COUNTY OF SUMMIT ADM BOARD
2023 COMMUNITY ASSESSMENT & PLAN

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To meet statutory requirements, local ADAMH boards must submit a community plan to the Ohio Department of Mental Health and Addiction Services (OMHAS) that describes the current conditions and issues in their regions and their identified priorities for prevention, treatment, and recovery services. Beginning in 2023, this process will occur every 3 years, with required annual updates.

The County of Summit ADM Board conducted the following assessment through a community survey, focus groups, review of available billing data, information from community providers, Summit County Public Health's Community Health Assessment (CHA), and a variety of other available resources. Below are the assessment results for 2023.

Assessment *(Red "Xs" indicates the outcome has been identified as a "Top 3 Challenge" for that section.)*

	Major Challenge	Moderate Challenge	Minimal Challenge
MENTAL HEALTH AND ADDICTION CHALLENGES			
CHILDREN, YOUTH, AND FAMILIES			
Mental, emotional, and behavioral health conditions in children and youth (overall)	X		
Youth depression	X		
Youth alcohol use			X
Youth marijuana use			X
Youth other illicit drug use			X
Youth suicide deaths		X	
Children in out-of-home placements as a result of parental substance use disorder (SUD)		X	
Suspension and expulsions among K–12 students		X	
Adverse childhood experiences (ACEs)	X		
Adults			
Mental health and substance use disorder conditions among adults (overall)	X		
Adult serious mental illness	X		
Adult depression	X		
Adult substance use disorder	X		
Adult heavy drinking	X		
Adult illicit drug use	X		
Adult suicide deaths	X		
Drug overdose deaths	X		
Problem gambling			X
MENTAL HEALTH AND ADDICTION SERVICE GAPS			
Overall service gaps in continuum of care			
Prevention services, programs, and policies		X	
Mental health treatment services		X	

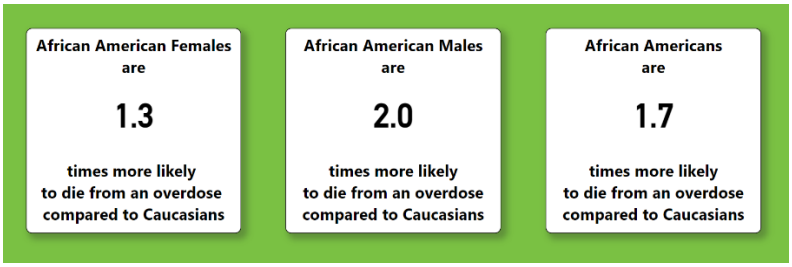
Substance use disorder (SUD) treatment services		X	
Crisis services	X		
Harm reduction services			X
Recovery supports		X	
Mental health workforce (mental health professional shortage areas)	X		
Substance use disorder (SUD) treatment workforce	X		
Access for children, youth, and families			
Unmet need for mental health treatment, youth	X		
Unmet need for major depressive disorder, youth	X		
Lack of well-child visits			X
Lack of child screenings: Depression and developmental			X
Lack of child screenings: Developmental			X
Lack of child screenings: Anxiety			X
Lack of follow-up care for children prescribed psychotropic medications		X	
Lack of school-based health services		X	
Uninsured children			X
Access for adults			
Unmet need for mental health treatment, adults		X	
Unmet need for major depressive disorder, adults		X	
Unmet need for outpatient medication-assisted treatment			X
Low SUD treatment retention			X
Lack of follow-up after hospitalization for mental illness challenges	X		
Lack of follow-up after ED visit for mental health	X		
Lack of follow-up after ED visit for substance use		X	
Uninsured adults			X
SOCIAL DETERMINANTS OF HEALTH			
Social and economic environment			
Poverty	X		
Unemployment or low wages		X	
Low educational attainment		X	
Violence, crime, trauma, and abuse	X		
Stigma, racism, ableism, and other forms of discrimination		X	
Social isolation		X	
Social norms about alcohol and other drug use		X	
Attitudes about seeking help		X	
Family disruptions (divorce, incarceration, parent deceased, child removed from home, etc.)		X	
Physical environment and health behaviors			
Lack of affordable or quality housing	X		
Lack of transportation		X	
Lack of broadband access			X
Lack of access to healthy food	X		
Lack of physical activity		X	
Lack of fruit and vegetable consumption		X	
Food insecurity		X	

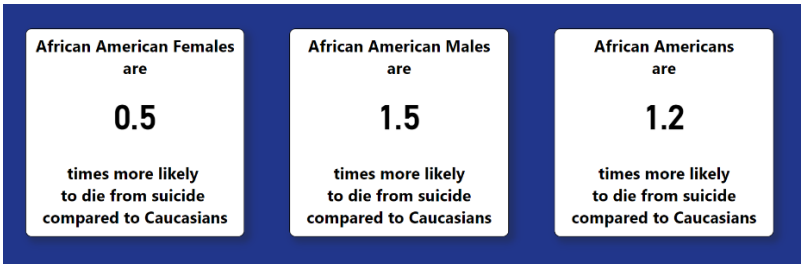
Disparities within the Mental Health and Addiction Needs and Service Gaps

Based on the assessment findings, disparities in outcome in the following sub-populations have been identified: African Americans and LGBTQ+ residents and residents with low income. The low income was specifically noted in reviewing the Ohio Department of Education information related to youth absenteeism and/or expulsions. Our community partners completed an assessment specific to the LGBTQ+ community and it was noted that they are experiencing mental health concerns at a higher rate; however, data is limited in the ADM system to measure this community.

Summit County has a significant refugee population, as Akron is identified as a refugee resettlement city. Limitations in data collection provide challenges in identifying health outcomes of the refugee population.

Through reviewing GOSH/MITS data, we have identified that African American residents are less likely to utilize ADM's provider network than Caucasian residents. Through ongoing monitoring of overdose deaths and suicide deaths, an uptick of deaths in the African American community has been identified. In 2020, while overall overdose deaths remained consistent from the previous year, there was a significant increase in African American deaths. This increase continued into 2022 as well.





Community Assets

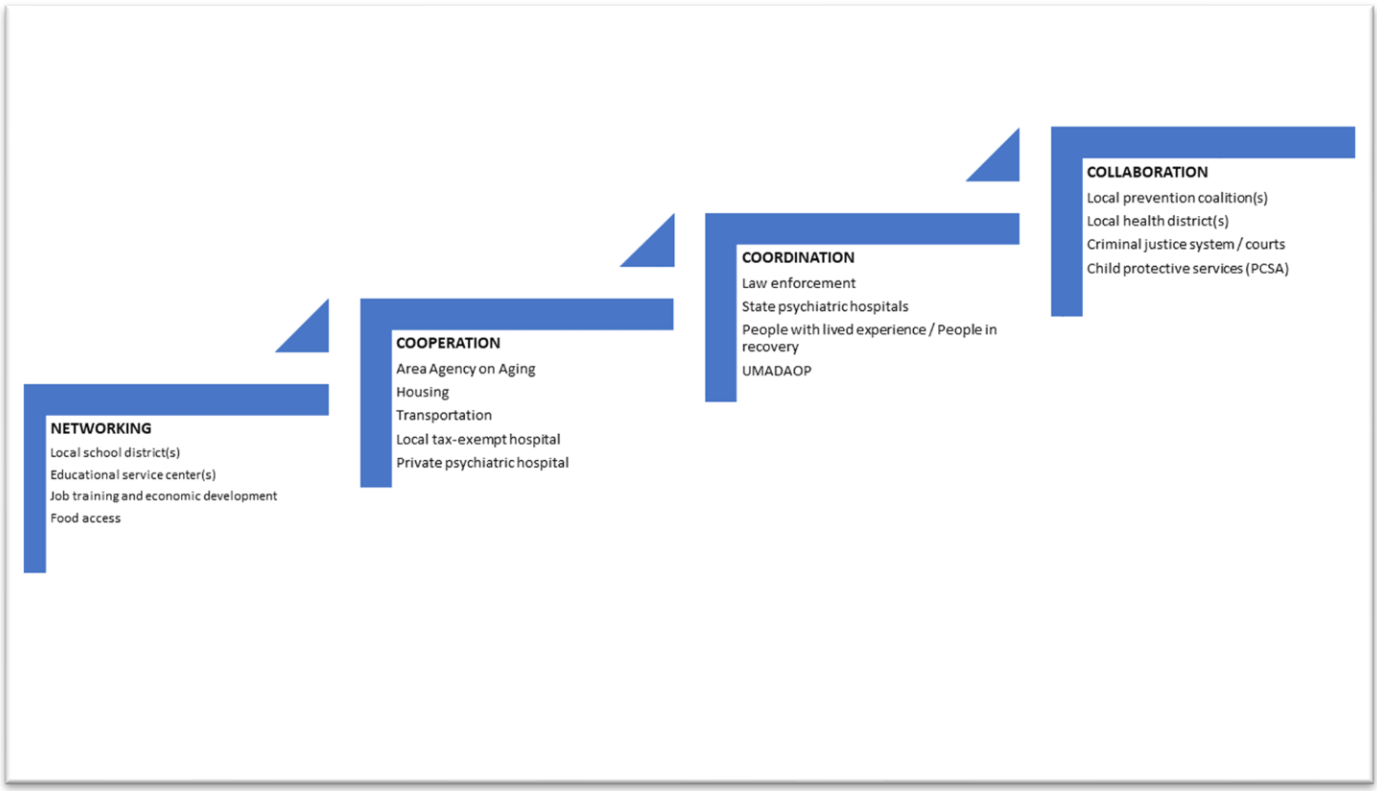
The highlighted areas below have been identified as the top 3 strengths out of the 9 listed that County of Summit ADM Board can draw upon to address the needs and gaps identified in our plan.

Collaboration and partnerships	Availability of specific resources/assets	Economic vitality
Engaged community members	Natural resources and greenspace	Creativity and innovation
Colleges or universities	Social support and positive social norms	Faith-based communities

Partnerships and Collaborations

The chart below indicates respondents' perceived level of collaboration with community partners. Below you will find definitions for each level of collaboration as defined by OMHAS.

- **Networking:** Aware of organization; little communication
- **Cooperation:** Provide information to each other; formal communication; regular updates on projects of mutual interest
- **Coordination:** Share ideas; defined roles; some shared decision making; common tasks and compatible goals
- **Collaboration:** Signed MOU; long-term planning; integrated strategies and collective purpose; consensus is reached on all decisions; shared trust



In response to the above, ADM has identified priority areas to ensure that the community is aware of established partnerships. ADM has also identified the following areas to strengthen over the course of this plan:

1. Establishing a working relationship with business and job training entities.
2. Enhancing works with the aging population, including partnerships with Area Agency on Aging.
3. Enhancing public communications to highlight existing partnerships.

Family and Children First Council (Collaboration and services and reduction of home placements)

Summit County ADM Board collaborates with Summit County FCFC and other state and local government, communities and families in building community capacity, coordinating systems and services and engaging families. The ADM Board Executive Director is appointed to the local FCFC and the Service Oversight Committee. The ADM Board partners with Developmental Disabilities, Children Services, Juvenile Court to provide pooled funding to staff FCFC to identify youth involved in two or more of those systems and develop a family centered plan to keep youth with their families and in our community. Services such as High-Fidelity wrap-around, case consultation, residential treatment, respite services are used to help support families.

Summit County FCFC has a Service Review Collaborative (SRC) comprised of representatives from Developmental Disabilities, Children Services, Juvenile Court, Summit Educational Service Center and Akron Public Schools. This group convenes representatives on a weekly basis to review funding requests for services and supports to individual children with complex, multi-system needs, provide case consultation from a multi-system perspective to staff from any agency dealing with a complex case or system barriers, review individual cases that are in need of more restrictive placement settings, and monitor the capacity and utilization of resources that support the county. In 2022, there were no reported disputes.

Hospital Services (Discharge planning and potential challenges)

ADM Board staff has regular contact with local, private and the state hospital psychiatric hospital system to help plan for the discharge of Summit County resident. Patients are linked to a provider agency prior to discharge. We are also in the process of funding two Hospital Navigators to assist with identifying these patients and insuring a warm handoff into the community.

We continue to be challenged by the long wait time for access to the state hospital in our catchment area, Northcoast Behavioral Healthcare. This setting serves our most ill and/or those that are indigent, so oftentimes there may not be other options for hospitalization. Summit County has psychiatric inpatient units at both Summa Health Systems and Cleveland Clinic Akron General (CCAG). CCAG is currently at half capacity and as they complete updates in the psychiatric units. This facility is expected to be at half capacity for approximately 18 months.

In addition to bed availability in inpatient psychiatric care, affordable, safe and appropriate housing options are an identified need in our community. This especially impacts individuals

transitioning back into the community from hospitalization, or other institutions (state prisons) and other difficult to place individuals, such as those with severe mental illness (SMI), dually diagnosed with SMI and substance disorder and those that are placed on the sex offender registry. We are currently working with community partners to initiate a housing needs assessment to evaluate the overall need in our community and to specifically address the needs of individuals served within the ADM network of care.

We have worked with the crisis stabilization unit (CSU) to expand eligibility requirements to potentially increase hospital diversions and hospital stepdowns to address access issues to psychiatric inpatient care. We will continue to work with Psychiatric Emergency Services (PES) and first responders on enhancing our crisis services. ADM also approved the implementation of mobile response services for youth in the fall of 2022 to help with community intervention and diversion for law enforcement or hospital utilization.

We also utilized SOR 2.0 funding in the previous year to address co-occurring needs, partnering with Case Western Reserve University (CWRU) to assist agencies in becoming DDC (dual-diagnosis capable). As part of the next round of SOR/SOS funding, we have applied to continue that cohort of 7 providers.

Plan

Upon completion of the above assessment, OMHAS required goals from nine priorities: prevention, mental health treatment, substance use disorder (SUD) treatment, crisis services, medication-assisted treatment (MAT), recovery supports, harm reduction, pregnant women with SUD, and parents with SUD. The below priorities also align with County of Summit ADM Board's Global Ends, which was set forth by the Board of Directors.

GOAL 1: Prevention

Strategy	Information dissemination that focuses on awareness and knowledge of behavioral health and resources in Summit County to reduce stigma
Age Group	All ages
Priority Population	All
Outcome Indicator	Reduction in negative beliefs/perceptions regarding behavioral health
Baseline (2022)	Addiction is a choice; the user could stop if they wanted to - 20.6% Mental health issues can be controlled with willpower - 15.8%
Target (2025)	Addiction is a choice; the user could stop if they wanted to - 19.35% Mental health issues can be controlled with willpower - 14.85%
Global Ends	**1.4a** (1.4; 1.4c)

GOAL 2: Mental Health Treatment

Strategy	Workforce recruitment and retention initiatives to support access to quality services
Age Group	All
Priority Population	All

Outcome Indicator	Average # of days from referral to DA
Baseline (2022)	12.6
Target (2025)	10
Global Ends	**1.2** (1.5; 1.5a, 1.3, 1.3a, 1.6)

GOAL 3: Substance Use Disorder (SUD) Treatment

Strategy	Workforce recruitment and retention initiatives to support access to quality services
Age Group	All
Priority Population	All; Black residents
Outcome Indicator	Increase in utilization of SUD services (#s served)
Baseline (2021)	5,609
Target (2025)	6095
Global Ends	**1.1** (1.3, 1.4, 1.5, 1.6)

GOAL 4: Medication-Assisted Treatment (MAT)

Strategy	Collaboration with local hospitals and providers to improve awareness, access, and coordination of services for individuals wanting to access MAT services
Age Group	Adults
Priority Population	All; African Americans
Outcome Indicator	Ohio Buprenorphine Prescriptions per 100,000
Baseline (2021)	6.08
Target (2025)	6.64
Global Ends	**1.1** (1.4, 1.6, 1.3)

GOAL 5: Crisis Services

Strategy	Implementation of a youth Mobile Response and Stabilization Services (MRSS) team
Age Group	Youth and families
Priority Population	All Summit County youth and families
Outcome Indicator	1. MRSS will reach “effective implementation” per the MRSS Benchmark Tool 2. % of youth remaining in the community post MRSS encounter
Baseline (2022)	0
Target (2025)	1. 75% 2. 90%
Global Ends	**1.2** (1.2a, 1.3, 1.3a, 1.3b, 1.4, 1.6)

GOAL 6: Harm Reduction

Strategy	Coordination with Summit County Public Health and ADM provider agencies to increase awareness and access to Narcan throughout the county to include awareness campaigns, increasing providers trained in dispensing Narcan, Narcan pop-up events, and vending machines

Age Group	Adults
Priority Population	All; African Americans
Outcome Indicator	Rate of African American deaths by overdose per 100,000 Overall overdose death rate per 100,000
Baseline (2022)	71.3 46.8
Target (2025)	39.9
Global Ends	**1.1a** (1.2a, 1.4c, 1.6)

GOAL 7: Recovery Supports

Strategy	Increase recovery housing in Summit County
Age Group	Adults
Priority Population	All
Outcome Indicator	Average # of days waiting to enter recovery housing
Baseline (2022)	7.6
Target (2025)	3
Global Ends	**1.1** (1.3, 1.4c)

GOAL 8: Pregnant Women with SUD

Strategy	ADM will work with the Addiction Helpline and SUD providers to improve data collection of pregnant women and to modify policies to prioritize pregnant women within recovery housing.
Age Group	Adults
Priority Population	Pregnant women with SUD
Outcome Indicator	Average # of days waiting to enter recovery housing
Baseline (2022)	7.6
Target (2025)	0
Global Ends	**1.1** (1.3, 1.4c)

GOAL 9: Parents with SUD and Dependent Children

Strategy	Increase supports for families with parental SUD that will focus on breaking the cycle of addiction and positively influence family relationships
Age Group	All
Priority Population	All
Outcome Indicator	% of perceived parent/child relationships improvement
Baseline (2022)	87.50%
Target (2025)	89%
Global Ends	**1.1** (1.4b, 1.1, 1.6)

Monitoring and Reporting

Currently, ADM reviews and monitors data on a weekly, monthly, quarterly, and annual basis, depending on the data indicator. ADM's Quality Improvement Coordinator is responsible for collecting and monitoring the data, along with the Manager of Evidenced-Based Practices and Outcomes. We are also working on streamlining the CAP to other reporting requirements (i.e. Global Ends Reporting to the BoD, and the Social Services Review Board (SSAB). Reporting will be integrated into global ends reporting to ADM's Board of Directors and will be updated on our website as indicated.

As part of the requirements to OhioMHAS, the ADM Board is expected to submit annual progress reports in February. Reports will indicate actual numbers achieved in comparison to the target in addition to successes and lessons learned. The ADM Board also evaluates a variety of other data sources in addition to those listed in our CAP as set forth by our Board of Directors (BoD). Reports are submitted to the BoD throughout the year.