

2023-2025 Community Assessment and Plan *The ADAMHS Board of Franklin County*

Ms. Erika Clark Jones, 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

Background and Statutory Requirements.....	1
Required Components of the CAP.....	1
CAP Plan Highlights – Continuum of Care Priorities and Age Groups of Focus	3
CAP Plan Highlights – Continuum of Care Priorities	4
CAP Plan Highlights - Special Populations	7
Pregnant Women with Substance Use Disorder:	7
CAP Plan Highlights - Special Populations Cont.....	8
Parents with Substance Use Disorder with Dependent Children:	8
Family and Children First Councils:	8
Hospital Services:	9
CAP Assessment Highlights.....	10
Most Significant Strengths in Your Community:.....	10
Mental Health and Addiction Challenges:	10
<i>Top 3 Challenges for Children Youth and Families</i>	10
<i>Top 3 Challenges for Adults</i>	10
<i>Populations Experiencing Disparities</i>	10
<i>Optional Disparities Narrative</i>	10
<i>Optional Assessment Findings</i>	11
CAP Assessment Highlights Cont.	11
Mental Health and Addiction Service Gaps:	11
<i>Top 3 Service Gaps in the Continuum of Care</i>	11
<i>Top 3 Access Challenges for Children Youth and Families</i>	11
<i>Top 3 Challenges for Adults</i>	11
<i>Populations Experiencing Disparities</i>	12
<i>Optional Disparities Narrative</i>	12
<i>Optional Assessment Findings</i>	12
CAP Assessment Highlights Cont.	13
Social Determinants of Health:.....	13
<i>Top 3 Social and Economic Conditions Driving Behavioral Health Challenges</i>	13
<i>Top 3 Physical Environment Conditions Driving Behavioral Health Challenges</i>	13
<i>Populations Experiencing Disparities</i>	13
<i>Optional Disparities Narrative</i>	13
<i>Optional Assessment Findings</i>	13
Optional: Link to Other Community Assessments: As of February 2023.....	14

CAP Plan Highlights – Continuum of Care Priorities and Age Groups of Focus

The CAP Plan priorities section is organized across the behavioral health continuum of care and two special populations. Each of the Plan continuum of care priority areas will be defined on the following pages. The information in this CAP Plan will also include the Board’s chosen strategy identified to address each priority, the population of focus, identification of potential populations experiencing disparities, the chosen outcome indicator to measure progress ongoing, and the target the Board is expecting to reach in the coming years.

For each identified strategy, the Board was requested to identify the age groups that are the focus for each identified CAP Plan strategy. These age groups include Children (ages 0-12), Adolescents (ages 13-17), Transition-Aged Youth (ages 14-25), Adults (ages 18-64), and Older Adults (ages 65+). The table below is an overview of which ages are the focus of each priority across the continuum of care.

<i>Continuum of Care Priorities</i>	<i>Children</i> (ages 0-12)	<i>Adolescents</i> (ages 13-17)	<i>Transition-Aged Youth</i> (ages 14-25)	<i>Adults</i> (ages 18-64)	<i>Older Adults</i> (ages 65+)
<i>Prevention</i>	•	•	•		
<i>Mental Health Treatment</i>	•	•	•	•	•
<i>Substance Use Disorder Treatment</i>				•	
<i>Medication-Assisted Treatment</i>				•	•
<i>Crisis Services</i>	•	•	•	•	•
<i>Harm Reduction</i>		•	•	•	•
<i>Recovery Supports</i>				•	
<i>Pregnant Women with Substance Use Disorder</i>		•		•	
<i>Parents with Substance Use Disorder with Dependent Children</i>	•	•			

CAP Plan Highlights – Continuum of Care Priorities

→ **Prevention**: *Prevention services are a planned sequence of culturally relevant, evidenced-based strategies, which are designed to reduce the likelihood of or delay the onset of mental, emotional, and behavioral disorders. **

- **Strategy**: School-based suicide screenings
- **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**: Black Residents, LGBTQ+, General Populations
- **Outcome Indicator(s)**: Youth suicide deaths (Number of deaths due to suicide for youth, ages 8-17, 100,000 population).
- **Baseline**: .76
- **Target**: .65 by 2025

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

- **Strategy**: Mental Health Counseling
- **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, Black Residents, Hispanic Residents, Immigrants, Refugees or English Language Learner, People Involved in the Criminal Justice System, General Populations
- **Outcome Indicator(s)**: Adult poor mental health days (Average number of mentally unhealthy days for adults, ages 18 and older, reported in the past 30 days)
- **Baseline**: 15.20%
- **Target**: 13% 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**: Intensive Outpatient Treatment
- **Age Group(s) Strategy Trying to Reach**: Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities**: Black Residents, Hispanic Residents, White Residents, Immigrants, Refugees or English Language Learner, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System, General Populations
- **Outcome Indicator(s)**: Adult binge drinking. Percent of adults, ages 18 and older, who meet the criteria for binge drinking
- **Baseline**: 19%
- **Target**: 16% 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**: Access to Vivitrol injections
- **Age Group(s) Strategy Trying to Reach**: Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities**: Veterans, Men, Women, LGBTQ+, Immigrants, Refugees or English Language Learners, People Who Use Injections Drugs (IDUs), People Involved in the Criminal Justice System, General Populations
- **Outcome Indicator(s)**: Buprenorphine prescriptions per 100,000 residents
- **Baseline**: 13,979
- **Target**: 15,000 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:** Mobile crisis response and stabilization services
- **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:** Veterans, Men, Women, LGBTQ+, Immigrants, Refugees or English Language Learners, People Who Use Injections Drugs (IDUs), People Involved in the Criminal Justice System, General Populations
- **Outcome Indicator(s):** Adult suicide deaths. Number of deaths due to suicide for adults, ages 18 and older, per 100,000 population
- **Baseline:** 15.1
- **Target:** 14.5 by 2023
- **Next Steps and Strategies to Improve Crisis Continuum:** The Alcohol, Drug and Mental Health Board of Franklin County (ADAMH) is partnering with community stakeholders to address the continuum of crisis care in our community. The cornerstone of this continuum is the development of a new crisis center that will be the central and preferred destination in Franklin County for mental health and addiction crisis needs. The crisis center will provide a safe and secure location offering a full array of services with integrated peer support at all levels. Most importantly, the crisis center will offer a no-wrong-door approach to ensure any adult arriving at the crisis center receives services. This new resource is intended to benefit everyone from individuals in crisis and their families to the overcrowded hospitals and first responders currently stretched to their limits.

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

- **Strategy:** Naloxone kits and education
- **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 Who Use Injection Drugs (IDUs), General Populations
- **Outcome Indicator(s):** Unintentional drug overdose deaths. Number of deaths due to unintentional drug overdose, per 100,000 population (age adjusted).
- **Baseline:** 40.6
- **Target:** 37 by 2023

CAP Plan Highlights – Continuum of Care Priorities Cont.

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

- **Strategy:** Peer recovery support services
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Education Attainment, People Involved with the Criminal Justice System
- **Outcome Indicator(s):** Unemployment rate
- **Baseline:** 5%
- **Target:** 3.70% 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:** Outreach and engagement services for pregnant women
- **Age Group(s) Strategy Trying to Reach:** Adolescents (ages 13-17), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Pregnant Women with SUD
- **Outcome Indicator(s):** Kindergarten Readiness
- **Baseline:** 76.30%
- **Target:** 77.50% by 2022-2023

CAP Plan Highlights - Special Populations Cont.

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

- **Strategy:** Screenings and referrals for parents with potential MH or SUD needs
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17)
- **Priority Populations and Groups Experiencing Disparities:** Parents with SUD with Dependent Children
- **Outcome Indicator(s):** Children in out-of-home placements due to parental SUD
- **Baseline:** 24.78%
- **Target:** 23.5% by 2025

CAP Plan Highlights - Other CAP Components

→ **Family and Children First Councils:**

- **Service Needs Resulting from Finalized Dispute Resolution Process:** Does not apply.
- **Collaboration with FCFC(s) to Serve High Need Youth:** The ADAMH Board of Franklin County's CEO chairs the Franklin County Family and Children First Council (FCFC) and additional staff members attend the Council's oversight committee. ADAMH supports agencies that have various relationships with FCFC, including supporting agencies that are part of pooled funding to address the needs of youth that are multi-system. ADAMH also supports agencies that provide assistance for children within the court system that FCFC oversees. In addition, ADAMH invests in funding that goes towards work with Juvenile Justice as part of a collaboration with FCFC, where children are identified as needing services and referrals are made.
- **Collaboration with FCFC(s) to Reduce Out-of-Home Placements:** In addition to supporting agencies that work with multi-system youth through pooled funding, ADAMH invests in agencies that provide services that are working to alleviate crises before children are removed from their home. These investments also support targeting specific activities to get help for children upstream, to avoid the need for services. This funding goes towards assisting multi-system youth and providing referrals for treatment. In addition, ADAMH participates in the MRSS advisory committee, which aims to keep children out of crisis care.

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:** ADAMH funds hospital liaisons at the identified lead providers to be part of discharge planning teams to link patients to the necessary treatment services and recovery supports for successful return to the community. There is a Continuity of care agreement signed by select lead providers that ADAMH funds in three adult serving hospitals.
- **Identify What Challenges, If Any, Are Being Experienced in This Area:** Lack of access to private psychiatric hospital(s)
- **Explain How the Board is Attempting to Address Those Challenges:** ADAMH aims to utilize indigent dollars provided by OHMAS and other revenue sources, including levy funds, to meet service demand. We monitor length of stay and need for ongoing treatment leading to discharge and linkage to community-based treatment provider. Written that if patient exceeds specified number of days, they have to meet with ADAMH or SCCO. In addition, ADAMH worked with our local providers to place patients based on level of care assessments and response to treatment provided.

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
- Availability of Specific Resources or Assets

→ **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 Substance Use Disorder
- Adult Suicide Deaths
- Drug Overdose Deaths

Populations Experiencing Disparities

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

Optional Disparities Narrative

The following is a demographic profile for Franklin County (Source: Franklin County HealthMap). Where appropriate, comparisons to Ohio are shown parenthetically: Total Population: 1316753; Sex: Male: 48.8%, Female: 51.2%; Age: Under 5 years: 7.0%, 5-19 years: 19.1%, 20-64 years: 61.4%, 65 years and over: 12.4% (Ohio: 17.8%); Race: White: 65.2% (Ohio 77.3%), African American: 23.1% (Ohio: 11.9%), Asian: 5.4%, Other Race: 2.5%, Two or More Races: 3.7%; Ethnicity: Hispanic or Latino: 5.8% (Ohio 4.3%); Total with a Disability: 11.1% (Ohio: 14.2%).

In Franklin County, there is an overall unmet need for general behavioral healthcare across the board, and it is difficult to identify the most disparate populations because there are several categories that overlap. For example, while white men have a high suicide mortality rate, it is difficult to discern if there are other factors contributing to this, such as income,

criminal justice involvement, or LGBTQI+ status. According to the Community Needs Assessment, 88% of Franklin County respondents reported needing services covered by the ADAMH Board, and of those, 62% of the need was unmet. Disparities for overall unmet need were reported in several populations. For those 55 years and older, 65% reported an unmet need for service, 64% of women reported an unmet need for service, 69% of black residents reported an unmet need for service; 77% of bisexual residents reported an unmet need for service and 88% of the Q+ population (queer, pan, ace, etc.) reported an unmet need for service.

Like many communities, Franklin County's community data sources have limitations. It is difficult to capture needs for the entire community on a consistent basis. Many sources of health behavior, including the BRFSS and NDSUH surveys, provide data on a lag, meaning getting up-to-date data on the health behaviors that precipitate negative health outcomes is difficult to get in a time that best aligns with the real time occurrence.

Optional Assessment Findings

As part of the community assessment and planning process, other entities' assessments and plans were consulted. The 2022 Franklin County Health Map, which serves as the Community Health Assessment for both Franklin County Public Health and Columbus Public Health and the Community Health Needs Assessment for hospitals collaborating within the Central Ohio Hospital Council, was reviewed. In reviewing the Health Map, the following trends that may indicate unmet need were noted: • The rate of attempted suicide leading to hospitalization increased from 4.9 per 100,000 population in 2019 to 6.8 per 100,000 population in 2022 • Suicide Mortality rate increased from 12.3 per 100,000 population in 2019 to 13.5 per 100,000 population in 2022 • Psychiatric Admissions increased from 35.7 per 1,000 populations in 2019 to 36.1 per 1,000 population in 2022

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 Follow-Up Care for Children Prescribed Psychotropic Medications

Top 3 Challenges for Adults

- Unmet Need for Mental Health Treatment
- Lack of Follow-Up After Hospitalization for Mental Illness Challenges
- Lack of Follow-Up After ED Visit for Mental Health

Populations Experiencing Disparities

- People with Low Income or Low Educational Attainment, People with a Disability, Black Residents, Hispanic Residents, Older Adults (ages 65+), Veterans, LGBTQ+, Immigrants, Refugees or English Language Learners, People Who Use Injection Drugs (IDUs), Unhoused, Pregnant Women

Optional Disparities Narrative

ADAMH's needs assessment findings showed unmet need in the following populations and service categories: Bisexual, queer, pansexual or questioning sexual identity: Treatment services, Crisis Services Black Families: Prevention, Family Support, Housing Services, Recovery Supports, Treatment Services, Crisis Services Individuals with a Disability: Housing Services, recovery Supports, Treatment Services Individuals Speaking English as a Second Language: Prevention Services Family with Children/Youth: Prevention Services, Family Supports Immigrant, Nepali and Asian Community Members: Prevention Services, Family Supports Justice-Involved Adults: Recovery Supports, Treatment Services Individuals with Lower Incomes: Prevention Services, Family Supports, Recovery Supports Multi-Racial Individuals: Recovery Supports Retired Individuals: Prevention Services Transgender Individuals: Housing Services, Treatment Services Unemployed Individuals: Recovery Supports, Crisis Services Veterans: Recovery Supports.

Optional Assessment Findings

As part of the community assessment and planning process, other entities' assessments and plans were consulted. The 2022 Franklin County Health Map, which serves as the Community Health Assessment for both Franklin County Public Health and Columbus Public Health and the Community Health Needs Assessment for hospitals collaborating under the Central Ohio Hospital Council umbrella, was reviewed. Provider ratios can be an indicator of gaps in services. Franklin County's provider ratios for four categories of behavioral healthcare providers are below. Ohio's ratios are given for comparison: Licensed Social Workers: Franklin County Ratio: 333:1, Ohio Ratio: 299:1 Licensed Chemical Counselors: Franklin County Ratio: 919:1, Ohio Ratio: 809:1 Licensed Psychiatrist: Franklin County Ratio: 7152:1; Ohio Ratio: 7356:1 Licensed Psychologist: Franklin County Ratio: 2258:1, Ohio Ratio: 3301:1.

CAP Assessment Highlights Cont.

→ **Social Determinants of Health:**

Top 3 Social and Economic Conditions Driving Behavioral Health Challenges

- Poverty
- Violence, Crime, Trauma, and Abuse
- 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
- Food Insecurity

Populations Experiencing Disparities

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

Optional Disparities Narrative

Despite Franklin County having a higher per capita and median household income than the state of Ohio (\$35,977 versus \$31,552 and \$64,713 versus \$58,642 respectively), in has a higher percentage of families below 100% of the Federal Poverty Level (Franklin County: 10%, Ohio: 9.2%). Franklin County also has a higher percentage of cash burdened households, as defined by housing costs at more than 30% of income (31.4% in Franklin County versus 27.5% in Ohio) and by those with severe housing problems (16% in Franklin County and 13% in Ohio overall). Health outcomes across Franklin County vary greatly, which results in overall county-level data not telling the complete story of what is happening in Franklin County. Median Household Income by zip code ranges from \$19,167 to \$136,702. The poorest zip codes also represent the lowest high school graduation rates, lowest percentage of children ready for kindergarten, lowest 3rd grade reading proficiency, and highest violent crime rates.

Optional Assessment Findings

Health outcomes across Franklin County vary greatly, which results in overall county-level data not telling the complete story of what is happening in Franklin County. Median Household Income by zip code ranges from \$19,167 to \$136,702. The poorest zip codes also represent the lowest high school graduation rates, lowest percentage of children ready for kindergarten, lowest 3rd grade reading proficiency, and highest violent crime rates.

→ **Optional: Link to Other Community Assessments:**
As of February 2023

- The Franklin County Health Map, the Community Health Assessment for both local health districts serving Franklin County (Columbus Public Health and Franklin County Public Health) and the Community Needs Assessment for the hospitals in partnership with the Hospital Council of Central Ohio (OSU Wexner, OhioHealth, Mt Carmel, and Nationwide Children’s Hospital).
<https://centralohiohospitals.org/wp-content/uploads/2022/04/COHC-HealthMap2022-Final-1.25.22.pdf>