2023-2025 Community Assessment and Plan
Huron County Board of Mental Health & Addiction Services

Ms. Kristen Cardone – 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:** Evidence-based, school-based resiliency program in 4 school districts
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17), Transition-Aged Youth (14-25)
- **Priority Populations and Groups Experiencing Disparities:** People with Local Incomes or Low Educational Attainment, People with a Disability, Residents of Rural Areas, Black Residents, Hispanic Residents, White Residents, LGBTQ+, Immigrants, General Populations
- **Outcome Indicator(s):** Percentage of youth who self-report having seriously considered attempting suicide during the past year (OHYES data)
- **Baseline:** 50.64%
- **Target:** 40% by 2026

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

- **Strategy:** Targeted outreach to individuals who present with mental health related, suicidal ideation, or suicide attempt calls through county's 911
- **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, Residents of Rural Areas, Black Residents, Hispanic Residents, White Residents, Older Adults (ages 65+), Veterans, Men, Women, LGBTQ+, Immigrants, Refugees or English Language Learners, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice Center, General Populations
- **Outcome Indicator(s):** Number of suicide deaths
- **Baseline:** 8
- **Target:** 7 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.

→ ***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:** Targeted outreach and education regarding alcohol use and binge drinking to the following populations: individuals with OVI charges or disorderly conduct charges, probation officers to share with those on caseload, treatment professionals and physical healthcare providers to share with clients with AUD. Offer responsible server training at least 2x/year
- **Age Group(s) Strategy Trying to Reach:** Adolescents (ages 13-17), Transition-Aged Youth (ages 14-25), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability, Residents of Rural Areas, Black Residents, Hispanic Residents, White Residents, Older Adults (ages 65+), Veterans, Men, Women, LQBTQ+, Immigrants Refugees, People Who Use Injections Drugs (IDUs), People Involved in the Criminal Justice System, General Populations, Residents with AUD and/or Alcohol Related Legal Charges
- **Outcome Indicator(s):** % of adults binge drinking at least once in the past month
- **Baseline:** 30.30%
- **Target:** 24.20% by 2026

→ ***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 access to MAT by expanding number of providers
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability, Residents of Rural Areas, Black Residents, Hispanic Residents, White Residents, Older Adults (ages 65+), Veterans, Men, Women, LQBTQ+, Immigrants Refugees, People Who Use Injections Drugs (IDUs), People Involved in the Criminal Justice System, General Populations
- **Outcome Indicator(s):** Number of MAT providers in Huron County
- **Baseline:** Naltrexone: 3 providers; Buprenorphine: 1 provider
- **Target:** Naltrexone: 3; Buprenorphine: 3 by SFY 2026

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:** Increase access to Mobile Response and Stabilization Service by expanding hours to 24/7/365
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability, Residents of Rural Areas, Black Residents, Hispanic Residents, White Residents, LQBTQ+, Immigrants, People Involved in the Criminal Justice System, General Populations
- **Outcome Indicator(s):** Mental health utilization; Emergency Department number served
- **Baseline:** 422
- **Target:** 375 by SFY 2026
- **Next Steps and Strategies to Improve Crisis Continuum:** Ongoing assessment of crisis needs and consistent review of current service to determine if they are meeting the needs.

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

- **Strategy:** Increase access to naloxone via installation of naloxboxes, expanding naloxone leave behind programs, and increasing number of Project Dawn sites in the county
- **Age Group(s) Strategy Trying to Reach:** 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, Black Residents, Hispanic Residents, White Residents, Older Adults (ages 65+), Veterans, Men, Women, LQBTQ+, Immigrants Refugees, People Who Use Injections Drugs (IDUs), People Involved in the Criminal Justice System, General Populations
- **Outcome Indicator(s):** Number of unintentional drug overdose deaths
- **Baseline:** 34
- **Target:** 25 by 2026

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:** Reduce transportation barrier by distributing Huron County Transit voucher to contracted treatment and recovery support providers to increase access to recovery-oriented services and supports
- **Age Group(s) Strategy Trying to Reach:** Transition-Aged Youth (ages 14-25), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability, Residents of Rural Areas, Black Residents, Hispanic Residents, White Residents, Older Adults (ages 65+), Veterans, Men, Women, LQBTQ+, Immigrants Refugees, People Who Use Injections Drugs (IDUs), People Involved in the Criminal Justice System, General Populations, Residents without access to safe, stable transportation
- **Outcome Indicator(s):** Mental health utilization; Outpatient numbers served
- **Baseline:** 31,679
- **Target:** 35,000 by SFY 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:** Increase referrals to Huron County Public Health's program which serves pregnant women with SUD by creating formal referral process for treatment providers and OBGYNs to utilize
- **Age Group(s) Strategy Trying to Reach:** Transition-Aged Youth (ages 14-25), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability, Residents of Rural Areas, Black Residents, Hispanic Residents, White Residents, Veterans, Women, LQBTQ+, Immigrants Refugees, People Who Use Injections Drugs (IDUs), People Involved in the Criminal Justice System, General Populations, Pregnant Women with SUD
- **Outcome Indicator(s):** Number of pregnant women with SUD engaging in services with HCPH
- **Baseline:** 0
- **Target:** 4 by 2026

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

- **Strategy:** Collaborate with Huron County Department of Job and Family Services to implement targeted outreach to parents with SUD
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability, Residents of Rural Areas, Black Residents, Hispanic Residents, White Residents, Veterans, Women, LQBTQ+, Immigrants Refugees, People Who Use Injections Drugs (IDUs), People Involved in the Criminal Justice System, General Populations, Parents with SUD with Dependent Children
- **Outcome Indicator(s):** Out-of-Home Placements due to Parental SUD
- **Baseline:** 20% of CSB out-of-home placements
- **Target:** 15% by 2026

CAP Plan Highlights - Other CAP Components

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

- **Service Needs Resulting from Finalized Dispute Resolution Process:** We have not had any disputes through our FCFC.
- **Collaboration with FCFC(s) to Serve High Need Youth:** The Board's ED serves as the Secretary for the Huron County FCFC and actively participates and collaborates with the council. The Board also contracts with Huron County FCFC and helps to fund staff positions, freeing up other funding sources to be utilized to serve clients.
- **Collaboration with FCFC(s) to Reduce Out-of-Home Placements:** At this time, we do not have any providers offering IFAST or MST in Huron County. Huron County FCFC leans heavily on the MRSS team and Ohio Rise to help reduce out-of-home placements in Huron County.

→ ***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 majority of this work happens through Firelands Counseling and Recovery Services as they are the local agency that serves the SPMI population in Huron County. The Board assists as needed.
- **Identify What Challenges, If Any, Are Being Experienced in This Area:** N/A
- **Explain How the Board is Attempting to Address Those Challenges:** The Board has not identified any specific challenges in this area.

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 Suicide Deaths
- Adverse Childhood Experiences (ACEs)

Top 3 Challenges for Adults

- Adult Depression
- Adult Heavy Drinking
- Drug Overdose Deaths

Populations Experiencing Disparities

- People with Low Income or Low Educational Attainment, People with a Disability, Residents of Rural Areas, Older Adults (ages 65+), LGBTQ+, Immigrants, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System

CAP Assessment Highlights Cont.

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

Top 3 Service Gaps in the Continuum of Care

- Mental Health Treatment Services
- Crisis Services
- Mental Health Workforce

Top 3 Access Challenges for Children Youth and Families

- Unmet Need for Mental Health Treatment
- Unmet Need for Major Depressive Disorder
- Lack of Child Screenings: Depression and Developmental

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, People with a Disability, Residents of Rural Areas, Older Adults (ages 65+), LGBTQ+, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System, Parents with Dependent Children

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

Top 3 Social and Economic Conditions Driving Behavioral Health Challenges

- Poverty
- Violence, Crime, Trauma, and Abuse
- Attitudes About Seeking Help

Top 3 Physical Environment Conditions Driving Behavioral Health Challenges

- Lack of Affordable of Quality Housing
- Lack of Transportation
- Lack of Access to Healthy Food

Populations Experiencing Disparities

- People with Low Incomes of Low Educational Attainment, Residents of Rural Areas, Hispanic Residents, Older Adults (ages 65+), People Involved in the Criminal Justice System, People with Dependent Children

Optional: Link to Other Community Assessments:

As of February 2023

- https://www.huroncohealth.com/_files/ugd/4b833f_e018c5378aed4ce19601877abf1cb991.pdf