2023-2025 Community Assessment and Plan
Richland County Mental Health and Recovery Services

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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

Background and Statutory Requirements 1
Required Components of the CAP 1
CAP Plan Highlights – Continuum of Care Priorities and Age Groups of Focus 4
CAP Plan Highlights – Continuum of Care Priorities 5
CAP Plan Highlights - Special Populations 9
Pregnant Women with Substance Use Disorder: 9
Parents with Substance Use Disorder with Dependent Children: 9
Optional: Collective Impact to Address Social Determinants of Health 10
Lack of Affordable or Quality Housing: 10
Family Disruptions: 10
Optional: Collective Impact to Address Social Determinants of Health Cont. 11
Lack of Affordable or Quality Housing: 11
Family and Children First Councils: 11
Hospital Services: 12
Optional: Data Collection and Progress Report Plan: 12
Optional: Link to The Board's Strategic Plan: As of February 2023 12
Optional: Link to Other Community Plans: As of February 2023 12
CAP Assessment Highlights 13
Most Significant Strengths in Your Community: 13
Mental Health and Addiction Challenges: 13
Top 3 Challenges for Children Youth and Families 13
Top 3 Challenges for Adults 13
Populations Experiencing Disparities 13
Optional Disparities Narrative 13
Optional Assessment Findings 14
CAP Assessment Highlights Cont. 15
Mental Health and Addiction Service Gaps: 15
Top 3 Service Gaps in the Continuum of Care 15
Top 3 Access Challenges for Children Youth and Families 15
Top 3 Challenges for Adults 15
Populations Experiencing Disparities 15
Optional Disparities Narrative 15
Optional Assessment Findings 15
CAP Assessment Highlights Cont. 16
Social Determinants of Health: 16

Top 3 Social and Economic Conditions Driving Behavioral Health Challenges 16
Top 3 Physical Environment Conditions Driving Behavioral Health Challenges 16
Populations Experiencing Disparities 16
Optional Disparities Narrative 16
Optional Assessment Findings 16
Optional: Link to Other Community Assessments: As of February 2023 17

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:** School and community-based suicide awareness and educational programs
- **Age Group(s) Strategy Trying to Reach:** Adolescents (ages 13-17), Transition-aged Youth (14-25), Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** General Populations, Schools and employers as we have seen the greatest spike between 25 and 54 with people employed
- **Outcome Indicator(s):** Number of completed suicides in a calendar year in Richland County
- **Baseline:** 31-17 and under =1; 18 and over = 30
- **Target:** 15- 17 and under =0, 18 and over = 15 by 2025

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

- **Strategy:** Increase the timely access to physicians/CNPs for medication Evaluation and Management
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People Involved in the Criminal Justice System General Populations, Discharges from hospital, Youth with school disruptions
- **Outcome Indicator(s):** Average wait time between diagnostic assessment and first meeting with a prescribing professional
- **Baseline:** Average 45 days for adults and 60+ days for children and adolescents
- **Target:** 14 days for adults and 30 days for children and adolescents by SFY 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:** Increase the timely access to ASAM Level 3 services regardless of county of residence
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, Residents of Rural Areas, People Who Use Injection Drugs, People Involved in the Criminal Justice System, Individuals referred from Hospital EDs
- **Outcome Indicator(s):** Time from referral to admission; Number of non-Richland County admissions
- **Baseline:** Average 24 hours during the week and 24-72 hours on the weekend. ASAM Level of non-Richland County
- **Target:** Wait time of less than 12 hours when facility is under 85% capacity. Non-Richland County residents by SFY 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:** Maintain an adequate capacity of providers in Richland County and increase the retention rates
- **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 Who Use Injections Drugs (IDUs), People Involved in the Criminal Justice System, People with opiate use disorders, Hospital discharges within the past 24 hours
- **Outcome Indicator(s):** Number of reported overdoses
- **Baseline:** 353
- **Target:** 275 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:** Enhance and fill gaps in the crisis continuum for both adults and youth
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability, Resident of Rural Areas, Residents of Appalachian Areas, Black Residents, Hispanic Residents, White Residents, 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 System, General Populations
- **Outcome Indicator(s):** Decrease response time for crisis intervention; Increase the number of community-based crisis responses
- **Baseline:** Average 60-minute response time from request to arrival of professional; 5 community-based response
- **Target:** 30-minute average response time from request to arrival of crisis professional; 104 community based by SFY 2025
- **Next Steps and Strategies to Improve Crisis Continuum:** Richland County is currently developing and planning to implement a Crisis Continuum Pilot on July 1, 2023. This will move all crisis services including Crisis Stabilization Unit, Hotline, Warmline, Crisis Intervention, Mobile Crisis, Behavioral Health Urgent Care, Community response teams (i.e., Opiate Response and Homeless Response) all under a single "Fire House" model. funding will be based on staffing levels rather than purchase of services. This should increase immediate access to licensed staff, expand the use of Peers, QMHSs and CDCA as support services and eliminate on-calls and other approaches that create delays in responses and limits to where responses can occur.

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:** Maintain availability of Narcan and Narcan trainings
- **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, Resident 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 Injection Drugs (IDUs), People Involved in the Criminal Justice System, General Populations
- **Outcome Indicator(s):** Number of deaths from overdoses
- **Baseline:** 38
- **Target:** 30 by 2025

→ ***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:** Continue to the promotion and enhancement of the local Crisis Hotline and Warmline with plans to integrate with 988 when the national line is adequately operational with geo-fencing and a comprehensive real-time provider database.
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability, Resident of Rural Areas, Residents of Appalachian Areas, Black Residents, Hispanic Residents, White Residents, 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 System, General Populations
- **Outcome Indicator(s):** Number of calls fielded by the Hotline, the Warmline and the Regional 988; Number of media spots implemented to promote Hotlines.
- **Baseline:** Hotline: 3592; Warmline: 2735; 988: 65; Radio spots: 4320; TV Spots: 208
- **Target:** Hotline 4000; Warmline 3000; 988-integrated with Hotline; Radio Spots: 5000; TV spots 250 by SFY 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:** ASAM Level 3 Services
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Women, People Who Use Injection Drugs (IDUs)
- **Outcome Indicator(s):** Number of drug-free babies that born while the mother is in residency at Veronica's House or within 30 days of discharge
- **Baseline:** 2
- **Target:** 5 by SFY 2025

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

- **Strategy:** Access to Substance Use Disorder services for parents referred from Richland County Children Services, Juvenile Court or Domestic Relations Court
- **Age Group(s) Strategy Trying to Reach:** Adults (ages 18-64)
- **Priority Populations and Groups Experiencing Disparities:** Parents with Substance Use Disorder with Dependent Children
- **Outcome Indicator(s):** Time from referral to first clinical appointment
- **Baseline:** Average 14 days
- **Target:** Average less than 7 days by SFY 2025

Optional: Collective Impact to Address Social Determinants of Health

→ *Lack of Affordable or Quality Housing:*

- **Community Partners:** Housing (such as the Housing continuum of care (COC) entity or public housing authority), Catalyst Life Services, Housing Coalition
- **Strategy:** During SFY 2023 we will be constructing a new apartment complex with 12 1-bedroom apartments units of permanent supportive housing
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, Individuals Diagnosed with a Severe Mental Illness
- **Outcome Indicator:** Construction should be completed by SFY 2024, and the agency will need to maintain an average of 85% capacity for each year
- **Baseline:** 0
- **Target:** 85% capacity for each year by SFY 2025

→ *Family Disruptions:*

- **Community Partners:** Family and Children First Council(s), Contract Agencies and mandated members of the Family and Children First Council
- **Strategy:** Develop a Crisis Stabilization Unit for Adolescents. this will be 12 single rooms, with a target to complete during the SFY 2024 or SFY 2025
- **Priority Populations and Groups Experiencing Disparities:** Adolescents 12-17 that are in an acute crisis, are not in need of a hospital level setting
- **Outcome Indicator:** Crisis Stabilization Unit completed and open
- **Baseline:** 0
- **Target:** 85% of residents will return home within 21 days. 75% will not require placement of any kind within 30 days of completed stay. 60% will not require placement of any kind within 90 days of completed stay

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

→ ***Lack of Affordable or Quality Housing:***

- **Community Partners:** Job training and economic development (such as Ohio Means Jobs center(s) or chamber of commerce), Catalyst Life Services, Ohio Means Jobs and other Job and Family Services assistance programs
- **Strategy:** During SFY 2024 we will convert a current apartment complex to 7 1-bedroom apartment units for transitional housing. Two programs, an acute transition with average length of stay of 90 days or less and a long-term transition with an average length of stay of 18 months to 2 years.
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, Individuals diagnosed with severe mental illness and qualified for Assertive Community Tx
- **Outcome Indicator:** % capacity; % of individuals in long term transition obtaining permanent supportive housing placement within 18 months.
- **Baseline:** 0
- **Target:** The agency will maintain 90% capacity; 75% of individuals in long term transition will obtain permanent supportive housing placement within 18 months.

CAP Plan Highlights - Other CAP Components

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

- **Service Needs Resulting from Finalized Dispute Resolution Process:** There have been no dispute resolutions filed through the Richland County Family and Children First Council.
- **Collaboration with FCFC(s) to Serve High Need Youth:** The Richland County Mental Health and Recovery Services Board is a standing and mandated member of the Richland County Family and Children First Council. In addition, the Executive Director is part of a three-year rotation to serve as the Chair of the Council. The Board also provides $70,000 annually to support both administration of the Council as well as to contribute to the pooled funding. Pooled funding provides support that may be needed for out of home placements, service grants and other assistance to the community that fall under the mission of the Council.
- **Collaboration with FCFC(s) to Reduce Out-of-Home Placements:** The Council employs two staff that work directly with families in need, including those who receive assistance from Multi System Youth Funds, Family and Children Support Services Funds and those referred by teams for Wraparound services or need assessed for OhioRise. All efforts are made to prevent out of home placement. When placement is made, the Council will provide ongoing monitoring of the services being provided by the placement to assure that treatment plans are followed, progress is being made and that the youth returns home as soon as it is feasible.

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:** The Board contracts with Catalyst Life Services to do Utilization Review with both the State Hospitals and OhioHealth. The purpose of the UR case manager is to assure timely and appropriate transition back to the community setting of the individual and teams choosing.
- **Identify What Challenges, If Any, Are Being Experienced in This Area:** Lack of local psychiatrist/CNPs to allow for timely access for individuals being discharged
- **Explain How the Board is Attempting to Address Those Challenges:** Currently the agency can access on a case-by-case basis bridge meds through the local FQHC. We will be working to formalize that process and, hopefully integrate this on a few days with the Urgent Care.

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

- Data collection for required outcomes listed above will be collected either quarterly or biannually with results being reviewed during the annual request for funding process and reported to the State by whatever means is determined by the State.

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

As of February 2023

- Strategic Plan | Mental Health & Recovery Services Board (richlandmentalhealth.com)

→ ***Optional: Link to Other Community Plans:***

As of February 2023

- https://www.richland_county_sfy_21-22_community_plan.pdf (richlandmentalhealth.com)
- https://www.richland_county_final_2016_health_assessment_4-14-17_1-1.pdf (richlandhealth.org)
- https://www.henrycohd.org/health-assessments/

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

- Children in Out-of-Home Placements Due to Parental SUD
- Adverse Childhood Experiences (ACEs)
- Crisis Management

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, Black Residents, White Residents, Men, LGBTQ+, People Who Use Injection Drugs (IDUs)

Optional Disparities Narrative

Richland County in the past 2 years has encountered a significant increase in the rate of suicides and has an Overdose death rate that has consistently ben higher than the State average for the past 5 years. We are seeing a large impact in overdose deaths, primarily for fentanyl and/or injectables in the white, male 25-44 population. Suicides have also been disproportionately high among white males 25-54 but most of the individuals were also working.

Among youth (under the age of 18), we are seeing overall difficulties in self-regulation during crise and in interactions to traumatic situations, much of which has been exacerbated by COVID restrictions and constant change. Of susceptibility have been individuals who feel more marginalized especially those identifying as transgender. Suicidal ideations and self-harming behaviors have resulted in short and moderate term out of home placements. Due to the individual situations, this also may result in increased use of single occupancy rooms, limiting the available beds in residential services. We will be submitting a Capital Requests for match funding for developments of a 12-unit Youth Crisis Stabilization

Unit. We are currently determining a potential location and hope to start this process in SFY 2023, but it may be as late as SFY 2025 depending on the location. Historically Richland County has done well with service access from the black and brown communities with services percentages matching or exceeding County demographics. However, we, as with most of the country to see a disproportionate number of black residents that are diagnosed with more severe mental illnesses. Some of this may be due to a lack of early access to services, allowing symptoms to increase in intensity before interacting with the behavioral health system.

Richland County is currently in the process of expanding our Permanent Supportive Housing options for individuals with a severe mental illness. We have submitted for a Capital Match fund and will be build an apartment building with 12 1-bedroom apartments. This will then free up an 8 1-bedroom unit to be converted to Transitional Housing for adults 18-65+ that are stepping down from hospital or another higher intensity stay (i.e. Service Enriched Housing, Adult Care Facility, etc.) Length of stay will be limited to 18 months and staff will be available on-site to provide limited assistance to adjust to independent living. A second Capital grant will be sought for the cost to convert the facility to Transitional Living in SFY 2024.

Optional Assessment Findings

A point of clarification, the demographic data provided by the state was inaccurate. I am provided the data that is available on Census.Gov that is dated July 1, 2021. Population 125,195: Female 61,220 48.9% and Male: 63,975; 51.1% American Indian and Alaskan Native: 250; Asian, Pacific Islander: 1,252; Black: 11,894; White: 108,795; Hispanic: 2,754; Other: 250; Median Household Income: $49,186; Highschool Education or equivalent or higher over the age of 25 total is 87.5%

The accuracy of other data points was difficult to verify due to the lack of available diagnostic and symptomatic data for the whole county in the data provided through OHMAS Datamart system. Internal data tracking is limited to contract agencies and other cooperative agencies but does not represent the county as a whole.

CAP Assessment Highlights Cont.

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

Top 3 Service Gaps in the Continuum of Care

- Crisis Services
- Mental Health Workforce
- Medication-Specific Mental Health Service Provision

Top 3 Access Challenges for Children Youth and Families

- Unmet Need for Mental Health Treatment
- Lack of School-Based Health Services
- Overnight Crisis Care Options

Top 3 Challenges for Adults

- Community-Based Crisis Response
- Housing Options for Individuals with Severe and Persistent Mental Illness
- Adult Access to Psychiatrist or CNP for Mental Illness Medication Treatment

Populations Experiencing Disparities

- People with a Disability

Optional Disparities Narrative

Any service gaps indicated to do not disproportionately impact any one service population. Richland County needs more Psychiatric accessibility, this is across the Board, Access to service providers is immediate, but access to psychiatrist once through the Diagnostic Assessment process, can be up to several months. Staffing shortages in both Mental health and Addiction services will also impact the entire community not just specific demographics. We are in a unique position where we can fund innovative programming to fill gaps, we simply lack the qualified staff to provide the services. Although Richland County has a fairly thorough crisis response program for adults and youth, we endeavor to expand to make sure community-based options are expanded and to fill a gap of overnight crisis accommodations for youth, similar to what is available for adults. Again, however, this gap does not overly impact a single demographic more than another.

Optional Assessment Findings

We have determined a need for a crisis stabilization unit for adolescents as well as a day treatment program for adolescents who are facing an out of school placement. In partnership with Richland County Developmental Disability, we are attempting to purchase a building that will give us the capacity to renovate and develop a 12-bed stabilization unit and a day treatment program with a capacity of up to 36 junior high and high school students. The building is still in the negotiation phase, so plans are only tentative at this time.

CAP Assessment Highlights Cont.

→ *Social Determinants of Health:*

Top 3 Social and Economic Conditions Driving Behavioral Health Challenges

- Violence, Crime, Trauma, and Abuse
- Social Norms about Alcohol and Other Drug Use
- 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 Transportation
- Lack of Physical Activity

Populations Experiencing Disparities

- People with Low Incomes of Low Educational Attainment, Black Residents, Hispanic Residents, Older Adults (ages 65+), People Who Use Injection Drugs (IDUs), People Involved in the Criminal Justice System

Optional Disparities Narrative

One of the greatest limitations that we are currently dealing with is the lack of complete demographic data that can be tied directly to the behavioral health field. The Board lacks the ability to directly access data for Medicaid recipients that are receiving services within the county but from non-contract agencies. Aggregate data that is available from the Ohio Department of Mental Health and Addiction Services through either the Datamart or the Ohio Behavioral Health Information System (OBHIS) is lacking due to consistency between data in Datamart and the Medicaid system or the lack of agencies actually reporting data in OBHIS even though it is supposed to be required. We have made it a requirement of agencies to receive a contract or be considered an affiliate to utilize OBHIS and give the Board access, but the percentage of actual data being put in by agencies is woefully inefficient.

Optional Assessment Findings

Although, based on the limited demographic data available, the Richland County behavioral health system is showing a similar access to care for non-white populations matching the County census data. However, anecdotally, and similar to studies that have been conducted around the country, we are seeing non-white individuals receiving more severe diagnosis. We will be exploring this trend in future years, but without significant clean data to support our suspicions, we can only go so far with anecdotal data.

→ ***Optional: Link to Other Community Assessments:***

As of February 2023

- https://www.richland_county_sfy_21-22_community_plan.pdf (richlandmentalhealth.com)
- Strategic Plan | Mental Health & Recovery Services Board (richlandmentalhealth.com)
- https://www.richland_county_final_2016_health_assessment_4-14-17_1-1.pdf (richlandhealth.org)