted. More support for individuals and families affected by behavioral health disorders, particularly in more rural parts of the service area, was one such unmet need. While many stakeholders listed the presence of NAMI of Greater Wheeling as a strength, it was noted that the distance for families in Monroe and Harrison counties is a barrier to accessing supports. NAMI is offering virtual activities and support groups in order to serve more families.

The report also noted that the pandemic-related stress and social isolation led to higher rates of anxiety, depression, and other mental health conditions in older adults. These conditions were higher among older adults with lower incomes. The poverty rate among older adults in the three-county service area is higher than the statewide average, and older adults may live in rural settings and lack transportation and access to family and community activities. When addressing the LGBTQ+ community, the report identified that individuals/youth in Belmont, Harrison, and Monroe counties may feel particularly isolated in rural communities. Nineteen percent of the providers responding to the community survey indicated that they offer specialized programming for LGBTQ+ individuals.

Lastly, the report noted that two providers indicated that veterans are entering the criminal justice system because of unmet behavioral health needs and indicated targeted outreach to veterans as an emerging need in the three counties. Five percent of providers responding to the community survey indicated that they provide specialized programming for veterans. The report also identified that individuals surveyed voiced that there was a need for community awareness of behavioral health services/education to reduce stigma as both an emerging strength in the service area as well as an ongoing need for more people to seek treatment and/or support others.

Optional Assessment Findings

The Mental Health and Recovery Board of Belmont, Harrison, and Monroe Counties has 15 contractual agreements currently in place with multiple providers that offer various forms of mental health, addiction, and recovery services. As part of the contractual agreement, agencies are required to submit reports outlining their activities and program outcomes. One report collected from service providers is the Access Report. The Access Report monitors the monthly number of scheduled intakes against the number of intakes seen within 14 days, which in returns provides their overall rate of access. When observing the data being provided by the agencies, adult services have been trending up in utilization over the last year. There has been a notable increase in Outpatient Services and Adult Psychiatric Services for most of the providers. It has been noted that a major gap in service delivery is due to provider agencies' employee turnover rates and difficulty fulfilling specialized licensed positions. In addition, the three-county service area lacks essential inpatient psychiatric services, resulting in those in a mental health crisis experiencing lengthy wait times for inpatient beds. The inpatient facilities that can be utilized are out of the area and not easily accessible for families and wrap around services, possibly increasing the risk of the individual relapsing and/or engaging in self-harm or suicidal behaviors. An RFP for the development of a co-located 23-hour Observation Unit and a Crisis Stabilization Unit will be released by the Board in the Spring of 2023.

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
- Lack of Follow-Up Care for Children Prescribed Psychotropic Medications
- Lack of School-Based Health Services

Top 3 Challenges for Adults

- Unmet Need for Mental Health Treatment
- 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 Appalachian Areas, Older Adults (ages 65+), Men, Women, LGBTQ+, People Involved in the Criminal Justice System

Optional Disparities Narrative

The Mental Health and Recovery Board of Belmont, Harrison, and Monroe Counties serves three rural Appalachia Counties with limited infrastructure and resources. The communities within the three counties suffer from consistently higher poverty and lower employment rates than the rest of the state. The unemployment rate in the three counties is consistently higher than the state average and housing and transportation continue to be an on-going issue in all three counties, too. In a 2022 Mental Health and Recovery Board Needs Assessment conducted in the service area, several unmet disparities were noted. An identified unmet need determined that more support is needed for individuals and families affected by behavioral health disorders, particularly in more rural parts of the service area. While many stakeholders listed the presence of NAMI of Greater Wheeling as a strength, it was noted that the distance for families in Monroe and Harrison counties is a barrier to accessing supports. NAMI is offering virtual activities and support groups in order to serve more families. The report also noted that the pandemic-related stress and social isolation led to higher rates of anxiety, depression, and other mental health conditions in older adults. These conditions were higher among older adults with lower incomes. The poverty rate among older adults in the three-county service area is higher than the statewide average, and older adults may live in rural settings and lack transportation and access to family and community activities.

When addressing the LGBTQ+ community, the report identified that individuals/youth in Belmont, Harrison, and Monroe counties may feel particularly isolated in rural communities. Nineteen percent of the providers responding to the community survey

indicated that they offer specialized programming for LGBTQ+ individuals. Lastly, the report noted that two providers indicated that veterans are entering the criminal justice system because of unmet behavioral health needs and indicated targeted outreach to veterans as an emerging need in the three counties. Five percent of providers responding to the community survey indicated that they provide specialized programming for veterans. The report also identified that individuals surveyed voiced that there was a need for community awareness of behavioral health services/education to reduce stigma as both an emerging strength in the service area as well as an ongoing need for more people to seek treatment and/or support others.

Optional Assessment Findings

The Mental Health and Recovery Board of Belmont, Harrison, and Monroe Counties service area lacks unmet mental health treatment facilities, adequate amount of mental health and social support providers, and there is a gap in care coordination between the local hospital emergency departments and local providers for aftercare and follow up for those who suffer mental health and substance use issues. The lack of local care coordination is further impacted by the length of time to access services from the initial call to the schedule appointment is well above the targeted wait time. In FY 2022 the overall access rate for all contract agencies was 39%. This means out of 1547 reported intake assessments, only 610 or 39% were opened within 14 days. In other words, 937 of consumers had to wait to see the provider longer than 14 days to obtain requested services. For those who struggle with mental health concerns, not being able to access to behavioral health services within 14 days puts them at risk of further conditions such as emergency hospitalization, incarceration, and suicide.

As was mentioned, our three-county service district does not have a local inpatient unit for our service district. Therefore, a notable trend is the reliance on inpatient care in Franklin County for our residents. The MHR Board has relied on both the Indigent Placement Funding provided thru OhioMHAS and local funds when available to cover the cost of inpatient care. In FY 2022, 12 were placed in private psychiatric units in Franklin County. In looking at FY2023 Q1 and Q2, 15 have been placed, which is a 125% increase. The service area is high in poverty, which impacts services as providers reimbursement rates are mostly at Medicaid and Medicare rates. For those employed, private insurance doesn't cover a lot of necessary mental health and substance abuse treatment services. There is also a stigma around receiving services, which impacts not only people in low incomes and low educational attainment, but also in older adults, the LGBTQ+ community, as well as those in the criminal justice system. When observing the data, adult services have been trending up in utilization over the last year for most providers that contract with the MHRB. Data outside of contracted providers can be difficult to obtain in the three-county region due to the overall population being less than 100,000; currently the three counties total 93,655.

CAP Assessment Highlights Cont.

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

Top 3 Social and Economic Conditions Driving Behavioral Health Challenges

- Poverty
- Unemployment or Low Wages
- Stigma, Racism, Ableism, and Other Forms of Discrimination

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

- Residents of Appalachian Areas, Older Adults (ages 65+), Men, Women, People Involved in the Criminal Justice System

Optional Disparities Narrative

The Mental Health and Recovery Board of Belmont, Harrison, and Monroe Counties serves three rural Appalachia Counties with limited infrastructure and resources. The communities within the three counties suffer from consistent higher poverty and lower employment than the rest of the state. The unemployment rate in the three counties is consistently higher than the state average and housing and transportation continue to be an on-going issue in all three counties, too. In a 2022 Mental Health and Recovery Board Needs Assessment conducted in the service area several unmet disparities were noted. It was identified that more support is needed for individuals and families affected by behavioral health disorders, particularly in more rural parts of the service area, is an unmet need. While many stakeholders listed the presence of NAMI of Greater Wheeling as a strength, it was noted that the distance for families in Monroe and Harrison counties is a barrier to accessing supports. NAMI is offering virtual activities and support groups in order to serve more families. The report also noted that the pandemic-related stress and social isolation led to higher rates of anxiety, depression, and other mental health conditions in older adults. These conditions were higher among older adults with lower incomes. The poverty rate among older adults in the three-county service area is higher than the statewide average, and older adults may live in rural settings and lack transportation and access to family and community activities.

When addressing the LGBTQ+ community, the report identified that individuals/youth in Belmont, Harrison, and Monroe counties may feel particularly isolated in rural communities. Nineteen percent of the providers responding to the community survey indicated that they offer specialized programming for LGBTQ+ individuals. Lastly, the report noted that two providers indicated that veterans are entering the criminal justice system because of unmet behavioral health needs and indicated targeted outreach to veterans as an emerging need in the three counties. Five percent of providers responding to the community survey indicated that they provide specialized programming for veterans. The report also identified that individuals surveyed voiced that there was a need for

community awareness of behavioral health services/education to reduce stigma as both an emerging strength in the service area as well as an ongoing need for more people to seek treatment and/or support others

Optional Assessment Findings

The Mental Health and Recovery Board of Belmont, Harrison, and Monroe Counties have considerable challenges accessing affordable housing, transportation, and broadband access. Like most rural areas, availability of safe affordable housing and a viable public transportation system is an ongoing challenge and adds additional burdens on service providers trying to improve access to mental health and addiction services. Since the three county is largely rural, it reasonable to assume that those in the workforce spend more time traveling to and from their place of employment. According to the 2022 Ohio County's Rankings and Roadmap Report, Harrison and Monroe have a much higher percentage of individuals traveling over 45 minutes to work in comparison to the state average, with the mean travel time being 52% which is 21% longer than Ohio's average travel time of 31%. This poses a challenge for individuals not only traveling to work but also for accessing necessary behavioral health services. In this same report, it can be noted that the ratio of behavioral health providers to the number of county residents is extremely higher than Ohio's average which allows us to infer the number of times individuals must travel out of county to access services when needed both urgently and routinely. It is also reported in the 2021 Ohio Housing Needs Assessment that all three counties average annual household transportation costs are all above the state average.

Our system continues to be challenged with finding housing placements for individuals affected by alcohol and drug addiction, severe and persistent mental illness, and those individuals who are returning from the criminal justice system. There are not enough public assistance locations, homes that are for sale have risen in price due to the economy, and new construction is too expensive for most individuals, especially those of lower economic status. According to the Ohio Balance of State 2019 Point in Time Count (PIT), Belmont County reported 15 households who were homeless, amounting to 21 individuals, 4 of whom were diagnosed with mental illness. Harrison County and Monroe County have no reported incidences of homelessness for the 2019 PIT count however, Monroe County has one of the highest rates of homeless students, reporting at 8% with the state average at 2.1%. As a region, Southeast Ohio is facing a substantial lack of affordable rental housing units. Belmont, Harrison, and Monroe Counties all show a significant shortage of available rental units for both populations of very low income and the extremely low-income ranges. In addition, regarding severe rent burden, Monroe County stands out above the state average at 26%. The lack of broadband internet access in Appalachia has recently received considerable attention during the pandemic.

Broadband access reports estimates that nearly one out of every five Ohio homes does not have internet access. In Belmont County, 34% of households don't have access to high-speed internet. Harrison County is at 66%, while Monroe County is at 93%. As the push for telemedicine continues for behavioral health services to bridge the challenges of access for rural communities, unfortunately many households in our service district do not have the necessary broadband coverage to participate, which only exacerbates the existing health disparities for our residents. However, a positive to note is that in March of 2020 Governor Mike DeWine and Lt. Governor John Husted supported and launched a pilot program in Monroe County for the Switzerland of Ohio School District. The district serves 2,000 students in 8 different locations covering 536 square miles and as noted above has one of

the highest rates of reported homeless students in the state. This initiative enabled the capacity for telehealth services to be delivered by not only two onsite counselors but expanded the capacity for students and families to access additional counselors offsite from community providers. This project has served as a blueprint for additional work to be done in school districts of Appalachia, impacted by the lack of broadband coverage

Optional: Link to Other Community Assessments:

As of February 2023

- Belmont County: Microsoft Word - Full CHA (ohio.gov) https://wvumedicine.org/wp-content/uploads/2021/03/Barnesville-Hospital-Community-Health-Needs-Assessment-2020.pdf
- Harrison Community Health Assessment (ohio.gov) https://wvumedicine.org/wp-content/uploads/2021/03/Harrison-Community-Hospital-Community-Health-Needs-Assessment-2019.pdf
- Monroe https://monroecountyohio.com/departments/health_department/community_health_assessment.php