2023-2025 Community Assessment and Plan
Muskingum Area Mental Health & Recovery Services Board

Ms. Misty Cromwell – Executive Director

Background and Statutory Requirements

The new Community Assessment and Plan (CAP) process is designed to better support policy development, strategic direction, strategic funding allocation decisions, data collection and data sharing, and strategic alignment at both the state and community level. This planning process balances standardization and flexibility as the Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards identify unmet needs, service gaps, and prioritize community strategies to address the behavioral health needs in their communities. Included in these changes is an increased focus on equity and the social determinants of health that are now imbedded in all community planning components.

Based on the requirements of Ohio Revised Code (ORC) 340.03, the community ADAMH Boards are to evaluate strengths and challenges and set priorities for addiction services, mental health services, and recovery supports in cooperation with other local and regional planning and funding bodies. The boards shall include treatment and prevention services when setting priorities for addiction services and mental health services.

The Ohio Department of Mental Health and Addiction Services (OhioMHAS) has redesigned the CAP to support stronger alignment to the 2021-2024 OhioMHAS Strategic Plan, and to support increased levels of collaboration between ADAMH Boards and community partners, such as local health departments, local tax- exempt hospitals, county Family and Children First Councils (FCFCs), and various other systems and partners. The new community planning model has at its foundation a data-driven structure that allows for local flexibility while also providing standardization in the assessment process, identification of disparities and potential outcomes.

Required Components of the CAP

Assessment – OhioMHAS encourages the ADAMH Boards to use both quantitative and qualitative data collection methods and to partner with other organizations, such as local health departments, tax-exempt hospitals, county FCFCs, community stakeholders, and individuals served to conduct the assessment. During the assessment process, ADAMH Boards are requested to use data and other information to identify mental health and addiction needs, service gaps, community strengths, environmental factors that contributes to unmet needs, and priority populations that are experiencing the worst outcomes in their communities (disparities)

Plan – ADAMH Boards develop a plan that identifies local priorities across the behavioral health continuum of care that addressed unmet needs and closed service gaps. The plan also identifies priority populations for service delivery and plans for future outpatient needs of those currently receiving inpatient treatment at state and private psychiatric hospitals.

Legislative Requirements – This new section of the CAP is reserved to complete and/or submit statutorily required information. The use of this section may vary from plan-to-plan.

Continuum of Care Service Inventory – ADAMH Boards are required to identify how ORC-required continuum of care services (340.033 and 340.032 Mid-Biennial Review) are provided in the community. This information is to be completed via an external Excel spreadsheet.

Contents

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

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

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

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

CAP Plan Highlights – Continuum of Care Priorities

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

- **Strategy:** Work collaboratively with community partners to identify needs and develop a plan that can address trauma as it relates to priority populations
- **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, Residents of Rural Areas, Residents of Appalachian Areas, Black Residents, Older Adults (ages 65+), Veterans, LGBTQ+, People Involved in the Criminal Justice System
- **Outcome Indicator(s):** Plan developed to build capacity for the work
- **Baseline:** No plan in place
- **Target:** Develop and implement plan by FY 25

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

- **Strategy:** Workforce Development – Invest in strategic workforce planning that assists providers in identifying and bridging gaps between current and future workforce needs
- **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, 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 Injection Drugs (IDUs), People Involved in the Criminal Justice System, General Populations
- **Outcome Indicator(s):** % increase in number of licensed employees
- **Baseline:** 197 certified/licensed employees
- **Target:** 20% increase in certified/licensed employees – 236 by FY 25

**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:** Reducing the number of overdose deaths
- **Age Group(s) Strategy Trying to Reach:** Children (ages 0-12), Adolescents (ages 13-17), Transition-Aged Youth (ages 14-25), Adults (ages 18-64), Older Adults (ages 65+)
- **Priority Populations and Groups Experiencing Disparities:** People with Low Incomes or Low Educational Attainment, People with a Disability, Residents of Rural Areas, 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 due to overdose
- **Baseline:** Total of OD deaths in 6 county catchment area - 101
- **Target:** Total of OD deaths in 6 county catchment area – 81 by FY 25

→ ***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:** Continue funding to increase access to MAT services for uninsured and underinsured
- **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 Who Use Injections Drugs (IDUs), People Who Use Other Drugs Including Alcohol
- **Outcome Indicator(s):** Number of clients served with MAT services
- **Baseline:** 75
- **Target:** 100 by FY 25

CAP Plan Highlights – Continuum of Care Priorities Cont.

→ ***Crisis Services***: *Any service that is available at short notice to assist an individual to resolve a behavioral health crisis or support an individual while it is happening.*

- **Strategy:** Increase availability of crisis services for youth in the service area through development of regional youth crisis center
- **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:** Minors
- **Outcome Indicator(s):** Level of local residential service capacity for youth
- **Baseline:** 0 bed availability
- **Target:** Increase by 16 local beds available by FY 25
- **Next Steps and Strategies to Improve Crisis Continuum:** Nothing at this time.

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

- **Strategy:** Improve service coordination for unhoused population
- **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 Injection Drugs (IDUs), People Involved in the Criminal Justice System, General Populations
- **Outcome Indicator(s):** Number of housing options for the unhoused population and access to services
- **Baseline:** 0 – This will be a new initiative
- **Target:** Pilot program launched; Community health planner hired. Statistics for referral contacts and meetings by FY 25

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:** Increase coordination efforts among those involved with Criminal Justice system
- **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 Involved in the Criminal Justice System
- **Outcome Indicator(s):** Establishment of Criminal Justice Collaboratives in Coshocton, Morgan, Noble and Perry Counties
- **Baseline:** Collaborative established in 2 of 6 counties
- **Target:** Increase in number of collaboratives by 4 counties by FY 25

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:** Fund community-based supports to meet the unique needs of pregnant and parenting women with SUD
- **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:** Pregnant Women with SUD
- **Outcome Indicator(s):** % increase of supports funded and available to pregnant women and parenting women with SUD
- **Baseline:** 3 programs currently supported
- **Target:** 10% increase by FY 25

CAP Plan Highlights - Special Populations Cont.

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

- **Strategy:** Collaborate with partners to expand utilization of parent mentors to reduce number of out of home placements related to SUD in catchment area and increase parental recovery
- **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:** Parents with SUD with Dependent Children
- **Outcome Indicator(s):** Number of out of home placements; Number of parent mentors in place
- **Baseline:** 243 out of home placements involved; Parental SUD out of a total of 497, which is a total of 49% overall.
- **Target:** Reduce percentage involving SUD to 30% of out of home placements by FY 25

CAP Plan Highlights - Other CAP Components

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

- **Service Needs Resulting from Finalized Dispute Resolution Process:** None.
- **Collaboration with FCFC(s) to Serve High Need Youth:** Board staff works closely with FCFC partners to address individual needs as they arise. Board staff is also connected with Ohio Rise regional coordinators and Creative Options committee members.
- **Collaboration with FCFC(s) to Reduce Out-of-Home Placements:** Community providers utilize IFAST program to work with families.

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:** Board and provider staff utilize discharge plans, regional psychiatric hospital liaisons, and treatment teams to identify and address these needs.
- **Identify What Challenges, If Any, Are Being Experienced in This Area:** 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:** Board staff working with private hospitals to support community linkage needs and helping to build relationships between private psychiatric hospitals and providers. Trying to expand local capacity and local alternatives to state regional psychiatric hospitals.

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

- Work with consultant to develop uniform and relevant data reporting at the local and catchment area level.

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

As of February 2023

- New strategic plan is currently in development.

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
- Creativity and Innovation

→ ***Mental Health and Addiction Challenges:***

Top 3 Challenges for Children Youth and Families

- Mental, Emotional, and Behavioral Health Conditions in Children and Youth (overall)
- Children in Out-of-Home Placements Due to Parental SUD
- Adverse Childhood Experiences (ACEs)

Top 3 Challenges for Adults

- Adult Substance Use Disorder
- Drug Overdose Deaths
- Mental Health and Substance Use Disorder Conditions Among Adults (overall)

Populations Experiencing Disparities

- People with Low Income or Low Educational Attainment, Residents of Rural Areas, Residents of Appalachian Areas, Black Residents, Hispanic Residents, Older Adults (ages 65+), Veterans, Women, People Involved with Criminal Justice System, Other racial/ethnic groups - specifically Amish and Asian.

Optional Disparities Narrative

All six counties served by the MHRS Board are federally designated Appalachian counties, characterized by consistently higher poverty and lower employment than the rest of the state. Economic hardship impacts individuals and families in several ways, including added stress of trying to make ends meet, inability to access needed services, food insecurity and difficulty maintaining a healthy diet, and lack of reliable transportation to get needed health care. High poverty also adversely affects community and organizational resources. The population of MHRS Board service area is predominantly represented by the white (non-Hispanic) individuals. There has been a recent increase in Hispanic or Latino populations where English is there second language in Coshocton, Guernsey, and Noble counties. Nearly 90% of the residents speak English in their homes.

There is a high unemployment rate, low literacy rate and high level of poverty, among the African American & Hispanic populations putting these individuals at greater risk for behavioral health issues when compared to national trends. The MHRS Board is the largest in Ohio based on number of counties served, and those counties are very diverse in terms of population size, ranging from 86,410 residents in Muskingum County to 13,802 residents in Morgan County. This population size diversity presents unique challenges for the Board and partner providers in providing services across very different community demographics. Muskingum and Guernsey counties have relatively large population centers for the region (Zanesville and Cambridge), while Morgan County's largest population center (McConnelsville) has fewer than 2,000 residents. Transportation and proximity to services in rural counties are key strategic considerations for the Board and partner providers.

The overall poverty rate and the poverty rate for both children and older Ohioans is higher in the region than the state, presenting challenges for organizations that provide services and for individuals who need to access these services. Poverty was identified by community survey respondents as one of the top three most pressing problems in their communities along with mental illness and drug use. The suicide rates in the MHRS Board region are trending upward with key contributing factors related to the distressed communities our children live in. There is a high prevalence of alcohol and substance abuse in families and lack of access due to lengthy wait list for mental health providers. Cultural distrust is an ongoing barrier to providing services in the Appalachian region but growing Amish, Black and Hispanic/Latinx populations provider further barriers when trying to engage with these populations in the region.

Optional Assessment Findings

Transportation and proximity to services in rural counties are key strategic considerations for the Board and partner providers. Poverty was identified by community survey respondents as one of the top three most pressing problems in their communities along with mental illness and drug use. High poverty also adversely affects community and organizational resources. Community survey respondents rated lack of insurance as one of the top barriers to accessing behavioral health care. The county unemployment rates in the region are consistently higher than the state average. Mental health services emerged as the area with the most unmet need.

CAP Assessment Highlights Cont.

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

Top 3 Service Gaps in the Continuum of Care

- Crisis Services
- Mental Health Workforce
- SUD Treatment Workforce

Top 3 Access Challenges for Children Youth and Families

- Unmet Need for Mental Health Treatment
- Lack of Follow-Up Care for Children Prescribed Psychotropic Medications
- Lack of SUD Treatment for Youth

Top 3 Challenges for Adults

- Lack of Follow-Up After Hospitalization for Mental Illness Challenges
- Lack of Follow-Up After ED Visit for Mental Health
- Lack of Follow-Up After ED Visit for Substance Use

Populations Experiencing Disparities

- People with Low Income or Low Educational Attainment, Residents of Rural Areas, Residents of Appalachian Areas, Black Residents, Older Adults (ages 65+), Veterans, LGBTQ+, People Involved in the Criminal Justice System, Parents with Dependent Children

Optional Disparities Narrative

Broadband access presents additional challenges to the ones previously mentioned. 74-97% of the area's population does not have access to broadband services. This presents a tremendous challenge alone but a greater concern for families who identify transportation barriers as an additional need. Workforce becomes the largest barrier in both inpatient and outpatient service provision. Area providers have gone as long, if not longer than 2 years or more to fill vacant positions. The turnover in the field lend to the distrust experienced by those who can access services and an additional hurdle to overcome by those who rarely access care.

CAP Assessment Highlights Cont.

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

Top 3 Social and Economic Conditions Driving Behavioral Health Challenges

- Poverty
- Stigma, Racism, Ableism, and Other Forms of Discrimination
- Attitudes About Seeking Help

Top 3 Physical Environment Conditions Driving Behavioral Health Challenges

- Lack of Affordable of Quality Housing
- Lack of Transportation
- Lack of Broadband Access

Populations Experiencing Disparities

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

Optional Disparities Narrative

The Muskingum Area Mental Health & Recovery Services Board serves a six-county area-Coshocton, Guernsey, Morgan, Muskingum, Noble, and Perry counties. The counties are home to a population of 224,631 residents, according to the 2021 Census Estimates (July 1st, 2021), with the predominate language being English. The six-county service area covers approximately 3,000 square miles and has been designated as a part of the Appalachian region by the federal government. Appalachian counties historically are more distressed economically. Historically, poverty rates across the region impact community members' ability to maintain overall wellness, get the healthcare they need, and have safe and adequate housing, food and clothing. The poverty rates impact crime, neglect and abuse, education and stress levels. Due to the rural geography of the area, the Appalachian culture, and the high poverty rates, health disparities exist across the six-county region. All six counties served have above state averages of persons in poverty (ranging from 13.9% to 16.4% with the state average being 13.4%) according to the 2021 Census Estimates (July 1st, 2021). All six counties have unemployment rates above the state (3.3%) average ranging from 3.3% to 5% (November 2022). The median income for the six counties this board serves is $49,927. The median income for the state of Ohio is $61,938. Individually, the breakdown is as follows-Coshocton $49,297, Guernsey $48,434, Morgan $44,848, Muskingum $52,224, Noble $46,144, and Perry $58,616.

Based on the Ohio Department of Education school report cards for the class of 2019, this board's region has a slightly higher graduation rate than the State of Ohio, with all but two of the 19 districts in the Board's catchment area exceeding the state average. Due to high poverty and rural geography, transportation continues to be a barrier for many seeking services within the area and public transportation remains limited even in the largest county. The catchment area population is 72 persons per square mile compared to Ohio's 284.2 persons per square mile. Average commuting time for work is 30 minutes, or more. These factors limit access to treatment services and has been an ongoing area of concern for treatment providers.

The area has also been designated nationally as a health professional shortage area with contract providers reporting significant difficulty in hiring credentialed individuals. Cultural norms in the Appalachian area influence the perception of services offered and often act as

a barrier to seeking services, along with reported transportation issues and a lack of qualified providers. Appalachian culture tends to be family centric with the emphasis on self-management and a distrust of outsiders, especially professionals. Stigma associated with mental health and addiction services continues to limit conversations around those topics, making them taboo and creating a lack of support from family and community for those interested in seeking help.