

# 2023-2025 Community Assessment and Plan *Gallia, Jackson & Meigs Board of ADAMHS*

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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.

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## 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 (ages 0-12)</i>	<i>Adolescents (ages 13-17)</i>	<i>Transition-Aged Youth (ages 14-25)</i>	<i>Adults (ages 18-64)</i>	<i>Older Adults (ages 65+)</i>
<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**: The Gallia-Jackson-Meigs ADAMH Board will work with the county prevention coalitions to develop and implement school-based vaping prevention and diversion programs
- **Age Group(s) Strategy Trying to Reach**: Adolescents (ages 13-17), Transition-Aged Youth (14-25)
- **Priority Populations and Groups Experiencing Disparities**: Residents of Rural Areas, Residents of Appalachian Areas, School-Aged Youth
- **Outcome Indicator(s)**: Number of vaping-related disciplinary actions as reported by school districts
- **Baseline**: To be established
- **Target**: 10% reduction by 2025

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

- **Strategy**: The Gallia-Jackson-Meigs ADAMH Board will work will increase community level awareness of career opportunities within the behavioral health system of care
- **Age Group(s) Strategy Trying to Reach**: Adolescents (ages 13-17), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities**: Residents of Rural Areas, Residents of Appalachian Areas, Black Residents, Men, LGBTQ+, General Populations
- **Outcome Indicator(s)**: Number of students from Gallia, Jackson and Meigs Counties enrolled in social services vocational and degree programs at the University of Rio Grande and Ohio University
- **Baseline**: To be established
- **Target**: 10% increase 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:** The Gallia-Jackson-Meigs ADAMH Board will work with county leaders to establish Overdose/Suicide Death Review Boards in each of the 3 counties
- **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:** Residents of Rural Areas, Residents of Appalachian Areas, People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System, General Populations
- **Outcome Indicator(s):** Number of Overdose Deaths reported by County Coroner and/or State Data
- **Baseline:** 52 total Gallia – 17; Meigs – 21; Jackson - 14
- **Target:** 10 percent reduction in overdose deaths per county 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:** The Gallia-Jackson-Meigs ADAMH Board will increase MAT availability to county jail-incarcerated individuals prior to release
- **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, Residents of Appalachian Areas, Black Residents, Hispanic Residents, White Residents, Older Adults (ages 65+), Veterans, Men, Women, LGBTQ+, Immigrants, Refugees or English Language Learners, People Who Use Injections Drugs (IDUs), People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Number of MAT inductions in jails
- **Baseline:** 0
- **Target:** 15 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:** The Gallia-Jackson-Meigs ADAMH Board will expand Crisis Planning Committee to include additional community partners whose participation will increase system-wide communication and response to behavioral health crisis.
- **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:** Resident of Rural Areas, Residents of Appalachian Areas, General Populations
- **Outcome Indicator(s):** Number of individuals presenting in ED's for mental health crisis intervention
- **Baseline:** 1,630 occurrences
- **Target:** 1,550 by 2025
- **Next Steps and Strategies to Improve Crisis Continuum:** Community partners who provide services relevant to behavioral health crisis response will be invited and encouraged to attend and participate. The Committee will explore strategies for filling gaps in the crisis continuum.

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

- **Strategy:** The Gallia-Jackson-Meigs ADAMH Board will develop and implement an educational campaign about the effectiveness of harm reduction.
- **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:** Residents of Rural Areas, Residents of Appalachian Areas, People Who Use Injection Drugs (IDUs), General Populations
- **Outcome Indicator(s):** Number of participants in county health departments' Harm Reduction programs
- **Baseline:** 3,265
- **Target:** 4,000 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:** The Gallia-Jackson-Meigs ADAMH Board will assist local providers in achieving certification for SUD Recovery Housing
- **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:** Individuals Experiencing SUD Recovery
- **Outcome Indicator(s):** Number of certified Recovery Houses in Gallia, Jackson and Meigs Counties
- **Baseline:** 0
- **Target:** 2 by 2025

## CAP Plan Highlights - Special Populations

Due to the requirements of the federal Mental Health and Substance Abuse and Prevention Block Grants, the Board is required to ensure that services are available to two specific populations: Pregnant Women with Substance Use Disorder, and Parents with Substance Use Disorder with Dependent Children.

→ **Pregnant Women with Substance Use Disorder:**

- **Strategy:** Continue to support the implementation of OMHAS-led and funded MOMS programs in our counties
- **Age Group(s) Strategy Trying to Reach:** Adolescents (ages 13-17), Transition-Aged Youth (ages 14-25), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Residents of Appalachian Areas, Women, People Who Use Injection Drugs (IDUs), General Populations
- **Outcome Indicator(s):** The Board will accept OMHAS-required report, i.e number of pregnant women participating in the MOMS program to successful completion
- **Baseline:** 28
- **Target:** 30 by 2025

## CAP Plan Highlights - Special Populations

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

- **Strategy:** In conjunction with county DJFS's and FCFC's, the G-J-M BADAMHS will identify and engage at-risk families who do not qualify for Ohio START due to lack of such engagement
- **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)
- **Priority Populations and Groups Experiencing Disparities:** Parent with SUD with Dependent Children, Local Providers of Ohio START
- **Outcome Indicator(s):** Number of families enrolled in Ohio START
- **Baseline:** To be determined
- **Target:** 5 additional families by 2025

## Optional: SMART Objectives for Priority Populations and Groups Experiencing Disparities

### → Men:

- **Strategy:** Work with our Suicide Prevention Coalition to target messaging and outreach to males
- **Outcome Indicator:** Number of suicide deaths of males aged 45 and older
- **Baseline:** 7
- **Target:** 5 by 2025

## CAP Plan Highlights - Other CAP Components

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

- **Service Needs Resulting from Finalized Dispute Resolution Process:** There were no dispute resolution needs in Gallia, Jackson or Meigs counties.
- **Collaboration with FCFC(s) to Serve High Need Youth:** Staff from G-J-M BADAMHS are consistent and active participants in each of the 3 FCFC business meetings as well as intersystem collaborative meetings. The Board serves as Administrative Agent for Gallia County FCFC. The Executive Director is currently serving as Chairperson for the Meigs County FCFC. We are active in pursuing funding, treatment options and developing wraparound plans for youth served in the intersystem collaboratives. Currently, the Executive Director is active in assisting with implementation and integration of Ohio RISE in order to reduce confusion and disruption for families and system partners.
- **Collaboration with FCFC(s) to Reduce Out-of-Home Placements:** Although workforce shortage is severely impacting our ability to implement new programs, we are participating in development of intensive home-based services, wraparound training, intensive school-based interventions, day treatment options and a youth crisis center. All of these options are at risk of inadequate funding or lack of workforce.

### → **Hospital Services:**

- **Identify How Outpatient Service Needs Are Identified for Current Inpatient Private or State Hospital Individuals Who Are Transitioning Back to the Community:** Board staff meet monthly with staff from Appalachian Behavioral Health. For those served with indigent placement funds, we contractually require the hospital to coordinate admission and discharge planning with our designated local provider. When appropriate, patients are recommended for MSA teams or AOT procedures.
- **Identify What Challenges, If Any, Are Being Experienced in This Area:** Lack of Board capacity to staff a transition planning liaison, Lack of communication/cooperation from private psychiatric hospital(s), Lack of access to state regional psychiatric hospital
- **Explain How the Board is Attempting to Address Those Challenges:** Current Board staff has taken on the responsibility of coordinating access to appropriate care. This includes maintaining communication with private hospitals funded with indigent placement dollars, convening MSA teams, attending to and assisting with development of AOT programs and regular meetings with local law enforcement. Workforce shortages at provider agencies necessitates Board coordination of such services.

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

- G-J-M BADAMHS is not currently staffed to have a plan for data collection. This being said, we embrace the value of such efforts and have requested assistance from Appalachian Children's Coalition. Additionally, we have a scheduled TA session with other Appalachian boards where we plan to share suggested data systems and opportunities.

→ **Optional: Link to The Board's Strategic Plan:**  
*As of February 2023*

- The current strategic plan is ending. We are scheduled to develop our new plan in April. We will provide the link upon completion.

## **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 or 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)
- Adverse Childhood Experiences (ACEs)
- Youth with challenging classroom/bus behaviors

***Top 3 Challenges for Adults***

- Adult Serious Mental Illness
- Adult Suicide Deaths
- Drug Overdose Deaths

***Populations Experiencing Disparities***

- People with Low Income or Low Educational Attainment

***Optional Assessment Findings***

Substance abuse and mental health services are priority areas determined by each of the Community Health Assessments (CHA) in Gallia, Jackson and Meigs Counties, along with the health plan from Holzer Health Systems (local hospital system). Subsequently, for each Gallia, Jackson and Meigs Counties, substance abuse was identified as the first priority in the Community Health Improvement Plan (CHIP), and second for the plan completed by Holzer Health Systems. Each of the plans also noted other trends impacting mental health and addiction outcomes. These include cultural challenges, general poor health decisions, lack

of awareness of need for mental health services, stigma surrounding mental illness/substance abuse, and lack of awareness of services available within the region. Interestingly, the lack of services available for mental health and substance use treatment were pointed out in the 3 CHAs but found to be more a matter of perception as CHIP implementation plans were developed.

Community members consistently identified substance abuse as a prevalent problem but appear to have little awareness of existing available services. Each county listed contributing factors as access to care, stigma and lack of knowledge of resources. Other goals and strategies within this plan are a direct result of regular meetings with law enforcement, providers, peer groups and school officials as we continuously work to meet expressed needs. Processes are not formalized so as to collect quantitative data regarding such needs at this time.

## CAP Assessment Highlights Cont.

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

#### ***Top 3 Service Gaps in the Continuum of Care***

- Crisis Services
- Mental Health Workforce
- Housing Options for Adults with SPMI

#### ***Top 3 Access Challenges for Children Youth and Families***

- Unmet Need for Mental Health Treatment
- Workforce shortage in child-serving professions
- Lack of coordinated care for children prescribed psychotropic medications (primary care/BH)

#### ***Top 3 Challenges for Adults***

- Lack of Follow-Up After Hospitalization for Mental Illness Challenges
- Uninsured Adults
- Workforce shortage in treatment professionals

#### ***Populations Experiencing Disparities***

- People with Low Income or Low Educational People with a Disability, Attainment, Residents of Rural Areas, Residents of Appalachian Areas, Black Residents, Older Adults (ages 65+), Men, People Involved in the Criminal Justice System

#### ***Optional Disparities Narrative***

The disparities discussed earlier apply to this focus area as well. Workforce, stigma, access to care and awareness of available resources are each barrier for adults in need of accessing mental health services. In addition to those barriers, transportation issues, poverty and lack of childcare prevent some adults from accessing care. One population of significant concern is those who are incarcerated in county jails. Upon becoming incarcerated, these individuals lose Medicaid coverage and none of the 3 counties are able to afford to cover the

cost-of-service provision. With lack of psychiatric hospital beds, this Board is dependent upon special OMHAS funding in order to stabilize and initiate treatment within the jails.

### ***Optional Assessment Findings***

Each of the 3 county CHA's noted access to both mental health and physical health services as significant barriers to health.

## **CAP Assessment Highlights Cont.**

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

#### ***Top 3 Social and Economic Conditions Driving Behavioral Health Challenges***

- Poverty
- Attitudes About Seeking Help
- Family Disruptions (divorce, incarceration, parent deceased, child removed from home, etc.)

#### ***Top 3 Physical Environment Conditions Driving Behavioral Health Challenges***

- Lack of Affordable of Quality Housing
- Lack of Broadband Access
- Food Insecurity

#### ***Populations Experiencing Disparities***

- People with Low Incomes of Low Educational Attainment, People with a Disability, Residents of Appalachian Areas, Older Adults (ages 65+), People Involved in the Criminal Justice System

#### ***Optional Disparities Narrative***

Gallia, Jackson and Meigs Counties experience deficits in each of the social determinants of health domains identified in Healthy People 2030 (health.gov). These include economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, and social/community context. Economically the region continues to feel the impact of the "extraction economy" in which the natural resources were removed from the area and used to create wealth for individuals outside the region. The Appalachian Regional Commission classifies Gallia and Jackson as "at-risk" counties and Meigs County as "distressed". The rate of poverty is 16.4% for Gallia, 17.1% for Jackson and 20.1% for Meigs; while the poverty rate for the state of Ohio is 13.4% (welfareinfo.org)

Each of the Community Health Assessments (CHA's) identified economic factors including poverty as a significant impact on the ability of community members to participate fully in and access available services. Poverty and economic instability can contribute to chronic stress, anxiety, depression and substance abuse; all experiences that contribute to negative health outcomes. While the region has educational facilities located in or near the Gallia-Jackson-Meigs ADAMH Board catchment area, there is still a disproportionate number of people who do not have a post-secondary degree. Of Ohio's population, 29.7% have a bachelor's degree or higher while only 17.2% in Gallia County, 15.1% in Jackson County and

12.4% in Meigs County have a bachelor's degree or higher. High school graduation rates are only slightly more favorable; with 85.1% in Gallia, 86.9% in Jackson and 83.3% in Meigs as compared to 91.1% for Ohio (US Census Bureau Quick Facts Ohio). Research has shown that people with lower levels of educational attainment are more likely to have negative health outcomes, are more likely to engage in risk taking behaviors, experience more stress and have lower health literacy. Access to care disparities exist between people living in Ohio's Appalachian counties and those living in non-Appalachian counties. People in Appalachian Ohio are less likely to have access to providers in specialty services in both medical and behavioral health. The Appalachian Regional Commission reports that Ohio's Appalachia region has 25% fewer primary care providers, 41% fewer mental health providers, and 65% fewer specialty physicians compared to non-Appalachian Ohio. Interestingly, the report shows that access to health insurance is better in Appalachian Ohio than in non-Appalachian Ohio, likely due to Medicare and Medicaid expansion.

There are several disparities related to housing in Appalachian Ohio, including a lack of funding for new builds and improvement, inadequate access to water and sewer, aging and substandard housing stock, the large number of households requiring rental assistance (novoco.com), and the number of landlords not willing to rent to those who need rental assistance. In addition, the area has historically had lower political will than other parts of the state, resulting in funding for housing being diverted to areas with more political clout. In short, there isn't enough affordable housing in good enough condition to be rented or owned in the three-county area. Gallia County has 13,440 housing units for 29,000 people. Jackson County has 14,512 units for 29,000 people and Meigs County has 10,664 housing units for 22,000 people. Rent prices result in 27.8% of income in Gallia, 25.1% in Jackson and 29.4% in Meigs. (ohiohome.org) the region has cultural factors that result in both protective factors and barriers to people accessing care. The Appalachian culture values interpersonal relationships to the point of creating barriers for service providers who do not have community presence and involvement. This focus on relationships, along with the extraction of natural resources (and wealth created by such) by those from outside the region, has created an innate distrust of "outsiders". This distrust has led many leaders to be cautious toward governmental entities and political figures, creating a barrier for government-funded health education and stigma reduction programs. Interestingly, a study from Indiana University focused on health needs in rural Appalachian Ohio indicated an economic divide in cultural attitudes toward mental health. The study "suggested that a subculture exists that is not well understood by middle class residents or policy makers. For instance, those living in poverty in rural Appalachia are reluctant to accept help from others, particularly those from outside their local community." That same study found that people with lower economic power are hesitant to use free programs such as SNAP or traditional welfare due to the stigma associated with government assistance (iupui.edu). This plan includes interventions that will address these social determinants of health. We intend to increase access

### ***Optional Assessment Findings***

As previously noted, the 3 CHIP's have noted disparities related to Social Determinants of Health and prioritized behavioral health needs as follows: Gallia County: Decrease substance abuse in Gallia County adults; increase resiliency and protective factors in Gallia County youth Gallia County: Decrease suicide rate in Gallia County; increase the amount of mental health education in Gallia County; enhance connectivity among agencies. Jackson County: Decrease the number of Jackson County residents that abuse opioids Meigs County: Increase access to treatment that is integrated so residents receive holistic care at their

preferred location Meigs County: Increase access to Medication Assisted treatment and substance abuse assessment/treatment activities to reduce opioid addiction and other substance abuse disorders. Meigs County: Increase awareness of available options for behavioral health services treating conditions such as depression, anxiety and addiction. Meigs County: Reduce the negative stigma associated with seeking help for behavioral health issues such as depression, anxiety and addiction. Meigs County: Reduce risk factors for drug and alcohol use among school-aged youth and increase awareness of positive alternatives. Meigs County: Reduce unmet needs for mental healthcare Meigs County: Reduce depression. Meigs County: Reduce suicide deaths.

